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Title : DEADLY DUST - India's mining state steps up fight to rein in killer silicosis

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India's mining state steps up fight to rein in killer silicosis

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Jaipur: On the road to Budhpura village in district Bundi district rise small hills. A closer inspection reveals these 'hills' are loose rubble piled up from decades of quarrying. At the mines here, the air is heavy with silica dust as men, women, children chip away at the slabs of stone. Bundi, along with Kota, accounts for 10% of Rajasthan's sandstone production.

Bhajan Lal used to work at one of these mines till a few years ago. In May this year the 35-year-old succumbed to silicosis, a deadly lung disease that is untreatable yet easily preventable. Mining workers contract the disease when exposed to silica — loose fine dust released when sandstone, granite or quartz are drilled out of the earth. Miners exposed to dust for about 10 years are vulnera-

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ble. It is worse for those who work on quartz; it takes as little as five years of exposure for silicosis to set in. Particles enter the lungs, gradually reducing lung function. There is no cure.

Father of five girls aged between nine and 18 months, Bhajan Lal became one of at least 250 people to die of silicosis in the state since 2013. In April this year, Budhpura villagers petitioned the district collector seeking pension for the afflicted. They sought old age pensions at 40, as they did not expect to live until 60. In these parts, there are few other means of livelihood, so even when diagnosed many continue to work in the mines. Ram Dev of NGO Mine Labourers' Protection Campaign (MLPC) helps patients get certificates from the state's Pneumoconiosis Board. He says there are at least 80 silicosis-affected people in Budhpura alone.

Certification helps patients claim compensation; since October 2013, the state's paid Rs1 lakh relief each to 3,888 of the 5,307 certified patients. Between 2013 and April 2016, at least 248 died of the disease.

It is highly possible the numbers are grossly understated. MK Devarajan of the



state human rights commission says the detection mechanism is only just falling in place. "Actual numbers could well be in lakhs," he says. Devarajan, who himself learnt of the disease from a 2012 report, says he turned to MLPC's Rana Sengupta, whom he calls an 'encyclopedia on silicosis'.

Sengupta says he stumbled on the problem in 2009. "A large number of widows in Jodhpur's villages all said their husbands died of TB. Doctors I spoke to were surprised that TB, a curable condition, should take such a large toll. That's when I set about looking for medical reports, only to discover that many miners had silicosis." Sengupta found doctors routinely treated these patients with TB drugs, wors-

ening an already bad condition. The state's Pneumoconiosis Board, set up in 1965, and defunct for decades is functional again. Last year, the state government made silicosis a notified disease — doctors must keep the health department informed of cases.

Rajasthan has the country's largest number of mining leases. As in other states, mining operations here are highly unorganised. Small mines are not mechanised; workers use drills without face masks.

In February 2015, Rajasthan government directed suspension or cancellation of leases of mine owners who do not provide for wet drilling — an easy measure that traps the flying dust. Last August, the Rajasthan high court observed:

"The problem is much larger than conceived by the state government. Silicosis affects mine workers; there are about 33,000 leases and quarries and an equal number of illegal mines."

Measures to control incidence of silicosis are simple but miners clearly don't bother. Sengupta says the state offers leases and collects the revenue but the onus of protecting workers rests with the Centre.

This, he says, has resulted in "workers being treated like footballs". As the court observed: "Hardly any steps have been taken for preventive, remedial measures. Emphasis is on compensation, also highly inadequate." Despite that, Rajasthan is among the first states to attempt relief measures for silicosis patients, says Devarajan.