The workers' occupational health clinic in Cape Town

- new ways to meet workers' needs

The IHRG in Cape Town has established a clinic to address some of the many problems experienced by workers with the provision of health care. The reasons behind this initiative, the kind of services provided and future plans are outlined briefly in this article.

Existing health structures are not adequate to deal with the full implications of work-related sickness. Workers experience many problems at the various health services ranging from the attitude of the health workers through to the arbitrary criteria for assessing the impact of illness. Some of these problems can have serious consequences for the worker. For example, arbitrary assessments of the impact of illness means that decisions about sick leave and the extent of disability are equally arbitrary and confusing. These problems are experienced in factory clinics through to the Workmen's Compensation Commissioner's offices. Also, it is often difficult to determine the causes of disease in the workplace. For example, chronic bronchitis may be caused by work exposures or home exposures and smoking, or all of these together.

Because of these and other problems, unions in Cape Town have referred workers with occupational disease to the Industrial Health Research Group (IHRG) over the years for clinical assessments. We were not able ourselves to deal adequately with the numbers. We were constituted as a group that did consultation, surveys and training in occupational health and therefore did not have the staff or the equipment to be able to respond to the clinical work. The need to establish a clinical service was obvious. The IHRG, with the support of the democratic trade unions in Cape Town, launched a service in September 1989 with the following objectives:

Services

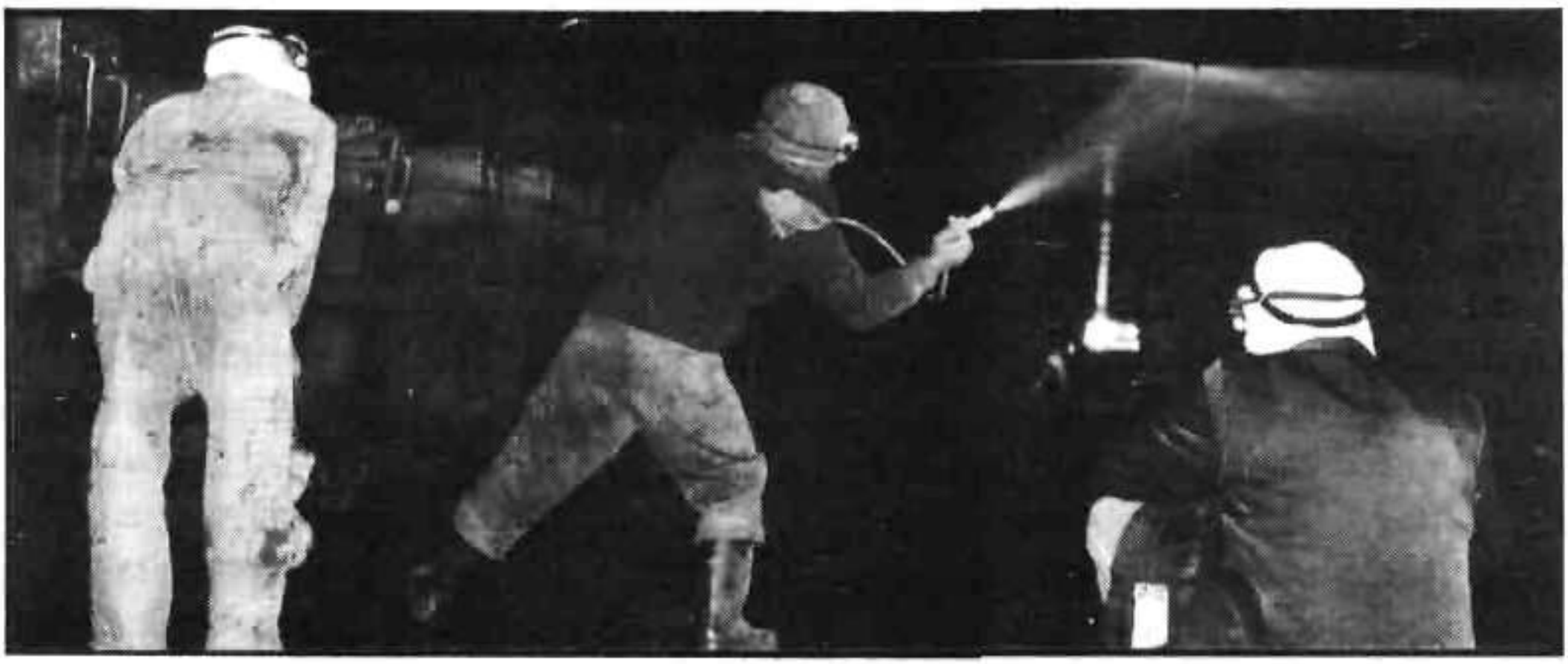
★ Provide a diagnostic service for work-related disease, including TB
★ Provide information and training for unions on occupational disease and prevention
★ Assess hazards in workplaces and provide recommendations for prevention
★ Provide assistance for compensation and disability problems

Ethics

Sick workers often seem to lose the ordinary rights of patients. The clinic would address the right of workers to:
★ choose their own doctor;
★ information about the risks they are exposed to at work;
★ information about options for treatment;
★ confidentiality of results of tests and medical information.

