

Asbestos Sick Mineworkers and their Compensation Claims in the Transkei Region of South Africa

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Abstract

South Africa was the fifth largest supplier of chrysotile, and produced 97% of the world's crocidolite and 100% of the amosite in the world [1]. Transkei region contributed considerably to the large mining workforce of South Africa. A large number of them are now back to their rural homesteads following retrenchment or retirement. The victims of asbestos-related diseases have hardly any access to their legitimate compensations, and therefore remain disadvantaged.

This report is of a 61-years-old man who was referred from a local health center where he had presented with a history of cough and chest pain over 12-months. The history was significant for exposure to asbestos. The clinical findings were an asymmetrical chest with restricted movement on the left side. There was dullness on percussion on the same side and few crepitations on auscultation. The chest X-ray showed an opacity on the left upper zone. The CT scan showed multiple focal masses of pleural thickening with pleural plaques in both hemithoracis, particularly at the bases. A round mass was seen in the left mid to upper zones with erosion of the adjacent rib. The asbestos induced lung diseases remain undiagnosed and therefore uncompensated.

Keywords: *Asbestos; Mineworkers; Lung Carcinoma; Pleural Plaques*

Introduction

Asbestos has been mined in Southern Africa for more than a century. Chrysotile from the mines of Swaziland and Zimbabwe was marketed around the globe, while South African mines produced almost all of the world's amphibole fiber. The major mines were owned and operated by British companies. The Southern African men, women and children were exposed to this environmental pollution [2]. Because of exploitative social conditions, former workers and residents of mining regions suffered-and continue to suffer-from a serious yet still largely undocumented burden of asbestos-related diseases. This epidemic has been invisible both internationally and within South Africa, particularly in the labor sending areas such as Transkei.

Despite irrefutable evidence that asbestos causes asbestosis, lung cancer, and mesothelioma, asbestos mining, milling and manufacturing continues [3]. South Africa has uniquely mined, transported, and used crocidolite, amosite, and chrysotile [4]. The corruption of medical evidence about the hazards of asbestos began with the Canadian mines. Research at the mines was done in company towns, where company doctors staffed clinics, and poorly reported on the causation of illnesses among mineworkers [5]. Communities in South Africa, especially those in Limpopo and Northern Cape, have been decimated by the mining operations of Cape plc. South African victims of asbestos-related disease have only recently begun to be awarded (modest) compensation settlements through litigations, because of collective efforts on their behalf. Between 1997 and 2000, 2 027 former mineworkers were examined in the Transkei area of South Africa, and 20% of the workforce was found to be exposed to asbestos during their working at mines [6]. Majority of these mineworkers have

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not been compensated. The purpose of this case report is to highlight the problem of asbestos related diseases in Transkei region and the difficulty in getting financial compensation.

