

1RA  
421

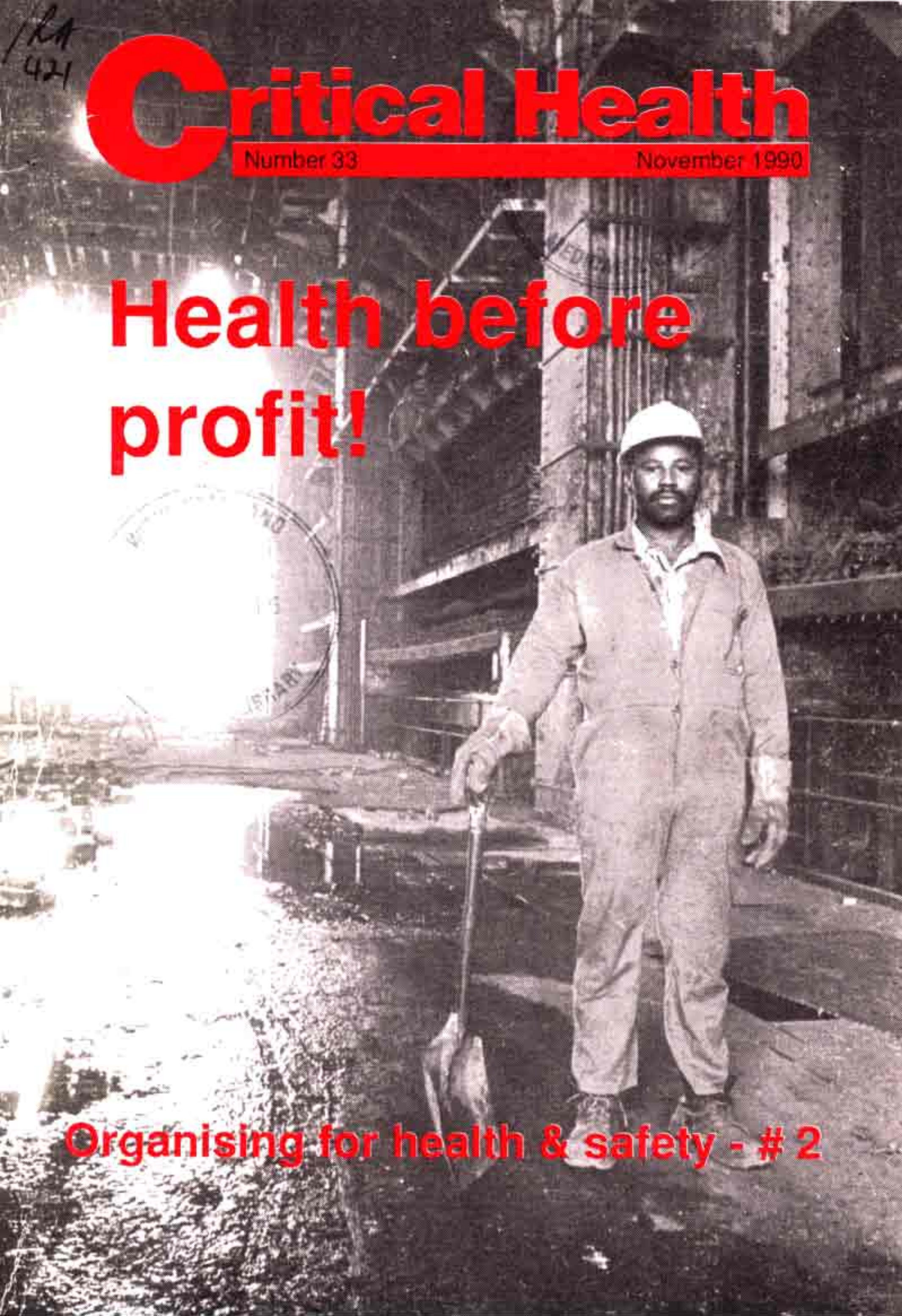
# Critical Health

Number 33

November 1990

## Health before profit!

### Organising for health & safety - # 2



**Critical Health**  
Number 30 June 1990

# Health before profit!

**INSIDE:**

- ★ Health and safety structures
- ★ Campaigns
- ★ Privatisation and medical schemes
- ★ Using accident statistics
- ★ Doctor's attitudes to workers
- ★ Resources .....

Organising for health & safety - # 1

## ORGANISING FOR HEALTH & SAFETY - # 1

### CONTENTS

- ☆ Raising the priority of health and safety
- ☆ Union health and safety structures ☆ Campaigns
- ☆ Privatisation and medical schemes
- ☆ Using accident statistics ☆ Doctors' attitudes to workers
- ☆ Resources and contacts

ORDER THIS EDITION FROM:  
CRITICAL HEALTH  
P.O. BOX 16250  
DOORNFONTEIN  
2028

PRICE: R1.50 per edition + 50c postage.

## Contents

Editorial .....	2
Post apartheid occupational health services: policy guidelines <i>Fareed Abdullah</i> .....	4
Using legislation to protect workers' health <i>The Workplace Information Group</i> .....	14
Deregulating health & safety <i>Peter Lewis: Industrial Health Research Group</i> .....	20
AIDS: whose responsibility? <i>The National Union of Mineworkers</i> .....	25
TGWU speaks about AIDS .....	34
Confronting AIDS in the workplace: international trends.....	41
COSATU resolution on AIDS .....	47
Negotiations around maternity benefits: where to now? <i>Sharon Fonn</i> .....	48
FAWU's noise and dust campaign <i>Peter Lewis: Industrial Health Research Group</i> .....	55
Campaign against Thor Chemicals: trade unions & the environment <i>Gareth Coleman: CWIU</i> .....	67
The "aggro" chemicals .....	76
List of abbreviations .....	back cover

Typesetting by *Critical Health*. Thanks to Afrapix for photographs.

Thanks to Paul Weinberg for photograph on page 65.

*Critical Health* is published by an editorial collective

P. O. Box 16250, Doornfontein, 2028.

The views expressed in this publication are not necessarily those of the editorial collective.

# Editorial

Health and safety issues have not featured high on the agenda of South African unions. The first edition in *Critical Health's* series on organising for health and safety looked at some of the reasons for this and at ways of addressing the problem. This second edition concentrates on legislation, health and safety campaigns and pertinent issues, such as AIDS, currently facing workers and their unions.

Managements' concern for the health and safety of workers is usually motivated by the wish to reduce loss of profit. Legislation around health and safety in South Africa is inadequate and operates largely in managements' favour. The first article in this edition examines ways of redressing these problems by opening debate around a possible model for post apartheid occupational health services.

While existing health & safety legislation has its problems, the article by the Workplace Information Group (WIG) maintains that legislation does have the potential to safeguard workers' health. The extent to which legislation operates in workers' interests, however, depends largely on the organised strength and militancy of workers. The success of the COSATU/NACTU anti-Labour Relations Act Campaign clearly illustrates this view.

Current moves to do away with laws which regulate small businesses may exempt such businesses from certain health and safety legislation. An article by the Industrial Health Research Group (IHRG) argues that promoting the growth of small business should not occur at the expense of workers' health. IHRG maintains that existing legislation should be strengthened, rather than scrapped.

South African unions have begun to recognise the importance of educating their members about AIDS. The article by the National Union of Mineworkers (NUM), the interview with the Transport and General Workers Union (TGWU) and the resolution passed by COSATU, are testimony to this growing awareness.

The NUM looks at the circumstances in which their members are forced to live and examines the effects this has on their chances of being exposed to the AIDS virus. This is followed by an interview with the TGWU. *Critical Health* spoke to the union about its involvement in taking up the issue of AIDS with its members and the attitudes of both its workers and management to the disease.

AIDS has already been used to justify the victimisation of workers. Mineworkers specifically bore the brunt of ignorant management attitudes, leading to unfair dismissals and violations of workers' rights, when the Chamber of Mines tested hundreds of workers without their consent in 1988. A report of a World Health Organisation (WHO) meeting in this edition examines the need for policy guidelines with regard to the issue of AIDS at the workplace. The guidelines may assist unions in this country in formulating their own demands with regard to AIDS education and employment

practices.

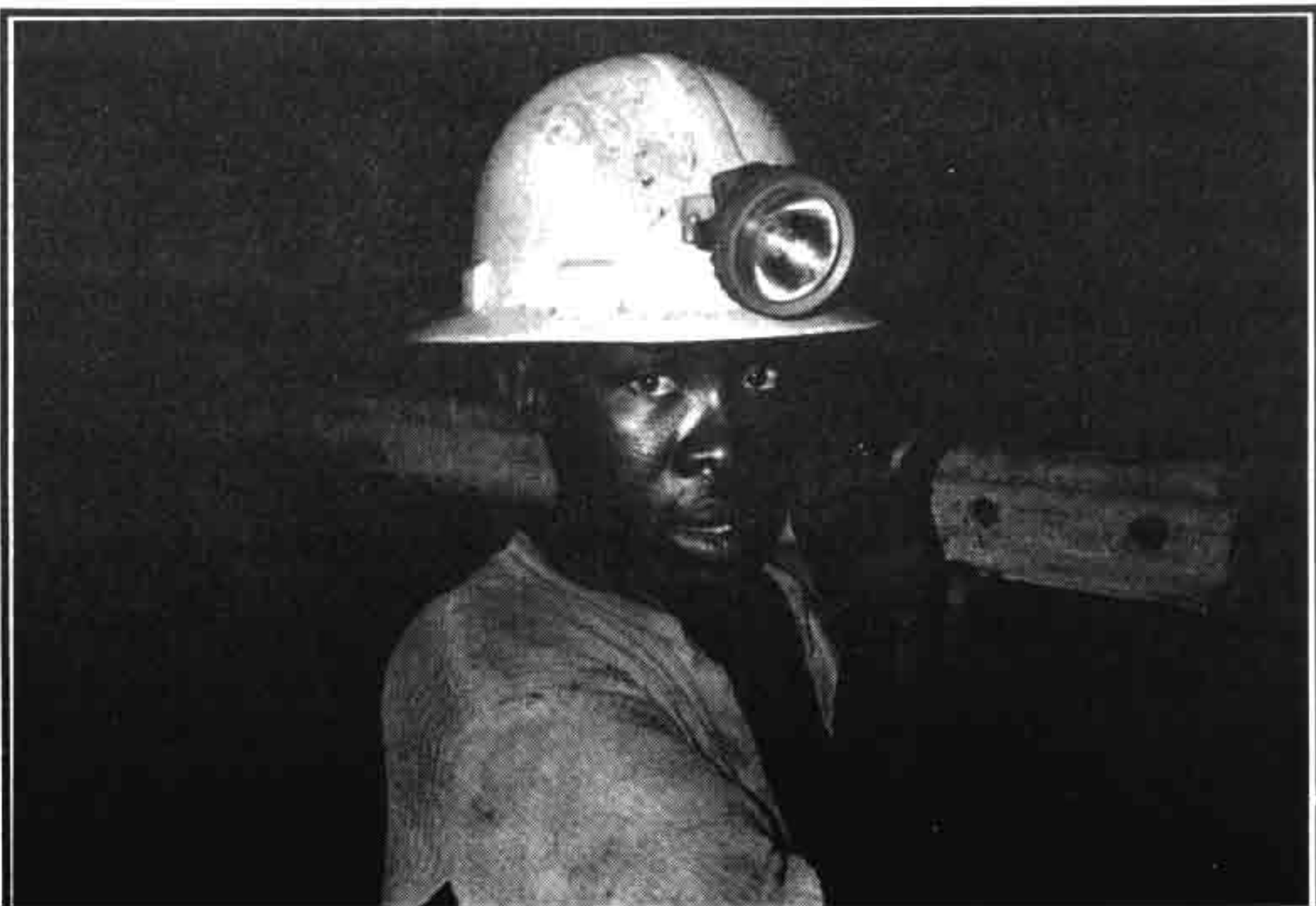
This edition looks at two areas where health and safety campaigns have resulted in significant gains. The first concerns maternity rights for workers (now seen in non-sexist terms as parental rights). Sharon Fonn examines what gains have been won in this area locally, and how workers in other countries have dealt with the issue.

This is followed by an article by the IHRG which looks at a major noise and dust campaign undertaken by the Food and Allied Workers Union (FAWU), and examines how FAWU was able to use the campaign to improve the position of workers.

Gareth Coleman of the Chemical Workers Industrial Union (CWIU) writes about a unique campaign that brought together workers, an affected community and an environmental group in a struggle against toxic waste processing in Natal. The article illustrates the potential for such struggles to take on a political context.

The final article looks at pesticide use in South Africa. While many workers in South Africa are exposed to the dangers of pesticides, protests around this area have focussed on the adverse effects these products have on farmers' crops. This article examines the issue from workers' perspective and suggests ways of addressing the problem.

This series on "health before profit" has highlighted the low priority workers and their unions have given to health and safety at the workplace. We hope that the two *Critical Health* editions on this subject will stimulate debate and interest in this crucial issue.



# Post apartheid occupational health services

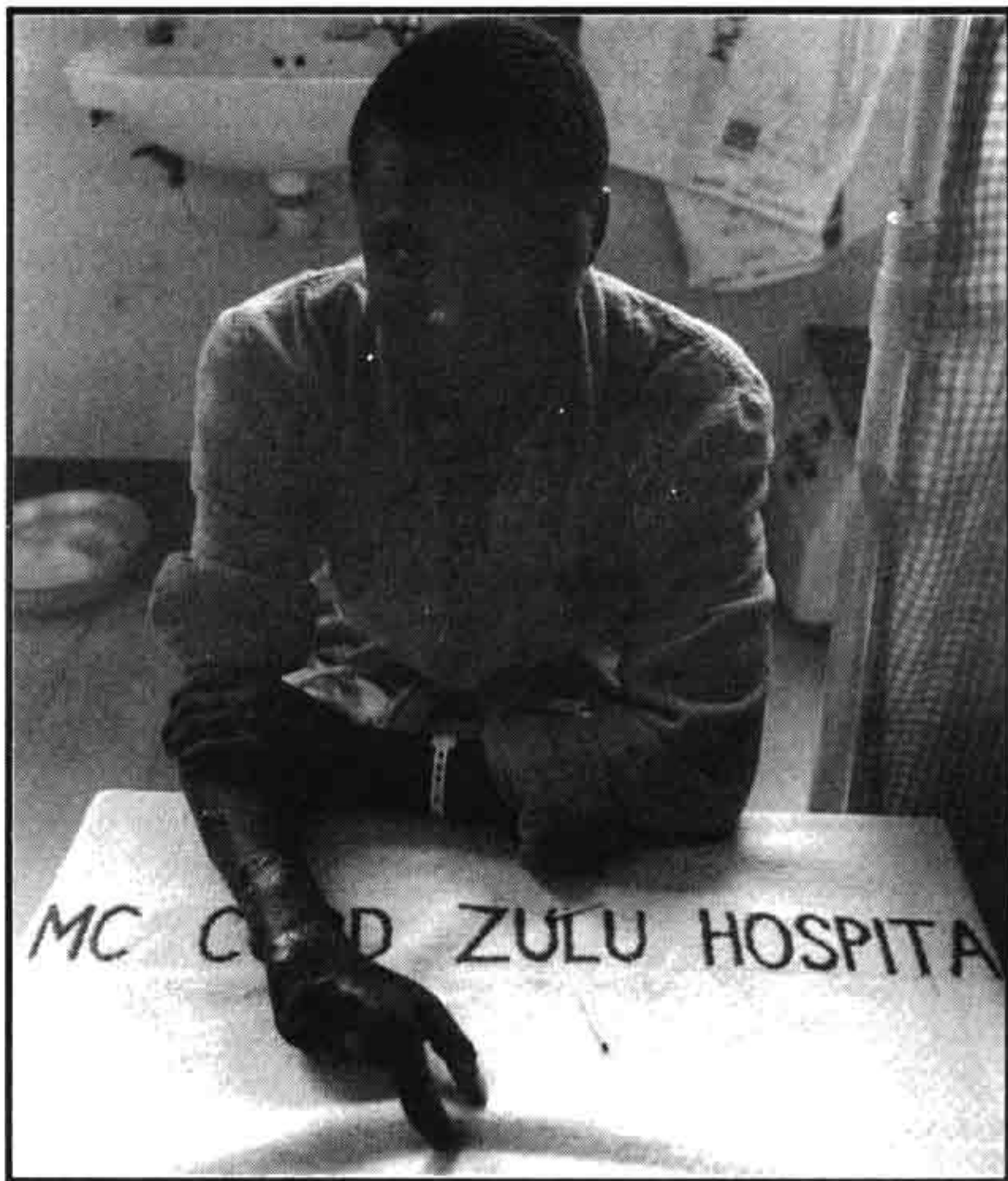
## Policy guidelines

*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 understaffed, 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.

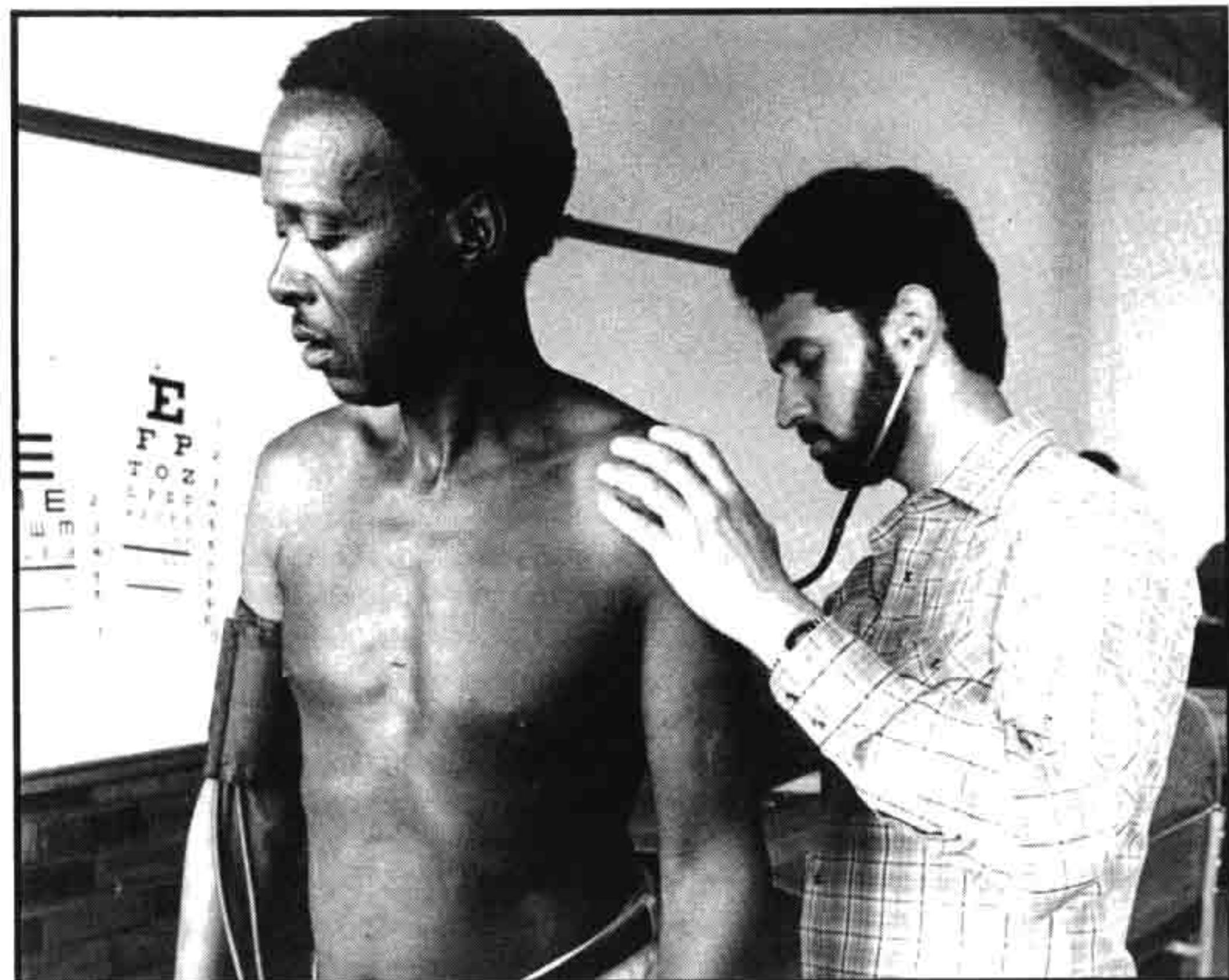
The way an OHS is organised has important implications on how effective it is in reducing illness, the quality of care and whether it is management or worker orientated. Some progressive health workers and trade unionists are of the view that OHS in the future should be provided by the state as part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

*Fareed Abdullah, the author of this article is a member of the South African Health Workers Congress and currently works at the Industrial Health Unit in Durban.*

### CRITICAL HEALTH POST AVAILABLE

**Critical Health is a quarterly publication dealing with health and politics. A fulltime post is available for a progressive person willing to work democratically within an editorial collective.**

**The job would be suitable for a person with an interest in health and welfare and entails the following:**

- ★ **Co-ordinating the activities of the editorial collective**
- ★ **Administrative work (correspondence, funding documents, subscriptions, finance and accounts etc)**
- ★ **Distribution**
- ★ **Collecting and editing articles**
- ★ **Wordprocessing and desk top publishing skills**

**The applicant will not necessarily have all of these skills. Training will be provided on the job.**

**Applications with CV (and contact telephone no. if available) to be sent to:**

**Critical Health  
P.O. Box 16250  
Doornfontein  
2028**

**Closing date: 23 November 1990**

# Using legislation to protect workers' health

*This article is written by the Workplace Information Group (WIG). It looks at how laws relating to safety and health are made. The limitation of these laws and ways that workers can use the laws to their own advantage, are also discussed.*

*A brief summary of the occupational health laws that already exist, is provided.*

## Introduction

This article introduces shopstewards to laws which apply to health and safety at work. The authors do not go into great detail about each law but rather concentrate on questions about who makes the law, limitations of the law and possible strategies on how to use the law.

