



#### **FLA Member/Affiliate Update**

Please note that HanesBrands Inc. ended its membership as an FLA Participating Company on 11 December 2024.

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# **EVALUATION OF THE SUITABILITY AND SUSTAINABILITY OF THE ERGONOMICS PROGRAM AT HANESBRANDS INC. PLANTS H54 AND H1 IN CHOLOMA, CORTES, HONDURAS.**

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## Executive Summary

This report provides the evaluation results of the Ergonomics Program that Hanesbrands Inc. is implementing in its H54 and H1 plants located in Choloma, Cortes, Honduras. Plant H54 has 1,289 workers, while plant H1 has 454 workers; the work shift is 12 hours with corresponding rest periods; the work schedule is 4 x 3 (4 workdays and 3 rest days). Both plants are dedicated to the production of basic t-shirts, round neck t-shirts and raglan t-shirts, among others.

For this evaluation multiple methodologies were utilized including interviews with key actors: representatives from Hanesbrands Inc., a representative from the Ergonomics Center from North Carolina State University, representatives from CODEMUH, workers and former workers from plants H54 and H1, and representatives from the State (Secretary of Labor and the Honduras Social Security Institute). In addition, representatives from the PROCINCO Foundation were interviewed. The methodology included document review and visits to the plants (observation), semi-structured interviews, surveys and focus groups with workers and former workers both on-site and off-site.

Hanesbrands Inc.'s Ergonomics Program has a corporate policy for Health and Work Safety, which establishes the commitment to “provide all workers with a safe and healthy workplace.” Its fundamental pillars are management leadership and worker participation. For this purpose an Ergonomics Committee has been assembled with a Committee leader, other management representatives and the participation of three workers. The program was planned and has been developed with the support of the Ergonomics Center from North Carolina State University. The ergonomics program establishes the procedures to be followed to achieve the program's success. The procedures include the identification of ergonomic hazards and the communication of the same, the evaluation of the

workstations and the establishment of priorities. In addition, the program defines the methods to be used for evaluations and the sequence to be followed to establish risk factor controls and addresses the importance of keeping records, and the role of training. It also defines medical management of musculoskeletal pain and of early return to work. Finally, the program includes self-evaluation and controls' follow-up.

Training is aimed at improving the identification of labor risk factors and understanding and applying control strategies for them. As such, the Ergonomics Program addresses training for workers and the Ergonomics Committee. For workers and for Ergonomic Committee. Training for workers includes one training session during worker orientation (for new workers) and one reinforcement session each year. The training topics are: use of chairs, ergonomic risk factors, repetitive movements, static positions in operations, incorrect or forced posture, the correct position at the table, overexertion, and advice for working seated. The Ergonomic Committee has received basic training in applied ergonomics, general training in safety and engineering for workstation design, and evaluation tools (NIOSH, RULA, REBA and effort index).

Hanesbrands Inc. has planned an investment of \$403,362.71 US Dollars, of which \$232,010.00 has been spent on improvements to work tables, ergonomic mats and chairs. \$35,224.81 US Dollars annually and \$4212.92 monthly are designated for the payment of the Ergonomics Engineer, the training of 1,800 employees and the Ergonomics Committee, as well as for investigations and an ergonomics campaign.

A total of 105 workers from various production areas, including production line supervisors were surveyed. Half of the workers surveyed (51%) indicated having

pain caused by the work they perform and 17% worsened by it. The predominant anatomical locations of the pain are shoulder, back and neck. One out of every three workers (38%) identified risk factors for musculoskeletal lesions (“ergonomic” risks) that exist in their workstation. The most frequently mentioned risks are: incorrect position and height of work table (12.4%), incorrect posture (10.5%), inadequate workstation and machine (9.6%). A total of 95.2% of operators expressed knowing that there is an Ergonomics Program at the company and 97.1% report that they have received training. The topics mentioned most frequently are: Adopting correct posture (48.7%), use of the chair (25.7%) and adjusting machine height (24.8%).

The focus groups with workers indicated a positive opinion of the following topics: execution of exercises, training and communication or participation methods. Among the negative topics are the risk factors, including posture, repetitive movements and production goals. In addition, they pointed out that medical attention is insufficient due to lack of access and inefficiency. The most frequent ailments are reported in the back, shoulder, arm and wrist.

With respect to the observation (tours of plants H54 and H1), the main risk factors identified were repetitive movements, uncomfortable postures, chairs with inadequate support (small back supports and lacking lumbar support), chairs in disrepair, and confined and cluttered workspaces. Not all workers that stand have ergonomic mats or footrests. In addition workers reported poor temperature control, resulting in an excessively hot work environment. Among the implemented controls, the presence of adjustable chairs in the great majority of workstations stands out. The tables in the inspection and packing areas are inclined and the height of the work surface is adjustable. It is also noticeable that workers have received

training on the correct back posture when seated, as the majority are seated correctly.

Regarding the interviews with social actors, the information the Honduras Institute for Social Security and the Secretary of Labor could provide is minimal due to confidentiality issues or poor reporting. Nonetheless, they express that maquiladoras have improved their level of sensitivity to worker health problems, placing Hanesbrands Inc. among the leaders in this respect because of the implementation of programs, personnel training and company clinics. PROCINCO agrees with the above, placing Hanesbrands Inc. among the leaders in Occupational Health. As proof of this, they presented statistics about Occupational Health activities they execute with their affiliates. These statistics indicate that Hanesbrands Inc. is second among all affiliates in using their services.

In conclusion, the Ergonomics Program proposed for both plants contains the necessary elements to reach the goals, even though it contains weaknesses that should be progressively corrected. The strengths included management's commitment and leadership, the creation of the Ergonomics Committee which includes workers, training plans and strategies, channels for communication with management, workstation evaluations (although reactive), application of changes to workstations, and existence of a company clinic. However, the following must be improved: worker participation in the ergonomics committee, worker involvement during training, including topics related to repetitive movements, establishing criteria to evaluate worker contributions and prioritizing their grievances, evaluating workstations periodically and proactively, diversifying controls including rhythms and production goals, and improving the capability of human resources at the clinic.

## **I. Introduction.**

This report comes in response to the contract between Fair Labor Association (FLA) and the Consultant, Dr. Lylliam Lopez Narvaez, in order to evaluate the suitability and sustainability of the Ergonomics Program Hanesbrands Inc. is implementing in its H54 and H1 plants in Honduras. In addition to the suitability and sustainability of the Ergonomics Program, this evaluation seeks to provide the necessary information for FLA to respond to the allegations of the Honduras Women's Collective (CODEMUH). The allegations claim that the aforementioned plants are not adequately tending to the health and safety problems of the workers, especially those risk factors that cause musculoskeletal lesions.

As background information, Hanesbrands Inc. is a company that produces world-class goods for the consumer; it is more than a century old and boasts a portfolio of leading brands. It has been present in Honduras for a little over 20 years, generating over 12,000 jobs. Among the plants in Honduras are the H54 Plant and H1 Plant, both located in the Municipality of Choloma, Cortes. The H54 Plant has 1,289 workers, while the H1 Plant has 454 workers; they work a 4 x 3 (4 workdays and 3 rest days) schedule. Both plants are dedicated to the production of basic t-shirts, round neck t-shirts and raglan t-shirts, among others.

The Contract's Reference Terms for the evaluation specify that the Consultant must:

- 1) Review and evaluate Hanesbrands' Policies, Procedures, training, disclosure, and worker involvement in its Ergonomics Program, taking into account that the company follows a 4 x 3 structured work schedule.
- 2) Review the structure of the organization with respect to the way the Ergonomics Program fits within the management structure, organizational

relationships, industrial relations and the process for handling worker grievances.

