Precarious Work, Health and Lessons from History: The Sweated Labour Debate 1880-1920

Michael Quinlan
Overview

- Putting precarious work into historical context
- Historical evidence on the health effects of precarious work
- The case of sweated labour in garment making
- Parallels in policy debates – then and now
The ‘new’ world of work?

- Post-war norm (1945-1975) in rich countries
  - Full-time ongoing employment seen as typical though not for women
  - Underpinned by Keynesian full-employment policies, localised manufacturing, collectivist IR/ >200 years of worker mobilisation (important policy lessons)

- Didn’t spread globally & undermined by neoliberalism (laissez faire by another name) which led to growth of wealth concentration/ inequality & precarious & informal work
Reliving history: the post-war accord as an aberration?

- Rise of informal and precarious work not new. Rather growth marked return to work arrangements that were the norm for much of the first industrial revolution (1760-1940) if not longer.

- There are some differences between the periods (e.g., large scale use of foreign temporary workers and global labour supply firms) but far more similarities (e.g., short term work cycles, on-call hiring, extensive subcontracting & home-based work).

- Between 1870 and 1930 the adverse health effects of precarious work on workers, families and communities extensively documented in govt inquiries, health journals and other sources in Europe, USA, Canada etc.

- This evidence largely ignored by contemporary researchers valuable at both empirical (leads/reinforcement) and policy level.
Contemporary evidence of health effects

- Government inquiries/commissions into sweating, child labour, navvies, capital/labour, shops (eg UK Child Labour Commission, 1867)
- Government agencies eg inspectorates, Board of Trade, Public Health
- Arbitral & related tribunal hearings
- Medical and health journals (eg Lancet, Am J of Public Health)
- Union/sympathetic group reports
- Incidental employer material
- Academic journals
Previous research: Seafarers and dockworkers

- Seamen engaged on series of fixed term contracts while dockworkers day-labour
- Encouraged dispensable/unsustainable use of labour & can exclude unhealthy at each rehire
- Seafarer long hours, ‘under-manning’, speed/cost-cutting & coffin ships contributes to high death & injury rate
- Dockworkers irregular hours, work intensity & subcontract gang system contributes to high injury rate
- Fatigue, irregular income, poor food/living conditions & exposure to noxious agents link to disease/premature death inc tuberculosis
- Poverty/health nexus from irregular work extends to families/community including children’s nutrition
Sweating, outwork and child labour

- Sweating/sweated labour & sweatshops coined in mid 19th century to describe work so poorly paid even longest hours received bare subsistence earnings
- Not just garment making (but others like boots & leather goods, cigars, boxes etc)
- Usually entailed elaborate subcontracting of tasks (middlemen), backyard factories & outwork (intense competition, piecework & rate cutting)
- Significant involvement of women, families & children
- From 1870-1920 subject of extensive reports in press, medical journals, government inquiries & union/activist publications
Sweating and exploitation received popular attention from 1840s

- “Stitch – stitch--stitch! In poverty, hunger and dirt, And still with a voice of dolorous pitch-Would that its tone could reach the rich-She sang this ‘Song of the Shirt’ (Song of the Shirt, poem by Tom Hood, 1843)
- Alton Locke -1849 novel on garment & agricultural workers by Chartist/Christian socialist Charles Kingsley (who also wrote Water Babies in 1863)
- See too popular stories like the Hans Christian Anderson’s Little Match Girl (1845)
Sweating and overwork: supplementing family income

- groups of girls may be seen trudging along with bundles balanced on their heads. The bundles generally contain moleskin trousers, often weigh half a hundredweight, and have been carried sometimes for more than three miles. These are the home workers, the wives and daughters of men [predominantly miners] whose earnings are insufficient to keep their families.’ report on outwork near Dudley Lancet June 1888

- Evidence of women taking on low paid piecework to supplement erratic/low household income. As aged risk of starvation or workhouse (eg wives of dockworkers-evidence to Lords SC)
Sweating, outwork and child labour: Health effects