This article does not aim to provide all the answers but rather to introduce debate around issues related to the law.

No law can by itself guarantee health and safety protection at work. Even the most advanced laws contain many gaps, ambiguities and half measures. But, it does remain important to fight for better laws and legal rights. The law can provide basic, minimum standards of protection for many unorganised workers in South Africa. Laws can also provide a useful starting point for health and safety bargaining.

## How laws are made

Ultimately, the state makes laws. The extent to which these laws include the demands of workers depends on how strong and organised workers are, to put pressure on the state and management. In the early 1970s it was illegal for black workers to join or form trade unions, but this did not stop workers from organising themselves. Workers formed their own unions and built strong shop floor structures. Unions became so big that they could not be ignored. This forced managements to negotiate with these unions even though they were regarded as illegal. Because the law and courts did not recognise trade unions for black workers, big battles were being fought outside of the framework of industrial law. The rule of the law did not apply.





**Laws tend to provide only for minimum standards of health and safety in the workplace. It is usually up to workers and their unions to ensure these laws are enforced.**

The government had lost control and management and unions were exercising the real power. The government was forced to recognise unions representing the interest of black workers.

From the above example we can see that workers, through their organised strength and militancy, can help to shape laws.

In most cases, however, laws are not openly challenged in this way. The state usually publishes draft legislation in the government gazette for comment and any individual or organisation is then free to recommend changes. The state, unfortunately, is not obliged to accept these comments or recommendations and workers and their unions need to consider whether this avenue should be followed. It is expected, though, that the state would find it difficult to ignore a concerted response to draft legislation especially if it was backed up by other forms of protest.

Generally, however, laws tend to provide only for minimum standards in the workplace and it is usually up to workers and their unions to see that these laws are enforced.

## **Limitations of the law**

The law is open to interpretation. For example, in the Mines and Works Act it is stated that workers have the right to refuse dangerous work. The problem is who decides what work is dangerous and what is not? One would expect that underground workers are the

best judge of the situation, but their perceptions are usually ignored.

Another major problem is that the government does not have enough staff to ensure that the law is being implemented. They are not able to inspect every workplace and make sure that management is abiding by the law. Managements are aware of this problem and, therefore, openly violate the law. In South Africa many of the inspectors appear to be racist and have anti-union attitudes. Often, they do not inspect workplaces properly and are biased in favour of management in cases of dispute.

The law can be complex and is written in a style which is not easy to understand. Workers do not have easy access to what is being said in the law, and this can result in confusion. Workers are, therefore, in many cases not able to exert pressure on management to implement the law and on the state to change the law.

Finally, the fines that management has to pay for violating the law are very low. Managements are often willing to pay these cheap fines instead of making expensive changes to the production process. Also, it is cheaper to pay the fines than to spend money on improving health and safety.

The law also protects management from being sued for damages. "Common law" is the law which makes provision for suing for damages but this law does not apply to the workplace. The government states that this is not necessary as there are health and safety laws to cover these problems.



**The success of the unions' Anti-Labour Relations Act Campaign shows that the extent to which laws operate in the interests of workers depends on the organised strength and militancy of the workers.**

## Is the law important?

Laws are important for three reasons. Firstly, legal rights that have been won and that are in the law cannot be traded off at negotiations. Secondly, because the law makes rules for everyone, it can protect all workers whether they are in trade unions or not. Thirdly, the law sets minimum standards and guidelines which can serve as a useful starting point for negotiations. But the law does not provide the answer to all health and safety problems that workers experience. The law does not and cannot replace shop-floor struggles and collective bargaining. Workers need to use all available methods to secure their demands. In the next section we will suggest ways and strategies that workers and unions can use to secure a healthier and safer workplace with regard to the law.

## Using the law to build health and safety

The first step to using the law is to gain an understanding of what is in the law. It is important for workers to have a clear understanding of what rights are already guaranteed in the law. This could come about in the following ways:

- unions can share experiences on sections of the law which resulted in the unions making gains;
- by practically taking up issues.

A knowledge of existing laws and regulations will help workers ensure that management is meeting all its obligations. Workers have to take on the day-to-day task of being health and safety inspectors. A good understanding of the law will also allow workers to pick up sections or clauses of the law which are anti-worker. For example, in MOSA provision is made for safety representatives. But these safety representatives are supposed to be appointed by management. Safety representatives, according to MOSA, are not required to be accountable to workers. This section of MOSA is clearly anti-worker and workers need to organise to exert pressure on management and the state to allow them to elect their own safety representatives.

## Conclusion

Laws are a reality. They have problems and limitations and they have their uses. Laws are ultimately made by the state but the extent to which they operate in the interests of workers depends on the organised strength and militancy of workers.

In addition workers need to challenge management to implement the law on the factory floor. Ultimately workers need to challenge the state and management at the same time.

## Workers use the law to

A worker from Ladysmith tells a story about what happened in his factory:

"Conditions in our factory were very bad. Management tried to keep the union out, but after a long struggle we won recognition. But management still refused to negotiate on any issues.

In May 1985, some of the workers went on strike and were dismissed. They were reinstated on

the condition they signed a document called "Company Rules and Safety Regulations". According to MOSA, they had to obey these Safety Regulations.

The workers were very angry about the new company rules. Management did not consult the workers about them, although they included important matters like disciplinary procedures and health and safety.

## Which laws apply to health and safety?

The current laws which apply to health and safety are:

### 1. MOSA - Machinery and Occupational Safety Act

The purpose of this law is, "to provide for the safety of persons at a workplace or in the course of their employment or in connection with the use of machinery ...". This law applies to workers in most industries including farmworkers and domestic workers. The following workers are excluded:-

- mineworkers who are covered by the Mines and Works Act;
- workers working with explosives who are covered by the Explosives Act;
- workers in deregulated small businesses (once law is gazetted) and workers in the bantustans. (*A review of MOSA and its problems can be found on page 22.*)

### 2. WCA - Workmens Compensation Act:

The purpose of this law is to regulate compensation for disablement caused by accidents and industrial diseases during the course of employment. There is a list of compensatable industrial diseases such as lead poisoning. For more information contact your nearest health and safety group. This list does not cover all the potential illnesses caused by work. It is possible to get compensation for a disease which is not on this list but this is very difficult because workers have to prove that they got the disease from work.

Only workers whose employers contribute to the Workmens Compensation Fund qualify for workmens compensation. Mineworkers are covered by the WCA and the Occupational Diseases in Mines and Works Act (ODMWA).

## win health and safety rights

Early in 1987, NUMSA decided to declare a dispute and take the case to the Industrial Court. Management used delaying tactics, so the union pushed the case in the Industrial Court. In the court, the union argued that it was an unfair labour practice for the company to negotiate the rules, and gave the management 30 days to call a meeting with the union to address these issues. The court also said that man-

agement must consider the NUMSA proposals for a grievance procedure and a health and safety agreement."

The Industrial Court Judgement says: "The refusal by the respondent (management) to negotiate with the applicant (NUMSA), its rules and regulations relating to discipline and health and safety, constitutes an unfair labour practice."

### 3. Mines and Works Act:

This law relates to the operation of Mines and Works and of the machinery used. Therefore this law does not specifically cover health and safety. This law, in fact, is very weak on health and safety at mines and works.

### 4. Basic Conditions of Employment Act:

The purpose of this law is to regulate the conditions of employment. For example, the law states what the length of the working day should be and how much sick leave workers are entitled to. Although this law overlaps with MOSA in that some of its laws, like those mentioned above, can be used together with MOSA in fighting for healthy and safe working conditions - it is not a law focusing specifically on health and safety.

### 5. Labour Relations Act:

The Labour Relations Act regulates the relationship between employers and employees. For example, it deals with dispute procedures, unfair labour practices and the setting up of industrial councils and so on. Parts of this act may affect health and safety, for example, if a worker is dismissed from work on medical grounds then the employer can be challenged for an unfair dismissal. □

### Acknowledgement

WIG would like to thank the National Union of Mineworkers' Compensation, Occupational Safety & Health Department for input into this article.

# Deregulating health & safety

## A response to the National Manpower Commission

*The National Manpower Commission (NMC) is investigating a reduction of the legal provisions with which small businesses have to comply. This is part of the process known as "deregulation". Among the laws that will no longer apply are ones which protect workers' health and safety. This article deals with an Industrial Health Research Group (IHRG) report sent to the NMC, motivating strongly against these moves.*

*The IHRG examines one of the laws under review, the Machinery and Occupational Safety Act (MOSA). Basing its observations on a number of factory inspections the IHRG argues that MOSA should be improved, rather than scrapped, in order to reduce the toll of industrial disease and accidents on our society.*

An investigation by the National Manpower Commission (NMC) into the deregulation of small business threatens to undermine the protection of workers' health and safety. This is the substance of a report which has been submitted to the NMC by Cape Town's Industrial Health Research Group (IHRG).

The Minister of Manpower has given the NMC the task of investigating ways in which the small business sector can be deregulated.

The investigation can be seen to fall within the government's broad deregulation strategy which dates back to the mid-1980's. Motivation for the strategy can be found in the 1985 "Report on a Strategy for Small Business Development and for Deregulation", published by the President's Council Committee of Economic Affairs. It is argued in this report that "both the informal sector and the small business sector are sources of widespread employment and income because they are labour-intensive, competitive and easy to enter". Developing the small business sector, the report says, would stimulate the economy as a whole, but small businesses have difficulty in complying with laws and regulations because of the costs and administrative work involved.

In the Committee's opinion, rules and regulations which, amongst other things, protect worker's rights, were to be seen as "luxuries that only wealthy societies can afford". To encourage economic activity and the growth of small business the Commit-

tee therefore proposed that legislative controls be deregulated and that “a flexible approach in applying standards” be implemented. (*Deregulation of small business: who pays the social costs?* Critical Health No. 19: pp.28-37.)

## What does the investigation aim to find out?

The NMC investigation intends to find out:

- (a) whether, and to what extent, the enforcement of labour legislation has a restrictive influence on the functioning, growth and development of the small business sector, and
- (b) whether there is any justification for differentiating between small and large business in terms of the law.

The investigation has been directed mainly towards small business owners themselves. Interested parties have been invited to give their comment on a number of laws, whether small businesses should be exempted from the provisions of these laws, or whether the laws themselves should be modified. The laws include:

- ☆ the Machinery and Occupational Safety Act, 1983 (MOSA)
- ☆ the Labour Relations Act, 1956
- ☆ the Basic Conditions of Employment Act, 1983 and the Workmen’s Compensation Act, 1941.

The NMC notes, however, that “the basic rights of...employees should still be protected”.



Unemployment may be reduced by encouraging small businesses but this should not occur at the expense of workers' health.

## Existing legislation is inadequate

The IHRG submitted an in-depth response to the NMC. Their report focusses mainly on the Machinery and Occupational Safety Act and relies on a number of factory inspections and industrial hygiene surveys conducted by the IHRG itself as well as by the National Centre for Occupational Health (NCOH).

On the basis of this research, the IHRG argues that even the existing legislation, such as MOSA, is ineffective in protecting the health and safety of workers. “Seven years after the promulgation of MOSA”, they argue, “conditions in many South African factories are not satisfactory from a health and safety point of view. The strategy of (unilateral) self-regulation (provided for in MOSA) has not been noticeably effective”.

## Don't scrap MOSA, improve it!

The IHRG's main criticisms of MOSA are as follows:

- ☆ there is no provision in the legislation for a role for trade unions at any level;
- ☆ there have been few legally enforceable health and safety standards coming from the regulations under MOSA;
- ☆ even where such standards exist the inspectorate has very limited resources and is not capable of mounting a full investigative service to monitor compliance;
- ☆ penalties under the Act for employers who contravene the Act are too mild to act as a real deterrent;
- ☆ to date there has been no requirement on employers to carry out medical screening for workers exposed to particular occupational health hazards, although this was included in the draft lead regulations which still have not reached final form;
- ☆ as the Department of Manpower has stated in its annual reports, the main function of MOSA is to allow for unilateral self-regulation by employers. It is not meant to serve as a direct government intervention to improve poor working conditions by legislating improved standards and monitoring compliance.

Is it effective to leave it up to managements to voluntarily monitor their own adherence to the MOSA regulations? There is a real conflict between the principle of “voluntarism” inherent in MOSA, and the concept of legal standards enshrined in regulations under MOSA;

Despite its criticisms of MOSA the IHRG notes that there are also certain positive aspects to MOSA, which would make its removal in the small business sector a backward step:

- ☆ it allows for representation of employees through the safety committee and safety representative system, even though this has been interpreted in a very limited sense by managements;



- ☆ there are some legally enforceable absolute standards in regulations under MOSA on basic issues such as machinery safety, asbestos levels in air, personal protective equipment, and so on;
- ☆ although compliance is likely to be even harder to enforce than in the manufacturing sector, it extended the scope of health and safety legislation to all economic activity including farm work and domestic work;

The IHRG argument is therefore that if the toll of occupational disease and accidents on our society is to be reduced, MOSA should be strengthened, along the lines which they have indicated, rather than removed altogether.

## **Removing MOSA is a step backwards**

In particular, given that there are still serious problems for employees in factories, the IHRG argues that the removal of MOSA for small business will be a step backwards and will increase the already large burden to society of occupational disease and accidents, with the increase falling more on employees and their families than on employers or the state. The IHRG report continues:

“Small businesses have a tendency to employ largely casual labour, and there is



**Because workers in small businesses do not usually have unions to protect them, legislation safeguarding their health and safety is crucial.**

seldom any provision for monitoring hazards and accidents, or for a factory clinic. They tend not to be organised by unions, and therefore there would be little protection for employees faced with unhealthy or dangerous deregulated conditions. They would also be in a poor position to ensure that their employers observe the standards which currently exist in the Basic Conditions of Employment Act. It is precisely in the small business sector where employees need legal protection because of their lack of union representation, and of an industrial framework for dealing with health and welfare questions”.

## **Deregulation may suit “big business”**

The IHRG points to certain companies which have made funds available to the various organisations promoting small businesses, so that small manufacturing concerns can be established. If small businesses are released from their obligation to comply with legal standards relating to health and welfare, there is a danger that larger firms may use this as an avenue to circumvent regulations in the big business sector. They may do this by establishing small subsidiaries to supply certain items, or by subcontracting work to exempted small businesses. In addition, this may discourage firms which intend to establish better health and safety practices, as they may feel that to do so would involve them in costs not faced by firms which subcontract to small businesses.

If small businesses are released from the duty to comply with both MOSA and the Workmen’s Compensation Act, companies will be able to ignore health, safety and welfare considerations for their workforce, and to escape the consequences, since they will not pay higher WCA contributions due to increased incidence of compensated illnesses and accidents from work. Thus even the financial incentive to improve conditions would be removed. This, the report states, would clearly be an unsatisfactory development.

## **Conclusion**

The IHRG conclude that conditions in South African factories are often poor, with little control over health and safety standards. “In our view, improvement depends on a more pre-emptive monitoring role for the state agencies concerned, and recognition of the role of trade unions in the law, rather than an approach based solely on the principle of unilateral self-regulation by industry.”

“In the small business sector, because of the lack of regulation by other means such as negotiations between trade unions and managements, legislative regulation on health matters should be strengthened rather than weakened and the inspectorate should target this sector for regular evaluations of compliance.” □

# AIDS

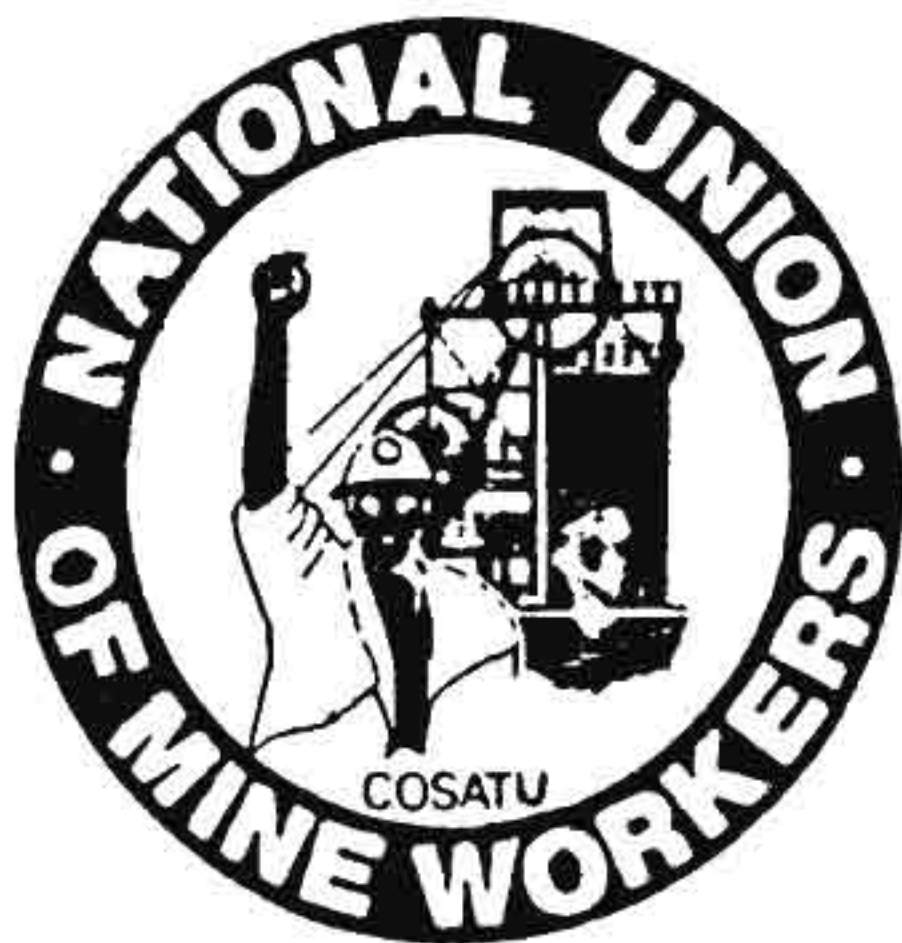
## whose responsibility?