- 3) Review the activities for Ergonomic skills development, including the content and number of sessions involving management and workers, frequency and effectiveness thereof, etc.
- 4) Review the level of resources assigned by Hanesbrands Inc. to Ergonomics at the evaluated plants, including quantity and job positions of teams, equipment and dollar cost of all ergonomic expenditures.
- 5) Review and evaluate the scope, content and the onsite activities of the Consultancy Project of the Ergonomics Center at North Carolina State University (ECNC). Specifically, evaluate if: (1) the scope and activities of the ECNC project are appropriate; (2) its recommendations and corrective actions are or will be effective in the reduction of hazards to and lesions of workers; and (3) there are any occupational health problems or concerns which have not been identified nor addressed by the ECNC project.
- 6) Review and evaluate the ergonomics studies conducted in the facilities by third parties, including the allegations made by CODEMUH.
- 7) Observe the workstations, processes, product flow and plant organization; evaluate if there are gaps in the implementation, and identify any other ergonomic issues that have not been addressed.
- 8) Interview key managers, production line supervisors, doctors and workers from the production plants regarding ergonomic risks, controls and reporting mechanisms at the plant. Workers must be interviewed based on a random sample. In order to obtain reliable information, if the consultant deems necessary, interviews may also be conducted with workers outside of the workplace.



- 9) Prepare an activity plan prior to initiating the evaluation in order for Hanesbrands Inc. to be aware of the time that will be spent in the plants to insure the availability of the appropriate personnel.

## II. Methodology.

In order to achieve the primary objective of this consultancy, multiple methodologies were utilized and the primary actors were interviewed, including: representatives of Hanesbrands Inc., a delegate from the Ergonomics Center at North Carolina State University, representatives from CODEMUH, workers and former workers from H54 and H1 plants, and representatives from the State (Secretary of Labor and the Honduras Social Security Institute). In addition, representatives from the PROCINCO Foundation were interviewed. The methodology included document review and visits to the plants (observation), semi-structured interviews (see annexed guides), surveys and focus groups with workers and former workers both onsite and offsite.

This process was achieved with the complete cooperation of various company representatives (Regional Manager for Occupational Health, Maintenance Administrator, Operations Administrator, Human Resources Manager, Environmental Health and Safety Coordinator, Citizenship Corporate Manager and Health and Safety Regional Manager, among others), who gave total access to the facilities and available documents and information and assisted in gathering information throughout the different phases of the process.

### *Document Review.*

The objective of the document review was to learn the context of Occupational Health and Safety in textile Maquilas, the details of the Ergonomics Program implemented in the plants of interest and of previous evaluations, as well as the program's impact on the improvement of working conditions at the plants. During the review, reference terms 1 through 5 were taken into account. The following documents were reviewed:

1. Ergonomics Program (Occupational Safety & Health Reference Doc ID: P-HAZ-015.006).
2. Ergonomic evaluations of workstations.
3. Evaluation reports and change control reports.
4. Presentations used during management and worker training.
5. Report of completed trainings.
6. Report of Ergonomics disclosure activities.
7. Records of primary causes for consults of musculoskeletal disorders.
8. Reports of resources assigned to the Ergonomics Program.

### *Observation of the Work Process.*

The visit aimed to identify the risks of musculoskeletal lesions present in the different job positions, improvements implemented and other activities that validate the execution of the Ergonomics Program, as well as gaps in its implementation (reference terms 1-3, 5, 7). Accordingly, a tour of the different stages in the process was conducted, from materials reception through packaging of final product for export. The tour was done together with representatives of Hanesbrands Inc. (Management), who described the processes and improvements implemented, including the various initiatives for workers to learn about Ergonomics. Management responded to questions posed by the evaluating team, and subsequently the Clinic was visited.

### *Interviews.*

Semi-structured interviews were performed with the various stakeholders, in order to appreciate the context of occupational health and safety at garment textile maquilas in the region and to evaluate the knowledge that administrative

personnel and other stakeholders have of the Ergonomics Program at Hanesbrands Inc. Among the stakeholders interviewed were the Secretary of Labor, The Honduras Social Security Institute (IHSS) the Honduras Women's Collective (CODEMUH) and PROCINCO Foundation. In addition, the doctor at the plant's clinic was interviewed as per reference term 8.

At the Secretary of Labor, interviews were conducted with a Hygiene Inspector and the Secretary of Labor Delegation Chief for San Pedro Sula. At the Honduras Social Security Institute, the interview was done with the person responsible for the Professional Risks Commission. Two visits were made to CODEMUH. On the first visit, the activities to be performed were coordinated, including an interview with CODEMUH's General Coordinator and legal representative, and the focus groups with current and former Hanesbrands Inc. workers. On the second visit a focus group was held with active Hanesbrands workers who had a medical assessment.

*Interview with the Ergonomics Center, North Carolina State University.*

It was conducted via teleconference. The use of a guide (see appendix) permitted obtaining knowledge of the decisions that served as a basis for the program and focus of activities. This activity responds to reference terms 1-5 and 8.

*Interviews with current workers.*

A survey of a total of 105 workers at both plants was conducted (reference term 8): 54 workers from Plant H54 and 51 workers from Plant H1. In order to determine the sample size, the software program StatCalc from EpiInfo was utilized (Freeware available at the Center for Disease Control from the United States website). The parameters used were the population size at each plant, a prevalence of 50% for musculoskeletal lesions (one out of every two workers has a work-related musculoskeletal lesion) and a maximum error in this parameter of 17% (one out of every three has a lesion) for a statistical significance of a 99% sample.

For the selection of the workers, a number was assigned to each worker. For this a count was done starting at the corner of the plant, going counterclockwise within a team; the next team was selected by starting at the corner closest to the previous team's last member. The numbers selected were obtained with the help of a random number generator using Microsoft® Excel®.

A questionnaire (see appendix) was used for the collection of data, which contained questions regarding general data, work data, aspects related to musculoskeletal pain or discomfort, location of pain, interference with the job and extracurricular activities, about training and ergonomics issues.

The questionnaire was completed in a conference room onsite. Between 15 and 20 workers were sent to the conference room, and one of the consultants would explain what the questionnaire consisted of and the importance of filling it in truthfully. The questions were read out loud and the consultant explained the type of information sought. It was explained that participation was voluntary and if they did not wish to participate, their time was appreciated and that they could leave. Nobody declined to participate. Once all the questions were explained, the

workers proceeded to fill in the questionnaire. One of the consultants remained in the room to answer questions that arose during the session. Administrative personnel from the company were not allowed access to the room, in order to prevent workers feeling pressure. During the analysis of the open questions, the answers were placed in the following categories: causes of pain, description of ergonomic risks, training topics and improvements performed; the results are presented in tables describing the verbatim expressions as stated by workers.

Two focus groups were held, one with women and one with men from the plants, the selection was done randomly, and it was held in a conference room in the presence of the investigator. The activity was explained to them, the questions were provided, and everyone had an opportunity to respond. The duration of this activity was one hour.

### **III. Results.**

#### **ERGONOMICS PROGRAM**

##### **Health and Work Safety Policies**

Hanesbrands Inc. has a corporate policy for Health and Work Safety. This policy establishes Hanesbrands Inc.'s commitment to “provide its workers with a safe and healthy workplace”. In this manner, the Ergonomics Program is an integral part of the general health and safety program and is integrated into the global systems for safety management within the company. The program was planned and developed with the support of the North Carolina State University Ergonomics Center.

