MANAGEMENT OF SILICOSIS: BEST PRACTICES

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&
National Convener (Jharkhand Chapter)
Rising Occupational Safety & Health Network of India (ROSHNI)
Sincere thanks to
NATIONAL HUMAN RIGHTS COMMISSION OF INDIA
For awarding compensation to
the kin of dead SILICOSIS VICTIMS of
MUSABONI, EAST SINGHBHUM

Silicosis affected Families of Musaboni
&
Occupational Safety & Health Association of Jharkhand
25-07-2014
Jharkhand possesses a large reserve of mineral wealth: hematite, coal, uranium, copper ore, bauxite, mica, graphite, kainite, sillimanite, limestone, asbestos, quartz, granite, vanadium, dolomite, china clay, etc.

Large mining and mineral processing industry in Jharkhand.
MINERAL BASED INDUSTRIES IN JHARKHAND

- 16000 mines, coal washeries, power plants, iron & steel plants, cement plants, alumina, copper smelters and uranium processing units, refractory and factories, including:
  - 14000 /15000 stone quarries & crushers,
  - 60 ramming mass (quartz grinding) units,
  - 192 iron ore crushers,
  - 40 sponge iron units,
  - Several thousands building and road construction sites are also active.
IMPACTS OF UNSAFE MINING & MINERAL PROCESSING

THE IMPACTS ARE INTERRELATED TO:

- **Governance**: Non-functioning of govt. regulatory agencies and administration allows dust/environmental pollution at work place

- **Environment**: Dust/environmental pollution at work place causes silicosis/pneumoconiosis

- **Health & Life**: Silicosis impacts health of the workers leading to
  - Early separation from job
  - Death at premature age
  - Children and families socially and economically unsecured

- **Socio-economic issues**: Children and women most vulnerable
  - Children stop education, become child labour, get married during childhood
  - Women become domestic aid and construction workers and in some cases they have to leave in-law’s house
Silicosis is the oldest occupational lung disease caused by the long-term inhaling of silica dust. The father of medicine, Hippocrates, diagnosed silicosis in 430 BC. The symptoms of silicosis and other dust-related diseases are quite similar. Pneumoconiosis includes other dust-related diseases that have widespread incidence in mining areas.

<table>
<thead>
<tr>
<th>Source /Dust</th>
<th>Pneumoconiosis /Occupational Lung Diseases</th>
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<tbody>
<tr>
<td>Silica</td>
<td>Silicosis</td>
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<tr>
<td>Iron Dust</td>
<td>Siderosis</td>
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<td>Asbestos</td>
<td>Asbestosis</td>
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<td>Coal</td>
<td>Coal Worker Pneumoconiosis</td>
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<tr>
<td>Beryllium</td>
<td>Berylliosis</td>
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<td>Strontium</td>
<td>Strontiosis</td>
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BEST PRACTICES TOWARDS SILICOSIS IDENTIFICATION & CONTROL

- Community & RTI Initiatives
- Knowledge Sharing Programmes
- OSH Victims Services Identification Counseling Relief and Children Support Programme
- Stakeholders Sensitization
- Formation of JOSH Cell by the Govt. of Jharkhand
- Formulation of State Rule
- Developing of ‘Jharkhand State Action Plan For Prevention & Mitigation of Silicosis’ by the Govt.
- Advocacy Initiatives
- Networking
COMMUNITY INITIATIVES

- Village /Panchayat /Block level consultations
- Silicosis affected workers & families’ gathering mass deputations, public seminar
- Filing petitions to the concerned departments for compensation & rehabilitation
- Linking with the govt. offices for access to social security through govt. schemes

RTI INITIATIVES

- Eight RTI petitions were filed regarding:
  1. Whether health survey on silicosis conducted by govt. of Jharkhand
  2. No. of factories and level of dust concentration at different stone, iron ore and quartz crushers, etc.
  3. Policy and legal definition of org. and unorganised sectors
  4. No. of certifying surgeons and factory inspectors are posted
  5. No. of units registered under Factories Act 1948 and ESI Act 1948 in Jharkhand.
OSH/SILICOSIS CAMPAIGN IN JHARKHAND, WB & ORISSA

- How silicosis occurs
- Workplaces /occupations where silicosis occurs
- Preventive measures & workplace safety
- Related Acts and Rules
- Legal Provisions of Social Security
- Role of Govt. Regulatory Agencies & District Administration
- Role of NGOs & Trade Unions
**OSH VICTIMS SERVICES IDENTIFICATION COUNSELING & RELIEF PROGRAMME**

- Documentation of Occupational & Clinical Histories of the Workers
- Counseling of dust affected workers not to work in hazardous sites
- Books, clothes, exam & tuition fees provided to selected children
- An aspirant of BSc Nursing training is facilitated to pass ISC and to join the training course this year

Silicosis Identification by Dr. Kunal Kr. Datta and Dr. Tapan Kr. Mohanty at medical camp organised by OSHAJ
STAKEHOLDERS SENSITIZATION

Ex-Chief Minister Jharkhand Hon’ble Mr Arjun Munda approved and issued order on 24.11.2010 to implement Silicosis Identification & Elimination Plan as developed by OSHAJ
SENSITIZATION MEETINGS/WORKSHOPS

Representatives of WHO, UNICEF, OSHAJ and officers of mines, labour, health departments and SPCB were the part of the process.
OSH INITIATIVE BY GOVT. OF JHARKHAND

JOSH CELL was formed by the Govt. of Jharkhand on 18.06.2011 headed by the EX-MD NRHM Jharkhand & Labour Commissioner.