*Every person, regardless of their race or class, can get AIDS if exposed to the virus that causes the disease. Some communities, however, may be forced to live lifestyles which could expose them more easily to the disease. This article from the National Union of Mineworkers (NUM) identifies AIDS as a disease which disproportionately affects disadvantaged sectors in our society. The NUM puts forward an agenda for the union movement regarding AIDS and presents its AIDS policy which it suggests could form the basis of a policy for the mining industry.*

“Once the AIDS (Acquired Immune Deficiency Syndrome) virus has entered a society, it tends towards the path of least resistance. Internationally, that line runs directly through some of the world’s least powerful communities: the poorest, most disadvantaged and underdeveloped groups whose members constitute an increasingly disproportionate share of the world’s total AIDS cases. This includes communities in the “Third World” and also impoverished ethnic minorities, often of “Third World” descent, within some developed nations.

AIDS is in reality the latest trend to emerge beside all those other epidemics - of infant mortality and malnutrition, of sexually transmitted and other diseases, of alcohol and drug misuse and of psychological distress and social disruption - which disproportionately affect the disadvantaged.

The AIDS pandemic<sup>☆</sup> cannot be properly understood apart from this background, and it is arguable that AIDS will ever be controlled, let alone eliminated, without a change in the combined conditions of underdevelopment, unbalanced development and political marginalisation which provide it with fertile soil.<sup>1</sup>



☆ Pandemic is a disease affecting entire countries at one time.

This quote, taken from *Blaming Others - Prejudice, Race and Worldwide Aids* - a book produced by the Panos Institute<sup>☆</sup>, captures the essence of the National Union of Mineworkers' (NUM) approach to AIDS. We believe that AIDS is chiefly a sociopolitical problem.

In South Africa we have a ready made "path of least resistance" which the AIDS virus can follow. Millions of South Africans live in desperate circumstances. They live in poverty, without permanent homes, in single sex hostels, under conditions of war, in dormitory cities and without access to the most basic of services, least of all health services.

Besides poverty and deprivation, many such South Africans find themselves in a perpetual state of transit. Some commute long distances to and from work on a daily or longer term basis. Others are job seekers who travel the length and breadth of the country in search of work.

For the migrant worker, the domestic worker and the shift worker, family life is fragile. For many, family ties are no longer permanent. They shift and change as circumstances are altered by factors beyond the control of the individual. The only permanency is that of human need. The need for security, friendship, emotional closeness and sexual intimacy. The same sexual intimacy that may give rise to AIDS.

This is the reality in which the AIDS virus spreads in South Africa. This is what derogatory words like "promiscuous" and sociological terms like "multiple partnerships" obscure. Much of the topical writing on AIDS and AIDS-sufferers is loaded with such terminology - terminology which ignores social reality and which serves to uphold the mythology that AIDS victims themselves are to blame for contracting the virus.

NUM objects to this approach. The vast majority of people have not chosen to live precariously. They have been condemned by social problems like the homeland policy, forced removals, labour migrancy, the hostel system and the black education system to put up with circumstances where health, whether mental or physical, depends on the position one holds in society.

The NUM argues that if an AIDS epidemic is to be averted, we have to confront and redress the effects of these policies in addition to embarking on a massive AIDS education and support programme that reaches into all sections of our society.

## **Management responsibility**

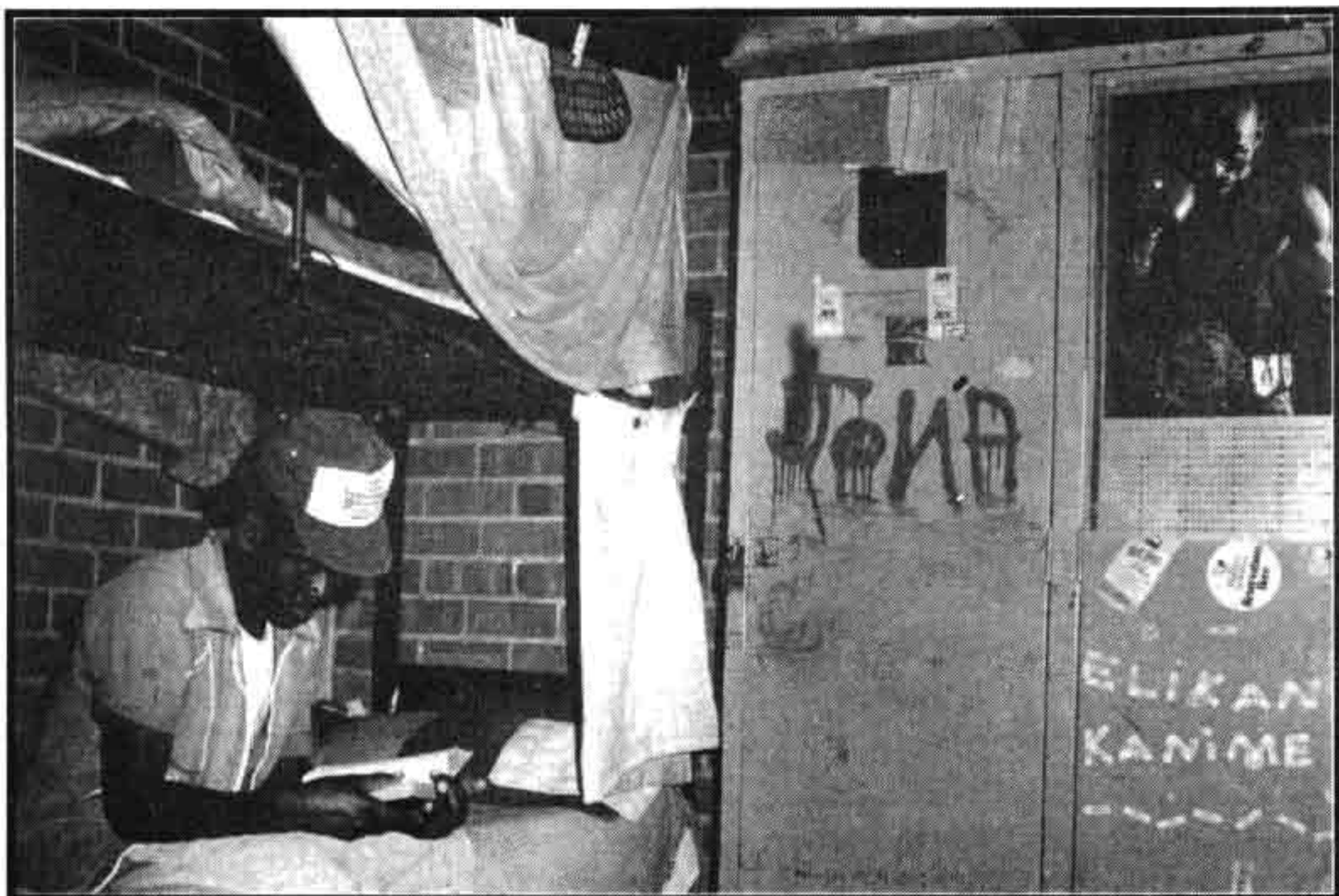
From the preceding discussion, it should be clear that our message to employers is that the social context of AIDS cannot be ignored. The workplace is not separate from broader society. Employment policies need to reflect this. Consider the following:

---

☆ The Panos Institute is an international information and policy studies institute, dedicated to working towards greater public understanding of issues such as AIDS.



**Migrant workers return home to their families - the system of migrant labour has been blamed for facilitating the spread of AIDS.**



Single sex hostels force those involved in relationships to live apart, creating social conditions that contribute to the breakdown of family life.

**The provision and design of housing:** Many employers are guilty of treating workers as single men or women when they are, in fact, married. Many workers who live on their employers' property are virtual prisoners and are not even allowed to have visitors. It does not need to be spelt out that employment conditions of this kind contribute to the breakdown of family life and encourage social relationships of a fleeting nature.

**Job security:** It has come to our notice that many employers are not employing people who are HIV-positive<sup>☆</sup>. Others are trying to find ways of dismissing HIV-carriers. Yet, in the vast majority of jobs there is no danger of an HIV-carrier infecting his/her fellow workers, nor is his/her ability to work impaired.

**The inadequacy of public health services and absence of social security in South Africa:** This is one reason why some employers discriminate against HIV-carriers and AIDS-sufferers. They want to ensure that they do not have to carry part of the social costs of AIDS, a situation which may well be unavoidable should a significant proportion of their workforce be affected. This approach is very shortsighted. Sooner or later the costs of AIDS will affect all sectors of our society. No-one can go into quarantine. Ultimately

(☆ HIV is the name given to the virus [germ] that causes AIDS. A person who is HIV-positive is carrying the virus in his or her blood.)

employers will have to shoulder some of the costs and these costs could be greatly reduced if employers adopt humane work policies and play an active role in developing appropriate government policy with respect to health services and social benefits.

**The widespread practice of dismissing workers who are sick or injured:** The responsibility of supporting and caring for the sick and injured is effectively passed on to the individuals themselves, their families and their communities, the very families and communities who are under stress. This approach is almost guaranteed to worsen the problem by placing more people - dependents of the affected wage earners - in dire straits. The attitudes of employers need to change and government policy and the law need to incorporate the concepts of alternative work and retraining if this scenario is to be avoided.

## Union responsibility

As a mining union, the NUM is particularly concerned with the consequences of migrant labour and hostel life. Together with other unions, we also face the common responsibility of:

- informing our members about AIDS;
- fighting for job security, income security and medical benefits for those members who are HIV-positive;
- struggling for the eradication of those conditions which assist the spread of AIDS by placing individuals, families and communities under stress.



The Chamber of Mines has rejected the idea of negotiating a workplace policy on AIDS.

An AIDS education programme is already underway in the NUM. We have included a workshop on AIDS in our standard health and safety course. We are also considering a specific AIDS education project which will be taken to every mine or plant at which the union is organised.

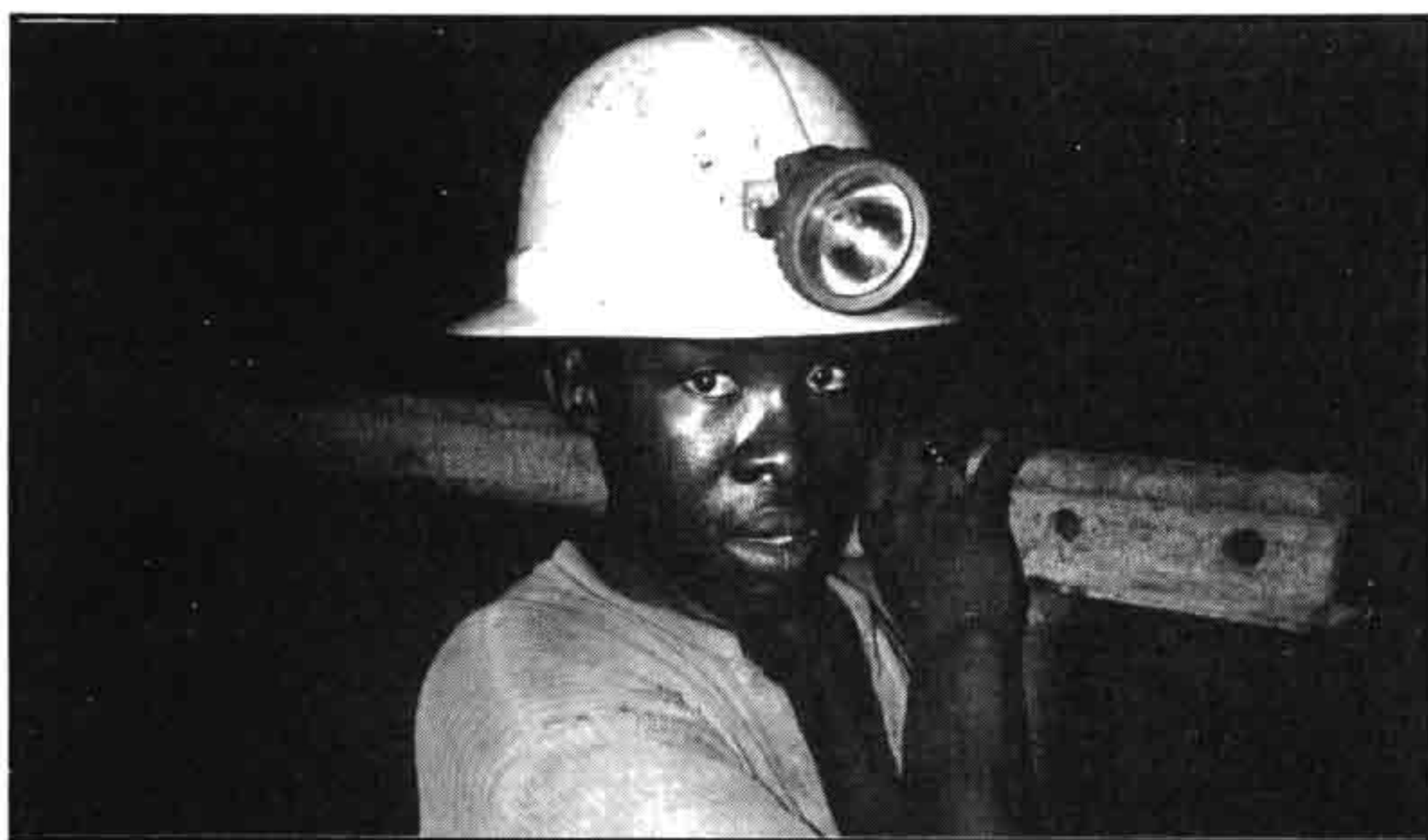
Although the Chamber of Mines has rejected the idea of negotiating a work-place policy on AIDS, the union has adopted a policy which could form the basis of a mining industry policy. Despite the Chamber's reluctance, we will continue to press for an industry policy in line with international initiatives such as the French "Charter on AIDS and Work" and the New York and New Jersey based "Citizens Commission on AIDS". The former has been drawn up by a working group convened by the French government and the latter lists ten principles relevant to the workplace and has been endorsed by companies such as Du Pont, Johnson and Johnson, Warner Lambert and Xerox.

The NUM policy is based on the standards recommended by the World Health Organisation and the International Labour Organisation<sup>2</sup> and also includes clauses which reflect the peculiarities of South Africa. It includes the following points:

### No discrimination on the basis of HIV-infection

An AIDS prevention programme should be directed to the protection of the rights of HIV-infected persons.

- Safeguards for individual workers: no worker who is HIV-positive should suffer any



Unions and managements have a responsibility to inform workers about AIDS.





Instead of single sex hostels, people have the right to decent family housing.

negative consequences such as dismissal.

- Safeguards for workers from specific recruitment areas: the prevalence of HIV infection in specified geographic areas should not affect the employment opportunities of workers from these areas. (The NUM does recognise that information about the geographic prevalence of the AIDS virus may be important in planning and assessing the efficacy of AIDS education campaigns. This data should not, however, be used to justify regional employment discrimination which is irrational and does not constitute an effective response to the disease.)

## No patient-specific testing

No individual worker should be required to undergo an HIV antibody test at the request, or upon the initiative, of a manager. Where testing is made available to workers, for instance at sexually transmitted disease (STD) clinics, testing should not be done unless counselling about its significance and its consequences is offered by adequately trained counsellors. Furthermore, test results should not be disclosed to those who have consented to being tested, without full counselling.

## Epidemiological testing

HIV screening of mineworkers for epidemiological purposes may be justified if the objectives of the screening programme are clearly defined. These objectives would,

however, have to be accepted by the NUM and be subject to objective evaluation and independent scrutiny. Such screening should furthermore be subject to an absolute guarantee of anonymity and confidentiality. There should, moreover, be an undertaking that the results of epidemiological studies will not be used as a basis for irrational and discriminatory employment policies. The report of the meeting on criteria for HIV screening programmes, WHO/SPA/GLO/87.2, Geneva 20-21 May 1987 should constitute the principles underlying any screening intervention for HIV.

## Lifestyle changes

It should be accepted that living conditions may generate circumstances which lead to exposure to HIV infection. In practice this means an obligation to provide decent living conditions in employment. The mine hostel and compound systems undermine any effective AIDS containment campaign. There should be a firm commitment, on an appropriate time scale, to the provision of family housing, facilities for visiting wives and other family members or friends, and humane hostel management.

## Information, education and counselling through negotiation and consultation

All mineworkers should have access to information about AIDS. The development of educational material and the training of counsellors should be undertaken jointly between workers and management. Provision should be made for peer counselling. No intervention in the context of AIDS - whether research, counselling, education or information - should be made without appropriate and extensive negotiation and consultation.

## Protection after incapacity

The average time between the development of full-blown AIDS and death is between 18 months and two years. Abandoning a worker who may have rendered years of service under these circumstances is inhumane. Incapacity benefits involving medical care and security of income should be provided.

## Public responsibility

The mining industry is in a unique position. It is a major income generator in South Africa and Southern Africa. It is also the largest employer of workers and has shaped the labour market to meet its needs (the migrant labour system, for example, was engineered to meet the mining industries' need for labour). There should be a commitment on its part

to combat the AIDS crisis. The mining industry has the resources to implement significant changes. It could create the basis for appropriate life-styles, lead the way in protecting HIV-infected persons from discrimination, develop appropriate treatment centres and implement effective, duly negotiated measures to assist the containment of the disease.

## Independent evaluation

The NUM recognises that most of the initiatives required to deal with the AIDS crises are unique. But the urgency of the AIDS problem will not tolerate untimely and inappropriate interventions as experience at home and abroad has shown. It is therefore crucial that all interventions aimed at containing the spread of the epidemic and providing care and counselling for those infected and affected by the problem, are independently evaluated.

