

SASOM celebrates a rich legacy of promoting and protecting health in the workplace

Author: Prof. DJ Kocks - SASOM chair and ICOH national secretary for South Africa, e-mail: info@sasom.org

Contributors:

Mr Jaco Botha - Project co-ordinator in the SASOM national office, e-mail: info@sasom.org

Claudina Nogueira - SASOM executive committee member and ICOH vice president for Scientific Committees (2018-2021), e-mail: claudinanogueira@hotmail.com

Writer: Ms Kaamini Reddy - Founder and director: KREDD Communications, e-mail: kaamini@kredd.co.za

Sources: SASOM archived minutes/newsletters

Committed, knowledgeable, effective and capable are a few of the words that come to mind when you consider the impact made by The South African Society of Occupational Medicine (SASOM) which has been in existence since July 1948. It is not surprising that, even after being around for more than 70 years, ethos is still evident in the people, their delivery and impact, and their collective expertise.

It all began when a dedicated group of industrial health experts birthed the idea of setting up the first South African Society of Industrial Health on 8 October 1947. Although a small group of men, their vision and passion to advance the impact of this Society in the workplace will be remembered as a giant undertaking. Evidenced in the Society's records is their determination, efficiency and forward thinking. They perceived the need for a formalised occupational medicine body to advance South Africa's productivity, by caring for the employees and improving the working conditions in key economic industries.

From its inception, SASOM was an official group within the South African Medical Association (SAMA), and its mission has always been to promote, protect and enhance the health, quality of life and wellbeing of the working population of South Africa. From the very beginning, the founding members had a clear idea of the Society's aims which were drafted into the Constitution towards the end of 1947.

The original Constitution of the South African Society of Industrial Health was developed with the following objectives in mind:

1. To further all aspects of occupational health in South Africa
2. To be involved in improving the health of all those at work and the quality of the working environment, and to be concerned with relevant issues affecting the health of workers' families
3. To promote a sound knowledge of the interrelationship that exists between industry and the environment, and to seek to improve the impact of industry thereon
4. To strengthen and promote sound communication between the Society and its members, governmental authorities, commerce and industry, labour organisations, the medical profession and the public, as well as with international occupational health bodies
5. To advance occupational health by means of continuing education, meetings and discussions about academic and practical aspects of the discipline, as well as promoting the discipline of occupational medicine
6. To further the professional interests of the members of the Society
7. To promote rational legislation related to occupational health.

Despite evolving to meet the needs of industry, the core vision



The original SASOM Constitution

of the original SASOM remains intact today:

- To promote, protect and enhance the health of the working population of South Africa
- To further all aspects of occupational health in South Africa
- To be the guardian for ethical and medical standards of occupational medicine
- To be the professional information resource on occupational health matters.

In an era where advanced communication technology like e-mails, computers and the Internet were non-existent, the core group of five elected members multitasked and worked tirelessly to get occupational medicine the recognition it deserved in South Africa. An interim committee comprised Dr CJ Albertyn who was appointed the chair; Dr AJ Orenstein, Dr HB van der Merwe and Dr RA Mathews who served as executive members; and Dr M G Woolff who was appointed as secretary and treasurer. Driven by the country's needs and the objectives stated in the Society's Constitution, these experts in their fields boldly sought recognition by the International Committee of Industrial Medicine even before the inaugural general meeting was held in July 1948.

The post-Second World War era gave the world a sense of hope with many changes taking place as countries started rebuilding their economies. These were some of the newspaper headline stories in 1948: on 7 April, the World Health Organization (WHO) was established by the United Nations (UN) to promote healthy practices all over the world; King George VI was still the ruling British monarch; in the USA, President Truman issued executive orders, abolishing racial discrimination in the USA military; and, closer to home, on 14 July, Zulu King Goodwill Zwelithini was born in Nongoma.



