Migrants and TB in Southern Africa

Reaching across borders

Governments and the mining industry have long failed miners with lung diseases acquired in South African mines. **Gregg Gonsalves** and **Paula Akugizibwe** comment on the prevalence of TB in Basotho migrant miners and of the urgency to develop cross-border treatment regimes.

The saddest thing about the plight of miners in southern Africa is that when you read stories of miners in other places long ago, you realise the situation for these men and their families hasn't changed too much:

My husband is not able to work.
He has it, according to the doctor.
We have been having a very hard time making a living since this trouble came to us.
I saw the dust in the bottom of the tub.
The boy worked there about eighteen months,
came home one evening with a shortness of breath.
He said, "Mother, I cannot get my breath."
Shirley was sick about three months.
I would carry him from his bed to the table,
from his bed to the porch, in my arms.

This is from a poem called 'The Book of the Dead' written back in 1938 in the United States by Muriel Rukeyser.

In southern Africa today, you will find many stories like this in the homes of miners and ex-miners. According to a scientific study published this year by Professor Brendan V. Girdler-Brown from the University of Pretoria and his colleagues from other leading South African research institutions, almost half of miners they followed, in this case Basotho men working in South African gold mines, had either silicosis, tuberculosis, trouble breathing or a chronic cough.

NOT SERIOUSLY ADDRESSED

It's not that the plight of miners has not been recognised in recent times. The problem is that there has not been any serious effort to deal with it. In 1996, South Africa's Leon Commission of Enquiry into the Health and Safety of Mineworkers concluded that there was no evidence that occupational disease in the mining industry had decreased in the previous 20 years, that existing legislation and enforcement agencies were failing to control this, and that radical steps would be needed to deal with the serious occupational health problems described in evidence presented to the Commission. Up to this day, such radical steps have not been seen, while the problem has worsened.

To add insult to injury, sick miners often have problems securing compensation from mining companies and the MBOD (Medical Bureau for Occupational Diseases) (see page 25). In the face of MBOD inefficiency mining companies should be more proactive about assisting miners and ex-miners in accessing the system. For example they could pay for medical benefit exams. Under South African legislation miners have no right to take the industry to court to sue for damages. This law was recently upheld in a decision handed down by the Johannesburg High Court in June 2008.

Right now, according to Professor Rodney Ehrlich from the University of Cape Town, "miners now receive approximately R27 000 for silicosis alone and R70 000 for silicosis plus tuberculosis. If you think the latter is a considerable sum, consider a 45-year-old miner with four dependants and significantly reduced employment prospects."

Professor Ehrlich also says black former mineworkers have had very little access to the compensation system, commonly wait up to five years for their payments, and that as of the late 1990s, studies showed that approximately R10 billion in compensation was yet to be paid

out to workers. Professor Ehrlich also notes that a 2004 actuarial study showed that the compensation fund was not nearly enough to cover current claims for occupational disease, and would require mining companies to pay 100 times their current contributions to correct the situation.

Earlier this year, the AIDS and Rights Alliance for Southern Africa (Arasa), issued the following statement: "… the high rates of TB [and other lung disease] in these men, their ongoing health problems and difficulties in obtaining compensation for their illnesses amount to a series of gross human rights violations perpetuated by the South African government and the mining houses."

How is it that these human rights violations are allowed to stand in a country where the Constitution guarantees the right to health, where the trade union movement is so strong, where a nation rose up less than 20 years ago to break the chains of oppression and injustice? The answer is simple: the mining industry is a lucrative one with a powerful political presence in South Africa and the government has little interest in taking on the companies. Miners are 'disposable' people in southern Africa. With high unemployment in the region, there are always new bodies to replace the dead, and dead men don't vote.

Radical steps are indeed necessary to correct the enormous injustices facing miners, ex-miners and their families, as noted by the Leon Commission. However, while pushing for real political commitment to address these issues across southern Africa, smaller steps need to be taken in the short term. In May 2008, Arasa sponsored a meeting on tuberculosis and Basotho miners in order to come up with some practical ways to address the prevention, diagnosis and treatment of the disease in men from Lesotho working in South African mines.

