Occupational Health Services: Whose responsibility?

Privatisation of occupational health services raises different issues from those arising from privatisation of health services generally. In occupational health, this article argues, services should be provided by employers, with the state legislating and enforcing certain standards with regard to working conditions and services. It is exactly this role that the state is eager to relinquish. This article looks at existing and alternative occupational health service functions.

Through work we should be able to contribute to the well-being of ourselves and our community. Work should also promote good health, but if it does not do this, it should at least leave us unharmed and able to lead a productive life.

However, work often does the opposite. Poor pay and boring repetitive tasks in a dangerous and demanding workplace cause stress and physical harm. The older menaces of unsafe machinery, dangerous workplaces (for example underground mines), asbestos and lead are still present; and added to these are the newer chemicals which cause cancer or affect our ability to produce healthy offspring or the ability of our bodies to fight disease.

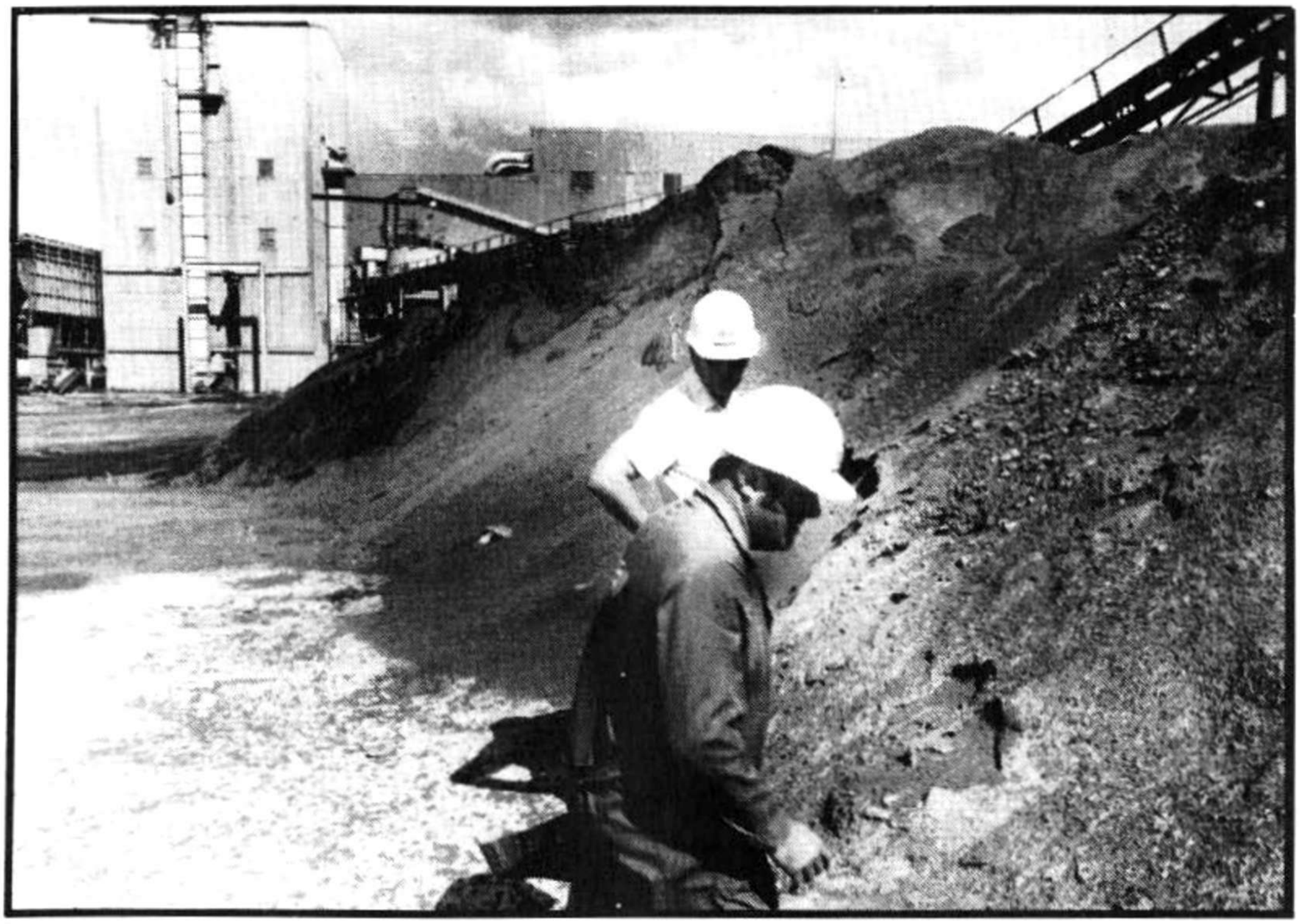
Workers are not the only part of society affected by these hazards. Family life is disrupted when a worker is suffering from stress or unable to find work because of poor health. Workers can carry dangerous material home on their workclothes. Waste products from factories pollute the environment and cause sickness in communities around factories. Occupational Health Services (O.H.S.'s), to protect us from the hazards produced in workplaces, are therfore urgently needed.