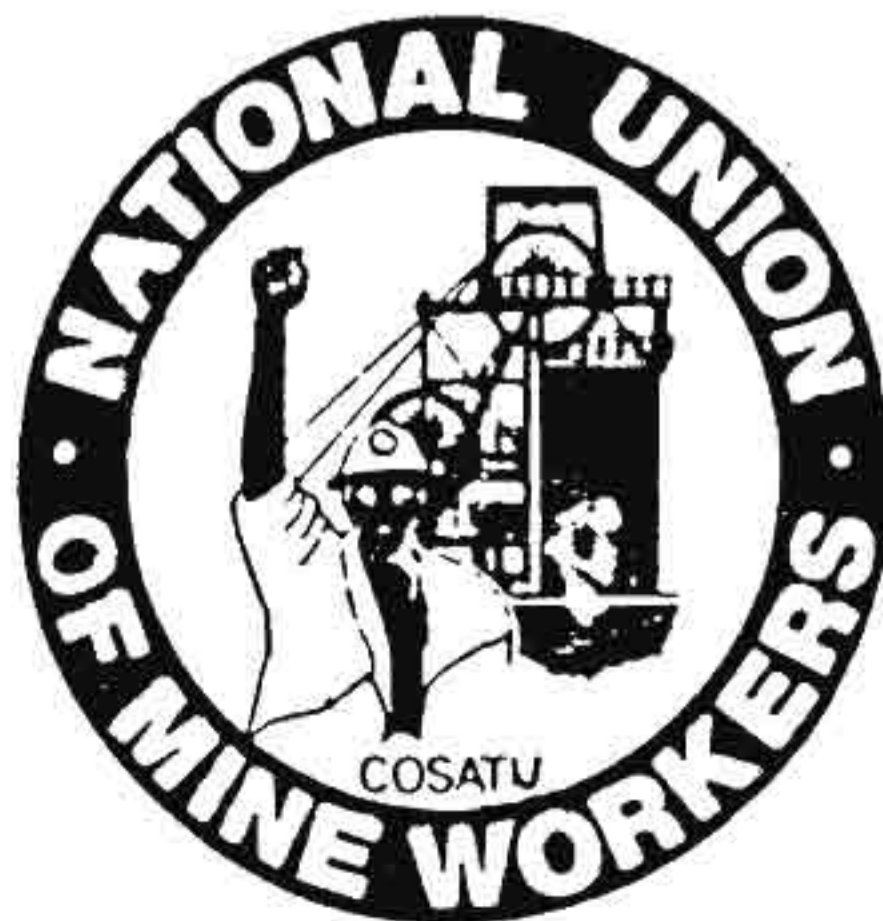
## Conclusion

The NUM accepts that the problem of AIDS may assume epidemic proportions unless action is taken to stop it in its tracks. The government, business and the unions all have crucial roles to play. Our success or failure will ultimately depend on our ability to confront fundamental issues: employment policy and social policy. In the trade union movement, we believe that we have the will to do just this. Does the government and does business have the necessary will too? □

## References

1. R.Sabatier *Blaming others. Prejudice, race and worldwide AIDS*. The Panos Institute, 1988.
2. *London Declaration on AIDS Prevention* of the 28 January 1988 and the *Global Programme on AIDS Statement* from the Consultation on AIDS and the Workplace (Geneva 27-29 June 1988) as well as the Panos Institutes AIDS Unit's publication *Blaming Others. Prejudice, race and worldwide AIDS* (1988).

*This article previously appeared in the IPM Journal, August 1990.*



# TGWU speaks about AIDS

*AIDS is a disease that can affect any person. At present, the disease has no cure but we can stop ourselves becoming infected with the disease by changing the way we behave sexually, as well as changing social conditions that effect social relations. The NUM has outlined some of these aspects in the previous article. The value of education in preventing this disease is clear and unions are increasingly recognising the importance of addressing the problem of AIDS with their members. Critical Health interviewed Thulani Dlamini of the Transport and General Workers' Union (TGWU) to find out why the union has taken up the issue of AIDS. Dlamini discusses how workers and certain employers have responded to the issue, as well as the union's activities in this area.*

***Critical Health: Why is the Transport and General Workers' Union taking up the issue of AIDS?***

**Thulani Dlamini:** Basically we have a problem, especially when it comes to the trucking industry because of the long distances which people travel and the length of time for which they are away. This means that on the way people tend to get involved in sexual situations with "prostitutes".

We haven't had any evidence to prove that there are any sufferers within the trucking industry but when we look at the whole situation of how AIDS is transmitted one can see that these are some of the first people who may be affected. This awareness gave rise to our concern because our membership consists mostly of truckers.

***CH: Have transport employers taken any initiative around the issue?***

**TD:** You'll hear of rumours that workers are to be screened or of threats that if they are found to be HIV positive (carrying the virus in their blood) they will be dismissed. At one company we heard that actual tests were being carried out and we had to stop the process before it went too far. We had to say to the company that the best way of doing this is for us both to educate the workers so that they themselves can prevent the AIDS situation from worsening rather than simply to get rid of those people carrying the virus.

As far as the results of the tests are concerned, the employers may now have these in

their possession, but following our intervention they can't use them to the disadvantage of workers. We are not aware of the results of the tests on the 10 or so who were screened.

**CH:** *Do you know if they were actually intending to fire people?*

**TD:** That was their sole intention. Their argument was that these people are going to be infecting other workers and that they are concerned as a company. We are saying to them that the nature of the industry itself is such that it exposes the workers to the whole situation. We have to educate them as to the specific ways in which the disease is transmitted so that they can guard against it as well as to know what to do in the event that they or someone that they know is identified as being HIV positive. What we have to do now is to get the programme going.

**CH:** *Have any companies indicated a specific policy which they intend to follow with regard to employees who are HIV or AIDS positive?*

**TD:** The general approach which we always discount is that if they do find people who are HIV or AIDS positive they will have to fire them. We always point out to them that just being close to an AIDS carrier does not make one vulnerable to contracting AIDS.

**CH:** *Do you foresee the trade union co-operating with employers in some kind of joint programme?*

**TD:** I think that is essentially necessary because the programmes need financial support and we hope that the companies will provide this.

**CH:** *Have TGWU workers participated in any programmes at this stage?*

**TD:** At the company which I mentioned earlier we agreed on two programmes. The one was for us to get together shop stewards on a national basis and for the Industrial Health Unit and the Workplace Information Group (health and safety service organisations) to brief them. Unfortunately this didn't take place because of the bad relationship between the company and workers that existed at that time.





**TGWU workers on the march: the union is also committed to educating its membership about AIDS.**

The second part of the programme was for the company to take its people, including a number of shop stewards (I think there were six) drawn from the branches across the country, and for them to undergo a course, conducted by certain doctors, for them to be trained to educate others about AIDS.

These people were mainly from line management - transport controllers and people like these - together with the shop stewards. The course cost over R1000 per person and so it was an extremely costly programme. We said to the company that they should fund the programme and we would provide the shop stewards because without their being involved, workers are not going to be receptive to anybody trying to explain this thing to them.

This programme was successful despite being co-ordinated by management because we went to union members and obtained their support.

From what we have gathered from the people who attended it was a very good course. We hope that they will be able to put the course to good use but this also depends on management providing transport for them to visit depots in their respective areas because they were strictly drawn on the basis of regions rather than branches per se.

**CH:** *Doesn't this come into conflict with their role as shop stewards?*

**TD:** One thing that one is a bit wary about is that when they go to these different depots they will be with the company's training officers. In most cases the workers are hostile to the training officers. The workers see them as people who are involved in favouritism and corruption and as people who are working directly for management. So that's why we believe there might be some kind of conflict because when the workers see the shop stewards going around with these guys there's very little that they'll listen to.

We want to propose that we should rather make use of the shop stewards who attended the programme at each branch. We feel that if the training officers are excluded the workers will be more interested in finding out what's going on.

We hope to get these people who attended the programme to get involved in educating other shop stewards at the national councils as well as the workers at other



**Demonstrating how to use a condom - many people, however, are shy to talk about sex and this can make AIDS education difficult.**

companies. If this is to happen then we will have to get the other companies to fund these programmes because they are quite expensive.

**CH: *What other AIDS work has T&G been involved in?***

**TD:** We have been hoping for the past five or six months to employ a person to deal with health and safety issues and particularly with AIDS. It is expected that this person will be employed quite soon. The person will be responsible for formulating an overall approach to deal with the question of AIDS.

**CH: *Once some one has been identified as being an HIV carrier, is there anything that the union can actually do to help such a person?***

**TD:** I think we can, even if it is in terms of moral support because the first problem that a person who is known to have AIDS faces is that they are isolated by the people around them. It's a question of teaching the people around this person to give as much support rather than isolating them.

Perhaps we can also assist them in raising funds towards the costs of whatever medical treatment is available.

**CH: *One of the important things one has to persuade people about is that preventing AIDS involves one's own personal conduct and especially responsibility in how one conducts one's sex life. Could you tell us what kind of experiences you have had in raising with people this issue which relates to a personal and private side of their lives?***

**TD:** In some situations where we've tried to take this issue up with people we'll argue that people must limit themselves to one partner. In some cases people will argue that they can't be limited to one person.

The second alternative is obviously to encourage people to use condoms. You find that when people are discussing this they'll say that "Ja, perhaps this is the better alternative" but what you actually find when you check is that in fact condoms are not used.

One of the reasons why the shop stewards walked out in one of our meetings was because they felt it's their personal business which we are trying to discuss as opposed to union business. They felt we were attacking them. They said the union was talking about something which was none of the union's business. They were saying that getting involved with "prostitutes" is the only option which they have given their long absences from their families so you can see that there are vastly different perceptions of the actual seriousness of the disease.

It's a matter of taking the time to educate people thoroughly because at present some of them are not even prepared to co-operate.





Shopping for condoms - condoms can help prevent the spread of AIDS.

**CH:** *Is this because these people don't like to talk openly about sex or is it just that they feel quite strongly that this is not the union's business?*

**TD:** Some are simply shy to discuss it in an open forum but even on a person to person basis when you confront people directly there are some who say that this is just a personal issue which needs to be confronted by the individual.

**CH:** *Have union members actually supported the union in taking up the issue?*

**TD:** I would say that there is an overwhelming number of people who would say that this is an issue which does need to be tackled by the union. People are actually keen on getting involved in some kind of programme around the issue.

**CH:** *You said you've been working with service organisations such as the Industrial Health Unit (IHU) and the Workplace Information Group (WIG). Have you been working with other unions at all?*

**TD:** There have been some joint forums by the service organisations where the unions have come together but there hasn't been a forum where we have discussed common strategies.

**CH:** *What's going to be the basic requirements of a programme which really confronts the problem of AIDS?*

**TD:** The basic thing that we need to do is to come together as unions and as service organisations to draw up some kind of comprehensive programme around the question of AIDS. Without affiliates taking up the issue there's going to be a problem because none of them will be able to contribute to that comprehensive programme. So at this stage the unions need to get a health and safety worker and give him or her the main responsibility of taking up the issue of AIDS. Whatever comprehensive programme is drawn up would need to be taken back to members which in itself would create further awareness in terms of them having then to debate a particular proposal around the question of AIDS.

The lead has to be taken by the trade union movement because the people we have in the trade union movement are some of the people who are threatened most directly by AIDS and at the same time the kind of material which has been made available by the government, for instance the kind of posters which you see on notice boards in town, are of no use to them because many of them are illiterate.

Essentially I think the unions need to move and move quickly in terms of creating awareness around AIDS. □

# Confronting AIDS in the workplace

## International trends

*This article summarises the proceedings of a World Health Organisation (WHO) conference on "AIDS and the Workplace". The workplace is seen to provide a "strategic platform" for engaging in programmes against AIDS. Policy guidelines drawn up by various overseas union bodies are presented. A workplace AIDS policy for persons applying for employment and for those already in employment is suggested, as are guidelines for health promotion strategy and for workplace AIDS education. The issue of HIV in the workplace can become a source of discrimination against workers. This has already occurred in the South African mining industry.*

*The numerous guidelines formulated by the delegates to the WHO meeting provide insight into what is considered internationally to be ethical practice with regard to HIV/AIDS in the workplace. These guidelines can assist South African workers in formulating their own demands around this issue.*

A World Health Organization (WHO) report on the topic "AIDS and the Workplace" provides interesting insights on emerging international approaches to confronting the AIDS crisis. The report covers discussions held in Geneva in June 1988 attended by representatives of trade unions and employers from all over the world.

A representative of the Swedish Labour Ministry Action Group on HIV/AIDS reported that at first trade unions in Sweden regarded the problem as a public health issue which would best be dealt with by the government health authorities.

It soon became clear, however, that information disseminated by the health authorities did not reach the workplace. Furthermore, much of the information being distributed by the mass media contributed to confusion and anxiety rather than assisting the general public in becoming better informed.

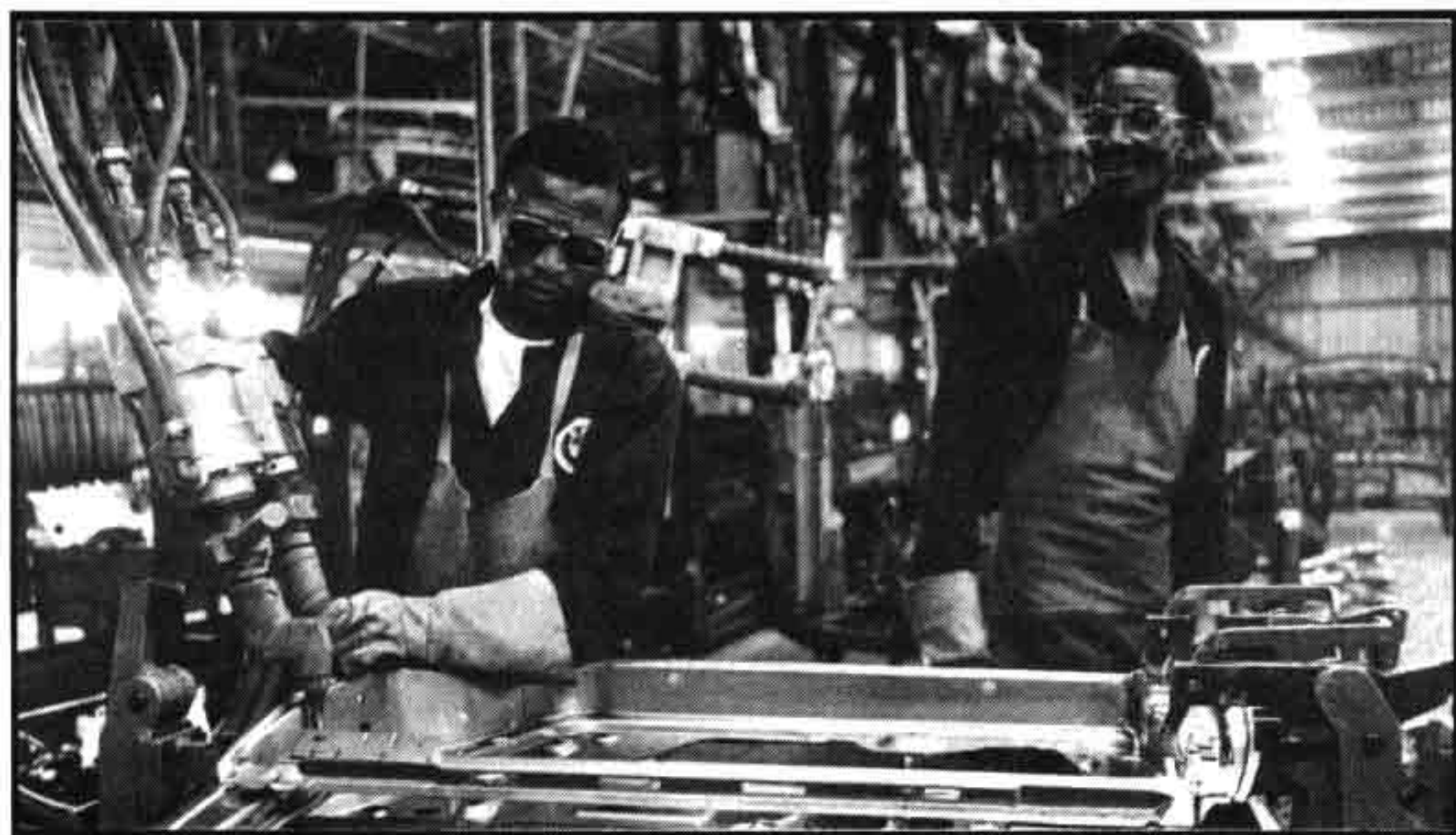
The unions realised that laws and negotiated agreements are not enough and that a change in public attitudes was needed. Health education would have to go beyond the promotion of condoms and deal with basic factors in relationships between people. The workplace was seen to provide a strategic platform for implementing such an approach. Such action could be undertaken by the unions alone, by the unions jointly with

employers, and by both in co-operation with the health authorities and other agencies.

In the USA several studies have shown that only a small percentage of companies have provided AIDS education and developed an AIDS policy. Workers' attitudes and behaviour show a high level of anxiety about working with HIV infected people. AIDS education programmes aim to reduce fear and hysteria and prevent the spread of AIDS.

The Australian Council of Trade Unions (ACTU), the British Trade Union Congress (TUC), and the Canadian Labour Congress (CLC) were also represented at the conference in Geneva. Each of these bodies has drawn up policy guidelines for confronting the problem of AIDS. Aspects of their various policies include:

- opposition to discrimination against workers with AIDS/HIV or those perceived to be at high risk, such as homosexuals and persons with haemophilia;
- opposition to the dismissal of HIV infected workers;
- opposition to compulsory screening. If screening is done it must be voluntary and with informed consent;
- commitment to the provision of adequate training and protective clothing and equipment in those workplaces where there may be a risk of transmitting the virus (eg in hospitals);
- confidentiality - in particular regarding HIV testing;
- improved awareness of health education;
- the need for clear and accurate information;
- ensuring that adequate public resources are put into combatting AIDS;
- the recognition that education is more effective than legislation in controlling the



**Most occupations do not involve any risk of catching AIDS from fellow workers.**

spread of the disease.

Certain companies have themselves responded in a relatively enlightened manner to the AIDS crisis. IBM's policy, for instance, stresses respect for the individual and the treatment of employees with AIDS in a manner similar to those suffering from any other serious illness in terms of confidentiality, access to benefits, and accommodation at work. The company does not test applicants or employees for HIV. Their strategy incorporates: assistance to employees and their families, education programmes and support of external programmes to combat AIDS (eg. research grants).



**No worker should have to undergo an AIDS test in order to get a job.**

The Swiss company, Ciba-Geigy, provides for counselling for employees with HIV and for the voluntary reassignment of such employees to reduce their risk of exposure to AIDS related diseases.

Certain delegates at the conference expressed their concern that voluntary programmes would only reach those who are already taking positive steps to reduce their risk behaviour. Others argued that the wishes of the individual should be respected and that voluntary participation would make participants more committed to the AIDS programmes.

The content of discussion at the conference was brought together in a detailed "Consensus Statement". "Concern about the spread of HIV/AIDS", according to the statement, "provides workers, employers, governmental agencies and other organisations with an opportunity to create an atmosphere conducive to caring for and promoting the health of all workers".

"In the vast majority of occupations, work does not involve a risk of acquiring or transmitting HIV between workers or between workers and clients". However, the statement notes that special attention needs to be given to specific occupations (such as health workers) where the risk of becoming HIV positive through work does exist.

The essential principles of AIDS policy should involve a recognition that "protection of the human rights and dignity of HIV-infected persons, including persons with AIDS, is essential to the prevention and control of HIV/AIDS. Workers with HIV infection who are healthy should be treated the same as any other worker. Workers with HIV-related illness, including AIDS, should also be treated the same as a worker with any other kind of illness".

Furthermore "most people with HIV/AIDS want to continue working, which enhances their physical and mental well-being and they should be entitled to do so. They should be allowed to contribute their creativity and productivity in a supportive occupational setting".

## **What should an AIDS policy contain?**

The statement proposes that any AIDS policy should have two main components relating to persons applying for employment and persons already employed.

### **Persons applying for employment**

Pre-employment HIV/AIDS screening as part of the assessment for fitness to work is unnecessary and should not be required. Screening of this kind refers both to HIV testing as well as asking questions about possible risk behaviours such as how many sexual partners the job applicant has.

Pre-employment HIV/AIDS screening for insurance or other purposes raises serious concern about discrimination and needs to be examined more closely. (Insurance policies and medical aid schemes taken out on commencing a job may insist on screening for HIV. This may be an indirect way of employers getting such information and acting on it in a discriminatory way.)

