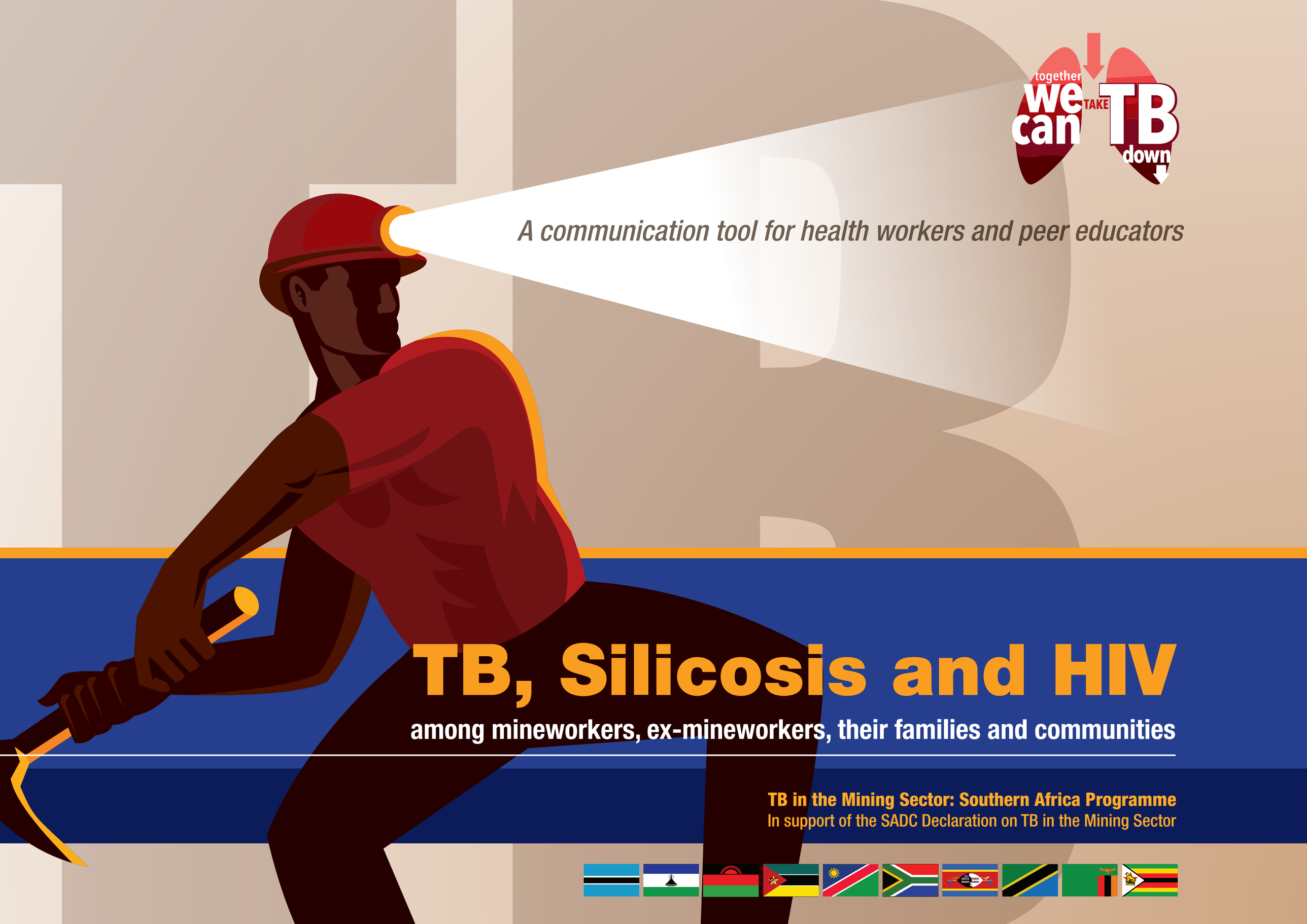


A communication tool for health workers and peer educators

TB, Silicosis and HIV

among mineworkers, ex-mineworkers, their families and communities

TB in the Mining Sector: Southern Africa Programme
In support of the SADC Declaration on TB in the Mining Sector

How and when to use this flipchart

This flipchart is a tool to facilitate interaction between health workers/peer educators and mineworkers/mining communities about the serious matter of TB.

It has been produced as part of the TB in the Mining Sector Southern Africa Programme which aims to reduce the burden of TB in Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe.

The flipchart provides quite detailed information about TB and the related disease of silicosis and how these lung diseases affect mineworkers, ex-mineworkers, their families and their communities.

It also explains how TB and HIV are linked, but does not deal with HIV in detail because good materials about HIV already exist in all countries.

Information about TB

You will quickly realise that the flipchart contains more detail about TB than most materials designed for the general public. The objective is to deepen the knowledge of members of mining communities about this danger to their health.

Information about silicosis

The flipchart also provides key information about silicosis, because awareness is extremely low. Many mineworkers are at serious risk of this incurable disease, but they know little or nothing about it. They and future generations of mineworkers have a basic right to information that may enable them to avoid silicosis.

While TB and HIV are a concern for all mineworkers and mining communities in all the above countries, silicosis does not occur in all types of mining. Therefore, the pages on silicosis should only be used where it is probable that mineworkers actually face this threat.

When is silicosis a risk?

Mining carries a risk of silicosis when the rock to be blasted, drilled or broken produces silica dust. This occurs in many kinds of rock, but not all. Dangerous amounts of silica dust are:

- Common in gold mining
- Quite common in platinum mining
- Occasionally found in coal mining
- Present in some gemstone mining (for example, in tanzanite mining)

Why provide a flip chart?

The advantage of a flip chart, compared to a pamphlet or poster, is that it gets people talking. This is valuable because:

- Many people still see TB as a disease they need to hide from neighbours and workmates. By talking about it, we challenge secrecy, help reduce stigma and encourage people to come forward for treatment
- People who attend a talk get a chance to ask questions and clarify points they do not understand
- If the talk is lively and the presenter is interesting, people remember the information better than if they simply read a poster or leaflet
- Limited literacy is not a barrier to becoming informed

Tips on how to use the flip chart effectively

- A few pages in each session, as people can only absorb a limited amount of new information at one time
- So, decide on a theme for your information session and choose about four pages that fit the theme
- We have suggested how you can group the slides by theme in the table on next page (but this is only a guide – you can mix them however you prefer)
- Present the selected pages slowly, repeat some points when necessary, and pause often to encourage questions from your audience

Notes in front of presenter

Every topic has a page that faces your audience (with big pictures and short text) and a page that faces the presenter (small pictures and longer notes for the presenter)

As the presenter:

- You need to keep the notes where you can see them
- Rehearse your talk so you know what is in the notes, and how to link the notes to the pictures
- Treat the notes as a guide. You do not have to learn them by heart and should feel free to expand on them if necessary

Pictures facing audience

Pictures are important because:

- They help explain things to the audience
- They also help the audience to remember what you say

This tool is meant to inform and educate individuals or small groups of people. You should ensure everyone is sitting or standing close enough to see the pictures

Point-and-talk technique

It is important that you point to the relevant picture as you are talking about a subject

In order to do this, you can sit to the side of the chart or you can stand behind it

How to use this flipchart

Adding detail and local phrases

You can change some of the words in the notes in order to make things clear for your audience

For example, you can use simpler words, locally used terms, or translate important words

Just be sure that you keep the meaning the same

When and where to use this flip chart

- During community or workplace health days
- During door-to-door awareness campaigns
- In waiting rooms of clinics and hospitals
- With newly diagnosed TB patients
- With close contacts of newly diagnosed TB patients

Who to use it with

This flip chart is meant to be used to communicate with:

- Current mineworkers, either at their place of work or in their communities (that is, settlements at the mine or their towns of origin, in the case of migrant workers)
- Ex-mineworkers
- Families of current mineworkers and ex-mineworkers
- Communities where mineworkers or their “home” communities live, in the case of migrant workers

Some topics may be suitable for all the above audiences, while other topics may be of interested to specific groups (see table)

How to combine pages to form a theme for a talk

Theme	Flipchart pages	Audiences
What everyone should know about TB	Page 1: What is TB? Page 2: How can I tell if I have TB? Page 3: How does TB spread? Page 6: How is TB treated?	Mineworkers and ex-mineworkers; mining communities (both near mines and the source communities of migrant workers)
TB and its effect on mineworkers and mining communities	Page 1: What is TB? Page 3: How does TB spread? Page 5: Why do so many mineworkers get TB? Page 8: How does preventing and treating HIV help with TB? If relevant add Page 9: What is silicosis?)	Mineworkers and ex-mineworkers; mining communities (both near mines and the source communities of migrant workers)
Preventing and treating TB	Page 1: What is TB? Page 3: How does TB spread? Page 4: How can we stop TB from spreading? Page 6: How is TB treated?	Mineworkers and ex-mineworkers; mining communities (both near mines and the source communities of migrant workers)
How you can recover from TB and help protect those close to you	Page 1: What is TB? Page 6: How is TB treated? Page 7: How will I feel during TB treatment? Page 4: How can we stop TB from spreading?	Individuals newly diagnosed with TB, whether mineworker, ex-mineworker, family member or part of broader community
How you can help a family member, work colleague or neighbour recover from TB while protecting your health	Page 1: What is TB? Page 3: How does TB spread? Page 4: How can we stop TB spreading? Page 6: How is TB treated?	Close contacts of individuals newly diagnosed with TB. It would be a good idea to include the primary patients in this talk so they get a rerun of the information
Silicosis: your right to know about the invisible threat to mineworkers’ health	Page 9: What is silicosis? Page 10: How can I find out if I have silicosis? Page 11: What is the difference between TB and silicosis? Page 12: How can silicosis be prevented?	Mineworkers and ex-mineworkers in types of mining where silicosis generally occurs; communities near mines (both the source communities of migrant workers)
Living with silicosis	Page 9: What is silicosis? Page 10: How can I find out if I have silicosis? Page 13: What help is there for people with silicosis? Page 11: What is the difference between TB and silicosis? Page 14: Can I get compensation for silicosis and TB?	Mineworkers and ex-mineworkers who have silicosis or have worked in mines where silicosis is known to have occurred, their families and community members

For assistance on using this flipchart tool, contact the National TB Programme or visit **www.timssa.co.za**

