The price of gold
paraplegic injuries on the mines

Shelley Arkles*

> After the accident my biggest problem was how my wife is going to go on living with the children as they are still very young, who is going to help them go to school, how are they going to be clothed, how are they going to be fed... The accident has completely changed our life.

The conception of industrial accidents as "rare events in the experience of individuals..." (1) completely overlooks the fact that "the men and women who get caught up in these "events" may have to live out the rest of their lives with the consequences - and that others live alongside them". (2)

The consequences of industrial accidents in South Africa pose particular problems for injured mineworkers, as the overwhelming majority of them are migrant workers coming from the labour supplying areas of Southern Africa. The transformative effect industrial accidents have on these people's lives has to be seen in the context of the underdeveloped nature of these areas; the lack of adequate healthcare facilities; the fact that most of these workers are the sole breadwinners in the family and that the possibilities for re-employment as a disabled person are negligible. Accidents have ramifications into the countryside that are not taken into account by the Mining Houses or the office of the Workmen's Compensation Commissioner. The missing link in the rehabilitation chain is the failure to acknowledge the individual as a part of a family and a community.

In the absence of any published figures regarding the number of spinal injury cases, it has been estimated - on the basis of adding up the yearly intake of spinal injury cases in the various mining hospitals - that between 100 to 150 paraplegics (and quadriplegics) are being produced by the mines annually.

---

* For further details see S Arkles, "The social consequences of industrial accidents - A case-study of paraplegics injured in the gold-mining industry", Hons thesis, Wits, Univ, 1984.

This article will focus on the post-hospital phase, ie. what happens to paraplegic ex-mineworkers (and their families) once they've been discharged from hospital. A number of possibilities exist. Either they are repatriated to the rural areas where they live with their families; or they stay at the mine hospitals until the mines on which they were injured are able to take them back and provide some form of re-employment. In the case of miners from the Anglo American Mines only, a further possibility is the Ithuseng Rehabilitation Centre, where paraplegics and quadriplegics are housed and re-employed (providing there is space available for them there).

While the experience of disability for disabled miners varies - depending on when they were injured; at which mine they were injured; where they went after being discharged from hospital; the extent to which the family and community is able to provide some form of support system - it is possible to identify a number of problems common to all disabled mineworkers. The two major issues confronting paraplegics (and indeed all injured workers) are those of compensation and re-employment.

Compensation - the workers view

Under the old system of compensation miners received a lump sum payment as compensation. This was calculated according to the person's degree of disablement, and earnings at the time of the accident. In the case of spinal injuries (100% disability according to the Workmens Compensation Act - WCA) an amount of anything between ten to fifteen times the wage being earned at the time of the accident was paid out in the form of compensation.

The new system of compensation which became operative as of June 1, 1977, meant that African mineworkers with spinal injuries now receive a basic lump sum payment of R500 (3) in addition to a monthly pension calculated at 75% of the wages being earned at the time of the accident.

Three of my informants were recipients of the old system of compensation (having been injured in the early seventies). They thus received lump-sum payments of R1,000 (in two cases) and R2,000 (in one case) - for being rendered paraplegic. The complete inadequacy of this system seems to be acknowledged by the Rand Mutual Assurance Company which awards special allowances to seriously disabled indigent Black ex-mineworkers,

whose lump-sum Workmen's Compensation Awards have been exhausted. One of my informants, who has been unable to find re-employment on a mine, has been awarded such an allowance. He receives R78 a month on which he supports a wife and four children in Lesotho. For miners who have been legally compensated according to the WCA in the early seventies, such payments constitute their only income. These "charitable" awards do not, however, alleviate the constant struggle to exist of affected families.

The insecurity of their children's future is one such problem. An interviewee spelt it out: "In 1981, these first two children didn't go to school for the whole year because there wasn't any money... It's difficult out of this R78 a month... We have to pay for one child one month, and the next month another one. Now that the school knows how I am, they allow me to pay the school fees in instalments, but sometimes the child is sent home to wait for the money."