- Fatigue/exhaustion/sleep deprivation
- Poor diet/malnutrition (wasting disease)
- Cramped posture/strain injuries
- Disorganised workplaces-fire risk & collapse
- Overcrowded, poor ventilation, unhygienic working & living conditions
- Increased risk of infectious disease (workers & communities)
- Insecurity and mental wellbeing
- Children –interrupted physical/mental development & early onset chronic injuries
Sweating, piecework and subcontracting

- Florence Kelley, author of The Sweating System in Chicago (1892) ‘competition of the outside contractors renders the position of employees constantly more precarious’

- Home-based workers were provided with cloth but had to pay for their own tools (sewing machines, pins and even thread). Piecework/subcontracting made it easier to cut labour costs and for ‘sweaters’ to delay/withhold payment, claiming product not up to standard.

- Multi-tiered subcontracting used to disguise exploitation & evade regulatory protections like workers compensation when this was introduced (hasn’t changed)

- Sweating system also exploited already vulnerable workers, including recent immigrants, displaced rural families, women and children (Lords SC reports contained extensive evidence on this)
Sweating: Irregular work, health & injury

- ‘The irregularity of employment and of income must be a fruitful source of disease. For instance, while there is much enforced idleness, a tailor has often to perform “nine days’ work in a week.” The insufficient sleep, the strain to the eyes, the lack of proper time to take meals or out-door exercise, and the prolonged confinement in unwholesome and over-heated workshops are naturally important factors in undermining the constitution of even the most fortunate among the journeymen tailors…If, however, the hours of work could be limited for each day, the present distressing and injurious prevalence of overtime would be abolished, and a more rational system of production adopted.’ Lancet June 1888.

- Shift to contracting increased competition for work & irregular hours (precariousness & favourtism/bribery) which meant erratic/low pay & increased work intensity when working (Lords SC)
Other injury risks

- Fire risk & building collapse (Lords SC 1888)
  Note: parallels with Rana Plaza
- Work unsupervised/hidden (increases injury & health risks) & no regulatory oversight
Sweating: Overcrowded, ill-ventilated & unhygienic conditions

- garret workrooms... entering by a door in a back street that runs behind a resplendent shop, it is necessary to go through a long stone passage. On the left, there is a row of closets that... one of these closets is at the disposal of the workpeople, and it is frequented by twenty-six men and women... The closet had evidently not been cleaned for a long time... Passing beyond... There is no light, and suddenly the foot sinks in soft, pulpy material, and a fearful choking odour arises. Several flag-stones are missing... At last, when the garret was reached, we found three little rooms occupied by tailors, another by tailoresses, and another two by female machinists. Some of the rooms were intensely hot from the pressing-iron, the gas, and the overcrowding; others were intensely cold. ... One of the over-heated rooms contained only 108 cubic feet for each workman. The Lancet 21 April 1888
Disease, exhaustion and suicide

‘the workers so starved and exhausted that they must soon fall victims to wasting disease when they are not actually driven to suicide. This is a matter of such immediate importance… that petty quibbles over the details of doctrinaire political economy must not be allowed to stand in the way of those sweeping and far-reaching reforms. Lancet 14 April 1888
Psychosocial hazards of sweating

Low and irregular income had severe effects on mental wellbeing eg *Lancet* 30 June 1888 women acquitted by Manchester court

‘though her only excuse was the extremely low wages she earned when working for a sweater. During the whole of the previous week she had worked as a costume finisher from half-past eight in the morning till seven in the evening, and yet only earned 2s. 2d. She lived on tea and bread, and out of these wages 6d. was deducted in consideration of the hot water supplied for her tea! Then she had to repay a loan of 6d. to the forewoman. With the remaining 1s. 2d she had to meet her rent, which amounted to 2s 6d a week.’
Spill-over effects between work and living conditions

- The combination of crowded, unsanitary and poorly ventilated and heated accommodation with fatigue and poor nutrition was conducive to the outbreak & rapid spread of infectious diseases like small pox, typhoid, scarlet fever, cholera and tuberculosis. Witnesses to the House of Lords Select Inquiry into Sweating (1889-90) repeatedly pointed the link between poor accommodation and starvation wages and disease.