TIMS
TB in the Mining Sector in Southern Africa

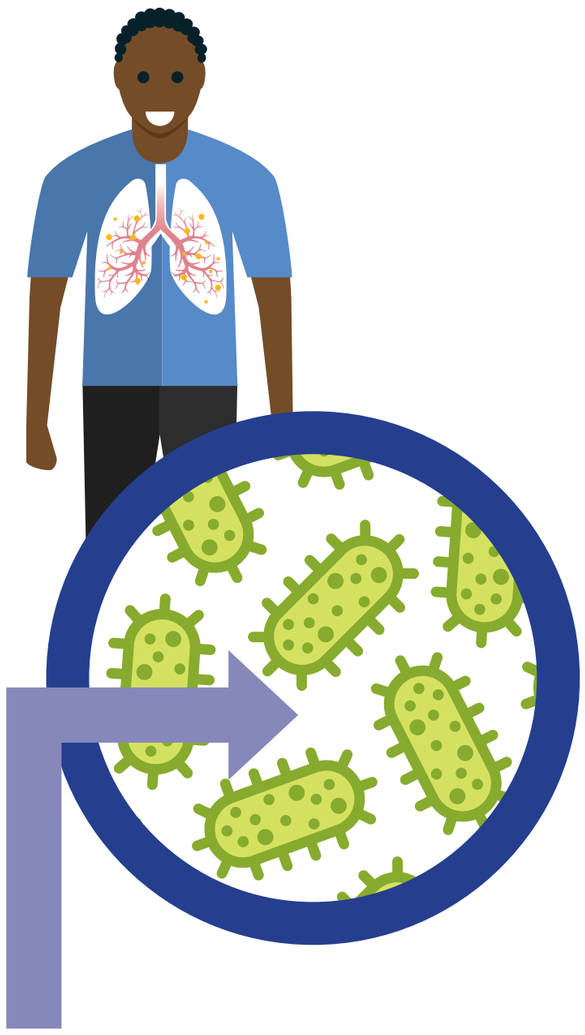
MEROPA

this side facing community member

1

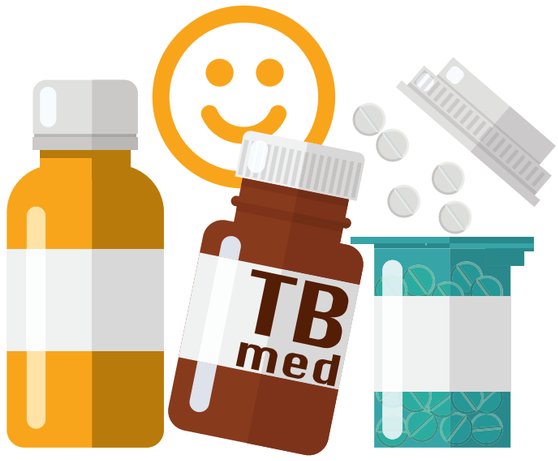
What is TB?

TB is a serious disease that affects the lungs

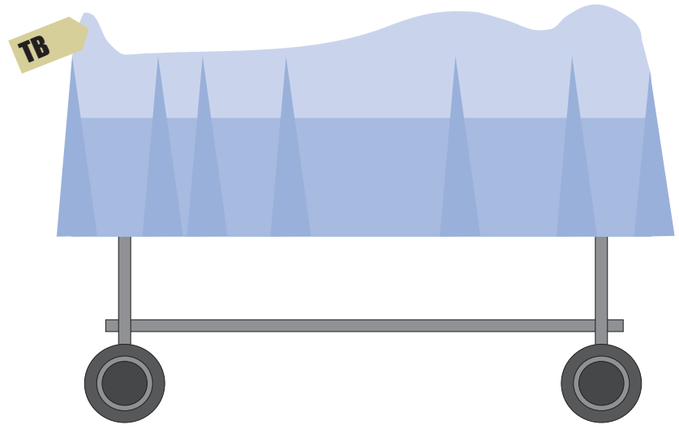


TB is caused by germs called bacteria

Children, elderly and people with other illnesses are at higher risk



TB treatment is highly successful if taken correctly



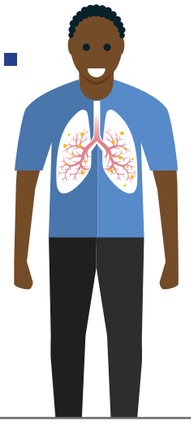
If not treated, TB will spread and often causes death

this side facing the health care worker

What is TB?

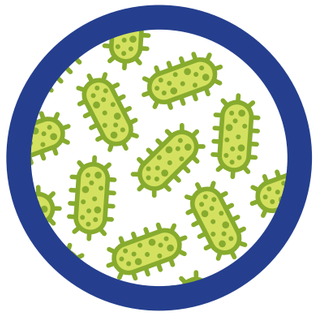
1

1.



- TB is a serious disease that **usually affects the lungs**
- It occurs in most countries and is very **common in southern Africa**

2.



- TB is caused by **germs called bacteria**

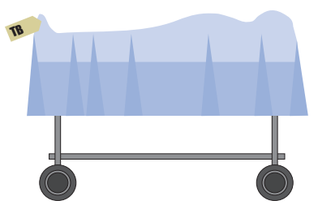
3.

- **Anyone can get TB** but it is mostly likely to affect those whose bodies cannot fight strongly against the TB germs
- **Children**, **old people** and **those who have another illness** (like HIV or diabetes) are at high risk of TB because their defence against germs is weaker
- **Smoking** and **working in dusty conditions** (such as mines) can also increase the risk of getting TB

4.

- TB can be **treated very successfully**
- It is possible to cure nearly all cases of TB, if treatment is taken correctly

5.



But if TB is **not treated**:

- It **often results in death**
- The disease is **passed to others**

IMPORTANT

- **We must not ignore TB – we must take action to treat it**
- **We can make our workplaces, schools, homes and communities healthier by helping every person with TB get treatment**

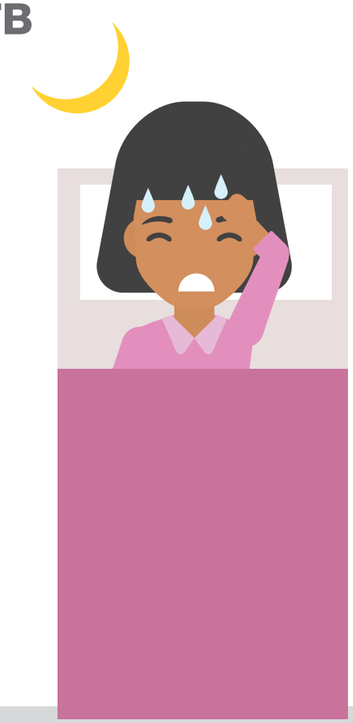
this side facing community member

2

How can I tell if I have TB?

Check for the signs of TB

Coughing for two weeks or more



Sweating heavily at night

Fever

Unexplained weight-loss

IMPORTANT

If you answered YES to one or more of the above:

Get checked at your clinic or hospital

A sputum test will detect if you have TB

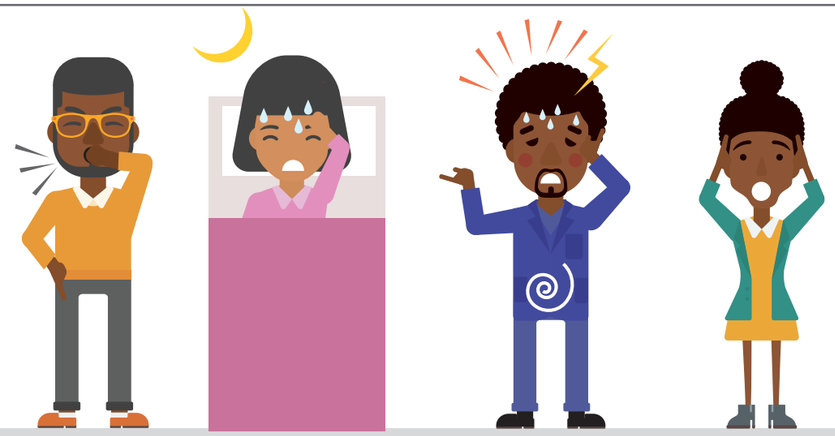
this side facing the health care worker

How can I tell if I have TB?

2

1. You could have TB if you are experiencing any of the following symptoms:

- A cough that lasts two weeks or longer
- Sweating heavily at night
- Fever
- Unexplained loss of weight



2. If you have one or more of these, go to a clinic or hospital, explain you suspect you could have TB and ask the nurse or doctor to check

- **Do not delay this check-up**. It is easier to treat TB at an early stage of illness
- The health worker may ask you to **cough up sputum** so this can be tested for TB germs (or bacteria)
- Clinics use different types of tests to check if there are **TB germs in your sputum**. Some give quick results while others take a few days
- It is very important that you arrange with the clinic or hospital to **get the results of your test**. Make sure you have given the **correct home address and phone number so the clinic can contact you**

IMPORTANT

Additional TB symptoms prioritised in various TIMS countries:

Botswana	Swollen glands in your neck or armpits
Lesotho	No additional symptoms
Malawi	No additional symptoms
Mozambique	Coughing up blood, chest pain or shortness of breath
Namibia	Swollen glands in your neck or armpits
South Africa	No additional symptoms
Swaziland	No additional symptoms
Tanzania	No additional symptoms
Zambia	No additional symptoms
Zimbabwe	No additional symptoms

3

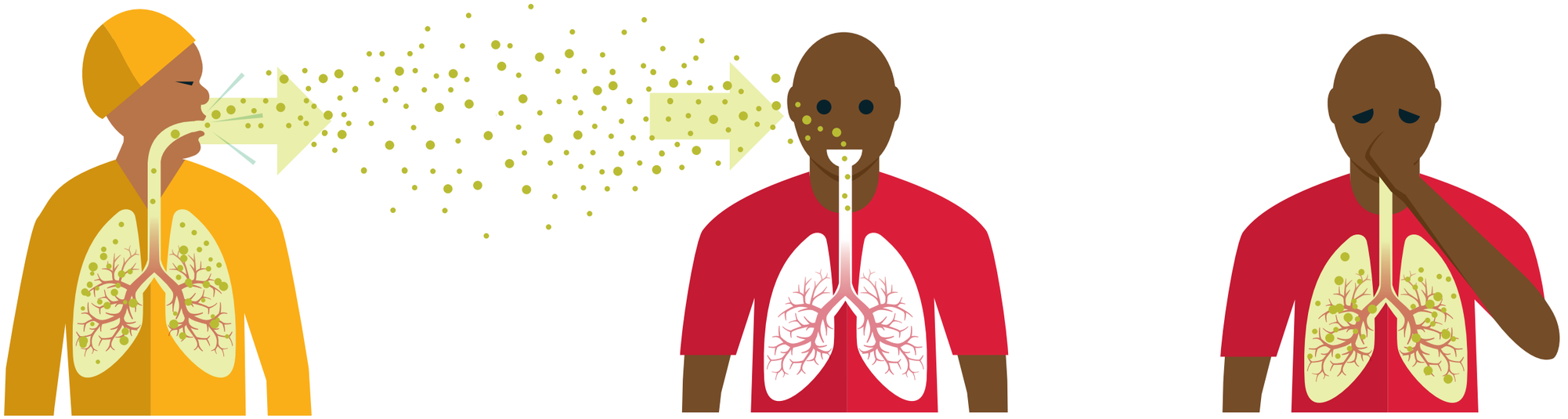
How does TB spread?