TB IN LESOTHO MINERS

As Professor Girdler-Brown's study and other research has confirmed, the mining community has always been associated with exceptionally high levels of various lung diseases.

TB rates, in particular, are very high partly as a result of the high prevalence of silicosis resulting from prolonged exposure to silica dust in mine shafts, especially on gold mines. High rates of HIV transmission and cramped, humid, poorly ventilated working and living conditions also increase the risk of TB among mineworkers. The South African government estimates that the TB incidence rates on gold mines are probably the highest in the world.

The TB burden on South African mines has significantly affected neighbouring countries as a result of migrant labour. It is a big problem in Lesotho, which is entirely surrounded by South Africa and is economically dependent on exporting migrant labour to South Africa. Lesotho contributes more than 50 000 migrant workers to the South African mining industry.

Lesotho has the fourth highest TB

William Matlala

incidence rate in the world, and tuberculosis is responsible for 15% of all deaths in the country. There is a clear relationship between the South African mining sector and the TB epidemic in Lesotho. A recent study showed that close to 40% of adult male TB patients in three of Maseru's main hospitals were working, or had formerly worked, on South African mines.

Furthermore, at least 25% of the drug-resistant TB patients treated in Lesotho since August 2007 had a history of mine work or were referred directly from mines in South Africa. It is clear that the public health threat of TB in Lesotho cannot be addressed without dealing with the issues around TB control in migrant Basotho miners and their families on the mines across the border, and in their communities in Lesotho.

CROSS BORDER TB: RECOMMENDATIONS

Cross-border management of TB involves co-ordinated action between the stakeholders in Lesotho and South Africa on this issue, but there has not been any such action in the past. This has resulted in a worsened TB crisis in Lesotho, in lack of accountability of the South African mines in sharing the burden of this crisis, and in serious weaknesses in the separate systems that seek to address TB in miners in both countries. Above all, it has contributed to the unnecessary loss of lives.

The objective of the Arasa meeting was to develop specific interventions to address cross-border issues in the prevention, diagnosis and treatment of TB between Lesotho and South Africa, particularly focusing on miners, ex-miners and their families. What recommendations came out of the meeting:

- The most important intervention to reduce TB among Basotho miners and their families is to strengthen the programmes that are already in place for these purposes. These programmes exist in three main places – at the mines themselves, in the public health-care system in South Africa, and in the public health-care system in Lesotho. All of these need to be monitored and strengthened to ensure that, wherever they are, miners and their families have access to quality services for the prevention, diagnosis and treatment of TB.
- Another important part of cross-border management of TB is ensuring constant accurate communication between miners, ex-miners, and health-care service providers on both sides of the border. This is critical for making sure that care and treatment are not interrupted, as well as for sustained access to certain services even after treatment has been completed. This includes urgently establishing a unified, accessible bi-national information system for TB control in migrant Basotho miners and their families.
- Interventions on TB and HIV in the mining sector should not be limited to governments and mining companies. There is an urgent need to build capacity in the communities of miners, former miners and their families in South Africa and Lesotho, to empower them to become active partners in efforts to address this cross-border epidemic. This requires ongoing education activities in a variety of areas related to TB control and legislation around occupational disease.
- Finally, there is an urgent need for advocacy around the legal and human rights issues associated with the management of TB in the mining sector, especially where migrant labour is involved. Advocacy also needs to be directed at ensuring accountability in the institutions responsible for the protection and fulfilment of these rights, namely the mining sector and the government departments of Home Affairs, Labour and Health in South Africa and Lesotho.

Arasa is committed to advocating for all of these recommendations and will continue to work with meeting participants and other government, civil society and mining sector institutions, both in South Africa and Lesotho, to improve the cross-border response to TB in migrant miners. However, we believe that the primary responsibility to miners, ex-miners and their families resides with the mining companies and governments and any failure to protect and fulfil their rights should be laid at their feet.

It is a tragedy that they have failed miners and their families for so long. Now is the time for all of us – South African miners, migrant miners from other countries, and anyone who cares about the devastating effect of TB in communities – to stand together and loudly demand the radical action that the Leon Commission called for in 1996. Health, human rights and justice should never be the price we pay for gold. LB

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