The fundamental pillars of the program are the leadership of the company's management and worker participation. To this end the Ergonomics Committee has a leader, other management representatives and three workers.

##### **Procedures**

The Ergonomics Program establishes the procedures to be followed to achieve the program's success. The procedures include the identification and communication of the dangers, the evaluation of the workstations and setting priorities. The program defines the methods to be used for evaluations and the sequence to be followed to establish the risk factor controls. Additionally the program addresses the importance of keeping records, and the role of training. It also defines medical management of musculoskeletal pain and of early return to work. Finally, the program includes self-evaluation and follow-up controls.

##### **Training**

The trainings are designed to improve awareness of work risk factors and to develop and apply strategies for their control. To this end the Ergonomics Program addresses training for workers and for the Ergonomics Committee. For workers, training is comprised of one training session during orientation (for new workers) and another refresher training session once a year. The subjects of the training are: use of chairs, ergonomic risk factors, repetitive movements, static posture of the operations, improper or forced posture, correct worktable position, overexertion and advice regarding working in a seated position. Training is conducted in groups of 10-12 people. The duration is between 15-25 minutes. This training is conducted at all levels and there is a record of completed training. Members of the Ergonomics Committee direct the training.

Furthermore, the program addresses the training of the Ergonomics Committee. The training provides a basic explanation of applied ergonomics and general training in safety and engineering for workstation design. In the year 2010, a 3-day training session was held for various plant leaders on how to perform evaluations, using evaluation tools such as NIOSH, RULA, REBA and the effort index. A representative of the North Carolina State University Ergonomics Center conducted this training.

### **Communication**

Workers have multiple channels available for the communication of problems or risk factors they encounter at their workstations or with their assigned equipment. The program “I report,” is one means for workers to report any anomaly directly to their supervisors. The “Open door policy” allows workers to go directly to the General Manager to express their concerns. The “Human Resources Line” enables workers to call the headquarters in the United States to communicate any problem. In addition, there are round tables, where management appears before workers in the production area in order for them to



express their concerns and receive an immediate response. There are also suggestion boxes for workers to anonymously express concerns.

### **Resources assigned to the Ergonomics Program.**

The resources allocated are \$4,212.92 monthly and \$35,224.81 annually in US Dollars, for the Ergonomics Engineer, training for 1,800 employees, training for Ergonomics Committee, ergonomics studies and campaigns, and the purchase of ergonomic mats and ergonomic chair maintenance.

In total \$403,362.71 US Dollars, has been invested to improve packaging tables, inspection tables, heat transfer tables, tables for Comec Pad Printers, tables for All American Pad Printers, and to purchase ergonomic mats and chairs. \$232,010.00 US Dollars has already been spent, and the difference will be applied to improvements to ergonomic office workstations, equipment kits for ergonomic evaluations and fully submerged serger machine tabletops.

### **WORKER SURVEYS.**

A total of 105 workers were surveyed, all from production areas. The majority (64%) is female; the average age is 27 years old, 57% are under 30 years old. Half (48%) execute operations of attaching pieces (tape, collar, sleeves, sew shoulders, tagless labels and close hood), 40% work in embroidery, packing and other activities; the remaining 12% are inspectors. In terms of seniority at the company, 61% have been there between 1 and 5 years, 34% less than a year and only a small portion 3.8% have been there over 5 years.

Half of the workers surveyed (51%) express having pain caused by the work they execute and 17% worsened by it. 35% state that the onset of pain was in a period

of 1 month to 1 year; 37% express that they experience pain at some point during their shift and 18% report that they start feeling pain at the end of their shift.

Table 1 shows the cause of pain from job-related activities or movements (25%) and other circumstances (11.4%). See appendix 5.

**Table 1. Causes of musculoskeletal pain in workers from Hanesbrands Inc. Plants H54 and H1. n= 51**

Causes of Pain	Frequency	Percentage
The movement/s executed in the operation	26	50.9
Perform work standing all day	7	13.7
Lifting a load	2	3.9
Overworking	2	3.9
Others	12	23.5
Don't remember/don't know	2	3.9
Total	51	100.0

Table 2 reflects that the predominant anatomical locations of pain are in the shoulder, back and neck.

**Table 2. Anatomical location of the pain, in operators from Hanesbrands Inc. Plants H54 and H1 workers. n= 105**

Upper Limbs %(f)			Neck %(f)	Back % (f)	Lower Limbs % (f)			
Shoulder	Elbow	Hand			Thighs	Legs	Knees	Foot
30.5 (32.0)	4.8 (5.0)	3.9	12.0	16.2	4.8 (5.0)	6.8 (8.0)	7.7 (8.0)	8.6 (9.0)

		(4.0)	(11.4)	(17.0)				
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f: Frequency

One out of every three workers (38%) expressed that there are risk factors of musculoskeletal lesions (“ergonomic” risks) in their workstation. The factors most frequently mentioned are improper position and height of worktable (12.4%), improper posture (10.5), inadequate workstation and machines (9.6%). See table 3 and appendix 6.

**Table 3. Risk factors for musculoskeletal lesions at workstations in Hanesbrands Inc. Plants H54 and Plant H1 according to the survey. n= 40**

Risk Factor	Frequency*	Percentage
Improper position and height of table	13	34.1
Improper posture	11	27.5
Inadequate workstation and machines	10	25.0
Chairs in disrepair	4	10.0
Others	20	50.0
Doesn't remember	2	5.0

\*

Some of those surveyed reported more than one category. This is why the sum of the frequencies is greater than the number of participants; the percentages were calculated based on the participants.

The majority (78%) of the workers expressed that there have been changes to their workstations, mentioning that the most frequent are changes of chairs (19%), adapting the machine to the height of the worker (15.2%) and changes in position (10%). (See Table 4)

<b>Ergonomic Changes</b>	<b>Frequency</b>	<b>Percentage</b>
There have been changes	20	19.0
Chairs were changed	20	19.0
There have been no changes	18	17.1
Machine was adapted to height	16	15.2
Change in position	11	10.5
Others	11	10.5
Doesn't apply	9	8.6

**Table 4. Ergonomic changes that have been done to workstations at Hanesbrands Inc. Plants H54 and H1, according to surveys. n= 105**

A total of 95.2% of the workers expressed having knowledge of the Ergonomics Program at the company and 97.1% reports that they received training. The topics mentioned with greatest frequency are: adopting correct posture (48.7%), use of the chair (25.7%) and adjusting the height of the machine (24.8%). However, one out of every five workers state they do not remember or did not respond adequately (Table5), despite the fact that the last training received by the majority (77%) was within the last month (Table 6). According to those surveyed, the Ergonomics information is received by means of training (72.3%), loudspeakers (41.9%) and pamphlets (22.8%).

