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Occupational Health & Safety Training: Ankaleshwar

OSH training for workers of chemical units in Ankaleshwar was organized on 19 December at hotel Shalimar, Ankaleshwar. 25 participants attended the training. Participants were recruited by the trade unions and activists in the area.

19 participants represented 7 factories. Some of them were active trade union leaders. Some came from units which are not organized. There were 3 students of Fire & Safety graduation program. There were 2 trade union and one environment activist. There were 9 participants in the age group 22-35, 12 in 36-50 and 3 were in 50-55. 12 have no opportunity before for any sort of safety training, 8 had taken training some time and 5 did not reveal the information.

Participants came slowly, one by one. After tea, we started at 10.30 am. Participants were welcomed by Jagdish Patel. Initially he introduced himself and the organization. He then invited all to introduce themselves. He then explained the schedule and invited suggestions. Group was divided in 3 groups to discuss the OSH problems faced. Participants discussed their problems for 30 minutes and group leaders presented the group reports.

First report was presented by Mr. Jog of Atul Chemicals. Problems presented by members of the group were -

- On PPE. In a unit PPEs are given only twice a month. Gloves get damaged within a day but they refuse to

replace. No discussion on quality of the gloves.

- Another problem faced is the obnoxious gases coming from neighbouring factory.
- Log sheet to be filled by the plant operator during shift is not filled regularly but they fill it once every 4-5 hours. The data filled is not always perfect and correct but convenient at times. So, when actual accidents occur one cannot know the correct plant position.
- Old employees are not informed adequately about the changes occurring in technology and old employees feel shy asking for the new knowledge.
- Now mobiles are used widely in the plant. As a result when operator is busy in plant operation and he gets a phone call, there is possibility of wrong operation resulting accident. In some companies shoes are not supplied by the management.
- Even helmets are not provided. PPEs are provided only when there is inspection or some guests are visiting. Once inspection is over the PPE are taken back.
- Noise pollution at work is a problem

Group 2

Report presented by Yatin Limbachia for the second group.

- He narrated an accident which took place in his factory in which due to chemical splash 7 workers were injured. One of them lost his both eyes. He was contract worker. He was paid compensation under ESI Act. Company and contractor both paid him ex-gratia compensation.
- Earlier, PPEs were not replaced when needed. But now there is improvement and PPEs are replaced when

needed.

- One participant said that PPEs are replaced, not when needed by the worker but at the whim of the Supervisor. Every time you go and ask for new gloves they will tell, oh, you took it only two days back and here you are again asking for it. How do you use them? So workers hesitate in asking for new one and they will work with the damaged gloves.
- Another participant shared his experience that he worked in packing department of a pesticide formulation plant. In packing department, they do not give any PPE and he could see potential of liquid splash and exposure to face and other parts. He demanded for PPEs but he was refused. So he decided not to work there. Now he is employed at another place which is safer place.
- They face problem of MSD. They have to bend frequently in loading and unloading operation of the fibers, to and from drier. Hand, wrist and arm pain at the end of the shift.
- One of the participants raised issue of low wages but he could not relate this problem with OHS.

Group: 3

Report presented by Dharmendra Mandaliya for the second group

- One of the members informed that PPE are not given as & when needed.
- Another member of the group-Mr. Zia Pathan added that one of the group members said that they have automatic plant and hence they have no problem. Mr. Zia asked publicly that if and when computer fail then there is risk of accident but workers do not foresee any such possibility because they are not aware enough.

After group presentations Jagdish Patel discussed the problems which surfaced in group discussion. Discussing the data to be filled in the log sheet during the shift, he said that even the plant managers want the 'clean' reports and they verbally instruct the operators to fill wrong, convenient, fabricated data to maintain good image of the plant. Even the efficiency reports are fabricated by the managers by showing wrong figures of raw material consumption and production of finished product.