- James Squire a North London physician specialising in consumption (tuberculosis) told the Committee malnutrition, poor background health and over-crowded living conditions were conducive to the spread of the disease. Further, interventions by local public health inspectors could be hampered by large tenement owners (who financially benefited from overcrowding) exerting influence on the municipal authorities/councils.
Public health risks: communicable disease

- The clothes at times are contaminated (slept on/used as coverings) & sold widely including high-end retailers Lancet 14 April 1888 & Lords SC April –June 1888
- NY cape makers tenement ‘crawling with vermin, and the capes were not free from it.’ Shifting workplaces undermined efforts of sanitation inspectors Florence Kelley, The Sweating System, 1895
- ‘unwholesome domestic surroundings’, unfinished garments sometimes used to cover infected patients lying in bed, and it was in the interests of workers to conceal disease outbreaks (garment making in Germany, Lancet Feb 1896)
- Risk from infected clothing exacerbated by reluctance to report outbreaks (eg Scarlet fever) due to loss of work/income. Tenement owners too financial incentive not to report
- These & other covert effects of subcontracting system have contemporary parallel (eg evidence on adulteration of food mixing of meat to disguise its origins has parallels with EU horse meat scandal)
Competitive tendering, outsourcing & health 19th century style

- George Dalhousie Ramsay, Director of the Army Clothing Department at Pimlico (London) told the Lords Select Committee had stopped giving out work to outdoor hands to prevent further subletting of tasks and guard against infectious disease (but with elaborate subcontracting could evade).

- *The Lancet* criticised the contracting out of work by the London County Council, stating that while it could not not discuss the economic grounds for the decision its immediate concern “as medical journalists, is rather with the bearing which the system has for the requirements of public health.” *The Lancet*, 15 October 1892, p893.
Lessons from history: all forms of work & business organisation must be regulated

"From a public health point of view... What does it matter whether the people working together are members of the same family who are acting in a sort of partnership with each other, or whether they call in outsiders to help them? These workers... still they consume an equal amount of oxygen and require the same proportion of space. The real basis – the only sound basis to work upon – is the principle that what is made for the public and sold to the public, the public has a right to watch and control through every phase of its manufacture and distribution, whether it be made in a magnificent factory, where hundreds of workers are employed, or in wretched garret where but one or two sweater’s victims work together." The Lancet, 2 August 1890, p246
## Work, the state & social protection – rich countries 1880-2007