The effect of the accident in many cases is to deprive the injured miner of formal employment while forcing the wife into the informal sector:

> My compensation wasn't adequate, as I have so many problems. Also, because I know it is very difficult to get a job or to find some means of getting money. My wife used to brew beer, so that she could at least get soap, sugar and all the other things used in the family. She was forced to do that because there was no other means of getting money.

Many wives of injured mineworkers have expressed the desire to find work in order to supplement inadequate compensation. However, their predicament is a "catch 22" one. Not only are their chances of finding jobs in places like Lesotho or the Transkei virtually non-existent, but even if it were possible, they cannot take a job that will involve their being away from home, where they look after their disabled husbands.

Some families although dependent on wage labour for educating their children, clothing and so on, had access to other means of subsistence as well. As a result of the accident, their overall position was severely undermined. One of my informants, who received R1,000 for his injury explains:

> There were many changes when I got the accident. Before when I was working the family was going alright. But when I got the accident came many changes and problems. First of

> all, when I go home [in between mine contracts] myself I was going to the fields to do the jobs, and to look after the cattle in the mountains and other things. And I was a salesman of goods like shirts, in the Transkei. Then I stopped because I cannot walk now. After I got the accident then came the problems. I cannot go to the fields. I cannot be a salesman again...

This miner has in effect lost the means of three employments. He now lives at the Ithuseng Rehabilitation Centre, where he is re-employed, receiving R140 a month. His present situation at Ithuseng, is really a survival option. His choice of where to be rests solely on where his family can best survive:

> The problem of money and other things put me here. I want to stay at home, but when I am here, I get the money at the end of the month, and send the money home. Then here, I get food and other things for myself.

While this miner is well cared for at the centre, his family face a daily struggle to exist in the Transkei. His relative well-being at the centre, obscures the underlying anxiety he feels regarding his family's plight.

The situation applies equally to other men at the centre. They are men who have either been rejected by their families, or do not want to go home. Their reasons relate to the very prominent theme of having failed as breadwinners:

> They live here because they are afraid to go home. Because let's say, when there is not much that you do for the family, there is no money for the family, the family goes hard. They worry about that.

They live at the centre not only because their families cannot sustain an unproductive member in the household, but also because of the general state of underdevelopment in these rural areas. Conditions there are totally inadequate for people who are paraplegic. Adequate facilities, such as clinics for example, and proper sanitation, are crucial, especially in the light of the fact that the two major medical complications of para- and quadriplegia are pressure sores and bladder infections. For disabled miners who do live in these areas, a familiar problem is not having a proper toilet. This can result in pressure sores going septic. One of my informants, in precisely this position, has travelled back to Rand Mutual Hospital in Johannesburg from

his village in the North of Lesotho, ten times, since 1970.

Two of my other informants were injured in 1983, and are thus recipients of the new system of compensation. The first one a quadriplegic, living in Lesotho, received a monthly pension of R300 (he has not yet received any lump-sum). The compensation he receives, although an improvement on the former three cases, fails to take into account the full loss of present and potential employment earnings: "My monthly salary was R400 at the time of the accident. Sometimes it used to go a little bit higher, overtime, dangerpay..." In addition the compensation fails to take account of the extra expenses accrued as a result of the accident:

> Because of the accident we need extra money because, for instance, I was told by doctors to eat certain foods, eggs, milk, oranges, meat, beans, peanuts... and the food mentioned is really very expensive. (4) Also there are medicines and pills that I sometimes need... I used to get these things mentioned here, but now as time goes on, it is very difficult to get all this stuff. Sometimes if we try to get this food mentioned, you'll find that the R300 is not enough to go on for the whole month. It takes two weeks and the other two weeks there is nothing.

The second informant, injured in 1983, is the only one who's dependants are not in a desperate situation. He received a lump-sum payment of R1,500 in addition to his monthly pension of R300. As he is re-employed doing surface work, he gets an additional R140 a month. While clearly in a much better position than the others mentioned, he explains why he feels additional compensation is justified:

> The first point, I was getting R329 a month before the accident. Then when I go home, I was going to do everything myself, build the house... and the money was saved for the family. Now there are changes because the things which I want to do, like planting, I must ask somebody to help me; but they say they want money for that job. You're going to pay R15 a day then he'll plant...