TB is spread when:

Someone with TB coughs or sneezes TB germs into the air from their lungs

A healthy person nearby breathes in the TB germs from the air

Once they enter the lungs the germs slowly grow and the person gets sick



TB is **NOT** spread by:

Shaking hands

Sharing food or drink

Contact with dirty water or sewage

this side facing the health care worker

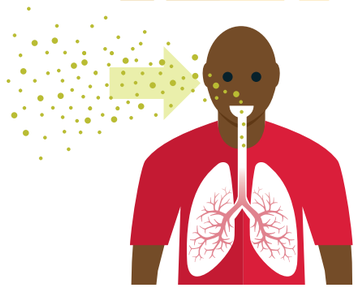
How does TB spread?

3

1.

TB is known as an “air-borne” disease. This means the germs are carried by the air and **enter our bodies when we breathe them in**

This happens when **someone with TB sneezes, coughs, laughs or speaks** and **germs are sent into the air**



Another person is close enough to **breathe in the germs**, which **enter the lungs**

Once in the person’s lungs, the **germs multiply, causing the disease**

In most cases TB stays in the lungs but it can spread from the lungs to **other parts of the body**

2.

It is NOT possible to get TB by:

- **Shaking hands** with someone who has TB
- **Sharing food or drink** with the person
- **Contact with dirty water or sewage**
- **Touching the clothes or bed linen** of someone with TB

This is because we breathe in TB germs, we do not swallow them

IMPORTANT

TB is most likely to spread between people who spend a lot of time close to each other: family members, school mates, work colleagues, people who live in the same house or hostel

this side facing community member

4

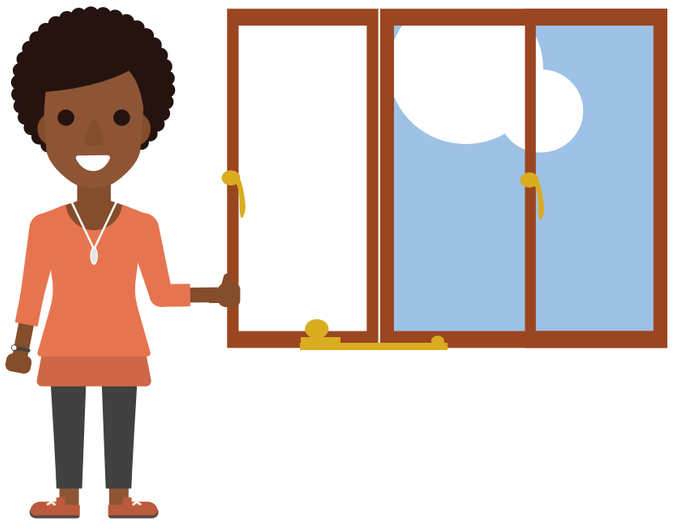
How can we stop TB from spreading?

together we can TAKE TB down

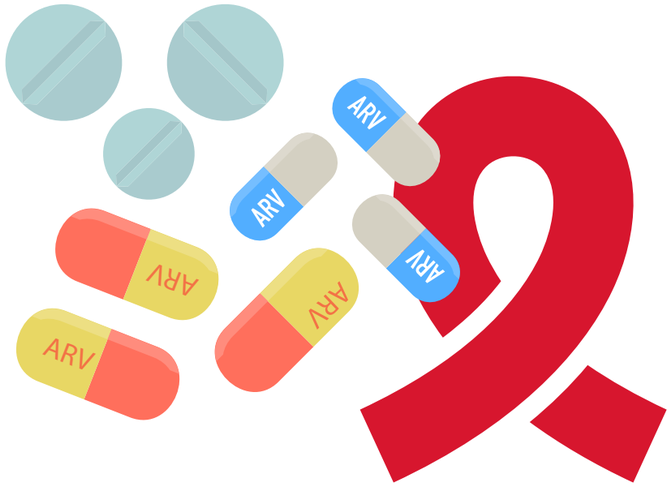
Treat all people who have TB, so they cannot infect others

Check if people living with TB patients are also infected

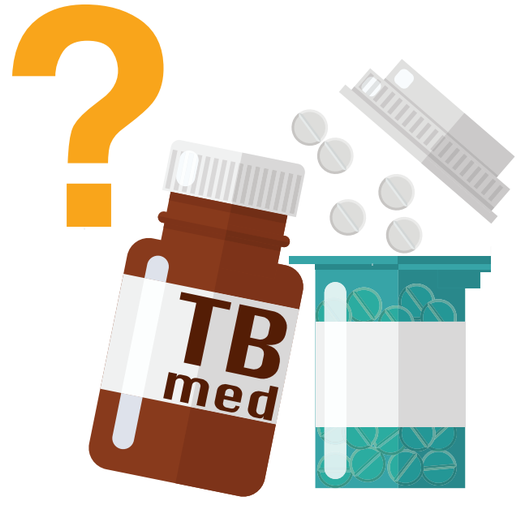
If you have TB, cover mouth and nose when coughing or sneezing



Let fresh air into home and workplace of person with TB



If you have HIV, take ARVs to help your body fight TB



Check if you should take medicine to prevent TB

this side facing the health care worker

How can we stop TB from spreading?

4

1.

It is important to know that we can limit the spread of TB if we trust each other and work together. It is very hard to fight TB alone

- First, we must **help every person with TB disease to get treatment**. About three weeks after starting treatment, the sick person can no longer infect anyone else
- We must also make sure that **people living or working closely with someone who has TB are checked for TB and treated**, if necessary

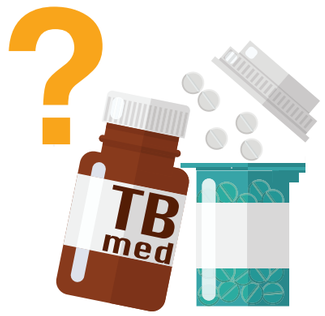
2.

- People who have TB should **always cover the nose and mouth with handkerchief or tissue** when they cough or sneeze. The tissue must immediately be thrown into a rubbish bin

3.

- Families where someone who has TB should **keep windows and doors open**. By letting in fresh air, we push out the stale air that may contain TB germs
- **Fresh air and dust control** in the workplace also help to stop TB from spreading
- **People living with HIV should get ARV treatment as early as possible**. ARVs help the body to fight against all sorts of diseases, including TB

4.



TB can be prevented by taking a small amount of medicine every day for a few months. This is only for people who are at **high risk of getting TB**, such as:

- **Adults and children living with HIV**
- **Children under five years** who are **sharing a house with someone who has TB**

IMPORTANT

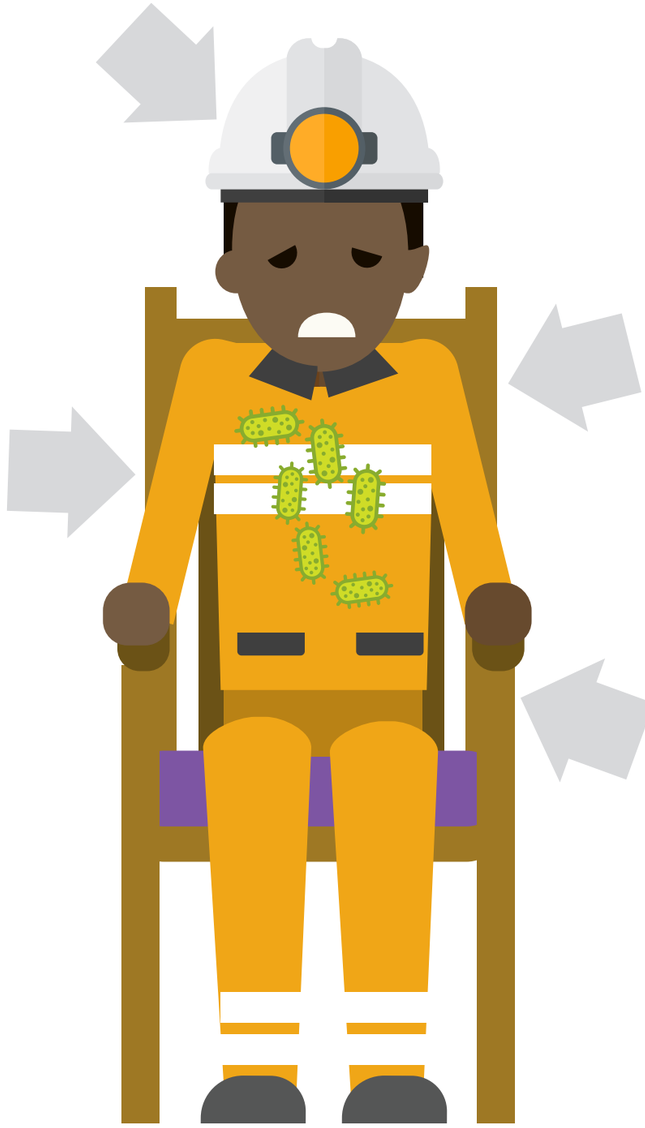
ADDITIONAL country-specific precautions:

Botswana	– If a tissue is not available, cough or sneeze into the sleeve of a shirt/jersey/jacket
South Africa	– If a tissue is not available, cough or sneeze into the sleeve of a shirt/jersey/jacket
Tanzania	– Do not spit out sputum
Zambia	– Wear a surgical mask when coughing – Turn your head away from persons close by when coughing – Keep a distance of three feet between yourself and others – Disinfect hand if you have coughed or sneezed into it

this side facing community member

5

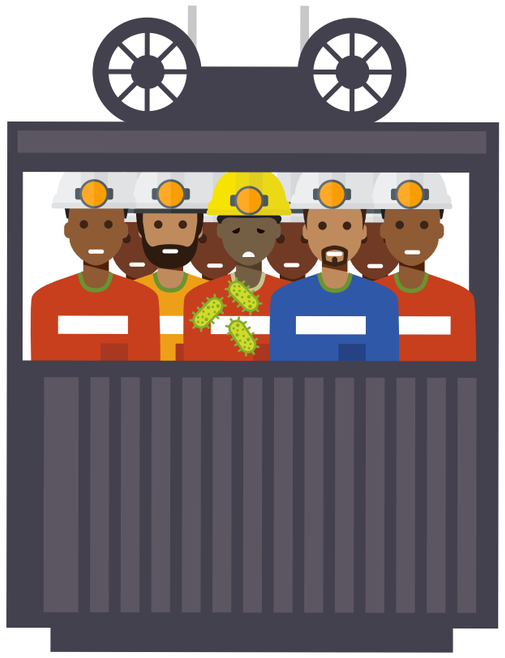
Why do so many mineworkers get TB?



