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The AIDS and Rights Alliance for Southern Africa (ARASA) [issued a report today](#) on tuberculosis (TB), the mining industry and migrant workers in the region, which raises urgent concerns about the failure of the South African government and mining companies to adequately address the health crisis among migrant workers in the South African mining sector. The incidence rate of TB on South African gold mines is among the highest in the world, and up to ten times the national incidence rate. The increased risk of occupational TB disease in miners is largely a result of exposure to silica dust and cramped, poorly ventilated working and living conditions, and is aggravated by the high HIV prevalence in these communities. Regulations for TB control on mines and compensation of workers with occupational TB are inadequate, poorly adhered to by mining companies and poorly supported by governments. ?Studies have shown that the prevalence of TB, HIV and other lung disease among miners and ex-miners is out of control,? said Gregg Gonsalves, ARASA?s regional treatment literacy and advocacy coordinator. ?The high rates of TB in these men, their ongoing health problems and difficulties in obtaining compensation for their illnesses amount to a series of gross human rights violations perpetuated by the South African government and the mining houses,? he continued. The report is based on recommendations from a meeting sponsored by ARASA in May 2008 with representatives of mining companies, unions, governments, local and international experts and civil society. It calls for sweeping actions to address the high rates of TB, HIV and other lung disease among migrant workers who work or who have worked in South African mine shafts.

Lesotho, for example, has the fourth highest TB incidence rate in the world, and the disease is responsible for 15% of all deaths in the country. The relationship between the South African mining sector and the TB epidemic in Lesotho is unambiguous ? a recent study showed that close to 40% of adult male TB patients in three of Maseru?s main hospitals were working, or had formerly worked, on South African mines. Furthermore, at least 25% of the drug-resistant TB cases treated in Lesotho since August 2007 were referred from mines in South Africa. It is clear that the public health threat of TB in Lesotho cannot be adequately addressed without dealing with the issues around TB control in migrant miners and their families ? on the mines in South Africa, across the border, and in their communities in Lesotho, South Africa and other countries in the region.

The ARASA report urges governments and mining companies to immediately act upon recommendations based on three key priority areas for improving the cross-border control of TB in migrant miners and their families:

- The establishment of systems for better prevention, diagnosis and treatment of TB and HIV for miners, ex-miners and their families in Lesotho and South Africa;
- The strengthening of linkages between TB and HIV programmes in Lesotho and South Africa, and between the public and private sectors ? including the establishment of bi-national information and administrative

systems to support continuity in TB prevention, diagnosis, treatment and care for miners, ex-miners and their families;

- Ensuring the rights of miners, ex-miners and their families are protected and fulfilled, which include access to health care and compensation guaranteed under South African law and the Constitution of the country.
- ARASA staff as well as international experts on TB, migrant labour and the mining sector are available for interviews with the press on request.
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