





# Sick and Tired

Working women and their health

By *Jessica Arons and Dorothy Roberts*

**“I am sick and tired of being sick and tired.”**

- *Fannie Lou Hamer, civil rights leader*

**W**aiting tables is not easy when six months pregnant, yet Mindy had no choice but to work the busy shifts at a local diner because she needed to contribute to the family income, and save for her new baby. She and her husband, a fellow restaurant worker with two jobs, had no health insurance through their employers, but luckily Mindy received pregnancy-specific insurance coverage through a state program.

Being on her feet most of the day, however, soon took its toll on Mindy’s health and the health of her baby. The hard work and stress of the job—many patrons don’t realize that restaurants are one of the most demanding service industries in the country—resulted in fatigue that complicated her pregnancy. Her doctor provided a note saying she needed regular breaks because Mindy’s body was stressed and her baby was showing signs of that stress, growing erratically instead of steadily in size. But that’s not how restaurants operate.

Mindy was forced to take early maternity leave because of her health problems but it was too little too late; she still needed a Caesarean section. Ultimately she had to quit her job to care for her own health and her new child and because the family couldn’t afford to pay child care costs. Without her income, the new family struggled to get by on her husband’s wages and tips, seeking government assistance to help purchase food.

Mindy's experience, as told to MomsRising.org co-founders Joan Blades and Kristin Rowe-Finkbeiner in their book, *The Motherhood Manifesto: What America's Moms Want—and What To Do About It*,<sup>1</sup> is far too common in America today. As our country stands on the precipice of two historic societal shifts—women becoming half of U.S. workers for the first time in our history and the potential of extending affordable health care coverage to everyone living in America—we need to revisit old assumptions about how best to create access to health care and healthy working conditions.

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The crux of the problem is simply this—women have taken on a greater share of breadwinning while maintaining their responsibilities as primary caregivers. But breadwinning has not always come with greater access to health benefits, and too often, women's health has been compromised as women try to combine work and family responsibilities.

As with so many of our institutions, employer-sponsored health insurance was developed around the assumption that men are the breadwinners, women are the caregivers, everyone gets married, and all families are nuclear. For this reason alone, our health insurance system fails women in significant ways—a full quarter of women still receive health insurance through their husbands' jobs, which makes them more vulnerable to losing coverage should something happen to him (he gets fired) or the relationship (they divorce). This is especially true now in the midst of the current recession. With men losing 73.6 percent of the jobs since the Great Recession began in December 2007, it should come as little surprise that 14,000 men, women, and children are losing their health insurance *each day*.<sup>2</sup> And, when women seek to buy health insurance on the private market, too often they find that they are charged more than men and cannot get the essential health benefits they need, including maternity and reproductive health coverage.

Of particular importance to the complex work-health relationship, women are the most fertile in their 20s and therefore most likely to start their families while

building their careers. Because women can postpone starting their families, it is now more common and easier for them to work than in the past. And because more women now work, they are more likely to have their children at older ages than they previously did.

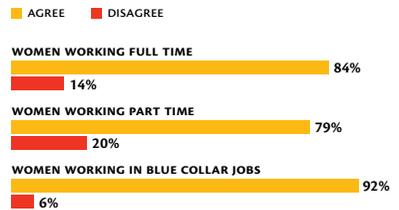
The presence or absence of workplace policies that support women's childbearing and child-rearing decisions can have multiple consequences for the health of working women, especially their reproductive health. For instance, a two-tier system that accommodates breastfeeding for professional mothers but ignores working-class moms can lead to health problems for the less-affluent women and their children.

A woman's physical and social work environment can have a tremendous impact on her health and well-being. While this is true for men too, inequitable working conditions related to sexism and sex stereotyping create heightened risks to women's health that have been overlooked for too long. For instance, whether working with hazardous chemicals in a hospital, a salon, or a laundry, women are regularly exposed to skin irritants, endocrine disruptors that interfere with fertility and reproduction, and even carcinogens.

Many of these jobs are just as or more risky than traditionally male jobs in sectors such as construction and mining, but they are rarely viewed in this light. And where women have tried to enter those male bastions, they often have been met with sexual harassment—itsself a source of occupational stress—or protectionist policies that try to exclude them because of conditions that might threaten their fertility instead of efforts to make the workplace safer for everyone. The workplace also has failed to be a safe haven for employees who are dealing with domestic violence.

THE LATEST FROM THE AMERICAN PEOPLE

Q: Do you agree or disagree: Business should be required to provide paid family and medical leave for every worker that needs it?



Source: Rockefeller/TIME poll, 2009.