Research

The clinic would:
★ keep data on the kinds of occupational diseases seen in various workplaces, and the work-relatedness of disease;
★ develop criteria for:
- assessing disability
- assessing the presence of an occupational disease both clinically and through laboratory investigations;



Ship painters spray boats with toxic paint - workers have a right to know about hazards at the workplace.

★ keep data on the problems in the occupational health structures in South Africa, for example:
- compensation
- inappropriate assessment of workers with disease or disability;
★ publish findings to promote awareness amongst health workers and unionists about occupational health issues;
★ assess outcome at the workplace of the problems seen at the clinic, both for the individual and for co-workers: are the worker(s) better off for having used our service?

Shop stewards refer workers to the clinic if they are suffering from work-related health problems. To ensure the system works with the full participation of workers, great emphasis was placed on meeting with the unions and discussing the project at length. The response has been enthusiastic.

Present services

At present we run an occupational health clinic nine times a month, providing basic diagnosis, training and advice. In the second half of the year, this will develop into a fully fledged diagnostic service with equipment to take chest Xrays, test for hearing loss, early sensory damage and lung disease. We will also have a mobile clinic, which will enable us to provide a screening service and do surveys. A similar project is being developed by the Industrial Health Unit in Durban.

So far we have seen 72 workers in 5 months. They come from democratic unions in Cape Town and a few have come as far afield as Worcester. We are collecting data on the workers we see; to report back to the trade unions, to inform our service, and to provide a basis for research which could have an impact on national occupational health policies.

Of the 72 workers seen, only 19 (26%) had problems that were not work-related. However, even these workers needed advice about sick pay, disability assessments for early retirement and other aspects of their working lives. A further 8 had disabilities and compensation problems relating to old injuries.

In a number of cases where the illness was caused or aggravated by working conditions, it was difficult to prove beyond doubt that the disease was not specific to the occupational hazard. (For example, chronic bronchitis may be caused by work exposures but can also be a result of smoking and home exposures - or by a combination of all of these. Similarly, lung cancer can be caused by chrome or asbestos exposure in the workplace but also by smoking.) The Workmen's Compensation Act includes a schedule for occupational diseases, linking the diseases with substances which cause them (eg asbestosis is linked to exposure to asbestos). If a disease and substance which causes it are on the schedule, workers only have to prove that they were exposed to the

The clinic could provide unions with useful information for health and safety negotiations.

substance at work. The schedule is, however, very short and does not include all occupational diseases. If a disease is not on the list, the worker has to prove that the disease was caused by the substance. Our experience has shown this to be very difficult and that the concept of ''work-related disease'' is more appropriate than ''occupational disease''. We hope the clinic will provide evidence to support union claims that work-related disease should be compensated.

47 workers (65%) had gone elsewhere for advice before coming to our clinic. This may reflect workers' dissatisfaction with the services provided elsewhere. Certainly workers' health needs are often inadequately dealt with by the medical profession in general. This is largely because of the low priority given to occupational medicine in the training of doctors and other health workers. It also highlights workers' problems with company doctors working in factory health services.

Measuring the success of the project

The clinic should have an impact on health and safety on the factory floor and workers should see real results from going to the clinic. It could provide unions with useful information for negotiations around health issues on the factory floor. The full impact of the clinic will depend largely on how well the factory is organised and how far they succeed in negotiating improvements.

At the clinic we assess results in terms of the individual workers treated as well as from visible improvements in the workplace. The projects arising from cases seen at the

clinic will also help us to assess our value.

Compensation claims, follow-up of reports from inspections of the workplace, screening of workers for noise induced hearing loss, negotiations around job transfer for workers with a specific health problem to more suitable area (rather than dismissal) and other issues are still in progress.

Looking to the future

Although it is too early to do a full objective assessment of the project, we have had positive feedback from unions and individual workers.

One of the strengths of the project is that it allows both the individual and collective needs of workers to be addressed. The clinic sees preventive interventions at the factory by the unions as the most positive outcome of the project. This outcome is dependent on strong and lasting links between the project and the trade union movement. In the future we will be setting up a "users' committee" to oversee the clinic. This committee will consist of trade union representatives together with doctors and nurses.

Projects of this nature, however, can only be seen as an interim response. Under a different system of health care delivery, we would hope for worker clinics around the country responsive to workers' needs and accountable to workers' structures. These clinics would take work-related disease seriously - understanding the consequences that illnesses may have for workers - and would provide holistic care. The clinics would be integrated into the broader system of health care delivery, for example as part of a national health service.