The South African Society of Industrial Health, established in 1948, can be considered the original ancestor of SASOM

Society saw the election of office bearers to the executive committee, many of whom remained in those roles to make meaningful contributions for many years to come. Dr HB van der Merwe was the first elected chair and Dr MG Woolff served as vice chair. Drs Orenstein, Van Blommenstein and Strachan were elected as representatives of the Society in the International Committee of Industrial Medicine.

The first annual general meeting (AGM) was held on 8 December 1949. Dr CJ Goedvolk was elected as chair. The Society comprised 29 members. The second AGM took place in 1951. Dr RA Mathews was elected as chair. The Society then had 33 members and eight associate members.

Meetings continued regularly, with increasing clinical talks and visits to different industries. The Society's name changed to the South African Society of Occupational Health on 18 September 1957, and then to SASOM on 24 August 1985.

The position of chair rotated among those who formed the original group. In 1975, Prof. A Coetzee was elected as chair; he served until 1982. Prof. J Mets was the chair from 1985 to 1989, followed by Dr D Whitaker for a year, and Dr M Baker from 1990 to 1993. During this time, branches were established for the Inland Region, and the Natal and Cape provinces. Dr F Smith served as chair from 1993 until the current chair, Prof. DJ 'Daan' Kocks, took over in 1997. As the longest-serving chair, having held this position for 22 years to date, Prof. Daan Kocks is equipped with the qualifications, expertise, experience and institutional memory to have brought the Society into the 21st century. His professional career has seen him in leadership roles where he has made valuable contributions to, and immense impacts in, the world of occupational health.

Prof. Daan Kocks' influence and expertise have afforded him the personal recognition of SASOM's legacy:

- 1997 to present date: SASOM chair
- 2005: 'Medical Specialist in Occupational Medicine' introduced as a specialist discipline for the Health Professionals Council of South Africa (HPCSA), after motivations to recognise this specialty started in 1983
- 2009: Chair of the organising committee of the International Commission on Occupational Health's (ICOH) 29th Triennial International Congress on Occupational Health (ICOH2009 Congress), held in Cape Town in March 2009
- 2018 to 2021: ICOH national secretary for South Africa.

Also in 1948, the newly-established UN, of which the International Labour Organization (ILO) became the first specialised agency, proclaimed the Universal Declaration of Human Rights. This created a legal framework for subsequent implementation of occupational health protections in the workplace, globally. It was evident that South Africa had to gear up for significant changes, including in the field of occupational medicine. The establishment of the South African Society of Industrial Health was timely.

The first meeting of the

"In my years of involvement in occupational medicine in South Africa, I am challenged and motivated to witness the advances being made, which are aligned to the changing work environment, policies and health influences. I know that South Africa will lead innovative solutions and stimulating collaborations to advance all areas of occupational medicine which best serve its people."

Prof. Daan Kocks



With these key people in place, the early days of the Society made meaningful contributions towards providing freedoms and fair practice to workforces in factories. The role of the industrial medical officer in relation to cases occurring under the Workmen's Compensation Act was clarified, and the worker's right to choose his/her own doctor was established.

The highly knowledgeable and competent members of the South African Society of Industrial Health were sought after to draft codes of practice for the Prevention and Treatment of Dermatitis through the Bureau of Standards. The codes were implemented, and rehabilitation facilities for injured and disabled workers were established; these were operationally aligned to centres in the UK and the USA.

High on the agenda of the Society was the need to include a short course on industrial health into the public health and social medicine syllabus at the University of the Witwatersrand, at both under- and post-graduate levels. The original syllabi were tweaked and changed, and the recommendations made were the result of a collaborative effort with the Faculty of Industrial Medicine, South African College of Physicians, Surgeons and Gynaecologists, and the University of South Africa (UNISA). The long-term plan was for the training to develop into a full diploma course in future years. Some 59 years later, in 2007, SASOM established the SASOM Medal of Excellence which is awarded, annually, to the best post-graduate occupational medicine student from the College of Public Health Medicine, a division of the Colleges of Medicine of South Africa.