Workplace hazards and stress do not only affect the worker; these factors are carried further to the family and community life

The functions of Occupational Health Services

The World Health Organisation (WHO) states that an occupational health service should work for the following:

- The promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations.
- The prevention among workers of departures from health caused by their working conditions.
- The protection of workers in their employment from risks resulting from factors adverse to health.
- The placing and maintenance of the worker in an occupational environment adapted to his/her physiological and phsychological condition.



There is a need for regulations and services which protect the environment from dangerous substances

An occupational health service may also act to protect society by ensuring that dangerous chemicals are not released into rivers or the air and ensuring that dangerous products are not sold to the public. Health services located at workplaces could be extended to provide for those living in the vicinity of the workplace. In third world countries many people have no access to health care. This means communities around factories or mines may be starved of health care while health services nearby are locked behind factory gates.

Who should control the Occupational Health Service?

(For simplicity all those who share the profit produced from a workplace, e.g. the owners and shareholders, are called management.)

Management

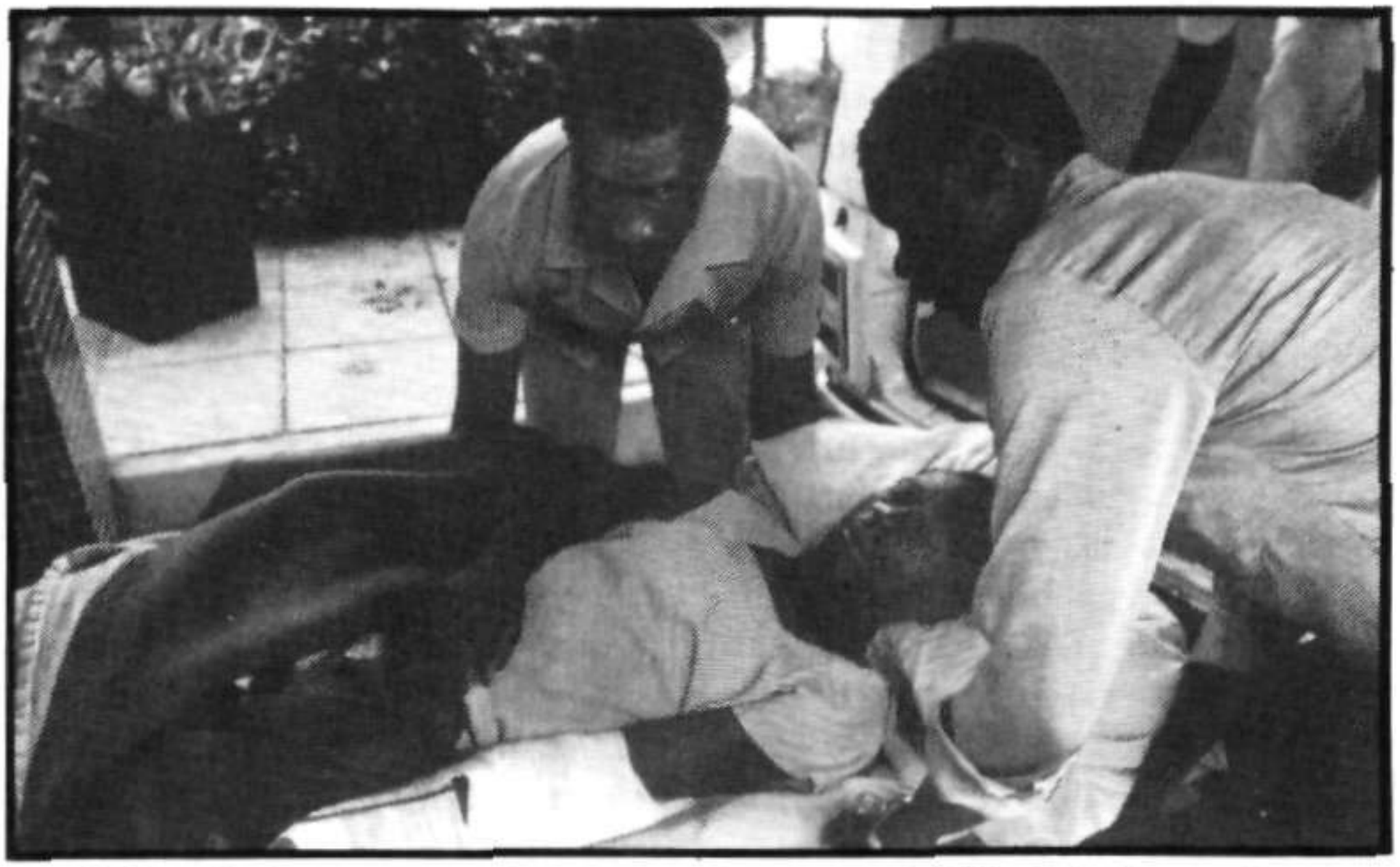
Management usually sees an occupational health service only as a means of preventing ill-health and injury from reducing production and profit. The health

and happiness of workers, and those living near the workplace, are of secondary concern. Also, controlling pollution does not improve profit and is often ignored or poorly handled by management.

This means that management-controlled health services are often very poor. Studies of O.H.S.'s in South Africa show that they mostly function only to patch up injured or sick workers so that the worker does not work less hard and therefore reduce profit. These health services ignore the prevention of sickness and the rehabilitation of injured or sick workers.

The mining industry generally provides a good curative O.H.S. for those workers who are injured or become ill on the job. It also provides rehabilitation services at various mine hopitals for seriously disabled mineworkers. The rehabilitation programme is, however, incomplete. The worker is not rehabilitated into his/her family and community setting. The worker and his family face many hardships in the rural areas as they struggle to cope with inadequate disability pensions, and the lack of adequate water, sanitation and health care systems. As a result, the problems of illness and injury which are caused by dangerous working conditions, become the burden of impoverished rural areas and all those who live