**THE COST OF CARING FOR HER PARTNER.**

Karen Jorgensen and Karen Toloui, as they lived through five years of loss and love, while Jorgensen succumbed to Amyotrophic Lateral Sclerosis, or Lou Gehrig's Disease. There are serious consequences for the caregiver—they are almost twice as likely to report having chronic conditions such as heart disease, cancer, diabetes, or arthritis. {PHOTOS BY ERIN LUBIN}

This complex relationship between work and health is magnified by social obstacles based on race, disability, and sexual orientation. It is especially poor and low-income women, women of color, and immigrant women who are driven into the most hazardous and low-status jobs, who are given the least amount of flexibility in their schedules, and who are least likely to receive employer-provided benefits such as health care, sick leave, or family leave.

In addition, the competing demands of work and home often have greater adverse health effects on women than on men. Caregivers, the majority of whom are women, are almost twice as likely to report having chronic conditions such as heart disease, cancer, diabetes, or arthritis.<sup>3</sup> Women also are more likely to suffer chronic stress that can lead to headaches, sleeplessness, irritability, and depression. Indeed, a recent poll showed that women are more likely than men to feel the psychological effects of the Great Recession and to report physical symptoms of stress.<sup>4</sup>

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In this chapter we will examine specific shortcomings in our current health insurance system, followed by an exploration of the relationship between women's reproductive health needs and their job opportunities. We then turn to the inequitable job conditions faced by women and the effects those conditions have on their physical and mental health. Sexual harassment, occupational segregation, sexism and racism, inadequate support for caregivers, and an atmosphere unresponsive to the ripple effects of domestic violence on the workplace all threaten the health and well-being of female employees.

We close out our chapter with three key suggestions on how we can redefine the relationship between health and work and restructure the workplace to recognize employees as whole human beings who have much to contribute to both economic and social life.

## System failure

### *Employer-based health insurance leaves women vulnerable and the private market discriminates against women*

Starla Darling was nearing the end of her pregnancy when she learned that the plant she worked for was shutting down. She was about to lose her job, and with it, her health insurance. She rushed to the hospital, had labor induced, and ended up needing a Caesarean section—all in the hope that giving birth while covered meant her insurance company would pay the bills. Even so, her insurance company denied the claim and left her with \$17,000 in debt.<sup>5</sup>

Our health care system discriminates against women in numerous ways. While women are more likely than men to have health care because of government programs, employer-based coverage is structured in ways that commonly leave women out, make them more vulnerable to losing coverage, or fail to cover all of their health costs. When unregulated in the private market, insurers routinely charge women higher premiums than men and refuse to cover such basic care needs as contraception, Pap tests, and even maternity care. This discriminatory treatment and women's heightened need for medical services mean that women spend more on health care than men, despite the fact that women typically earn less than men for the same work.

The employer-sponsored system, modeled as it is on outmoded notions of family structure and workforce participation, currently leaves out too many women and must be strengthened through reform. Because so few jobs offer the flexibility needed for the unpaid caregiving duties women often perform for their families, many women must reduce their working hours or stop working completely, making it hard for them to obtain or maintain health insurance. Women are more likely to work in the types of jobs that do not offer benefits—low-wage (think fast food), part-time (a department store), or for small businesses (a hair salon).<sup>6</sup> Part-time jobs pay less than comparable full-time jobs, are concentrated in sectors that tend to be low-paying, and are often ineligible for the employer's health insurance plan.<sup>7</sup>

The quarter of women who receive health insurance through their husbands are especially at risk of losing coverage as men's jobs become less and less stable in our economy and with divorce rates remaining high.<sup>8</sup> And receiving benefits through a spouse is not an option for unmarried women.

When we combine uninsured women with those who have purchased private insurance on the individual market, we find that almost one out of every four women is subject to the whims of this deeply inequitable marketplace. Here, insurance companies routinely charge women higher premiums than men of the same age and health status, a practice known as “gender rating.” Private policies also often deny coverage or increase premiums due to preexisting conditions that are either specific to women or disproportionately affect women. For instance, women may be excluded from general or specific coverage because they had a Caesarean section or are survivors of domestic violence.<sup>9</sup> What’s more, private plans rarely include comprehensive maternity benefits, leaving women and their families to pick up the tab (an uncomplicated vaginal birth in a hospital averages approximately \$7,500; Caesarean sections cost even more).<sup>10</sup>

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Women who have insurance do not always have sufficient coverage for all of their health care needs. They typically have higher out-of-pocket costs than men with insurance, due to co-pays, deductibles, or other cost-sharing for chronic conditions, prescription medication, and routine gynecological care.<sup>11</sup> Women ages 19 to 64 are more likely than their male counterparts to spend more than 10 percent of their income on out-of-pocket costs—an amount that officially classifies them as underinsured—and spend 68 percent more on their health care than men during their reproductive years.<sup>12</sup> And women who suffer physical abuse spend 42 percent more on health care than non-abused women.<sup>13</sup>