**Table 5. Topics covered in training received by workers at Hanesbrands Inc. Plants H54 and H1.  
n= 105**

<b>Topics in Training Sessions</b>	<b>Frequency</b>	<b>Percentage</b>
Adopting correct posture	48	48.7
Use and management of chair	27	25.7
Adjusting the machine height	24	24.8
Correct posture for sitting	23	21.9
Work method	16	15.3
Ergonomic exercises	11	10.5
Ergonomics	9	8.7
How to lift loads	8	7.7
Others	19	19.2
Doesn't remember	18	17.2
Does not apply or without data	2	6.7

**Table 6. Time since last training received by workers at Hanesbrands Inc. Plants H54 and H1.**  
n= 105.

<b>Last training</b>	<b>Frequency</b>	<b>Percentage</b>
1 month ago	25	23.8
3 weeks ago	24	22.9
15 days ago	22	21.0
1 week ago	10	9.5
2 months ago	5	4.8
1 year ago	2	1.9
NA	11	10.5
Does not remember	6	5.7

**Table 7. Means by which Ergonomic information is received by workers at Hanesbrands Inc. Plants H54 and H1. n= 105.**

<b>Means of transmission</b>	<b>Frequency</b>	<b>Percentage</b>
Training	76	72.3
Loudspeakers	44	41.9
Pamphlets	24	22.8
Others	13	12.4
Doesn't remember/Didn't respond	11	10.5

#### **PLANT TOUR.**

During the tour through the production plants, work organization, risk factors for musculoskeletal lesions and implemented controls were documented. The work is organized into “production teams”, made up of 10-12 people, under the responsibility of supervisors who are responsible for 60-65 people in total.

The primary risk factors identified were repetitive motions, uncomfortable postures, chairs with inadequate support (small chair backs and lacking lumbar

support), chairs in disrepair, and confined and cluttered workspaces. Not all standing workers had ergonomic mats or footrests. In addition, it was noted a poor environment temperature control (building was too hot).

Among the implemented controls observed, the presence of adjustable chairs in the majority of workstations stands out. The tables in the inspection and packing areas have an adjustable work surface, both inclination and height. In the other hand, it is noticeable that workers have received training regarding spinal posture while sitting, as the majority is seated correctly. Additionally it is significant that workers know at least two operations, which facilitates work rotation.

## **INTERVIEWS**

### **Secretary of Labor.**

The regional director of the Secretary of Labor is responsible for protecting the rights and safety of workers at different companies within the state. For this purpose, it has 22 staff performing inspections requested by work centers or workers.

One of the primary tasks is to assist companies in setting up and training Safety and Hygiene Committees. However, the topic of Ergonomics is not dealt with due to the lack of inspector expertise. Due to this, maquiladoras must develop their own strategies, one of which is PROCINCO.

The Inspectorate noted the initiative of some maquiladoras to develop their own ergonomics programs. Among the maquiladoras mentioned was Hanesbrands, which they know to have an Ergonomics Program designed in collaboration with the Ergonomics Center at North Carolina State University to prevent musculoskeletal disorders. The Ministry endorses these initiatives.

The Ministry does not keep records of Musculoskeletal Disorders. However, once the disorder is diagnosed by the Honduras Social Security Institute, the Ministry of Labor is responsible for estimating the corresponding amount of the disability payment.

With regard to the workday over 8 hours, the Ministry expressed that this type of work shift (4 x 3) is considered legal because it is an agreement between the workers and the companies who implement it.

## **Honduras Social Security Institute**

The Institute does not share information about the services it provides to companies. However they noted that, within the maquiladora industry in general, these types of lesions are increasing, as are respiratory illnesses. The aches most frequently addressed are painful shoulder, cervicobrachialgia, back pain (dorsalgia), Lower Back Pain (lumbalgia) and lesions to the wrist (Quervain's disease and Carpel tunnel syndrome).

The opinion of the delegate is that the main problem of company clinics is the medical training and the delayed referral of cases.

## **PROCINCO**

The Honduras Maquiladora Association (AHM), through the Integral Training Program for Competitiveness (PROCINCO), aids maquiladoras with training on various topics, including occupational health and safety. To this end, they have an ample base of national and foreign experts. According to the association's



statistics, Hanesbrands Inc. is second among all maquiladoras in requesting Occupational Health and Safety training, including Ergonomics.

## **FOCUS GROUPS**

### **Workers from Plants H1 and H54**

Workers from the following operations participated: inspection, close pocket, coverseam, set collar and close sleeves.

#### *Regarding the Ergonomics Program.*

According to workers the program has been in place for three years. It consists of physical exercises and talks about posture, machine height, how to sit correctly and the use of mats.

With regard to stretching exercises, they state that they have been changed and are now better; the exercises consist of movements related to the job they execute. “We do exercises that help to relax our muscles because in the afternoon we can hardly bear it anymore.”

Workers point out that the training is held once per year. “We received a talk 15 days ago; it is given once per year, about position, how to sit, position while standing, machine height, sitting in the chair, when you don’t sit correctly you get aches.” They also receive information about Ergonomics through newsletters, pamphlets and the loudspeaker system, in addition to the 20-minute meeting. However, none of those present responded to the question “What is Ergonomics?”

In reference to worker involvement, one of the workers expresses feeling part of the program because she received an ergonomic mat. Inspection-area workers

express that they are taken into consideration when changes are made. Others expressed that changes they suggested have been made.

*Regarding Risk Factors for job-related musculoskeletal lesions.*

The primary risk factors are bad posture, table height, circular movements with raised hand to rotate the garment, stretching the arm, repetitive lifting of arm and the high production goals.

The tasks that generate the most problems are set sleeve, close inseam, set collar and label. “When setting sleeves you need to execute many circular movements for just one garment, turn the hand and rotate it” “10 dozen per hour, for 11 hours executing the same movement.” “For the close inseam task you have to stretch your arm which causes pain in the back and shoulder.” “For the task of setting the collar and label arm lifting movements are executed for 11 hours, to meet the goals.”

*Regarding Production Goals.*

The workers express that the goals are too high, even when they have aides, since this increases the goals even more. “The Ergonomics Program is good. They can fix the table, chair and method, but if the goal is high, it doesn’t help”... “When the garment size is big, it is hard to meet the goal.” “There is no time to go to the restroom because of the wasted time in line, and even then they don’t meet the goals.” “There are operations that are difficult to execute; they need to be analyzed and given an aide, the tasks of closing sleeves, closing cuffs and setting cuffs.” “In the team, set sleeves, they add another person but they increase the goal by 20.” “The supervisor takes times to measure production capacity and if they are below what is expected, they are told they are not complying with the

efficiency according to the capacity study, but they do not know if you are pulling your muscles.”

*Regarding Improvements to the workstations.*

The improvements to the workstation consist of adjusting the table. “The tables have been adapted; they added a tin sheet.” “My machine was high; it was corrected and now it is fine.”

*Regarding musculoskeletal symptoms.*

The main symptoms are pain in the back, shoulders and hands, reported by set sleeve and hem operators because of the 11 hour shift.

*Regarding Medical Attention*

According to workers the main problem is the lack of access to and fluency of the medical attention. They are forced to work with pain or fever due to the fact that there is only one doctor for both plants, and the doctor will only see two workers from each production area: “We have to come at 6 in the morning to find a vacancy for an appointment; you are scheduled and then not called; at the Social Security Institute they won’t see you because they have a doctor here.” On the other hand, “The doctor only administers pain medication”...“there is no relocation if I tell him it hurts and can’t take anymore.” “Relocation is only for workers with an Assessment. The doctor does not tour the plant. There is no time.”

**Workers from Plants H1 and H54**

### *Regarding the Ergonomics Program*

According to workers, the Ergonomics Program consists of improving posture, instructions for grasping the garment, adjusting the machine height and exercising in the afternoons. “Ergonomics is based on posture while working, keeping your back positioned correctly, the position of feet on pedals and how to hold the garment to prevent any type of disease.” “Ergonomics deals with avoiding movements, in order to work comfortably.” “Doing exercises of the neck, back, arms, shoulders and back, both forward and backward, at least once a day to help to relax; the time is short, but it is their policy.” It is known that there is an Ergonomics Committee, which they identify with the committee leader. “There is an Ergonomics Committee, focused on problems of high or low machines, or if you are doing something wrong, she tells you how to do it correctly.”