The dissatisfaction regarding his compensation (although substantially higher than the others mentioned) has to be seen in the context of the changing experiences and expectations for miners brought about by the changes in migrant labour over the past decade or so. This miner who started working on the mines

in the late seventies in a period of improving conditions (higher wages and increased although limited possibilities for job advancement) has suddenly had all possibilities for social upliftment pulled from under his feet:

> This year I am a winch driver but next year I could get a position to be a "bossboy" or teamleader...Yes, if I work there at the mine, I know I can get a position to go up, then the salary goes up.

Either way, the experiences of these miners is such that, in the words of one of my informants: "After the accident we go backwards not forwards."

Re-employment - the workers' view

In the light of inadequate compensation, the need for suitable re-employment - particularly for those miners compensated under the old system - is paramount. In addition to the financial imperative of re-employment, the psychological effects of re-employment are indispensible to the rehabilitation process. The responsibility of providing employment for disabled workers, rests with the mines, on which miners were injured. As one informant said, "Nobody will employ me because of this injury from the mines. Those people are responsible for my life."

While some miners are usefully re-employed by the mines, many find themselves in situations where there are no jobs available for them, or the nature of the work is unacceptable to them. Where paraplegics (and even in certain cases quadriplegics) are re-employed they do a variety of surface jobs. (5) Consequently their pay corresponds to the amount paid for surface work, (the lowest category of pay on the mines) rather than to the rate paid for underground work where they received their injuries.

Dissatisfaction with re-employment goes beyond financial matters. It relates also to the type of work performed, and therefore has a bearing on the person's sense of dignity and fulfilment: "It's not really work I can say, because the mine is just keeping me there. Sometimes I take my needles and sew some things."

Not only is the work not fulfilling to the miner or useful to the mine, but there hasn't been job creation in any real sense.

For workers in this predicament, the result is extreme insecurity and confusion: "At the moment I am here at home [Lesotho]. I was told to come home, stay for six months, and after that six months, I will be able to go back again. There is no choice, there is a "law" that I should come home."

Clearly this disabled miner has no rights, or if he has is totally unaware of them. The mine feels "morally" compelled to re-employ disabled miners. However, this is a privilege rather than a right, and by its very nature can be withdrawn. The question of re-employment, certainly in the above miner's case, seems to operate on a rather "ad hoc" basis. One can only presume that not enough jobs for the disabled are being created and that they operate on a rotation basis.

While this worker is re-employed at the mine, he gets R150 a month. Being only for six months of the year, it amounts to R75 a month. In the context of no other means of subsistence, the need for a "living" wage as well as guaranteed employment is obvious.

The need has also been expressed by paraplegics for training in work that is both useful to the mine and can be done when the person is home in the rural area. Some of the jobs envisaged are: wireless repairs, shoe repairing, sewing, knitting, leather work and electrical work. The significance of being able to learn skills that can be used in the rural areas has to be understood in the light of the fact that the work previously done by miners, when they returned home, in between contracts, is no longer an option for them because of their disability.

Employer's responsibility - the workers' view

The responses of many of these miners regarding the questions of contact after and responsibility for the accident, illustrates their spontaneous expectations of responsibility from the industry, and reflects a consciousness of their rights as workers. In addition, there are expectations of the Government to provide sufficient clinics and health workers at strategic locations in the rural areas. Some disabled workers are very bitter about the fact that "after being discharged from the hospital there was no contact from the mine or from the hospital... They kept quiet." They are adamant that some type of communication network be established so that "those people at the mine and

at the hospitals, might know how I am, because I worked there while I was "alive", and now that I'm in difficulty they have to know what is happening. I'd like them to know how I am".
Some of the demands are very specific:

> The mine should come at least and check to see whether I have a house to live in, whether my children are getting enough education for their future and to see what problems I am experiencing.

Capital's approach

The present situation with respect to the rehabilitation phase, is such that "contacts between mine doctors and the patients' homes, are for practical purposes non-existent... The same applies to contact with local services, which in turn, are ignorant of the health and medical services provided at mines for employees." (6) All efforts towards rehabilitation are thus centred on the urban areas - either on the mines themselves, or at the various mining hospitals and associated rehabilitation units.

