Post apartheid occupational health services

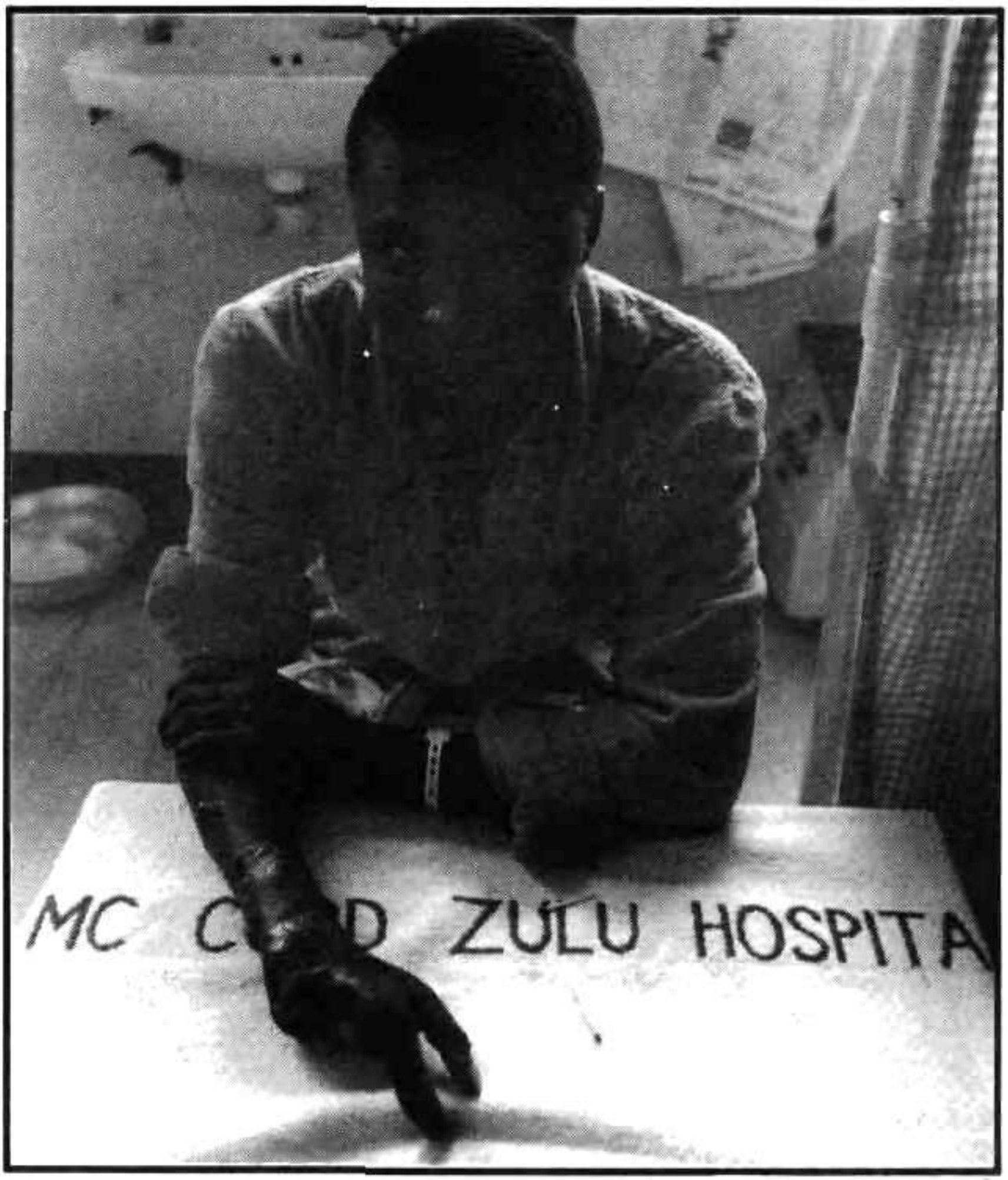
Policy guidelines

Fareed Abdullah, the author of this article, argues that occupational health services (OHS) must be provided by employers with trade unions and the state playing regulating, monitoring and evaluating functions. He also argues that primary health care (PHC) for workers must be provided as part of the OHS. The paper develops this view, presenting it as a model for OHS in a future SA. The author cautions that given that this is the first time a specific model is being presented it is bound to have a few shortcomings. However, the aim of the paper is to move away from general comments about future occupational health policy and to present a specific model that can be developed through active debate and discussion so that some urgently needed solutions can be arrived at. Critical Health would therefore welcome responses to this article.