<table>
<thead>
<tr>
<th>Year</th>
<th>1880 (similarities with poor/middle income countries now)</th>
<th>1970</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employment security &amp; contingent work</strong></td>
<td>No regulated job security &amp; substantial contingent work</td>
<td>Secure jobs norm (except women)/ small contingent workforce</td>
<td>Decline in job security &amp; growing contingent workforce</td>
</tr>
<tr>
<td><strong>Minimum labour standard laws (wages &amp; hours)</strong></td>
<td>No minimum wage or hours laws (except children)</td>
<td>Universal minimum wage and hours laws</td>
<td>Minimum wage and hours laws – some erosion</td>
</tr>
<tr>
<td><strong>Extent of union membership &amp; collective bargaining</strong></td>
<td>Union density low (&lt;10%) &amp; limited collective bargaining</td>
<td>Union density 25-&gt;50% &amp; extensive collective bargaining</td>
<td>Substantial decline in union density &amp; collective bargaining</td>
</tr>
<tr>
<td><strong>Extent of vulnerable groups of workers</strong></td>
<td>Extensive exploited vulnerable groups (women, immigrants, home-workers, young &amp; homeless, old)</td>
<td>Still vulnerable groups (women, immigrants &amp; home-workers) but more circumscribed</td>
<td>Expansion of vulnerable groups (women, home-workers, immigrants, homeless, old &amp; young –child labour re-emerge)</td>
</tr>
<tr>
<td><strong>Extent of occupational health &amp; safety law</strong></td>
<td>Limited OHS law (factories, mines) &amp; poorly enforced</td>
<td>Expansionary revision of OHS laws initiated</td>
<td>Expanded OHS law but under indirect threat</td>
</tr>
<tr>
<td><strong>Extent of workers’ compensation system</strong></td>
<td>No workers’ compensation system</td>
<td>Mandated workers’ comp/injury insurance system</td>
<td>Workers’ compensation /injury insurance – some erosion</td>
</tr>
<tr>
<td><strong>Extent of public health infrastructure (water, hospitals, sewer etc)</strong></td>
<td>Little public health infrastructure sewer, (hospitals, water)</td>
<td>Extended public health infrastructure/ health insurance</td>
<td>Public health infrastructure – some erosion</td>
</tr>
<tr>
<td><strong>Social security safety net (sickness, age &amp; unemployment benefits)</strong></td>
<td>No age pension, social security, unemployment benefits</td>
<td>Age pension/social security, unemployment benefits</td>
<td>Age, disability &amp; unemployment benefits – cutback</td>
</tr>
<tr>
<td><strong>State activity in utilities, education &amp; transport</strong></td>
<td>Limited state involvement in education &amp; transport</td>
<td>Wide government involvement in education, transport, utilities</td>
<td>Privatisation, competitive tendering &amp; social capital erosion</td>
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</tbody>
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### PDR model: Risk factors associated with Insecure and contingent work

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<thead>
<tr>
<th>Effort/Reward Pressures</th>
<th>Disorganization</th>
<th>Regulatory Failure</th>
<th>Spill-over Effects</th>
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</thead>
<tbody>
<tr>
<td>Insecure jobs (fear of losing job)</td>
<td>Short tenure, inexperience</td>
<td>Poor knowledge of legal rights, obligations</td>
<td>Extra tasks, workload shifting</td>
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<tr>
<td>Contingent, irregular payment</td>
<td>Poor induction, training &amp; supervision</td>
<td>Limited access to OHS, workers comp rights</td>
<td>Eroded pay, security, entitlements</td>
</tr>
<tr>
<td>Long or irregular work hours</td>
<td>Ineffective procedures &amp; communication</td>
<td>Fractured or disputed legal obligations</td>
<td>Eroded work quality, public health</td>
</tr>
<tr>
<td>Multiple jobs (may work for several agencies)</td>
<td>Ineffective OHSMS / inability to organise</td>
<td>Non-compliance &amp; regulator oversight (stretched resources)</td>
<td>Work-life conflict</td>
</tr>
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Lessons from history?

- Health effects of long hours, casual work, irregular / low pay/sweating, home-work, subcontracting well documented in govt inquiries etc 1880-1920
- Flow on effects of poverty on child labour, education and health also well documented & highlight synergistic effects of working and living conditions on health as well as work and public safety
- Contemporary research into ‘flexible’ work is rediscovering these linkages in both rich and poor/middle income countries (eg housing quality, changes to sleep & eating patterns, food safety & offshoring of critical tasks)
Lessons from history cont?

- Regulation and infrastructure policies (1880-1960) were response to these problems, raising many of the same policy issues now ‘exercising’ researchers if not policy makers still captive to Neoliberalism (just Laissez Faire back with a vengeance)

- Capital’s endless quest for unorganised labour suggests need for new social protection regulatory regimes that operate globally, incorporate all labour standards and cover all types of work. Past offers important policy lessons.

- Mobilising reforms based on public outrage at cascading/wide costs to the community (eg focus on communicable disease)

- New regulatory initiatives do exist (eg mandatory supply chain regulation & minimum labour standards covering self-employed contractors) & interlocking work & health/safety standards but need to spread
Some references