“The training provided is about the programs they are executing and training us on. The last ergonomics training was held 15 days ago.” “I started working 5 months ago, but just received ergonomics training one month ago.” “Before, ergonomics was not well developed, but because some fellow workers have been injured in the back and wrist and received a medical assessment, they are now giving Ergonomics.” “If you go to the cafeteria, you will see a lot of women in the cafeteria that cannot be forced to do anything; in the end if they want to work, they cannot be forced to work.”

In relation to worker participation in the Ergonomics Program, they are unaware of worker participation in the Ergonomics Committee. “I cannot say if fellow workers are in the program, but can say that fellow workers are in the emergency program.”

With regard to worker involvement, there are different opinions among the workers; some are in agreement with their participation, yet others express the opposite. Following is a description of some situations: “I work on a machine. We started working in a seated position, now they have suspended the use of machines and as a result we work in a standing position. It is not right for us that they did this; we were not taken into account. While standing, you lean more on one foot because the other is lifted and our feet hurt. But we made an agreement to not continue to work like this and they improved it...because this is not part of Ergonomics.” “Depending on the style coming, they, the ones who design, work the changes. They decide how to do it, the time in which it will be done and how many dozens to make and we have to do it, because they say so.” Another expresses, “but that depends on the team, because if we see that the operation doesn’t work, we change it.”

About communication of problems at the plant, they mention the program *talking with the manager*. “We have the program talking with the manager; there you can vent, but they hear the news that benefits them. There is a booth and at one table, everybody: the engineer, one from the cooperative, maintenance and human resources”...“For example I included two notes and they only read what they want. I wrote, ‘Why are we charged 5 lempiras if transportation is a benefit they don’t charge for at other companies?’ and they didn’t read it.”...“Another note that I wrote is about the cafeteria, why isn’t the morning subsidy passed to lunch?” ... “If you are not here before 7, you miss breakfast and if you come at 7, you get only rice and beans and if you want butter you are charged 10 lempiras and the subsidy is 8 lempiras.” “The food the cafeteria sells is not good.”

### *Regarding Workdays and production goals*

The workers find the work schedule of 4 x 3 adequate. However, they express that the goals are too high. In addition, to receive the bonus or incentive you have to work at 120%, which can be done by skipping lunch. “We work 11 hours per day for 4 days, I think it is fine because we have time to do other things”... “For lunch you get 30 minutes, but when we are in a strong team of 120%, we go to eat for 15 minutes and come back to meet the goal. The strong team means that it is 120% of the salary and you make a higher bonus, but it is your decision and the team, sometimes we agree to skip lunch” ... “If one person is added, the goal is increased to 12 or 13 dozen and your goal is (originally) 10 dozen, but for the large sizes you are asked to meet the same goal as with small sizes.”

“When you are new, you go through a school where you are trained and when you come here they make you set sleeves and give you the same goal and you can’t do it. They also make you execute an operation you have never done, and the practice in the school is only half an hour.”

### *Regarding present Symptoms*

The most frequent aches are in the back, shoulder, arm and wrist, although it is referred to as a worker problem. “There are co-workers that experience pain and inflammation in the shoulder, another one that suddenly could not move the shoulder, and they say she has a hernia which can’t be operated on because it is dangerous.” “If you have a medical assessment, you are told to not do anything and it is obvious that it is boring...and they go to the ‘head honcho’... and make the calculation and tell them that they will give them so much...some accept; others don’t.”

### *Regarding Medical Attention*

Medical attention is considered insufficient because there is only one doctor for both plants. Furthermore, the procedure for going to the clinic depends on the opinion of the supervisor. It is expressed that the doctor only gives pain relievers, and does not intervene in the conditions of the workstation. “In the clinic only two people per area are permitted.” “In order to consult you have to sign up with the supervisor and if she wants to, she signs you up ... sometimes they call you at 2 in the afternoon, by that time, maybe you’re dead.” “The supervisor decides who will be called, she decides who is sickest.” “We can’t go out to the Social Security Institute, only with permission or with a pass or with an appointment. If you leave without saying anything, you have a problem.” “Once I had swelling in my arm and the only thing I got was a pill and they told me it was a swollen tendon, he told me it was the way I was working and asked what had I done?”

### Recommendations made by workers

1. If they want good production they should provide a good working environment. It is very hot: they should install air conditioning. Not every part of the plant has air conditioning.
2. They need to be attentive to the machines.
3. We need to be given benefits and good service in the cafeteria and transportation.
4. We need to be provided with good medical attention.

### **Workers from H1 and H54 with a Medical Assessment.**

A total of 17 active workers with a medical assessment from the company were present. They worked on different tasks including lower hem, manual band, set label and pant inseam, sew elastic, set sleeve, pockets, etc. They have been working at the company for a minimum of 7 years and a maximum of 21 years, and the average time worked is 12 years.

They are currently executing various activities: helping out with manual labor, assigned to a supervisor, helping to elaborate reports, making copies and doing paperwork, helping facilitators with audits, helping with machines and supporting human resources. The majority state that they do not have a decent, serious and specific job assigned and that they feel discriminated against; they are not offered conditions, nor chairs to sit at their location, and they don't have a space assigned to perform the exercises that are part of their treatment. They all express their dissatisfaction that after being good employees and being very productive, they are now earning the minimum wage and are not recognized for the job they performed when they were healthy. In addition, on some occasions middle management mistreats them.

Among the medical assessments presented by these workers, the following are mentioned: Bilateral Chronic Tendinitis, Neck Pain, Internal Trapezius Myofascial Syndrome, Bilateral Supraespinatus Tendinitis, Cervicobrachialgia, Tendinitis, Chronic Lower Back Pain (Lumbalgia), Rhinosinusitis, Bilateral Chronic Tendinitis, left Cervical Syndrome, Severe Chronic Lower Back Pain (Lumbalgia), Cervical Discopathy, Bilateral Tendinitis, Lumbar Hernia, among others.



### *Work methods.*

Workers cite different tasks and work methods they executed, expressing that their health problems are a result of the long period of time that they worked performing the same work method. Following are some of the workers statements:

“I have been sewing in the same operation for 9 years. The objects were not positioned correctly, and I performed very repetitive tasks.” “I am damaged because of the high goals; I executed exaggerated repetitive movements, up to 5 thousand repetitive movements in a day and the workdays are long.” “The company trains us to work not to take care of ourselves.” “The more productive I was, the more operations I was given, they started with 2 operations then 3 and 4.” “Ten years doing the same operation, lower hem, 22 dozen per hour for 11 hours for 10 years. I did the work as fast as I could, the operation requires that I lift my arm. You grasp and put the bundle on the table, put it in the machine with the right arm raised and then toss it on the bench.”

“Nine years standing at the same operation on only one foot.” “Bartack machine, buttonhole machine and pocket opening, all day standing on one foot, with flexed neck and right foot pushing the pedal, for 11 hours a day.” “I spend all day dancing because of the same operation.”

“Set sleeve operation, I did 120%. I also closed and turned inside-out; turning inside-out is big, you turn and pull.” “Sewing band in rolls, when you stretch your right hand, the roll strikes hard against the sternum. Large sizes require that the roll be stretched more.” “I currently do not feel capable of performing a [sewing] operation.”

“The operation of sewing elastic requires a greater reach; you have to extend in an exaggerated manner.” “Even though you have an ergonomic chair, the activity or method does not permit it.” “They teach you how to sit, but the work does not allow it because of the operations you execute.”

