Post-retrenchment and Retirement of Mineworkers: A Poor Quality of Life in Transkei Region of South Africa

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Abstract

Background: Former mineworkers are sandwiched between scare resources and little hope of getting re-employment. They do not have enough savings to maintain their families. The expenditure is at its highest when they return from the mines, as the children are grown up and are in secondary or senior secondary school. Many are not re-employable because of poor health, and some are disabled.

Objective: To highlight the problem of retrenched mineworkers in the Transkei region of South Africa.

Method: The case histories of these mineworkers were recorded either at Benefit Examination Clinic (BEC) or at the forensic pathology laboratory which is situated in the chest section of the Mthatha Hospital, Mthatha.

Results: There were 2027 former mineworkers examined at BEC between 1997 and 2000. Of these, 172 (8.48%) were re-examined and only 51 (2.5%) received compensated over the period of four years. The examination of mineworkers has decreased from 1997 (29.6%) to 2000 (3.94%). There were 55 (2.71%) died before they received their benefit of examination.

Conclusion: Retrenched mineworkers are frequently under psychosocial pressure, including their families and the community. Extreme poverty, sickness, and disabilities co-exist among these retrenched, retired mineworkers in the Transkei region of South Africa.

Keywords: *Retrenched mineworker, bread winner, poverty, sickness*

Introduction

The migrant labour system has produced very extensive socio-economic effects in the Transkei region. It was estimated that two million of the five million black workers in South Africa at the time of apartheidwere migrant labourers.[1]There are about 600,000 mineworkers employed by the gold mining industry alone in South Africa.[2] The majority of them are from the Transkei region.About 14% of the former mineworkers who visited the Umtata 'Benefit Examination Clinic' between April and August 2000 indicated that they were given no reasons for their retrenchment.[3]There is evidence of a huge accumulation of unrecognised, therefore uncompensated, cases of pneumoconiosis and/or tuberculosis among former mineworkers living in the labour-sending areas such as Transkei.[4] The purpose of this article is to highlight the plight of these former mineworkers and their families. It also provides some insight into the compensation claims in this region.

Method

The BEC was opened by the author in 1996 as a voluntary service to the former mineworkers to meet the demand as they were not compensated for their disease and disabilities. They were invited by the radio news in this region to come every Wednesday at to the chest section of Mthatha Hospital (it was known as Henry Elliot Hospital in apartheid time). Their mining history, chest x-ray and a compensation form were sent to the compensation commissioner through The Employment Bureau of Africa (TEBA) in Johannesburg at the Medical Bureau of Occupational Diseases (MBOD), National Centre of Compensation. The case histories of these mineworkers were taken either at the Benefit Examination Clinic (BEC) or at the forensic pathology laboratory situated in the chest section of Mthatha Hospital, Mthatha.

Results

There were 2027 former mineworkers examined at BEC between 1997 and 2000 (Table 1). Of this172 (8.48%) were re-examined and only 51 (2.5%) were compensated over the period of four years (Table 1). The examination of mineworkers has decreased from 1997 (29.6%) to 2000 (3.94%) while at the same time, re-examination has increased from 0% (1997) to 8.48% (2000). There were 55 (2.71%) who died before they received their benefit of an examination (Table 1).

Table 1. Ex-mineworkers examined, re-examined, compensated and died before they received their claim from 1997 to August 2000

Year	Examined for compensation claim	Re-examined for compensation claim	Compensated	RIP
1997	601(29.6%)	0 (0%)	9 (1.5%)	9 (0.44%)
1998	1181(58.26%)	11(0.54%)	17(1.4%)	18 (0.88%)
1999	165(8.14%)	99 (4.88%)	18(11%)	20(0.98%)
2000	80 (3.94%)	62 (3.05%)	7(9%)	8 (0.39%)
Total	2027 (100%)	172 (8.48%)	51(2.5%)	55 (2.71%)

*RIP= Rest in peace are the subjects who were awarded compensation but died before receipt.

Discussion

Transkei is the labour supplying region for theSouth African mines. TEBA recruit these young boys to take them to different South African mines. It is a job of pride in the beginning but not once they realise how small their salaries to the extent that they are not even enough for Lobola to get married during their service. Lobola is mandatory in the Xhosa culture to give to bridegroom before the marriage ceremony in the form of cash or sheep or cattle. These sick former mineworkers lost their places in society as they could not work anymore. They become a burden on their families to provide them both with food and medicine.