## Persons in employment

- 1. HIV/AIDS screening:** HIV/AIDS screening, whether direct (HIV testing) or indirect (assessment of risk behaviours) or asking questions about tests already taken, should not be required.
- 2. Confidentiality:** Confidentiality regarding all medical information, including HIV/AIDS status, must be maintained.
- 3. Informing the employer:** There should be no obligation on the employee to inform the employer regarding his or her HIV/AIDS status.
- 4. Protection of employee:** Persons in the workplace affected by, or perceived to be affected by HIV/AIDS, must be protected from the stigmatisation and discrimination by co-workers, employers, clients or unions. Information and education are essential to maintain the climate of mutual understanding necessary to ensure this protection.
- 5. Access to services for employees:** Employees and their families should have access to information and educational programmes on HIV/AIDS, as well as to relevant counselling and appropriate referral.
- 6. Benefits:** HIV-infected employees should not be discriminated against. Access to and receipt of benefits from statutory social security programmes and occupationally related schemes should not be forfeited once a person is found to be HIV-positive.
- 7. Reasonable changes in working arrangements:** HIV infection by itself is not associated with any limitation in fitness to work. If fitness to work is impaired by HIV-related illness, reasonable alternative working arrangements should be made.
- 8. Continuation of employment:** HIV infection is not a cause for termination of employment. As with many other illnesses, persons with HIV-related should be able to work as long as medically fit for available, appropriate work.
- 9. First aid:** In any situation requiring first aid in the workplace, precautions need to be taken to reduce the risk of transmitting blood-borne infections, including hepatitis B. These standard precautions will be equally effective against HIV transmission.

The conference also agreed upon certain guidelines for health promotion strategies for HIV/AIDS in the workplace.

The proposed aims of workplace AIDS education programmes are:

- to minimise fear and anxiety concerning HIV/AIDS;
- to help prevent the spread of HIV infection;
- to promote a sensitive and responsible attitude towards HIV infected persons;

- to keep HIV-infected persons and people with AIDS informed about their rights.

Proposed objectives of workplace AIDS health programmes are:

- to communicate accurate up-to-date information on HIV infection to all personnel and their families;
- to encourage individuals to change their attitudes and behaviour;
- to promote the health of HIV-infected people and people with AIDS within the workplace;
- to ensure that workplace AIDS education programmes are incorporated into general health programmes;
- to ensure that workplace AIDS education programmes are integrated with or complimentary to other community AIDS programmes.

The proposal suggests that programmes should include:

- continuing consultation with all the relevant groups during its implementation;
- the allocation of time within working hours for the programme;
- a recognition that AIDS education should not replace existing occupational health and safety programmes.

The conference suggested an effective workplace AIDS education programme should include the following characteristics:

- a managerial commitment to ongoing training and AIDS education, which will require training for managers on AIDS-related issues;
- involvement of the target personnel in programme development;
- employment of a variety of educational and communication techniques;
- utilization of small interactive group techniques where possible;
- positive and competent programme leadership;
- material and educational techniques in the programme that are appropriate to the group the programme is aimed at;
- access to counselling and support services for employers, employees and those involved in carrying out the training and educational programmes. □

AIDS is the name of a disease that is affecting more and more people by the day. It is a very serious disease for which there is no cure at this time. You can read more about this disease and how to prevent it in a book called "AIDS - everybody's problem". To get this book send R3.00 to:

The Workplace Information Group (WIG)  
P.O. Box 5244, Johannesburg, 2000.

The National Congress of Trade Unions (NACTU) has also brought out a pamphlet on AIDS. It can be obtained by writing to:

NACTU, Health and Safety Unit  
7th Floor, Lekton House, 5 Wanderers Street, Johannesburg, 2001.



# COSATU resolution on AIDS

## *This Congress noting that:*

1. Thousands of people have died and over 1 million have contracted the deadly virus over the world.
2. A number of people are dying of this disease in South Africa and it is estimated that 40% of the population may be infected.
3. That presently there is no cure for AIDS, and therefore we can expect to see many deaths.

## *Noting further:*

1. That certain employers are beginning to discriminate against workers who suffer from AIDS.
2. That poverty contributes to the spreading of AIDS and other diseases.
3. That the migrant labour system, forced removals, and the state of emergency contribute to the instability of families and communities, creating conditions for the spread of AIDS.
4. That the state has already promulgated a law that empowers it to repatriate foreign workers carrying the AIDS virus.
5. That the education and information programmes of the government and bosses are racist and have created suspicion amongst our members, and have even led to a doubt that AIDS exists.

## *Therefore resolves:*

1. That the Education department of COSATU together with the education departments of affiliates embark on an extensive programme aimed at informing our members how to prevent AIDS.
2. To campaign against the dismissal and discrimination of workers who are found to have the AIDS virus.
3. To expose and eliminate the conditions which break steady relationships and thereby help to spread AIDS (conditions such as migrant labour, hostel living, shortage of housing and so on). □

# Negotiations around maternity benefits

Where to now?

Workers are also parents



*This article, written by Sharon Fonn, summarises the gains that have been made in recent years with regard to maternity benefits in South Africa. It identifies some of the issues which still need to be tackled and includes a brief discussion of parental rights agreements in other countries.*

## What has organised labour in South Africa won?

Some unions in South Africa have worked hard to win maternity benefits and parental rights for their members while others have neglected this area of struggle. As a result, in some workplaces a year's partially paid maternity leave (including other benefits) is a well established principle, while in others having both a baby and a job is not even



**Parents have the right to have a job and the time to take adequate care of their children.**

considered a right.

Unions have, in the various different agreements across industries, managed to negotiate various rights. The negotiated rights grow out of a particular understanding of the roles and rights of men and women in society. This understanding is outlined in the principles that follow.

## **Underlying principles to negotiating parental rights agreements**

- Men and women have the right to hold a job and have children.
- They have a right to work under healthy and safe conditions and to be able to give their children the necessary care and attention that all children deserve.
- A commitment to the elimination of discrimination on the basis of gender must exist.
- Men and women should have equal opportunity to combine employment with family life.
- Women employees should not be discriminated against on the grounds of pregnancy
- Men and women who are parents should be able to exercise their parental responsibilities.

## Practical rights established

The following list has been compiled from the parental rights section of various agreements between unions and employers. These rights have been based on the various principles outlined above. While each agreement does not embody all of these rights, the list indicates the scope of issues that have been taken up in the parental rights debate.

The right to:

- both a baby and a job;
- re-employment after maternity leave;
- maternity leave which is not seen as a breach of employment;
- the same service benefits given to other employees during the time one is on maternity leave;
- return to a similar job at the same wage grade;
- health and safety clauses to protect the health of the pregnant woman and the unborn child;
- sufficient leave after the birth to ensure mothers are in a position to breastfeed;
- extra sick leave allowance for mothers so they can take children to clinics when necessary;
- paternity leave for fathers;
- flexible payment of wages to women on maternity leave so as to allow them maximum UIF (Unemployment Insurance Fund) pay as well as pay from the employer;
- negotiations at industrial council level, thereby extending benefits to non-unionised workers;
- time off for child care. This right extends to adopted as well as biological children;
- extra time off for children till the age of 12 years based on the belief that children need special care well beyond infancy.

## What problems still exist?

The issue of both parents being allowed leave at the time of birth of a child has raised interesting questions about the traditional role of fathers. According to one union member at a seminar on maternity benefits: "Men should only be allowed home if they promise to help and not go out drinking with friends".

The maternity benefits gained by unions have, ironically, contributed to the difficulties women experience in looking for employment. Employers can avoid the extra cost of providing maternity benefits by excluding women from employment.

Both unions and employers have suggested that a fund be created to which the state and all employers contribute, irrespective of whether they employ women or not. This

fund could then be used to provide maternity benefits to families having babies. This fund could be more flexible than the present UIF maternity scheme. Unions need to address whether this is a viable system to fight for or whether they need to push the state to use tax money to increase the benefits and flexibility of the present UIF.

## How do we compare with other countries?

As mentioned earlier, some South African unions have negotiated successfully for reasonably comprehensive maternity benefits for their members. These gains compare favourably with the gains made by unions in many developed western countries.

The South African state, however, has very little progressive legislation covering parental rights. Besides the UIF, which allows for limited maternity pay and leave, the state does not take responsibility for the maintenance of healthy family relations. (Instead, through its numerous apartheid policies, the state has actively destroyed healthy family life.)

There are states in the USA, however, where guaranteed re-employment is not established and no maternity benefits are provided. But South Africa falls far behind



**Unemployed and frustrated: some employers avoid the extra costs of maternity benefits by not providing jobs to women.**

Sweden, where extensive and flexible rights for parents exist.

In Sweden, either the mother or the father may take leave for up to a year and they may share this time between them. Thus the mother may take the first few months and the father the next. At present, a new policy is under consideration where parental paid leave may be extended to two years, of which the last 6 months may be restricted to fathers only. This is to encourage fathers to participate more actively in child rearing.

Various factors facilitate the creation of these liberal parental rights in Sweden. Sweden is run by a government in which workers are well represented. Negotiations take place between the labour movement and the state and many agreements are enacted as law. This means agreements extend to all workers, as opposed to South Africa, where agreements hold only for

the workplaces covered by the union that negotiated the agreement. Furthermore, the Swedish state takes real responsibility for providing services for the working class and state funds exist to pay for parental leave to care for children. All parents can take advantage of these rights and services, irrespective of their place of work.

There is a significant difference between Sweden and South Africa with regard to gender relations. The roles of mothers and fathers with regard to housework or child care is understood differently in the two countries. It is both socially acceptable as well as practically possible for fathers to be the primary care giver in Swedish society.

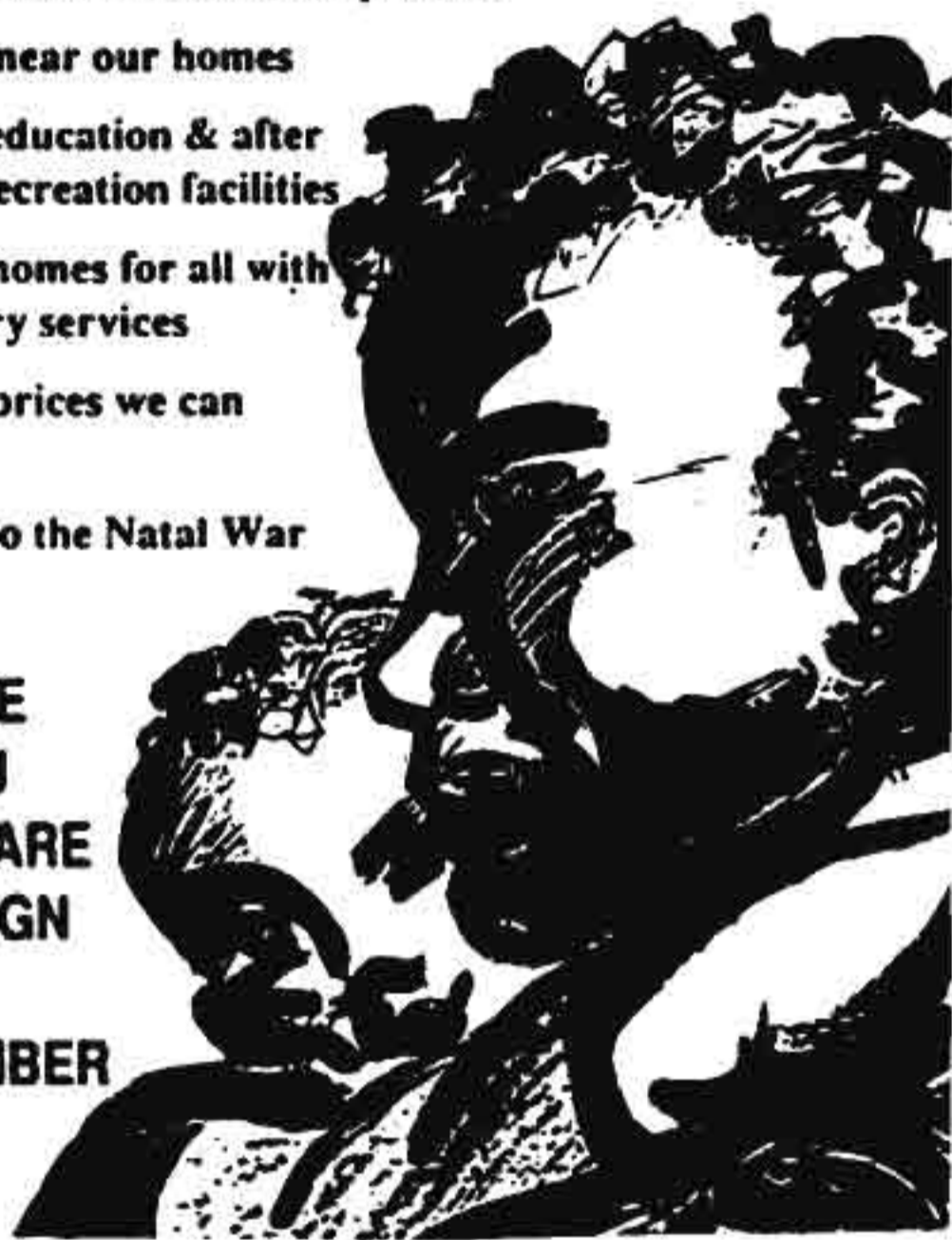
Because of these ideological beliefs, Sweden spends its national wealth in specific ways. A comprehensive social welfare policy exists. A family is assured of a regular income even if a breadwinner is looking after a child, rather than working in the formal employment sector.

## Our Children Are CRYING for CHILDCARE

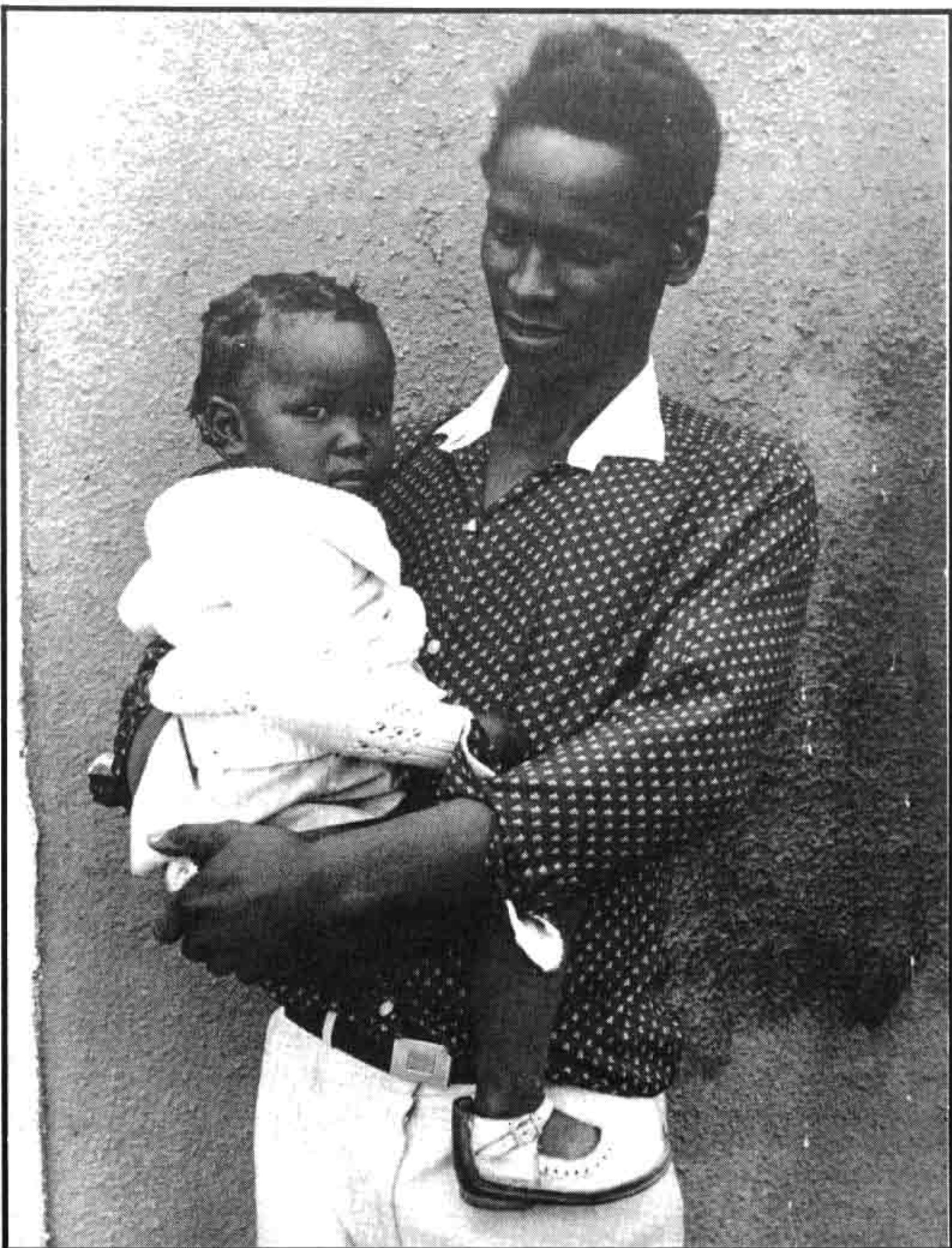
*We demand the protection of our children*

- ✱ adequate maternity benefits including paternity leave
- ✱ 20 days childcare leave for parents
- ✱ creches near our homes
- ✱ proper education & after school recreation facilities
- ✱ proper homes for all with necessary services
- ✱ food at prices we can afford
- ✱ an end to the Natal War

JOIN THE  
COSATU  
CHILDCARE  
CAMPAIGN  
ON 20  
SEPTEMBER



COSATU's recent campaign supports parental rights.



**Bringing up children is the responsibility of both the mother and the father. Parental rights agreements should reflect this principle.**

Sweden has a national health service that makes health care free at the point of delivery.

There is a comprehensive child care system funded by the government, allowing parents to leave their children and return to work.

While one is not suggesting that the Swedish model is the one for South Africa to follow, it is useful in a short article like this to highlight the principles that are incorporated in some of their policies which do allow for wide ranging benefits for workers who choose to have a child.

## Where to from here?

Those unions which have already negotiated an advanced set of maternity agreements might be in a position to:

- assist those unions which have no such agreements;
- challenge the existing status quo with regard to sex roles;
- create conditions in this society which would lead to the creation of social services and programmes whereby both men and women who choose to have children can also work and know that their children will be well cared for when they return to work;
- challenge the conditions of service of women who are pregnant;
- demand the inclusion of adequate and appropriate educare for children of workers;

In addition, gender relations and parental rights must be placed firmly on the agenda of working class organisations and future policy discussions. These issues are important and have implications for how South African society is reconstructed.

The rewriting of the South African constitution is likely to occur in the near future. We need to use this opportunity to make it as all encompassing, enabling and progressive as possible. □

## Acknowledgement

Special thanks to Jeremy Daphne of the South African Commercial, Catering and Allied Workers Union (SACCAWU) for assistance with this article and for providing a copy of his article "SACCAWU's fight for parental and child care rights" from which excerpts have been taken.





# Noise and dust campaign

## FAWU's struggle for better conditions in the milling industry

*The Premier Group, a subsidiary of Anglo American, is one of the "big four" companies dominating South African agribusiness. It has four divisions of which Premier Food Industries (PFI) is one. The milling industry, in turn, is one of PFI's six divisions. The milling industry presents particular problems for union organisation and campaigns. These are highlighted in the history of Food & Allied Workers Union's (FAWU) noise and dust campaign in Premier Milling. Peter Lewis of the Industrial Health Research Group (IHRG) who worked with FAWU on this campaign, reports.*

### Background

The milling industry has performed well over the past 20 years, evading the effects of the recession because steadily rising real wages in the economy as a whole, together with bread price controls, have increased the demand for bread as a working class staple food, while milling industry profits have been guaranteed by the subsidy system. Since the late 1970s, therefore, there has been considerable industry-wide investment in plant and machinery in milling.