“My activity was to set sleeves. Regarding the height of the person, it is easier to adjust the table, and they should provide the conditions. In my case, my feet hung down. They installed a piece of wood which forced me to double the effort; with my short arms it was difficult, and I had to make more of an effort in the neck and shoulder. My workstation was not checked.”

### *Medical Attention*

According to the worker’s statements, the majority of the people who experience pain go to the infirmary to rest after five in the afternoon, but there are no gurneys.

With regard to seeking medical attention in the emergency room or consult at the Social Security Institute, they state that these options are limited because the facilities ask for the letter of referral, since the company has a clinic. However, many times there is no option to consult the company doctor because his time is limited. In addition, they express that the process for a medical assessment is too long; it takes up to a year to obtain the medical assessment for relocation.

About the company doctor: “There have been many doctors that have been good; the current doctor is not good.” “He gives you Diclofenac and a pill; if you don’t get better you are fired.” A review is required to see if he focused on giving “disability” to workers. “The current doctor does not have professional ethics. The doctor is not acting like a doctor.”

### *Improvements to the workstation*

In terms of improvements, they state that there have not been any changes. “They are only interested in production.” “There is no Ergonomics Program.” Another expresses that “there have been improvements to the inspection table.” They have been performing exercises for the past two months and when visitors came to the plant.

### *Production Goals*

“In order to meet the production goal, the majority do not take the 10 minute rest given in the morning, because they are in a rush. They do not take the 30 minutes for lunch either or the time to go to the restroom, in order to be able to meet the goal.”

“They have to improve lowering the goals, when you work with different operations you work stressed. Their concern is the goal and that the machine is well. They have not given prevention. If a person faints they don’t pay attention, but if it’s the machine that does there are many mechanics.”

“We are damaged and the disease is irreversible and progressive because of the intense work shifts. It is not the same to work 8 hours as 11 or 12 hours. [Workers] think that the work shift should be 8 hours.” “The goals they require are excessive.”

“They have a person measure times. If the person is good and they have minutes left over, they are given more tasks.” “In the manual band operation, they have an instructor there so that the worker performs faster. That is harassment.”

#### *Unfavorable treatment of workers*

“We hear expressions such as we don’t want sick people.” “When I explained to my supervisors that they could not set sleeve because of the health problem they have, they ask to see the Medical Assessment to see if it is true.”

They feel mistreated because of the fact that they have a Medical Assessment. They are not complying with the relocations; they do not have a place to locate them. They currently have them located in the same spaces. They feel discriminated.

At the company, they were told that the disease they had was a bad temper, the doctor at the Social Security Institute told them that it was because of the repetitive motions executed.

## INTERVIEWS

### **Doctor for H1 and H54 Plants**

The Doctor has been working for the company for 8 months. He does not have training in Occupational Health, nor has he received Ergonomics training from the company.

#### *Doctor's Functions.*

The doctor offers care, participates in all activities of the Ergonomics Committee, meets with the staff for relocations and discussion of musculoskeletal disorders, and participates in all education campaigns, in sanitary audits in the cafeteria and noise level studies. He states that he tours the plant once a month.

#### *Medical attention flow.*

In order for a worker to have access to a consultation the supervisor must be notified, who in turn requests a spot for the worker at the infirmary. In the case of an emergency, workers can go directly. On average, 45 to 50 workers are seen.

In the case of consultations for musculoskeletal symptoms, the procedure consists of putting together a clinical history and performing a physical exam, classifying the severity of the symptoms and following the protocol for management. If the discomfort persists after 3 evaluations, the patient joins the program as per a routine IHSS exam. In addition, the occupational health history is used. If the health problem does not improve, a request is made to the committee for an evaluation of posture, methods and workstation; there is also an

investigation to see if it is because of problems with the worker. These cases are handled by consensus within the trained Ergonomics Committee.

Once referred to IHSS, the flow for medical attention presents various limitations: the appointments take too long and on many occasions are cancelled. In case of being seen by a doctor, more exams are requested which implies more time invested and the process is prolonged.

#### *Primary causes for musculoskeletal consultations of workers*

The most frequent causes for musculoskeletal consultations are: painful shoulder, lower back pain (lumbalgia), back pain (dorsalgia), and tendinitis in the hand. The main symptom reported is pain. At present, the IHSS has given a Medical Assessment based on musculoskeletal pathologies to 31 workers that have been relocated to other job positions. The pathologies for relocation are: painful shoulder, cervicobrachialgia, lower back pain (lumbalgia); cervical, dorsal and lumbar hernias. These workers continue to be evaluated by a nutritionist because of weight issues, by an internist, orthopedist and/or neurosurgeon.

#### *Musculoskeletal risks*

The musculoskeletal risks that the doctor has identified in workers are: improper posture, trunk rotation, improper use of chair back and height adjuster, and problems with reach.

#### *Ergonomics Program*

Referring to the Ergonomics Program within the company, he expresses that there is a small training once a year. The company communicates about ergonomics using the loudspeakers, brochures, the bulletin board and photographs of musculoskeletal problems. He adds that there is an education

program that teaches about health and that they transmit information about common illnesses with an emphasis made on musculoskeletal disorders.

He states that he did not participate in the workstation analysis, but meets with the Ergonomics Committee for reports. If an anomaly is found, it is discussed with the worker. The Ergonomics Committee meets the third week every month. He expressed that “the committee is important and more training for workers is needed to strengthen their knowledge about ergonomics”.

### *Human Resources Manager.*

The person responsible for human resources expresses working for 11 ½ years with the company, but one year in this plant. The manager expresses being part of the Ergonomics Committee. She is responsible for the adequate management of workers and ensuring that they receive the corresponding follow up. The manager also makes sure that workers attend the training designed for them.

With respect to the Ergonomics Program, the manager expresses that it has been in place for two years. The manager has received training in ergonomics on three occasions about functions and ergonomics in the office, and various training sessions at the corporate offices. Training is held once a year formally and also continuously through the loudspeaker system, brochures and bulletin board in the workplace.

The human resources manager identifies the primary musculoskeletal risks with the set sleeves operation. The manager believes the primary causes are that workers perform the wrong movements because of what they learned from other companies and because some workers do not perform the scheduled exercises.

“The *evaluations* are done for each operation, but only when a case is reported.”  
“Some workers resist change. They state that what they want is to earn.”

The manager states that they have a *budget for training*, explaining that they keep the costs in hours because there is no production during training times; they receive refreshments, which are a minimal cost. “The cost is in hours.”

About the *record and follow up of work terminations caused by musculoskeletal disorders*, the manager expresses that every month they follow up on the cases with symptoms or musculoskeletal disorders, it is a record of what has happened. “The doctor follows up and if internal relocation is required, sends an e-mail to Human Resources, the safety coordinators and Production Manager, for a review of the case. If the health problem persists the worker is referred to IHSS, and an alert status (yellow) remains in the record and is then referred to a specialist at IHSS; if there is no improvement, they come to evaluate the workstation (during this year they have come about 10 times to inspect the workstations of those workers with a medical assessment either for relocation or for loss of ability).”

Currently there are 41 workers reported; 10 have common illnesses and 31 have lost the ability to work. These are workers who have been working for longer than 8 years. The first case was diagnosed in 2007.

*Regarding the scope of the Ergonomics Program at NCSU*, the manager expresses that “it applies to all workers, because it has stimulated the leaders. We are comfortable in our jobs and became aware that if they commit a fault it must be sanctioned, employees must be cared for.” The manager considers that it still needs to reach the workers.