A 1984 SASOM newsletter



Dr Shahieda Adams

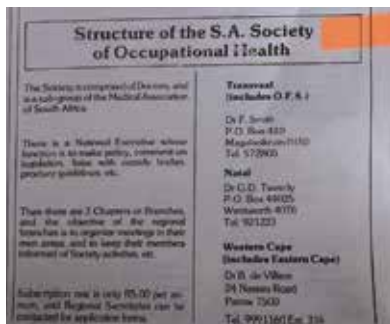
Dr Shahieda Adams of the University of Cape Town (UCT) was the first recipient of the SASOM Medal of Excellence. Dr Adams commenced her specialist training in occupational medicine at UCT in 2004, and completed the MMed degree as well as the specialist examinations (FCPHM (OccMed)) in 2007. She was the first South African to graduate locally in this speciality. In May 2008, she was admitted to the College of Public Health Medicine (Division: Occupational Medicine).

Knowledge sharing and learning came naturally to the Society, and executive members were invited to produce papers for publication in medical journals and presentation at congresses; research findings were shared at several local and international symposia. Over the last 72 years, the Society has been represented widely on the global occupational health stage, including in Tokyo, Buenos Aires, London, Helsinki, Morocco and Milan. The Society has also been active widely on the African continent where the respected executive members have presented relevant papers on the occupational health issues facing South Africa and the world. This was no easy task at a time when travel was not as simple as it is today, and funding for these opportunities was scarce. Many personal sacrifices were made so that SASOM could be recognised on a par with similar organisations, globally.

Industry bodies were hungry for knowledge, and the Society received invitations to participate in mining, motor manufacturing, food processing and production of fossil fuels by the Chamber of Mines (now the Minerals Council South Africa), Sasol, Chrysler, Western Deep Levels Mine, and government departments. Much of the work done in these settings encouraged extensive collaboration between industry and the Society, and went on to influence policies, legislation and workplace standards.

Creating awareness of the issues within occupational medicine, and building the Society's brand, was accomplished through delivering lectures and providing opinions on important proposals. The prestige of the Society grew and many individuals and organisations were interested in becoming members. However, the Society was very specific about its membership criteria, and confident of its constitutional mandate, and often had to decline both requests for membership of the Society and requests for the Society to join other bodies.

Attracting members who would add value and further the research and influence of the Society was an important consideration for the executive committee. By 1958, membership was opened to all members of the Medical Association who had occupational health interests, and associate membership was extended to persons in the allied scientific disciplines of physiology, hygiene, engineering and physics.



The South African Society of Occupational Health, established in 1957 for medical doctors only, was the predecessor of SASOM

Interest in membership was increasing in the (then) provinces of Natal and the Cape as industries grew throughout South Africa. This prompted the need for Society branches and chapters across South Africa and in neighbouring countries. Over the years, branches have been established in various cities (in some cases, merging to become provincial chapters), and beyond national borders: Port Elizabeth, Klerksdorp, Richards Bay, Bloemfontein, Witbank, Pretoria, East London, Polokwane, Mpumalanga, Northern Cape, KwaZulu-Natal, Western Cape, Zimbabwe and Namibia.

The determination and steadfast purpose of the Society's executive committee is commendable in that the members have remained firm in their approach to the scope of work under the Society's responsibility. This clarity of vision allowed the Society, in those early days, to exert considerable effort in terms of the objectives set out in the Constitution. The Constitution was amended in September 1949 to include a clause stating that no member of the Society will be remunerated for advisory services to the Society, as its identity is built on being the occupational medicine body of expertise that advises and influences on general principles of health and welfare in industry.

The administrative tasks and good governance undertaken by the Society have, from the beginning, been of the highest ethical standard. High quality, succinct minute keeping, and meticulous financial record keeping have remained part of the culture of the Society since its inception.

With changes in leadership, the identity and purpose of the Society have constantly been revisited and aligned to stay abreast of environmental and workplace changes. This is why SASOM has remained relevant, and constantly strives to meet current challenges.