WHO UNICEF & OSHAJ are also part of the cell.

Cell is defunct at present
GOVERNMENT’S INITIATIVES

- Govt. of Jharkhand formulated State Rule as per Factories Act 1948 on 10.07.2012 to bring quartz and other silica dust generating units under hazardous process.
- Govt. of Jharkhand developed State Action Plan for Prevention and Mitigation of Silicosis on 27.07.2012. But postmortem clause was added in the state action plan that goes against the labour related rules and regulations.
- Govt. of Jharkhand had conducted improper way of medical investigation till May 2014 but finally started medical investigation of workers properly in June 2014.
- Govt. of West Bengal also developed silicosis control programme after OSHAJ & NHRC’s intervention
Silicosis Control Programme through Revised National Tuberculosis Control Programme (RNTCP) is incorrect:

1. RNTCP is a project based government programme.
2. TB is **communicable** and **curable** disease while silicosis is **non communicable** and **incurable** disease.
3. Most of the RNTCP centers do not have chest X-Ray and lung function test arrangements.
4. Most of the RNTCP centers do not have experienced doctors on dust diseases.
5. RNTCP centers (DOT) failed to detect silicosis cases in Jharkhand, West Bengal, Orissa.
6. Occupational disease detection centers (ODDC) at government and ESI hospital may serve the purposes very well.
7. We could raise demand of silicosis control programme that will not appear as constraint before RNTCP.
BEST PRACTICES
IDENTIFYING INCORRECT & CONTRADICTORY NOTIONS

RAJYA SWASTH BIMA YOJNA

- Amount fixed under RSBY can not serve the purpose of treatment of silicosis affected workers

SILICOSIS DETECTION METHOD DEVELOPED BY GOVT. of JKD

- Postmortem
- Lung Biopsy
- High Resolution Computerized Tomography (Scanning)

For denying to pay compensation

- Irrational mindset constraints to identify silicosis cases.
- Access to medical report is still difficult for affected workers.

UNORGANISED SECTORS

- There is no legal definition of Unorganised Sectors as per RTI Information of Directorate General Mines Safety, Govt. of Jharkhand.
- Labour related Acts & rules are not applicable for unorg. Sectors

CONTRADICTORY POSITIONS:

- Ministry of Labour & Employment GoI considers quartz grinding, stone crushers and slate pencil units belong to unorganised sectors
- DGFASLI considers these as organised sectors
Compensation to the workers who do not have medical records

- This group belonged to the same epidemiological cohort out of which some do not have medical records.
- Government regulatory agencies and district admin did not ensure workplace safety by checking environmental pollution and routine medical check up as per law.
- As the govt. departments failed to protect the lives and to keep medical records of the workers, therefore, same amount of compensation to be paid to the kin of the workers who do not have medical records.

Recommendation to implement
The Workmen Compensation Act 1923 / ESI ACT 1948

- Vienna Declaration 1993 considers Work Place Safety & Social Security as issues of HR as right to life is one of its important aspects.
- But recommendations for compensation may be made according to WC & ESI Acts.
- Supreme court ordered on 26.11.1996 to implement WC Act 1923 while the unit was not even registered under Directorate of Factories.
DESIGNING OF LOW COST DUST COLLECTORS FOR STONE CRUSHERS BY OSHAJ
• Pneumoconiosis board should be formed or reactivated in all states of India.

• A national policy and programme should be designed for identification, control and elimination of silicosis & other occupational lung diseases with ILO & WHO.

• OSH should be viewed as a fundamental right in the Constitution of India.

• Government of India should ratify recommendations of ILO’s Conventions on Occupational Safety & Health (nos. 139, 155, 161, 162, 176, 184 and 187).

• Decision of Ministry of Labour & Employment on August 2011 that changed status of some factories from organized to unorganized sectors should be amended.

• Government should formulate policy and definition that differentiate between organized and undefined sectors and lists of industries/units to be prepared accordingly. Also a status list of the specific units and mines under the purview of Factories Act 1948/ESI Act 1948/ Mining Act 1952.

• NHRC should award compensation to the kin of the workers who do not have medical records or may think for a legal step to implement Supreme Court orders if necessary.

• Experts from Eastern Region to be included in experts committee from Jharkhand, Orissa, West Bengal, Bihar, Chattisgarh Assam and North Eastern States.
Thank you
JOHAR