TB strikes when the body is weakened by other diseases

Many mineworkers get silicosis. This weakens defences against TB

Crowded living conditions and stale underground air help TB to spread



HIV among mineworkers reduces their ability to fight off TB infection

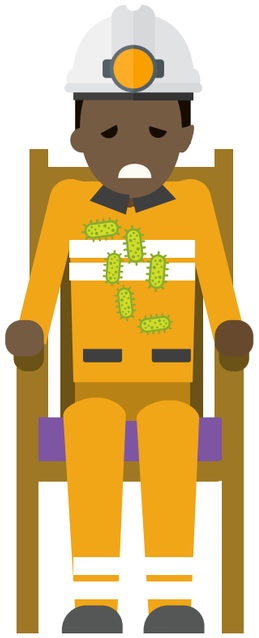
Mineworkers with untreated TB can infect families and co-workers

this side facing the health care worker

Why do so many mineworkers get TB?

5

1.

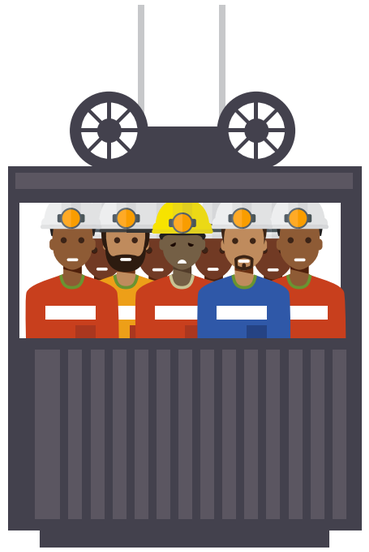


- We are at high risk of getting sick with TB when our bodies are **weakened by other diseases**. This is the case for mineworkers because of they often live apart from their families in unhealthy hostels or houses, and work in dangerous conditions
- In some kinds of mines, dust caused by blasting, drilling or breaking rock can lead to a lung disease called **silicosis**. Mineworkers with silicosis get TB very easily, because their lungs have been **damaged by dust**

2.

- HIV is also common among mineworkers. **HIV weakens the body** so that it cannot fight off TB and other diseases

3.



- In addition, the living and working conditions of mineworkers contribute to the spread of TB. Mineworkers often **live together in crowded rooms**. They work **close to each other underground**. TB can easily pass from one sick mineworker to a few others

4.

- When mineworkers who have TB are living at home or when they visit home, they can **pass TB to family members, unless they are on TB treatment**. This is why TB is common in communities close to mines and in the hometowns of migrating mineworkers

this side facing community member

6

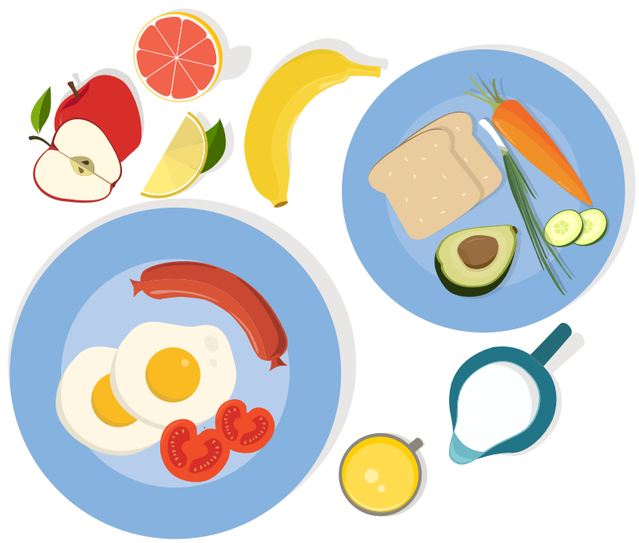
How is TB treated?

Medicines for at least six months

No alcohol as it can damage the liver

No smoking as it delays recovery

Do not stop taking medicines until instructed to do so – TB can return



Eating healthy foods strengthens the body to fight the infection

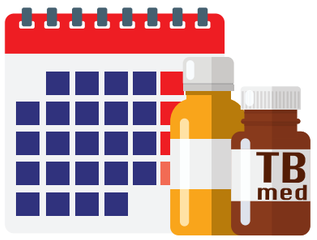
Support from family and friends assists successful treatment

this side facing the health care worker

How is TB treated?

6

1.



- TB is treated by **taking medicine**, without a break, **for at least six months**
- TB treatment takes a **long time** because **TB germs die very slowly**

2.

- **People on TB treatment must take their medicines until the doctor or nurse says they are cured**. If they do not, the **TB will come back** and could be worse than the first time

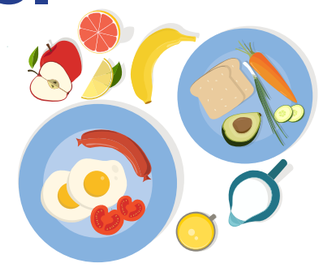
3.

- **People who are on TB treatment must not drink alcohol**. This is dangerous, because **alcohol plus TB medicine can damage the liver**

4.

- **People who are on TB treatment should not smoke**, because smoking slows down recovery from TB

5.

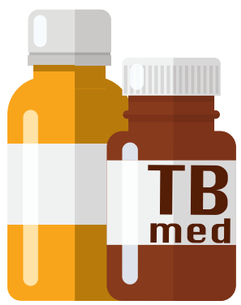


- Need to **eat healthy foods**

6.

- **Support from a family member or a close friend** makes it easier for someone taking treatment to complete the course as required

7.



- Usually people with TB live at home during treatment. But mineworkers living in hostels are sometimes admitted to hospital just for a few weeks, until they are no longer able to infect other people in the hostel
- As soon as they are strong enough, they can go back to work but they **must continue to take their medicine**

8.

TB treatment involves taking **different medicines at the same time**

- These **medicines are very powerful** and they can have **side-effects** (by side-effects we mean the medicine itself can make you feel a little sick)
- To make it easier to take the medicines, different medicines are often **combined into one pill**

this side facing community member

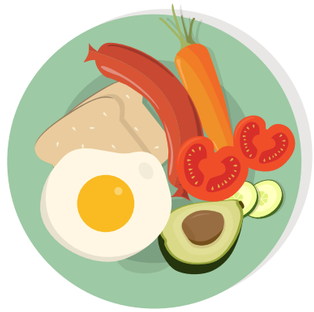
7

How will I feel during TB treatment?

together we can TAKE TB down

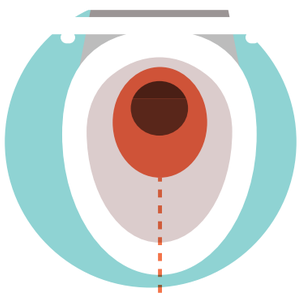
You will soon feel much better but DO NOT stop taking medicines!

Normal side-effects of TB treatment:



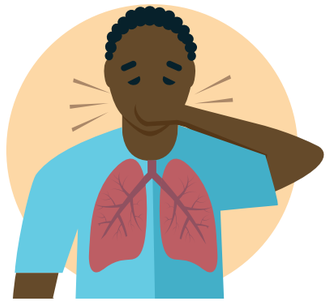
Hunger

Mild nausea



Orange urine, saliva and tears

If you experience ANY of the following, go and see a health worker:



Trouble breathing

Swelling of face or mouth

Skin rash

Yellow colour to skin or eyes

Severe nausea or vomiting

Difficulty seeing or hearing

this side facing the health care worker

How will I feel during TB treatment?

7

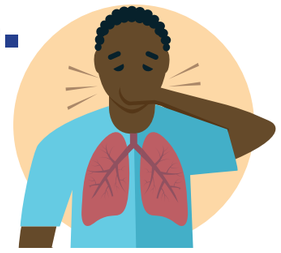
1.

- Most people begin to feel much better a few weeks after starting treatment
- Some feel so good that they make the mistake of thinking they are cured
- Don't make that mistake: **keep on with your treatment for at least six months** – don't stop until the doctor or nurse says you are cured
- You may feel **very hungry** as you get better and your appetite returns

2.

- The medicine may also have some **side-effects** that **make you feel unwell**
- Sometimes side-effects are slight and go away after some time, in other cases, they are serious
- If your TB treatment makes you feel sick, **don't give up**. Rather see your doctor or nurse for help
- Don't be surprised if your **urine, stools, tears, and saliva turn orange or red in colour.** One of the medicines causes this. Things will return to normal when your treatment is finished
- Other common side effects include: **hunger, mild nausea**

3.



IMPORTANT

Immediately see a doctor or nurse if you have any of the following side-effects:

- Trouble breathing
- Swelling of your face, lips, tongue or throat
- A skin rash
- Severe nausea or vomiting
- Jaundice (yellow colour in your skin or the white part of your eyes)
- Soreness in the belly
- A fever that lasts three days or more when you don't have a cold or flu
- A general feeling of being sick
- Blurred vision
- Difficulty hearing