The need for a new OHS system

How should occupational health services (OHS) be organised in a future South Africa? Who should provide and pay for such services? How can we ensure that the OHS's serve the interests of workers and not of profiteering bosses? These are the questions that we have to begin to answer urgently - given the rapid pace at which changes in the political process are taking place in our country.

The present occupational health system is management orientated and is not effective in preventing injuries and diseases at work. It has developed out of the "loss control" programmes of employers in terms of which accidents are seen in terms of production time that is lost and not in terms of their effects on the injured worker. The Machinery and Occupational Safety Act (MOSA) and the Mines and Works Act do not set adequate standards for health and safety. Furthermore, existing legislation is not effectively implemented because the Department of Manpower inspectorate is under-staffed, without expertise and does not display enough commitment to improve safety and health at the work place. Large sections of the working class - such as agricultural



It is suggested that the OHS should be the responsibility of employers but the state would still be responsible for certain aspects of workers health, such as rehabilitation programmes for people injured at work.

workers and domestic workers - are not covered by much of the legislation.

The compensation system is inadequate and extremely bureaucratic making it difficult for workers to receive adequate compensation. The law does not require any employer to provide OHS's to workers although some employers do provide them. Where these services are provided their intention appears to be to reduce the amount of work time lost when workers become ill or are injured.

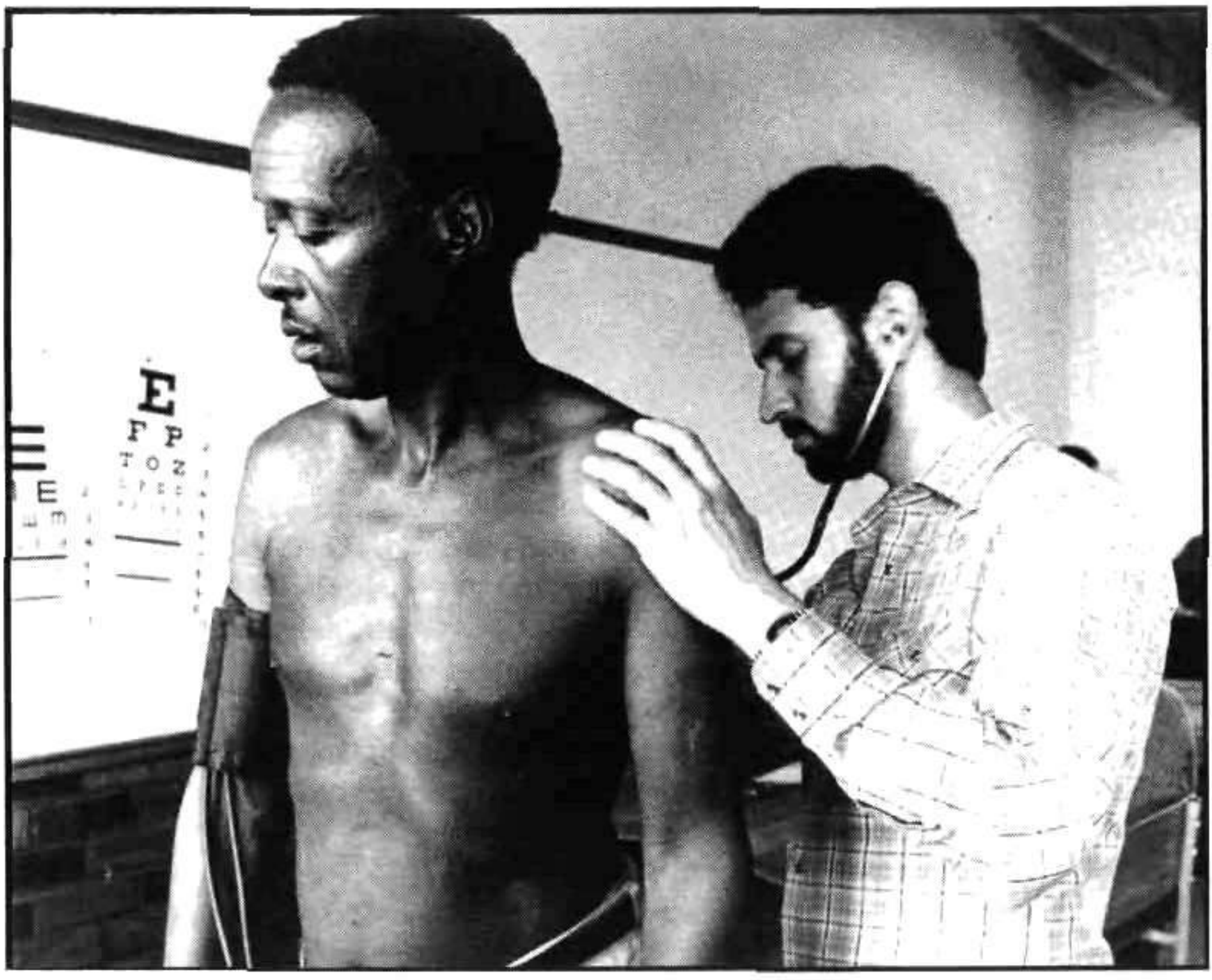
The way an OHS is organised has important implications on how effective it is in reducing illness, the quality of care and whether it is management or worker orientated. Some progressive health workers and trade unionists are of the view that OHS in the future should be provided by the state as part of the future National Health Service. In

