



From the Guest Editor . . .

Rajen Naidoo – Associate Professor; Head: Occupational and Environmental Health; College of Health Sciences, University of KwaZulu-Natal
e-mail: naidoon@ukzn.ac.za



This issue of *Occupational Health Southern Africa* is published at a pivotal moment in the history of the planet. Outside wars, no person has faced such a direct threat to their health and wellbeing in over 100 years. While the World Wars had a devastating impact and, more recently, especially in South Africa, the HIV/AIDS epidemic threatened our infant democracy, control was possible. COVID-19's ubiquitous presence and rapid spread, its severe impact, its various unknowns, and the absence of therapeutic interventions at this stage, force us to develop new ways of working and engaging socially. This is a life-changing moment in history, indeed.

COVID-19 has dramatic occupational health consequences. Health workers are the single most affected working population, globally. While most countries are not actively collecting data on the number of infections and deaths among health workers, it is estimated that 10–20% of all infected cases are health workers.^{1,2} The numbers emerging from countries such as Italy (4 800),³ Spain (12 200)⁴ and the United Kingdom (65 deaths)⁵ are all likely to be underestimates – but provide a clear picture that these are the workers that require our earnest attention.

As we emerge into a new phase of the epidemic and the 'unlocking' of the economy, workers in essential industries and other key sectors will bear the brunt of the infection. It becomes necessary to ensure that we have the appropriate protocols in place to protect these returning workers as best we can. There are several challenges emerging for occupational health professionals in this new phase. Our best estimates, that 10–15% of South African workplaces have some sort of occupational health cover, implies that there are more unprotected workers who will enter into the 'unlocked' economy. Even if strict criteria for 'unlocking' are put into place, all economic sectors are dependent on a supply chain of small and medium enterprises, casual workers and informal workers – most of whom lack the occupational health safety net of the larger enterprises they support. Within the support network is also public transport – a closed, high-risk environment. It is clear that, if we wish to 'unlock' our economy and simultaneously not overwhelm our health services and place our health workers' lives at risk, we have to begin a new way of practising our discipline; the private sector has to take responsibility for the protection of the health of ALL workers within its supply chain.

In this edition of the Journal, three manuscripts provide us with approaches to protecting the health of workers (Singh et al., Bouwer et al. and Fuller). Protecting the health of our health workers, essential sector workers, and those tasked with saving our economy, in both the formal and informal sectors, becomes the responsibility of every reader of this Journal. Our strategies will evolve as our understanding improves but, armed with the basic principles of our respective disciplines in occupational health, we need to bring our collective strength

to protect our workers. These manuscripts provide the first steps.

COVID-19 is historic in its own right but, within this issue of the Journal, the epidemic and the history of occupational health have a poignant meeting. The original focus of this special issue was to have been solely on the history of occupational health. It was supposed to coincide with the International Commission on Occupational Health's (ICOH's) 7th International Conference of the History of Prevention of Occupational and Environmental Diseases Scientific Committee, scheduled for Durban in May 2020, now a minor casualty of the epidemic. The Conference has been postponed to 2022. Further details can be found in the announcement on the last page of this issue, and on the Journal website.

Despite the rapid turn of events, manuscripts already accepted for this issue reflect the original theme of 'history'. The contents provide us pause in the context of COVID-19 – the histories of the four organisations primarily responsible for shaping occupational health in our country are traced, and prominent practitioners who led the way are featured. Interestingly, all of these histories in South African occupational health can trace their routes to the first major epidemic to arrive on our shores. The discovery of precious metals set South Africa on a new course of development. In order to exploit mineral wealth effectively, workers were imported from the coal mines of Wales and Cornwall, and from other parts of Europe. They brought with them tuberculosis and, faced with the high levels of silica in our mines, they succumbed, in their hundreds, to miners' phthisis. This, at the time, was unusual, leading the Chamber of Mines, in 1902, to make a call to the international community to undertake research and propose interventions.⁶ From these early days, grew structures such as the Pneumoconiosis Research Unit and our early legislation in miners' health. The professional bodies that arose subsequently, and the pioneers in early occupational health, were largely driven to address this new epidemic. Today, we recognise their rich history in protecting workers in this country, and find ways to apply the lessons of 100 years ago to the new crisis facing workers today. History, in the shape of deadly infections affecting thousands of workers, repeats itself.

REFERENCES

1. Burrer SL, De Perio MA, Hughes MM, Kuhar DT, Luckhaupt SA, McDaniel CJ, et al. Characteristics of health care personnel with COVID-19 - United States, February 12-April 9, 2020. *MMWR Morb Mortal Wkly Rep.* 2020; 69:477-481. DOI: <http://dx.doi.org/10.15585/mmwr.mm6915e6>.
2. Editorial. COVID-19: protecting health-care workers. *Lancet.* 2020; 395(10228):922. doi:10.1016/S0140-6736(20)30644-9.
3. Mastrangelo A. Coronavirus: 4,824 Italian healthcare workers are infected. *Breitbart.com* Mar 23, 2020. Available from: <https://www.breitbart.com/europe/2020/03/23/coronavirus-4824-italian-healthcare-workers-are-infected/> (accessed 19 Apr 2020).
4. Reuters. World News. Nearly 12,300 Spanish health workers have coronavirus. Mar 30, 2020. Available from: <https://www.reuters.com/article/us-health-coronavirus-spain-workers-idUSKBN21H1HR> (accessed 19 Apr 2020).
5. Doctors, nurses, porters, volunteers: the UK health workers who have died from Covid-19. *theguardian.com* Apr 19, 2020. Available from: <https://www.theguardian.com/world/2020/apr/16/doctors-nurses-porters-volunteers-the-uk-health-workers-who-have-died-from-covid-19> (accessed Apr 19, 2020).
6. The prevention of miners' phthisis (notice). *Br Med J.* 1902; 2:1276. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2401978/> (accessed 20 Apr 2020).