

The NUTW and the Brown Lung Campaign

A case study of trade union regulation of workplace health and safety

The Brown Lung Campaign carried out by the National Union of Textile Workers (NUTW) in the textile industry during 1982 - 1984 provides an interesting case study of the limits and possibilities of trade union action around workplace health and safety. The following article outlines and assesses this campaign.

The textile industry

The South African textile industry presently employs in the region of 104 000 people. It had a total turnover of R3,9 billion in 1987 and consumes approximately 270 000 tons of cotton fibre a year.¹ The industry dates back to the late 1920s, when a local cotton blanket industry was established. After the Second World War the industry expanded very rapidly, becoming increasingly concentrated in the Durban-Pinetown-Maritzburg complex, with the Eastern Cape as the second largest concentration of textile production.

Hazards in the textile industry

The production process required to transform raw cotton into woven cotton cloths contains its fair share of safety and health hazards. Hazards that have been identified include:

Noise - the machinery used in the industry often gives rise to noise levels in excess of the legal limit of 85 decibels (dBa).

Lighting - exceptionally high standards of lighting are required in certain textile processes.

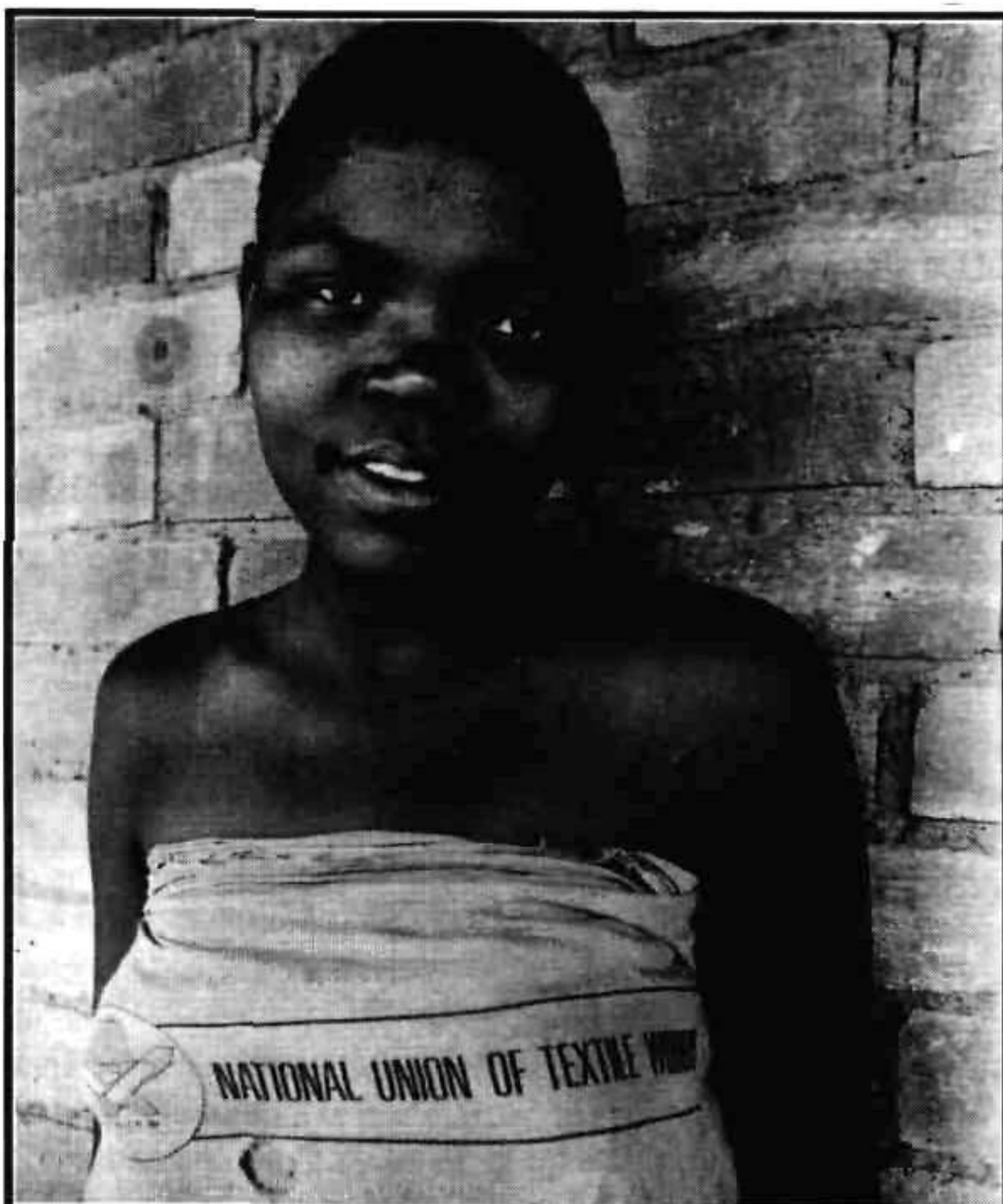
Toxic substances - such substances are mainly used in the manufacture of synthetic and artificial fibres. Toxic dangers also exist in the dyeing section of the textile industry.