There is tendency among the workers that if a small incidence has happened during night shift, the night shift team including the shift head will have a meeting and decide that no one in the next shift should know. This tendency prevail at all levels- shift, department, factory unit, labour dep't of the State, and national labour department- they all try to downplay the problem by showing figures that are convenient. Workers in particular, are weary because they

feel guilty about the accident. Since they do not know accident investigation, they think that they themselves are responsible for the accident and if management comes to know about it they will have to face the music or even some punishment. He then explained Heinrich theory of accident causation as well theory of chain of events, saying only worker is not responsible for accident but several factors coming together can lead to accident

He also explained about noise and its effects, TLV of noise and legal provisions, and compensation for noise induced hearing loss. He demonstrated use of noise meter- donated by MHSSN during ANROAV annual meeting at Phnom Penh in 2009.

Discussing issue of gases from neighbouring factory, he said that strategically it is easier to take up such issues as you have nothing against your own company and hence there is little risk. You can write to your own company, write and visit the factory from where gases are coming and also represent with the authorities. In process, you can also help the workers of the neighbouring factory.

He congratulated worker who left the job in packing department of a pesticide formulation unit when he came to know that the unit do not provide necessary PPEs.

He then presented his lecture on Hazards of chemicals. He discussed in detail effects of chemicals on various body parts, forms of materials and interchangeability and conditions for it, significance of form of material for OSH and so on. This session was interactive and he asked if participants knew where the body parts are located in the body and their functions. He described different body systems and natural mechanism available for protection.

During the discussion that followed participants raised some more issues. In the factory where they work they have observed high incidence of cancers and paralysis and they wonder if it has any relation with work environment. Jagdish congratulated for their observation and sharing and advised them to prepare details on the department, age, length of exposure, date of death and exact cause of death and if possible, collect medical papers for further investigation. Another participant narrated experience in Agriculture. In Bhadali village near Zanor (NTPC plant), 5 people died when they entered well in their field to lift the motor up. Jagdish Patel, then reminded them similar accident that took place in Sindhrot where 5 people had died when they entered the well, one by one, one after another. He added that each year, we hear of such incidences in initial period of monsoon when people go

down the well to bring up the electric motor. Normally it is Carbon monoxide which is cause of such accidents, he said.

Next session was on the legal provisions. Provisions of Factory Act and Gujarat Rules, Workmen Compensation Act and ESI Act were discussed.

Participants were then distributed feedback forms and time was given to fill up. Written feedback we have received has been summarized under:

1. It is important for workers to know the legal provisions on safety as well as correct direction. What I have liked is, this was first opportunity for me to discuss safety with other fellow workers.
2. We came to know the importance of reporting smallest injuries to the authorities.
3. Even though I am lawyer, I did not know many legal provisions for safety. I also learnt the style and method we can use for explaining complex issues to the ordinary people. The language was simple and understandable. Use of LCD projector is also a good method.
4. After attending the program I learnt that we need to speak out about our problems fearlessly.
5. Such programs should be organized frequently for the workers.
6. The kit given here has very good reading material.
7. I have attended safety training earlier also but this was very different than the other
8. I like the information on compensation.

What next was discussed then and it was decided that the second phase should be on 30th January, 2011, Sunday. Venue and other information will be intimated to all by PTRC.

Mr. K.M.Baria & Mr. Zia then thanked PTRC on behalf of the participants. Jagdish Patel briefly gave background of the program and thanked DWOI for funding the program.

Some Pictures from the Training



Government investment in asbestos is morally bankrupt

Andre Picard From Thursday's Globe and Mail Published on Wednesday, Sep. 08, 2010 12:48PM EDT Last updated on Thursday, Sep. 09, 2010 12:08PM EDT

Quebec has lent Jeffrey Mine Inc. \$3.5-million to keep it alive when the asbestos industry should be allowed to die a natural death

Investissement Québec, a government agency, has provided Jeffrey Mine Inc. with a \$3.5-million loan, allowing it to continue mining asbestos for a month longer and giving it one last gasp at attracting foreign investment.

One has to wonder why.

Why are the governments of Quebec and Canada so hell bound in their support of a deathly, dying industry?

How can a country and a province that claim to care about human rights and international health justify peddling tonnes of a carcinogen to the developing world for a few shekels?

What horrors are being wrought in the name of economic development, and in a bid for a few votes?