## **Production Team Supervisors**

Two supervisors were interviewed, one with 6 months on the job and the other with 14 years. They were both hired as associates, and currently have 53 and 73 associates in their charge respectively, organized in work teams of 10 and 11 members. The role of the supervisors is to track production goals and to ensure that the workers feel well.

### *Ergonomics Program.*

Supervisors express that the Ergonomics Program is one of the primary priorities to maintain the associate's posture. There is an established organization in the plant, and in the past months there has been an active committee within the plant.

Training is given at all levels: middle management, supervisors and afterwards to each and every unit. Supervisors have personally received training in ergonomics 4 times. The last time was one month ago. The topics covered are: maintaining correct posture, posture while standing, sitting and reaching so as to not extend the hand, how to identify if the chair is correctly positioned and the new exercises. The training lasted approximately 30 minutes. Supervisors came to the conference room and were shown how to manipulate or manage the chair. They express that the more training they receive, the more they learn. In addition, they are informed by means of brochures and the loudspeaker system.

The supervisors express that ergonomics exercises for stretching are done daily at 2 pm, over 3-4 minutes and that they consist of 7 exercises for the entire body,

wrists, back, neck and lumbar. According to the supervisors, the committee now evaluates which exercises are required. All production staff must perform the exercises at the established time.

Regarding the identified *risks* in the workstations, the supervisors mention that workers have different body types and they do not always use proper posture. They have bad posture while sitting; they are seated at the edge of their chairs, and there is a danger of falling and of fatigue due to not supporting the spine. However, when the problem is the chair adjustment, mechanics are requested to execute the corresponding adjustments. They also point out that there are complaints about the set sleeves and band methods, which it is a circular motion in which the hands are used constantly.

The *ergonomic evaluations* are audits that are performed consistently. Whoever is responsible for the audit analyzes that the chair is correct, whether the chair is to be changed, and the perimeter is measured. The worker reports to the supervisor, who in turn reports to the ergonomics team. One of the supervisors reports that in two years no personnel in the area that have been evaluated by the IHSS.

With regard to *improvements to the workstation*, they state that the manager, the engineer and the people responsible for social security and for ergonomics participate. But it is the worker that expresses what the ideal changes should be. There have been changes in machines and the work methods for 3 people, and in other cases they have taught correct posture and chair conditions. Another change in method occurs when the task is long and the shoulder hurts, they consider that the repetitive motions cause these.

About the *flow of medical attention*, they explain that in order to have a consultation, the worker reports to the line supervisor who in turn reports to the doctor. The doctor detects and relocates and if a campaign is in progress, and delivers an announcement with recommendations;; the doctor does not visit the plant. “One important thing is that the workers are now reporting problems with their chairs and understand good posture.” They state that after the training, supervisors follow up by asking about it. There is one ergonomics book in English for new worker orientation and worker relocation. They point out that in order to improve there should be a plan for the stimulation and motivation of workers with the best posture.

### **Former Hanesbrands Inc. Worker**

The former Hanesbrands Inc. worker worked for 7 years; after 5 years musculoskeletal problems started. The job was to set sleeves. The diagnosed disorder is Supraespinatus Tendinitis in both shoulders, Carpal Tunnel Syndrome in the right hand, two cervical hernias and three lumbar hernias. However, the latter were classified as common.

The worker explains that they did have work orientation when they started work. However, the orientation was aimed at teaching the work method and how to produce, but [ergonomic] risks were not explained. The worker states that they did not receive training during the time worked there. Rather they had roundtables, where they could express all the risks or problems. However, there was fear that if you complain later you will “pay for it.” The worker expresses that there were no inspections of the workstation. In her case, she had a chair in

disrepair for a long time and it was never changed. “The chairs are old and not updated; the safety committee does not pay attention to the body position during piece production or that the chair is in bad shape.”

*Goals and work methods.*

“The most important thing to the company is the goal; it doesn’t care for the worker.” “Workers consider that the goals are high and increase the problems.” “Hanes only seeks to produce, produce and produce.”

“The work I performed was seated and I had a flexed torso. When the sleeve was rotated, I had to execute repetitive movements with the hand and shoulder suspended, which is why I got Carpel Tunnel Syndrome and shoulder problems. There are thousands of garments per hour, and I executed 37 thousand shoulder movements, by setting 12 dozen per hour of one size sleeve, two sleeves per shirt. If the size is small you do more; for larger sizes there is a different goal.”

They explain the situation of another worker that started working at 20 years old, her first job. After a year, the symptoms started. Because she was productive, they increased production and would not let her rest. She worked hemming sleeves, only worked two years and was diagnosed with cervicobrachialgia and tendinitis.

*Medical Attention.*

When the pain started, the worker consulted with the doctor for a period of 6 months and it took two months to get an appointment with a specialist. Once the

medical assessment was received, it was taken to Human Resources for job relocation. That is when the discrimination started, they were sent to sit in the cafeteria. When the inspectors from MITRAB and IHSS came, they only went to Human Resources and did not conduct an inspection of the workplace. If a worker goes to the Social Security Institute and takes two hours, they are deducted for the morning. The Social Security Institute does not give the patient adequate attention.

*Suggestions from a former worker.*

“Companies should be focused on human resources not on productivity. They only think of the product and not about the human resource producing the piece.”

“Referral to Social Security Institute should be prompt and attention should be prompt.”

“The doctor cannot keep up; the medical system is too slow.”

“Neither the Social Security Institute nor the Ministry of Labor are looking out for the health of workers, including workers with a medical assessment.” “They do not conduct evaluations; the Social Security Institute should conduct one at least once per month and follow up with fellow workers.”

**Table 8. Records of Workers with Medical Assessment of Musculoskeletal Disorders CODEMUH**

No.	Musculoskeletal Disorders
1	Cervicobrachialgia, Lower Back Pain (lumbalgia), Bilateral Tendinitis, Cervical Hernia C5-C6.
2	Chronic Supraspinatus Tendonitis of right shoulder, Chronic Back Pain (Dorsalgia).
3	Bilateral Cervicobrachialgia, Quervain's Tendonitis, right hand Trigger Finger.
4	Bilateral Shoulder Rotator Cuff Syndrome, Lumbar Disc Herniation L4-Lb, L5-S1. Cervical Herniated Disc c7-c6.
5	Lumbosciatalgia, Myofascial Syndrome.
6	Cervicobrachialgia.
7	Mechanical-postural Cervicodorsal Lower Back Pain (lumbalgia) and Laringitis.
8	Chronic Lower Back Pain (lumbalgia), left shoulder Painful Shoulder Syndrome, secondary to Chronic Rotator Cuff Tendonitis, Multiple Cervical Discopathy c6-c7; c5-c-6, Disc Protrusion c2-c3, Joint Synovitis with Rotator Cuff Impingement.
9	Calcific Bursitis of left shoulder.
10	Supraespinatus Tendonitis of right shoulder.
11	Chronic Supraespinatus Tendonitis of right shoulder, Arthrosis.
12	Chronic Lower Back Pain (lumbalgia) secondary to Herniated Nucleus Pulposus L5-s1.
13	Painful Shoulder Syndrome of left shoulder with Arthrosis.
14	Chronic Tendinitis of left shoulder, Bicipital Tendonitis, left shoulder, Third Degree Tear of the anterior horn of the medial meniscus and Cyst in right knee.
15	Chronic Back Pain (dorsalgia), lumbar discopathy.

