

Thirty years of silent murder . . . the Asbestos tragedy

by DR GOMOLEMO MOKAE



A senior management official at a South African asbestos mine made the following remark about Black miners: "They are like plastic syringes. You use them and when they are damaged you throw them back to the homelands."

The South African mining industry certainly has no regard for Black life. Quite knowledgeable of the deleterious effects of asbestos exposure on one's health it deliberately exposed countless Black mineworkers and their families – men, women and children – to this so-called "magic mineral".

Internationally, confirmed employer knowledge about the dangers of asbestos dates back to the late 1800s.

In 1949, Dr G W H Scheepers, an American physician, described conditions in South Africa's asbestos mines. He wrote as follows in the annals of the New York Academy of Science: "I found young children trampling down fluffy amosite (brown) asbestos."

"X-rays revealed several to have asbestosis with cor pulmonale (failure of the right side of the heart) before the age of twelve."

"Why Dr Sluis-Cremer (a prominent South African medical researcher) did not see them ten years later is fairly evident. There was probably not one of them still alive."

"In the valley where the mill was located, asbestos dust rolled through like the morning mist. Even the food in the local hotel was gritty with dust." ("Health danger was ignored by prospectors in 'asbestos rush': *The Star*: 23 August 1984)

Murder

We can therefore safely say that the industry knew of the dangers of asbestos

dust since at least the late fifties, but despite this, chose to subordinate worker's health to capitalistic "ideals". To it maximizing profit is more important than people's health – especially if those people happen to be Black.

In a presidential address to the National Anti-Asbestos Conference called by the BLACK ALLIED MINING AND CONSTRUCTION WORKERS' UNION (BAMCWU) and held on 29 May - 1 June 1985, Letsatsi Mosala summed up the position: "We believe that more than thirty years ravage of Asbestos-Related Diseases (ARDs) has not been given the attention it deserves by those in authority. We are convinced that the non-protection of Black workers from occupational diseases is a deliberate act in line with the exploitation, oppression and human degradation of Black people. The system of exploitation and oppression in this country does not care about the conditions under which Black workers slave for its maintenance."

In residential areas near asbestos mines such as Mmafele, Bewaarskloof, Penge and Kromellenboog asbestos dumps

were left uncovered. In some cases, Black children unwittingly played with the dangerous mineral from the dumps. The coalition of the government and the mining magnates could not be bothered to cover the dumps up.

Carolyn Dempster describes the result: "(W)hen the wind blows the blue dust swirls innocuously through the narrow valleys of this hilly region, spills over on the roads and is ground to a finer fibre powder by bare feet or car tyres – making it more lethal." ("SA could face asbestos scandal involving 500 000 people": *The Star*: 15 August 1984)

Some villagers, ignorant of the hazards of asbestos, built schools and houses out of asbestos mud obtained from the dumps. Wrote *The Star* on 25 August 1984: "The sprawling township (of Mmafele) is experiencing a building boom, with bright blue houses mushrooming throughout the valley. A new and sophisticated touch lies in the plastering of the houses with asbestos fibre, leaving a smooth finish which can be painted if the homeowner so wishes."

The government obviously did not view this in a serious light. The only step it took to curb this was to issue an order prohibiting the making of bricks by the villagers from asbestos (note how the real criminals, the mine bosses, are not legislated against!).

In an incredibly cynical statement, the Government Mining Engineer's office said that it would not prosecute these brickmakers. Commented *The Star* in an editorial entitled "Dumps of Death" on 20 September 1984: "We would think not! . . . The hapless brickmakers, many of whom will die from ARDs, were 'let off' because they acted out of ignorance. The ones who did not act in ignorance were the mines. They knew the risks . . . Seeing the GME brought up the question of prosecuting somebody, what about the mines? Why have they not been prosecuted? . . ."

In terms of the Atmospheric Pollution Prevention Act of 1965, no mine owner may leave or transfer his mine without ensuring that it and the dumps do not pose an environmental hazard. There is ample evidence that this has not been done and that the mine owners have never been prosecuted. ("Bewaarskloof blues can carry you away:" *The Star*: 23 August 1984).