Not surprisingly, more women than men skip seeking medical care or filling a prescription due to cost. In fact, according to a recent study, more than half of women surveyed had problems getting care because of costs, including forgoing tests, medicine, or other treatment.<sup>14</sup> And this was before the recession began. In addition to cost barriers, women face workplace barriers to seeking care: Almost one in five women report delaying medical care because they could not get time off from

work.<sup>15</sup> For women of color in particular, distrust of the medical system because of historic medical abuse, different cultural mores, or limited English proficiency can create additional barriers to accessing appropriate medical care.<sup>16</sup>

Because women are paid less than men on average, their medical expenses eat up a greater share of their income and they are less able to afford premium hikes, larger co-pays, or supplemental coverage.<sup>17</sup> Women also are less likely

**“NOT A BUM. I’M A MOM. PLEASE HELP.”** Bob Wessenberg stands with his family in the backyard, counting the money his wife, Sheila, received by panhandling. Due to the economic downturn and a battle with breast cancer, the Wessenberg family has been struggling with bankruptcy and the lack of medical insurance. {ED KASHI, AURORA}



to be able to take advantage of employer benefits such as Health Savings Accounts, which are pre-tax medical savings accounts, and receive smaller contributions from their employers to such plans if contributions are pegged to their lower salaries.<sup>18</sup>

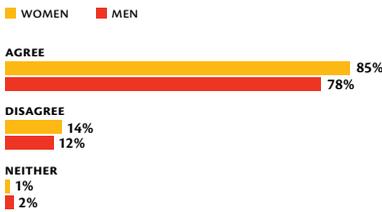
Moreover, the disparity in women’s earnings, savings, and benefits while working often leaves women with insufficient funds to meet their health care needs in their elder years. They have a greater need for long-term care, but are less likely to be able to afford it. Women over 65 are 7 percent less likely than men to have employer-sponsored insurance as a supplement to Medicare coverage. And they are twice as likely as men to receive supplemental insurance through Medicaid as a result of their higher rates of poverty.<sup>19</sup>

Higher medical costs combined with lower earnings add up to more medical bankruptcies for women.<sup>20</sup> Although no data are currently available on lesbians who file for medical bankruptcy, it is likely that they are hit even harder. Gays and lesbians are almost twice as likely to be uninsured as heterosexuals<sup>21</sup> because they have few employment protections and are less likely to qualify for coverage from a partner’s job. And lesbian couples have a higher poverty rate (6.9 percent) than heterosexual married couples (5.4 percent) and gay male couples (4.0 percent),<sup>22</sup> possibly because they effectively face a double gender wage gap as well as multiple forms of discrimination.

The great irony is that women are the biggest consumers of health care. Women are more likely to suffer from chronic illnesses and disabilities than men, experience higher rates of mental health problems, and are 40 percent more likely to take prescription medication than men.<sup>23</sup> And women tend

THE LATEST FROM THE AMERICAN PEOPLE

Q: Do you agree or disagree: Businesses that fail to adapt to the needs of modern families risk losing good workers?



Source: Rockefeller/TIME poll, 2009.

to make most of the health care decisions for their families, which means they must access the health care system on behalf of others as well as themselves.

## Production and reproduction

### *Reproductive health care contributes to workforce productivity and workplace policies affect women's reproductive health and options*

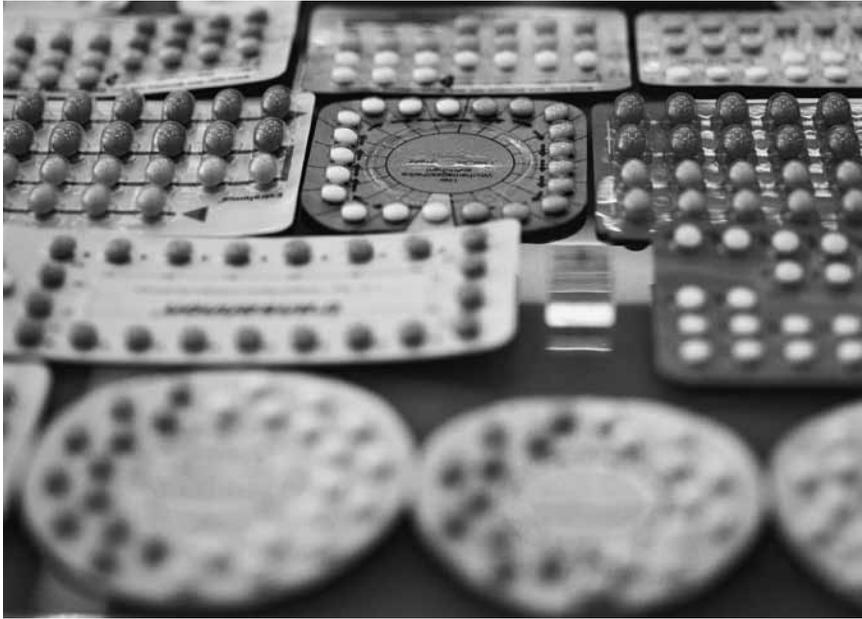
Women have always participated in formal and informal economies, but a fundamental shift occurred in the second half of the 20th century. The introduction of a relatively safe, low-cost, and effective method of birth control, bolstered by the civil rights and women's movements, paved the way for women to enter and stay in the workforce as they never had before. Yet 50 years later, we still haven't figured out what to do with female employees who want to protect their fertility from workplace hazards or raise a family while working.