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- 16 Herniated Disc T11-T-12, Spondyloarthrosis L3-L4, L4-L5.
  - 17 Chronic Postural Lower Back Pain (lumbalgia), Multiple lumbar discopathy.
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No.	Musculoskeletal Disorders
18	Lower Back Pain (lumbalgia) plus Radiculopathy secondary to a Herniated Nucleus Pulposus T11-t12, L1-L2; L2-L3, L4-L5.
19	Myofascial Syndrome, Rotator Cuff Tendinitis of left shoulder, Allergic Rhinitis.
20	Acromioclavicular Arthrosis of left shoulder, left Cervicobrachialgia.
21	Rotator Cuff Tendinitis of left shoulder.
22	Cervical Myofascial Syndrome.
23	Tendinitis of right shoulder.
24	Central Bulging Disc C4-C5.
25	Back Pain (Dorsalgia).
26	Discopathy with Herniated Nucleus Pulposus L4-L5.
27	L5-S1 with Concomitant Lumbar Spondyloarthrosis.
28	Chronic Tendinitis left shoulder Bilateral Cervicobrachialgia, Bursitis of right shoulder Mild Supraespinatus Tendinitis.

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29 Tenosynovitis and Synovial Cyst of right wrist, Tendinitis left shoulder.

30 Chronic Left Cervicobrachialgia,  
Bilateral Type III Acromion

31 Chronic left Cervicobrachialgia, Bilateral Type III Acromion.

32 Arthralgia left shoulder.

33 Left shoulder Tendinitis, right shoulder Tendinitis.

34 Rotator Cuff Tendonitis.

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**Table 9. Records of Workers in the sewing area of HANESBRANDS with a medical assessment of Musculoskeletal Disorders (MSD).**

No.	Workers with Medical Assessment of MSDs
1	Chronic Cervical Back Pain (Dorsalgia).
2	Chronic Lower Back Pain secondary to a Herniated Nucleus Pulposus L5-S1.
3	Symptomatic right Cervicobrachialgia Allergic Rhinitis
4	Fibromyalgia Bilateral Bursitis Chronic Back Pain (Dorsalgia).
5	Right Myofascial Syndrome - Right Painful Shoulder.
6	Chronic Lower Back Pain Hernia L4-L5-S1 Bilateral Painful Shoulder Syndrome.
7	Mechanical-Postural Cervico-dorsal Lower Back Pain (lumbalgia).
8	Acromioclavicular Arthrosis left Painful Shoulder.
9	Lumbosciatica.
10	Right Supraespinatus Tendinitis.
11	Herniated disc T11-T12 y Spondyloarthrosis L3-4-5.
12	Left Painful Shoulder Syndrome secondary to Subacromial Impingement and Supraespinatus Tendinitis.
13	Chronic Left Shoulder Tendinitis Synovial Cysts Surgery right hand.
14	Left Painful Shoulder Syndrome Lipoma of the Right Scapular Region.
15	Chronic Cervicobrachialgia secondary to a Discopathy with Radiculopathy C4-C5.
16	Chronic Lower Back Pain (lumbalgia) secondary to Lumbar Discopathy and Interfacetary Arthrosis.
17	Bilateral Painful Shoulder Syndrome
18	Supraespinatus Tendinitis of both shoulders- Neck Pain.
19	Rotator Cuff Syndrome Rheumatic Fibromyalgia.
20	Chronic Tendinitis of Rotator Cuff right shoulder.
21	Chronic Severe Headache
22	Lower Back Pain (lumbalgia) secondary to Lumbar Spondyloarthrosis.
23	Bilateral Acromioclavicular Arthrosis
24	Cervicobrachialgia by Herniated Nucleus Pulposus C5-C6 Cervical Spondyloarthrosis Supraespinatus Tendinitis Obesity.
25	Chronic Lower Back Pain (lumbalgia) secondary to a Congenital Scoliosis Lumbar Spondyloarthrosis.
26	Chronic Neck Pain secondary to a Discopathy C3-C4-C5.
27	Chronic Lower Back Pain secondary to Herniated Nucleus

No.	Workers with Medical Assessment of MSDs
	Pulposus (HNP) L5-S1.
28	Chronic Bilateral Shoulder Tendinitis Compressive Neuropathy of the median nerve in both wrists.
28	Chronic Lower Back Pain (lumbalgia) secondary to Spondylolisthesis L5-S1 Spina Bifida Occulta L5 1 <sup>st</sup> Degree Obesity.
30	Post-traumatic Fibula Fracture (firearm).
31	Painful Shoulder, Subacromial Impingement, Post-operative Osteosynthesis of right ankle.
32	Crutiate Ligament Rupture in right knee.
33	Herniated Nucleus Pulposus L5-S1 Venous Insufficiency Lower Extremities 3 <sup>rd</sup> Degree.
34	Traumatic Amputation right supracondylar femoral
35	Mechanical-Postural Chronic Lower Back Pain (lumbalgia).
36	Bilateral Painful Shoulder Syndrome secondary to Tendinitis and Arthrosis.
37	Chronic Lower Back Pain (lumbalgia) secondary to a Discopathy L4-L5-S1 Painful Shoulder Syndrome Obesity.
38	Bilateral Acromioclavicular Arthrosis.
39	Myofascial Syndrome of left Trapezium Obesity.
40	Chronic Mechanical-postural Back Pain (Dorsalgia).
41	Post-Thrombotic Venous Insufficiency of left lower limb Left Painful Shoulder.

Tables 8 and 9 show the work-related medical assessments (31) executed by the IHSS for workers with Musculoskeletal Disorders. This information comes from CODEMUH and Hanesbrands Inc. records. The company also keeps records of workers with MSDs that may seek medical assessments by the IHSS, whose Jobs have been evaluated by IHSS Professional Risks, and Workers under Epidemiological Observation by the Plant's Medical Service. See Appendix 9.

Table 10 reflects that there are 14 workers with a medical assessment that includes loss of ability caused by MSD, with various pathologies and high loss of ability of up to 48%.

**Table 10. Hanesbrands Inc. Plant H54 and H1 Workers with MSD Medical Assessment and loss of ability.**

NO.	Workers with Medical Assessment with loss of ability.	Percentage of loss
	MSD	
1	Chronic Bilateral Cervicobrachialgia Chronic Lower Back Pain (lumbalgia) Bilateral Shoulder Tendinitis.	48
2	Mechanical-postural Cervical-dorsal Lower Back Pain	27
3	Chronic Tendinitis of left shoulder, Rotator Cuff Syndrome, Neck Pain (Chronic Tendinitis of right shoulder).	19 and 33
4	Chronic Lower Back Pain (lumbalgia) with Hernia L4-L5- S1, Migraine, Rotator Cuff Syndrome	48
5	Chronic Recurring Mechanical-Postural Lumbosciatica.	31
6	Supraespinatus Tendinitis of right shoulder.	24
7	Rotator Cuff Syndrome left arm left Painful Shoulder Syndrome with acromioclavicular arthrosis.	26
8	Cervico-dorsal Scoliosis Multiple Cervical Discopathy- Spine Facet Arthrosis.	42
9	Chronic Tendinitis left shoulder-Right Cervicobrachialgia, Chronic Tendinitis right shoulder.	25 41
10	Chronic Lower Back Pain(lumbalgia) Dorsolumbar Scoliosis	43
11	Rotator Cuff Syndrome (tendinitis)- Carpel Tunnel Syndrome.	29
12	Left Painful Shoulder Syndrome secondary Acromioclavicular Arthrosis Lipoma of the right scapular region operated.	17
13	Bilateral Tendinitis of the supraespinatus bilateral muscle	22
14	Rotator Cuff Syndrome (Chronic Rotator Cuff Tendinitis of right shoulder).	23