Workers' families may face many hardships in the rural areas



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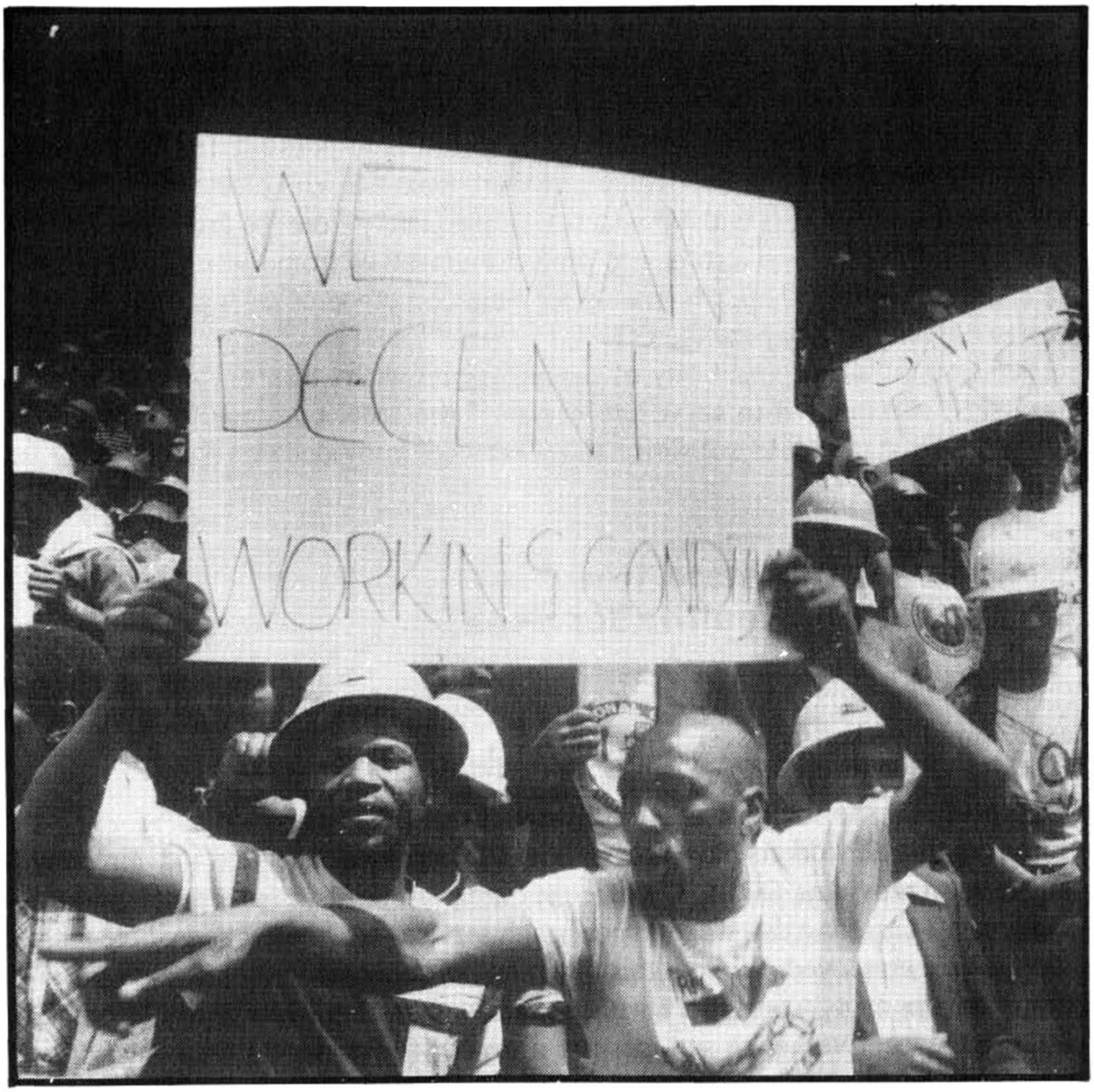
Damage to a worker may only occur years after exposure first started. The worker may only become sick when s/he is old and easily replaced by the company. Chemicals which cause cancer, and deafness caused by noise are examples. Management-controlled O.H.S.'s . often do not provide for these workers. Also, many of the consequences of workplace exposure will not reduce profit and are therefore not taken seriously by management: for example, some substances affect our ability to produce healthy children.

Management controlled O.H.S.'s are usually restricted to workers even if the worker's family lacks the most basic health care.

