

## Delhi Declaration

### **National Consultation on Women and Silicosis Prevention and Rehabilitation 3<sup>rd</sup> October, 2017, Constitutional Club, New Delhi**

Silicosis is a serious occupational health hazard in India especially among mine workers. Many groups and workers' unions in India have been trying to highlight the plight of silicosis victims and have been bringing to public attention the need for work safety laws that will protect the health and safety of workers as well as address the occupational health issues of mine workers and communities. Given the urgency of the problem where thousands of victims of silicosis are waiting for diagnosis and treatment, and where thousands of families and widows are in urgent need of rehabilitation, some of us have come together to organize a **National Consultation on Women and Prevention and Rehabilitation of Silicosis** affected families. The consultation was held on **3<sup>rd</sup> October 2017 at the Constitutional Club in New Delhi** where 68 persons from the states of Gujarat, Haryana, Madhya Pradesh, Chattisgarh, Rajasthan, West Bengal, Delhi, Tamil Nadu and Goa participated. The participants were mine workers, women and widows of silicosis affected workers, workers' unions, civil society groups working with mine workers, women, occupational health and safety issues. The consultation also had participants from the state labour ministries of Gujarat and Haryana as well as medical experts on silicosis. They made presentations related to the numerous field challenges in identification, enumeration, diagnosis, treatment and rehabilitation of silicosis victims and the struggles of women who are wives of silicosis workers or are themselves victims of silicosis. A large section of the participants were women who came from remote areas with anger and hope that their stories of victimization and their struggles as widows and single mothers be heard by policy makers at the national level.

As a result of several years of lobbying and advocacy, there has been some relief in the form of policies drafted by some state governments for compensation and rehabilitation of workers. Yet, most states have not yet started implementation and regulation, and where being implemented, the affected families are facing several hurdles in accessing relief. Based on the first hand experiences of the several participants who were present at the consultation, the following issues were identified for further intervention and action:

1. The fundamental issue raised was that value for life and quality of life had little relevance in our system of governance and accountability-hence protection of human lives in the mines and the surrounding environments are increasingly found not to matter.
2. There is no proper estimate of persons affected by silicosis in the country so far. Existing figures quoted are only based on identified/suspected cases that have been brought to light by NGOs and workers' groups. With respect to women workers and women affected by silicosis, the extent of the problem is even lesser known with limited information available on their numbers and status. The current presumption that silicosis is prevalent in the 5-6 states could be a gross underestimation as mining operations of similar nature are legally or illegally taking place in many other states.
3. Enormous work has been persistently put in by many groups in the last two decades to bring public attention and accountability of concerned authorities to the disease called Silicosis. It is experienced by most groups and workers fighting the problem, that silicosis continues to be either deliberately or by lack of knowledge, ignored and unaddressed. Often it continues to be diagnosed as tuberculosis and wrongly treated, that has further worsened the health condition of those affected, leading to greater suffering and death.

4. Most state governments and government hospitals and doctors are unwilling to admit that cases of Silicosis exist, and even lesser, on the enormity of the problem. There is persistently an attempt to distract the illness as tuberculosis or to relieve themselves of the responsibility through posing technical obstacles. After much lobbying, there have been medical camps conducted in some states but with inadequate diagnostic tools, knowledge and resources leading to misleading diagnosis or dismissal of suspected cases.
5. Some states like Rajasthan and Haryana have come up with Silicosis Rehabilitation Policies for affected families and have started implementing the process of identification, diagnosis and compensation. However, several problems are being faced by the affected in accessing the relief measures due to administrative bottlenecks. One of the first problems faced is the insistence on workers producing their job cards, certificate of registration with their employers/mine owners which is impossible to obtain.
6. So far very few workers have been officially declared as victims of silicosis and paid compensation. Most have died even before the compensation was received and the widows have not benefitted in any way with this meagre compensation, as this cannot be considered more than as a relief grant. Haryana has come out with a more comprehensive rehabilitation policy, although implementation is only at the beginning stage.
7. Universally, the District Mineral Fund remains untapped and unutilized for rehabilitation of silicosis affected families and for taking preventive actions and work safety safeguards. Minor minerals, particularly are not being covered under the DMF as a critical sector within the mining sector deserving of allocations.
8. Ineffective monitoring and regulation of mine sites, factories and affiliated processing units with frugal resources-human, financial and technological-proving to be mere tokenistic rather than with the purpose of punitive actions and minimizing negative impacts.
9. The policy of contractualisation and outsourcing as escape policies of accountability where neither state nor corporate bodies can be held accountable, punishable and responsible for occupational health and safety, emerges as the greatest legal hurdle to protect workers' rights and safety.
10. While Silicosis is understood to be the most fatal of occupational health issues among mine workers, different minerals expose workers and their families to mineral specific respiratory, musculoskeletal and radiation related occupational health hazards and potential accident risks. Each of these needs to be specifically addressed and appropriate preventive and work safety standards urgently needs to be put into active implementation.
11. In many states, women are single parents and/or themselves victims of silicosis but still have the burden of sustaining their families-even when aware that their entry into mine labour is a death-trap, their economic vulnerability is forcing them to join the mine labour force along with their minor children in illegal and inhuman conditions. This vicious web of inter-generational trap of silicosis needs to be urgently arrested.
12. Not only workers, but communities living in and around the mine sites are suspected to have silicosis and a host of other respiratory and non-respiratory illnesses.
13. The physical suffering of those affected by silicosis and the emotional trauma of dealing with the inevitable loss of life and family security needs to be addressed and bring medical and emergency relief support, care giving and counselling. The women of the household are left to deal with these multiple hardships alone when their husbands, sons and other family members or they themselves are victims of silicosis. Emergency support like oxygen cylinders to reduce the physical pain, health counselling where families do not incur expenditures for misguided medical treatment, infrastructure facilities like toilets which are most critical for patients who are physically in no condition to walk out of the house for open defecation, counselling to women for