Letsatsi Mosala finds this negligence infuriating: "A question can be asked why leave kids to be exposed to these killer dumps, but of course the answer is only too obvious. After all, it is *Black* kids, and if birth control methods don't work, if police bullets don't work, use the undetected method of murder, which will not invite condemnation and the wrath of the international community."

Cover-up

The white government and the asbestos industry have inexorably tried to underplay the seriousness of asbestos exposure. In September 1969, Carel de Wet, then Minister of Health, told the public that the "so-called dangerous effects" of asbestos on the human body were greatly exaggerated, based on insufficient knowledge or misrepresentations, and calculated to cause sensation.

In 1977, the then Minister of Mines, Fanie Botha, was quoted as saying: "The results of the stricter, more modern and

effective dust-control measures and technological aids will become apparent in ten or more years time." He predicted that South Africa would see a considerable drop in the cases of lung disease linked to asbestos exposure.

There has even been a cover-up operation in the form of suppression of results of crucial scientific research. This research linked asbestos exposure to lung cancer. Details of this cover-up were given in the noted international science journal *New Scientist* in its 22 April 1982 issue:

"In June 1978 South Africa's mining companies were presented with something of a problem. Dr Leslie Irwig, a researcher at the National Research Institute of Occupational Diseases (since re-named the National Centre for Occupational Health), decided that on a forthcoming visit to New York he would read not one, but two papers to a scientific conference on the control of environmental hazards, organised by the New York Academy of Sciences."

Dr Irwig's first paper, the *New Scientist* stated, was on the risks workers in South Africa's blue and brown asbestos mines face of developing the debilitating lung disease, asbestosis. *New Scientist* attested that the paper reached "the entirely uncontroversial" conclusion that when it comes to causing asbestosis, the risks from blue and brown asbestos are more or less the same.

"The other paper Irwig proposed to read was more of a hot potato. Called 'Mortality from Asbestos Related Disease in South Africa', this paper mentioned the word cancer and, on the basis of careful analysis of available data, concluded that people living in asbestos-producing areas (but not necessarily working in the asbestos industry) died more often than usual from cancer," said the *New Scientist*.

This reputed science journal then went on



Letsatsi Mosala (left) and Mbulelo Rakwena (right) at the Anti-Asbestos Conference.

to reveal the connivance of the Department of Health, the mining industry, the South African Medical Research Council (MRC) and the National Centre for Occupational Health in the suppression of Dr Irwig's papers.

However, the above is not an isolated incident. The Johannesburg daily, *The Star* also exposed a similar, but more sinister cover-up: "When the first direct links between asbestos dust and the fatal lung cancer, mesothelioma, were established as long ago as 1958, it is alleged that the asbestos industry stepped in to sponsor medical research – and that the findings of the report were held back from the public for at least three years." (Carolyn Dempster: "Asbestos Hazards 'Covered up' claims Surgeon": *The Star*: 31 October 1983)

Quoting "a Johannesburg surgeon involved in mesothelioma research at the time" – whose name could not be published for professional reasons – *The Star* forwarded the reasons for the asbestos industry's involvement in medical research and holding back the report "for at least three years."

These were, among others:

- (a) to "buy" time to improve asbestos dust controls on the mines and avoid a major scandal,

- (b) to keep the public at large in the dark as to the hazards of exposure to asbestos dust, and because
- (c) "hundreds of South Africans with mesothelioma who could not provide proof of any direct contact with the asbestos mining industry were unable to claim compensation. Mesothelioma was only added to the scheduled industrial diseases of the Workmen's Compensation Act in 1979."

The industry adopted the American system of the Threshold Limit Value (TLV)* as an index of safety. This system was aptly described by James Keogh: "If you poison your boss a little bit each day it is called murder; if your boss poisons you a little each day it is called TLV".

It may be added that it is commonplace for ARDs to be misdiagnosed as tuberculosis (TB) in South Africa.

BAMCWU has initiated a concerted effort to lift this heavy asbestos veil. The Union launched its Anti-Asbestos Campaign on 13 October 1984.

ARDs

There are six forms of asbestos fibres, of which the main types are: chrysotile (white), crocidolite (blue) and amosite (brown). Inhalation of dust from all these three main types of fibres is associated with asbestosis, a chronic disease of the lung which invariably leads to gross respiratory disability. Asbestosis is a disease of occupational or para-occupational exposure only.