To date, 52 countries have banned asbestos. It is a cancer-causing product, and we have known so since the 1950s. The tiny fibres, when inhaled, can cause lung cancer, mesothelioma and asbestosis.

Asbestos was once a miracle fibre because of its resistance to fire, rust, rot and termites.

In Canada, the "white gold" was once used liberally, in everything from pipe insulation to car brakes, modelling clay to talcum powder.

As a result, we have one of the highest rates of asbestos-related cancer in the world. In Quebec, asbestos is responsible for half of all workplace-related deaths.

Domestically, the use of asbestos is now strictly regulated

under the Hazardous Products Act. We go to great lengths and much expense to remove it from public buildings, including Parliament and 24 Sussex Dr.

Yet Canada allows – and actively promotes – the export of asbestos. Ottawa even opposes the inclusion of asbestos in the Rotterdam Convention, a treaty on the use of hazardous substances.

The federal government also provides \$250,000 a year to the Chrysotile Institute so it can flog asbestos abroad and propagandize at home.

The institute is a master of Orwellian doublespeak: It calls asbestos “chrysotile”; it promotes the “safe use” of the product, glossing over the scientific evidence that there is no practical means of safe handling; its lobbying is responsible for the fact that, in Quebec, the “safe” level of exposure to asbestos is 10 times what it is in other provinces; and one of the group’s favourite rhetorical claims is that asbestos is invaluable and safe because even NASA uses it.

Indeed, asbestos is used on the space shuttle so that it won’t catch fire during launch and re-entry. But the reality is that the principal buyers of asbestos are India, Bangladesh and Indonesia, where the mineral is used in construction. Needless to say, the workplace safety standards in these countries aren’t exactly comparable with NASA’s.

“When it comes to the asbestos industry, you readily abandon science and put forward the lie that Quebec asbestos can be safely used, when even your own government health experts have told you this is not true,” Mohit Gupta, co-ordinator of the Occupational and Environmental Health Network of India said in a stinging letter to Quebec Premier Jean Charest.

Every credible health organization in Canada, from the Quebec Institute for Public Health to the Canadian Cancer Society has condemned the federal and provincial governments for their unethical promotion of asbestos.

More than 100,000 people worldwide die of occupational exposure to asbestos each year, according to the World Health Organization.

But that is only the tip of the iceberg. Asbestos-related disease has a long latency period; workers breathing the fibres today will be sick and dying in decades. And, unlike Canadian workers, they will have little legal recourse.

Canada – one of the top five asbestos exporters in the world – is a major contributor to the carnage, but we turn a blind eye to it.

It is apathy tinged with more than a slight hint of racism. Killing workers in India is no more acceptable than killing them in Canada, regardless of the jobs the practice creates in small-town Quebec.

There are two asbestos mines in Canada: the LAB Chrysotile Mine in Thetford Mines, Que. is a few years from exhaustion; and the Jeffrey Mine in Asbestos, Que., which is in bankruptcy protection. Between them they account for 7 per cent of the world production of asbestos, worth a few hundred million dollars a year.

These mines should be allowed to die an overdue death. Monies that go to promoting and subsidizing the sale of asbestos should be redirected to retraining and supporting the remaining workers – about 500 in total, almost all of them close to retirement age.

But Bernard Coulombe, owner of the Jeffrey Mine, has grand plans. He wants to massively expand and extract 200,000 tonnes a year of asbestos (oh, sorry, chrysotile) for the next 25 years.

He needs a \$58-million investment to make a go of it.

Quebec was prepared to make a loan guarantee in that full amount, with a few token conditions, such as attracting some private investment and asking importers to respect safety standards. But the support seems to be wavering.

It is time to stop “exporting death made in Quebec,” according to Gilles Paradis, scientific editor of the Canadian Public Health Association Journal.

“The decision by the Quebec government to continue exporting chrysotile asbestos is a public health tragedy for Canada and the rest of the world. Asbestos kills workers and citizens. ... The decision is wrong, unethical, indecent and we should be outraged.”

