



Comité Fronterizo de Obrer@s CFO

**For the labor rights and all human
rights of the maquiladora workers**



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Health and Safety Rollback in the Maquiladora Industry: *Declining Health and Safety Reflects Intensified Attack on Labor Rights*

Workplace Health and Safety in the Global Economy

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Julia Quiñonez (CFO – Border Committee of Women Workers) and Ricardo Hernández American Friends Service Committee

Presentation to panel:

Local/Regional Approaches to Improving Workplace Safety and Health in Developing Countries: Labor and NGO Strategies and Projects

The Comité Fronterizo de Obreras is led by its membership of female and male workers in Mexico's maquiladora export industry. As a result, our understanding of the health and safety problems in that industry is informed by the shop floor experiences, ideas and concerns of the workers themselves.

Graciela Oyervides is a 34-year-old woman from the hinterland of the Mexican state of Coahuila who came to work in the border town of Piedras Negras, which lies on the border with Texas. She has been working in a maquiladora form known as Mex-Star for two years, making Krazy Straws. She had worked previously in garment factories.

A year ago she began feeling discomfort in her right hand. First she lost sensation in her fingers – first the middle finger, later the index finger and thumb. Her hand swelled up and she could not move her fingers. Often she felt a pain so severe that it made her cry.

Graciela lives alone and she has been losing hope, because she has been many times to the Social Security clinic (Mexico's national health system for working people), without getting any help. The doctor who has seen her doesn't listen to her any more, because all the tests he has done on her come out normal.

On February 2, Graciela came to the CFO's office to talk about her situation. She had already missed work three times and her hand was completely immobile. She complained about the doctors and said that they didn't know what to do for her. The first two times she missed work, she went to Social Security, but it was of no use to her because they didn't even give her the form to excuse her absence due to health reasons – they only gave her a note from the social work department, which carries no weight with the company.

Graciela needs her job, which is her only means of support. The CFO staff explained that she should go to work the next day, because with four absences they would fire her. In reality, she could not work – but we explained that it was preferable for management to see her and for them to send her back to Social Security themselves.

Graciela went back to the factory the next day, but since she had already missed three days of work, she was suspended for a week – the maximum permitted under Mexico's labor code.

This is only one of thousands of cases that are occurring right now, most of which are never reported.

One Step Forward, Two Steps Back

Reviewing the list of health and safety problems in the maquiladoras may seem like old news, both for the workers themselves as well as for an audience like this one, which is familiar with the theme of workplace health and safety. Many of these problems are endemic to the industry, which this year will be marking its fortieth year of existence. We have been talking for decades about repetitive strain injury, the utilization of banned chemicals and other toxic substances, and the unhealthy environment that prevails in worker neighborhoods or *colonias*.

These problems have been ignored for decades. Only the most dramatic cases have been addressed, like that of the Mallory children, a cluster of anencephalic births in Matamoros in the late 1980s. In other cases, the problem has been oversimplified by Mexican activists as well as well-intentioned visitors from north of the border. In reality, the maquiladora plants that line the Mexico-U.S. border don't fit the image of the stereotypical sweatshop – and even less the model of health and safety, the image that the corporations would like to sell.

What is different about the present moment? We hear every day about the problems faced by maquiladora workers. This permits us to have a picture of conditions in the industry that is anecdotal, but very up-to-date. This helps us to continually adjust the strategic focus of our efforts.

In our opinion, **we are currently seeing an intensified assault on human rights, including labor rights, in the maquiladora industry**, which is not only perpetuating long-standing problems, but eroding what modest gains in health and safety we have been able to achieve over the years. There is little doubt that this intensification is directly related to increased global competition and the resulting "race to the bottom."

This downward spiral in working conditions, which knows no restraint, is overriding all other considerations, including the maintenance of minimal standards of workplace health and safety.

Struggles over working conditions in the maquiladora industry have a long history. Waged in the first instance by workers themselves, such struggles have also brought together the work of groups like the CFO as well as unions, health professionals, and labor rights and solidarity groups in the United States. As a result, in the 1990s some corporations began to make improvements in health and safety conditions in maquiladora plants. These changes, which were welcomed by maquiladora workers, included:

- Accommodation for pregnant workers and an end to illegal layoffs due to pregnancy;
- More and better workplace infirmaries;
- Daily talks on health and safety and evaluation of specific high-risk situations;
- Dedicated breaks for performing ergonomic exercises;
- In some operations, an end to the use of solvents and other toxic substances, as well as use of water-based paints;
- Replacing obsolete equipment with up-to-date and cleaner technology in diverse situation, including soldering equipment;
- Temperature control in most areas of factories;
- ISO certificates for environmental protection.

