

Environmental Health and Safety at York

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Background

On May 17, 2001 the Harris government introduced Bill 57, a regressive set of legislative reforms that will amend some thirty different sections in the Occupational Health and Safety Act (OHSA), including the right to know [about hazards in the workplace] and the right to refuse unsafe work. If passed, Bill 57 will effectively eviscerate the OHSA by further reducing government responsibility for workplace health and safety and by increasing reliance on internal accountability systems that lack adequate mechanisms of enforcement.

This is a particularly ominous Bill in light of the Canadian Association of University Business Officers (CAUBO) report--*A Point of No Return: The Urgent Need for Infrastructure Renewal at Canadian Universities*--that was released last year. Failure to address the problems caused by *accumulated deferred maintenance*, the 60-page report warns, can lead to "disastrous circumstances" that will have a negative impact on the universities ability to carry out its teaching and research functions . . .and on emergency and life safety systems resulting in risks to building occupants (p. 47)¹.

With more than \$60 million dollars in deferred maintenance at York, and the potential gutting of the protections offered by the OHSA, it is clear

that campus health and safety can no longer be taken for granted. YUFA must begin to take a more proactive role in this area.

As a first step in this direction, a series of focus groups² were conducted with faculty and librarians last spring. The purpose was to identify common anxieties and complaints about the workplace environment, and to explore how members would like the union to act on these issues.

To recruit participants, a call was posted on YUFA-M, with a hard copy also sent out. Members were asked to take part in a focus group discussion on the environmental health of the campus environment³. Those who could not attend were invited to submit written comments. Seventy-three members responded; of these twenty-six took part in five separate focus group sessions.

In what follows, the major issues and concerns that were raised in the focus groups and/or outlined in the written comments are summarized.

Physical Environment

Indoor Air Quality. Apropos of physical agents, the most prominence was given to poor indoor air quality (IAQ)⁴. A host of ailments--including chronic respiratory ailments, eye, nose, throat, and skin irritations, fatigue, skin rashes, mild to severe headaches, and allergic reactions--were attributed to the air quality in offices, classrooms, and/or labs. While such complaints are classified as "vague" symptoms rather than clearly defined

illnesses, the message that emerged from the focus groups was clear: the air in many campus buildings⁵ makes people sick, compromising the teaching, learning, and research environment. As one of the participants noted,

If I am working in my office for more than three ours, I get a headache, my eyes start to water, and I feel drowsy. It doesn't matter how much sleep I got the night before or whether I am preparing for class or working on the computer-- by three o'clock it is difficult to keep my eyes open. When I work at home, I don't experience these symptoms.

Commenting on a class she had taught the previous year, another participant recalled how relieved she was to find out that the reason many of her students were "dozing off in the middle of my lecture" had to do with inadequate air circulation, rather than the course material.

Several of the focus group participants have also experienced allergic reactions, headaches, or nausea caused by airborne chemical pollutants found in some types of window chalking, paints, adhesives, and carpeting. Fumes from construction on campus, from barbecues, and from idling vehicles--gasoline, diesel, and propane--that have entered buildings through air intake vents have also caused health problems. Likewise, pesticides used on the grass and to control indoor pest infestations have been responsible for skin rashes and asthmatic attacks.

Thermal deficiencies in relative humidity and temperature (and lack of control over these) were highlighted as another major concern. The focus

group participants recognized that building systems need to be adjusted to compensate for seasonal changes, but they questioned why the "change-over" periods were so long, often lasting up to three weeks. "This means," one person noted, "that there can be nine weeks out of the year where conditions on campus are such that you can't work effectively. Try teaching a class of 200 in a room that is 90 degrees."

Changes in the outdoor environment frequently produce undesirable changes in the indoor environment. Unusually cold or hot weather, hardly a rare phenomena in Toronto, often requires that a higher proportion of air be recirculated so as not to exceed the building's heating or cooling capacity. Renovation activities, several faculty observed, have generated contaminants that alter the operation of building systems.