coping with stress are areas of urgent interventions that are nowhere visible in our policy making or rehabilitation planning. The inter-ministerial responsibility that is required to ensure these multiple dimensions of care and rehabilitation in silicosis rehabilitation policies was a specific demand that came from the participants.

Given this broad scenario of unaccountability, where several underlying concerns and bottlenecks were shared, the participants decided that the following recommendations would be placed before the Centre and the state governments for proper and urgent legal, regulatory and monetary safeguards to be implemented both for silicosis and other occupational health problems of mine workers:

1. Urgent need for state governments to undertake proper enumeration, identification, diagnosis and treatment of silicosis with proper procedures for enumeration, measurement, registration of affected workers and their families.
2. That state governments acknowledge the prevalence of silicosis and other respiratory occupational illnesses at mine sites rather than denial.
3. That a detailed enumeration of all other mineral specific occupational and respiratory health problems be undertaken by respective labour and health ministries.
4. That the Supreme Court orders in the case of PRASAR, be immediately implemented and action taken reports be submitted by respective state governments.
5. Adequate training to medical personnel conducting examination and tests of silicosis suspected victims be given along with proper equipment, human resource and transportation facilities for conducting medical camps for identification, diagnosis and certification.
6. That it is a criminal offence and medical negligence to diagnose and prescribe anti-tuberculosis medication for persons affected/suspected with silicosis. This practice be immediately stopped and adequate measures be taken at the PHC level, medical camps and treatment to ensure that patients have access to proper health care.
7. That all state governments formulate with immediate effect, State Policies for Rehabilitation of Silicosis Affected Families and Work Safety Standards for prevention of silicosis.
8. The DMF be immediately released for the rehabilitation of silicosis affected families and implementation plan for allocation and expenditure be based on the micro-plans at the community/local level with specific focus on widows and single mothers. The affected workers and women from these families should have formal decision-making role in the planning and implementation of the DMF.
9. That child labour and minors working in the mines be immediately identified, rescued and rehabilitated.
10. That there is a convergence of different ministries in providing rehabilitation, care and sustainable livelihood skills in order to prevent further victimization into the unsafe and unremunerative mine labour. Especially the ministry of health, women and child welfare and tribal welfare which are responsible for the marginalized sections who are most vulnerable to silicosis, streamline their interventions with focus on silicosis rehabilitation. That care-giving programmes, counselling, emergency support, infrastructure like toilets, electricity, housing, employment guarantee and food security schemes are given with priority to these affected regions and communities. That special nutrition, childcare and education facilities be provided to children of silicosis victims to prevent malnutrition, child labour, substance abuse and trafficking of children as is most commonly found in these mine-workers' communities.

11. The Central and state level committees/Silicosis Monitory Boards be inclusive of workers' representatives, persons affected by silicosis, civil society experts on occupational health and safety, gender and labour concerns.
12. That registration/enrollment of silicosis victims not be based on employment certification from mine owners, factories or contractors.
13. That the compensation currently offered be considered as emergency/immediate relief and not the rehabilitation package. A comprehensive rehabilitation programme be formally approved and implemented immediately to bring relief to the thousands of families living in utter despair.
14. Work safety technology, arresting illegal mining, alternative technologies that address the safety of workers of all genders cannot be a slow process of integrating climate change policies into occupational and environmental health issues, but an urgent necessity to uphold human dignity and labour security. The participants demanded for women-centred technology and work safety gear at mines, factories, crushers and affiliated industries to prevent silicosis and other respiratory and occupational health risks.
15. That the contract system of outsourcing of labour be stopped and clear accountability mechanisms be adopted for corporates, factories, employers and the chain of traders who are related to the extraction, processing and sale of these minerals and their related products.