The Changing Panorama of Maquiladora Health and Safety

In the final section of this paper(Strategies on Stress and Working Conditions), we will highlight some positive achievements implemented in various factories as a direct result of initiatives involving the CFO. Before that, we would like to review some of the troubling changes we have seen over the past two or three years:

- We're seeing an increase in workplace accidents and injuries. Neither the CFO nor anyone else has access to the real, internal statistics compiled by the maquiladora firms themselves. But day by day, we are seeing more and more workers suffering a wide variety of health problems, both chronic and acute. Examples include headaches, nausea, respiratory problems, vision and hearing problems, infertility and premature births, muscular pains, and many others.
- Daily talks on health and safety are delivered while the workers continue with their operations – in order, according to management, to avoid wasting time. Workers are then asked to sign forms indicating that they received health and safety training.
- Soldering machines, which should be cleaned on the weekends when nobody is present, are cleaned during the night shift with workers beside them.
- Some of the “best practices” in the maquiladoras, whether or not they were instituted voluntarily, are disappearing.
- Maquiladora firms are providing less and less safety equipment. When workers request such items as masks or safety glasses, they are charged for them. In other cases, they are furnished with deteriorated equipment, which increases the risk level.
- Maquiladora workers are going back to filling multiple job roles. Workers are performing many more operations while standing and move around more. This has reduced the prevalence of prolonged repetitive movements – but it has simultaneously intensified physical exhaustion for workers who must remain standing for ten hours a day, without seats to rest in.
- Maquiladora firms continue the practice of not reporting workplace accidents to Social Security, in order to meet company goals for production and cost reduction. Company doctors do everything they can to discourage workers from visiting Social Security clinics. Because of this, official accident statistics have little credibility and are not reliable.
- Social Security authorities have assigned particular clinics and doctors exclusively to workers from certain large maquiladora firms. These doctors often discount the importance of symptoms that workers experience, and try to send their patients back to work as quickly as possible.
- Salaries for health workers in the public sector are low, which obliges most doctors to take on additional work – often as company doctors for the maquiladoras themselves. This creates an obvious conflict of interest.
- Doctors at regional clinics located well to the south of the border, in cities like Monterrey or Saltillo, often offer better diagnoses of workplace injuries or illnesses, because they are involved in fewer conflicts of interest. For most workers, however, it is not easy to obtain permission to be treated in a clinic located five hours away. It is also expensive for workers to travel such a distance.
- Health services available through Social Security continue to be deficient in quality as well as quantity. There are not enough personnel to meet the needs of all the workers who attempt to the services for which they are eligible. The attention is inadequate and bureaucratic, and the quantity as well as the variety of medications is insufficient.
- Where they do exist, government services focusing on prevention and health education are not publicized to maquiladora workers.
- A little-reported phenomenon, which may be affecting the health of thousands of workers, is the frequent sale of blood once and even twice a week on the U.S. side of the border. Workers sell their blood to complement the meager wages they receive in the maquiladoras. Blood banks, such as Baxter, located in Eagle Pass, Texas, which is known to the CFO, pays \$10 for the first liter of blood that is donated and \$20 for the second. The \$30 received is equivalent to half the weekly salary for a maquiladora worker.
- There is an increase in the use and sale of illegal drugs in the maquiladora plants, mostly a small-scale phenomenon. Although this is a broader social problem that is spilling over into the maquiladora industry, it is nonetheless worrisome that some supervisors are aware of what is going on, but turn a blind eye because it keeps the workers more alert and energetic.
- The level of poverty in local neighborhoods has not improved. Maquiladora workers continue to build makeshift shanties out of cardboard and wooden pallets.
- Likewise, local authorities still exhibit great indifference to the need of workers' neighborhoods for basic services. Sewage, water, and electricity are all lacking. People must continue to use old barrels, which may be contaminated with chemicals or hazardous substances, to store drinking water from local cisterns.

- Problems of inadequate nutrition and outright malnutrition continue because salaries are too low to permit a healthy diet.

A few comments and reflections on the foregoing observations:

- The drive to reduce costs has reached an exaggerated level. Benefits have been cut back, which in effect means that workers' overall compensation has been reduced.
- The obsession of the maquiladora firms with reducing costs translates into an intensive use of every minute of the workday, which causes places the workers under extreme stress.
- The niche occupied by border industry has focused increasingly on auto parts, electronics, and electrical parts. As a result, musculo-skeletal problems and repetitive strain injury are increasingly characterizing the maquiladora population, displacing problems caused by inhalation of dust that are more characteristic of the garment industry. The garment sector has generally moved farther into Mexico's interior, away from the border.
- Some auto parts plants provide a dirtier work environment than others, due to the nature of the work. For example, plants that manufacture wire harnesses are cleaner than those involved in fabricating auto parts, or cleaning and rebuilding used auto parts, such as Caterpillar or Cardone.