Water damage caused by ongoing leaks, common in aging buildings, is a chronic problem. In poorly ventilated buildings, this has led to outbreaks of bacterial and fungal contamination from molds. Several participants had experienced nosebleeds, migraines, ear infections, cold/flu like symptoms, and the aggravation of asthma; symptoms associated with exposure to mold. Some had had their offices or labs inspected for mold only to discover that they had been exposed to *stachybotrys atra*, a potentially dangerous toxic strain that has been linked to a wide variety of adverse health effects, ranging from allergic symptoms to pulmonary bleeding.

Inadequate maintenance of HVAC systems⁶, known to exacerbate IAQ problems, has further compromised the indoor environment in a number of

campus buildings. Not only have the conditions noted above been associated with poor air, studies have also identified them as contributing factors to *sick building syndrome*⁷.

Deteriorating Infrastructure. The effects of deferred maintenance have led to an "utter degeneration of facilities" in some buildings. Leaking roofs, thirty year-old carpets that are frayed and patched with tape, ineffective temperature controls, peeling paint, windows that don't open, broken elevators, and non-functioning air intake vents are long-standing sources of frustration. Classrooms and communal areas are often dirty because of cutbacks in maintenance staff. Inadequate lighting, broken chairs and desks, and equipment that doesn't work properly make lecture halls and classrooms an unwelcoming and unsafe learning environment. Such conditions, one participant lamented, "threaten to impair the effective functioning of the entire academic enterprise at York."

Reports of mice and cockroach infestations, dead flies being blown out through air vents into offices, and accumulations of dust and filth have made some offices "unlivable." Clearly, these conditions affect the quality of life on campus. "Our department," one participant noted, "has tried all kinds of things to get faculty to come onto campus more frequently, but frankly, who wants to spend time in this kind of environment?"

Overcrowding and Lack of Adequate Space. Participants identified both the quality of space and the absence of space as concerns. Lack of space of any kind including--research space, office space, storage space,

meeting space, and social space—has become a chronic problem.

Overcrowding in classrooms was cited as a particularly serious issue that hampers teaching and is a fire-safety risk. Increased class size has meant that the majority of classrooms are inadequate for the numbers they were designed to accommodate. Students often sit on the floor or the stairs.

Tutorials have become so "impossible" that "students should be told to come at their own risk because there is standing room only." In Fine Arts, for example, it is common practice to conduct lectures in studios where students have to sit in the floor. Crowding has also become a major concern in corridors and other public spaces all over campus. These conditions often make the work environment very chaotic and noisy.

Campus Safety. A number of issues were raised about safety hazards for pedestrians. These included inadequate snow and ice removal; the lack of pedestrian pathways in parking lots; speeding vehicles on service roadways; and inadequate or inconvenient parking. Female faculty noted that the location of the majority of parking lots, inadequate lighting, and lack of security personal make the campus unsafe at night.

Carrying teaching and research materials from parking lots to offices, or from offices to classrooms, can be difficult. Older faculty, and those with a physical disability, often pay for expensive parking spaces to facilitate more convenient access to their office or classroom.

Accommodation. For members with disabilities these problems are even more pronounced. There is a lack of suitable parking spaces. Many of

the buildings and facilities on campus, are not accessible. Front opening doors, the absence of ramps, chairs and desks permanently affixed to classroom floors, the lack of elevators and the poorly-maintained condition of those that do exist (a chronic problem in Atkinson and at Glendon) are but a few of the factors that discriminate against people with disabilities. There is a need, focus group participants argued, for an Office for Faculty with Disabilities, similar to the facility that now exists for students.

Repetitive-stress Injury and Ergonomics Issues. Several of the focus group participants had developed painful injuries--including Carpal Tunnel Syndrome, tendinitis, and bursitis--resulting from the use of computer keyboards and mice. The extent of these injuries ranged from minor inconveniences to painful conditions, and, in a couple of cases, to a disability that made tasks such as driving or dressing difficult to perform. There was widespread agreement that York needs to develop a more systematic ergonomic approach to workplace illness and injury prevention. Currently, the degree to which ergonomic considerations figure into work environment design and layout varies enormously between departments. Some members reported that their offices were equipped with ergonomically correct chairs, workstations, computers, and lighting, while others complained that their office chairs were a decade old (and often broken), lighting was inadequate, and they had no computer.

Summary of Issues Raised About the Physical Environment.

