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EMPLOYMENT, PENSIONS, COMPENSATION AND REHABILITATION IN SOUTH AFRICA

SOME SOCIAL AND MEDICAL ASPECTS AND ATTITUDES

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The articles on rehabilitation that appeared in this *Journal* of 21 August 1954 (**28**: pp. 701—733) were both timely and welcome.

The first object of rehabilitation should be to return the temporarily or permanently disabled patient to remunerative productive work in the shortest possible time. Recovery during convalescence is not dependent on the prolonged rest which has too often been medical doctrine in the past. In tuberculosis[6] I have time and again witnessed the social, moral and physical benefits that result from reasonably early activity. The lively, naughty, undisciplined patient, determined to return to his place in society at the earliest opportunity, has, in spite of our forecasts, often shown the best recovery.

The community pays dearly in loss of working hours for unemployment due to disability. That the economic loss can be offset by the labour of patients in hospital is at present being demonstrated in the tuberculosis 'settlements' of the South African National Tuberculosis Association.[6] A still better example of socio-economic advantage is the chronic sufferer from open tuberculosis who finds employment[4] that does not require him to come into intimate contact with his fellows. The risk of occasional infection is more than offset by the greater readiness with which hitherto concealed cases come forward when they see that their activities will not always be held in restriction.

The more successful we are with the medical and surgical treatment of disease, the earlier it behoves us to rehabilitate our patients; and failure to cure is no reason for denying healthful and gainful occupation suitable to the disability. To this end financial help ought to be made available in disability and maintenance-grant scales that give encouragement to gainful employment. At present some men prefer to depend on disability grants until they can qualify for the old age pension. Old age itself, however, is not *per se* a good reason for inactivity.

In the interests of the disabled employee more consideration ought to be given to the diversion if necessary of some of his compensation funds to subsidize his employment in suitable posts while his work output is reduced. An alternative might be to make it obligatory on State, Municipal and private employers to employ these men in certain proportion to their total labour force or in special reserved occupations.

THE PLACE OF MEDICINE IN COMMERCE AND INDUSTRY

In industry and commerce the primary function of the medical profession is the diagnosis and treatment of disease and the giving of advice to the worker and his family. This ought not to be allowed to hamper our entry into the wider social field as advisers on the conservation and enhancement of man-power potential. In any industry intelligent observation over a period of time will reveal many of the social and medical factors that affect its man-power, such as special physical and chemical hazards and causes of accidents (e.g. excessive overtime and fatigue), local social causes of absenteeism (e.g. rugby matches or the sardine fishing season), maladjustment of home life, alcoholism, dietary habits and ignorance, environmental hygiene, housing, recreation. The pursuance of these studies will call for close liaison and co-operation with fellow workers in other professions and sciences; and will result in benefit not only to industry and commerce and the whole national economy but also to the employees and their families.

PENSIONS

The raising of the pensionable age would not necessarily help the employee who has earned the privilege of a

pension at an age at which he can live to enjoy it; nevertheless, the employment of pensioners on a basis acceptable to their co-workers is desirable.

During recent years pension funds have been subject to a continuous devaluation of the original contributions.[7] Moreover, many of them are a handicap to the employee who, having gained experience and qualifications, has the initiative and desire to improve his position by changing his employer. The terms of most pension funds are such that the employee who changes his employer not only forfeits his pension rights but may lose some of the accumulated interest on his contributions! To secure his pension benefit the employee (in some cases) must be prepared to 'rot in his job and be tied as a slave to his master'. There are advantages in a stable labour force, but free movement of workers with improvement of knowledge and technique is also desirable.

In my opinion pension funds would morally be more justifiable if the worker were entitled to contribute to them for the whole of his working or professional life, independently of what employer he was working for. Employers might still contribute to their employees' pension funds.

For pension purposes actuarial formulae can be devised to cover all illness risks, even those illnesses which are known to be progressive in the sense that they will shorten the normal span of working life. The higher the risk the higher the premium; but if the partially disabled were included in the country's labour force we should be able to buffer to some extent the earlier age of pension grants in some instances.

WORKMEN'S HAZARDS AND COMPENSATION

The special hazards of industry are not always apparent at the outset and for this reason it is advisable for new ventures to enlist the services of factory medical officers to undertake complete medical recording of the physical and mental state of the employee both before and during the course of employment. When later it is mooted that the industry has a causal relation to disease the problem can be much more effectively investigated if these data are available.

If a nurse contracts tuberculosis indefinite argument may arise between hospitals as to the probable source and time of the infection if she has not been subject to periodical X-ray examination of the chest. An emphysematous employee working among fumes and dust will soon complain; the lack of an efficient initial examination and regular re-examination of his medical condition may result in an unnecessarily disgruntled employee or an unjustified claim for damages.

Cases like these require the utmost tact and skill in handling and occupational placement. The task is to place as many of the partially disabled in employment as possible without undue prejudice to the employment of healthy people. Success is obviously dependent on the co-operation that can be engendered among management and staff and on the social and economic conditions of the time.