this way the health care of workers will not be fragmented. They also argue that health care is the right of every individual and should therefore be provided by the state. This paper argues that employers should provide such services.

Employers, workers and the state - a model for occupational health services in South Africa

The author argues that OHS's should be provided by employers. In other words, we do not believe that OHS's should be provided by the state or the National Health Service. Rather employers must provide the financial resources, premises, equipment and employ the necessary personnel to run the OHS.

Depending on the size of the workplace any of the following four models for the employer-provided OHS may apply.



A worker receives a medical check-up - new legislation must ensure that occupational health services serve the interests of workers, rather than profiteering bosses.

1. Large firms can have their own OHS that is based in the workplace.
2. A group of companies (financially linked) can share an OHS.
3. Companies can contract out to an OHS based in a particular area.
4. Smaller companies in the same geographical location can combine their resources to provide an OHS.

The role of the state

Whilst it would be the role of the employers to provide the OHS, the state and trade unions would have the more important task of ensuring health and safety in the workplace by regulating, monitoring and evaluating the OHS.

The state should concentrate its limited resources on protective aspects of occupational safety and health and on regulation, evaluation and monitoring. This can be achieved by developing the following areas of occupational health:

1. Progressive legislation

A state that is sympathetic to the health and safety of workers will be required to pass legislation which favours health above profit. Legislation should cover the provision of OHS's in workplaces, the role of trade unions in health and safety, safety and health standards in all workplace, rehabilitation and compensation issues. It is clear that there needs to be a vast improvement in the legislation for Occupational Health in SA. At present legislation is pro-management and has developed largely on the basis of the loss control programmes of employers. New legislation must ensure that the OHS's serve the needs of workers.

2. A strong labour inspectorate

The present labour inspectorate is unable to ensure the implementation of the present regulations for health and safety due to staff shortages, a lack of expertise and a lack of commitment on the part of the Department of Manpower.