HIGHLIGHTS IN THE HISTORY OF SASOM

Initially, executive committee meetings were held every three months and valuable codes of practice and rules for part-time and full-time appointments were discussed. At one meeting, the committee was addressed by a psychiatrist, Dr Alice Cox, on 'Psychological causes of absenteeism in industry'. The topics and



The archives of official documents from SASOM and its predecessor Societies capture historical milestones of the development of occupational health and medicine in South Africa

areas of discussion were well-received and relevant for the issues that were of concern for the industry at the time. Topics ranging from food handling to alcohol and drug abuse in the workplace, and from diabetes to tuberculosis and human immunodeficiency virus (HIV), were shared with members via SASOM newsletters and communiqués.

In order to share this information with professionals in other occupational health disciplines, and with those SASOM members who were unable to attend the Society meetings, a peer-reviewed Journal, *Occupational Health Southern Africa*, was launched in January 1995. This was a joint venture between SASOM and the South African Society of Occupational Health Nursing Practitioners (SASOHN). The Southern African Institute for Occupational Hygiene (SAIOH) and the Mine Medical Professionals Association (MMPA) subsequently joined to provide broader content and a sustainable future for the Journal. The Journal was later shared with a wider audience which included the Society's international partners and colleagues. The editorial board consists of leaders in various fields within occupational health who collectively ensure that information sharing remains a key priority, as the Society's footprint extends throughout the country and beyond national borders.

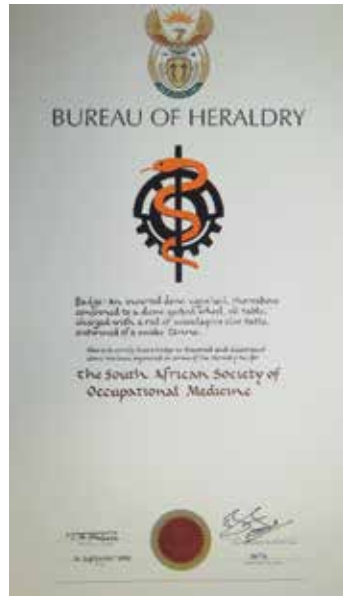
SASOM launched its own website in 2004, enabling improved communication and access to information for members, and serving as an

information hub for specialised content. A redesigned and modernised version of the website was launched in October 2018 as a dynamic, user-friendly and interactive platform for the benefit of SASOM members.

ACHIEVEMENTS

Members of the executive committee invested heavily in the aims and initiatives of SASOM, to serve and promote the discipline of occupational medicine. Some of the outstanding achievements over the years include:

- Participating in the Erasmus and Wiehahn Commissions of Inquiry leading to the drafting of the Labour Relations Amendment Act (Act No. 57 of 1981) and the Machinery and Occupational Safety Act (Act No. 6 of 1983)
- Involvement in drafting the Mine Health and Safety Act (Act No. 29 of 1996)
- The creation, drafting and ongoing update of SASOM guidelines - 'living' documents on various aspects of occupational medicine practice that reflect the dynamic and evolving practice of occupational health; practitioners are encouraged to refer to the guidelines as a framework for compiling policies and procedures for the unique requirements in their particular work environments
- Hosting successful annual conferences
- Initiating the *Occupational Health Southern Africa* Journal in 1995
- Establishing the Association of Societies for Occupational Safety and Health (ASOSH) - an umbrella organisation for various occupational health and safety (OHS) Societies in South and southern Africa, providing a forum for discussion and idea exchanges in OHS topics
- Implementing the permit system for dispensing of medicines in occupational health clinics
- Motivating the recognition of occupational medicine as a speciality
- Leading and hosting the ICOH 29th Triennial International Congress on Occupational Health (ICOH2009 Congress) in Cape Town in March 2009
- Registering the SASOM logo with the Bureau of Heraldry in 2008
- Partnering with the University of Limpopo Medunsa Campus (now the Sefako Makgatho Health Sciences University) to spearhead efforts to circulate information and policies, facilitating the drafting of a preliminary constitution and plan for the Pan African Congress on Occupational Health (PACOH) and the African Regional Association of Occupational Health (ARAHOH)
- Participating in the Department of Employment and Labour's (previously the Department of Labour) Occupational Health Forum as a liaison body with SASOHN, SAIOH and the National Institute for Occupational Health (NIOH)
- Encouraging researchers working in the field of occupational health in Africa to publish their research findings in *Occupational Health Southern Africa*. SASOM recently introduced a cash award to a novice author who is first author of the best paper published in the Journal in a calendar year, as judged by the editorial advisory panel.



