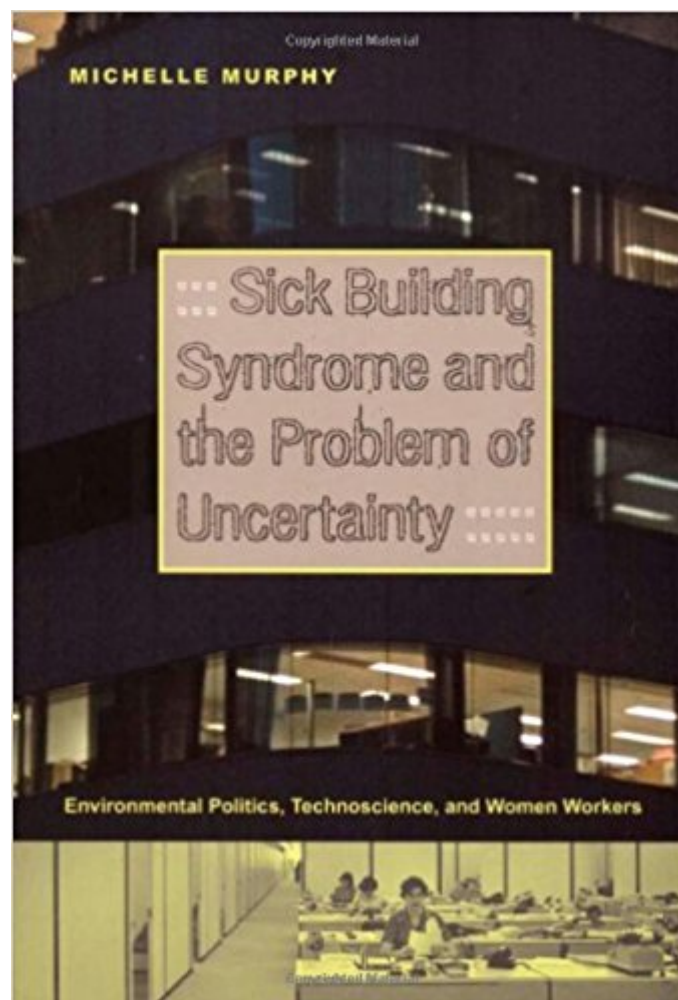




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Sick Building Syndrome And The Problem Of Uncertainty: Environmental Politics, Technoscience, And Women Workers



Synopsis

Before 1980, sick building syndrome did not exist. By the 1990s, it was among the most commonly investigated occupational health problems in the United States. Afflicted by headaches, rashes, and immune system disorders, office workers—mostly women—protested that their workplaces were filled with toxic hazards; yet federal investigators could detect no chemical cause. This richly detailed history tells the story of how sick building syndrome came into being: how indoor exposures to chemicals wafting from synthetic carpet, ink, adhesive, solvents, and so on became something that relatively privileged Americans worried over, felt, and ultimately sought to do something about. As Michelle Murphy shows, sick building syndrome provides a window into how environmental politics moved indoors. Sick building syndrome embodied a politics of uncertainty that continues to characterize contemporary American environmental debates. Michelle Murphy explores the production of uncertainty by juxtaposing multiple histories, each of which explains how an expert or lay tradition made chemical exposures perceptible or imperceptible, existent or nonexistent. She shows how uncertainty emerged from a complex confluence of feminist activism, office worker protests, ventilation engineering, toxicology, popular epidemiology, corporate science, and ecology. In an illuminating case study, she reflects on EPA scientists' efforts to have their headquarters recognized as a sick building. Murphy brings all of these histories together in what is not only a thorough account of an environmental health problem but also a much deeper exploration of the relationship between history, materiality, and uncertainty.

Book Information

Paperback: 264 pages

Publisher: Duke University Press; 1 edition (February 22, 2006)

Language: English

ISBN-10: 0822336715

ISBN-13: 978-0822336716

Product Dimensions: 6 x 0.6 x 9.2 inches

Shipping Weight: 14.4 ounces (View shipping rates and policies)

Average Customer Review: 4.0 out of 5 stars 1 customer review

Best Sellers Rank: #472,305 in Books (See Top 100 in Books) #69 in [Books > Medical Books > Medicine > Internal Medicine > Occupational](#) #113 in [Books > Politics & Social Sciences > Politics & Government > Specific Topics > Women in Politics](#) #182 in [Books > Politics & Social Sciences > Sociology > Social Theory](#)