There is also a causal rather than casual relationship between exposure to asbestos dust and two forms of lung cancer. They are mesothelioma, a fatal cancer of the outer lining of the lung and bronchogenic carcinoma, a cancer of the lung pipes (bronchii) which is really an advanced stage of asbestosis. The incidence of mesothelioma is more environmental than occupational: it can be contracted even after a day of contact with asbestos.

Asbestos dust exposure can either be environmental or industrial. This means that it is not only workers in the asbestos industry who stand the risk of developing the above three ARDs, but also people residing near these industries.

In warning about the Northern Cape's "killer towns", one of the original group of doctors which researched mesothelioma remarked: "Every person who lives, or who has lived, in Kuruman and Prieska is a potential mesothelioma victim. There are thousands who have lived in Kuruman who have died, and will die, because of exposure to asbestos." (Carolyn Dempster: "Doctor warns of Cape's killer towns": *The Star*: 31 October 1983).

It is their insidious nature that makes ARDs particularly dreaded: the clinical signs of ARDs or related diseases may develop many years after exposure to asbestos had ceased – in some instances as long as fifty years later.

The December 1982 edition of the *South African Medical Journal* contained an article which asserted: "As the current standard in South Africa is in the range well known from the USA and UK data to be associated with significant ARDs, and the lag period between asbestos exposure and the onset of the disease is as long as 50 years, it can be confidently predicted that we in South Africa will continue to see ARDs in abundance over the next half-century."

The "magic mineral", "wonder mineral" and "miracle rock", as asbestos has variously been labelled, is widely used in industries such as those involved in the manufacture of textiles, insulation material, roofing and cars. It runs like a common thread between these multiple industries.

There is a proliferating international campaign against the use of this "ravaging lung monster in its three shades" (with apologies to Letsatsi Mosala). Its use has been banned in Sweden, Norway and Holland.

South Africa

The general tendency in South Africa has been to "regulate" the amount of exposure to asbestos dust rather than to totally ban it. Given that South Africa is the world's third largest producer of asbestos (after the USSR and Canada), having asbestos mines which are functioning both in the Northern Transvaal and the North Western Cape, it is not hard to find the reasons for Pretoria's reluctance to ban asbestos.

South Africa is one of the world's largest producers of blue asbestos (considered by some to be the most hazardous of the six types of asbestos fibres) and is the world's sole producer of brown asbestos.

Predictably, because of its vested interest in the longevity of apartheid-capitalism, the white government has constantly turned a blind eye to those sections of the asbestos industry which overshoot the legal limit of asbestos exposure.

In August 1984 a Johannesburg daily uncovered the failure of the authorities to charge Penge mine for overshooting the exposure limit: "Penge asbestos mine-workers have been exposed to high and illegal levels of hazardous asbestos dust since 1976, yet the mine has not been charged with contravention of regulations by (the) Government Engineer." (Carolyn Dempster: "Penge not charged for illegal fibre levels": *The Star*: 17 August 1984)

The newspaper disclosed that it had acquired, among others documents, an inspection report by one JHE Celliers, a district inspector for the Department of Mineral and Energy Affairs. The report was dated 8 November 1983.

Dempster revealed: "Just two months prior to the inspection, the mine's ventilation officer recorded spot fibre samples of 134 f/ml (fibres per millilitre) and 130 f/ml in particularly dusty areas of the mine mill – 65 times higher than the limit. The information is contained in an internal dust report." These dust reports were dated 28-29 September 1983. (See Philip van Niekerk's article in the *Rand Daily Mail* dated 8 August 1984)

Until the end of 1983, the limit was 5 f/ml: it was reduced to 2 f/ml in 1984. In 1987, the limit was lowered to 1 f/ml with both the Griqualand Exploration and Finance Company (Gefco) and Msauli Aspes Beperk saying that they are committed to this limit. Gefco (responsible for the mining of blue and brown asbestos) and Msauli (responsible for mining white asbestos) are both subsidiaries of Gencor.

