

From the Editor . . .



**Gill Nelson,
Editor-in-Chief**

up to the news that a settlement of R5 billion had been reached between mine workers and a number of gold mining companies to compensate those who developed silicosis or tuberculosis in the gold mines. Each affected miner (or the widow or dependents) will receive a portion of the money that will be administered by a Trust set up specifically for this task. It is estimated that there are 50 000–100 000 former mine workers with silicosis.¹ The disbursement of payments, however, is dependent on further legal processes.

The case has taken almost six years to settle after Richard Spoor filed the class action motion on 21 Dec 2012.² It was argued that gold mining companies were aware of the dangers of inhaling silica dust but, nonetheless, failed to protect workers.

We have published several papers on silicosis over the years, such as 'Silicosis elimination in South Africa' (Rees, 2006)³ and 'Clinical guidelines on isoniazid preventive therapy for patients with silicosis in South Africa' (De Jager et al., 2014).⁴ As recently as in the previous issue of the Journal, Ehrlich et al. addressed the issue of the switch-over from analogue to digital chest radiography,⁵ and teWaterNaude presented a method for reading plain chest X-rays.⁶ South Africa has one of the highest silicosis rates in the world. In life, the disease is diagnosed by trained expert radiologists; after death, autopsies are used to diagnose new cases and to confirm those diagnosed during life. Although silicosis was recognised as an occupational respiratory disease in gold miners as early as 1912, it was never properly managed, and the rates of silicosis diagnosed at autopsy have been rising for several decades.⁷ In 2016, of the 850 deceased mine workers who came to autopsy, 199 (23.4%) had silicosis⁷ and the rate continues to rise. The occupational exposure limit for respirable silica dust in South Africa is 0.1 mg/m³, but this does not seem to be low enough to prevent disease.

South Africa is not new to setting up trusts to compensate workers for occupational diseases. The Q(h)ubeka Trust was established in March 2016 to compensate mine workers with silicosis from Anglo American and AngloGold mines.⁸ "The settlement set aside a total of R395 million in compensation for qualifying claimants, which amount now forms the basis of payments being made to qualifying claimants by the Q(h)ubeka Trust."⁹ By 30 April 2018, 1 114 claimants had been approved for a total payment of R116 million.¹⁰ Prior to this, in the early 2000s, three asbestos disease settlements were reached. Excluding the 'closed-list' Cape Plc case, there have been 4 820 individuals

May was an exciting month for occupational health globally, with the convening of the 32nd International Commission on Occupational Health (ICOH) Congress in Dublin, Ireland. Many of the four *Occupational Health Southern Africa* societies' members, including some editorial board members, attended the event. There will be a bumper report on the ICOH Congress in the next issue of the Journal.

May 2018 also saw the groundbreaking silicosis court action suit being settled. On 3 May, South Africans woke

afflicted with asbestos-related diseases, including benign asbestosis and malignant mesothelioma, who have qualified for financial compensation from either the Kgalagadi or Asbestos Relief Trusts (JM teWaterNaude, personal communication). No doubt, we will be hearing much more about the silicosis class action settlement in the months to come.

We have no papers about silicosis in this issue. However, we continue David Stanton's historical series on slavery, present research on musculoskeletal disorders in commercial motorcycle drivers in Ibadan, Nigeria, and report a psychiatrist's view on return to work after prolonged sickness absence.

SASOM says goodbye to Jenny Acutt after 14 years of dedicated service, SASOHN reports on the Gauteng Central managers' brunch, the MMPA presents a practical approach to the Code of Practice for medical incapacity due to ill-health and injury, and SAIOH reports on recent exciting events. We also have exciting news from OSHAfrica, a new platform to support the development of occupational health and safety practitioners on the continent.

Winter is upon us – the ideal time to find a warm, comfortable space in which to read and write, both for pleasure and professionally. I wish you many productive hours as you engage in these activities over the next few months.

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