Supreme Court asks central govt to regulate asbestos activities

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By **Rakesh Bhatnagar** | Place: New Delhi | Agency: DNA*

http://www.dnaindia.com/india/report_supreme-court-asks-central-govt-to-regulate-asbestos-activities_1498389

Concerned at the cancerous effect asbestos has on human health, the Supreme Court (SC) has directed the Centre to consider setting up a body to regulate manufacture of the fibre-based material.

Refraining from treading the path of legislature, which is already seized of a bill seeking ban on asbestos, the court said the regulatory body must be considerate to the health of workmen involved in mining or manufacturing asbestos.

Acting under Environment (Protection) Act, 1986, the authorities should ensure all “appropriate and protective steps to meet specified standards are taken by the industry before or at the time of issuance of environmental clearance”.

A bench headed by Chief Justice SH Kapadia has refused to ban asbestos, but it feels that it’s imperative to issue the directions in order to “strike a balance between health hazards posed by this activity and the ground reality that a large number of families all over the country are dependent for livelihood on it”.

White asbestos is highly carcinogenic. Countries, mainly Canada and Russia, which export it to India without restriction prefer not to use it domestically. In 2007, Canada exported almost 90% of white asbestos it mined, 43% of it to India.

US-based Drexel University professor and chair of department of environmental and occupational health Arthur Frank warns, “We can expect a lot more death and disease in India. There is no champion for elimination or reduction in use of asbestos.”

Bihar Government Issued Notice for Permitting Asbestos Industries

by Dr. Trupti Shirole on January 19, 2011 at 3:15 PM

<http://www.medindia.net/news/Bihar-Government-Issued-Notice-for-Permitting-Asbestos-Industries-79627-1.htm>

Bihar government has been issued a notice by the Environment ministry for giving permission for setting up 12 plants for manufacturing asbestos laden cement roofing sheets, in the Muzaffarnagar district. These plants that are based on Chrysotile (white asbestos) pose huge public health risk. White asbestos in any form could be carcinogenic and occupational and non-occupational exposure is associated with mesothelioma and other malignancies.

The World Health Organization (WHO) has issued a report saying that about 125 million people are exposed to asbestos risk across the world. About 54 countries have banned the use of asbestos. In India the use of asbestos has

been banned in Kerala. Mining of asbestos has been banned in India however no restrictions have been laid on its manufacturing.

Ahmedabad based National Institute of Occupational Health (NIOH) has been asked to study the environmental and health impacts of asbestos on the workers and those living in the vicinity. The reports are yet to be submitted.

19 of 164 asbestos miners tested by India’s Institute of Occupational Health have died

Sunday, January 16th, 2011

<http://www.maacenter.org/news/19-of-164-asbestos-miners-tested-by-indias-institute-of-occupational-health-have-died.html>

On January 4th, 30 members of Rajasthan State Mine Labour Union staged a protest at the National Institute of Occupational Health (NIOH) in Ahmedabad, India to demand the release of the institute’s report of tests it conducted on asbestos miners. Asbestos is a carcinogenic mineral known to cause lung cancer and mesothelioma – a rare cancer of the protective lining of the lungs, heart, chest and abdomen – that has been banned in most of the Western world. The mining and use of asbestos is still legal in India, yet workers who deal with asbestos are usually not properly trained or attired to prevent their own exposure to this hazardous material.

Rana Sengupta, managing trustee of Mines Labour Protection Campaign (MLPC), said that 19 of 164 workers studied by NIOH have already died, making the results of the studies all the more important in order to initiate protective measures and treat those affected. Asbestos-related diseases, which also include asbestosis, can take decades to develop, but they are all fatal if not treated in time. Mesothelioma is particularly difficult to detect because it remains asymptomatic until it reaches stage three or four, when it becomes tremendously difficult to treat. Plus, most of these minors have no access to mesothelioma treatment that could save or at least prolong their lives.

NIOH scientists have declared that 93 of the workers studied are suspected to have been affected. However, the report has not been released because members of the NIOH team that conducted the tests suddenly resigned. The protesters say they will go on a hunger strike if their demand is not met.