Referring to the Workmen's Compensation Act Dr. Lomey remarks, 'The keystone should be rehabilitation', and in discussing the Silicosis Act Dr. F. S. du Toit mentions 'the psychological outlook common to many industrial workers, namely to get more and more for less and less.'[2] Much good constructive initiative is contained in both these Acts. What improvement is needed? The answer is that in these Acts the accent on compensation should be transferred to rehabilitation both in the letter of the Acts and the spirit of those who are professionally concerned in their administration.

SOME SPECIAL PROBLEMS IN MINING PRACTICE

The Silicosis Act unfortunately laid more stress on compensation for silicosis and tuberculosis than on disability among miners irrespective of the cause. The miner suffering from dyspnoea due to primary cardiac failure who applied for compensation was just as much in need of help as his silicotic workmate. He was dismayed to see the latter receive compensation for silicosis, often without disability, while he was refused. This defect in the social approach led to a commission of enquiry and subsequently the Silicosis Amendment Act of 1952.

This Act attempts to accommodate in the new concept of 'pulmonary disability,'[5] some of these disabled miners in whom the aetiological basis of their condition was not clear or not clearly proven. Surely it would have been better to recognize the trend towards Social Security and to have included 'cardiac disability' among the conditions which entitle the miner to assistance! This would have placed the emphasis on the existence of disability rather than on the unhappy differential diagnosis of the cause.

In South Africa gold mining still has pride of place amongst industries. For full-time underground work it recruits after the initial examination conducted, for Europeans, by the Silicosis Medical Bureau and, for non-Europeans, by the Witwatersrand Native Labour Association and Recruiting Agencies, and accepts only the cream of our labour force. This is done in an attempt to ensure the employment of a miner who can withstand the special hazards of tuberculosis and silicosis as well as the rigours of deep-level mining, viz. heat and humidity of atmosphere. Europeans with physical or pulmonary defects of note are rejected. Exceptions are made for those applying for restricted tickets entitling them to undertake part-time underground employment, e.g. electricians and other artisans. The full-time miner's red ticket is thus a prized key not only to mining employment, but to the outside business employer who is shrewd enough to recognize its value.

This selection of our man-power for scheduled mines naturally has a profound effect on our social structure.[3] The asthenic ectomorphs, the endomorphic and other physically disabled who are rejected, must needs, if they are miners by trade or wish to become miners, take to work in those non-scheduled mines (e.g. coal, asbestos, chrome, gold) which do not require such a strict initial examination. These are open or closed non-scheduled mines which are not yet proven silicosis or pneumokoniosis hazards. Their working conditions may in reality be far worse than those of our well conducted gold mines, where miners are relatively well protected. In South Africa time brings many mines into the

scheduled list as the pneumokoniosis dust hazard is proved. The Protectorates and Rhodesias do not have identical legislation or medical standards. In industry other than mining there are processes (e.g. sand-blasting, grindstone, abrasive-powder and blasting work) which also provide pneumokoniosis hazards.

The miner's special disability is dyspnoea on exertion. Paradoxically the more we examine a man for silicosis the more aware we make him of this hazard, and as the years of exposure to silicosis pile up the more fearful he becomes. A shortness-of-breath neurosis with increased anxiety to leave underground employment is added to our symptom complex. As many miners lack the necessary scholastic and vocational background to undertake non-manual duties satisfactorily, it is not easy to place the disabled in sedentary work. Without employment, however, there is much distress in the stoep-watching activities of these ex-miners even when on pension.

A constant aim of our mining population is naturally to graduate to surface work. To this end many a miner lives for the day when he can obtain sufficient capital (e.g. from his Provident Fund) to venture into business, under-capitalized farming or other employment. Sometimes he does so very successfully; but too often, lacking good health and proper guidance or experience, he meets economic disaster and returns to the mines for a living. Thus there is a flow of mining labour to and from private enterprise. This constant drift reduces the average period of exposure to silicosis.

Thus in evaluating the decreased incidence of silicosis in recent years we should not think only in terms of reduction of dust concentrations, changing standards in the selection of recruits and changes in mining processes, but should take into account the over-all spread of risk and the social trends of the time.[3]

CONCLUSION

Man-power selection serves a very useful purpose in securing efficient work, but it becomes an abuse, detrimental to the national interest, when coupled with compulsory pension-fund membership and medical examinations designed to exclude the physically and medically unfit from employment. Pensions do not provide adequate security justifying complacency.[7] Was it not Professor Joad who said there was no such thing as social security? Can we, in the face of the cyclical economic factors that produce unemployment, profitably afford to employ misfits, the disabled or old-age pensioners? Should we on the other hand be complacent about losing any part of our productive labour potential, which in the end determines the standard of living for all?

What is needed is a bold scheme of employment to embrace all these misfits and living deterrents to hazardous enterprise by inculcating a new and more pleasant approach acceptable to the disabled. In a spirit of optimism we should be undeterred by the intricate social surveys that are needed and the delicate interpretation that is required to supply a suitable and perhaps new approach to the complex social problems that stand before us.

To industry and legislators let us say: 'In your approach to compensation for special industrial hazards, by all means compensate for the specific disability but do not overlook the social need of the disabled for rehabilitation and employment. Compensation and pensions for disability and old age are in themselves insufficient for our social well being'.

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