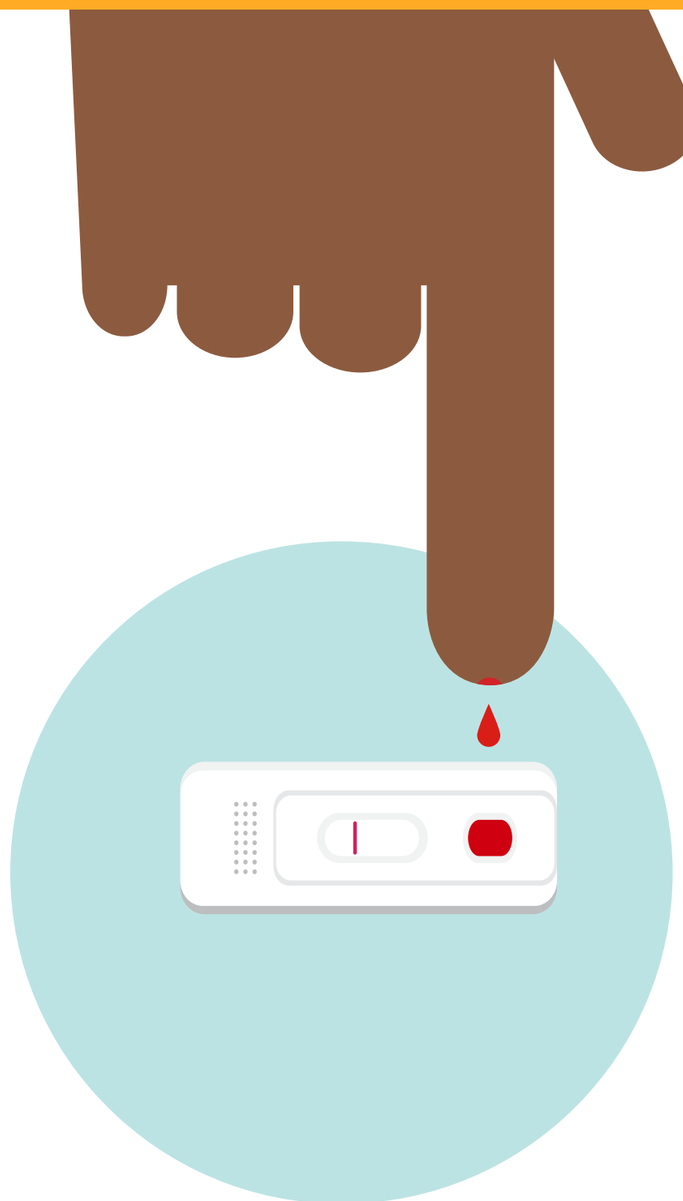
this side facing community member

8

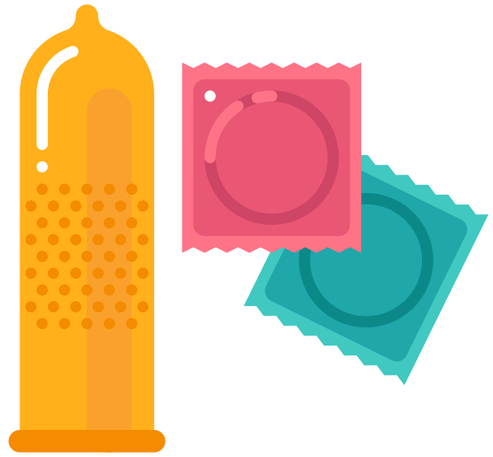
How does preventing & treating HIV help with TB?

HIV destroys the body's ability to fight other diseases like TB

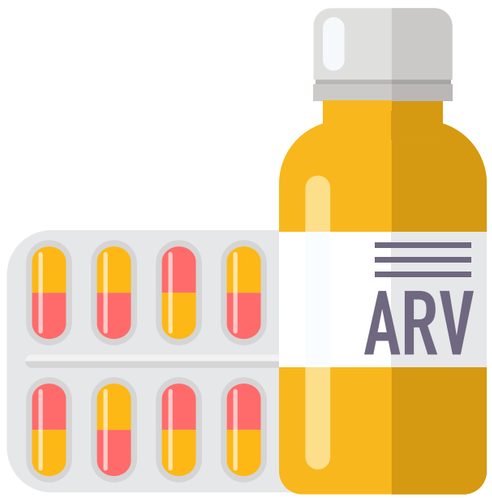
Protection against HIV is also protection against TB



Get yourself tested so that you can know your status



If HIV negative:
Continue to prevent HIV infection



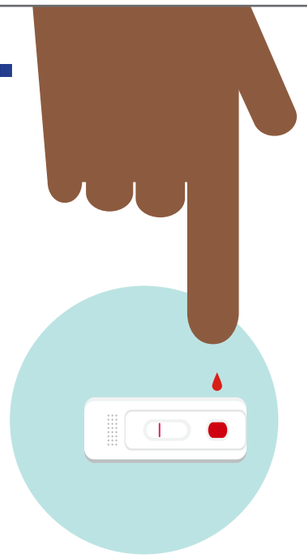
If HIV positive:
Take ARVs to rebuild body's defences

How does preventing & treating HIV help with TB?

1.

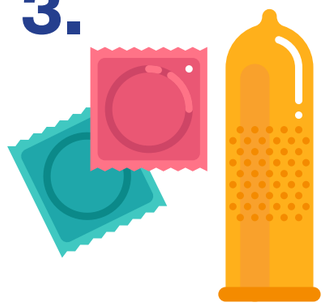
- HIV **destroys the body's ability to fight** many other diseases, including TB
- TB is **found more often among people who have HIV** than among the general community
- Protection against HIV is also protection against TB

2.



- If you are HIV-negative, your body is **better equipped to fight TB**
- If you have HIV, treating it with ARVs will repair your body's defence system and **help it fight TB**
- To take the right action, **you need to know your HIV status:** so, **get tested for HIV regularly**

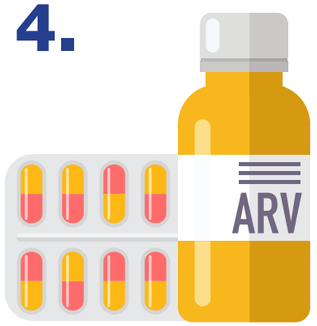
3.



If you are HIV-negative:

- Try by all means **to stay negative**
- Mineworkers and their wives often live apart for long periods – It may be **hard to remain faithful** under these conditions
- **Always use condoms.** It is very wise to use condoms – not just sometimes, but all the time
- For men, **circumcision reduces the risk of getting HIV**. Both traditional and medical circumcision help prevent HIV as long as the entire foreskin is removed

4.

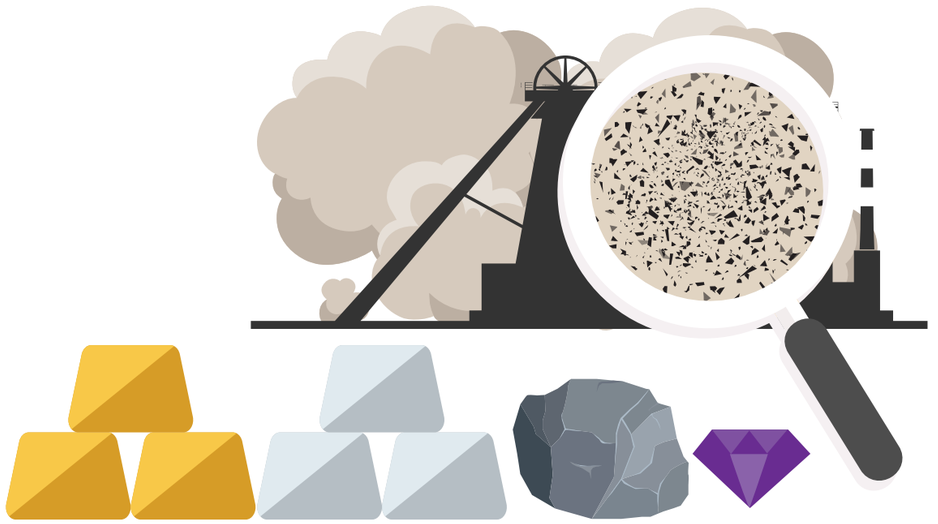


If you are HIV-positive:

- By lowering the amount of HIV in your body, ARVs **rebuild your ability to fight diseases** (including TB)
- With a lower amount of HIV in your body, you are **less likely to infect someone else**
- You should start ARVs **as soon as possible**

9

What is silicosis?



It is caused by silica dust found in many kinds of mines

Silicosis is a very serious lung disease that affects mineworkers and ex-mineworkers

Silicosis makes breathing and moving extremely difficult

Silica dust causes scars and lumps in the lungs

this side facing the health care worker

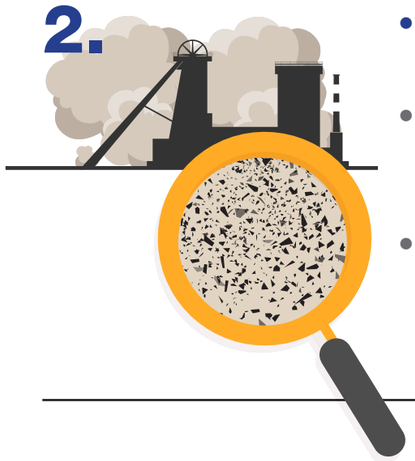
What is silicosis?

9

1.

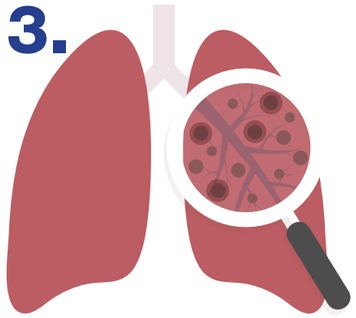
- Silicosis is a **very serious lung disease** that affects many **mineworkers** and **ex-mineworkers**
- It is caused by **breathing in silica dust**, a dust so fine we cannot see it with the naked eye
- This **dust is produced during mining** when rock is blasted, drilled or crushed

2.



- **Silica dust is found in many types of mines** – but not in all mines
- It is common in gold mines. It also occurs in some platinum mines, some coal mines, and some gemstone mines
- In such mines, **all mineworkers are at possible risk of silicosis** – those working underground and on the surface

3.



- When silica dust gets into the lungs, the **lungs get inflamed** (red and swollen) and **hard lumps and scars form** in the lungs
- The lung damage makes it **difficult for the person to breathe**
- This lung damage also **increases the risk of getting TB**
- **The longer mineworkers are in contact with silica dust, the more serious the damage to their lungs**

4.

IMPORTANT

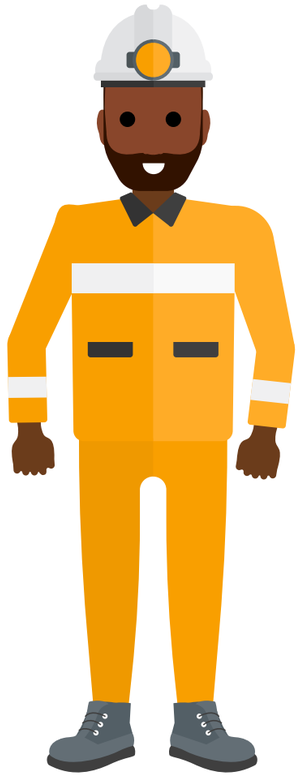
There is no cure for silicosis and the damage to the lungs cannot be removed. However, healthcare professionals can help their patients live more comfortably

this side facing community member

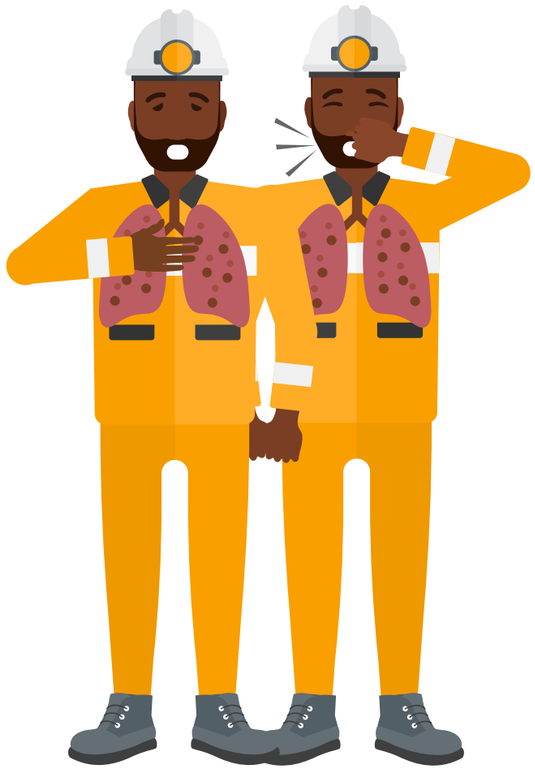
10

How can I find out if I have silicosis?

