

Silicosis Prevention

What is the issue?

Countless workers engaged in mines, construction and factories in India are silently dying of exposure to dust (Silicosis), utmost exploitation and apathy.

What is silicosis?

- Silicosis is part of the pneumoconiosis family of diseases.
- It is a long-term lung disease caused by inhaling large amounts of crystalline silica dust, usually over many years.
- **Challenges to treatment** - Silicosis usually develops after being exposed to silica for 10-20 years, or can even occur after only a few months of very heavy exposure.
- The symptoms usually take many years to develop. So, identifying and treating are challenging.
- The symptoms can also continue to get worse, even if someone is no longer exposed.



What is Rajasthan's model for Silicosis prevention?

Rajasthan has the top-most share of over 17% in value of mineral production in India.

- Notified silicosis as an 'epidemic' in 2015, under the Rajasthan Epidemic Diseases Act, 1957.
- A formal Pneumoconiosis Policy in 2019 [only next to Haryana]
- 'Silicosis portal' hosted by the Department of Social Justice and Empowerment.
- A system of worker self-registration and diagnosis through district-level pneumoconiosis boards
- Compensation from the District Mineral Foundation Trust (DMFT) funds to which mine owners contribute
- In just 2 years, the State has certified and compensated over 25,000 patients of silicosis, of which 5,500 have already died of the disease.

What are the shortfalls in the system?

- In the mining sector alone, none of the silicosis cases diagnosed has been notified by mine owners.
- Nor are the cases reported by the examining doctors to the Directorate General of Mines Safety (DGMS), Ministry of Labour and Employment.
- They are legally required to report, according to Section 12 of the [Occupational Safety, Health and Working Conditions \(OSHC\) Code](#), 2020.
- But only 10%-20% of the over 33,100 mining leases and quarry licences in Rajasthan are DGMS-registered.

Why is reporting the cases significant?

- Shifts the paradigm from compensation to prevention
- Fixes the responsibility on mine owners, who now continue to slip away despite violating safety and preventive protocols
- The DGMS, the sole enforcement authority for health and safety in mines, can take action against mine owners.

What are the other provisions and concerns in the OSHWC Code?

Section 6 of the Code - Annual health checks free of cost to the employees

- Rules 92 to 102 in Section 6 of the code provide for initial and periodic examinations of all mine workers from their time of joining.
- But the draft Central rule 6 of Section 6 fixes an age floor of 45 years for workers in all establishments (including mines) to be eligible for the health checks.

Section 20 - Powers to the DGMS to conduct health and occupational surveys in mines

- It places no obligation on the mine owner to provide any form of rehabilitation - Alternative employment, or payment of a disability allowance/lump sum compensation for workers found medically unfit.
- Such provisions in the earlier Mines Act linked to the Workmen's Compensation Act (also subsumed in the Code), have been deleted.
- Now, 'medically unfit' workers are expected to leave the job and fend for themselves.
- In Rajasthan, a compensation of Rs. 3 lakh is provided from the DMFT. In case of other states, even this is not available.
- The immediate impetus for silicosis prevention could come from course correcting Section 6 and Section 20 of the OSHWC Code.

What are the measures needed?

- State governments should use their powers to prevent the impacts on workers.
- **Guidelines** - The related State departments, in close dialogue with the DGMS, must draw up detailed guidelines for district-wise health surveys.
- The State rules must ensure that the health checks are provided to all workers in all establishments, irrespective of age.
- The State Advisory Board (Section 17 of the Code), along with technical committees, must be quickly constituted, with workers and their representatives having a say in them.
- **Local manufacturers** must be incentivised to innovate and develop low-cost dust-suppressant and wet-drilling mechanisms.
- These could either be subsidised or provided free of cost to the mine owners.
- Existing prototypes must be tested and scaled up.
- **DMFT funds** - These are both underutilised and spent in an entirely ad hoc manner.
- Their haphazard allocation for non-mineworker-related expenditure must be replaced by a streamlined and accountable system.
- Mineworkers should benefit from clearly defined budget heads.
- E.g. prevention (including innovation fund and subsidy for wet drilling equipment), disability compensation, solatium, administrative expenses

- For all this to materialise, bringing worker-employer identification on record is crucial.

Source: The Hindu

