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Dear Editors,

I am writing in response to Michael Bates' call for recognition of "hidden workplace harm" in your March 2026 issue, in which he kindly refers to some of my research on women's occupational health. His argument resonates with researchers in Canada who have been involved in struggles to protect the health of health care workers, elementary school teachers, customer service staff, food servers, and other women workers.

My university has an outreach program that makes professors available to respond to research questions from community groups, and a specific arrangement with trades unions. Because of requests from these groups, my colleagues and I have been researching women's occupational health for over forty years. We have a front-seat view on what our union-university collaboration has called "*L'Invisible qui fait mal"* [the invisible things that hurt].

In Canada, occupational health is primarily a provincial jurisdiction, so our research centre, CINBIOSE, tries to reconcile Québec laws and institutions with the needs of working women. In practice, this has meant making working women's biology, social situation, and health problems visible to scientists, legal scholars and practitioners. My own research in ergonomics involves hundreds of hours observing women at work, noting for example the contortions required when using tools and equipment designed for other types of bodies. We also observe the ways that the low status of women in the workplace leads to specific risks for women, even when they occupy the same jobs as men. For example, women food servers in Québec make many more steps than their male counterparts, not only because they can carry less weight at a time, but because women receive lower tips, so they must work harder and be more responsive to customer needs.[1]

Therefore I want to say that I am heartily in agreement with Mr. Bates' call to stop looking exclusively at acute injuries, and begin to prevent less dramatic, but often more persistent and pervasive suffering, such as that experienced by many in "women's jobs". I hope you in New Zealand will be able to produce change more quickly than we have.

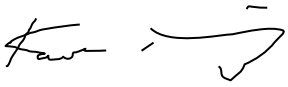
By forming coalitions with public health, unions, universities, and community groups, we have succeeded in making some changes in laws and practices, in order to adjust the work/family interface, fight sexual harassment, and include women's jobs in prevention programs.[2] But our

system is still not sufficiently sensitive to women's working conditions.[3] Our government has been much less reactive than that in France (for example), where, more than a decade ago, a government agency alerted the public to the fact that women's occupational injuries and illnesses were rising as men's were falling. The agency succeeded in getting a law passed to require employers to report injuries and illnesses by sex,[4] as well as inspiring the French Senate to hold eight months of hearings on women workers' health. The Senate report[5] emphasized taking account of women's (and men's) biological specificities, as well as preventing psychological and physical suffering from sexist treatment, discrimination against women, and lack of attention to the work/family interface, for example when scheduling work hours. Recommendations from the report are slowly changing conditions on the ground.

It is important that other countries join in to add to the momentum for change. So I am very happy with this call to action in New Zealand, and hope it will be heard.

Just one quibble – Mr. Bates was kind enough to refer to me as a sociologist in his letter. I am in fact an ergonomist, with a Ph. D. in biology. But I understand his confusion, because francophone ergonomics is a bit different from the American/European tradition of ergonomics, which relies more heavily on biomechanics. My training in ergonomics at the Conservatoire national des arts et métiers in Paris taught me to do a more global analysis of work activity, requiring extensive observations of work, biomechanical recordings and measurements as necessary, diagnosis of problems, and eventually incorporating feedback from observed workers and their supervisors in order to situate work in its physical, social and political context. The aim is to recommend interventions to transform all elements shown to be key to protect health and productivity. So my books and articles are necessarily anchored in the larger social context, possibly leading to confusion.

Respectfully yours,



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[1] Laperrière E., Messing K., Bourbonnais R. (2017) Work activity in food service: The significance of customer relations, tipping practices and gender for preventing musculoskeletal disorders. *Applied Ergonomics* 58 : 89-101

[2] Messing, K. (2021) *Bent Out of Shape: Shame, Solidarity, and Women's Bodies at Work.* Toronto: Between the Lines. Chapter 13. "Going Forward Together"

[3] Messing, K., Cox, R., (2024) Une tonne de plumes pèse autant qu'une tonne de plomb: Vers la reconnaissance et l'élimination des dangers dans le travail des femmes au Québec. *Travail, Genre et Sociétés* 2024/1 n° 51 : 101-118.

[4] LOI n° 2014-873 du 4 août 2014 pour l'égalité réelle entre les femmes et les hommes https://www.legifrance.gouv.fr/loda/id/JORFTEXT000029330832

[5] Cohen, L., Jacquemet, A., Richer, M.P., Rossignol, L. 2023. Rapport d'information fait au nom de la Délégation aux droits des femmes et à l'égalité des chances entre les hommes et les femmes sur la santé des femmes au travail. https://www.assemblee-nationale.fr/dyn/17/rapports/ega/l17b1688_rapport-information