In the 1980s Premier Food Industries (PFI) began promoting the internal regulation of the industry by recognising FAWU as a bargaining agent at divisional level and in the majority of mills. Recognition has developed so that now there are virtual full-time shop stewards in each mill and Premier Milling Division finances shop stewards' transport to national divisional meetings.

PFI also attempted to bring the other "big three" into an industrial council and to persuade the other companies to stop competing by keeping wage levels as low as possible. Both Premier and FAWU have so far failed to create an industrial council in milling.

In 1986, a government-appointed commission of inquiry recommended the removal

**Sweeping****Bulk feed offloading****Bag handling: rail loading**

of the bread price subsidy, the drastic reduction of the role of the wheat board in setting wheat-procurement prices, and the removal of the wheat board's guarantee of millers' profit levels via determination of cost margins for subsidised bread. This is in line with the economy-wide policy direction of reduction in state budgets, privatisation and deregulation.

The refusal of the other large milling companies to form an industrial council, and the probable removal of the state controls over the industry, persuaded PFI to abandon attempts at regulating the industry from inside and to swim, instead, with the deregulation tide.

In 1987, PFI milling division went into dispute during the annual wage round with FAWU and SASKO. 5 000 Premier and SASKO workers went on strike in most regions. The strike was a considerable victory for FAWU and so in 1988 Premier Milling Division began to impose decentralised plant bargaining on FAWU, to make it more difficult for the union to coordinate at a national level. FAWU resisted these moves successfully and at present wage bargaining still takes place at divisional level.

The switch in PFI policy, however, has had implications for the FAWU noise and dust campaign of the 1980s.

### Some of the hazards in the industry

Inside the concrete silo and mill buildings there are many workers with coughs and different kinds of respiratory-like illnesses. Conversations with longer serving grain

workers are often punctuated with whistling and wheezing sounds, as the workers struggle to get enough breath. Some workers have ugly sores on their skin, caused by too frequent contact with the irritating raw materials, while others have hearing problems from noisy machinery.

**Workers are exposed to dust when:**

- unloading grain or feed from rail trucks into the elevator system;
- taking off bran, feed or flour into sacks at various points in the elevator system ("bagging off");
- handling dusty sacks of product, loading rail or road trucks for dispatch;
- working in semi-automatic packing departments;
- breaking open rejected bags of product for recycling ("returns");
- cleaning mill and silo floors, and especially elevator boots and silo bins, when workers have to climb into confined spaces and clean up dust;
- weighing and adding chemicals such as minerals, vitamins and parasite killers in feed mills;
- hand tipping grain and feed raw materials into the elevator system;
- working long periods in the same plant, leading to intensive dust exposures.

Noise is a constant feature of the mills, pervading all departments. **The main sources of noise are:**

- milling machinery such as box sifters, screens, separators;
- air moving and pumping equipment for the elevator system;
- "blowlines": large air movers that act as transport for raw materials around the plants, and into and out of the elevator systems;
- vacuum equipment to clean re-usable bags;

### Bagging off



### Tipping



### ● packing machinery.

The mills are the noisiest sections, sometimes reaching constant levels of 95-98 dB(A). Noise levels in other areas are often higher than 85 dB(A).

Premier Milling has expanded and modernised a number of flour and maize mills during the 1980s, incorporating a high degree of automation. Modernisation has brought many hazards into the industry. If improvements in technology are motivated only to spread costs over increasing levels of output, there is no guarantee that they will result in improved health and safety for workers.

Between 1983 - 1989, about a third of the workforce at the Cape Town branch of Premier Milling left their jobs. No doubt the dusty and noisy working conditions have something to do with this.

## Workers reject NOSA

The semi-state, but independent NOSA "inspectorate", financed by the Workmen's Compensation fund, with its star grading system, has always been closely aligned with "loss control" strategies for reducing the number of factory accidents (i.e. controlling the amount of production time lost) and is not concerned with introducing potentially costly preventive occupational medical and technical services into industry. FAWU has consistently refused to cooperate with NOSA's star-grading system. Members believe that the evaluation process never involved them, and their grievance about such problems as dust and noise were not considered. NOSA training was therefore dismissed as irrelevant and when management set up the MOSA safety committee the union boycotted it, dealing instead with health and safety issues on the normal agenda of shop stewards' caucuses and monthly negotiations with branch managers. Thus "official" health and safety organisation in the industry was mirrored by an "unofficial" shop steward-based structure at plant level.

The noise and dust campaign attempted to extend isolated gains made through this unofficial structure to the whole company, through a national health and safety agreement for the dry milling division. The first initiative was to gain the principle of health and safety inspections and ultimately dust and medical surveys to be carried out by union nominees such as the health and safety service organisations. This broke the monopoly held by NOSA on company health and safety matters.

## The course of the campaign

Shop stewards negotiated access to the mills for IHRG. Inspections were carried out by IHRG with shop stewards but not in the presence of managers. Also, no time constraints were placed on the inspections. Lengthy discussions were held with shop stewards and



FAWU won significant gains during the noise and dust campaign.

workers to identify their problems.

Following the inspections, shop stewards decided that more detailed investigations were necessary. They negotiated for IHRG to carry out surveys, first in the Cape Town branch and then in the East London plant (which was carried out in conjunction with IHSEP). IHRG, HIC\* and IHSEP (all health and safety service organisations) together undertook the following surveys:

**IHRG:** 1983/4 - undertook a respiratory health survey of workers in 5 plants in Cape Town, including bakeries and grain mills.

**HIC:** 1985 - performed grain and flour dust measurements at Isando flour mill, and undertook a respiratory health survey of all workers at the mill.

**IHRG:** 1987-89 - carried out dust and noise measurements at the Premier grain mill depot in Cape Town, and measured carbon monoxide levels from diesel exhaust fume in the depot. A respiratory health survey for all workers was undertaken at both plants.

**IHRG and IHSEP:** 1989 - carried out dust and noise survey at Epol animal feed plant, East London. A company nurse was trained to carry out lung function measurements.

After the HIC and 1988 IHRG health screenings, individual workers with respiratory health problems were referred for specialist medical attention, and all workers were given individual reports from the tests they underwent.

\* The Health Information Centre (HIC) has become the Workplace Information Group (WIG).

## Recommendations for improvements

Detailed recommendations were put forward on the basis of observed dust and noise levels, and the relationships between dust levels and respiratory health problems discovered in the screenings. Personal protective equipment, cleaning equipment, product handling, and maintenance of machinery were covered by the recommendations.

Larger-scale monitoring and control strategies were also proposed, including:

- annual audiometric (hearing) testing;
- incorporation of the respiratory screening protocol into annual medical examinations provided by the company;
- a recommendation that the company contract engineering surveys of dust and noise sources with a view to design or adapt engineered control measures.

## Significant gains made

Although all these surveys took place at plant level, the recommendations for a comprehensive occupational health service at the plants and preventive engineering interventions could not be discussed at plant level, as management approval for any spending had to come from the national divisional level. After considerable delays, some of the smaller items were, however, attended to in the Cape Town branch:

- some airstream helmets were purchased and their maintenance improved (with shop stewards deciding how often filters should be replaced);
- a pressurised air supply system was introduced for workers cleaning inside silo bins;
- 3 vacuum cleaners were bought for general cleaning purposes;
- in East London, management looked into purchasing airstream dust filtering protective helmets for those workers highlighted during the survey as being at risk.

## Meetings with management

These gains gave the union negotiators confidence that health and safety was firmly on the negotiating agenda. At last health and safety was moving away from the management-dominated MOSA structure and the NOSA star grading system. But management in both plants told union members that the larger issues could only be dealt with at divisional level negotiations between the national joint shop stewards' council and the divisional management committee.

Two such divisional level discussions on health and safety have taken place. At the first, in 1988, management gave a presentation that dealt with dust as an explosion hazard only, ignoring the fact that it is also a chronic health hazard. Their approach to the meeting was "consultative". No minutes were taken; no decisions were reached and

no undertakings were given - it was clear that management intended to dominate the discussion and determine its terms.

The union, however, tabled a health and safety agreement drawn up by IHRG at the request of, and in consultation with, the union's national milling organiser. The agreement was discussed with the union in great detail before the meeting. (See the following box for details of agreement.) Management requested time to respond but expressed a preference for dealing with health and safety outside of a negotiating format.

#### **Health and Safety Agreement - initial draft**

The agreement is a comprehensive one dealing with the following issues:

- shop stewards to be recognised as safety representatives under MOSA, with all the duties and rights in the law;
- rights for shop stewards to union training, time off for meetings at plant and divisional level;
- rights to information for shop stewards and union officials;
- access for union officials and their advisors;
- procedures and rights of shop stewards to deal with accidents;
- workers' rights including the right to refuse dangerous or unhealthy work, and no loss of status if transferred for health reasons;
- personal protective equipment - general requirement on management to institute engineering controls alongside PPE program;
- grievance procedures for routine and urgent health and safety problems;
- provision for respiratory health screening annually with detailed protocol including issue of confidentiality;
- provision for extra sick leave for respiratory health problems;
- procedure for extra safety precautions when construction work is being done on mill sites;
- provision for the company to carry out industrial hygiene monitoring of dust levels.

The second divisional meeting took place early this year (1990). In the meantime, most of the survey work was completed and reports sent out widely in the company to both management and the union.

The second meeting was more like a negotiation, with detailed responses from management to the agreement presented at the first meeting. The union made several concessions, the most important being that they would no longer argue for the recognition of shop stewards as safety representatives under MOSA, but that shop steward representation on health and safety issues, along with the expanded rights laid down in the agreement, should exist parallel to management MOSA health and safety committees.

At the union's request, IHRG also tabled a proposal for the company to contract an engineer to investigate dust and noise control measures for the entire industry. Insights gained from the hygiene surveys mentioned above would be used as the starting point.

Management rejected the proposal to use an outside engineering specialist, suggesting instead a "technical meeting" between IHRG, the company medical officer and

company engineers to discuss control measures. The union requested this meeting to include the joint shop stewards' council. This was also rejected by management on the grounds that "workers would have nothing to contribute to a technical meeting of this nature". We were wary to define the area as "purely technical" and felt that union representation would be important. No agreement has been reached on this issue.

The health and safety agreement itself is still to be finalised, and the joint shop stewards' council will attempt to negotiate the same agreement in the other two milling divisions of PFI: animal feeds, and edible oils.

## **Importance of "participative" research methods**

The research undertaken by the IHRG was based on "participative" methods. While participative research can take a long time to produce results, the education process involved is valuable for both researchers and union members and greatly adds to factory floor level organisation over health issues. The process involved extensive discussions with shop stewards and union members prior to and during the survey. Through this participation, researchers gained an understanding into the way the workers experienced the problems involved. This led to more meaningful and representative results in contrast to management-commissioned studies which had minimal worker involvement and sometimes contained contradictory recommendations.

Researchers reported back extensively in meetings with shop stewards' committees and in joint management-union meetings at plant level. Written technical reports were also given to the union and management while shorter, simpler summaries were written for worker readership.

Detailed discussions took place with shop stewards over concepts of occupational health and disease. The existing situation was discussed and compared with what is possible and desirable to achieve. In this way, different approaches were debated and formulated into detailed plant-level strategies involving definite demands.

## **Why is health and safety low on management's list of priorities?**

The content of the proposed national agreement and the proposals for investigations into health and hygiene conditions and control measures at the factories all came from detailed plant-level investigations, which are an indispensable basis for any union intervention in health and safety matters. But plant-level work also has limitations, especially in a highly centralised and technology-intensive industry such as milling.

Managements in the industry have been very slow to do anything about preventing





health problems from noise and dust exposure in existing mills for the following main reasons:

☆ Post construction control of noise and dust involves expensive equipment and machinery and it is difficult to convince production managers that the expenditure will lead to increased output or profits. This is also why plans for new mills are not discussed with union representatives with a view to designing in standards for dust and noise exposure.

☆ Most of the health problems connected to milling involve a steady, slow deterioration of health. They are not dramatic diseases (resulting in deaths which cannot be ignored) and do not cost money in the form of increased workmen's compensation insurance premiums.

☆ State regulation of specific health hazards in the industry is still extremely limited. Although the legislation contains provision for the factory inspections, the factory inspectorate is underfunded and unable to undertake a comprehensive enforcement role.

Problems with the semi-state, but independent NOSA "inspectorate" have already been mentioned.

There is still no specific regulation of the milling industry to control dust levels in the mills, either for respiratory health protection, or to control the potential dust explosion hazard.

Also, occupational asthma is still not included in the "second schedule" of compensable occupational diseases. This discourages workers and their unions from pursuing

any individual claims, since there is a burden of proof on the asthmatic working in the grain industry to prove that his or her asthma was caused by work, while the costs of the claim and medical expenses for unsuccessful claims must be borne by the claimant or the union. The same applies to other respiratory diseases common in the industry such as chronic obstructive lung disease which is compensable in some countries.

For these reasons, PFI's health and safety practices at national level lag a long way behind their investment programme in machinery. Management's standard response to MOSA has been: participation in the NOSA star grading scheme and appointment of management representatives at various levels as safety representatives, who sit on safety committees.

The other main management initiative has been the creation of a rudimentary factory-based health service through the employment of occupational health nurses in factory clinics. This service was designed to deal only with accidents and routine ailments. Also, it suffered from very limited resources. The company nurses have a very limited educational role especially concerning occupational health problems and are not in a position to provide preventive occupational health programmes. Recently the company has appointed a national medical officer. This is probably a response to successes in FAWU's campaign rather than an autonomous management initiative. It is unclear what role this officer will have and defining that role may be one of the tasks for the FAWU negotiators.

## **National initiatives in FAWU's campaign**

FAWU has concentrated on company level bargaining, especially over wages. This has led to intense struggles for access by the union to top management. The health and safety campaign has also followed this trail to national bargaining, but still with considerable resistance from management over both the character of meetings on health and safety, the types of issues that are placed on the agenda, and over the principle of union representation at what management defines as "technical" meetings. The climate of deregulation in the company and in the state has sharpened these conflicts.

FAWU negotiators will be addressing a number of questions about the union's intervention at national level on health and safety issues:

- the continuing need to reconstruct an industrial council for the whole industry, to counter deregulation;
- the need to negotiate at decision-making levels with management before investment in new technology in existing and new plant takes place;
- the need to develop a more formal structure for the health and safety campaign, and to involve officials (especially at national level) in the conduct of the campaign. Such a structure could improve communications between officials, shop stewards in the

different branches and regions and service organisations so that tactics and strategies are understood, are consistent between different divisions, and have the support of all shop stewards and the mass membership. It could also speed up the campaign by making sure that health and safety does not fall off agendas;

- the need to finalise the health and safety agreement in all divisions so that health and safety organisations at all levels can proceed at a faster pace;

- the need to develop a strategy towards better and more relevant legislation to control and monitor health and safety in the industry;

- the need to address the problems of workers in rural mills, which are smaller, less technologically advanced, less safe and more unhealthy, and where union organisation is less developed - this applies particularly to the mills in the "independent states". These workers will have to be included in the campaign.



These workers will have to be included in the campaign.

## Conclusion

The FAWU campaign on health and safety in milling has raised many questions which also apply to other industries. One of the central questions raised is what kind of occupational health service should there be for workers? What should be the roles of the state, workers and their unions, and corporate managements in this service? Who should provide the service, and how can accountability to workers' organisations be ensured? These questions are now more real than ever before since a change of government with totally different priorities is on the national political agenda. The FAWU campaign has begun to point to some answers. □

*(We would like to pay tribute to the shop stewards in the milling industry who have built the campaign through their patient determination to struggle for better conditions for all workers in the industry.)*

*Peter Lewis, IHRG*

Get your copy of

# Bridge 1991/92

now!

The **Human Awareness Programme** has produced Bridge, a directory of organisations at work in South Africa, for over a decade. The latest edition of Bridge contains:

- ☆ *Details on over 300 organisations working for change*
- ☆ *A list of conference centres and meeting facilities*
- ☆ *Colour coded pages to make searching easy*
- ☆ *A Quickflip telephone directory of press phone numbers*
- ☆ *A directory of trade union federations, churches, universities and political organisations*



I would like to order .....copies of Bridge 1991/92.

Price:

**R64,95** each

**R44,95** each for non-profit organisations, subscribers and orders of more than 10 copies

+ **R5,00** postage and packaging for each copy ordered

*Overseas purchasers will be invoiced for postage and packaging costs.*

Enclosed please find my cheque/postal order for R .....

Name: .....

Organisation: .....

Address: .....

..... Code: .....

Cheques to made out to **Human Awareness Programme**. Post orders to:

☐ **Human Awareness Programme**, Box 95134, Grant Park, 2051

☐ (011) 640-3126



# The campaign against Thor Chemicals

## Trade unions and the environment

*Following the discovery of mercury deposits in the Mngweni River just below the Thor Chemicals plant in Natal, the Chemical Workers' Industrial Union was one of a number of groupings that took up a campaign against Thor Chemicals as well as against the importation of toxic waste. This article, by Gareth Coleman of the Chemical Workers Industrial Union (CWIU), discusses the scope and potential of trade union intervention in the struggle for the protection of the environment, outlining the campaign against Thor Chemicals to illustrate that environmental struggles have the potential to take on an overtly political character in South Africa.*

### Introduction

The recent discovery of substantial poisonous mercury deposits in the Mngeweni River near Cato Ridge has revealed the seriousness with which the struggle for a healthy and safe environment in South Africa must be viewed. The discovery came soon after two other environmental scandals in Natal: the threat to the unique St.Lucia dune forest by a multinational dune mining company (Richards Bay Minerals) and the deformation of vegetable crops in the Tala Valley as a result of dangerous herbicides sprayed on the nearby sugar plantations.

In other parts of the world the question of the environment has increasingly resulted in mass action. In some countries the environmental lobby has grown into a substantial social force and an integral part of those countries' national and international politics. Given the broad appeal of environmental issues, struggles for the protection of the environment have drawn the attention of a range of social groups and organisations from some quarters of



big business, to environmental action groups, and trade unions. In South Africa, very little is known about the campaigns undertaken by trade unions in the struggle to protect the environment. One such campaign is the CWIU's struggle against Thor Chemicals. Before discussing this campaign, it is necessary to briefly discuss how the question of environmental protection has been approached internationally in the chemical industry, to reveal the scope and potential of trade union intervention in the struggle for the protection of the environment.

## International developments in the chemical industry

The nature of the chemical industry, with dangerous chemicals in the factory and high levels of pollution emitted from a number of plants, has placed chemical workers internationally in a rather unique position. Workers and trade unions in the industry have a first hand knowledge of the dangers of particular chemicals and of their possible effects on the environment and the population at large. At the same time, workers are particularly well placed to challenge existing environmental issues and controls. At a general social level, the power of trade unions acting as a pressure group has been able to force governments to legislate in favour of environmental protection. At another level, workers in production, if well organised, have challenged management's ability to treat the environment with disrespect in their attempts to cut costs.

Toxic pollutants do not respect state boundaries. What happens environmentally in one country directly affects people living in another. This fact propelled the International Federation of Chemical, Energy and General Workers' Unions (ICEF) and its affiliates to play a more active role in the protection of the environment. ICEF identifies "the right to know" and the "right to decide" as being central to trade unions and other organisations' struggle against the destruction of the environment.

As ICEF states, "Information and control are the twin pillars upon which rests the democratic operation of society. Trade union demands for expanded industrial democracy stand on the same principles. Such demands imply and include the assertion of common ownership over the natural environment, rights which have been violated in the past by industry without discussion or consultation."