### *The powerful pill*

In ways that differ significantly from men, a woman's reproductive life is critically intertwined with her work life. To begin with, having the ability to control the timing and spacing of pregnancy and childbirth is essential for women to be able to participate fully in education and paid employment.

Perhaps one of the most significant factors facilitating women's large-scale entry into the workforce (and especially professional careers) was the advent of modern contraception. As any mother knows, caring for a child can make up-front, time-intensive career investments extremely challenging. Greater access to an almost infallible, convenient, painless, and female-controlled contraceptive method in the form of the birth control pill provided women with much greater certainty about pregnancy and directly reduced the economic and social costs of making long-term career investments and delaying marriage.<sup>24</sup>

In "The Power of the Pill," Harvard University economists Claudia Goldin and Lawrence Katz chronicle how the greater availability of the birth control pill to young, unmarried women in the 1960s coincided with increased female college graduation, increased female professional school matriculation rates, and increased age at first marriage rates.<sup>25</sup> Interestingly, the pill's uptake also altered



THE POWER OF THE PILL. Reproductive choice is demonstrably liberating. [GLAESCHER, LAIF, AURORA PHOTOS]

the marriage “market” by making marriage delay more acceptable and less costly for *all* women. Thus, the pill had the indirect effect of encouraging career investments even for women not using it.<sup>26</sup>

These factors, along with the feminist movement, the legalization of abortion, and sex discrimination legislation, resulted in seismic shifts in societal norms,<sup>27</sup> the effects of which are still reverberating today. Indeed, women becoming primary breadwinners and half of all workers quite simply could not have occurred in the absence of pervasive access to modern contraception.

### *Fallowed ground*

At the same time that more affluent women started filling up college classrooms and moving onto boardrooms, a small number of working-class women slowly began to move into male bastions such as construction, mining, and manufacturing. Unfortunately, these traditionally male occupations failed to consider and

protect against the effects of workplace exposures to hazardous chemicals on human reproductive systems. What's more, female-dominated occupations such as nursing and cosmetology do no better.

Many of the chemicals, toxins, and other harmful agents to which women workers are exposed are hazards that affect their reproductive system, their fertility, and fetal development.<sup>28</sup> Women employed in the health services profession are especially vulnerable owing to their contact with radiation, anesthetic gases, drugs, and viruses. But women working in shoe and textile manufacturing, printing, and facilities that produce pesticides and synthetic materials also absorb reproductive toxins daily. In addition, lead has long been known to cause infertility, reduced fertility, miscarriages, low birth weight, and developmental disorders.

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Employers sometimes respond to these reproductive hazards by excluding women from worksites deemed unsafe for them. Although male exposure to lead, radioactive sources, and other toxins can cause sterility and mutagenic effects, women have been the focus of exclusionary policies and men have been left unprotected.

A notorious example: Johnson Controls, Inc., a Wisconsin battery manufacturer, began to employ women in the 1970s, but because exposure to lead, a primary ingredient in battery manufacturing, is risky to workers' health and to the health of a fetus, the company first instituted a policy requiring women job applicants to sign a statement that they had been advised of the risk of becoming pregnant while exposed to lead and later shifted to a policy of outright exclusion. The company barred all "women who are pregnant or who are capable of bearing children" from jobs involving lead exposure and required medical documentation of sterility from women who wanted these jobs.

The plaintiffs in a class action lawsuit challenging the fetal-protection policy as sex discrimination included a woman who was sterilized in order to keep her job, a divorced worker who lost wages when she was transferred from a position with lead exposure, and a man who was denied a leave of absence to lower his lead level when he intended to become a father. In the end, the U.S. Supreme Court held that the remedy for reproductive hazards is not to restrict women's employment opportunities but to make the workplace safe for all workers.<sup>29</sup>

### *Not having it all*

From a biological perspective, optimal fertility for women occurs between ages 20 and 35.<sup>30</sup> Despite trends showing an increase in maternal age in this country, especially for professional women, the average age at which American women have their first child is 25.<sup>31</sup> Thus, the age range for fertility happens to coincide with the period of time when employees are most likely to develop their educational and career skills and obtain greater responsibilities in their jobs. Yet most employers have not adjusted to this reality, which has ramifications for workplace equality, reproductive options, and the health and well-being of women and their families.