What seems to have emerged in the past decade or so, is an urgent call to the industry on the part of various mine medical personnel for not only a concerted attempt, but also a particular approach to the question of disabled African mineworkers. The question of what constitutes rehabilitation, far from being a static phenomenon, is integrally related to broader developments within the industry as a whole. These developments in turn are both reflective of and responsive to the changing social, political and economic conditions of the subcontinent as a whole.

Some of the changes in migrant labour ushered in by the 1970's include: moves towards stabilisation, albeit applicable to select pockets of the workforce at present; the necessity of attracting a more educated worker, the necessity for skills training; the desire to attract local labour; the idea of mining as a career for black workers; the relative improvements in living and working conditions on the mines; and importantly the changing balance of power on the mines between black and white workers, and between labour and capital as a whole.

The relationship between the changing nature of migrant labour and the changing face of mine medical practice is expressed by an industrial medical officer when he notes, "In the past, with a plentiful supply of unskilled labour, one of our main tasks

was to keep the maximum percentage of the complement at work. Where prolonged illness or physical defect following an accident resulted in the employee being unable to resume his former occupation, he was repatriated." (7)

In keeping, however, with the broad trends taking place in the industry, he suggests that, "with progressive mechanisation of the mining industry and the growing shortage of labour..., rehabilitation will become of increasing importance in South Africa." (8) Further, "...it is necessary to avoid wastage of experienced labourers and to return these after recovery to their former occupation..." (9)

Although paraplegics and quadriplegics are in themselves not a productive component of the workforce, improvements to date - although not yet fundamental - have to be seen in terms of a general improvement in what can be called the social security package being offered to migrant workers on the mines. The payment of higher wages, relative improvements in living and working conditions - although selective and inconsistent, the desire to attract local labour and a more educated and committed type of worker to the mining industry, would be inconsistent without the reassurance of adequate care in the event of a serious accident or illness.

These developments thus involve looking at changing approaches to the question of rehabilitation, of which the issue of re-employment for disabled mineworkers is a crucial component. (10) It is ostensibly with the imperative of returning the person to a normal productive life, that the deliberations within mine medical circles have been principally concerned. It is here that retraining and placement in alternative work applies, as an integral part of the rehabilitation process.

In the past where workers have been housed and employed on mines that were prepared to accept them, a number of problems were revealed. The medical superintendent at the Ernest Oppenheimer Hospital (EOH) (11) in the early seventies, noted that problems arose in situations where "the demand for goods produced by the workshop is not constant. During slack periods, the men have very little to do and very little is expected of them..." (12) The current industrial medical officer at the Ernest Oppenheimer Hospital, reflecting on the situation of disabled miners on those mines at the time, extended the

problem to include one of inadequate supervision. It was problems such as these that resulted in certain members of the mine medical personnel proposing a number of alternatives to the industry. A few possibilities were considered and it was eventually decided to build a large new rehabilitation centre with hostel and workshops specially designed for paraplegics, quadriplegics and the severely disabled. (13)

The implementation of the Ithuseng Rehabilitation Centre, however, has brought with it a number of further problems, which point to the need for greater resources from the mining industry for their disabled workforce. Firstly the place is overcrowded and as a result there are a number of men with spinal injuries waiting for a place in the centre. Secondly, as the Industrial Medical Officer at the Ernest Oppenheimer Hospital pointed out: "These men are migratory workers. They are here because they are employed by the mines. The moment they are not employed by the mines they have got to go back to their homes, for example, Transkei or Lesotho... They are here to work for the mines, so we have to keep them on the mining books and employ them as miners. They obviously can't work underground, and obviously can't do a great many of the surface jobs, so we have to find special jobs for them... A further problem is that you're not allowed to trade on mine property, so we can't sell our products on the open markets; we can only sell them to the mines. Thus we're very limited in the number of jobs we can do and can sell... The question of retraining for certain jobs scarcely arises under these circumstances... so at the moment not a great deal of retraining is done." (14)

What this situation amounts to in effect, is that, "the pressure is on in a different way. We [at the centre] can no longer just absorb all the industry's paraplegics without questioning, nor give them a job for life and a home to live in... so we are forced to do something a little more active in the way of rehabilitation." (15)

Further, something needs to be done about those miners (ie. non-Anglo miners) who do not have access to such facilities. The present trend is that individual mines on which workers are disabled are going to have to accept full responsibility for the paraplegics and other miners injured during the course of production.