A strong labour inspectorate is necessary for the implementation of comprehensive legislation. This inspectorate should include industrial hygienists, engineers and evaluators of occupational health services. The state must provide an industrial hygiene service and engineers who will be able to recommend engineering changes and changes to make the work process safer.

3. A research service

The state should continue to provide a research service such as the National Centre for Occupational Health (NCOH). This service needs to be vastly expanded and should include epidemiology of health and safety problems, the evaluation of OHS's being provided by the employer and the publishing of national and industry wide statistics.

4. Education and training

Education and training needs to be upgraded at all levels. This ranges from the training of safety reps or shop stewards to the training of specialists in occupational medicine. It is the government's responsibility to facilitate the various kinds of training needed to improve occupational safety and health in this country.

5. Compensation and rehabilitation

In the proposed model the state would still be required to compensate workers for occupational illnesses and have a programme for the rehabilitation of workers disabled at work.

6. The state sector

In situations where the state is the employer, in the public sector - municipalities, the health services, railways, and so on, the state will have to provide OHS's.

7. Specialist services

The workplace based OHS's will be required to refer patients who require any specialist services to the public service. This means that the NHS must develop these specialist services for occupational related illness and make these available to workers.

The role of workers

The most important people in health and safety are those who have a direct interest in ensuring a safe and healthy workplace - the workers. The model that is presented here allows for a central role in the OHS for workers through their representative trade union structures. It has been shown worldwide that health and safety standards depend largely on the strength and degree of participation of workers' organisations in this field.

Trade unions would have a monitoring and regulating function at national, industry wide and plant levels. At a national level, workers must be consulted on the setting of standards and in the formulation of legislation. Workers should demand the right to veto any legislation that is unacceptable to them.

Workers must also retain the right to negotiate at industry and plant level for improved conditions of safety and health in the workplace.

In the workplace there should be a factory health committee (FHC) or its equivalent. This FHC must be elected by workers in the same way that the shop stewards are elected each year. Depending on the size of the workplace this FHC can be separate from the shop stewards committee or a subcommittee of the shop stewards committee.

The tasks of the factory health committee are to ensure that suitable OHS's are provided in the workplace. The committee should participate in decisions about the employment of doctors and nurses, the purchasing of new machines, chemicals, etc. and

have access to medical and industrial hygiene records.

Primary health care (PHC) should be provided in the factory. This would link the factory to a network of PHC centres. The factory health committee (FHC) would therefore also begin to have some control over general health services and the referral centre for the factory clinic. The FHC would also have a role in general health campaigns in the workplace such as anti-smoking campaigns, HIV education and so on.

These FHC members must be trained in safety and health by a state institution so that their participation can be meaningful and they can be empowered through skills to take safety and health into their own hands.

Why this model?

Limited state funds

The South African economy is in a crisis and the present state is not able to raise the funds required for numerous necessary social services. A new democratic government will inherit the same difficulties and it is unrealistic to expect more funds to be made available for health care. Funds for occupational health will be even more difficult to obtain.

Whatever limited resources there are for occupational health should be ploughed into protective aspects of occupational health. Thus the state should concentrate its spending on legislation, a strong inspectorate, research, education and training.

Factory based OHS's

Because of the important link between OHS's and the work process and work process design, the OHS must be situated in or near the workplace. The personnel who are employed by the OHS must have an understanding of the causative factors of illness in the specific workplace. One needs to have a working knowledge of the chemicals, dusts, machines and other hazards in the workplace.

In addition, most occupational health illnesses are low grade and chronic (long term) in nature. The urgency of acute illness is not there to stimulate workers to attend to the problem. If the OHS is based in the workplace, it will be easier for workers to attend - leading to early intervention and prevention.

Employers

Employers (especially larger firms) have a direct interest in the provision of safety and health and primary health care in the workplace. Although this interest relates largely to

their loss control programmes, these aspects can be balanced off by effective worker participation and state regulation.

Existing services

Little research has been done on the extent of OHS's in South Africa's workplaces. The limited studies which have been done point to the presence of some form of OHS in 15-20% of workplaces although the exact nature of this service is not documented in any of these studies.

