

## GWU: Cleaning Up at Corobrik

The majority of workers at Corobrik (Western Cape) belong to the General Workers Union, and the union is recognised by the company. The union initiated a health survey at Corobrik's four Western Cape plants in June last year. The survey was conducted by the Industrial Health Research Group (Department of Sociology, University of



Cape Town). The survey was initiated at the request of the members who complained about the prevalence of health problems amongst workers, and about the appalling conditions at the factories and especially in their living quarters (owned by the company).

The first step involved an inspection of each factory and hostel in which Corobrik workers worked and lived. The second step involved medical screening of workers for likely occupationally related conditions. The third step is to involve measurement of the quality and quantity of dust in the breathing zones of workers in the different job categories of the brickmaking process, and is the final stage in the survey.

### Step 1

Results of inspections at some of the factory premises included:

- \* filthy toilet facilities with dangerously cracked porcelain bowls, flush mechanisms that did not work, no toilet seats, no doors on toilets, no toilet paper, no towels, soap or washing facilities;
- \* no lockers, clothes stacked on the floor and in one case women workers using toilets as locker rooms;
- \* very poor ablution facilities where the showers generally did not work, shower heads were broken off the pipes, or had no taps, most taps in basins were out of order, and there was generally only cold water or insufficient hot water;
- \* restroom and eating room facilities were bare with rough concrete tables and benches, and generally extremely dusty;
- \* very dusty workplaces with no protection, absence of extractor mechanisms for dusty grinding and mixing machines;
- \* very hot workplaces where the temperatures of the kiln fires were measured regularly for reasons of production, while envir-

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onmental temperatures where workers load and offload bricks were not;

- \* some unguarded machines and ladders;
- \* some unventilated confined workspaces;
- \* heavy pollution with coal fumes from the clamps (piles of baking bricks in the factory yards);
- \* each factory had a clinic with an industrial health nurse in attendance. Each clinic had a newsclip prominently displayed telling the story of a doctor who had been found guilty of unethical conduct for giving workers sick leave when they were not in fact sick. Given the appalling hygienic facilities at most of the plants, despite the presence of medical personnel, this was indeed ironic;
- \* all plants had either 3 or 4 star NOSA ratings which were interesting indications of what NOSA understands by health and safety.

Conditions at all but one of the company hostels and housing facilities were generally even worse than those in the factories. In some cases the hostels were owned by the company while in others they were owned by the administration board. Most of the housing was in a very poor condition and unfit for human habitation. This also applied to most of the "coloured" housing on the premises of one of the factories that has closed down since the survey. Housing here was actually worse than that for African workers in the other factories.

Privileged accommodation at the hostels and the company housing was provided for a small number of special workers like security guards and supervisors. These specially converted facilities, although not luxurious, boasted electricity, showers with hot and cold water, kitchens, lino on the floor, and ceilings. In these dwellings half the number of people, and in many cases less, occupy the same living space as in the overcrowded dwellings. Conditions in this accommodation contrasted interestingly with those of the majority of workers which are described below:

- \* at 3 of the 4 plants, the living quarters had no ablution facilities like kitchen sinks, bathrooms, handbasins, washbasins, taps or showers. The only water source was an open outside tap serving several bungalows. For the majority of occupants of the "coloured" housing at one plant the water was not fit for drinking and the ablution block serving their houses had no running water or functional toilets;
- \* at 3 of the 4 plants, there were no lockers for safe storage of possessions;

- \* at 2 of 3 hostels, bungalows were constructed of asbestos-cement cladding for walls and asbestos-cement sheeting for roofs;
- \* no hostels, except for the special accommodation mentioned, had ceilings or floor coverings for the rough concrete, or insulation of any type against cold and heat;
- \* most of the hostels were extremely damp, with fungus growing universally on the inside surface of the asbestos-cement;
- \* there was severe overcrowding at all the hostels and housing. At one hostel there were 32 workers to a bungalow. Generally workers occupied double bunks which were very close together;
- \* in all but one of the facilities, toilets were in a disgusting state. In one case there were bucket-type toilets, and in another there were floor-level flush toilets covered over with broken, leaking asbestos-cement cladding shelters. In the "coloured" housing none of the toilets worked.
- \* no kitchen facilities, except a bare hall with wooden benches and an eating hall with a TV at one plant;
- \* overflowing refuse bins with rotten material producing offensive smells at two of the hostels;
- \* night and day-shift workers generally shared the same bungalows at hostels.

## Step 2

In July, the second step of the survey followed in which workers had their lungs tested and were x-rayed. The results of this are still provisional as they are still being analysed and evaluated. The survey showed that 72 out of 575 or 12.5% of the workers surveyed had abnormal x-rays which were suggestive of TB. As these findings may indicate either old inactive or current active illness, these workers have been sent for further tests. However, this high percentage of people with abnormal x-rays which could turn out to be active TB fits in very well with the extremely poor and unhygienic living and working conditions already observed.

In addition to this at least 18 people or 3.2% of all workers showed x-ray changes that could turn out to be silicosis. Most of these workers had worked in dusty jobs in brickmaking for many years. Silicosis is the lung disease that miners, quarry and foundry workers get from being exposed to rock dust (silica) for many years. These results are also still preliminary and the possible cases are being examined by experts for confirmation that they do indeed have silicosis.

The poor hygienic conditions in areas of the factories and the

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workers' housing have been taken up with the company by the union. Some of the features mentioned have been remedied by the company since the inspection. The company has also undertaken to build new hostels in some cases and to renovate hostels and houses in others.

### Step 3

Given the preliminary results of the first and second steps where the existence of dusty conditions and chest diseases have been observed, the union hoped to do dust measurements. The results of these measurements together with what has been learned from the inspections will enable them to ascertain where the sources of the health problems lie. This will also enable the union to recommend specific and effective preventive measures for the future.

After the results of step 2 were made available, the company ruled that it would only allow its own doctor to take dust measurements at the plants, with a union-appointed doctor present in an observer capacity only. This decision was rejected by the workers who believed that the company had shown very little concern for their health until pressurised by the union in this regard.

Although a company doctor has been in Corobrick's employ for four years, workers had never had any contact with him until the union initiated the health survey. The presence of a company doctor did not seem to have any effect upon the existence of the unhygienic conditions prevailing in company housing and in production, and nothing had ever been done to investigate these problems from the side of the company health personnel.

Given that it was the workers' health and well-being that was at issue and that it was only by their own efforts that health and safety issues had been addressed at all, they believed that they had every right to demand that doctors of their own choice be allowed to complete what had been begun - an investigation into the health and safety of their conditions at work.

A dispute was avoided when a compromise was reached. The third step will now be planned and executed jointly by a committee consisting of the company doctor, 2 members of management, a union doctor, a union official and a shop steward for each plant.

(SALB correspondent, January 1986)