

Kuruman Cancer Day



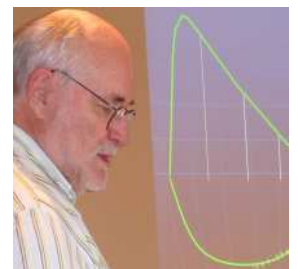
Brenda and Olga lighting a candle, the roses of hope and love framing Sr Phemelo as she explains the purpose of the day to staff and guests, Mr Moremedi relating his story as a sufferer of mesothelioma, Johan ending off the day with a vote of thanks. Also attending were wives of asbestos cancer sufferers, the Reach for Recovery Support Group, the Asbestos Interest Group, and Sr Violet Haarmans from

Kuruman Hospital Oncology Unit. "We light these candles in memory of those who died of this disease. We care and support the sufferers, families and friends. Unity is power and it conquers all."

Staff News: Johannesburg – Caroline has returned to work as a new mother of young and cute Raphael, pictured right, who understandably already has a considerable fan club. The pleasant personality you meet when phoning the new head office number 011-482-1000 is Suzanne Benson; **Kuruman** – The Medical Colloquium on 20.2.2008 went off very well; In March, Sr Phemelo started the first of 4 training weeks of her palliative care course in Kimberley. **Cape Town** – The Trustees held their February meetings at the UCT Lung Institute; Our nurses will both be visiting Kuruman at the end of March – Nodu to train spirometry and Faieza to address the ACCK, where Dr Sekwayo will also deliver one of his community lectures as part of his Neil White Bursary obligations.

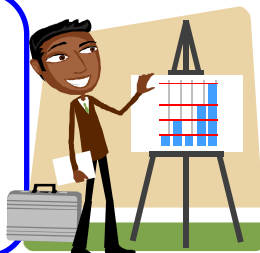


KRT Trustees Brain Gibson and Dr Markus Heitz visited Kuruman in mid-February. Here they are pictured with Sr Magabanyane visiting the home of a mesothelioma sufferer who is on pemetrexed chemotherapy. Dr Heitz also gave the major inputs to a Medical Colloquium arranged for doctors and medical staff in Kuruman. A specialist pulmonologist, Dr Heitz is seen right explaining the intricacies of lung function testing. His second talk was on investigating pleural effusions.



Payment stats

The table (right) shows that the Trusts together have paid close to 2500 claimants a total of nearly R150 million, as of 29 February 2008.



Trust▶	ART		KRT	
	No.	Amount paid	No.	Amount paid
▼Disease				
ARD 1	1663	R 66,121,386	349	R 10,748,154
ARD 2	275	R 22,248,137	68	R 4,649,063
ARD 3	19	R 3,536,399	3	R 283,437
ARD 4	101	R 35,635,014	13	R 4,099,050
Total Claims Paid	2058	R 127,540,936	433	R 19,779,704

Comparison of ART and KRT compensation with MBOD compensation

Here is a rather compact summary of the differences between the compensation offered by the Trusts and that of the MBOD. The main differences are 1. the MBOD covers a lot more than just asbestos related diseases (ARDs) and 2. the Trusts pay more in compensation for the asbestos cancers.

	Asbestos & Kgalagadi Relief Trusts	MBOD
Founding Document	Asbestos Relief Trust (ART) Deed – 2003; Kgalagadi Relief Trust (KRT) Deed – 2006	Occupational Diseases in Mines and Works Act (ODMWA) – 1973
Funded by	ART: R380M set aside for ARDs till 2028; KRT: Agreed to pay new ARDs until 2026	Ongoing levies from all South African mines under ODMWA
Run by	Employees of the Trustees	Employees of Department of Health
Certification Committee	Specialist Occupational Medical Panel (SOMP) in Cape Town	Medical Bureau for Occupational Disease (MBOD) in Johannesburg
Examination frequency	Once only, unless more examinations are requested by the Trusts	Every two years
Examination centres	Any health provider worldwide accepted by the Trusts	Provincial Hospitals, Private providers, Mines and the MBOD itself
Payment arm	ART Head Office in Johannesburg	Compensation Commissioner for Occupational Diseases in Johannesburg
Beneficiaries and diseases compensated	Ex-miner ARDs plus environmental ARDs in those exposed to qualifying operations, for ARDs only	All occupationally exposed miners and ex-miners, for all dust and other mining related diseases
Asbestosis	Compensated if profusion 1/0 or more with mild, moderate or severe lung function loss	Compensated if profusion 1/0 or more with moderate or severe lung function loss
Asbestos related pleural thickening	Compensated if present with mild, moderate or severe lung function loss	Unclear if compensated
Asbestos related lung cancer	Compensated as ARD 3	Compensated as Second degree
Mesothelioma	Compensated as ARD 4	Compensated as Second degree
Compensation categories & amounts	4 categories – ARDs 1, 2, 3 & 4	2 categories – First & Second degree
ARD 1 ~ R38,000	Asbestos related pleural thickening and/or asbestosis, with mild or moderate lung function loss	May be First degree, if moderate lung function loss
ARD 2 ~ R78,000	Asbestos related pleural thickening and/or asbestosis, with severe lung function loss	In MBOD terms, this is Second degree
ARD 3 ~ R174,000	Asbestos related lung cancer	Second degree
ARD 4 ~ R349,000	Mesothelioma (Pleural or peritoneal cancer)	Second degree
First Degree ~ R35,000	If asbestosis: it would be ARD1, but only if moderate lung loss	Cardio-respiratory disability of 10-40%
Second degree ~ R80,000	If asbestos related disease: ARD2, ARD3 or ARD4; possibly ARD1 if TB is present	Cardio-respiratory disability of > 40%
TB (tuberculosis) effect	May lessen compensation as a competing cause of lung function loss	Increases the likelihood of Second degree certification if pneumoconiosis is present

BERNIE BANTON, 1946- 2007: An anti-asbestos campaigner who died of mesothelioma, he was the public face of the Australian campaign against James Hardie, where he worked in the 60s and 70s. He was instrumental in getting the Hardie trust fund to increase from an insufficient AU\$ 300M to AU\$ 1500M, as well as getting the new mesothelioma drug Pemetrexed onto the Pharmaceutical Benefits Scheme. At his funeral, his sister Grace said Bernie believed in the saying “when good men do nothing, evil triumphs”.

Research: Ferrante et al (Environ Health Perspect Oct 2007) found that wives of asbestos workers had higher rates of mesothelioma, but not of lung cancer.