NHRC slams govt. stance on endosulfan, calls for national and global ban

Special Correspondent

<http://www.thehindu.com/news/national/article1021201.ece>

Slamming the Central government’s stand on the use of toxic pesticide endosulfan as leading to “a grave violation of

human rights”, the National Human Rights Commission has called for a nation-wide ban. India should also agree to a global ban, said the Commission, which also recommended higher compensation for victims.

In its report submitted on Friday, the NHRC panel accused the government of ignoring the National Institute of Occupational Health’s study detailing the harmful effects of the pesticide on the health and development of children at a north Kerala village. Aerial spraying of the pesticide appears to have caused neurobehavioural disorders, congenital malformations in girls and reproductive abnormalities in boys. Following the NIOH’s 2002 study, the Kerala government had forbidden the use of endosulfan, but “this ban has been easily circumvented”, said the NHRC report.

When the Commission sent a team to Kerala for an independent investigation in November, they confirmed that medical disorders still continued in high numbers even while “the relief sanctioned by the Government of Kerala has made very little impact because it is meagre, irregular and sometimes siphoned off before it reaches the intended beneficiaries.”

At the international level, India was the only nation that voted against a worldwide ban on endosulfan at the last review meeting of the Stockholm Convention in October 2010. At that meeting the Indian government claimed that there was no scientific basis for a ban, despite the NIOH’s comprehensive study showing that endosulfan had serious and long-term effects on health and environment. Since the 2002 study, 60 other nations have banned the pesticide.

“When it claims a lack of scientific evidence, the Government of India is either being disingenuous or disowning the work of the premier institute of medical research that it has set up,” said the NHRC report. “Its directives to the ICMR to review its study implies that the Government finds its conclusions inconvenient.”

The Commission said it was “deeply troubled” by the implications of this stand and the consequences it has already had on human rights in India and other countries to which Indian companies have exported the pesticide.

Apart from a ban, the NHRC recommended that the government conduct a nation-wide survey of populations that have been affected by the use of endosulfan and help State governments provide relief and long-term rehabilitation, including the establishment of a centrally sponsored palliative care hospital in Kasaragod district of Kerala, where at least 6,000 victims live in eleven villages.

The State government has been asked to pay at least Rs. 5 lakh to the families of the dead and severely disabled, and Rs. 3 lakh to the other disabled, with financial help from the Centre. It has been asked to ensure that the increased relief is paid regularly and completely to the victims and their families, and improve health facilities for them.

The two governments have been given eight weeks to

respond to the NHRC’s recommendations

Govt paves way to introduce Mines Act amendment Bill

BS Reporter / New Delhi December 31, 2010, 1:07 IST

<http://www.business-standard.com/india/news/govt-paves-way-to-introduce-mines-act-amendment-bill/420226/>

The Cabinet on Thursday cleared the path for introduction of a Bill in Parliament to amend the Mines Act, 1952, with respect to the laws relating to regulation of work and welfare of people employed in mines.

The government also cleared Rs 404 crore and an additional amount of Rs 996 crore — after adjustment of Rs 404 crore from the requirement of Rs 1,400 crore — for meeting pending interest subvention claims of banks, as requested by the Reserve Bank of India (RBI).

The interest subvention scheme was introduced in July 2007 to help exporters offset the losses on account of the economic global recession.

The amendments in the Mines Act envisage extending the Act to the whole of India and provide for appointment of officials, besides the employer’s agent, in the mines; and increase penalties provided in various sections, among other amendments.

The Mines Act, last amended in 1983, provides for health, safety, and well being of people employed in mines. The Act regulates the working condition and environment in mines with a view to making work more humane and providing measures to prevent accidents and occupational diseases. It also contains provisions of basic amenities for mine workers and prescribes a system of inspection of mines for enforcement of the legislation.

The Cabinet also approved the creation of a Hospitality Development and Promotion Board (HDFB) for approving and facilitating hotel projects. The main function would be to monitor and facilitate the clearance and approval of hotel projects — both at the Central and state level. It would be a single point for receiving applications for various clearances. For fast-track approval and clearances of hotel project proposals, in a time-bound manner, it will review policies to encourage the growth of hospitality infrastructure in the country.

