

PRODUCTION & HEALTH

Production in factories is responsible for the health of the working class in two senses. On the one hand workers are exposed to dangerous processes and substances while on the other they experience poor living conditions. The extent to which workers are subjected to these conditions depends of their collective ability to resist them.

A useful way to explain disease patterns is in terms of the class structure of society*. [Production in a capitalist society defines two major classes. The capitalist class owns land, raw materials and machinery and the working class owns only its ability to work which it sells to the capitalist class for a wage. The relation between these two classes is one of exploitation, in the sense that profit is made from the labour of the working class, and it is taken away by the capitalist class.]

There are other classes, of course, but this article will concentrate on the working class, which is by far the most important (at least 70 percent of the population in South Africa) and which bears most of the disease burden.

Production under capitalism is characterised by a drive to increase profit, which means, among other things, keeping wages as low as possible. Wages are set by the need to ensure the ability of the worker to work and to ensure that the worker can support a family which will provide future generations of workers. In other words, it depends on the cost of necessities of living (food, housing, clothing, transport) and the cost of training the worker.

The drive to keep wages low has corresponding effects on general working class health. Because workers get low wages they are subjected to poor housing, overcrowding, poor food, stress and so on. Machinery and work processes are designed with profit in mind. Health and safety are a cost to the

* For a more detailed discussion of class structure see article on page 4

capitalists and a reduction in the hazards at work is generally only forced by the demands made by workers.

According to the National Occupational Safety Association, a quarter of a million South Africans are victims of accidents at work every year which are serious enough to keep them from work for at least a day.(1). Approximately 800 people are killed in accidents on the mines every year.(2).

The Erasmus Commission of Enquiry into Occupational Health, which reported in 1976, looking at dangerous substances to which workers are exposed, found that about 600 000 workers are potentially exposed to ammonia, 600 000 to benzene and 160 000 to lead.(3). These and other substances are known to be dangerous but they continue to be used because of the drive for profit. The dangers of asbestos, for example, are well documented, but something like 22 000 mine workers and at least 6 000 factory workers are still exposed to asbestos dust, although there are well known substitutes for asbestos.(4). This is either because asbestos is cheaper to use, or because the companies which manufacture asbestos products are linked to those which mine asbestos. (See Critical Health, no. 4)

Thus health should be seen as an outcome of production in a double sense, both because the relations between the working class and the capitalist class make for poor living conditions for workers and because workers are exposed to dangerous processes and dangerous substances in the factories.

It is important to remember that even problems that are work-related do not stop at work. Deafness caused by noise probably affects home life more than it does working life. Shift work has serious effects on family life, and dangerous substances like lead or asbestos can be carried home on the clothing of workers and affect family and friends.

It is also important to remember that all the above can be seen only as trends. The way they operate in reality is determined by the organisation of the working class and of other classes, and the extent to which they can press for their demands. In other words, the extent to which workers are actually exposed to these dangers depends on their collective ability to resist them.

This point can be illustrated with examples from other countries, where the struggles of workers have reduced their exposure to dangers at work. The Erasmus Commission found that if Swedish standards of exposure to lead were applied to South African industry, 45 percent of the workforce would be withdrawn because the levels of lead in their blood would be above the Swedish limit. forty-four percent would be withdrawn if American standards were applied and 26 percent if British standards were applied.(5).

Another example is the export of an entire asbestos textile factory from West Germany to Philippi in Cape Town.(6). This illustrates a trend which is increasing all over the world. Companies are forced to move their dangerous operations from developed countries, where workers and environmental groups have won high standards of protection which made production expensive, to underdeveloped countries like South Africa, Puerto Rico and Mexico where these standards are lower or do not exist at all.

The picture drawn so far is fairly simple. In the rest of this article we will look at the situation in more detail.

An in-depth look at the working class

The working class is not one large mass and the disease burden does not fall equally on all sections of the working class.

This can be partly explained by differences in skill. Most white workers are skilled and most black workers are unskilled. For example, in the metal, electrical and engineering industries, over 95% of artisans (skilled workers) are white.(8). Skilled workers are more valuable to capitalists because it takes time and money to train them. This means that they earn higher wages, and so they and their families are less exposed to disease. It also means that they are generally less exposed to dangers in production.

About 20 percent of workers in manufacturing are women. In the capitalist economy home life is cut off from production and work in the home is not recognised as work. This means that women have a double burden. Many working class women have to work in factories so that the family income is

sufficient. However, their wages are generally lower than those of men because their income is seen as supplementary to that of the male household head (the "breadwinner"). This double burden of work at home and in the factory has clear effects on health.

The capitalist economy needs a section of the working class to be unemployed at any time. This helps to keep wages low and prevents worker organisation through the constant threat of replacement.