Clearly, one of the major challenges to the mining industry regarding disabled workers is the necessity for systematic, enforced job creation and training opportunities in useful and meaningful work. This may involve the scrapping of certain by-laws such as not being being able to trade on mine property. Within the context of the need for survival and adaptation under changing conditions, it is felt that, "mine doctors should play a key role in researching and developing a new approach to labour matters." (16)

These principles it is felt, need to be extended to matters concerning the health and well-being of the workforce. This is particularly so in light of the growing power of the National Union of Mineworkers which has already demonstrated its commitment to health and safety on the mines.

State intervention

The extent of the state's intervention with respect to the post-accident phase, concerning injured African mineworkers, is embodied in the Workmen's Compensation Act of 1941. While the mining industry has maintained its own Fund which is responsible for financing and handling compensation claims, the WCA of 1941 has meant that the industry is answerable to the Workmen's Compensation Commissioner and the clauses embodied in the Act. Regarding the situation of severely disabled mineworkers, such as paraplegics, there are two clauses in particular, which warrant closer inspection. The clause relating to "Advances against Compensation" seems to acknowledge two things. Firstly, the delays that usually accompany compensation payments, and secondly, the desperate predicament workers and their dependents often find themselves in, as a result of accidents. What this clause amounts to, is that in anticipation of the award of compensation, and where the pressing need of the workman warrants it, the Commissioner may make an advance of a sum, not exceeding a specified amount, to such a person.

The Act also seems to acknowledge the extent to which a condition such as paraplegia, might create permanent dependance on another person; and apparently appreciates the need to subsidise such help. The provision relating to "Allowance with Respect to Constant Attendance" applies to cases where the disablement is of such a nature that the employee is unable to perform the essential actions of life without the constant

help of another person. To this end, the Commissioner may grant an allowance towards the cost of such help.

Despite the presence of such clauses it would seem that disabled workers are not informed as to the provisions of the Act. Particularly in the case of paraplegics who live in the rural areas with their families, the "Allowance with Respect to Constant Attendance" would help alleviate some of the burden placed upon the "carer" (the person responsible for looking after the disabled miner,usually the wife). Either it would provide financial assistance towards the cost of such help, or it would enable employment of a person specifically for the purpose of looking after the disabled miner, while the wife is freed to go and look for work and carry on with her own life. In the case of "Advances against Compensation" desperate situations - such as the one where an informant received nothing for the entire year while in hospital - could be avoided.

It was only in the seventies - particularly the late seventies - that compensation for African mineworkers began to improve. Firstly, in line with the wage increases of the seventies for African miners, compensation which is calculated as a percentage of the wage earned at the time of the accident, rose accordingly. Secondly, and of much greater significance, the form of Workmens Compensation changed for disabled African mineworkers as of June 1, 1977. This entitled all those workers injured from that date onwards to a monthly compensation or pension which was, as already mentioned, calculated as a percentage of salary scales which were significantly higher in the seventies than ever before. This important development resonates with the changing profile of migrant labour from the seventies onwards, discussed earlier.

NUM - the union's approach

The formation and subsequent phenomenal growth of the NUM since November 1982 must rank as one of the most important developments in South Africa's mining industry. With specific reference to the case of spinal injuries, it is significant that NUM has created the infrastructure whereby issues relating to the post-accident phase can be dealt with.

The fact that the Ernest Oppenheimer Hospital Complex (incorporating the Ithuseng Rehabilitation Centre) has been recognised

as a branch of the union, has paved the way for negotiations concerning paraplegics. As a result, most of the paraplegics have joined and are according to the union "very active". They participate in the union by "attending meetings, with some of them sitting on our regional committees..." (17)

One of the paraplegics from the Ithuseng Rehabilitation Centre is the branch chairman of the EOH complex, and is a very influential shop steward. He has the potential contacts to mobilise and organise paraplegics over compensation, re-employment and other matters affecting their situation.