The Cabinet also revised the norms for financial assistance for post-matric scholarships for students of scheduled castes. The parental annual income ceiling for eligibility has been enhanced from Rs 1 lakh to Rs 2 lakh a year. The Cabinet Committee of Economic Affairs also approved the revision in the maintenance and other allowances, besides regrouping of courses.

‘Killer dust’ threat looms over Marwan despite protests

Shoumojit Banerjee

<http://www.thehindu.com/news/national/article995783.ece>

There is a spectre over the verdant fields of Bihar's Muzaffarpur district, hitherto suppressed by the clamour and euphoria of Chief Minister Nitish Kumar's massive electoral mandate.

Its cause is asbestos — the magic mineral, paradoxically known by its more sinister monikers of the “killer dust” and “the silent time-bomb.”

In November last, the Kolkata-headquartered Balmukund Cement & Roofing Ltd. (BCRL) proposed to set up an asbestos cement roofing sheet factory in the Marwan block.

If the proposed 3, 00,000 tonnes per annum (TPA)-project flags off, the country could very well have its own version of a ‘Turner & Newall’ asbestos epidemic (Once the world's largest asbestos conglomerate, T&N exposed millions to a lethal carcinogen).

While the rest of the country closely tracks the industrial policy in a progressive Bihar, at stake is the populous village of Bishnupur-Chainpur with its 25,000 odd men, women and children.

Since July, this otherwise sleepy hamlet has convulsed steadily into a battleground where a series of bitter skirmishes are being fought between the villagers and the district administration, allegedly hand-in-glove with the company authorities.

Work for the proposed plant continues even after a flurry of demonstrations by villagers, who went on an indefinite dharna in December. Assurances were earlier given by the district authorities that the work would be temporarily stopped.

The company management allegedly let loose not less than 50 armed men to break the proceedings, which resulted in six villagers sustaining severe injuries in a firing.

Instead of apprehending the miscreants, the police swooped down on the homes of two demonstration leaders and put them behind bars on charges of inciting mob protest.

The BCRL plant is based on Chrysotile — the chemical name for white asbestos, which accounts for more than 95 per cent of the present world trade in asbestos.

The World Health Organisation (WHO) defines white asbestos as “a rare fibrous material that is used to make rooftops and brake linings” while explicitly stating “that all types of asbestos result in lung cancer, mesothelioma, cancer of the larynx and ovary, and asbestosis (fibrosis of the lungs).”

The Environmental Health Criterion (EHC) no. 203 as laid down by the International Programme on Chemical Safety (IPCS, established 1980) for Chrysotile asbestos clearly states: “Exposure to Chrysotile asbestos poses increased risks for asbestosis, lung cancer and mesothelioma in a dose-

dependent manner. No threshold has been identified for carcinogenic risks.”

As per the company's Environment Impact Assessment (EIA) report, 29,000 TPA of raw asbestos fibre will be imported from Canada, Brazil and Zimbabwe.

Norms violations alleged

More disturbingly, the EIA report reveals a consistent and wanton violation of procedural norms under the EIA Notification, 2006.

According to the report, the company has stated that the land acquired by the company is “completely barren” and the project site situated “at a considerable distance of 15 km. from the nearest town.” Whereas, the factory site, which falls between the adjoining areas of Bishnupur-Chainpur, is surrounded by wheat fields, vegetation and human habitation.

While the company claims to have purchased 17.8 acres, villagers allege that close to 44 acres have been registered in the BRCL's name.

There are at least three schools located within 500 metre and around 15-20 schools within 1,000 metres from the site of construction, in addition to a dozen anganwadi centres.

The movement against the factory, in which school children and women have joined in large numbers, has not been motivated by any rigorous scientific study of asbestos hazards but by bitter real-life experience of the “killer dust.”

In 1996, three villagers from Bishnupur-Chainpur who had worked in asbestos factories in Jaipur, Rajasthan, died painful deaths caused by pleural (lung) thickening.

Despite this, the learning curve for the Muzaffarpur district administration has been anything but steep as it initiated allegedly repressive measures since July to silence any form of protest.