Workers

Even if the state played no role in O.H.S.'s, an informed and powerful labour movement, operating in conditions where most people are able to find work and where a social security system provides for the elderly and unemployed, could control O.H.S.'s. The result would be an occupational health system capable of promoting health through workplace-based health services. But South Africa is not in this position. The state also actively oppresses the labour movement through police intervention in collective bargaining and detention of trade unionists and union members. Also, many workplaces are not organised or are situated in areas where trade unions are actively discouraged. Workers in these workplaces often have little or no protection from hazards at work.



Workers have made some progress in their demands for a safe and healthy workplace

Although workers have made progress in demands for a safe and healthy workplace, they cannot be really successful until the State accepts its part in protecting us all from the dangers generated by industrial processes.

Who should pay for the Occupational Health Service?

With respect to the financing of occupational health services, there are at least three options. Either the owners of the workplace, or the workers, or the state could be made to pay for these services.

Hazards at work are created neither by the worker nor by society in general. They are caused by demands to increase production and profit without sufficient attention, time and money being given to health and safety. The section of society that demands greater production and profit is responsible for the hazards and is therefore responsible for removing them from the workplace. Workers are often exposed to dangers without benefitting adequately from the profit produced: They should not have to also pay to protect themselves from these dangers. For the state to provide O.H.S.'s is merely an indirect method of asking workers and society in general to pay for the O.H.S.

While it is the responsibility of management/owners to provide O.H.S.'s, if an O.H.S. is extended to serve the needs of the local community as well as workers, the state could subsidise those services provided for non-workplace related sickness.

The role of the state in Occupational Health Services

The state has a large and important role to play in ensuring that work promotes the health of workers and society in general.

Examples of the role that the State should be playing:

- Ensuring that all workers have access to an adequate health service and directing attention to providing O.H.S.'s where they are most needed: for example, where the greatest hazards exist, where other health services are poorest and where most workers are employed. Without this direction, an imbalance in health care arises. For example, many workers are without basic health care while costly resource-intensive executive health services are provided for managers who have other sources of health care.
- Encouraging and promoting democratic structures in the workplace so that constructive negotiations between workers and management occur around health and safety. In many countries, regulations are enacted so that management and workers have equal status concerning health and safety issues. This means workers can determine the priorities of the O.H.S. and appoint staff to run the service.
- Providing a democratic process through which standards can be set, both for the control of hazardous substances in the workplaces, and establishing medical services which would promote health and monitor workers exposed to health risks at work.
- Providing a means of enforcing the standards set. This function is usually performed by inspectors appointed by the state and also by workers themselves.

The Machinery and Occupational Safety Act has attempted to legislate for more safe workplaces, but it is poorly or often not at all enforced

- Using available health care resources in the best manner. For example, by integrating O.H.S.'s and other health services in areas where health provision in general is poor, and by extending O.H.S.'s to serve communities living near factories and mines. Particularly in the mining sector, curative health care is provided for miners while communities around the mines may be without any form of health care.
- Providing information and training to people concerned with health and work, and ensuring that workers are made aware of the health risks they face at work.
- Ensuring that workers do not suffer financial loss through work-injury or sickness and ensuring that workers are properly rehabilitated after accidents or illness.