Workplace accommodations for pregnancy and childbearing affect women's health and that of their newborn children. Sylvia Guendelman, a professor at the University of California Berkeley's School of Public Health, shows that taking maternity leave before delivery can reduce Caesarean section rates fourfold and extended leave after childbirth can increase the successful establishment of breastfeeding among working mothers.<sup>32</sup> Such improvements result, respectively, in a decrease of complications and recovery time for the mother and the risk of allergies, obesity, and sudden infant death syndrome for the child.<sup>33</sup>

While professional women are increasingly enjoying workplace accommodations for breastfeeding, few working-class women receive such flexibility or support.<sup>34</sup> And pregnancy leave before childbirth is still rare in our society—it is used mostly for health problems, coping with stress and fatigue, or to mother young children rather than for health-promoting behavior. The failure to utilize such leave is likely due to economic deterrents and the desire to store up leave for the postnatal period.<sup>35</sup>

Take, for instance, what happened to Laura Walker, who worked at a Red Lobster restaurant. Instead of accommodating her need to pump breast milk on breaks,

her managers responded to her nurse's note by cutting her hours, assigning her the worst tables, and harassing her with milk-related teasing. Denied an environment where she could regularly pump, her milk ducts clogged and she contracted mastitis, a painful breast infection.<sup>36</sup>

This differential system where working-class moms have fewer breastfeeding options than their professional sisters (contrast Walker's experience with that of Sarah Palin, who famously breastfed her son Trig while on conference calls) means that while 53 percent of college graduates still breastfeed their newborns after six months, only 29 percent of high school graduates do so.<sup>37</sup> In the case of breastfeeding, such decisions have long-term consequences on children's health as well.<sup>38</sup>

Given the continued obstacles for working mothers, some women, mostly with professional jobs, have followed traditional (read: male) workplace norms and tried to establish their careers before embarking on motherhood. From 1991 to 2001, the number of women becoming mothers for the first time between the ages of 35 and 39 jumped 36 percent and first-time mothers aged 40 to 44 spiked 70 percent.<sup>39</sup>

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But there are important health consequences to delayed childbearing. "Advanced maternal age," as women are described when they become pregnant past age 35, increases health risks for women and children, including a heightened chance of Down's Syndrome and other chromosomal disorders, high blood pressure, gestational diabetes, preterm birth, low birth weight, and miscarriage and stillbirth.<sup>40</sup>

Women over 35 also have lower fertility than women under 35 and may have trouble becoming pregnant in the first place. Some women have turned to fertility treatments, which carry their own health risks. Most notably, egg stimulation and retrieval for in vitro fertilization can trigger ovarian hyperstimulation syndrome,

me@k80e1n4  
Emergency  
Agency





So I finally decided, my daughter is not going to grow up seeing her mother get beat down, she's not going to see her mother literally have to fight a man, literally, physically fight a man. So I left that relationship and I ended up moving to Washington to do a little soul-searching, you know as they say, and I had to figure out who I was as not only a Latina, but as a woman, as a mother, with two failed relationships under my belt. I said, who is the common denominator here, it's me. So what can I do different to attract somebody, something like my parents had.

*Lily in Los Angeles*

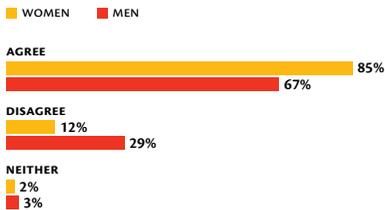
the symptoms of which include nausea and vomiting, abdominal discomfort, shortness of breath, labored breathing, clotting disorders, renal failure, ovarian twisting, and occasionally death.<sup>41</sup>

Researchers Mary Ann Mason and Marc Goulden of the University of California Berkeley found that tenure-track and tenured faculty women at UC Berkeley were most likely to have their first biological child between the ages of 38 and 40—due in large part to career track pressures and what is known as the “time bind” (the phenomenon that women with children spend significantly more time engaged in professional, housework, and caregiving activities than men with children and than men and women without children).<sup>42</sup> Given the increased health risks that come with advanced maternal age, this means that a failure to establish adequate “on and off ramps” and other policies that build flexibility into the academic career track can directly result in poorer health outcomes for mothers and babies.

Popular culture tends to blame women for “selfishly” focusing on their careers when they delay having children, but a complex set of incentives pressures white, affluent women to reproduce more and work less—among them the “opt-out” myth, the “mommy wars” debate, and the celebration of multiple births by white, married women—while pressuring low- and middle-income women and women of color to reproduce less and work more.<sup>43</sup> Women of color in particular are concentrated in low-wage occupations at the bottom end of the labor market that intensify the work-family tension. The low-skilled jobs most commonly occupied by women offer few benefits, irregular hours, and minimal time off, rendering them the least conducive for caregiving.<sup>44</sup>

THE LATEST FROM THE AMERICAN PEOPLE

Q: Do you agree or disagree: In households where both partners have jobs, women take on more responsibilities for the home and family than their male partners?