The impact of the physical environment on the focus group participants' health varied greatly. Some members have never experienced noticeable ill effects. For those who report problems, the range and severity of their symptoms vary significantly. For some, the symptoms are no more than minor irritants. For others the impact is overwhelming, with a few cases even leading to a disability leave. A number of people work at home because of concerns about long-term health risks. What is most striking about these discussions, however, is not the range of difference, but the fact that not one of the participants characterized the campus as a healthy indoor environment, one that promoted comfort and well being.

Obviously, with such a small and self-selected sample, the generalizability of findings is limited. However, the now substantial literature on the work environments suggests that the risks posed by several of York's buildings should be taken seriously. Studies indicate that most health problems associated with the physical environment result from chronic exposure to a low-level stressor rather than sudden exposure to an acute hazard. One of main conclusions of this literature is that conditions generally must reach extremes before everyone is affected. A few individuals suffering illness symptoms may indicate the presence of environmental stresses that may eventually compromise the health of a much larger proportion of those exposed.

Many of the kinds of concerns identified here involve progressively greater risks. At what point should a limit be set? How are limits arrived at? Is it acceptable for a few people to develop headaches occasionally, and if so, how many people and how often? What about more serious symptoms? How many cases of chronic respiratory disease does it take to point to a serious hazard? These are not easy questions, but they are ones we must grapple with.

Workload

Recent faculty workload surveys in Britain, the U.S., and New Zealand indicate that the nature and the context of academic work have changed dramatically over the past decade. Working hours, work pace, and workload have all increased significantly. This would appear to be the trend for faculty at York. Increased workload has made a profound difference in the time available for research and has made accomplishing tasks in a timely manner more difficult.

Inadequate secretarial and maintenance staff; inadequate computer resources; a dwindling library collection; and lack of funding for graduate students have made academic work more labour intensive. Participants also talked about how seemingly small things pile up until they become overwhelming. "For example, we are now responsible for all the details involved in scheduling oral defenses. If you have half a dozen students who will graduate over a two or three

year period this [scheduling of the defense] represents a lot of work."

An increase in graduate supervision--due to faculty retirements--was cited as another factor contributing to an ever-expanding workload.

Release time for departmental chairs and graduate program directors was raised several times. In many departments, these positions typically require at least a full-time commitment, yet they are not compensated accordingly. Consequently, fewer faculty members want to take up administrative duties and departments are left floundering as an already overburdened faculty conducts a desperate search for a chair. Indeed, many participants were incredulous to learn that chairs of large departments were not given full course release. "This explains," one new faculty member commented, "why no one wants to be chair. When I joined the department, they were searching for a new chair. Several months later, when the search had turned up not one interested prospect, desperation seemed to give way to a kind of despair and resignation."

The increasing reliance on technology was raised as a workload issue in a number of different contexts. There are glaring disparities between departments that are "technologically rich" and those that lack basic equipment. In some departments, for example, faculty are provided with state of the art computers that are upgraded on a regular basis. In others, offices are not equipped with computers or have equipment that is so outdated it cannot access the Internet or run the software used by the

university. Not having adequate computer resources was cited as another impediment to doing work in a timely and productive manner.

“Overwork,” inequities in the allocation of resources, and inconsistencies in the distribution of workload have created an “atmosphere of anger and hostility” at York. The majority of participants described workload-related issues as the major cause of work-related stress. As one faculty member remonstrated,

There is just too much work. Things keep getting added on: another form, another committee, another student. The comumulative effect is not only that you have to work very long hours--many academics have always done this--but there is so little time left for scholarly work. In the short term this leads to stressed-out, depressed faculty, in the long term it depresses the research productivity of the university.

Workplace Culture

Social Environment. There was a broad consensus in all of the focus groups that social and intellectual interaction between colleagues is at an all time low. Many of the newer faculty described their first experiences at York as impersonal and alienating. Most were left to their own devices, with little orientation to their individual department or to the university. The absence of community and the lack collegiality, older faculty members noted, have become much more pronounced over the past decade.

While overwork ("Who has time to socialize?") and the deterioration of the physical environment explain why many faculty now spend as little time as possible on campus, participants noted that York's social facilities were wholly inadequate and offered little incentive to socialize at York. The commercialization of all campus eateries has made York a "gastronomical wasteland . . . the graduate pub is too smoky, there are NO adequate facilities at Glendon, and the café in Stong/Bethune is grotesque." The Faculty Club is described as "a dismal failure" that "provides neither the ambience nor the quality of food" that would make people want to spend social time at York. In the summer, there are few places to eat or to meet with students on campus. Despite the large number of night courses being taught, for example, the Faculty Club closes at 3:00 p.m. and the Café in Atkinson at 4:00 p.m.