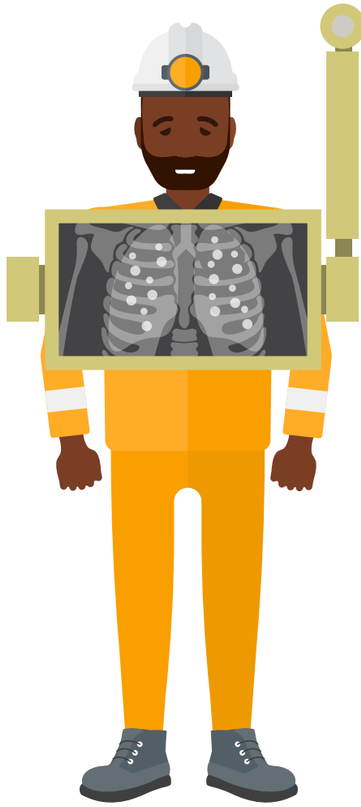
together we can TAKE TB down



There are no outward signs of silicosis for many years



At a late stage, signs of silicosis are coughing and shortness of breath



An X-ray can show damage to the lungs – before other signs appear

IMPORTANT

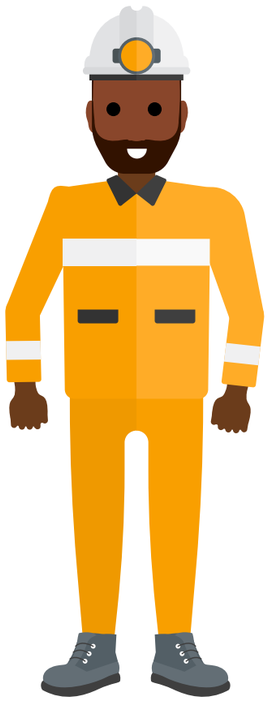
Lung damage can be limited by moving to a silica-free work area

this side facing the health care worker

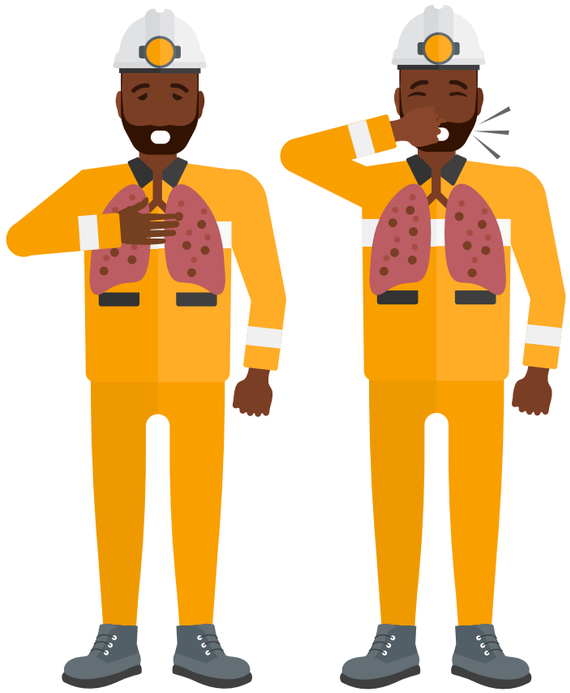
How can I find out if I have silicosis?

10

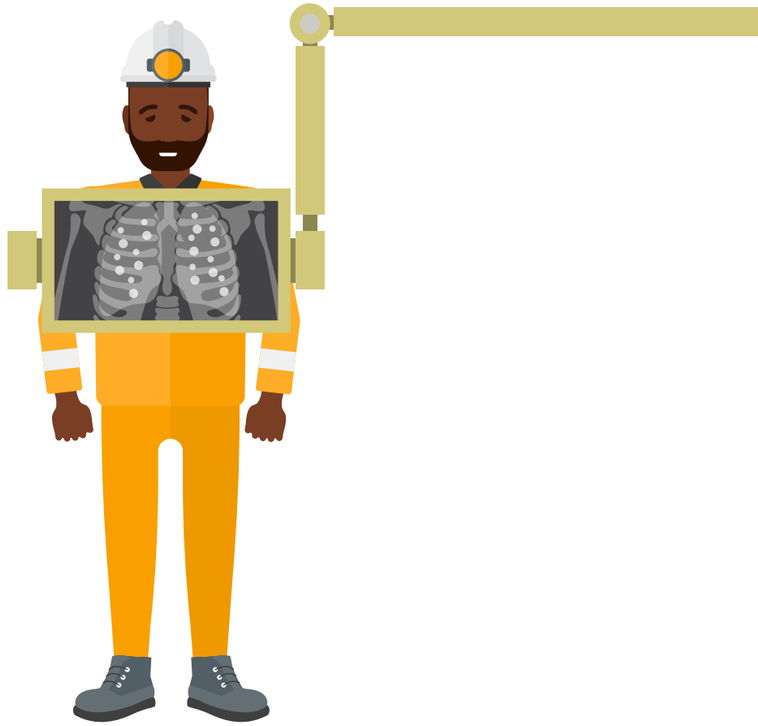
- In most cases, silicosis develops very slowly and **you may not see any outward signs of the disease for many years**
- **Mineworkers are often unaware they are developing silicosis because they do not feel sick**. They are likely to go on working as normal even through their lungs are being destroyed
- It is common for mineworkers to **find out they have silicosis many years after the damage begins, even years after they have stopped working in the mines**



- At this late stage of the disease, the outer signs become clear
  - The affected worker **may start to cough**
  - He will be **short of breath**
  - He may find it **hard to breathe** – in some cases, eventually getting **so short of breath, he becomes unable to walk around or perform normal tasks**



- An **X-ray can show lung damage caused by silica** dust long before there are outward signs
- It is important for workers on mines with silica dust to **get regular medical checks that include chest X-rays**
- It is also important for workers at these mines to **ask the doctor the result of the health check**
- If lung damage caused by silica dust is discovered early AND if the affected worker stops working in dusty conditions, then the lung damage can be limited



this side facing community member

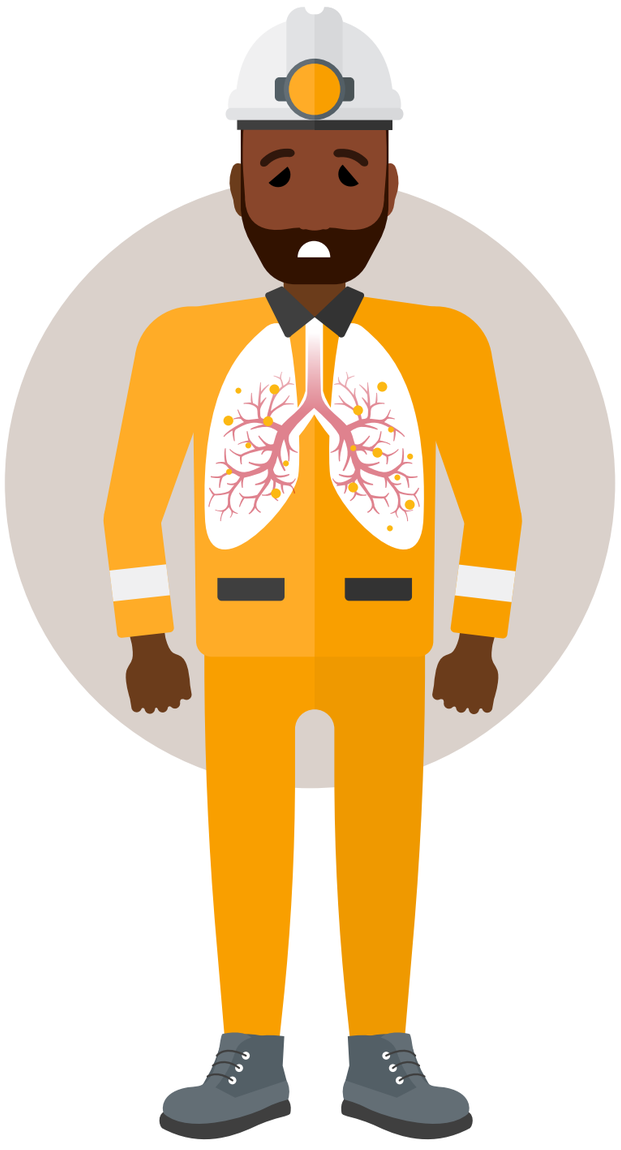
11

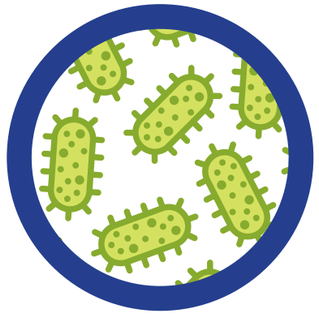
What is the difference between TB and silicosis?

together we can TAKE TB down

Many mineworkers have TB AND silicosis

Both affect lungs, but they are very different in several ways



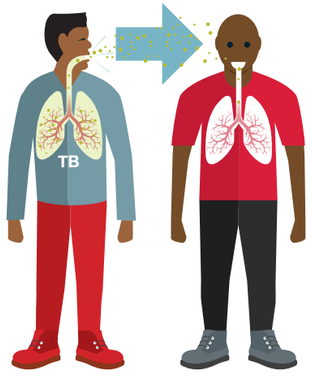


TB

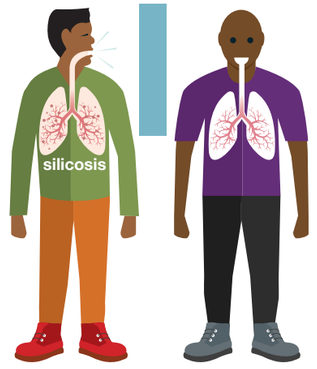
Is caused by germs called bacteria

Silicosis

Is caused by silica dust



It can spread from person to person



It cannot be passed from person to person

It can be cured by taking medicine

It cannot be cured, and gets worse over time

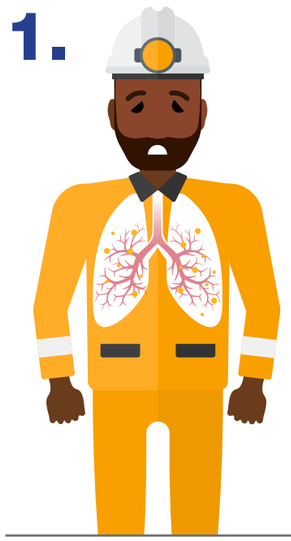
this side facing the health care worker

together we can TAKE TB down

What is the difference between TB and silicosis?