There were 2027 ex-mineworkers who presented to the BEC, and of these only a very few (2.5%) compensated. The number (2.71%) of deaths who were more than the compensated mineworkers were more

than compensated. It is difficult to know why there were so few who were compensated, but probably the staff of MBOD are still following the apartheid practice, and they were excluding black mineworkers. This is confirmed by the fact that before 1994 hardly any black mineworker was paid their compensation claim while white mineworkers who hardly even worked under ground were compensated. Less than 10% were re-examined for their compensation claim. It is because MBOD asked them to get re-examined and send a report back to them. Most of the time, the x-ray plates are of very poor quality so they may need another x-ray plate. Former mineworkers who worked in apartheid times are probably hardly surviving. The slow compensation mechanism of the MBOD is to get the process delayed so there will not be any mineworkers left alive and so the problem will be solved by itself. Doctors in the Transkei region are also not interested in helping these mineworkers as it is a tedious job without the help of government. The Health Department is always under stress and has no interest again in helping these poor mineworkers.

A young adult of around 20 years of age was recruited by TEBA for a mining job. He looked just like a 60-year-old, although he was just 33 years of age. Here is a description of him by his wife at the Benefit Examination Clinic (BEC): This is an example of a family where wife is the breadwinner, and the husband is sick that he cannot work. He is irritable and shouts at the children with the slightest provocation. This situation is compounded by his impairment in hearing. When young he had been handsome, and the wife was attracted to him and married him. Now she sells household items such as paraffin, candles, and soap. She is now the breadwinner.

The extremely high burden of lung disease in ex-mineworkers is an enormous challenge to the health services and compensation authorities. An X-ray based study conducted by the author (2002) showed that 78.2% of ex-mineworkers had evidence of lung disease. Pulmonary tuberculosis (PTB) with or without silicosis was evident in 64.2% of the x-rays, silicosis with or without PTB in 34%, chronic obstructive pulmonary disease (COPD) in 7%, and asbestosis in 1.5%.[5] There is the case of a mineworker who went to get his examination at BEC. He travelled by taxi and paid a heavy fare.

KM is an ex-*mineworker suffering from lung and kidney disease with unusual skin pigmentation. He was admitted to the local hospital. He traveled 80 km hiring a taxi only to attend the Benefit Examination in Umtata.*

Many mineworkers are not re-employable because of their poor state of health, and some are disabled. They get used to taking alcohol to drown their sorrows.Only 2.5% of former mineworkers received their compensation (Table 1). It is too low, and others who received compensation died (2.71%) before they received their funds (Table 1). The following is such an example.

BD, a-60-years-old ex-mineworker, died on 6th June 2000 about 6.00 in the morning. His body was lying outside the gate of his house. He had come late from a shebeen. He had the habit of jumping over the gate when it was locked. On this day he was found on the other side. A of duty policeman saw him, took him to his house, and informed his colleagues. The deceased had the habit of going to the shebeen in the evening and returning home the following morning and sleeping it off. Although 60 years of age, he was getting an old age grant and used that money for drinking. His wife left him because of the drinking problem, and he was left with three children. His drinking started from the time he was retrenched. Two of his children were schooling in standard 4 and standard 2 and the third was staying at home.

The discovery of gold provided the base from which South Africa was able to develop a substantial industrial capacity, but the mines demanded a reliable supply of labour, which could only be met by drawing in migrant workers from distant rural areas both within and outside South Africa. The migrant labour system not only creates situations in which diseases such as tuberculosis and Sexual Transmitted Infections (STIs) flourish, but also serves to disseminate these diseases widely throughout the region.[6] Many of these migrants contracted fatal diseases in the mines. Historian Randall Packards[7] paints a grim picture of this trend.

GK, a 49-year-old, was retired mineworker from the goldmines. He earned a monthly wage of R1105, 66. He worked from 1977 to 1997 when he took a voluntary retirement package. He was awarded R14 031.48. He has five young - children. In 1989 he was treated for pulmonary TB in the mine hospital and in 1998 for a relapse in the local hospital. At the same time cancer of the oesophagus was also diagnosed. He had been a smoker and a consumer of alcohol. He died because of complications from the cancer.

Many mineworkers ended up disabled because of mining accidents. Many go home without compensation and RM, the insurers, do not deal with old cases.

LT a 40- year- old started working underground in a mine in Elandsrand in 1984 and worked until September 1996. He died in 1999. When he left for the mines, he was a healthy young man. He sustained a fracture whilst working underground and was discharged. After recovering he worked for a construction company for a meagre monthly salary of R260/-.

During an informal interview, a spouse described that the ex-mineworker husband is "no longer the person I married". The man was impotent and could not meet her demands. This was revealed in a case where a woman poisoned her husband. Her daughter revealed this before committing suicide.