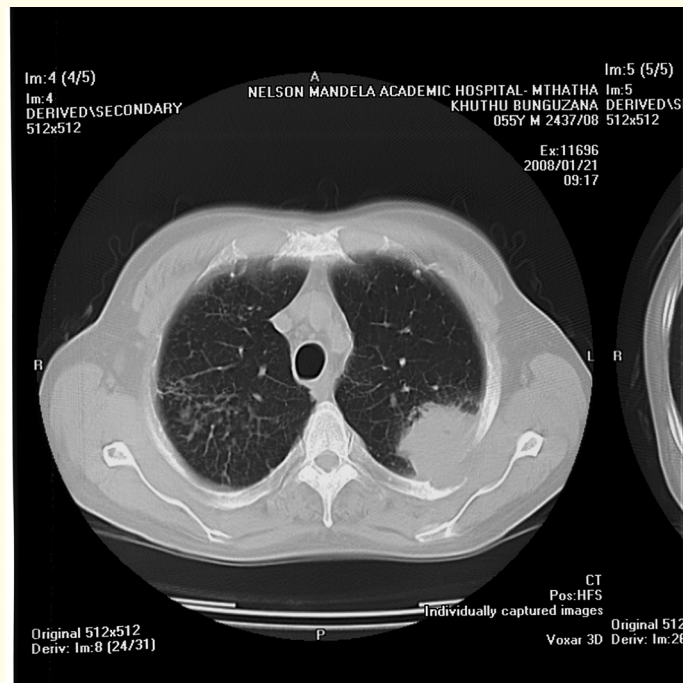
Case History

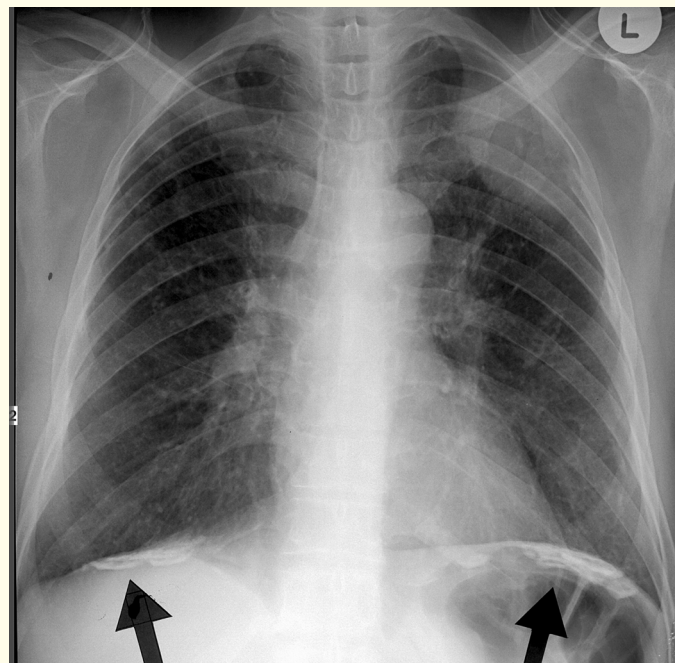
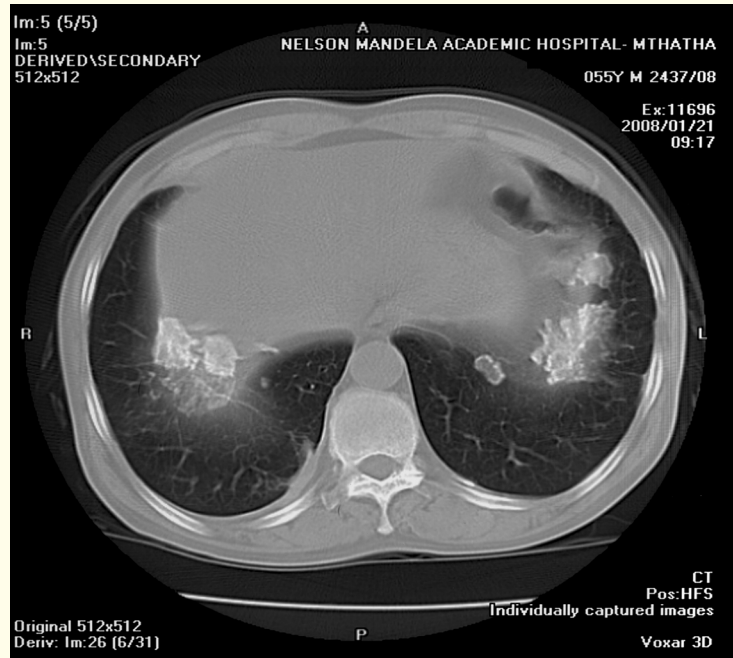
BK a 61-year-old male, a resident of Jelevile location, Elliodale, Easter Cape was admitted in the medical ward in Nelson Mandela Academic Hospital (NMAH) with a history of cough and left sided chest pain of 12-month duration. The cough and chest pain occurred mostly at night and the pain was underneath the left scapula. He also complained of painful joints for about 9 months. He attended Madweleni Hospital in 2007 from where he was referred NMAH, Mthatha. On examination the chest was asymmetrical but movements were restricted on the left. There was dullness on percussion on the same side and few crepitations in the left upper zone on auscultation. He had been a smoker of tobacco in a pipe for 20-30 years and said that he took alcohol for pain relief. He was married in 1971, and has 4 children (2 girls, and 2 boys).

He had been treated for pulmonary tuberculosis some years ago. He was of average built and did not look very sick. The pulse was 86 beats per minute, regular and of good volume. The blood pressure was 136/70 mmhg. There was no jaundice, edema, or lymphadenopathy. Finger clubbing was evident. All other systems were unremarkable. The full blood count, urea and electrolyte, liver function test were normal. On sputum microscopy, malignant cells were observed.

