
Occupational Diseases at Chrome Chemicals

Mark Colvin

The Chrome Chemicals factory is situated in Merebank about 20km south of Durban. For the last 30 years, employees at this plant have been breathing dangerous levels of toxic chromate dust. This article is about the suffering experienced by workers and explains why the situation was allowed to occur.

The factory is owned by Bayer, a German multinational that has huge investments in the health sector. The main complaint of the workers and their union, the Chemical Workers' Industrial Union (CWIU), is that workers' health was largely ignored by management, factory inspectorate and health authorities. It is only through the union taking up the issue that it can become a public concern.

Can Workers Avoid the Risk?

Appropriate technology has been developed to keep workers' exposure to the dust to below internationally set standards. By using machines that do not leak dust and the installation of other engineering devices, workers may manufacture chromate compounds with minimum risk to their health. The Bayer chromate factory in Germany is virtually free of any dust and there have been no cases of nasal septum perforation there for over 20 years. When a senior CWIU shop steward went to Germany in 1991, he was astounded at the contrast between conditions workers' faced there and conditions at the Bayer factory here.

Associated Health Hazards

The most serious long term effect of exposure to chromate compounds is the development of lung cancer. Other effects of exposure includes asthma and dermatitis (a skin rash). If workers are exposed long enough to high concentrations of chromates, they may also develop nose ulcers and complete perforation of the nasal septum.



Bayer factory, Durban. Photo: Ismail Vawda

In April 1991, 215 workers were retrenched when a part of the firm was closed down. The Industrial Health Unit was approached by CWIU to examine these workers. A hundred and twenty six medical records were studied. Thirty four percent had complete nasal septum perforations. Symptoms also included chronic sinusitis, nasal bleeding and rhinorrhoea ("runny nose"). Only one of these workers received specialist treatment at company expense, many were referred to a company nurse or paid their own medical costs. Up to 1989, at least three workers contracted lung cancer. All had their services terminated and died shortly thereafter, without having been considered for compensation.

What led to this disastrous situation?

Although primary blame lies with local and foreign management of Chrome Chemicals, almost none of the parties involved is free of responsibility. Each of the parties involved are considered below, including the Department of Man-power, local health authorities and factory health services.

The Department of Manpower

Legislation dealing with the occupational environment is weak, with pathetically low fines against offenders. There is no legislation for the provision and effective running of factory based health services. There is no state occupational health services in the province nor any such facilities at the major hospitals.

The ill equipped and understaffed factory inspectorate, who are responsible for monitoring working conditions, did not use their extensive powers to make the company comply with acceptable standards. In 1976, a government commission, the Erasmus Commission, into occupational health matters in South Africa as whole, showed the state's awareness of the situation at Chrome, yet did very little to rectify the situation.

Local Health Authorities

Chrome Chemicals was obliged to obtain from the Durban medical officer of health (MOH) a "scheduled trade permit" on an annual basis. Part of the conditions of the permit was that the company had to furnish the city health authorities with relevant health related information. Although local authorities have little jurisdiction over industry, the MOH should have done more to draw attention to the health disaster that they knew was occurring.

The Factory Health Services

It was the responsibility of the company doctor to detect workers' health problems early on and to initiate steps to rectify the situation. However, this did not occur. The company doctor diagnosed chrome related health problems, but took no action. Medical records kept by the clinic reveal that the staff simply documented workers' declining health, but did nothing to prevent this deterioration. Communication with workers was very poor. Many workers interviewed, said that the company health services had not informed them of their nasal problems.

The Role of The Union

As early as 1973, the secretary of CWIU in a local newspaper, was quoted saying workers were suffering from chrome related illnesses and receiving no compensation. At a time when black trade unions were still illegal, the new



The tragedy at Chrome Chemicals is not isolated to factories only.
Photo: Cedric Nunn

union could do little to improve conditions for its members. The issue reappeared in 1989, when a senior shop steward became concerned about members becoming ill and having their services terminated.

The union was alerted to the situation and started negotiating health and safety with the company. Management's response was unco-operative. Management refused to allow the union's health and safety advisors to do an investigation, and would not reveal data on the levels of chromate dust in the workplace. When the issue became publicised in the local press, only then did management make minor concessions. This included an agreement to pay for annual medical examinations on all former employees with more than five years of service.

The union also raised the issue at the international level by trying to get their corresponding union in Germany to assist them. A CWIU shop steward and the union organiser went to Germany and met with union officials and Bayer management but with no outcome. Since then, German NGOs have publicised the problem and have highlighted the different standards Bayer was applying in Germany and South Africa.

What of Compensation?

The Industrial Health Unit applied for compensation for all the affected workers. Most have received compensation which, unfortunately, is far too little. Payments are a lump sum of between R200 and R400, which hardly pays for two months of medical expenses. All workers with nasal septum perforations were inappropriately assessed as being 3% disabled, while the amount of compensation was calculated on their wage at the time of diagnosis, which in the early 1970s, is 10% of wage levels today.

Objections were made to the Compensation Commissioner. So far only one case has been heard. The commissioner decided to raise the degree of disability from 3% to 15% but would not change the date of diagnosis. The Legal Resources Centre at UND is considering taking this matter to the Supreme Court.

The tragedy at Chrome Chemicals was not an isolated incident (another example is the poisoning at Thor Chemicals), and it should not be a surprise that it happened. The reason for this is that in South Africa we do not have the laws, monitoring authorities or public pressure to prevent such occurrences. The public and workers in South Africa have not traditionally challenged industry on issues of environmental pollution, whether in the workplace or externally. This allows industry to do as it wishes with workers' health.

Added to this, South Africa has an inadequate social security system. The country is in the grips of an economic recession and rising unemployment. Unemployment insurance only pays 45% of a workers previous wage for a maximum of six months. Most retrenched Chrome Chemicals workers, therefore, have no source of income and pay for their own medical costs. These workers also have great difficulty in finding employment. Many companies do not want to employ ex-Chrome Chemicals workers because they are aware that many of them have industrial diseases. The families of workers who died of lung cancer have lost their breadwinners without sufficient compensation.

Under current circumstances, and until there is a national strategy to deal with occupational health, workers will have to depend heavily on their unions to take up these issues. This creates a heavy responsibility on the unions to commit more resources to attending to health and safety.

Mark Colvin, at the time of writing, was a researcher at the University of Natal's Industrial Health Unit. He now works for the Medical Research Council in Durban