During the land acquisition process, the villagers were told that the site was being procured for an agro-based factory or a sugar mill. Even now, the factory site does not have any proper display boards stating the purpose of the construction.

Further, the public hearing, conducted on 28 June by the Bihar State Pollution Control Board (BSCPCB), amounted to nothing more than a sham with the proceedings in glaring contravention of the EIA Notification, 2006, norms.

None of the proceedings, including the contents of the EIA report, were translated into the vernacular language, while the villagers were not allowed to voice their concerns.

“Neither did the Environment Ministry officials from Delhi inspect the site thoroughly nor did they address the villagers' concerns,” said Ramchandra Rai, convener of the Khet Bachao Jeevan Bachao Sangharsh Samiti, a local forum to combat the incipient threat of asbestos.

The company also allegedly made no effort to disseminate

information to the workers on hazards associated with asbestos, given that there are virtually no environmental and occupational health centres in Bihar.

Despite these alleged violations, in a letter to the company in October, the Ministry of Environment and Forests awarded it environmental clearance.

Activists view the struggle in the larger context of the international tug-of-war over the ban on Chrysotile.

“The debate here is not which type of asbestos, whether blue, brown or white, is more harmful than the other. There is more than sufficient evidence out there to prove just how harmful Chrysotile is,” says Gopal Krishna, convener of the Ban Asbestos Network of India (BANI).

According to a December 9 report in the *Lancet*, “Canada was the world's fourth biggest exporter [behind Russia, Kazakhstan, and Brazil], shipping about 1, 50,000 tonnes per year to developing countries such as India, Indonesia, and the Philippines, where little or no protection existed for workers or exposed populations.”

“While the EIA report is full of the utilitarian qualities of the killer fibre, it hides its disastrous environmental and occupational health-effects. It claims that the dust fibres will be kept below the 0.5 fibre/cc limit, but does not disclose that “safe” and “controlled” asbestos in any form is impossible,” Mr. Krishna said.

Some Photographs of the struggle and victims of brutality



Employee State Insurance Corporation – Myths and Realities

ESIS was initiated in 1952 (under the ESI Act, 1948) as an integrated Social Security Scheme to provide comprehensive social security to workers employed in the organized sector other than Government establishments. Based on the principle of “pooling of risks and resources”, this multi-dimensional health insurance Scheme provides full medical facilities to the beneficiaries and adequate cash compensation to insured persons for loss of wages or earning capacity in times of physical, and employment injury. The scheme provides for medical protection to workers in contingencies such as sickness, maternity, disablement due to employment injury or occupational disease. The scheme applies to the

non-seasonal factories or manufacturing units located in geographical area notified for implementation and employing ten or more persons in a power using factory and twenty or more persons in a non-power using factory and has also been extended to other establishments such as shops, hotels and restaurants, road and motor transport undertakings, newspaper establishments and cinema halls.

ESIS is a self-financing health insurance scheme in which contributions are raised from covered employees and their employers as a fixed percentage of wages. Wage limit for eligibility is enhanced from time to time. Presently, employees drawing wages up to Rs 10000 per month from October 1, 2006 are entitled to be covered under the scheme. Employees earning less than Rs. 40 per day, as daily wage, are exempted from payment of their share of contribution. The state governments are required to bear one-eighth of the expenditure on medical benefit, within per capita ceiling of Rs 900 per annum from 1st April 2005 and the whole of any additional expenditure beyond the ceiling.

The ESIC functions from its headquarters at New Delhi, supported by a country-wide network of 23 Regional Offices, 11 Sub-Regional Offices, 4 Divisional offices, 628 Branch offices, 180 Pay offices and 272 Inspection office for administration of cash benefits, revenue recovery, implementation of the scheme in new areas and inspection of factories and establishments. Medical care in the States is administered by the State Governments on cost sharing basis except in the National Capital Territory of Delhi and NOIDA area in Uttar Pradesh, where the medical facilities are being provided directly by the ESIC.