There is a "desperate need" for a new social space for faculty. "A nice bar where people can talk and relax; somewhere with couches where you can rest between classes or meetings; and a restaurant with good, healthy food" were some of the suggestions put forth. Many of the participants also felt that a "gym facility" for faculty would be a "wonderful addition" that would improve faculty morale and well being and help build a more sociable environment.

At the end of one of the focus groups sessions, one participant wistfully commented on the "separation of culture from education at York and a lack of value of community." As others nodded in agreement, another

faculty member said that what she regretted about working at York was "a lack of valuing of individuals and of our work . . . and, most of all, the almost impossibility of community."

Chilly Climate. Without exception, focus group participants of colour, who identified as gay or lesbian, or who had a disability, had experienced discrimination as faculty members at York. These experiences ranged from the administration's failure to provide adequate accommodation for members with disabilities to the interrogation about faculty status by university personnel. Each of these faculty members felt their legitimacy as academics had been questioned in ways that potentially limited their access to the institutional resources and rewards that promote professional socialization. "It is embarrassing and draining," commented one participant, "to always have to deal with discrimination . . . to have to cope with what York pretends to be [inclusive] and what is [an exclusive culture]." At a personal level, the high costs of this climate have ranged from increased stress to the decision to look for another job.

The academic workplace was described as frequently chilly and alienating, the promotion of diversity among faculty characterized as one of "benign neglect." Once hired, all faculty are left to achieve on their own merits. Such benign neglect, it was noted, is an inadequate response in the context of an academic culture that has been shaped by a history of exclusion. In such a context, it is critical to take a proactive stance toward building a culture of inclusion and support.

Workplace Culture

These findings provide alarming insights into campus working conditions for a broad cross-section of our membership. They paint a picture of a diminished teaching, research, and social environment and of an increasingly demoralized faculty. The physical workplace is often uncomfortable, frequently unhealthy, and, at times, unsafe. Inadequate support for research, devaluation of teaching, and the administration's perceived indifference to faculty concerns have created a negative work environment that many members find increasingly alienating. A workplace culture that facilitates intellectual and social exchange and that promotes excellence in teaching, learning, and scholarship cannot develop in such a compromised environment.

To work toward improvements will require a high level of membership involvement and commitment. Concerns about physical settings (buildings, classrooms, etc.) will require straightforward--albeit sometimes expensive--solutions. Problems that are grounded in the social relations that govern our work are more complex and will be tougher to address.

¹ This report is based on a survey commissioned by the Canadian Association of University Business Officers (CAUBO) in 1999. The purpose of the survey was to measure the extent of accumulated deferred maintenance (ADM) on Canadian university campuses. The findings are based on data from 51 universities, which together account for approximately 87.5 percent of Canada's total university enrolment.

² Focus groups are a form of group interview that encourages individuals to talk to one another, ask questions, exchange anecdotes, and comment on each other's experiences and points of view. They are a particularly effective technique for exploring and identifying consensus and dissent, attitudes, and needs of populations that share a context and/or concerns. These *conversations* can reveal dimensions of understanding that often remain untapped by more conventional data collection techniques. The synergism of the group discussions often facilitate critical comments and, at the same time, an exploration of different types of solutions, which are invaluable if the goal is to find ways to improve a situation.

³ According to the World Health Organisation, 'Environmental Health comprises those aspects of human health, including quality of life, that are determined by physical, chemical, biological, social and psychosocial factors in the environment.'

⁵ Ross, Lumbers, Farquharson, Atkinson, Schulich, and York Lanes were mentioned most frequently as "sick" buildings.

⁶ HVAC refers to Heating, Ventilating, and Air Conditioning, the total air handling system for supplying and removing conditioned air to a workspace.

⁷ The term "sick building syndrome" (SBS) is used to describe situations in which building occupants experience acute health and comfort effects that appear to be linked to time spent in a building, but no specific illness or cause can be identified.