The SASOM logo is registered at the Bureau of Heraldry

In a paper by Jeebhay and Jacobs on occupational health services in South Africa,¹ it was stated that the two main professional entities that have contributed to occupational health service delivery are SASOM and SASOHN. Furthermore, SASOM advocated the establishment of a "fully integrated health and safety agency (executive), and the rationalisation of health and safety legislation into a single Act enforced by a dedicated Inspectorate"; funded by taxpayers' contributions. Both SASOM and SASOHN recommended the establishment and delivery of occupational health services on-site at workplaces, to be managed by appropriately-qualified and registered occupational health practitioners. The services should be provided mostly by nurses under the supervision of medical doctors, and should be integrated with primary healthcare for workers. The occupational health services should be regulated by district health authorities (and not the health and safety executive) and be subjected to regular audits, and monitored to ensure adherence to approved guidelines and protocols, and accurate record keeping of health information statistics, to guarantee ongoing quality healthcare.

Hippocrates (460–375BCE) taught his students to consider environmental factors when diagnosing diseases. Bernardino Ramazzini (1633–1714) is known as the father of occupational medicine for his classic text, *De Morbis Artificum Diatriba* [Diseases of Workers]. However, in South Africa, it was only after Dr AJ Orenstein was appointed as a sanitation engineer and then the chief medical officer by the Rand Mines Group in 1914, and set about regulating mining conditions and improving their health services, that occupational healthcare was formally practised in this country. He was instrumental in the formation of the South African Society of Industrial Health in 1948 and is rightfully known as the 'South African Father of Occupational Health.'

It was Dr AJ Orenstein who, in those early days, recommended the Society's affiliation with the International Committee of Industrial Medicine. The legacy of the SASOM pioneers remains prominent to this date; numerous awards presented by an array of societies in recognition of outstanding performances by individuals still bear their names.



Dr AJ Orenstein

During the early 1990s, Dr M Baker and the executive team of SASOM worked together with a legal team, and were instrumental in drafting the guidelines around the ethics for employees living with HIV and acquired immunodeficiency syndrome (AIDS). These early interventions and thorough considerations were instrumental in shaping the policy for HIV and AIDS in the workplace.

In celebration of its 60th anniversary, SASOM hosted a conference in Bloemfontein on 21 November 2008, which was followed by the AGM and a celebratory dinner. The theme of the conference was *Occupational Medicine Diamonds*, which included clinical and ethical aspects of occupational medicine. The Bureau of Heraldry-registered SASOM logo was also unveiled to members during the occasion.

At the Diamond Jubilee celebratory dinner in the evening, Prof. J Mets highlighted the progress made in occupational health education, from the first one-week introductory course attended by 12 doctors in 1964 to negotiations with the (then) South African College of Physicians, Surgeons and Gynaecologists, to the first Diploma in Occupational Health course in 1967. Prof. J Mets stressed the continual development in occupational medicine and the need to stay informed of the latest scientific and technical advances.

At the time of its 70th anniversary in May 2018, SASOM membership stood at 349 individual and corporate members. As at 31 October 2019, SASOM had 404 members in good standing, including new members, honorary life members and corporate memberships.

As the world of work and its demands on the employee increased, the Society proved to be ahead of the curve at its August 2011 congress where the main topic for discussion centred around 'Care for the occupational health needs of the worker: Biological, physical and psychological'.