ESIS has been audited by CAG routinely. The last audit was done in 2005 for the period 1999-2000 to 2003-2004. A performance audit review of the functioning of the ESIC had been conducted earlier during 1993-94 covering the period 1989-90 to 1993-94 and the audit results were reported in Comptroller and Auditor General’s Report No. 11 of 1995. It was mentioned in paragraphs 30.6, 30.7, 30.8 and 30.14 of the Report that there were shortfalls in holding of the Regional Board meetings, identification of the establishments to be covered and inspection thereof, mounting arrears of contribution to be recovered as well as deficiencies in payment of benefits to insured persons. The Ministry had replied (August 1996) in its Action Taken Note (ATN) that necessary remedial action would be taken. Audit, however, ascertained that the above shortcomings were still persisting.

These shortcomings relate to Corporate governance, Financial Management, Recovery and Contribution, Coverage of Industrial Units, Surveys and Actual Coverage, benefits to Insured persons, Hospital and Dispensaries, Non-Commissioning of Hospitals and Dispensaries, Idle Equipment, Injudicious purchase of medicines, Model hospitals and others.

Despite all these shortcomings and lapses, when asked whether the Ministry of labour is satisfied with the

performance of ESIC as a whole, the reply is “Yes, the ministry of Labour and Employment is very much satisfied”. How many more lapses need to be found before the performance will not be satisfactory. With whom is the ministry comparing the performance of ESIC? Does the ministry feel that by answering the question in affirmative, the performance of ESIC will improve and become satisfactory?

To read the complete report please visit

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Govt turns blind eye to asbestosis victims demands TIMES NEWS NETWORK

Jaipur: On the sixth day of a dharna being staged by group of alleged asbestosis victims at the Jhadole block of Udaipur ,instead of being given a patient ear, the sub divisional magistrates (SDM) office has washed its hands of. The SDM's office has held accountable one from among the group to be responsible for any eventuality.

In what is now being termed by activists as a gross violation of human rights, the SDM's office has sent a letter to one Bansilal Vadera, general secretary of the Rajasthan State Mines Labour Union, which apart from clarifying the stance of the SDMs office puts the onus on Bansilal if anything happens to anyone from among those staging the dharna. The letter, a copy of which is with the TOI, states that the SDM's office has nothing to do with the demands. The medical tests done on you all were by the National Institute of Occupational Health (NIOH), Ahmedabad, and you all are at a complete liberty to ask them for the test results. This office has nothing to do with the medical test results and you are being asked to end the dharna .If anything happens to anyone here in this biting cold, you will be responsible. We are not to be blamed, the letter states. This is an absolute lack of concern of human rights. The people staging the dharna are all those who have been working at asbestos mines at some point of time. They might have contracted asbestosis. In fact, the NIOH had

done a test on 126 of them and, in a research paper, have confirmed they are suffering from the disease. All that these persons are now asking report of those tests so that they may approach the suitable person for a compensation and get themselves treated, explains Rana Sengupta, managing trustee of Mines labour Protection Campaign (MLPC). They on their own have tried to get the results even by filing an RTI but have been unsuccessful. So is it not the responsibility of the state to help them get the same. It is their right that they get results or that the state does independent tests on them to confirm whether or not they are positive as they belong to the BPL category, he said.

The MLPC has been helping in the cause of these people so that they get their rights. The NIOH had conducted tests on 163 persons, including 56 females, two years back. But in the meantime 18 persons have died and we do not know if they were from amongst those who were ascertained to be positive or are others, Sengupta said.

Since the dharna, NIOH has agreed to carry out medical tests for all ex-miners in Udaipur region urgently

Entrapped in a similar violation of human rights are the widows of 21 silicosis victims in Jodhpur. Having lost their husbands to the disease sometime ago the women have been running from pillar to post seeking compensation. However, even after interventions from the National Human Rights Commission, they have not yet got any compensation. All that the state has granted them is Rs 1 lakh per women as a grant as an interim relief.

It is becoming a losing battle for these victims and a sheer case of human rights violation against mine workers in the state. But we will not give up and take these cases to their logical end, Sengupta added.

Silicosis case is proceeding in the Supreme Court. In a major victory, NHRC has announced a compensation of Rs 3 Lakhs to NOK's of 238 persons who died from Silicosis in Madhya Pradesh. The order is yet to be implemented.

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