Mines and Tuberculosis in Southern Africa

The Right to Health Is Worth More Than Gold

We call for improved management of occupational TB in the mining sector and timely compensation for those who contract it.

Join the Campaign

www.arasa.info - minesandtb@arasa.org.za

Paula Akugizibwe
AIDS and Rights Alliance for Southern Africa (ARASA)
SA AIDS Conference, April 1 2009
‘Upon this gifted age, in its dark hour,
Rains from the sky a meteoric shower
Of facts ....they lie unquestioned,
uncombined.”

- Edna St. Vincent Millay

Apologies to Prof. Tony Davies
A Meteoric Shower of Facts

“The extent to which Miners’ Phthisis [TB] prevails at the present time is so great that preventive measures are an urgent necessity, and that such a large number of sufferers in our midst is a matter of keen regret.”

– Milner Commission Report, 1903
A Meteoric Shower of Facts

“The failure to control tuberculosis in the mining industry must be a matter for grave concern.”

“The results also show the very high prevalence of previously uncompensated work-related disease in the study group [former mineworkers in the Eastern Cape]... As a result of the failure to diagnose and compensate occupational lung disease, the social and economic burden of such disease is being borne by individuals, households, and the migrant labor-sending communities as a whole.”


A Meteoric Shower of Facts

- "HIV infection (OR 15.0, 95%CI 7.4-30.6) ...and presence of silicosis (OR 3.0, 95%CI 1.4-6.3) were significantly associated with an increased Case Fatality Rate [in South African gold miners with pulmonary tuberculosis].”

- Clinicians failed to diagnose PTB in 44% of cases [of miners who died in 1999] who had TB on autopsy.
  - Murray J et al. (2000). A clinico-pathological study to reduce the rate of missed and misdiagnosis of pulmonary tuberculosis in the South African mining industry - SIM Health 611
A Meteoric Shower of Facts

“The risks of silicosis and HIV infection combine multiplicatively... TB is an increasing occupational hazard for South African miners because of the combined effects of poor dust control and the recent HIV epidemic.

Companies need to accept responsibility for the consequences of unsafe working and living conditions in South African mines, including the high risk of HIV infection in migrant workers.”


A Meteoric Shower of Facts

“The fund administered by the compensation commissioner for occupational diseases (CCOD) to compensate mine workers who become ill, is technically insolvent, an actuarial study [by auditing firm Deloittes Actuarial and Insurance Solutions] has found… The fund has assets of R969 million and liabilities of R1.5 billion...

An analysis of data received for the 21 months to December 2003 showed that 28 161 claims were received from mine workers who were suffering from tuberculosis first degree with pneumoconiosis - 60 percent of the liability. In that period, 400 claimants were paid...

-Business Report, 21 February 2005  
http://www.busrep.co.za/index.php?fArticleId=2418070
A Meteoric Shower of Facts

“The South African Gold Mining Industry probably has the highest incidence of TB in the world (3000-7000/100000 population /year)”.  
Khumbizile Nkisimane was released from his job at a gold mine after 19 years when a medical exam showed he had TB and HIV. He is currently unemployed and has to support his wife and children by working a small plot of land outside their home.

- Photo and text by David Rochkind, 2008
www.davidrochkind.com
Johannes Khumalo sits on his bed inside his home in Wadela, a small, poor, mining community. He worked in South African gold mines for 27 years until 2002, when he was released after an exam showed he had TB. This is the third time he has had TB; he is hardly able to get out of bed and almost entirely dependent on health care workers.

- Photo and text by David Rochkind, 2008
  www.davidrochkind.com
Who is accountable?