Strategies on Stress and Working Conditions

In August 1999, we organized a needs assessment and strategy seminar for the CFO's work on health, with the collaboration of the Labor Occupational Health Program of the University of California–Berkeley. This seminar developed a list of thirteen types of symptoms, related to forty distinct health problems. Stress was identified as the most serious health problem faced by maquiladora workers.

Stress has a direct relationship with wage levels, job stability, and the workplace environment, especially supervisory relations. Emotional health is affected by the inhuman pressure for an ever-increasing level of work, by harassment from supervisors, by video surveillance of production operations, and by the pressures placed on workers older than 35 or with many years of seniority so that they will resign, as the maquiladora firms try to reduce their severance payments.

CFO pursues an integrated strategy for defending labor rights and all human rights, including the right to health. The components of this strategy include:

- First, the CFO educates workers regarding their rights under Mexico's labor code, as well as collective bargaining agreements and work rules. We begin with study sessions and role plays in their homes; then the workers put their knowledge into practice in the maquiladoras. We believe that workers themselves are in the best position to monitor health and safety in the workplace.
- We offer workshops on occupational health, with the collaboration of experts on various themes.
- As part of this educational effort, the CFO's promotoras often accompany the workers to Social Security, to help build their confidence in what they want to report or request. Their presence as witnesses makes it harder for doctors to mistreat the workers. They offer guidance to the workers on what steps they can take to ensure they are receiving adequate care for their injuries or illnesses. CFO is not involved in the provision of health services, but in empowering workers to demand the care they are entitled to.
- We help workers understand the connections between the health problems they experience and their working conditions, and we connect them with other workers facing similar problems.
- We document health and safety problems faced by workers in different sectors of the maquiladora industry; increasingly, we have focused on monitoring conditions in factories owned by three or four large corporations.
- We develop educational materials, including pamphlets, flyers, and translations of data sheets on chemicals and hazardous substances.
- We support workers in their struggles for democratization of their unions or to unionize shops with no union, with the long-term goal of organizing independent unions. Currently this is a major emphasis for the CFO.
- We build collaborative relationships with independent unions in Mexico and other countries, as well as with different labor centers and NGOs. Examples include the UC-Berkeley Labor Occupational Health Program, the Maquiladora Health and Safety Support Network, the Hesperian Foundation, and others.
- We try to develop collaborative health projects that emerge organically from the CFO's own organizing efforts, in order to avoid presenting workshops or health projects suggested or offered by outside groups from the north, which may not have the potential to move beyond isolated activities that are not linked to other efforts or strategies advanced by workers themselves.
- During the past decade, we have developed an effective system of coordination among maquiladora workers, the CFO, stockholders committed to corporate responsibility, and corporate executives. We have participated in an ongoing process of dialogue with Alcoa and Delphi, putting to test the voluntary codes adopted by these companies and the realities of their implementation in the maquiladoras. We have used this space of dialogue to focus on issues that are most relevant for the workers. This aspect of our work focuses on specific short-term as well as long-term changes.

In 2004, Alcoa created a maternity program that, in principle, could benefit 15,000 women workers, a third of whom could be pregnant at this moment. Through this program, mothers have the option of extracting and refrigerating their breast milk in special rooms installed in the plant by Alcoa Fujikura. They can also bring their babies and breast-feed them on site. As recognized expressly by the CEO of Alcoa Fujikura, this program was created as a "direct result of the dialogues" with shareholders and maquiladora workers. The program is not perfect – many of the workers live far from the plant and do not have someone who can bring their babies to the factory. But beyond question, this initiative had a positive impact.

Returning to the case of Graciela, on March 4 Julia went with her to the Social Security clinic and the two of them spoke with the director. Graciela explained to him that the clinic's doctors were treating her for arthritis. He examined her hand and told her that her symptoms were not caused by arthritis and that he would refer her to the clinic's specialist in internal medicine for evaluation. It was explained to him that the maquiladora where she worked had sanctioned her for her absences, but that she was unable to work and that the clinic should authorize her to take sick leave.

They gave her an appointment for March 10 and once again Julia accompanied her to the clinic. The specialist's examination of Graciela's hand made her cry, but he told her immediately that she had carpal tunnel syndrome and needed to see a specialist in this type of trauma. The specialist authorized Graciela for seven days of sick leave and placed a note in her file indicating that she met the requirements for disability coverage until her condition improved. This made Graciela very happy.

Now Graciela is undergoing other tests; she has an appointment in April with the specialist in carpal tunnel syndrome. Meanwhile, she will be receiving disability payments until the doctors decide whether she needs an operation or whether her problem can be cured with rehabilitation and special exercises.

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Comité Fronterizo de Obrer@s (CFO)
Monterrey #1103, Col. Las Fuentes
Piedras Negras, Coahuila
C.P. 26010, México