

CHAPTER 5

SUMMARY OF FINDINGS AND RECOMMENDATIONS

5.1 The following are the salient finding to the research questions:

5.1.1 Whether Government recognize occupational diseases like silicosis as a serious a serious violations of human rights guaranteed under law or not?

Silicosis is an incurable, silent killer disease which has been prevalent in mines, factories and work places having high percentage of silica particles. The incidents of silicosis have been reported since last many decades ago in Kolar mines in Karnataka. It is an irreversible disease which is killing hundreds and hundreds number of worker across the country but as per the records available with government , there is no incident of silicosis. The various Government agencies like DGFASLI, DGMS, various NGO's and also the teams of NHRC has found its existence but Government, both state as well as at center level are in denial mode. No efforts have been made by government to strengthen the existing enforcement agencies and they are struggling with paucity of man- power and resources. Though WHO, ILO, NIOH etc have time and again given evidences of death due to silicosis , apart from various other studies by research scholars and civil societies, Government still has not initiated any official survey though not only it is necessary but also the fact that continuously NHRC is requesting the responding states for it. No efforts have been made to strengthen medical facilities or health surveillance of workers in mines, to make enforcement effective. The budgetary allocation too tackle this menace is minimal which reflects the priority accorded by government to this problem. The concealment of this disease suits labour because he know

that instead of relief, he will be thrown out by employer, by employer also so that he is not burdened with compensation and treatment expenses, and also to enforcement agency. So no one is happy to report about silicosis and worker dies leaving behind his dependents. Despite all this fact known to all, the response of State and central government to NHRC initiatives and directive proves that for government, silicosis is just a rarely existing occupational disease and not a serious human rights violation of right to health.

5.1.2 Whether existing laws, rules & regulation related with this occupational disease is sufficient or there is need of strong laws and legislation?

The existing legislations have failed to consider the numerous problems existing in India industry. The legislations fail to reflect the importance of attitudes, efficiency of the organizational system and the capacities or performance of working people. The present state of Indian industry does not provide any incentive to the employers/entrepreneurs to invest in safety measures. There is little awareness about safety aspects among the trade unions. The small unorganized industrial units spread over the length and breadth of the country is not covered by any occupational health services. Further, existing laws related with the problem of occupational diseases like silicosis clearly show that not only there is need for amendment in the existing laws to make it more stronger and effective but there is also need of making the enforcement agency more strong for implementation of these law, not only manpower wise but also resources wise. The welfare should not be totally left with employer. There should be fixing of accountability in law itself for failure on part of both employer as well as enforcement agency.

5.2 Recommendations: Based on the above findings, following recommendations are made:

1. The government should come out of denial mode and should take silicosis and other occupational diseases as not only an occupational health hazard but also as a serious human rights violation of right to life as in many cases the workers are having premature death, leaving behind dependents struggling for survival.
2. There is urgent need of a central coordinating body which can co-ordinate between various central and state agencies and ministries involved in the field of monitoring and prevention of occupational health to evolve an appropriate strategy to deal with the dual problems of silicosis and tuberculosis may be set up at the center and state level.
3. State/UT governments should encourage development and promotion of various cost-effective engineering control measures to manage silica dust through surveillance of processes or operations where silica is involved. Implementation of precautionary measures including the protective gears for the workers of silicosis prone industries may make mandatory by the concerned enforcement authorities.
4. Silicosis is a notified disease under Mines Act 1952 and the factories Act 1948. Silicosis may also be made a notifiable disease under the Public Health Act. As such all district/primary health centres/hospitals in the country will have to report the cases/suspected cases of silicosis to the Government.
5. The occupational health survey and dust survey on half yearly basis may be made mandatory in suspected hazardous industries. All the enrolled workers

must be medically examined before entering into the employment. The workers should be clinically examined with Chest radiography and pulmonary function test to rule out any respiratory disorder.

6. Industrial units which are silica prone should have an Occupational Health and Safety Committees (OHSC) with the representation from workers and Health Care Providers.
7. There is urgent need of strengthening existing infrastructure and medical facilities up to district level. The vacant post of Factory Inspector and medical specialist and surgeons should be immediately filled. Silicosis control programme should be integrated with already existing Revised National Tuberculosis Control Programme (RNTCP).
8. The treatment cost of the silica affected person including permanent, temporary or contractual worker should be borne by the employer but under supervision of district administration. The victims of silicosis should be rehabilitated by offering an alternative job or a sustenance pension if they are unable to work.
9. Adequate budgetary support should be provided by Government to strengthen the agencies involved in prevention and detection of silicosis.
10. Understanding of socio-economic context of the potential victims, including the use of bonded labor, is important in designing national strategies for prevention and control and instilling a safety and health culture among workers.
11. Proper R&D facilities should be established in the field of Occupational health.

12. Necessary amendment in various laws is urgently required to make it more practical and effective.
13. Need of spreading awareness among all stake holder, labour, employer as well as enforcer.
14. Civil societies have played crucial roles in highlighting this menace. Keeping in view the manpower limitations with enforcing agencies, Civil societies can be involved in monitoring the work place as well as identification and rehabilitation of workers.