Testimony to its work on the African continent, SASOM hosted the ARAOH/SASOM Congress in Johannesburg at the beginning of August 2014, which further upskilled industry specialists and was a drawcard for delegates and presenters who attended from Botswana, Benin, Cameroon, Italy, Japan, Namibia, Nigeria, Senegal, South Africa, the USA, Uganda and Zimbabwe. The Zimbabwe SASOM branch was established during the Congress, and Dr Dingani Moyo was elected chair.

Presently, SASOM's activities include a high degree of collaboration and association with:

- MMPA – Mine Medical Professionals Association (South Africa)
- SASOHN – South African Society of Occupational Health Nursing Practitioners
- SAMA – South African Medical Association
- HPCSA – Health Professionals Council of South Africa
- SASTM – South African Society of Travel Medicine
- SAIOH – The Southern African Institute for Occupational Hygiene
- OTOH – Occupational Therapy in Occupational Health (as an interest group; South Africa)
- NIOH – National Institute for Occupational Health (South Africa)
- National Department of Employment and Labour (South Africa)
- The Compensation Commissioner (South Africa)
- ARAOH – African Regional Association of Occupational Health
- ICOH – International Commission on Occupational Health (SASOM is the first and only affiliated member from Africa and is viewed by ICOH as a prominent leader in the field of occupational medicine for the continent)
- IOMSC – International Occupational Medicine Society Collaborative.

SASOM's honorary life members were awarded this prestigious title because of their important contributions to occupational medicine since the formation of the Society. These are occupational medical practitioners (OMPs) who advanced occupational medicine through clinical, policy and legislative changes. Dr M Richter, Prof.

A Coetzee, Dr M Baker, Dr D Whitaker, Dr CP Roos (deceased), Prof. I Webster (deceased), Prof. J Mets (deceased), Prof. Daan Kocks, Dr FH Fox, Prof. MH Ross and Dr D Ungerer have received due recognition as honorary life members.

In existence for 72 years, there is substantial evidence of the positive impact that SASOM has had in the South African world of work. It has harnessed medical insights and combined these with practical solutions to promote, protect and enhance the health of the working population of South Africa. The executive committee has been steadfast in advancing and leveraging the workers' health agenda in South Africa. The Society is well respected and regarded as the guardian of ethical and medical standards in South African occupational medicine. It furthers the knowledge base and skills development of the sector by continually providing professional information resources on occupational health matters.

SASOM chair, Prof. Daan Kocks, believes that one of the greatest achievements of occupational medicine in the country, Africa, and globally, is that an OMP now has a separate medical practitioner identity and a separate occupational medicine speciality. In his 22 years as chair of SASOM, he says that the greatest hurdles the leadership team had to overcome were for SASOM to gain recognition as a peer-review entity, and to achieve sustainable financial independence in the long term.

SASOM has influenced other related industry bodies to further occupational medicine by ensuring that the OMP is an independent practitioner, detached from other occupational health practitioners, but there to assist when necessary.

Proudly reminiscing, Prof. Daan Kocks reflects, "The characteristics that have remained in the Society since its inception are its independence, ethical practice and the network of supreme knowledge brought about by its members". Those who have partnered with, collaborated with, contributed to, benefitted from, and worked alongside SASOM since its inception in 1947 can attest to this being a true embodiment of the Society.

Congratulations, SASOM, for putting South Africa on the map as a force to be reckoned with in occupational medicine excellence and for making valuable contributions to the global occupational health arena.

REFERENCES

1. Jeebhay M, Jacobs B. Occupational health services in South Africa. *South African Health Review*. 1999; 29(19):257-276.



ICOH track presenters at the ARAOH/SASOM 2014 Congress. L-R: Dr K Kogi (ICOH president), Ms C Nogueira (ICOH board member), Prof. M Ross (ICOH board member) and Dr. S Porru from Italy

Photograph: Courtesy of SASOM



Participants and presenters of the session titled 'Tuberculosis: A new strategy for an ancient disease' at the SASOM Annual Congress 2017 in Johannesburg, South Africa

Photograph: Dr Arne von Delft, © TB Proof