"Privatisation" of occupational health

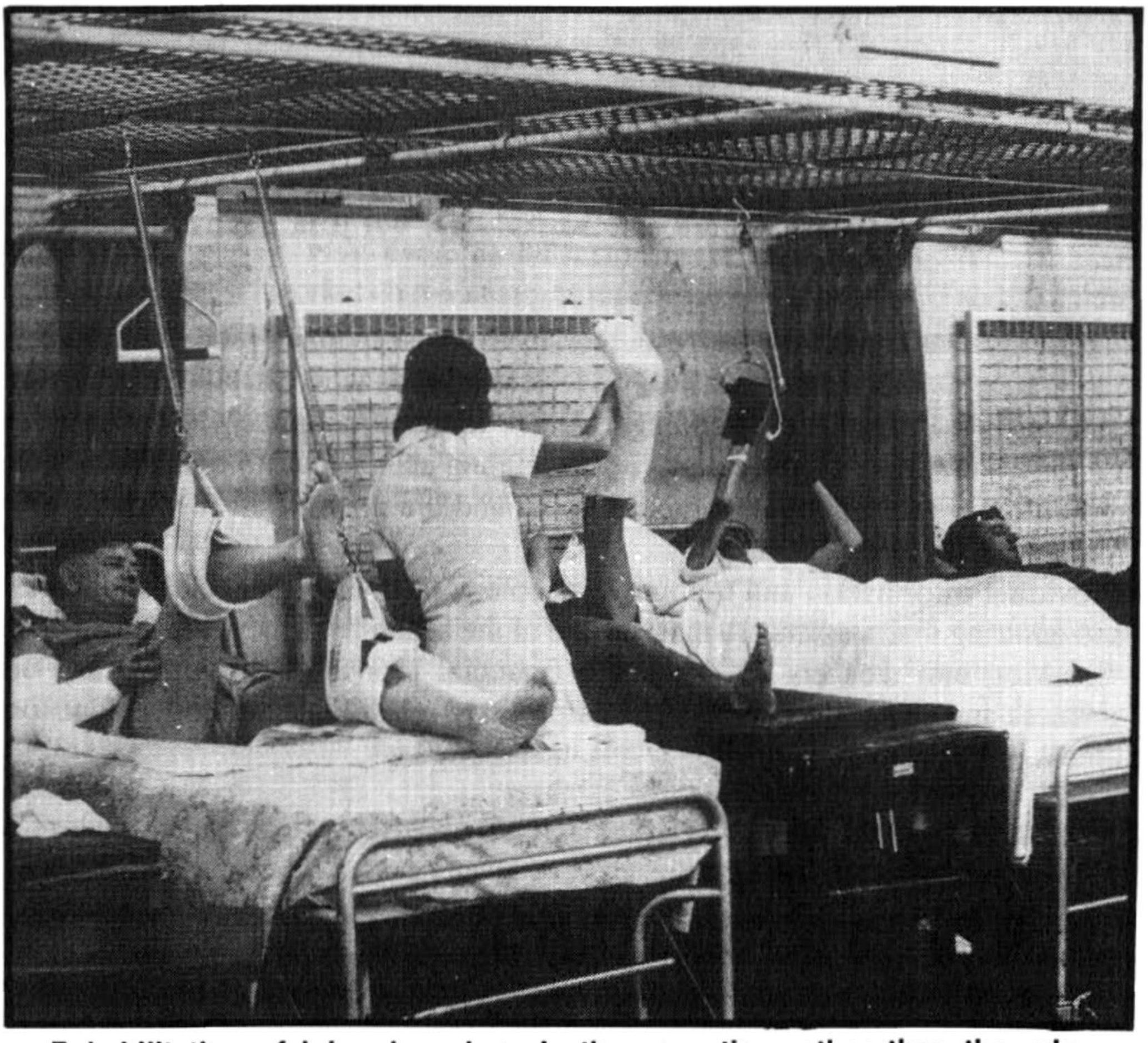
"Privatisation" in South Africa in the context of occupational health is essentially a failure by the state to act. The state has not accepted any of the responsibilities listed above and thus a poor standard of occupational health care is practiced in South Africa.

There are no standards for controlling many hazardous substances, nor are there standards for occupational health services. Deregulation (the granting of exemptions from complying with what regulations and standards do exist) can only worsen the situation. Although the Machinery and Occupational Safety Act has attempted to legislate for more safe workplaces, it is poorly or often not at all enforced. The Occupational Medicine Bill, which was supposed to legislate for health services, has never been tabled.

Many workers have no occupational health care at work, and rehabilitation of injured or sick workers is the exception rather than the rule.

The major reason for private enterprise being able to determine the nature of occupational health provision is that most South African workers have no input into decision-making by the state.

Until labour has direct access to the legislative, occupational health care in South Africa will remain poor and limited.



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