ICEF affiliates have put these resolutions into practice in the conditions of their own



countries. Some of the struggles of ICEF affiliates have begun to reveal the rich and varied form that trade union struggles for the protection of the environment can assume. Some of these are outlined below.

● In Finland, the Finnish Paperworkers' Union have negotiated a clause with companies whereby a worker can refuse to dump what he or she believes to be hazardous waste.

● In West Germany, IG Chemie-Papier-Keramik signed an accord with the German Chemical Industry Association which includes: the screening of existing and new chemical products for their environmental effects; procedures for safety analyses for plants and for the transport of hazardous substances.

● In Holland, the Industriebond FNV carried out a survey which revealed that over 75% of its members viewed environmental action as a task for trade unions. As a result of this survey, the Industriebond FNV decided to prepare an industry environment plan detailing policy for the industry as well as formulating workers' rights at the plant level.

Trade unions in other parts of the world have progressed quite considerably in addressing environmental issues. The social power of the environmental lobby, protection provided by state laws and the power and rights of the unions themselves have all contributed to this process.

In South Africa environmentalists face an uphill battle. Not only is the legislation governing the environment hopelessly inadequate, but pollution levels in some parts of the country are said to be the worst in the world. For example, in the Eastern Transvaal industrial air pollution has resulted in acid rain. In the Vaal Triangle, visibility is very bad as a result of a haze formed by the emission of hydrocarbons which react with the atmosphere.

Within the context of a highly restrictive political climate, where "the right to know" and "the right to decide" are in themselves a focal point of daily struggles, environmental struggles have the potential to take on an overtly political character. This point is well illustrated in the controversy surrounding the importation of toxic wastes to Thor Chemicals.

## **Thor Chemicals and the international toxic waste trade**

Mercury is an extremely poisonous element. It can destroy the human central nervous system and cause birth defects. The non-fatal effects of the substance include mental deterioration, nervous tremors, fits of laughing and crying, the loss of the senses of hearing, sight, smell and taste, and severe inflammation of the digestive system.

American Cyanamid, a company with a bad track record when it comes to labour issues in South Africa, and with a bad environmental record in the United States, exports at least ten tons of mercury waste to Thor Chemicals at Cato Ridge every year. The Thor plant is situated on the border of Kwazulu at the source of a stream which runs into the Mngeweni River. Two kilometers, the Mngeweni River flows through a populated area

of Kwazulu at Fredville where residents use the river on a daily basis for washing of clothes and cooking utensils, and for swimming.

Despite the fact that the Cyanamid plant is located nearby one of the five mercury smelters in the United States, it chooses to export this waste to South Africa. This is because the US recycling plants refuse to handle mercury wastes with over 3% organic carbon as the environmental consequences of burning mercury wastes heavily contaminated with organic chemicals can be severe. The wastes which are shipped to Thor in South Africa are contaminated with 30-40% organic waste!

The total shipments of waste to Thor from Europe and America are unknown as Thor executives are secretive about their operation.

## Why does Thor operate in South Africa?

The question is why did a British company such as Thor decide on South Africa to build the largest recycling plant in the world? The obvious answers which spring to mind are:

- South Africa's poor environmental protection laws;
- cheap and repressed labour;
- no established popular environmental non-governmental organisations;
- a hope that political outcry over apartheid might leave little time for environmental activities.

The laws governing the importation of toxic wastes into the country are very lax.



**Workers, environmental organisations and members of the community unite against Thor Chemicals and American Cyanamid.**



While countries must apply for permission to import waste, this is generally granted with very few questions asked. As a result, South Africa is a potential dumping ground for the world's waste products that are considered too dangerous to recycle or dispose of in their own countries. Controls in a number of advanced capitalist economies over the disposal of waste are so strict that it is cheaper to dispose of the waste in another country, usually poor, developing countries that need the revenue even at the expense of the environment.

The only non-OECD<sup>\*</sup> countries that regularly import wastes from the United States are Mexico, Brazil and South Africa. All of these wastes are targeted for so-called "recycling" facilities, which are in reality reprocessing plants that rely on highly-toxic wastes as a cheap alternative to raw materials.

In 1989, 105 countries agreed to the Basel Convention governing international shipments of waste. The document did not ban the export of waste but imposed tight restrictions. Waste could only be exported if adequate environmental precautions were taken, and if the government of the importing nation gave its approval. The Lome IV Convention, signed in December 1989, between the European community and 68 ACP (African, Caribbean and Pacific) states contains a ban on all shipments of waste to 45 African states. The Organisation of African Unity (OAU) has also resolved to ban all waste imports into the African continent. South Africa has not been party to any of these agreements.

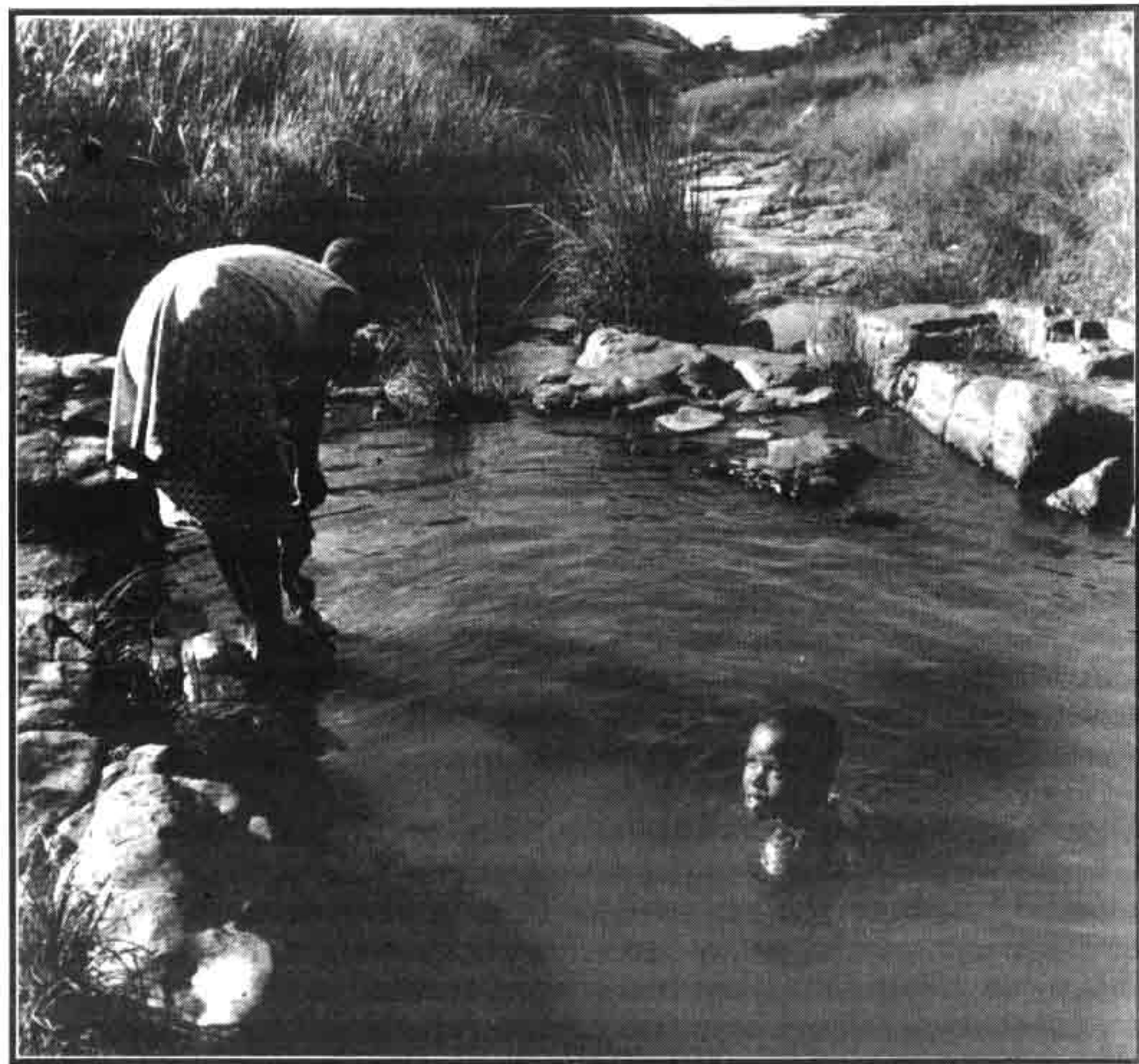
## **The campaign against Thor Chemicals**

The alarm was raised in the Natal area when three independent investigations, one by the Umgeni Water Board, another by a US newspaper, the St.Louis Post-Dispatch and a third, by the environmental group Greenpeace International, revealed alarmingly high deposits of mercury at the source of the Mngeweni River, just below Thor Chemicals. In an analysis of soil and sediment samples performed by the Queen Mary College in London, a sediment sample was found to be contaminated by 1 764 parts per million of mercury - this is 8 810 times the US standard for classifying the waste as hazardous. River sediment samples at Fredville were also well above the US standard for hazardous wastes.

When members of Earthlife Africa spoke to workers at the plant they were told that two workers had "gone mad". They were taken to hospital as they were "doing and saying strange things, and were shaking a lot". These are typical symptoms of mercury poisoning. The Managing Director at Thor said that workers did get sick but they did not "go mad". "We check the guys' urine every week and if levels exceed 200 micrograms of mercury per litre they are given orange juice to drink and taken away from the plant." (The logic behind giving orange juice is the claim that drinking large amounts of liquid

---

☆ OECD = Organisation for Economic Co-operation and Development



Residents wash clothes and bathe in the Mngweni River which has the highest recorded mercury contamination in the world.

- orange juice simply tastes better than water - will flush the mercury out of the body, thereby reducing the level of mercury in the urine. In fact, all the liquid does is to dilute the urine so that the amount of mercury appears to be less, while the actual levels in the blood remain unchanged.)

Three main groupings publically took up the struggle against Thor Chemicals and the importation of toxic wastes: the CWIU, Earthlife Africa and residents around Fredville (the affected area). The campaign also targetted American Cyanamid in an attempt to expose the way multinationals are abusing the environment in South Africa.

Both the environmental groupings and the trade unions acted at the international level. Greenpeace mobilised support for the Earthlife Africa internationally and through



**A toxic waste storage ground in Pietermaritzburg, Natal.**

its US affiliates. The CWIU worked closely with the Amalgamated Clothing and Textile Workers Union (ACTWU) and other US unions. Greenpeace did crucial investigative and research work, organising tests of samples of local soil and publishing important information regarding the companies involved and the environmental risks being taken. CWIU was also able to get access to information through its international networks regarding the international toxic waste trade, and American Cyanamid and Thor Chemicals in particular.

In April 1990, protests were organised at Thor Chemicals in Natal and Cyanamid plants in the US. Workers at Thor Chemicals had not been unionised, but CWIU nevertheless saw it as an important issue to pursue. A busload of CWIU members from Durban joined members of Earthlife Africa, Chief Mlaba, a Congress of Traditional Leaders of South Africa (CONTRALESA) chief, and residents who lived below the Thor

Chemicals plant, in protesting outside the plant calling for an end to the toxic waste trade. The CWIU senior shop steward from Cyanamid in South Africa travelled to America with the CWIU National Organiser to join a Greenpeace and union protest outside Cyanamid in America. Ironically, the protest in Natal went off peacefully with the police keeping a low profile. However, the protest in the US was baton charged and a number of protesters arrested.

After a public outcry at the levels of pollution, the government was forced to close down this section of Thor Chemicals operations until it had rectified the situation. Subsequent to the outcry Thor have claimed that the spillage came from stolen drums containing mercury and that the problem had therefore been the result of a security breakdown. According to Thor, the problem has been solved since they increased security. (Sunday Tribune, 12 August 1990.)

With regard to the continued importation of toxic wastes to this country, the company's permit to do so must be renewed every year. The final decision lies with the Department of Health after consultation with the Water Board and other relevant government departments. The Umgeni Water Board has already stated it has no objection to the continued importation of toxic waste.

## **Some conclusions**

The campaign against Thor Chemicals, and most importantly against the export and importation of toxic waste did not last for an extended period of time, nor did it involve hundreds of thousands of workers or environmental activists. Furthermore, it did not lead to any immediate changes in legislation governing these issues. However, it ensured that the problems at Thor Chemicals received widespread press coverage - raising the issue of environmental abuse and the toxic waste trade internationally and in South Africa. It was also significant in that it was the first time that a trade union in South Africa embarked upon a campaign with other groups in protection of the environment. A number of issues were highlighted in this experience:

**International support:** International support and mobilisation proved crucial in this instance at the level of gaining access to information and for mobilising support and organising joint action. The nature of the issue, involving harmful trade between different countries, was particularly amenable to international support and mobilisation. As a result, multinational companies are beginning to feel a co-ordinated response to their activities.

**Raising environmental issues:** The campaign raised environmental issues as an aspect of the struggle in South Africa. The close relationship between apartheid, exploitation and the destruction of the environment was clearly exposed.

**Health and safety beyond the factory floor:** CWIU members showed a willingness to take action on an issue of health and safety that was not directly related to struggles on the shop floor. The campaign brought home the point that workers' responsibilities around health and safety struggles extend beyond a concern for their own health, to the community at large. The solidarity organised by CWIU was particularly important given that workers at Thor Chemicals were not even members of the union.

**Community, union and environmentalists alliance:** The campaign led to the development (although ad hoc and embryonic) of an important alliance between the trade union, the affected community and environmental groups both nationally and internationally. The experience of joint action bodes well for the future.

**Exposing the role of multinationals in South Africa:** The campaign at Thor clearly exposed the role of certain multinationals in South Africa. Not only do they continue to exploit our labour, but also have no respect for our environment. The issue exposed the fact that these multinationals, in search of a quick profit, regard certain countries as dumping grounds for their waste products.

**Organisational gains:** A positive sign is that workers at Thor Chemicals are showing greater interest in CWIU due to the union having shown a concern for their environment. The challenge remains to turn this into an organisational victory at Thor Chemicals and thereby to increase the effectiveness of workers in protecting themselves and their environment. □

## References

Greenpeace USA; *The Gods Must be Crazy: Mercury Wastes Dumped by Thor in South Africa*. A Greenpeace International Waste Trade Profile; 10 April 1990.

Marguerite Johnson; *Battle to Save the Planet*; Time International, No.17; 23 April 1990.

P Johnston, R Stringer & J Vallette; *Contamination of Soils and Sediments in the Vicinity of a Mercury Recovery Plant*; Queen Mary and Westfield College, University of London and Greenpeace International; 11 April 1990.

ICEF; *Industrial Change and Environmental Concern*; A discussion paper for the ICEF Working Group on Environmental Policy Meeting; Brussels, 18-19 October 1989.

ICEF; *Resolution on the Global Environment*; Adopted at the 19th Statutory Congress of the ICEF, December 1988.

*The Daily News*; 10 April 1990, *Sunday Tribune*; 8 April 1990, *The Guardian*; 12 April 1990, *Business Day*; 5 June 1990.

# The "aggro" chemicals

*Much concern has been expressed over the effects of agricultural chemicals on farmers' crops but little has been said about the effects such chemicals may have on the health of those people who work with them. This article looks at the possible negative effects of such chemicals on workers' health, and outlines the difficulties involved in proving this. Ways of tackling the problem are highlighted. The role of multinational companies in the production of such chemicals is also examined.*

A recent controversy has raised the issue of the use of agricultural chemicals ("agrochemicals") in South Africa. Vegetable farmers in the Tala Valley area in Natal took 17 of South Africa's chemical companies to court because they claimed that hormone herbicides being used on sugar cane and timber plantations in the area were damaging their crops. As a result of the damage, they said, they were losing millions of rands worth of production. The vegetable farmers have called on the government to impose a total ban on the importation, production and distribution of hormone herbicides in South Africa.

But while the use of these agrochemicals has been a cause of concern to farmers because of the damage to their crops and the financial losses which they suffered, throughout the controversy very little interest was taken in an issue which should perhaps be of much greater concern to us - the negative effects which these chemicals have on the health of human beings. In particular farm and forestry workers are often exposed to these chemicals in the course of their daily work.

## **Agrochemicals: advantages and disadvantages**

Hormone herbicides are just one of a variety of chemicals, including pesticides/insecticides, fungicides and growth regulants, which are used in agriculture. [Note: the term agrochemicals is the best collective term to use when referring to these agricultural chemicals. However often the word "pesticides" is used when it is in fact all agrochemicals that are being referred to.]

In defence of these chemicals the producers and a variety of other parties argue that they are a "necessary evil" and that the costs of outlawing them would far outweigh the advantages. They point out that these chemicals help to increase crop yields, that they are used to avert food losses to pests and to control diseases. The outcome of abandoning pesticides, they maintain, would be massive food shortages.



**At work in the forests - such workers are exposed to poisoning by agrochemicals.**

Those who suffer the negative effects of agrochemicals include farm workers, as well as workers in other sectors where these chemicals are used such as forestry and municipal workers, those involved in the production and distribution of chemical products, the farmers themselves, rural communities, urban household pesticide users, the consumers of chemical contaminated products and the broad community who stand to suffer in the long term as a result of damage to the environment.

## **Deaths from agricultural poisoning**

Official figures for the period 1971 to 1982, for instance, refer to a total of 852 cases of pesticide poisoning in South Africa. But a variety of sources have cast doubts on the validity of these figures. The International Labour Organisation (ILO), for example, claim that an average of 1600 farm workers in South Africa die from pesticide and fungicide poisoning and related causes each year. [SAIRR Survey 1987; p321].

One study of deaths from pesticide poisoning in the Western Cape revealed a total of 104 deaths for the period 1977 to 1979. Of these 104 only 4 were reported to the authorities despite provisions in section 45 of the Health Act, 36 of 1977, which state that the authorities must be notified of all pesticide poisonings and that these must be investigated by the local authority concerned.

According to the study more than 70% of those who died from pesticide poisoning lived on farms. Most commonly death followed the intake of stored pesticides. The

intake of contaminated foodstuffs was also common while poisoning during the mixing and administering of pesticides was less frequent. More than 25% of those who died of pesticide poisoning were children. A certain proportion of the 104 cases were cases of suicide. For every person who dies from pesticide poisoning a number of others suffer illness as a result of exposure to pesticides. Estimates of the average ratio between these non-fatal poisonings and the number of fatal poisonings vary between 25:1 and 750:1. [Coetzee,1980/1]

## **The hidden costs**

The problem doesn't end here. These statistics refer only to situations where clear evidence indicates that poisoning is linked to some form of exposure to or intake of a specific agrochemical. Scientific studies have however linked a variety of agrochemicals to human health problems such as forms of cancer and birth defects. In such cases an often lengthy period may separate the time when exposure to the chemical took place from that when the health problem is identified. Hard evidence proving that a specific agrochemical is responsible for the specific health problem is difficult to find. In the words of a representative of the South African Chemical Workers Union (SACWU), whose members are involved in the importation and production of certain agrochemicals, "one is never one hundred percent sure. The evidence always relies on probabilities". Cases involving probabilities of this kind do not, as a rule, crop up in the statistics.

Over and above the threat which their use poses to human health, critics of the agrochemical industry out that in the long run pests develop resistance to pesticides which are used against them, that agrochemicals pollute the environment and disturb the balance of nature and argue that in the long term agrochemical use will lead to ecological disaster. Some argue strongly that we should rely more on "organic" methods of agricultural production which do not require the use of agrochemicals.

