

National Consultation on Women and Silicosis Prevention and Rehabilitation

3rd October, 2017

Constitution Club of India, New Delhi



mines, minerals and People

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Introduction

The **National Consultation on Women and Silicosis Prevention and Rehabilitation** was organised jointly by mines minerals and People, Keystone Foundation, Dhaatri and PRASAR on 3rd October at the Constitution Club of India, Delhi. The consultation saw participation from various stakeholders- civil society groups, doctors, victims and various government line department members.

Silicosis is caused by the inhalation of crystalline silica dust. Silicosis is usually a silent killer of workers in most parts of the world and is often misdiagnosed by doctors as TB. There is no cure for silicosis, therefore, control of this occupational disease lies mainly on preventing dust exposure. In 1995, WHO and ILO began an awareness and prevention focussed campaign to eliminate silicosis from the world by 2030. In 1999, the Indian Council of Medical Research reported that around 3.0 million workers are at high risk of exposure to silica; of these, 1.7 million work in mining or quarrying activities, 0.6 million in the manufacture of non-metallic products (such as refractory products, structural clay, glass and mica) and 0.7 million in the metals industry. Diseases caused by exposure to dust have different names depending on the type of dust. Lung disease caused by Silica is Silicosis, Iron Dust is Siderosis, Asbestos is Asbestosis Coal is Pneumoconiosis, Beryllium is Berylliosis, Strontium is Strontiosis.

Session 1

Chair- Ashok Choudhari

The welcome speech was given by **Mr. Ashok Shrimali**, General Secretary, mine minerals and People. Speaking about the deadly disease Silicosis that has taken lives of thousands of workers, Mr. Shrimali said that the disease is prevalent in states of Madhya Pradesh, Gujarat, Rajasthan, Haryana and Delhi. He stressed on the need for more civil society participation in order to prevent the disease from taking more lives. Ms. **Bhanumati Kalluri**, Founder Dhaatri spoke about the plight of women who are directly or indirectly affected by silicosis. Women face the double brunt of silicosis. The numbers of women affected by mining are not recorded either by the government or by any NGO. The plight of widows of silicosis victims is deplorable. They are made to work in factories and mines after the demise of their husbands and become equally prone to silicosis.



Figure 1 Session 1

Speaking about value of life, **Dr. Sreedhar Ramamurthi** said, human life has no value in Indian Society. From 2011-2014 45,000 people died in train related accidents in Mumbai alone. Till the time we do not value life it is not possible to take care of the workers working in deplorable conditions. Government has to consider this. The economic system since 1990's changed the factory-workers nexus. Now the work is outsourced where there is no accountability between the factory owner and the worker. For instance, in Maruti factory the workers were treated in deplorable conditions. The labour laws are being made more flexible for the capitalists. There is a need for the civil society to work together.

Speaking about silicosis, Dr. Ramamurthi said, the procedure for notified diseases is needed. This is needed for compensation. In most of the cases the doctor does not diagnose silicosis as it is a loss to the exchequer. Silicosis is not a disease affecting only the people working in the factories but it also affects the people staying in villages and towns near the factory. There is a need to put pressure on the government in a time bound manner saying that by 2019 all the stone crusher will be checked. The factory inspector does not work in accordance to their duty. In the name of economic development the capitalists are favoured in all forms. The Rajasthan State Human Rights Commission took a suo moto cognizance of the issue, recognizing silicosis as a notified disease under the Rajasthan Epidemic Diseases Act, 1957 on January 22, 2015, wet drilling was also made compulsory along with a promulgation that an ex-gratia payment of 1 lakh would be given to the recognized silicosis patients and 3 lakhs (if deceased) through the Rajasthan Environment and Health Administrative Board (REHAB). Pneumoconiosis boards were opened in each of the 33 districts for the check up and recognition of silicosis patients. There is a need for such initiatives in all the states.

Mr. Ashok Choudhari, founder Adivasi Ekta Parishad spoke about the importance of conducting medical camps in the mining affected villages inorder to diagnose silicosis. Members of Adivasi Ekta Parishad have been organising such camps in Jharkhand and Chhattisgarh.