Customer Reviews

“Sick Building Syndrome and the Problem of Uncertainty is all at once about the women’s health movement, ventilation, cybernetics, virology, and chemical toxicity. It is labor history and medical history wrapped into a fiercely disputed knot. Unraveling that tangle, and using the Syndrome to tell us about who we were at the turn of the millennium, Michelle Murphy has written a remarkable, insightful book.” —Peter Galison, author of *Einstein’s Clocks, Poincaré’s Maps: Empires of Time*

“How does an illness come into being? In this provocative study, Michelle Murphy takes us on a journey into the making of an environmental illness, into the spaces of the modern office building, gendered labor practices, and workers’ bodies to reveal what is perceived and what is invisible in the built environment where many Americans spend their working days. How sick buildings and indoor air pollution became visible problems in environmental health is a story that takes us far beyond the architectural history of office buildings. It takes us deep into the architecture of reality: into how we know and what we know about environmental exposures and the uncertainties they pose both to knowledge and human health.” —Gregg Mitman, author of *The State of Nature: Ecology, Community, and American Social Thought, 1900–1950*

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In “Sick Building Syndrome and the Problem of Uncertainty: Environmental Politics”, Michelle Murphy “highlights the versatile and volatile work of gender in twentieth-century practices of rendering environmental health hazards perceptible and knowable. In the 1980s, gender and chemical exposures both generated controversy and uncertainty” (pg. 6). She argues that indoor chemical exposures “came into being through multiple histories that did not all agree on the terms by which an exposure could be shown to have

happened or not” (pg. 8). Finally, Murphy “suggests regimes of perceptibility actively participated in making chemical exposures the phenomena they are today. In order to throw imperceptibility into relief through juxtaposition, this book makes a second argument about the historical ontology of exposure: objects are many things at once” (pg. 10). In this manner, Murphy’s work uses Sick Building Syndrome to examine the intersections of race, gender, class, and science. Of class, Murphy writes, “Sick building syndrome was a problem only possibly in conditions of relative privilege and luxury that characterized Reagan-era America. It captured those minor health complaints only foregrounded when larger dangers receded. It expressed an expectation of comfort and safety as conditions of daily life for the beneficiaries of the privileges of race and class” (pg. 3). Race played a critical role in defining class, as Murphy writes, “Historians of science have tended to take up questions of race only when examining acts of racism or when race has been the subject of science. Much less attention has been paid to the inverse subject of racialized disadvantage or the work of racialized privilege” (pg. 112). Class and gender intersected, as “the middle-class gendering of office work that was built into its very walls was fundamental to the covering over of class stratifications that were built into its very machines” (pg. 56). Murphy writes of gender, “During the 1970s, a resurgent feminism and a newly articulated environmentalism spawned an office-workers movement that made occupational health, and particularly chemical exposures, one of its concerns” (pg. 3). Office buildings were uniquely situated to play host to clashes between older gender ideologies and the consciousness-raising of feminists. Murphy writes, “Office buildings were not just luxurious spaces for the American managerial class: they were also constructed to promote the efficient labor of the droves of mostly women in the office’s lower ranks. Perceptions about the physiological needs of these laborers were built into the very pipes and ducts of office buildings” (pg. 19). The bounds of comfort were primarily dictated by men, as “optimum climate was charted through measurements largely taken from the bodies of young, white college men” (pg. 25). When officials examined Sick Building Syndrome complaints, they reflected the gendered assumptions of their time and of corporate culture. Murphy writes, “Investigators at NIOSH [the National Institute of Occupational Safety and Health] found themselves turning to psychosomatic explanations, such as mass hysteria and mass psychogenic illness (MPI), to make sense of the variety and nonspecificity of women office workers’ complaints. Perhaps, some investigators suggested,

such symptoms were a gendered psychological response to life stresses (pg. 71). NIOSH opinions were divided into two camps. Murphy writes, “One arguing that indoor pollution existed in chronic and non-specific forms and that sick building syndrome was a legitimate phenomenon, the other holding that sick building syndrome was a misnomer for what was better understood as a gendered psychological delusion” (pg. 83). Ironically, the tobacco industry brought Sick Building Syndrome to the forefront as its nonspecific cause aided their effort to combat efforts to regulate secondhand smoke and “promote an ecological and systems approach to indoor pollution” (pg. 132). For them, “The appeal of sick building syndrome was that pollution and its effects could be materialized in a way impossible to regulate as an unpredictable multiplicity” (pg. 148). In this manner, Murphy argues, “The terms by which sick building syndrome was granted existence were the result of a contested ontological politics” (pg. 149).

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