Notwithstanding this revelation of illegal high exposure, dating back to 1976, RSJ du Toit, a government mining engineer, had the guts to state the "conditions in the asbestos mines of South Africa are under effective control." He said this, and much more, in his letter to "The British Society

for Social Responsibility in Science, Work Hazards Group," dated 13 October 1977.

Pat Hart, the executive chairman of Gefco and Msauli, makes the following confession: "In 1977 the dust level at Penge was 45 fibres a millilitre of air. Ten years before it had been 65 f/ml and in the fifties the count was in the hundreds." ("Mine says critics simplify issues": *City Press*: 9 July 1989) Hart proudly adds that "the dust level at Penge stands at an average of 1,2 f/ml . . ." - above the present statutory limit!

Hart maintains: "Far from being 'death traps', Penge and the other asbestos mines are safe, productive work-places in areas where there are very few other employment opportunities. No doubt there is still room for improvement . . ."

It is such irregularities which prompted BAMCWU to campaign for the closing of the asbestos mines, not the regulation of exposure. The racist government and the moneyocratic mine bosses cannot be relied upon to regulate their self-set exposure limit.

BAMCWU

BAMCWU's Motsomi Mokhine remarked in his input paper to the Union's anti-Asbestos Conference: "This state-employer alliance was . . . demonstrated in 1983 when the state and Gencor (a mining company) released public figures denoting that thirteen workers contracted ARDs at the Penge mine, whereas the mine manager's internal report circulated among shareholders said there were seventy nine."

The very same Penge mine has been a battleground between the mining magnates and BAMCWU. On 2 July 1984, about 1 700 Black workers at this mine went on strike over a least three issues, viz.:-

- (a) a pay increase to at least R10,00 a shift;
- (b) recognition of their union, BAMCWU; and
- (c) health and safety.

The strike brought the disparity in the compensation paid out for occupational diseases on the mines to the fore.

It is not surprising to find that white workers - those labour aristocrats who benefit so much from apartheid-capitalism - have majestic remuneration from the Workmen's Compensation Fund. They receive a lump sum payment of R24,000, plus R400 per month pension for life. Black workers receive a meagre lump sum payment of R1 790, with no pension whatsoever. This is so despite the greater risk they run of contracting occupational diseases.

The Penge strike epitomized this disparity, since there had been extensive reports in the media of the high incidence of ARDs (referred to as "gas" by the workers) among Black workers at the mine.

The Penge mine management was intransigent. It would not listen to the worker's grievances. On 10 July 1984 the 1 700 workers were dismissed. But they refused to leave their compounds, still entertaining the hope that management would talk to them. This was not to be. Instead, a new "dispute" was created - a unique situation where striking workers refused to leave their compounds.

Management took the matter to court - to get the workers evicted - and, on 25 July 1984 the Supreme Court ruled against the workers and their union. BAMCWU was ordered to pay the costs. This significantly stretched the limited resources of the union since it also had to offer relief services to the workers.

Perhaps it is worth noting that the very same Penge company that refused workers reasonable salary increases had made a R25-million pre-tax profit in 1983, which was a 25% increase on pre-tax profits for the previous year.

AZAPO

BAMCWU's Mbulelo Rakwena remarks that Penge was the first asbestos mine which BAMCWU organised and "We



The late Dr Abubaker Asvat.

found it odd that so many of our members were complaining of chest diseases. Some were being laid off as a result of these problems. Because of concern over the problem, the union commissioned AZAPO's health secretariat to conduct research into the usual chest complaints."

"It then emerged that we were dealing with ARDs. The hospital had told our membership that they had TB but, when the results of the research were presented, it emerged that we were dealing with a much bigger problem."

"Only then did the union expand its horizons. We started looking into the asbestos problem locally and internationally. We also started to inform our membership of the submissions made by the doctors and our own study."

Rakwena emphasizes that the campaign has since been taken to the North Western Cape and that BAMCWU is consulting with community-based organisations in heightening awareness about ARDs. He adds: "Written information should be made available but we are dealing with communities where we still have to use a lot of oral communication."

Interim Measures

Despite BAMCWU's undisputed successes in its campaign, the resilience of

the mining bosses is all too apparent.