Session 2

Chair- Bhanumati Kalluri

Mr. Jagdish Patel has been working on the issue of silicosis in Gujarat from past two decades. Speaking about the problems faced by silicosis victims, Mr. Patel emphasised on the social, political and economic hardships the victims face. The expenses on medical care goes high, in case of landless and migrant labourers, wife/children have to find work. Education and other needs of children are compromised and in most cases ignored. Social and recreational needs are also compromised. Many youngsters cannot get married due to social discrimination that they face in the community. Marriages break down- if woman is found having silicosis, husband will seek divorce, if man has silicosis woman would find another spouse. As a result those living with silicosis find it difficult to lead a dignified life. When they cannot work and earn, they either sell the ornaments (if any), mulching animals (goats, cow, buffalo etc), piece of land, utensils and other things including roof sheets. Children are the most affected- those having single parent have to leave school and look for part time or full time to earn a living. Many of their demands and dreams remain unfulfilled. When they are brought up by foster parents they face discrimination. They do not get adequate food, clothing, health care, education and so on. Their development is hampered. Those who are in age of getting married find it difficult to get married due to lack of social support.

Speaking on what has to be done from the government's side, Mr. Patel said, medical care- This should include home care, supply of oxygen at home where needed (portable oxygen concentrators may be given at home for use and home visit by medical officer free of cost), respiratory physiotherapy should be provided. Adequate nutrition is to be ensured. Psychological support to relieve them of stress and livelihood support should be ensured.

S.A. Azad founder of PRASAR spoke about the deplorable conditions of workers in Lalkaun area near Badarpur- Mehrauli border when he first started work there. He recognised that there is an urgent requirement for medical attention. However the government was ignorant of this. Following this PRASAR lodged a complaint. The National Human Rights Commission (NHRC) took cognisance of a complaint lodged by PRASAR in mid-2003. The NHRC had directed that a copy of the complaint be sent to the Secretaries of the Union Health, Labour and Industry Ministries, the Labour Commissioner, the Government of the National Capital Region of Delhi and the Director, Pollution Control Department, Delhi. These agencies were asked to look into the allegations contained, and to submit their comments and an Action Taken Report within four weeks of receipt of NHRC's letter of August 19, 2003. None of the departments mentioned have responded. The NHRC has sent a reminder to the departments concerned and these departments were to respond by 12th February 2004. Following this the government responded and declared compensation for the victims.



Figure 2 Perspective of the government doctor

Field perspectives-

Mr. Nitendra Manav spoke about the situation in Kothputli in Rajasthan. In sub-division Kothputli 60 people are suffering from silicosis but still the government has not set up the Pneumoconiosis board in Kothputli. He says that in most of the cases the government is not ready to accept the patients request as they do not possess any certificate from the factory that they have previously worked. This procedure takes a lot of time and the patients do not get any relief. **Mr. Swaraj Das** speaking of West Bengal said that the workers in Birbhum stone crushers are the most affected by silicosis. The entire coal belt from Raniganj to Jharia is highly polluted. Coal workers face acute pneumoconiosis and not much is done for their relief. The situation in Madhya Pradesh is even worse. A recent survey (2015-2016) conducted by a local organisation working in the 105 villages of Alirajpur, Dhar and Jhabua identified 1,721 silicosis patients, revealing a rising death toll of 589 workers so far. The data reveals that hardly 10% of patients received any kind of state pensions and a mere 6% received money under the housing scheme. Even more shocking is the fact that over the past five years, only 7% affected families got work under MGNREGA in 2011 which dwindled down to 0.7% in 2015. **Dr. Dev Singh** from Chambal also highlighted the flight of the women in the region who suffer both at the hands of the society and the government officials who harass them when approached for help.



Figure 3 Field Perspectives

Speaking of Rajasthan **Mr. Bansilal Bhinjana** said that, Radiological investigations conducted by the Indian council of Medical research found that 56 per cent of mine workers in Rajasthan are affected with silicosis or silica-tuberculosis. If these numbers are indicative of the general incidence of such diseases, then at least eight lakh workers in small mines and quarries might be affected just in the state of Rajasthan. A recent report on stone quarrying in Rajasthan (The Times of India, June 29, 2016) states that official figures for workers suffering from silicosis stand at 5,307 till April 2016 and 248 people have died between 2013 and 2016. In 2005 owing to the degrading health condition of the mine workers and extremely high injury rates, Bansilal led an organized protest calling for the compliance of occupational health and safety standards in all mines, Bansilal led the mine workers' protest for compulsory allocation of helmets, boots, masks and gloves. Silicosis a fatal but preventable lung disease caused by the inhalation of dust containing crystalline silica, is a devastating health problem extremely prevalent among workers of stone quarries in Rajasthan. Bansilal asserts that though the compensation amount of 1 lakh and 3 lakhs is a welcome effort made by the government, but it is hardly a fair compensation. The one lakh rupees granted by REHAB is barely sufficient to ensure the food security of the family and sustain household expenses for long, in the state of their incapacity to earn any longer.