He had joined the mines when he was 18 years old through Ththelwona (TEBA) at Elliodale in 1965. He was employed by Quras asbestos mines in Prieska and worked underground. He had worked from 6 am to 2 pm everyday without a mask. As he was paid poorly, he left the mine after a year and joined a steel manufacturing factory where he worked from 1966 to 1976. He joined Rustenberg platinum mines in 1977. He returned home in 2001.

The chest X-ray showed bilateral sub diaphragmatic calcified plaques (Figure 1) and an opacity in the left upper zone. The CT scan showed multiple focal masses of pleural thickening with pleural plaques in both hemithoracis, particularly at bases. A round mass present left mid to upper zone with erosion of the rib (Figure 2). The mass was not accessible for a biopsy.





Discussion

Transkei is one of the regions from which a majority of South African mineworkers used to be recruited, and the destination to which many return. It is one of the poorest rural regions in South Africa. The migrant labor system in the Transkei region has contributed to the adverse socio-economic effects. It has been estimated that 2 million of the 5 million black mineworkers in South Africa in 1989 were migrant laborers [7]. Former mineworkers are now sandwiched between scarce resources and little hope of getting reemployment. They do not have enough savings to run their families, and expenditure is its highest when they return, as they find that the children are grown and are in secondary or senior secondary school. Many are not re-employable because of their poor health like the case of BK.

BK is the first case report of an asbestos related disease (ARD) among former mineworkers of the Transkei that remained uncompensated. There may be many more who are forgotten. It also provides important information that justifies expanded efforts to initiate and develop a program for screening and compensating the former mineworkers in this part of the country.

There is no comprehensive information on the occupational lung diseases in South Africa because of severe under-reporting. Extrapolating Zwi's lung mesothelioma incidence figure [8] suggests that there may be as many as 550 new cases arising annually in South Africa. In the Transkei region, it is even difficult to speculate the figure because of lack of a surveillance system for these cases. Exposure to asbestos does not kill overnight. A victim could fall seriously ill and die after periods ranging up to 30 years. BK was exposed to asbestos in 1965, and symptoms appeared after 42 years. A recent (2005) questionnaire based study by the author revealed that one fifth of mine workforce has had exposure to asbestos [6]. Thousands of mineworkers from South Africa, Mozambique, Lesotho and Zimbabwe exposed to asbestos in South African mines. The structures such as National Centre for Occupational Health (NCOH) and Medical Bureau for Occupational Diseases (MBOD), which are involved in compensation claims, are not readily available to these mineworkers like BK. Traveling from rural areas of Transkei to NCOH and MBOD in Johannesburg for uneducated ex-mineworkers like BK is impossible.

National Union of Mineworkers (NUM) conducted screening for ARD in Northern Cape and Mpumalanga, which showed prevalence between 25 - 45% amongst more than 5000 workers examined. At Mafefe it was 50%, and Prieska (where BK has worked) 25% [9]. Between 1977 to 1998, 10 520 people were compensated for ARD [9]. Unfortunately, only a few mineworkers were compensated from this region despite there being people like BK, who have worked underground and exposed to asbestos. Majority of the white mineworkers were compensated but they had hardly worked underground. The ARD in black miners were under-diagnosed and workers like BK were not re-examined once they had left the mines. The law however stipulated that they be reexamined every 3 - 5 years.

An estimated 45,000 living miners with ARD who are entitled to R 2.8 billion have no real hope to claim for compensation. The Act was amended in 1994 to stop discrimination based on skin color but there are many people who have not been compensated like BK that need to be compensated now. Moreover, there is compensation based on the income. If someone like BK who worked 1960 was paid R2.50 per day then the compensation would have worked out to about R1200 or R6000. This is in contrast to about R250,000 paid for those who were paid higher salaries. This form of compensation again discriminated the poor [9].

The compensation paid by some mining companies was meager and only to a very limited number of mineworkers in Northern Cape and Limpopo provinces by British Cape plc. The Company Cape plc has agreed to pay compensation totaling £sterling 7.5 million for 7, 500 South Africans [10]. Of them, 300 qualifiers are already dead [11].

Conclusion

There is heavy burden of asbestos exposed mineworkers in the Transkei region of South Africa. These ex-mineworkers in Transkei as well as in neighboring countries have been left out without any compensation. The asbestos legacy is needed to be looked again, and further plans for compensation are urgently needed before these mineworkers also die.

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