The Union's determination as reflected in the following words of Mokhine is equally apparent: "... (L)et us note that workers constitute the largest group that relates to asbestos mining and product manufacturing. They also constitute the largest group without a direct say in the volume, usage and control of asbestos. It stands to reason therefore that all decisions pertaining to their health in these industries must be made with their consent... Let me hasten to add... that as has been demonstrated by members of our Union, workers feel that all forms of asbestos, both commercial and non-commercial, are carcinogenic and only a total ban on its use will ensure complete protection against its carcinogenic effect."

The primary focus of the BAMCWU campaign is made clear in their Position Paper on Asbestos adopted on 11 October 1984: "... (O)ur campaign shall not be geared at petitioning the government and mining houses. It shall be geared at alerting the entire community to the dangers they are subjected... It shall be geared at making the entire rural masses aware of looming death as a result of the system's intransigence... Our campaign shall be effected in the compounds, in the villages, in the offices, in the streets, in the townships. We shall pamphleteer, picket, lobby and hold mass meetings..."

The preparedness of the capitalists to minimize exposure of the workers to this dangerous mineral, let alone close the mines, is doubtful. World production of asbestos has increased from 675 000 tons in 1940 to well over 5 million tons today.

In an editorial entitled "A quality of horror" the *Rand Daily Mail* commented on 6

August 1984: "... (I)t is a basic function of government to take steps to neutralize these major health hazards. This extends to ensuring that private enterprise, in its search for profit, is not allowed to inflict damage and death to the community."

AZAPO's former Secretary for Health, the late Dr Abubaker Asvat, proposed the following interim measures as a prelude to the closure of the asbestos mines:

- (a) reducing the size of permissible fibre to 1 f/ml;
- (b) disposal of the dumps;
- (c) proper work clothes and respirators for workers;
- (d) improved living conditions for workers;
- (e) compensation for Black workers suffering from "gas" to be increased to a lump sum payment of R15 000 plus a monthly pension;
- (f) regular and efficient medical supervision of all workers.

BAMCWU's strategies include the commissioning of surveys (with the full utilization of professional services whether legal, engineering, medical or scientific), the training of shop stewards in health and safety, entering into health and safety agreements with management whenever possible, demanding information about work hazards and their prevention, appointing physicians to give second opinions, thereby gaining access to company medical files, representing workers at fatal accident enquiries and demanding representation on the Workman's Compensation Commission.

While most of the AZAPO-BAMCWU interim demands remain unaddressed, some of them have been acceded to - asbestos dumps are being covered, the

size of permissible fibre has been reduced to that recommended and stricter regulations for asbestos mines have been passed.

The use of synthetic fibres such as glass-wool and ceramic fibres such as rockwool as substitutes for asbestos in building and insulation, motor cars, furniture and packaging is on the increase. On pages 319 ff of his book *Asbestos: Medical and Legal Aspects*, Barry I Castleman (who was refused a visa by the South African authorities to attend and address BAMCWU's National Anti-Asbestos Conference) lists a variety of asbestos substitutes.

Everite, South Africa's leading maker of asbestos cement products, announced that it would replace asbestos with natural organic fibre (cellulose) in all building materials which formerly contained asbestos, except asbestos cement piping. Everite's parent company is the Swiss firm of Eternit. (*The Star* 21 August 1987)

Socialism

It is sobering to note that the ancient Greeks used asbestos to produce a wrapping for bodies which were to be cremated so that the ashes could be retained!

The World Health Organisation has defined health as "a state of complete physical, mental and social well-being, not merely the absence of disease and infirmity." Clearly only people themselves can decide when this definition is fulfilled. This means that society must be controlled from the bottom up by the Black working class.

Despite the emphasis on worker representation, worker-generated information and worker initiative in the resolution of problems by BAMCWU and AZAPO, we will not fully begin to eradicate the health hazards of asbestos until we have a socialist society - one that puts health before wealth. To modify some famous words: "BLACK WORKERS OF AZANIA UNITE! YOU HAVE YOUR HEALTH TO WIN!" ■

* The TLV is the total value of airborne concentrations of substances which represent conditions under which it is believed that nearly all workers may be repeatedly exposed day after day without adverse effect.