![Graph showing active PTB rates in black miners at autopsy (1975 to 2007)]

ARASA’s Involvement

  – Representatives from government departments (SA and Lesotho – health and labour); mining industry; mining unions; NGOs; human rights and public health academics and researchers
  – Goal: To map out policy and programmatic interventions for the cross-border control of tuberculosis between Lesotho and South Africa, focusing on miners, ex-miners and their families.
  – At least 25% of Lesotho DR TB cases in preceding 8 months (August 2007 – April 2008) were current or former SA mineworkers
  – Full report available at: 
Key recommendations from meeting:

1. Establishing **better systems for the prevention, diagnosis and treatment** of TB, silicosis and HIV for miners, ex-miners and their families in Lesotho and South Africa;

2. Establish **linkages between TB/HIV programmes in and between Lesotho and South Africa**, and in and between the public and private sectors; including enhanced information and administrative systems to support continuing improvements;

3. **Build capacity among individuals and communities affected** by the cross-border TB/HIV epidemic; and

4. Address the **legal, human rights and socio-economic issues** affecting TB/HIV control among miners, ex-miners and their families.
Action on Mines and TB

• Outreach and Capacity Building

Goal: to improve prevention and treatment outcomes, and build capacity of mineworkers to carry out advocacy. Developing training workshops to empower current and former mineworkers on:

- Management of silicosis, TB/HIV
- Rights and responsibilities
Action on Mines and TB

- **Better systems for prevention, diagnosis and treatment**: Memo submitted to DME and DOH from ARASA, TAC, Solidarity calling for Immediate Implementation of the TB Programme Review Tool for the South African Mining Industry.
  - Critical for developing appropriate interventions and ensuring accountability.

- **Awareness Raising** – media work; articles in special-interest publications; letter to DOH and DME from national and international experts

- **Forming partnerships** – unions, NGOs, groups working with former mineworkers, researchers and academics... and you?
Mechanisms for referral and continuity in TB/HIV care for migrant mineworkers

- Lack of continuity results in poor treatment outcomes and development of DR TB
- Innovative solutions are required. Collaboration between governments, mining industry, SADC, communities and others working in this field is essential.
- ARASA involved in development of SADC Draft Policy Framework for Population Mobility and Communicable Diseases in the SADC Region: key recommendation is establishment of referral network
9 February 2009

The Mining Sector and Tuberculosis in Southern Africa

The MMOA executive has considered the recent report (dated July 2008) on the meeting convened by the AIDS and Rights Alliance for Southern Africa, entitled “The mining sector and tuberculosis in southern Africa”, and the press statement on 26 November 2008, headed “NGOs, Unions and Academic Institutions Welcome the Mines Health and Safety Amendment Bill and Call on Government and Mining Companies to Take Urgent Measures to Address TB in Mineworkers”. These two documents raise concerns about Tuberculosis in the mining industry, which are well-founded and extremely important to labour-sending areas within and beyond the borders of South Africa.

A core issue is the process for transferring men with Tuberculosis to their home areas, and we recognize that continuation of treatment and assessment for compensation at the end of treatment is absolutely essential.

Protocols exist for the transfer and follow up of Tuberculosis patients and we urge all mine medical officers assist in this regard, by forwarding communication on health- and treatment status to colleagues and clinics where their patients are resident, as required by the DME Guidance Note for Occupational Medical Practitioners: Tuberculosis Control Programmes.

The Association would furthermore assist by recommendation, through the MHSC and health service representatives, that employers build this supporting requirement into their procedures for sending workers home.
Living on a Prayer

Before beginning a morning shift day underground, miners pause for a prayer and ask for their safety during the day. Mines celebrate every day that passes when nobody dies, but accurate TB statistics are very difficult to come by in the mining industry.

- Photo and text by David Rochkind

www.davidrochkind.com

“There is a pervasive culture of non compliance [by mining companies] to legislative requirements [on occupational health and safety]. Inquiry after inquiry makes findings to the effect that risk assessments are not conducted, training is not done, early morning examinations are not done, equipments not maintained and the list goes on and on.”


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How can you get involved?

1. Sign the petition to DME and DOH today!

2. Assist with:
   - Outreach and training of mineworkers
   - Materials
   - Legal research and advice
   - Media and awareness raising
   - Organising and/or supporting advocacy actions
   - More ideas?

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