

Occupational lung diseases in mineworkers in South Africa

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Abstract

The mining sector is a major driver of economic growth in South Africa, contributing some 8 percent to the country's gross domestic product in 2022 and significantly to its foreign exchange earnings. However, despite the central role of mining in South Africa's economy for over 150 years, the associated health impacts have had a negative effect on mining communities, with mineworkers in the southern Africa region historically registering the highest incidence rates of tuberculosis (TB) of any working population in the world. Before the 19th century, South Africa had a pastoral and subsistence economy with Cape Town being a way station for passing ships on their way to and from the East for the colonial powers and 'explorers'.

The discovery of diamonds in 1867 and gold in 1884 led South Africa on an economic trajectory that surpassed many countries. The mining economy sucked in migrant workers from many countries especially those in Southern Africa. As part of the political economy of mining, various legal instruments assisted in dispossession of Africans of their land and imposition of various taxes moved many into a cash economy based on migrant labour. The Anglo-Boer war dispossessed the Afrikaans speaking persons and the scorched earth policy of the British ensured that farming land was destroyed also leading to Afrikaner men seeking employment on the mines.

The medical assessments of white workers for their employment on the mines were undertaken by state employed doctors given the distrust of white workers of the doctors employed by the mining companies. African workers were assessed by medical orderlies based at TEBA facilities in labour sending areas/countries or in Johannesburg. The compensation systems for occupational injuries and occupational lung diseases in mineworkers were initiated in 1894 and 1912 respectively. The occupational lung diseases compensation system covered white workers till 1973. Research was conducted by the South African Institute for Medical Research (SAIMR) into vaccines and treatment interventions for various communicable diseases in mineworkers and two major international conferences covering silicosis / pneumoconiosis were convened in South Africa as early as 1930 and 1959 with little preventive interventions resulting in the major class action settlements from 2002 onwards in the asbestos and gold mining sectors. Social protection rights for African workers were only realized in the 1970s after the historic Durban strikes for collective bargaining and trade union rights.

The mining sector through the Minerals Council South Africa has a legacy programme in partnership with the Department of Health that recognizes the injustices of the past and has taken corrective steps to restore the dignity of current and ex-mineworkers and peri-mining communities that will ensure sustainability of the sector.



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