Silicosis has been a deadly disease that has taken close to 10 lives in Saraipali Gram Panchayat of Tamnar block, Ghargoda Tehsil, Raigarh. **Mr. Rajesh Gupta** took up the issue and wrote to NHRC detailing the problems faced by people working in Golden Refractory Company Ltd. and Rational Company Ltd. as quartz crushers. The company does not provide any safety measures and treatment. This was put in front of the labour department many times but was not given any heed. The district health centre in Raigarh gave TB treatment to the people who suffered lungs related problem, but again the patients were not diagnosed. Gram Shabha was held in the village to make people aware of the possible causes that had lead to the death of people in the village. Following this Rajesh along with the villagers drafted letter to Collector and CMO to look into the situation. Villagers with support of Jan Chetna were successful in shutting down Golden Refractory Company. There has been no action taken by government officials and so Rajesh with the backing of mines, minerals and People conducted a health camp in Dec 2015. 9 people were detected positive. A letter on 19 Jan 2016 was then sent to District Collector, Raigarh in order to take necessary action on the

matter and the damages that had been caused. There was a continuous follow up on the case to bring compensatory relief to the affected people. Following this on 10th August, 2016, the labour department declared compensation of Rs. 3 Lakhs for people deceased and suffering from Silicosis.

Voices of the victims

The Consultation saw participation of women silicosis victims from the states of Rajasthan, Haryana and Chhattisgarh. Most of the women are forced into mines and stone crushers in order to support their families. These women are mostly widows of silicosis victims. Araku Devi from Rajasthan had a similar story to share- her husband passed away due to silicosis at a young age. Aruku in order to economically sustain the family started working in mines and within no time she also became victim of silicosis. She continued working in mines for years despite the health issues and only that her condition has degraded to the worst. She now awaits compensation from the government inorder to get medicated. The plight of Tejkumari from Chhattisgarh is no different. A mother of a boy aged three, Tejkumari has suffered huge loss due to silicosis- she has lost her husband to silicosis and now is herself a victim of silicosis. There is no alternate livelihood available for Tejkumari and other such women who take their children with them to work. The vicious cycle then continues with the children.



Figure 4 Open discussion

Baluram Rao and Tipu devi are husband and wife and residents of Sodho ki dhani, Jodhpur with four more mouths to feed; they were both identified as silicosis patients and ever since even receiving the certificate of recognition from government medical boards has been a tedious affair and then the compensation amount only provides a brief temporary relief and in no way seems a fair compensation that may be put to use to better one's living condition. Kiran Rathore,20 worked for 4 years in the Gangana mines of Jodhpur and is a young silicosis patient, she was recently married and with the looming burden of deterioration capacity because of silicosis, was undergoing extensive treatment from Jaipur for the last one year. Silicosis is an irreversible disease, the compensation granted only ensures that Kiran

may elongate her life a few years but does not ensure longevity to such a young life.



Figure 5 Aruku Devi

Recommendations-

- The pollution control board needs to check the pollution levels in various mining activities.
- There is a need for victims organisation.
- DMF should have members from the civil society and trade union members.
- Mine workers health should be given importance.
- Under DMF fund should not be utilized for building roads. 30% royalty should be collected from minor minerals.
- RTI from each region on DMF.
- Contact media, inform media campaign.
- Alternate livelihood for the workers living in deplorable conditions.
- Reviewing estimates on silicosis state wise, occupation/industry wise. ICMR estimate is that 3 million workers at high potential risk of silica exposure, 1999. No estimate ever of mortality/morbidity.
- Locate pockets of high exposure to silica and dust and ensure diagnosis at nearest PHC- trained medical officer, trained auxiliary/paramedical staff, standard format for recording occ. history, Digital Xray machine, PFT.
- National Policy on OSHE, 2009 to be enforced.
- National Program on elimination of silicosis to be taken.

- ILO C.155 to be ratified.
- Give prosecution powers to workers, trade unions, NGOs for violation of laws and give them share of the fine to give incentive.
- Give incentive to Medical doctors for notifications.

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