Hours of work - the textile industry the world over has been characterised by extremely

long working hours. More recently, there has been a widespread move towards the introduction of shift systems, which carry their own set of problems with regard to workers' health.²

Dust - the most widespread dust is that which gives rise to the lung disease, byssinosis. This disease occurs in workers exposed to dust in cotton, flax and hemp mills. The most dangerous dust found in the industry is asbestos dust, which may be present where asbestos is used for cloth making. Byssinosis, popularly known as brown lung, is a chronic respiratory disease, characterised by chest tightness and breathlessness at work, usually after a period of absence from work (eg a weekend break). A person experiencing the late stages of byssinosis may become severely disabled with chronic bronchitis and emphysema.

These are some of the main hazards identified in the textile industry and despite their existence, no significant steps had been taken to protect workers up until the early 1980s.



NUTW and the Brown Lung Campaign

Trade unions have been active in South Africa's textile industry since the 1930s, from the Textile Workers Industrial Union to the recently formed South African Clothing and Textile Workers Union (SACTWU) - currently the dominant force in the industry.

In the early 1970s the most active union in the industry was the Federation of South African Trade Unions (FOSATU) affiliate, NUTW. It was this union that launched the Brown Lung Campaign (BLC) in 1982. At this stage the union had in the region of 23-25 000 members in the textile, knitting, clothing and leather sectors.

The BLC was an innovative step since the NUTW, like most other unions at that time, had little experience of tackling health problems affecting their members at work. In its early stages, the BLC took the form of a commissioned investigation of worker exposure to cotton dust in the textile mills. A medical doctor was contracted by the union to design and implement a survey consisting of dust measurements and lung function tests, the latter being carried out on all workers in various plants identified by the union. The full scope of the investigation took in 5 000 members of the NUTW in 12 textile mills in different parts of the country, mainly in Natal.³

Union shop stewards played an important role at all stages of the campaign. The shop stewards committees in the various plants were responsible for obtaining the co-operation of the managements. Shop stewards played a key role in educating the general membership about the campaign, about workplace hazards in textile mills and about the lung function tests. Once a survey had been completed in a particular plant, a report of the findings would be presented to the shop stewards committee and to the management.

Company responses to the campaign were not always co-operative. In such cases, the surveys were conducted away from the factories, in halls in nearby residential areas.

Workers' demands

During the course of the campaign, discussion took place at both the individual factory level and at union Executive Committee meetings about demands to be raised. The following were the principle demands made of the various managements:

- ☆ a safe and healthy workplace;
- ☆ clean air and proper ventilation systems;
- ☆ effective respirators where needed;
- ☆ reasonable access to a union-appointed doctor;
- ☆ workers affected by byssinosis to be transferred to dust-free areas of work at the same rate of pay and to have opportunities to be retrained in a new occupation;
- ☆ company co-operation with claims for Workmen's Compensation;
- ☆ company recognition of the World Health Organisation's recommended standard of

0.2 mg/cu.m. as the Permissible Exposure Limit for cotton dust.