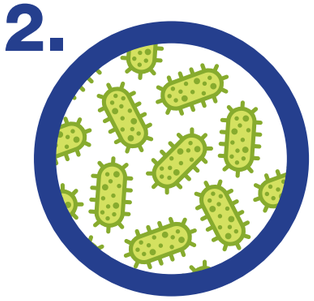
11

1.

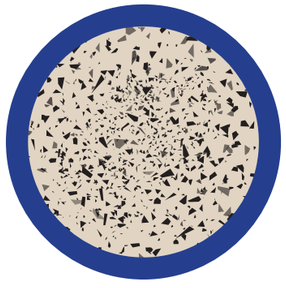


- Many people think TB and silicosis are the same disease **but this is not the case**
- What causes the confusion is that **many mineworkers have both TB and silicosis**
- The only thing that is the same is that **both TB and silicosis affect the lungs** and **both can cause coughing**
- Both **TB and silicosis are very common among mineworkers**. Both are **very serious diseases,** but otherwise **they are very different**

2.

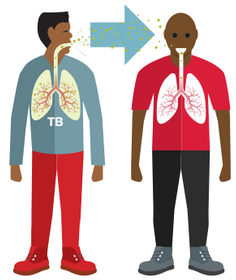


- **TB** is caused by germs called **bacteria**

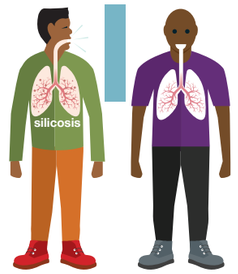


- **Silicosis** is caused by a kind of dust called **silica**

3.



- Someone with untreated TB **can infect those close to him or her**



- Silicosis **cannot be passed from one person to another**

4.

- TB can be **cured with medicine**

- Silicosis **cannot be cured**

IMPORTANT

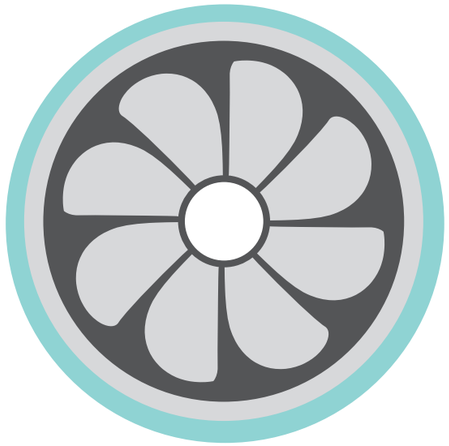
Many people do not know about silicosis. Please help to educate others

Mineworkers, their families and friends must unite to fight both TB and silicosis

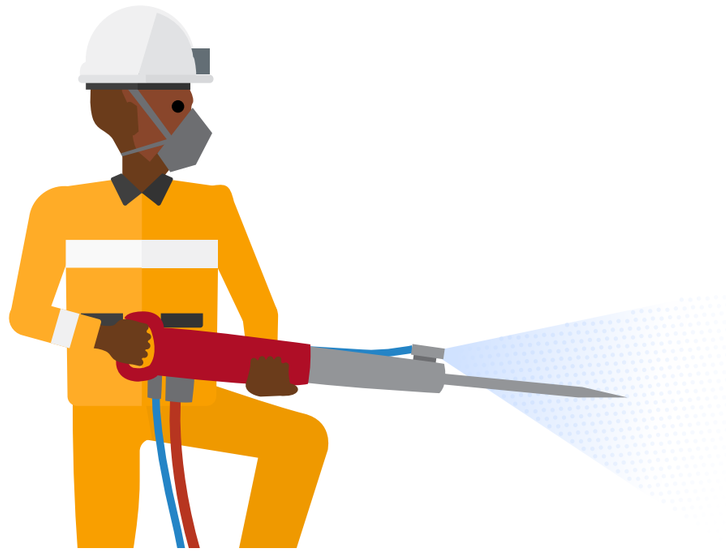
12

How can silicosis be prevented?

Reduce worker contact with silica dust



Good ventilation of mines



Use of water to settle dust

Protection from blasting dust

Use of dust masks

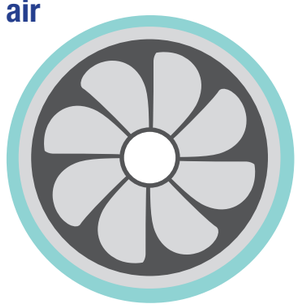
How can silicosis be prevented?

1.

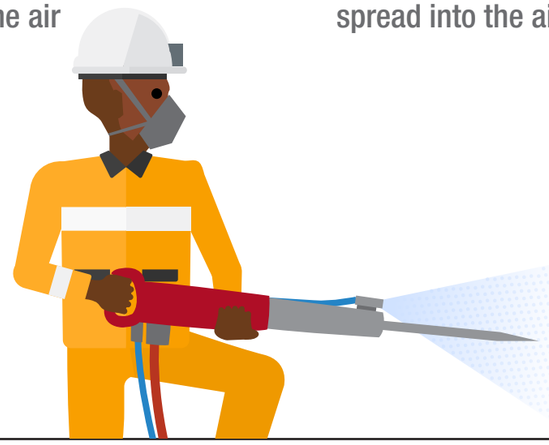
- Silicosis can be prevented by reducing mineworkers' **contact with silica dust**
- Prevention is very important because **silicosis cannot be cured** and it is a very serious disease
- In most countries, there are **laws about dust control** in the mines and **regular health checks** for mineworkers
- Mining companies have a duty to **obey these laws**
- Trade unions and mineworker associations can play an important role in **ensuring workers are protected**

2. Important ways to reduce workers' contact with silica dust are:

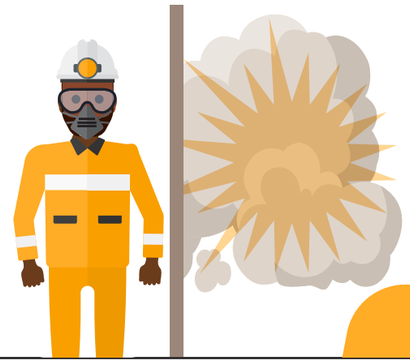
- **Proper ventilation of mines**. By ventilation we mean sucking dusty air out of the mine and pumping in fresh air. **This reduces the amount of silica dust in the air**



- **Use of water during mining operations**, so that the dust is trapped in the water and does not fly into the air



- **Cleaning up dust** in a safe way – for example, by **vacuuming or with water** – so it does not spread into the air
- **Removing workers from the point of blasting** and preventing the dust caused by blasting from reaching them



- Providing workers with **masks that cover the nose and mouth**, but still allow them to breathe easily

- Providing places where workers can **wash to get rid of dust and store their work clothes separately from their other clothes**

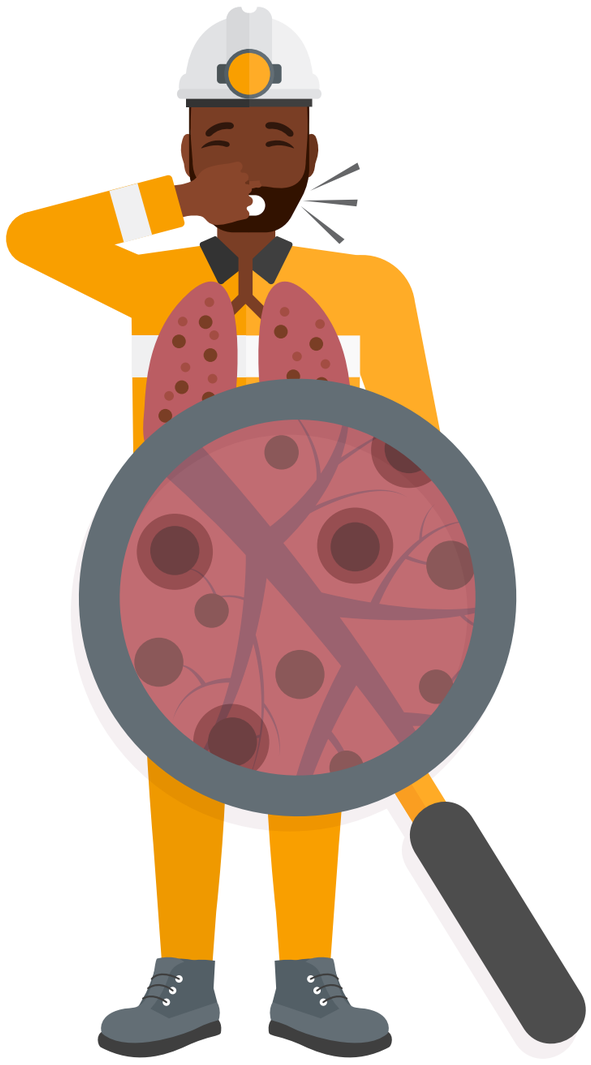
this side facing community member

13

What help is there for people with silicosis?