Source: Rockefeller/TIME poll, 2009.

## Hazardous to your health

### *The segregated workplace and inequitable job conditions pose physical and social risks to women's health*

Fannie Lou Hamer's famous quotation about being sick and tired no doubt was a reference to her years toiling in the cotton fields while struggling to take care of her family.<sup>45</sup> Most American women no longer work under the conditions experienced by Hamer, but the workplace still leaves many women sick and tired.

The interaction of both physical and social hazards created by inequitable job conditions makes employment especially dangerous for women. Women's vulnerability does not result from biological difference so much as from occupational discrimination, including sex and race segregation.<sup>46</sup>

In addition, too many employers still treat matters of the home as private affairs with no bearing on the workplace. Ignoring the burdens of caregiving and the injury of domestic violence only serves to exacerbate threats to women's health, safety, and well-being.

### *Separate and unequal*

In her bestselling expose, *Nickel and Dimed: On (Not) Getting By in America*, Barbara Ehrenreich goes undercover to investigate the impact of welfare reform on "unskilled" women workers.<sup>47</sup> She takes jobs in low-wage occupations that are typically reserved for women—waitress, hotel maid, nursing home aide, house cleaner, and sales clerk—and discovers that all of them are risky and none of them pay enough to live on.

While working as a house cleaner for a large franchise, Ehrenreich's co-worker Holly trips because of a hole in the ground, falling while carrying buckets, and screams in pain, "Something snapped." But Holly, who can't afford to miss a day of work, refuses to go to the emergency room and is soon cleaning the bathroom in the next customer's house with a bad limp. Only after Ehrenreich pleads with their boss does he give Holly one day off.<sup>48</sup>

Employment in the United States has historically been segregated by race and gender. Women are concentrated in a relatively small number of occupations,

such as teaching, clerical services, nursing, and domestic work. These jobs pay less, are less prestigious, and often have less favorable working conditions than those in male-dominated sectors.<sup>49</sup>

Longstanding racial discrimination in employment intersects with sex segregation to relegate women of color to the bottom of the occupational ladder.<sup>50</sup> Only a tiny percentage of women of color occupy low health-risk professions such as professors, doctors, and corporate executives; most are employed in low-skilled clerical, manual, or service jobs.<sup>51</sup> Some cases in point:

**PICKING PEPPERS WITH THE FAMILY.** Female field workers, many of whom are immigrants, often take their small children to the fields with them because there is no affordable day care available. {PAT SULLIVAN, AP}



- Women are increasingly hired as migrant farm workers, an occupation dominated by people of color and immigrants and characterized by very low wages, few legal protections, and high exposure to pesticides<sup>52</sup>
- A majority of dry-cleaning employees are women, and over half of these women belong to minority or immigrant groups<sup>53</sup>
- Forty-two percent of all nail salon technicians nationwide are Asian and an estimated 80 percent of those in California are Vietnamese immigrant women<sup>54</sup>

**A SURPRISING DANGER.** Exposure to chemicals in nail salons is extremely dangerous to workers, many of whom are immigrant women. {OKAROL, FLICKR}





**HEALTH CARE HAZARDS.** Exposure to x-rays and other medical risks in hospitals afflict nurses in this female-dominated industry. (JOHN MOORE, GETTY IMAGES)

Although inadequately studied, their disproportionate exposure to workplace hazards plays a major role in the many health disparities experienced by women of color, who suffer higher death rates from childbirth, hypertension, diabetes, cancer, and other illnesses.<sup>55</sup>

The huge increase in women's employment has lessened, but certainly not eliminated, job segregation, especially in female-dominated professions. The failure of men to integrate into women's professions reflects the socially perceived inferior status and typically lower pay and benefits of these jobs.



**DANGER AT THE DRY CLEANERS.** Repetitive tasks amid hot and hazy working conditions make this a risky job. (JUSTIN SULLIVAN, GETTY IMAGES)

Even though we think of the kinds of jobs that men tend to hold—such as construction worker, machinist, or firefighter—as more dangerous or onerous than the jobs that women tend to hold, this isn't necessarily the case. Those women most at risk are typically the least informed about dangers and solutions and have the least resources to challenge hazards on the job. The underreporting of women's injuries and health problems creates the false impression that women are in "safer" industries and that only male-dominated occupations such as construction, mining, and environmental cleanup involve high-risk work.