These demands, while far-reaching in their ramifications, were in most cases relatively modest. Some of them were achieved as a direct result of the campaign; the transfer of workers affected by byssinosis to dust-free areas has generally become a standard practice in the industry.

Having at first been caught flat-footed by the NUTW, employers in the industry began to respond to the health hazards that were being uncovered in their factories. The Textile Federation (TF), a national employers association for the industry, took responsibility for an organised, public response. This response came in mid-1984 in the form of a seminar hosted by the Textile Federation for the industry, after which a press statement was released to the media. At this point, the industry publicly committed itself to undertaking detailed research to "evaluate the prevalence of and sensitivity to byssinosis and its relationship to the quantities of cotton dust in the spinning mills".⁴ More importantly, the press release spoke of approaches being made to the government, on the basis of the research, in order to lay the ground for the drafting of regulations concerning cotton dust levels and the prevention of health hazards in the industry.

To date, no such regulations have emerged and while the TF has established a data base into which is entered information from its member mills on dust levels, there is no evidence to suggest that the TF has used the data to make recommendations to the government. The TF did co-ordinate the bulk purchase of lung function machines for its various member companies, to be used in the medical screening programmes which were introduced in the wake of the union's campaign. But it was the Brown Lung Campaign which constituted the primary reason for considerable change being brought about at the level of individual companies.

Assessment of the NUTW's Brown Lung Campaign

Compensation and beyond!

The findings of the medical screening carried out by the union confirmed "a definite, although modest, prevalence of byssinosis in the S.A. cotton textile industry."⁵ This was given further weight by the granting of Workmen's Compensation disability pensions for byssinosis to 38 workers between 1982 and 1986.⁶ The NUTW had submitted a total of 66 claims for compensation on behalf of workers and a few of the claims originally rejected are still under appeal.

Compensation for byssinosis had first become "official" in 1973, when the Workmen's Compensation Act was extended to provide for this. However, between 1973 and 1982, only one case of byssinosis had officially been recorded and compensated by the Workmen's Compensation Commissioner (WCC) - a white foreman from



The campaign for a safe workplace won certain victories but was unable to sustain itself as the union had no structures to take health and safety further.

the Industex plant in Port Elizabeth. The NUTW therefore placed the first really substantial test on the compensation procedures for byssinosis. This initiated an important debate with the relevant authorities over appropriate criteria for compensating byssinosis. Although the guidelines proposed by the union were in the end not accepted for use by the Workmen's Compensation Commissioner, the debate did have the effect of making assessments of potential byssinotics more precise.

The drive for compensation formed an important part of the Brown Lung Campaign and served to highlight an important component in any union's role in dealing with workplace health and safety. But compensation is only one part of the overall role that unions may potentially play in making work safer and healthier.

The Brown Lung Campaign is interesting in that it combined medical aspects of assessing health risks, vigorous campaigning for preventive measures, together with attempts at gaining compensation for victims and at ensuring improvements in the compensation procedures with regard to byssinosis. Any assessment would, however, need to look more carefully at the organisational gains of the union and the extent to which it was able to ensure continued prevention of hazards in the textile mills - in short, what was sustained out of all the campaigning?

A campaign full of potential

The Brown Lung Campaign started off as a campaign with all the necessary elements:-
 - to mobilise workers around health and safety;
 - to ensure improvements in working conditions and;

- to challenge existing practice.

By 1983 it was apparent that the union had quite a different conception of what was to happen around health and safety.

The job of medical officer for the NUTW was established on a long-term basis in 1983, as a position from which the union's health and safety programme was to be co-ordinated. For example, towards the end of 1983 discussions were taking place about possible campaigns regarding chemicals, dyestuffs and noise within the textile industry.

This programmatic approach to health and safety was an innovative step for a South African democratic union but in appointing a professional, the union took on a specific set of skills and intellectual resources which could not easily be reproduced within the union. In 1984, the doctor left the NUTW and despite attempts to replace him, most of the union's health and safety activities declined rapidly. The Brown Lung Campaign did not progress any further except for certain compensation claims still being pursued. This is not to suggest that the model of incorporating professional skills within union structures necessarily limits the organisation, indeed there are many strong arguments for adopting precisely such a model, or for making specialist skills available through a union federation. However, in the area of health and safety professional medical skills need to be coupled with an ongoing role for workers in monitoring health and safety.

