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A detailed report of the congress proceedings is featured in this issue and the January/February 2010 issue.

Dr Vanessa Govender, President of the MMPA, opened the congress on 2nd October 2009. Tribute was paid to the 83 fatalities in the mining industry since the beginning of the year and the many more deaths due to occupational diseases such as TB and silicosis.

The congress began with Kate Collier, Senior Associate from Leppin Beech Incorporated, delivering an excellent lecture regarding the Mine Health and Safety Amendment Act, No. 74 of 2008, and its consequences for the occupational medical practitioner (OMP). Highlighted sections were:

- Section 11. *Currently requires the employer to carry out hazard identification and risk assessments, and following an incident, accident, serious illness or health threatening occurrence, to conduct an internal investigation.* Changes: New notification requirements that the principal inspector (PI) may instruct that an investigation occurs simultaneously with that of the employer and that it commences within 10 days. The obligation is placed on employer to identify causes and the report to be delivered to PI and Health and Safety Committee within 30 days. Effect: Strict time periods; the provision of internal reports and contents thereof may be used against the employer; this may lead to reluctance of witnesses and hamper a full investigation.
- Section 13. *Every employer who establishes or maintains a system of medical surveillance must – Engage the part time or full time services of (i) an occupational medical practitioner (ii) (sub paragraph 2 deleted).* Therefore, only a person who is a medical practitioner and who holds a qualification in occupational medicine or equivalent qualification recognised by the Health Professionals Council of South Africa may be appointed as the OMP.
- Section 20. *The employer may not dismiss an employee if he appeals to the Department of Mineral Resources (DMR) regarding his fitness status.*

Delegates were both profoundly impressed and perplexed by the lecture from Roger Baxter (Chief Economist, Chamber of Mines) on the global financial crisis and its impact on the mining industry. Terms such as “decoupling theory” and “capital outflows” indicated the paucity of our economic vocabulary, whilst grand economic graphs added to the richness of the presentation. Industrialisation and urbanisation processes in the BRICS (Brazil, Russia, India and China, we’d like to think the “S” is for South Africa!) economies will slow down (not stop) due to slow downs in developed markets’ demands for manufactured goods. Declining demand for minerals coupled with rising stock levels have placed a huge challenge on the industry. Despite this there were signs of recovery in June 2009, while most mining companies responded cautiously but positively to the global financial crisis. Perhaps the mining industry’s contribution to SA economy needs to be acknowledged, given the points shown in Table 1. As Roger aptly concluded – mining and minerals matter for SA!

Dr Thuthula Balfour-Kaipa (Health Advisor, Chamber of Mines) highlighted the health priorities in the mining industry, these being silicosis, noise-induced hearing loss (NIHL) and HIV, cautioning that we should be mindful of our approach when it comes to the legacy and reality, and apply leading practices where possible. The pending National Health Insurance will also have an impact on how we conduct our future health businesses.

Gill Nelson and Zodwa Ndlovu delivered presentations on silicosis on behalf of the National Institute of Occupational Health (NIOH). Ndlovu’s presentation – “Damaged goods return to sender” won “Best Student Oral Presentation” at ICOH2009 earlier this year and appropriately highlighted the legacy of silicosis in the South African gold mining industry. Silicosis in black mineworkers has increased tenfold since the mid-1970s, due to longer employment durations, working contracts, shifts and working periods. United action can beat silicosis, especially through worker education and effective silica dust control programmes.

Dr Audrey Banyini – Mine Health and Safety Council (MHSC) – explained

the NIHL milestones. DMR statistics indicated that NIHL is not decreasing. Dr Deodat Kritzingler discussed the problems of the Rand Mutual Assurance database and the positive effect it could have on the industry, requesting that all mining houses work together to make a success of it. John Frean (National Institute for Communicable



The congress provided great networking opportunities

Diseases or NICD) delivered an interesting presentation entitled, “The effect of the 1918 influenza epidemic on South African miners” which killed 1/3 of the world’s population, especially young adults. The first reported cases in South Africa were in Durban. The worst month was October. South Africa had the highest mortality amongst doctors. The incidence in diamond mine workers was 30 times higher than in gold mines. The high mortality numbers in South Africa were due to the strategic position of South Africa (ships coming and going) and also the migrant labour of South Africa. Influenza information is available at <http://www.nicd.ac.za>.

Salome Charalambous and Gavin Churchyard (Aurum Institute) spoke on “Going for gold: preventing TB in HIV and silicotic miners.” TB cases in South Africa have increased from just over 200/100 000 population in 1991 to well over 600/100 000 population in 2007, coinciding with the rise in the HIV epidemic. Comparatively, the mining industry TB incidence is currently 4156/100 000 population, 7 times more than the national rates. Exposure to silica dust and silicosis in combination with HIV increases the risk of TB even further. In the mining industry, 80% of TB patients are HIV positive. This is one reason for the need to integrate TB and HIV initiatives. Every HIV positive individual should be tested for TB and every TB patient offered ICVCT.

Throughout the breaks, DVDs from SIM030603 Silicosis elimination awareness for persons affected by mining operations in SA, were shown. As highlighted in the NIOH presentation, these awareness raising materials developed from research, are available from the MHSC and can be used as training tools

The report on the remainder of the congress will be featured in the next issue.

Table 1. Slide from presentation by Roger Baxter

Mining – The Essential Core of SA Economy	
• 8% directly of GDP and 18% (if direct, indirect & induced effects are added).	
• 32% of merchandise exports and >50% if secondary beneficiated mineral exports are added.	
• 9% of total fixed investment and 18% if the indirect effects are added.	
• 35% of the market value of the JSE (R2 trillion).	
• 33% of all BEE deals done in SA over past 11 years.	
• Employed 500 000 workers, i.e. 6% of formal employment. Some 5 million people are dependent on these mineworkers for their daily subsistence.	
• Another 500 000 people employed due to the multiplier and induced effects of mining.	
• 18.5% of direct corporate tax receipts (2007 – R22 billion, 2008 – R33 billion).	
• 50% of volume of Transnet’s rail and ports.	
• 93% of electricity generation via coal power plants.	
• 15% of electricity demand.	
• About 37% of the production of liquid fuels via coal, which saves about R30 billion annually in foreign exchange.	