Women's jobs carry particular health and safety risks because their working conditions are associated with stereotypically female personality traits and domestic roles.<sup>56</sup> For example, women typically carry out tasks requiring less strength but more precise, repetitive, and speedy movements (though some jobs, such as nursing and home health aides, do require the lifting of heavy patients and equipment). Women are more likely to work as typists than construction workers, but typing rapidly all day can lead to carpal tunnel syndrome and other repetitive strain injuries that inflame nerves and muscles.<sup>57</sup> Despite this, skeptics originally claimed such problems were the result of “psychosocial” problems and poor personal habits and successfully blocked ergonomics regulations in the mid-1990s.<sup>58</sup>

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Women also are more likely than men to have jobs that mirror their roles as primary caregivers at home. Because they engage directly with children, kindergarten teachers and child care workers, who are almost all women, are exposed to more viruses, infections, and accidents than elementary school principals, who are more likely to be men. Caregiving jobs also tend to be less regulated and lack safety standard enforcement, in part because they are less likely to be unionized and thus have less bargaining and lobbying power. In addition, private employers who hire domestic workers to clean their homes, do their laundry, and care for their children and elderly parents often are not subject to safety regulations.

And consider the hospital working environment, which presents inherent risks despite regulation. More than three-quarters of hospital workers are women, with nursing, record processing, and food services dominated by women. A large share of hospital injuries result from puncture wounds and musculoskeletal problems caused by handling of heavy loads and equipment. Women working in health care are exposed to harmful ionizing radiation from X-rays, laboratories, and radioactive drugs, as well as chemical hazards from anesthetic waste gases,

drugs, and sanitation procedures.<sup>59</sup> Nurses and aides spend far more time than doctors directly caring for patients, which exposes them to infectious diseases such as tuberculosis, hepatitis B, and HIV and painful injuries from lifting incapacitated patients.

The cosmetology industry, including hairdressers and nail salon workers, also employs mostly women. The products they use daily in poorly ventilated salons expose them to numerous dangerous chemicals and toxins that have been linked to cancer, asthma and other respiratory ailments, skin allergies, and dermatitis. Indeed, the cosmetology industry uses more than 10,000 chemicals in its products such as nail polish, dyes, and hair sprays, most of which have not been tested for safety by any independent agency.<sup>60</sup> Many workers also report carpal tunnel syndrome, vascular problems, and back pain from long hours of standing or uncomfortable body postures. So, too, women employed as cleaning or laundry workers are routinely exposed to harmful chemicals that cause burns and dermatitis from direct skin contact with irritating substances or respiratory problems from inhaling vapors and airborne micro-particles.

Women also have been entering professions previously closed to them in increasing numbers, but the workplace has been slow to respond to this change. Many traditionally male occupations have retained machinery, chemical safety levels, and protective wear that were designed with an all-male workforce in mind.<sup>61</sup> Gender differences in workforce participation exacerbate these hazards to women's health. Because women engage in more part-time and shift work, fewer are able to use employer safety services or engage in safety precautions and trainings.

### *Fear and loathing*

In addition to physical injuries and risks, workplace inequities produce “social hazards” that also jeopardize women's health.<sup>62</sup> Women can experience intense psychological stress and related disorders from occupying lower status positions in the workforce—from the devaluation of their work to lacking control over their working conditions, from strenuous tasks to hostility they often encounter when they break through gender barriers. Moreover, the shift work women often perform can cause disturbance of regular circadian-metabolic rhythm, which intensifies occupational stress. And another major source of occupational stress for women is sexual harassment.



**SEEN BUT UNSEEN.** Domestic violence has many unacknowledged effects on the workplace.  
 {VIVIANE MOOS, CORBIS}

Just about all of these hazards plagued women at Eveleth Mines in Minnesota. For its first 10 years of operation, the iron-ore mining and processing company employed only men in its hourly workforce.<sup>63</sup> In the 1980s, women began to get jobs formerly reserved for men but made up less than 5 percent of the hourly employees. No woman had ever been promoted to foreman. Women workers earned much less than men because they were confined to the lower job classifications and worked fewer overtime hours.

Eveleth Mines was male-dominated not only in terms of who was in charge but also in terms of the sexualized atmosphere. Men plastered the walls and equipment with graphic graffiti, photos, and cartoons that depicted women as sex objects. They referred to women by their body parts and called their female co-workers degrading epithets, commented on the women's sex lives, and openly described their own sexual exploits.