## **Highly dangerous chemicals**

The second edition of *The Pesticides Handbook* lists a total of 44 agrochemicals of which 12 are classified by the World Health Organisation (WHO) as extremely hazardous while 9 are classified as highly hazardous to human beings. However, the WHO classifications relate only to the immediate short-term effects of these chemicals and do not address chronic long-term toxic effects such as cancer or genetic defects.

The Pesticides Action Network (PAN) International has compiled a list of highly hazardous chemicals which it describes as the "Dirty Dozen". According to PAN International "these 12 "worst case" pesticides are responsible for most of the pesticide





Farm workers using pesticides face the danger of poisoning in the course of their daily work. These workers are largely unorganised and their plight, like most issues in the rural areas, is neglected.

deaths and much of the environmental damage caused by pesticides internationally every year. Accordingly, they have been banned or restricted in most industrialised countries as threats to public health and to the environment. Yet all 12 continue to be widely sold and heavily promoted in developing countries'. At least six are registered for use in South Africa although one, DDT, may only be used by the government for mosquito control - a practice accepted by WHO.

## Multinationals and the "Third World"

Two dozen firms dominate virtually all sales of agrochemicals worldwide. Half of these companies are American, the rest are British, European and Japanese. Bayer, Ciba-Geigy, Shell, Monsanto and ICI alone control 50 percent of the world market.

Some of these multinational giants include amongst the agrochemical products which they produce agrochemical ones which have been banned or severely restricted by their home governments in the US, Europe or Japan. They may continue to sell these products in the largely unregulated markets of the "Third World". The following figures give some indication of what this implies:

During the late 1970's the US Government reported that 25% - one in every four - of all pesticides sold by US companies overseas were banned, restricted or unregistered for use inside the US. [David Weir, *Global Pesticide Issues* in *The Pesticides Handbook*,

pp.163-170.1986, IOCU]

A further problem concerns the research into health hazards which may be related to specific products. Such research is usually conducted under the auspices of the very company which is marketing the product. In one case, evidence pointing to the manipulation of health studies relating to the pesticides Heptachlor and Chlordane by the US chemical giant Velsicol, was revealed. Evidence indicated that the company had failed to conduct certain tests, failed to publish or misrepresented certain test data, ignored the warnings of scientific experts, made misleading statements and failed to warn of certain dangers associated with their products. The study concludes that scientific investigations which are conducted by institutions and individuals with direct or indirect economic interests in the outcome of the investigation must be regarded as suspect until proven otherwise by independent sources. [Epstein, 1989; p.29]

## **Government control or lack thereof**

### **Registration**

In South Africa, a company wishing to distribute an agrochemical product is required to register the product in terms of the Fertilisers, Farm Feeds, Agricultural Remedies and Stock Remedies Act, 36 of 1947. Section 2(a) allows the registrar, (who is advised by an advisory committee), to refuse to register any product if it is deemed "contrary to the public interest". The registrar may also at a later stage withdraw the registration of a product that has previously been registered.

Once the product is registered it may be marketed in South Africa only if the container bears clear warnings as to the dangers associated with the use of the product and details of the chemical ingredients contained therein. Thus each of the 3 or more different products containing ethylene dibromide (EDB) [one of the "Dirty Dozen"], which are marketed by different companies in South Africa, should all carry this information in a clearly visible way.

### **Ministerial regulations**

The Minister of Agriculture also has the power to issue various regulations forbidding or restricting the use of specific agrochemicals. In 1983, for instance, the acquisition, disposal, sale and use of DDT, BHC, mercury, dieldrin and aldrin was prohibited. [Government Gazette, R384]. At present DDT may only be used under special licence for mosquito control. More recently the spraying of the hormone herbicides 2,4D and 2,4,5T was forbidden in certain areas of Natal. This prohibition is only of effect for a limited time period pending the outcome of an investigation being conducted by the

Department of Agriculture.

Despite these provisions, at least six of the "Dirty Dozen" are contained in products which are registered for use in South Africa. One source indicates that Lindane/BHC, banned in South Africa since 1983, is used in South Africa's sawmills and forestry industry (Technical Advice Group). It is also interesting to note that the ban on pesticide use in Natal only came into force in the midst of intense controversy relating to the use of these chemicals in the Tala Valley area.

With the above cases in mind it would not be inappropriate to ask what use these government officials have made of their authority to refuse to register or to restrict such products. 2,4,5T for instance has been in the spotlight internationally for some years as a serious hazard to human health. Yet it seems that it is only when the production levels and profits of farmers have been threatened, and as a result of public protest, that they have chosen to act to prevent its use.

## The Machinery and Occupational Safety Act

Sections of the Machinery and Occupational Safety Act (MOSA) are also relevant to the position of workers who are directly involved in working with dangerous chemicals. In particular, regulations 5(f) and 5(h) place a particular responsibility on employers to ensure that effective precautionary measures are taken and to make information about hazards and safety precautions available to workers.

MOSA also makes provision for government inspections and the election of health and safety officers from amongst the ranks of workers. But the official factory



Little concern has been expressed for the possible effects of agrochemicals on the health of workers.

inspectorate lacks the personnel to monitor even urban factories effectively, let alone remote rural farms. In effect, the government controls over the use of poisons on farms are non-existent. Regulations exist to govern the registration and marketing of pesticides but once on the farm, there are absolutely no restrictions on the way they are used. (Weekly Mail, 7 April, 1989)

Once they reach the farms, the agrochemicals may be used or stored in ways which increase the risk of people suffering negative effects on their health. This may be as a result of ignorance or minor acts of negligence. In other instances it may be as a result of a blatant or even malicious disregard for those who will suffer these effects. In one case Orange-Vaal General Workers' Union members reported that white farmers were making use of black workers as beacons for aircraft spraying crops with pesticides. [SAIRR, 1989; p.321-2] In another case a forestry worker reported that she had been issued with a mask, rainsuit and gloves while spraying but that her colleagues who worked nearby were left fully exposed to the spray from the 2,4,5T she was using and had never been told of the dangers of the herbicide. [Weekly Mail, 18 December 1987].

## **The question of proof: 2,4,5T, 2,4D and the Everton Forest**

When the criticism is raised that certain agrochemicals are available and are being used in this country, the agrochemical companies often argue that there is no conclusive proof that the agrochemical concerned actually causes any of the health problems which are referred to.

One person who has collected information on the matter is Natal's Kat Channing-Pearce. Her work revolves around linking the use of hormone herbicides to the incidence of a variety of human health problems in Natal. As she points out: "the question of proof depends on what you call proof. What I would call proof someone else doesn't. While it is easy to take a thousand cabbages and test the effects of agrochemicals on them you obviously won't get even one human volunteer for such tests. All you can do is collect people's stories and try to use these to build up a convincing case".

Channing-Pearce refers to the case of the Everton forest at Waterfall just outside Durban. To facilitate the process of "stumping" (removing) the trees from the area the chemical 2,4,5T was used. At a later stage, when sugar cane was planted in place of the trees, the chemical 2,4D was used to prevent the growth of weeds.

## **Effects of 2,4,5T and 2,4D**

The use of 2,4,5T is restricted in 18 overseas countries and in about half of these the chemical is actually banned. TCDD (dioxin), a contaminant found in all 2,4,5T produced, causes liver and kidney damage, cancer, birth defects and chloracne (a skin

disease) in test animals.

On the other hand, a number of research studies have been inconclusive in linking 2,4D to the occurrence of any specific human health problems. However, at least one study, conducted by the US National Cancer Institute, has linked the use of 2,4D to the occurrence of a form of cancer, known as non-Hodgkin's lymphoma.

## **Vietnam veterans and the Dow chemical company**

Both 2,4,5T and 2,4D achieved notoriety during the Vietnam war as a component of the defoliant "Agent Orange". When former US soldiers sued the "Agent Orange" producing Dow chemical company, alleging they had contracted certain diseases as a result of their exposure to "Agent Orange", the company chose to settle out of court rather than be faced with the "strict liability" test in terms of which it would have had to prove that "Agent Orange" was not the cause of the above mentioned ailments. The use of "Agent Orange" has been linked to diseases including forms of cancer and skin disease contracted by former servicemen. But, Kat Channing-Pearce points out, in South Africa the party claiming the specific chemicals are responsible for the ailments concerned has to prove this, and this is more difficult.

## **The difficulties of proof**

The information collected in the Everton forest area highlights the difficulties involved in obtaining proof. Within about a year of 2,4,5T and 2,4D being sprayed in the area at least 9 children were born with a variety of abnormalities. One had no brain, one had an enlarged brain, 2 were born with heart deformities. But in the normal course of events birth defects of one kind or another occur in approximately 2,5% of children born while on average 3 out of every 10 000 babies are born with gross abnormalities. So how then can one prove that the deformities suffered by these 9 specific babies were the result of the use of chemicals in the area and not merely a coincidence or the result of some other unidentified external factor?

## **Innocent until proven guilty?**

As one researcher states "in cases involving human health, the data will always be tenuous and will probably be unrepeatable." Genuine human health problems may be overlooked or at best, difficult and slow to solve because "proof" is unobtainable, and people may suffer disease and death in the interim. The idea that a registered agrochemi-

cal is "innocent until proven guilty" needs to be carefully reconsidered. [Laing,1990; p.42]

## **Dealing with the problem: hitting back at the "aggro" chemicals**

Certain questions need to be asked in relation to a range of agricultural chemicals posing hazards to human health:

- is the chemical imported, produced, distributed or being used in South Africa?
- is the use of the chemical legally permitted in South Africa?
- if the use of the chemical is not permitted, are effective steps being taken to prevent the illegal use of the chemical?
- if the use of the chemical is permitted, should its use continue to be permitted and, if so, what effective measures are being taken and what further measures can be taken to minimise the dangers posed by the chemical concerned to human health?

## **The problem on the ground**

Part of the potential solution to the problem will involve demanding a much greater level of concern for health and safety at the point where the chemicals are actually in use. This could involve calling for:

- health before profits. In particular the demand that safer chemicals are used as opposed to those which are cheaper.
- adequate protective clothing and masks for those working with the chemicals, clean overalls and showers for those who have been exposed to them.
- full information about chemical products being used.
- information material to create an awareness of health and safety and to guard against negligence.
- safe working conditions e.g. liquids to be pumped rather than poured out of containers and wood to be treated and dried in tanks.
- adequate health-care facilities and regular medical check-ups

Such issues may serve as points of focus around which workers involved in the use of these products could be organised. While working with agrochemicals will always have dangers associated with it, a dual strategy at the point where these chemicals are used can help minimise these dangers. On the one hand one needs to ensure that farmers take direct responsibility in ensuring that suitable standards of safety are observed. On the other hand those who are involved in working with these substances need to take a more direct role in protecting their own health and that of their communities.

## The problem of information

Another problem is the lack of information on the subject. Apart from the recent outcry regarding the situation in the Tala Valley there seems to have been very little attention paid to the issue. Work that can be done includes:

- identifying particular dangerous chemicals that are available in South Africa and evaluating appropriate responses to dealing with their availability. Are they particularly useful or necessary to the community or would it be best to outlaw their use completely? If from an overall perspective it is preferable not to prohibit their use then what is the best way of ensuring that their negative effects on our society are minimised?
- identifying in what way legislative and administrative controls on agrochemical use can be improved e.g. the possibilities and practicalities of maintaining an effective inspectorate to ensure that health and safety standards are maintained.
- ensuring that public officials are accountable to the public particularly in relation to special information which they have at their disposal. During the course of the recent Tala Valley controversy it was shocking to see officials of the Department of Agriculture refusing to disclose recorded data on chemical contamination of the environment to parties who were involved with the issue.

## The problem in context

The issues involved here relate to a whole range of questions which are relevant to workers, particularly to agricultural workers, in this country. Questions of organisation, questions of the availability and financing of health services, questions of the monitoring of, and legislative controls on, agrochemical distribution and use, questions of the relationship between private profit, the maintenance of productivity, the protection of the environment, and the call for health and health care for all.

Perhaps the central question relates to the lack of emphasis placed on the predicament of rural workers and rural communities in our society. □

## References

Coetzee GJ. *The Epidemiology of Pesticide Mortality in the Western Cape*. Unpublished paper. Department of Community Health, UCT.

1. Cooper, D. *Working the Land: a review of agriculture in South Africa*. EDA Johannesburg, Westro.

2. Department of Agriculture and Water Supply - *A Guide to the Use of Pesticides and*

- Fungicides in the Republic of South Africa*. 1988.
3. Epstein, S.S. *Corporate Crime: Can we Trust Industry-derived Safety Studies?* The Ecologist, Vol.19, No.1, 1989. Reproduced in Marquardt (below).
  4. Gunn & Stevens (eds.) *Pesticides & Human Welfare*.
  5. International Organisation of Consumer Unions (IOCU). *The Pesticide Handbook - Profiles for Action*. 2nd edition. Malaysia, 1986.
  6. Johnston, M. *Pesticides - A Necessary Poison*. Green Pages, June 1990.
  7. Koch, E. *Junkyard, South Africa*. Weekly Mail, 15 July, 1988. p.11.
  8. Koch, E. *Government tests reveal abuse of 'Agent Orange'*. Weekly Mail, 23 March, 1989. p.9.
  9. Koch, E. *A mass poisoning highlights flaws in farm health codes*. Weekly Mail, 7 April, 1989. p.9.
  10. Koch, E. *DDT linked to mystery disease in Kosi Bay. & Natal's sea of toxic waste: Industry blamed for the death of dolphins*. Weekly Mail, 4 August, 1989. p.23
  11. Koch, E. *Chemical groups try to silence allegations about crop devastation*. Weekly Mail, 20 April, 1990. p.1
  12. Laing, M. *Jekyll-and-Hyde Herbicides*. in Rotating the Cube, Indicator SA, 1990. pp.41-45.
  13. Louw, K. *Our Killing Fields*. Femina, August 1989. p.45
  14. Marquardt, S. *Exporting Banned Pesticides - A case study of Velsicol Chemical Corporation's export of Chlordane & Heptachlor*. Greenpeace, 1989.
  15. National Occupational Safety Association - *Safety Aspects of Pesticides*. Arcadia, TVL.
  16. Pesticides Action Network (PAN) International - *The "Dirty Dozen"*.
  17. Sideris, E., & Ngomane, S. *Used in our forests: A weed killer akin to Agent Orange*. Weekly Mail, 11 December, 1987.
  18. Sideris, E., & Ngomane, S. *It's raining bits of Agent Orange over mid-Natal. & The menace hidden in the forest winds*. Weekly Mail, 18 December, 1987.
  19. South African Institute of Race Relations - *Annual Survey 1987/88*.
  20. Technical Advice Group - *Health and Safety in Sawmills and Forests*.

## Acknowledgements

A variety of organisations and individuals were consulted in the writing of this article. Thanks to Phillip Masire, Dave Cooper, Chris Albertyn, Eddie Koch, Kat Channing Pearce, Humphrey Ndaba, Sakhela Buhlungu, Dr. Murray Coombs, Kim Goodman, the South African Farm Workers Education Project, Earthlife, Chemwatch (which is now amalgamating with Earthlife) the Environmental Development Agency, the Farm Workers Research and Resource Project, the South African Chemical Workers Union, the Printing, Paper, Wood and Allied Workers' Union and the Workplace Information Group.



# Critical Health

*Critical Health* is a quarterly publication dealing with health and politics in South Africa. It has been published for the last 10 years and has contributed to debates on progressive aspects of health and health care. *Critical Health* reflects the concerns and issues currently facing those seeking alternatives in South Africa.

## ***Critical Health* aims to:**

- provide ideas for roles that health workers can play in promoting a healthy society;
- show that good health is a basic right;
- provide a forum for the discussion of health related issues;
- provide insight into the political nature of health.

## **SUBSCRIPTION RATES:**

### **LOCAL:**

Students, workers - R7.00

Salaried individuals - R12.00

Organisations - R20.00

Donor subscriptions: R20.00/R30.00/R50.00

### **SOUTHERN AFRICA:**

Lesotho, Swaziland: Individuals/Organisations - R12

Elsewhere: Individuals/Organisations - R20

### **OVERSEAS:**

Individuals - 12 dollars

Organisations - 20 dollars

U.K: Individuals - 5 pounds / Organisations - 10 pounds (see below).

(U.K. subscribers: please send name, address and cheque to: Critical Health c/o Anthony Zwi, Dept Community Medicine, 66-72 Gower St London WC 1E 6BA.)

U.K. subscribers can subscribe directly by sending 8 pounds (individuals) or 15 pounds (organisations) to the Critical Health address below.

Name: .....

Address: .....

..... Postal code: .....

Enclosed please find ..... for my annual subscription. Send to:  
Critical Health, P.O. Box 16250, Doornfontein, 2028, South Africa.

**SUBSCRIBE!**

# ORDER BACK ISSUES NOW!

**The following back issues of *Critical Health* are available:**

- ★ A Tribute to Neil Aggett - issue no.7
- ★ Health Services: international edition - issue no.11
- ★ Townships - issue no.12
- ★ Health Care: who can afford it? - issue no.14
- ★ Health Worker Organisations - issue no.15
- ★ Privatisation: health at a price - issue no.19
- ★ Nursing in S.A: areas for challenge and change - issue no.24
- ★ SA Medical Education: ivory tower or community based? - issue no.25
- ★ Detention and Hunger Strikes - issue no.26
- ★ Health in the Cities - issue no.28
- ★ 10 Years in the Health Struggle - issue no.29
- ★ Health before profit! Organising for health & safety - issue no.30

---

**Prices (including postage):**

**Issues 7 & 11:**

**Local - R1.50 each/Lesotho, Swaziland - R2.50/Southern Africa - R4.50**

**Issues 12 onwards:**

**Local - R2 each/Lesotho, Swaziland - R3/Southern Africa - R5**

**Overseas (all issues) - 3 pounds/4 dollars**

---

## **SPECIAL DOUBLE EDITION - ISSUE No.31/32**

- ★ Health and welfare in transition - Report on the Maputo Conference
- 

**Prices (including postage):**

**Local - R4/Lesotho, Swaziland - R5/Africa - R7/Overseas - R12 equivalent**

---

Enclosed please find ..... for issues no. ....

Name: .....

Address: .....

..... Postal Code: .....

Send to: Critical Health: P.O. Box 16250, Doornfontein, 2028, Johannesburg, South Africa.

# Abbreviations

- AIDS** - Acquired Immuno Deficiency Syndrome
- CONTRALESA** - Congress of Traditional Leaders of South Africa
- COSATU** - Congress of South African Trade Unions
- CWIU** - Chemical Workers Industrial Union
- FAWU** - Food and Allied Workers Union
- FHC** - Factory Health Committee
- HIV** - Human Immunodeficiency Virus
- HSSO** - Health and Safety Service Organisations
- IHSEP** - Industrial Health & Safety Educational Project
- IHU** - Industrial Health Unit
- IHRG** - Industrial Health Research Group
- LRA** - Labour Relations Act
- MOSA** - Machinery & Occupational Safety Act
- NACTU** - National Council of Trade Unions
- NCOH** - National Centre for Occupational Health
- NHS** - National Health Service
- NMC** - National Manpower Commission
- NOSA** - National Occupational Safety Association
- NUM** - National Union of Mineworkers
- NUMSA** - National Union of Metalworkers of South Africa
- OASSSA** - Organisation for Appropriate Social Services in South Africa
- OHS** - Occupational Health Service
- PHC** - Primary Health Care
- PFI** - Premier Food Industries
- SACCAWU** - South African Commercial, Catering & Allied Workers Union
- SACWU** - South African Chemical Workers Union
- TGWU** - Transport & General Workers Union
- WHO** - World Health Organisation
- WIG** - Workplace Information Group
- WCA** - Workmens Compensation Act