ZZ, a 27-years-old female, hanged herself in Feb 2001. A suicide note revealed that she was taking her life because the mother was not close to her. The father had died of poisoning in 1998, and police were not informed. He had worked in a platinum mine in Rustenburg for 20 years. He was retrenched because of poor vision. The wife, the mother of the deceased, had poisoned the father as he used to sleep away from his wife (the son-in-law of the elder brother of the father narrated this story).

There was not much attention paid to black mineworkers, even though they performed the most difficult jobs like drilling rocks at deep levels. The Occupational Disease in Mines and Works Act (ODMWA) used racial criteria in the past to determine the amount of compensation paid to workers. White workers with pulmonary tuberculosis (PTB) were paid 5.5 times more than black workers. White workers with silicosis were paid up to 13.6 times more than the black workers.[8] The majority of the ex-mineworkers are now in their fifties (mean age 51years), capable of re-employment if they are fit and healthy. However, many of them are sick and even if they are employed will get very low wages.

The family of an ex-mineworker was admitted to the local hospital with food poisoning. On inquiry it transpired that they had eaten meat of a cow found dead. They decided to consume this meat because of poverty because they cannot afford to buy meat from the butchery. Many ex-mineworkers live below the poverty line. Some get occasional work and earn a few Rand which is hardly enough to run a family.

There are ex-mineworkers who are suffering from mental illnesses. It is difficult to manage their illnesses, as there is lack of health facilities in the

rural areas of Transkei.

On 11th May 2000, a 51-year-old ex-mineworker was knocked down by a car. It was a hit and run accident. He had a history of mental illness. He had been a mineworker in President Steyn Mines. Since he left the mine, he was living without any money. He had been acting strangely, sometimes even running naked in the locality and collecting trash. He had once been admitted to hospital in Queenstown in 1997.

Many ex-mineworkers have been suffering from hearing impairment. Some of them are completely deaf. It is difficult to apply for compensation, although their hearing loss is due to their mining job. If a miner is applying for compensation, it must be done within a year of retrenchment or retirement. This in most cases does not take place. As a result of this most ex-mineworkers who end up with hearing loss get nothing as compensation. A recent study conducted by the author showed that there is a high prevalence (54%) of hearing loss among ex-mineworkers. Of them 33% were between 40 to 59 years of age.

Twenty-two percent who had worked in the mines for 10-20 years had indicated loss of hearing.[9]

The returning miners impact their families and communities in two main ways. One is measurable and can be compensated. Disease and disability belong to this category. The other is issues such as psychosocial impact. Diseases and disabilities could be assessed by age and the level of skills. The compensation commissioner's office makes use of such indices for playouts either as a lump sum or in instalments. Only about 8-10% of the mineworkers have been compensated. The unpaid liability of compensation for occupational lung diseases to the mineworkers and their families should be paid without any delay. There is a need for more clinics in rural Transkei so that mineworkers have easy access to medications for the chronic diseases such as silicosis and chronic obstructive pulmonary disease that they are suffering from. The doctors in public service are not fulfilling their legal obligation to submit the claims for living and deceased ex-mine workers.[8] It is difficult to estimate the financial costs to the families because of sick ex-mineworkers.

The process of getting compensation is tremendously slow and inadequate as shown in Table 1. Only 2.5% of ex-mineworkers were compensated between 1997 and 2000. In the meantime, many ex-mineworkers have died of tuberculosis or silicosis or combined plus HIV infection. There is only one clinic in this area that serves the ex-mineworkers in this region. There is a heavy burden of silicosis among young ex-mineworkers in the Transkei region. The strong association between silicosis and tuberculosis in southern Africa combined with the HIV epidemic make elimination of silicosis an important public health issue.[10] Farming is the only productive work that most returning miners can perform. However, they lack land and the skills in farming. For as long as they worked in the mines the families were supported,but on their return, they become dependent on others, mainly because of poor and failing health. Most end up destitute.

Conclusion

The pride of being a male breadwinner sometimes is lost, and the wives must take the role upon themselves. Some take to drinking alcohol and run the risk of premature death. Everyone is healthy at the time of recruitment, but many return diseased. Pulmonary tuberculosis overshadows underlying silicosis among mineworkers. Oesophageal carcinoma is associated with silicosis, and this could be the reason for its high prevalence in this region.It is not only the ex-miner who is usually under psychosocial pressure, but the families and the community as well. Extreme poverty exists in many families of ex-mineworkers and this needs to be addressed by the government as a priority.

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