Some women were also subjected to sexual assault such as feigned sex acts and unwanted touching. The judge who presided over the class-action lawsuit against Eveleth Mines found that the sexualized workplace told the women in no uncertain terms “that they were perceived primarily as sexual objects and inferior to men, rather than as co-workers.”<sup>64</sup> Ultimately, Eveleth settled with 15 women for \$3.5 million.<sup>65</sup>

Unfortunately, sexual harassment persists today. In 2008, 13,867 charges of sexual harassment were reported to the Equal Employment Opportunity Commission, with 15.9 percent filed by men.<sup>66</sup> The pioneering work of legal scholar Catharine MacKinnon and others led to the recognition of sexual harassment in the workplace as a form of sex discrimination rather than “office romance.”<sup>67</sup> Sexual harassment, however, is typically not considered an occupational health hazard. Yet numerous studies reveal that harassment on the job causes stress-related illness, lowers productivity, and increases absenteeism and job turnover, impeding women’s opportunities for advancement.<sup>68</sup>

Racial discrimination and racist sexual stereotypes compound the workplace harassment experienced by women of color.<sup>69</sup> Heterosexism and homophobia also pervade the workplace. Women who have traditionally male jobs are often taunted as being lesbians and lesbians are often subjected to harassment on the basis of their sexual orientation.

### *A woman’s work is never done*

According to the World Health Organization, depression is twice as prevalent in women as in men. Disproportionate caregiving responsibilities are among the gender-specific risk factors for common mental health disorders such as depression and anxiety (other factors include gender-based violence, socioeconomic disadvantage, income inequality and poverty, and subordinate social status).<sup>70</sup>

Caregivers are nearly twice as likely as non-caregivers to report a chronic condition, but they are less likely to have health insurance because they have had to reduce their working hours or leave the workforce altogether.<sup>71</sup> Their lack of access to health care combined with the time they spend on caregiving means that they often fall behind in self-care. Caregivers are less likely to fill prescriptions for themselves or visit the doctor.<sup>72</sup> In one study, 21 percent of female caregivers reported receiving mammograms less often than they did before they were caregivers.<sup>73</sup>

Studies have shown women's disproportionate caregiving results in adverse mental health effects as well, especially chronic stress. Additional negative effects of caregiving include depression, feelings of helplessness, poor eating habits, disturbed sleep, strained relationships, anger and hostility, dissatisfaction, anxiety, and alcoholism.<sup>74</sup> In a study of those providing care for stroke survivors, the ones who were employed full-time were at higher risk of depressive symptoms than those who were not working.<sup>75</sup>

Then there are the emotional costs of trying to work around the lack of institutional support for dual-career/dual-carer families. A more common solution among lower-income families is "tag-team" parenting, where parents work alternating schedules so that one parent watches the children while the other one works.<sup>76</sup> It solves the problem of finding adequate and affordable child care but limits parents' ability to spend time together or with the whole family.<sup>77</sup>

### *No safe space*

Domestic violence is the number one cause of injury to women. Once thought of as a purely private matter, intimate violence is now recognized to have far-reaching public health and financial consequences that extend to the workplace. Perpetrators often try to threaten the stability of a survivor's job, in order to further control her and make her more financially dependent on the perpetrator. Domestic violence contributes to a job loss for a quarter to half of all survivors.<sup>78</sup>

Perpetrators often carry out acts of violence at a survivor's workplace because that is where they know they can find her. This places the survivors, their co-workers, and their customers or clients at heightened risk. Colleagues also must sometimes cover for an affected employee and protect that employee from harassing calls or visits.<sup>79</sup>

Each year, women suffer approximately 2 million injuries from intimate partner violence.<sup>80</sup> As a result of this violence, employers lose \$3 billion to \$5 billion annually from the lost productivity of survivors, perpetrators, and colleagues.<sup>81</sup> In addition, employers suffer the costs of covering absent employees on short notice, training replacement employees, property damage, medical costs, and insurance premiums, and occasionally public relations problems. Survivors also have sued employers for failing to keep the workplace safe or for firing them because of the abuse.<sup>82</sup>

Despite the devastating effects of domestic violence on the workplace and the apparent increase in intimate violence during this recession, few preventive workplace approaches have been implemented.<sup>83</sup>

## Where do we go from here?

Women need to be healthy in order to participate as equal and productive members of the workforce, but too often the workplace itself poses a hazard to women's health and well-being. Although the barriers to health and equality outlined above may seem too numerous to tackle, the solutions are available, starting with engaging creative approaches from every sector of society.

Our social mores have changed so significantly we now take it for granted that most women will work in paid employment for at least some portion of their lives, often while raising young children at the same time. Imagine the cultural shifts yet to come if we are able to reform our health care system, implement workplace flexibility, and clean up our physical working environment.

Working together, we can find ways to meet the needs of our changing workforce, such as:

- Making affordable, quality, comprehensive health care coverage available regardless of gender, employment status, or health
- Removing the many employment barriers to building a family and a career at the same time
- Addressing inequitable and unsafe working conditions to improve the work environment for everyone

As women's work becomes more important than ever, it is incumbent on each of us to develop new ways to both value their labor *and* protect their health. Transforming our workforce from sick and tired to healthy and productive is a job we all must share.

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