# Social Forum 2017

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Chairperson, Excellences’, Colleagues and Friends good morning and thank you for the time to speak here today.

Firstly let me thank the convener of this meeting.

Today I present the voices of 2 million migrant miners and their families in countries including Swaziland, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa and Zimbabwe and about 450, 000 current miners.

These are the countries where migrant labour was recruited from rural areas while they were healthy and strong to work in the gold mines in South Africa. They work hard but once they are found to have TB, Silicosis or HIV they are fired from their positions on medical grounds. They are sent back to their homes to die and transmit TB to their families and communities. The workers are mostly illiterate and lack formal education and knowledge of their rights. Corporations are exploiting these workers and governments are allowing this exploitation to occur in return for remittances and taxes.

Minister of Health, South Africa Hon Dr Motsoaledi once said, “If one miner is killed by fall of ground nine are killed by tuberculosis”. He further mentioned that, “If TB was a snake, its head is in South Africa and it tail whips the SADC states”. Dr. Motsoaledi is one of very few political leaders taking this matter seriously.

Chairperson and delegates I grew up in mining family. In June my brother died of a lung disease caused by gold mining.

Mineral mining is one of the world’s most hazardous occupations, not only because of the safety issues involved, but also because of the clear link between mining, lung disease and TB. A range of factors contribute to respiratory illness among miners, including the commodity being mined, the length of exposure to harmful airborne hazards, coexisting illnesses, environmental conditions (such as poor ventilation at work and where miners live), and the harsh lifestyles miners might lead that require hard labour, epidemiological profile mobility, and absence from their families and communities for long periods of time.

The workers of South Africa’s gold mines have the world’s highest rates of TB disease and an estimated 90% rate of latent infection. Although research in sub-Saharan Africa has primarily focused on gold mining, coal mining has also been linked to a significant risk of lung disease and TB due to silicosis and coal dust exposure. Data from India, China, and Japan have indicated that coal mining and residing in communities near coal mines might carry an increased risk of TB.

Since the discovery of gold in 1886, gold mining has shaped South Africa for better and for worse. You will know that the mining industry is a major contributor to the economies of the Southern African Development Community (SADC), either in the production of materials or the provision of labour to neighbouring countries. South African mining sector contributed about 19% of GDP, over 50% of merchandise exports, and about 1 million jobs.

Much of these achievements can be attributed to migrant labour, both internal and external. Over 1/3 of mine workers come from neighbouring countries, namely Botswana, Lesotho, Mozambique and Swaziland. However, the economic contributions that are made by these migrant mineworkers are offset by various negative health and livelihoods impact on them, their families and affected communities.

The situation is exacerbated by the pattern of ‘oscillating migration’ established in the mining sector of southern Africa, where migrants move between urban and rural areas and across borders. As a result, the TB and/or HIV acquired in the mines may fuel transmission in the worker’s home country or community and deplete household resources. Migration also contributes to challenges in treatment and continuity of care and follow-up. Most missing TB People are likely migrant workers especially migrant miners.

Moreover, given the dangerous and risky nature of mine work, preventing STIs or HIV is not often perceived as an immediate priority to many mine workers. To further complicate matters, some women and young girls who stay behind in the rural areas may have unprotected sex with other sexual partners for a host of different reasons, including economic survival, absence of their spouse for long periods of time and/or desire for children. The poverty of these female headed households’ manifests through food insecurity and malnutrition: Faced with dwindling incomes and food insecurity, the capacity of mineworker families to effectively protect themselves from HIV or cope once they are infected is compromised.

In the late nineteenth and early twentieth centuries, silicosis killed mine workers by, on average, age 35.This led to a series of commissions and laws regulating dust levels in the mines and establishing mechanisms for workers’ compensation, including for silicosis (a 1912 law was the first in the world to recognize it as a compensable disease).

Chairperson, colleagues, and friends, however, these developments were discriminatory. White mineworkers received far more compensation than black mineworkers and had greater access to testing and treatment.

The result was a “hidden epidemic” among black mineworkers caused by continual exposure to levels of silica dust low enough to not cause acute silicosis but high enough to lead to chronic silicotic disease.Although the racial disparity ended with the collapse of apartheid and subsequent revisions of workers’ compensation statutes, South Africa’s compensation law still suffers from serious substance and implementation problems that disenfranchise black gold-mine workers, former workers and their families.

An important legal development with regard to ODIMWA is that, as of 2011, mineworkers with occupational lung diseases have a right to pursue civil law remedies for employers’ negligence, as recognized by the Constitutional Court of South Africa in its *Mankayi* case. Because of this landmark decision, one tort lawsuit was settled and several are pending. Inadequate compensation for mineworkers’ occupational diseases also implicates a number of human rights, which are protected in the Constitution as well as a number of relevant international instruments. But accessing these benefits has been difficult for mainly illiterate workers, with R91 billion remaining unclaimed.

Chairperson we are talking on the theme of promotion and protection of human rights it is also worth that the two most pertinent are the right to health and to fair labor practices. The right to health is protected in the South African Constitution, which grants the universal right to access health care services, as well as in the International Covenant on Economic, Social, and Cultural Rights (ICESCR), which recognizes “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.”

South Africa has signed but not ratified the ICESCR, which means that, while it cannot be held directly accountable for violations of the right to health, the Covenant still serves as relevant policy guidance. Moreover, the U.N. special rapporteur on the right to health has linked this right to high-risk mining, calling on states to lower dust levels in mines and treat former workers who are sick.

With the 2030 Agenda we need to strengthen efforts to integrate human rights and health into policies at all level. We need to put efforts on promotion & protection of human rights, respect and dignity in order to enjoy equality and better health outcomes. We all have to work together not in silos but support each other.

In closing Chair, we have not done enough, on labour migration which has many restrictions on movement within Africa which then disrupts treatment access and continuum of care as well as access to social protection which include smooth movement of remittances within SADC states which all contribute to the human rights promotion and protection.

Finally we call up on this meeting of The Human Rights Social Forum to support us to;

1. Build the capacity of mineworkers unions and Miners Associations in order to promote occupational health and safety in the mines that includes access to TB prevention and treatment services;
2. Unions and organizations of miners with/ affected by TB in documenting cases of TB and violations related to occupational safety and human rights and further conduct research and document cases of violations related to TB, occupational safety and prevention in mining communities globally
3. Advocate for international, regional and national level campaigns to lower lung disease and other TB risks among miners this include advocate with national-level labour protection agencies to launch awareness campaigns on addressing occupational hazards and eliminating TB among miners
4. Advocate for and support data sharing on employee health between mining companies and national governments; this must include a uniform records of employee health; raise awareness among miners about their health and the need to maintain uniform records when they are moving from employer to employer and back into public health system;
5. Promote better materials on TB and HIV for miners; advocate for better compensation schemes for miners and their families;
6. Organize to educate potential recruits and communities about HIV and TB in the mines; educate about compensation that might be available to miners, ex-miners and families of deceased miners;
7. Put pressure on governments where mining companies are headquartered to force companies to adopt safer mining practices; Engage with local and national governments to advocate for better labour policies
8. Document inadequacies in the mining sector, and work with human rights and lawyers’ collectives to file cases against mining companies. Document and report abuses.

Education is a very powerful tool for promotion and protecting human rights encompass with meaningful involvement from the beginning, to planning, to implementation and consumption of the services entailed with promotion and protection of human rights in all levels, this world will be a better world.

I believe that the quality of life and economic productivity of a person depends on individual health, nutrition and wellbeing and when rights are prioritized everyone benefits.

Thank you!