It will be easier to keep these services in the factory and to legislate for their expansion into a comprehensive service, rather than to close these down and locate these services in residentially based primary health care centres.

OHS's and general health care

Should occupational health be completely integrated into the general health services there is a danger of it being lost in "a sea of general health". This means that occupational health may not receive the specific attention needed in order for improvements to be made. We will come to rely on the future NHS to provide Occupational Health Care. This approach, in the context of a poorly developed public health service, does not bode well for health and safety.

Prevention

Given the limited resources available to the future state it will be important for the state to concentrate on the preventive aspects of occupational health. In no other field of health is the relationship between the environmental cause and illness so clearly defined as in occupational health. The future state, being sympathetic to workers, would do well to expend most of its available resources on prevention, through legislation and the enforcement of that legislation. This would also mean that the state would not have funds for OHS's and that employers should be encouraged to provide this service.

Primary health care in this model

The inclusion of primary health care (PHC) in the occupational health service would make the workplace health service comprehensive and holistic and would reduce the artificial separation between illnesses due to work and other illnesses to which workers are exposed. In a country where the public health service is inadequate, and where the services remain separate, general illnesses will not receive the same attention that

Workers would play an essential role in the OHS through their trade union structures.

occupational illnesses receive.

The provision of PHC care in the workplace will establish an organic link between the OHS and the PHC network in the country. The model visualises a national network of "first contact" health centres consisting of residentially based and factory based centres, feeding into a national health service through a referral system.

This would take a large primary care load off the public service and would allow more resources to be diverted to the care of the less privileged sections of the working class. At present three million workers receive primary health care at workplace health services annually. A significant amount of PHC is taking place already. This could be extended to other workplaces with reasonable ease.

The inclusion of PHC in the OHS would give workers the opportunity to begin to participate in decisions about their general health care in addition to decisions about occupational health.

Shortcomings of this OHS model

This model has a few shortcomings though it is felt that these could be overcome. Because this article does not allow for a lengthy discussion of these shortcomings they are only briefly discussed below.

Management control

In view of the fact that management will be funding the service (and this would include paying doctors' and nurses' salaries) there is a danger that the service, as is the case presently, will be management orientated.

The OHS's presently being provided are often motivated by the employers' loss control programmes and are not a result of genuine concern on the part of employers to provide care for workers. This philosophy has led to medical and nursing practices which ensure that the least amount of time, money and productivity is lost through illness or injury at work. Workers often resent a service of this orientation as they see it as a means to place even greater controls over their lives.

The proposed model, viewed in its entirety, allows for sufficient participation by both the unions and the state to prevent any pro-management bias that the OHS's may have.

Stratification (division) of the working class

One of the major drawbacks of this model is that it will lead to further stratification of an already fragmented working class. Employed workers would have access to a better standard of health care than their families and the unemployed. In the long term this would lead to serious divisions in the working class.

Worker organisation and the future state

This model depends heavily on the strength of trade unions and a state which is sympathetic to workers. If worker organisation is not strong and the state is not supportive of workers' needs, this system could easily become a management oriented OHS.

Relation to other union initiatives

This article does not explain how OHS relate to the numerous other benefits or services that workers have, such as medical aids or medical benefit schemes. These are presently being discussed in the unions.*

Medical benefit schemes are funded jointly by workers and employers and are based n the communities. These services are accessible to workers' families and even to other

* Readers wanting to find out more about medical aid issues are referred to The South African Labour Bulletin edition, Volume 13, Issue no.8 (February 1989): Medical Aid: questions for unions. By M.Price and P.Tshazibane. pp.100-109.

sections of the communities in which they are located.

The relationship between the OHS outlined in this model and these union schemes needs to be worked out so that unnecessary duplication and fragmentation is avoided.

Conclusion

There is clearly a need for more detailed research into health and safety and occupational health services before we can arrive at a conclusive model. This paper hopes to stimulate further debate and discussion on the future of workers' health in South Africa. ❑

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