It is highly significant, both psychologically and strategically that these disabled men are seen as workmen rather than as patients. The latter position would thrust them into a situation of passivity and would marginalise them from other workers.

The present moves in the industry, to devolve the responsibility for injured mineworkers on to individual mines, will result in new approaches on the part of the union concerning the disabled. Paraplegics will become part of the union at those mines. The benefits the union wins for the workforce, will be applicable to them as well. As far as bargaining for a single paraplegic with a specific problem on a particular mine, for example, "shop stewards can handle the problem at a much more local level."(18) While paraplegics in unionised mines and hospitals have some bargaining power, those in the rural areas, however, remain voiceless.

Conclusion

In South Africa, it is evident that miners and their families have always experienced, and still do experience, the full weight of the wider consequences of accidents that occur at the workplace. Capital's approach to the problem of disability, however, has only relatively recently begun to shift away from an "event- based" consciousness to a more consequence oriented consciousness.

The change from the lump-sum compensation system to the payment of a monthly pension is significant in the sense that it recognises the need to keep some form of contact with the disabled person while he is alive and also realises the inadequacy of the lump-sum system.

The building of a centre like Ithuseng recognises the importance of providing facilities necessary for disabled miners coming from rural areas. The facilities it provides and the contact with other people in the same position are all important steps in the person's rehabilitation process. However, the presence of such a centre should be seen as a transitional phase in the rehabilitation procedure and should not obscure the need for more fundamental forms of responsibility on the part of the industry, in the form of increased compensation and systematic job creation for disabled miners.

The differences in the experiences of the miners, outlined in the article, illustrate some of the changes taking place in the industry. The similarities of their experiences, however, are more marked. This is because the changes we are witnessing are not as yet systematic or rigorous due to the conflict and resistance within the industry itself, over the manner in which new patterns of labour power reproduction should replace the old.

One of the most dramatic developments in the mining industry at present is the emergence of the NUM as a "watchdog" over health and safety matters. Just as it is challenging the gap between ideals in accident prevention and the reality of their implementation, so must it challenge the chasm between rhetoric and reality in the post-accident situation. This is both imperative and inevitable while the production of gold entails the production of injuries.

Footnotes

1 Nichols P, and Armstrong P, Safety or profit - Industrial Accidents and the Conventional Wisdom, Falling Wall Press, Bristol, 1973.
2 ibid
3 The lump-sum of R500 is a basic minimum payment. Miners can and do in fact receive larger amounts, depending on a number of variables: length of contract at the time of the accident; extent of bonus pay the miner used to earn; wages accrued during hospitalisation relative to the period off work, etc.
4 A well-regulated diet is particularly important in the case of para- or quadriplegia for the purpose of muscle build-up.
5 Some of these surface jobs include: first aid dresser; boot repairer; the painting of signs; making wire hose clamps; repairing hard hats; tailoring; woodwork; Fanagalo instructor

and in the case of literate paraplegics jobs like compound clerks, welfare assistant and so on.

6 O Martiny, "Socio-medical problems in the mining industry in relation to altered recruiting and recruiting practices", in Proceedings of the Mine Medical Officers' Association of South Africa, LVIII.427, May 1979 - April 1980, p8.

7 L F Dangerfield, "Rehabilitation" in Proceedings of the Mine Medical Officers' Association, March 1966, p103.

8 ibid

9 ibid

10 See footnote 5 for a list of some of the employment possibilities for disabled mineworkers.

11 The EOH is a major mine hospital catering mainly for miners from the Orange Free State mines.

12 I Potgieter, "Rehabilitation of paraplegics, quadriplegics and other severely disabled African mineworkers", May 1973.

13 This centre financed by the Anglo American Corporation would be open only to those mineworkers injured on Anglo mines.

14 Interview with Industrial Medical Officer at the EOH, 1984.

15 ibid.

16 Martiny, "Socio-medical problems", p12.

17 Interview with Cyril Ramaphosa, General Secretary, National Union of Mineworkers, 1984.

18 ibid.