In South Africa the 'army' of the unemployed is located mainly in the bantustans which are dumping grounds for women, the old, the sick and the unemployed - all those, who are not needed in production. These groups bear the worst burden of disease. Diseases like malnutrition and T.B. are rife in the bantustans.

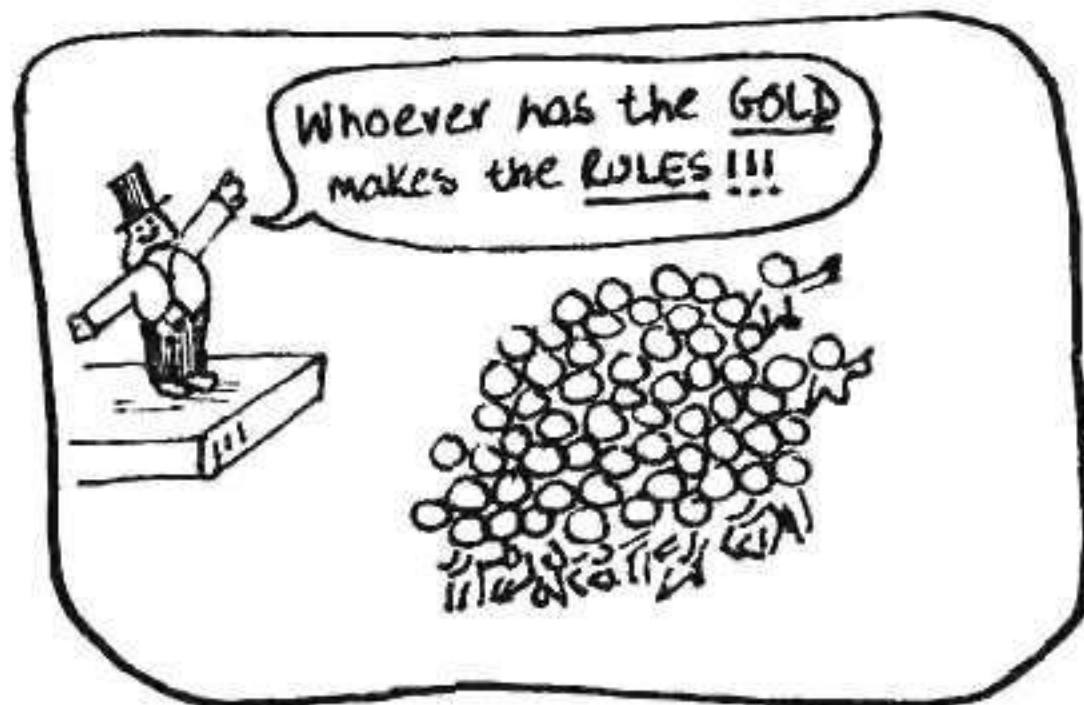
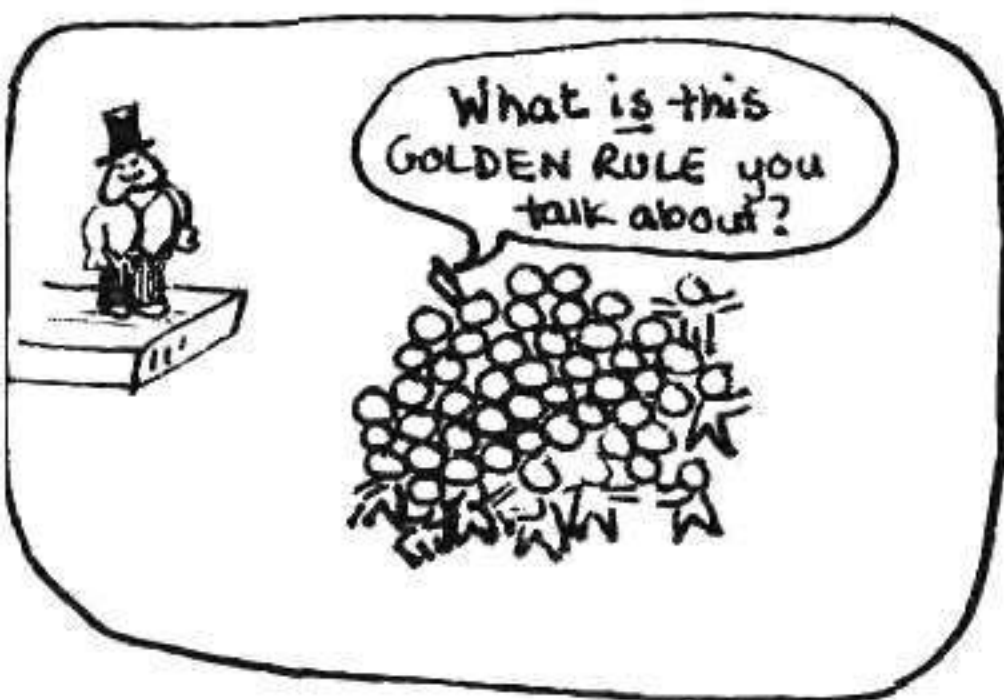
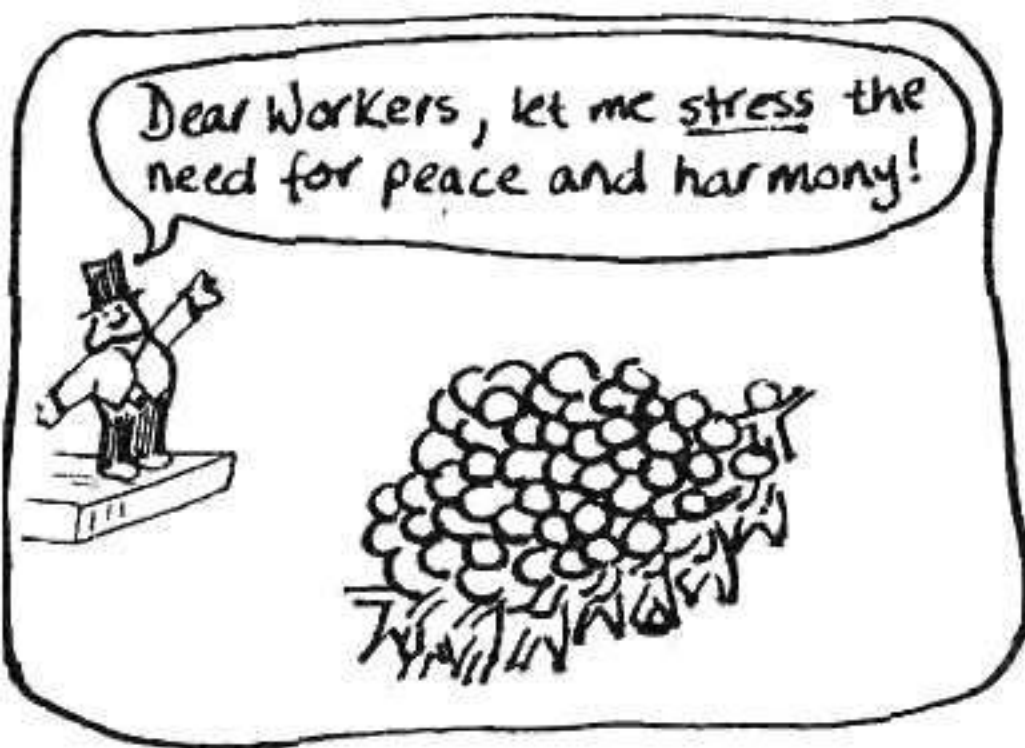
Thus, for a clear understanding of the link between production and health one needs to understand the differences in the working class. The differences pointed to here were skilled/unskilled workers, women workers and the unemployed.