No structure to take health and safety further

It was the inability of the union to sustain activity around health and safety after 1984, particularly its failure to define a role for workers at the shop floor level that was the major shortcoming of the Brown Lung Campaign. Moreover, the union's programme ended at a crucial time, just when the state's new model for regulation of workplace health and safety had been legislated in the form of the Machinery and Occupational Safety Act (MOSA). Although the NUTW had begun to formulate a position on the safety representative and safety committee system contained in MOSA, it was not able to formulate any alternative in practice and the level of participation by union members in the campaign was not carried forward into more lasting forms of involvement in other aspects of health and safety. Also, the union was unable to monitor the long term gains of the campaign.

Successes

Despite the above limitations, the NUTW's campaign resulted in a number of tangible improvements in working conditions, work practices and medical practices in a number of textile mills. As a direct result of the campaign:

★ dust levels have been reported to have been reduced and are being monitored on a continuous basis (by management);

- ★ blow cleaning of machinery is no longer practiced in the plants;
- ★ workers who suffer reduced lung function are transferred to other jobs;
- ★ regular lung function screenings are carried out;
- ★ a number of workers found to be suffering from byssinosis have received some compensation.

These improvements in conditions, probably the most important outcome of the campaign, should also be seen alongside of the organisational gains of the union. During the process of the campaign, awareness of health and safety issues amongst NUTW members was immeasurably raised. Given the status of NUTW as an affiliate of FOSATU at that time, the campaign also received wide publicity within the Federation. The Brown Lung Campaign had the important effect of boosting the image of the union and mobilising its existing members, as well as potential members in the industry. Finally, the campaign provided the basis for NUTW's contact with its American counterpart, the American Clothing and Textile Workers Union (ACTWU). The contact developed a practical and organisationally valuable content rather than being purely symbolic in nature.



The NUTW's Brown Lung Campaign demonstrated unions' potential to change working conditions through the collective bargaining process.

Conclusion

The Brown Lung Campaign represented an innovative step in union regulation of the working environment. It was the first of its kind to be undertaken on such a scale. It also demonstrated the potential that unions have to affect changes through the collective bargaining process.

Throughout much of the campaign, the management of the textile mills found themselves totally "outclassed" in negotiations and were provided with such strong evidence of a cotton dust hazard in their factories that there was little they could do but to agree to improve conditions.

The demise of the BLC and the lack of ongoing intervention by the NUTW gave companies the opportunity to regain the industrial relations highground in the area of health and safety. They were able to do this by implementing changes at the plant level and with the assistance of MOSA which places a number of responsibilities on management without positively defining a meaningful role for workers.

In the absence of continued monitoring of health and safety by organised workers, therefore, it remains to be seen whether improvements in the companies where the Brown Lung Campaign was carried out will be lasting. Furthermore, the gains made by the NUTW have been confined to the companies where it was organised. Although there may have been a ripple effect to other companies where the NUTW was not active, through the role of the TF. But, in the absence of legislative regulation and the effective implementation of such regulation by state, management and labour throughout the textile industry, brown lung still constitutes a health hazard to certain workers.

References

1. *Textiles - A Survey*. Supplement to Financial Mail, 4/11/88, p.7
2. See Adler T: *Sleep for sale: Shift work in South Africa*. South African Labour Bulletin, 1986, 11(6)
3. White N: *Brown Lung in South Africa - A union directed occupational safety campaign*. In: Zwi A, Duncan Saunders L(eds): *Towards health care for all*. Proceedings of NAMDA Conference, 1985, p.135
4. Press release from the Executive-Director, Textile Federation, 6 July 1984
5. White N: *Byssinosis in South Africa - A survey of 2411 textile workers*. South African Medical Journal, 1989, vol.75, p.441
6. *ibid*