together we can TAKE TB down

There is no cure for silicosis.
The lung damage is permanent

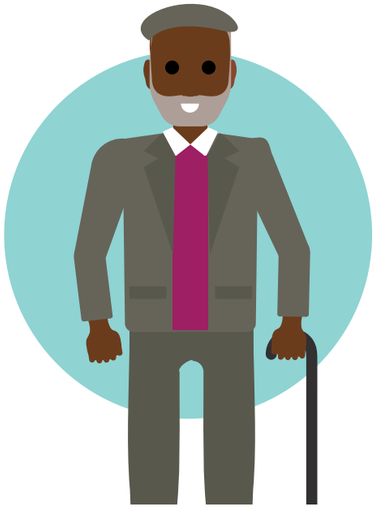


Lung damage can be limited if it is found early

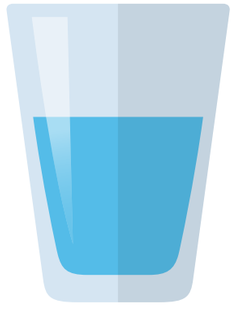
People living with silicosis

Should avoid smoking

Use steam to ease breathing



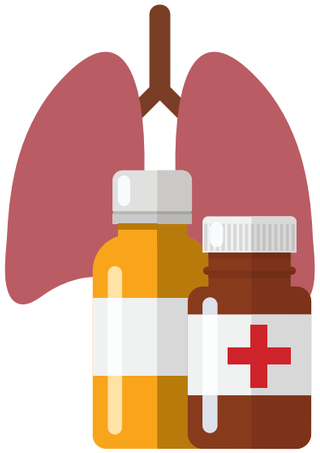
Keep as active as possible



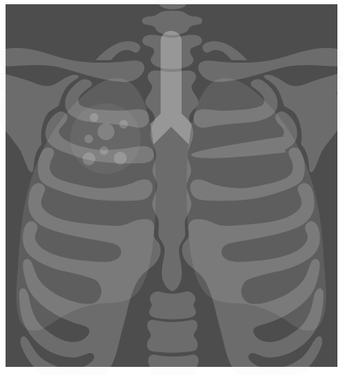
Drink more water

Healthcare for silicosis patients

Immunisation to prevent flu and chest infections



Early treatment of chest infections



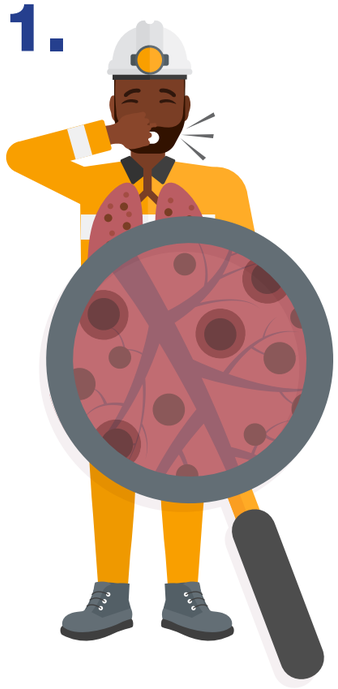
Check for TB and treat early

Inhaler (pump) to assist breathing

this side facing the health care worker

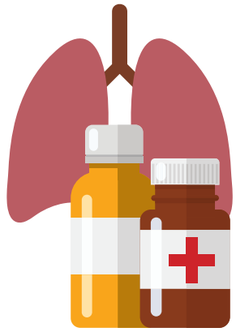
What help is there for people with silicosis?

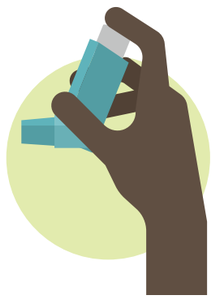
1.



- There is **no cure for silicosis**
- The **damage to the lungs cannot be reversed** and mineworkers with silicosis must live with it for the rest of their lives
- Many mineworkers find that their condition gets worse **after they have left the mine**
- If silicosis is discovered early, the damage can be limited **but only if the worker avoids further contact with silica dust**
- In some cases, the company may move the worker to a **safer job**
- In other cases, the worker may decide to put health first and **leave mining**
- **Influenza** (flu) and other **throat and chest infections** are a **serious problem for people with silicosis**

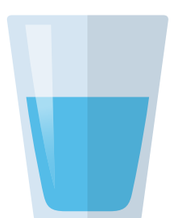
2. Health professionals can:

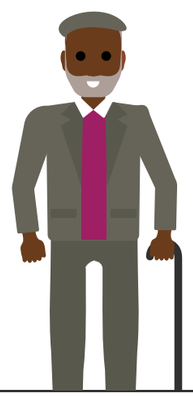




- **Immunise patients** to prevent them getting the flu and some other chest infections
- **Provide early treatment for chest infections** to prevent them getting worse
- **Check for TB and provide treatment** if this is necessary
- It may also be possible for the health service to help the person breathe more easily by **providing a small "pump"** like the one used by people with asthma. This helps to open the airways in the lungs

3.





Living with silicosis

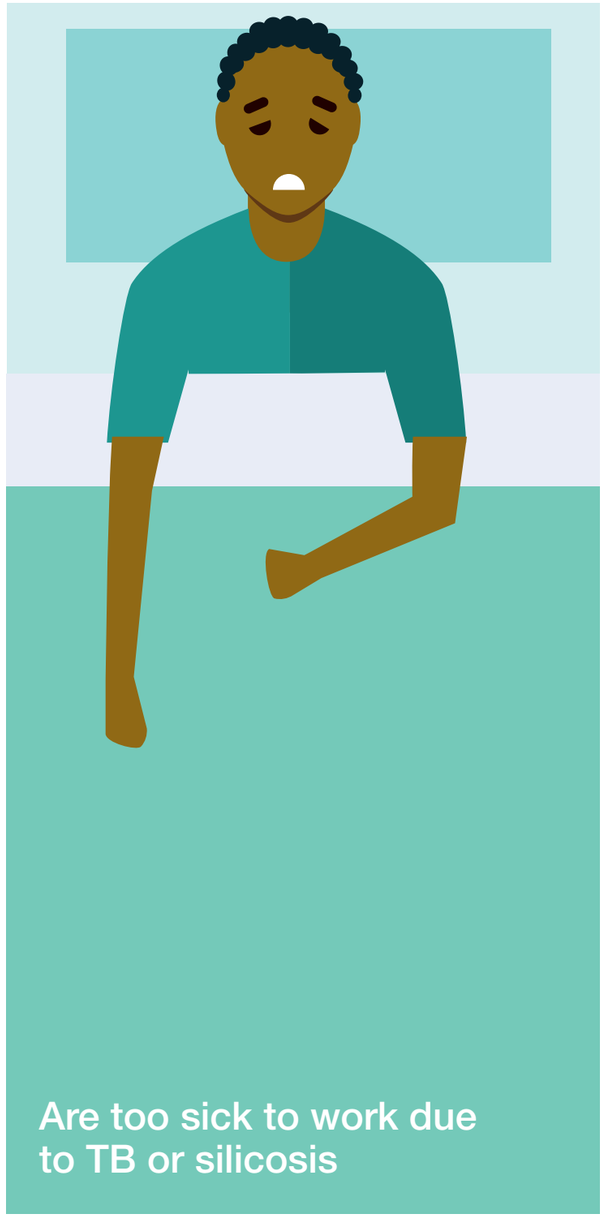
There are things workers and ex-workers with silicosis can do to **live more comfortably:**

- **Stop smoking**, if they have been smokers
- **Drink more water** and other liquids
- **Use steam** to ease breathing
- **Keep as active as possible** – even if you move slower than normal

14

Can I get compensation for silicosis and TB?

Some mineworkers or ex-mineworkers may get compensation if they:



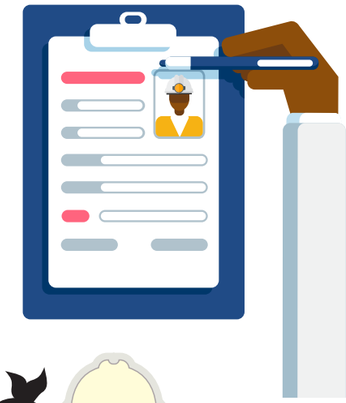
Are too sick to work due to TB or silicosis

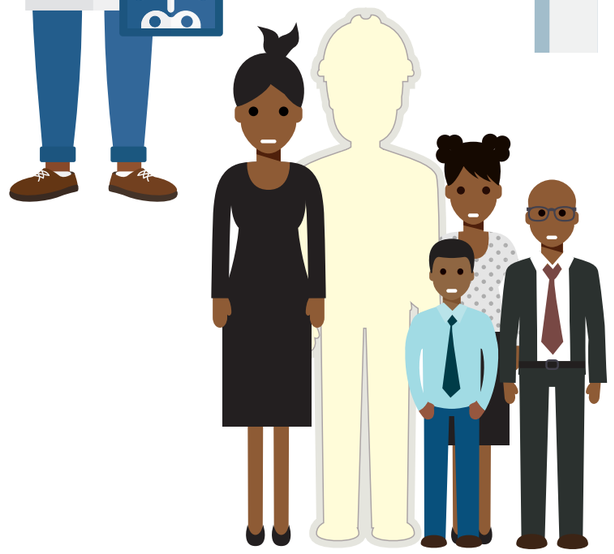
Became ill due to working on the mine

A compensation claim requires:

A medical examination

Proof of worker's employment on mine



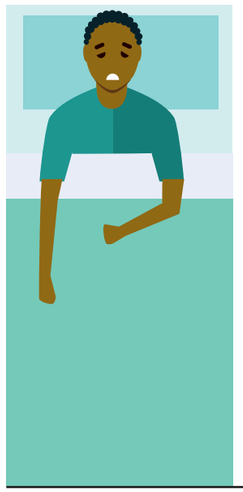


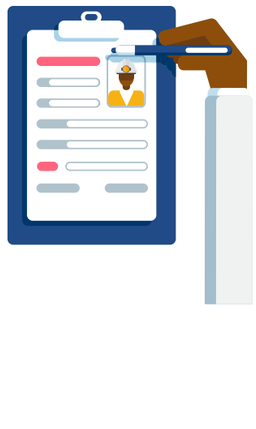
The family may claim in the event of a worker's death

Can I get compensation for silicosis and TB?

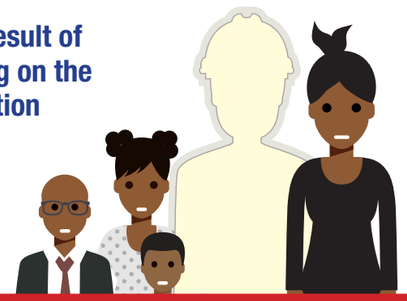
14

- Mineworkers and ex-mineworkers have the **right to be compensated** if they are too sick to work as a result of getting silicosis from mining or getting TB as a result of having silicosis
- **In South African mines**, it is also possible for workers to get **compensation if they are unable to work while being treated for TB**, even if they do not have silicosis. **Migrant workers** from other countries who work in South Africa are **covered by South African law**
- To get compensation, you must **prove that you worked on the mines**, that you **got silicosis or silicosis and TB as a result of this work**, and you are **too sick to continue working**
- One of the most important steps is to **get a medical report**. To do so, you need to be examined by a doctor at an approved clinic or hospital. This is known as a **Benefit Medical Examination**
- Special **Occupational Health Service Centres** (OHSCs) have been set up for mineworkers and ex-mineworkers in some areas. They do **medical examinations**, **provide treatment** and **help with your compensation application**
- It is **not possible to get compensation** if you worked on an **illegal** or **unregistered mine**





- If a mineworker or ex-mineworker **dies as a result of getting silicosis or TB/silicosis while working on the mine**, then his family is **entitled to compensation**
- Mineworkers should ensure a family member has details about **where to get work records**, in case the family has to make the application



SEE LIST BELOW of TIMS Occupational Health Service Centres:

Botswana	Molepolele
Lesotho	Mafeteng and Maseru
Malawi	
Mozambique	Xai - Xai and Manjakaze
Namibia	Swakopmond
South Africa	Mthatha and Carletonville
Swaziland	Hlatikulu and Manzini
Tanzania	Siha District and Kilimanjaro Region
Zambia	Kitwe
Zimbabwe	Kadoma