An in-depth look at the capitalist class

The capitalist class is not one large mass either. There are important differences between factories and within factories, with regard, for example, to the size and structure of capitalist companies.

Some industries by their nature are operating grounds for big companies only, like most sorts of mining and textiles. These industries need expensive machinery and long production hours to produce enough for profit. Others, like the clothing and furniture industry have both big and small companies.

Big companies do not go bankrupt so easily because they control all the different stages of production from the supply of raw materials to the selling of the final products and because they have big reserve funds. For these companies, the need to keep wages at a minimum is less important and they can afford to spend money on safety, industrial doctors and nurses, training and better canteens in the



interests of a docile labour force.] The same is not true of small companies and it is often in small companies that conditions are worse.

This article has suggested that health and safety have to be seen as a result of production, both in the sense that workers are actually injured at work, and in the sense that production structures general working class health. It is suggested that there are limits on the way this works in reality. The most important is the organisation of workers and other groups in society and the extent to which they can press their demands.

References

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4. Jonny Myers. Asbestos and Asbestos-related Diseases in South Africa, Saldru Working Paper 28, Cape Town, June 1980. A shortened version of this paper appears in the International Journal of Health Services II (2), 1981
5. Pippa Green and Shirley Miller. The Commission of Enquiry into Occupational Health
6. Jonny Myers. Asbestos and Asbestos-related Diseases in South Africa
7. See Barry J. Castleman and Manuel J. Vera. Impending Proliferation of Asbestos, International Journal of Health Services, 10(3), 1980
8. Sheila T. van der Horst (ed.). Race Discrimination in South Africa (Cape Town, David Philip, 1981)
page 41

ERASMUS COMMISSION :-

"... it has regrettably to be stated categorically that, except in the mining industry, industrial health not only occupies a secondary position in industry in this country, but that industrialists have put very little time, money, and organisation into the prevention of occupational diseases."