

Contract Killings: Silicosis among Adivasi Migrant Workers

AMITA BAVISKAR

Hundreds of migrant adivasis from Madhya Pradesh have died from acute silicosis (caused by inhaling silica) contracted while working in quartz crushing factories in central Gujarat. Thousands more face the same fate.

On October 14, 2003, a 'panchnama' (affidavit) was dictated by the elected leaders of Malvai village in Jhabua district, south-west Madhya Pradesh (MP). The contents of this document were clear and chilling: "People of our village went to Balasinor, Gujarat, for wage labour in Jyoti, Aman, Gayatri and Narayan factories where stone is crushed. These persons are at present dead or dying because of disease." The rest of the document is a list of 15 names, five dead and 10 mortally ill.

The disease was silicosis. Prompting the panchnama was the passing away the previous day of 40-year old Nanka and, two days before that, the death of 22-year old Gunjala. Two deaths in quick succession of men in the prime of their working life and the rapid deterioration of 10 other men and women between 18 and 55 years of age. This was not the everyday burden of ill-health borne by poor adivasis across the country. The tell-tale symptoms – rasping breath, emaciation, profound weakness – suffered by each person suggested a specific origin for their affliction: their short but deadly stint in the silica quartz crushing factories of Balasinor and Godhra in Gujarat.

Three years after the initial panchnama, a 2006 survey conducted by Khedut Mazdoor Chetna Sangath (henceforth Sangath), a local union of peasants and workers, with the assistance of Shilpi Kendra, an Indore-based NGO working on public health, found that another 21 people had died in Malvai village [Shilpi Kendra 2007]. By May this year, another 12 had died, bringing the total number of fatalities to 38. From the 23 families whose members went to work in the stone-crushing units in Gujarat, only four adults survive. They are a pitiful sight. Ramla Thavaria, a stick figure from a Warli painting gone wrong, lies on a 'charpai' outside his hut. He went to work in Jyoti Minerals, Balasinor, three years

ago, with a team of 14 labourers recruited by Dursingh, a 'mukaddam' (leader) who was also his relative. Dursingh is also now dead, another victim of silicosis. For Rs 50 a day, Ramla fed the crusher with quartz rocks and bagged the silica powder thus produced. The work was strenuous. Ramla and his fellow workers' laboured breathing caused them to inhale huge quantities of the fine silica dust that surrounded them in a thick fog. After four months of work in the lean summer season, Ramla returned to his home in Malvai during the rains. Within a year, he was sick, coughing and wheezing, slowly losing the strength of his limbs. Silica choked his lungs, scarring their tissue and impairing oxygen uptake. His muscles melted away, now Ramla cannot work at all and is confined to his bed, confronting imminent death, worrying about feeding his six children.

Ramla is about 45 years old. Even for poor landless adivasis inured to calamities and misfortunes, who witness the early demise of their loved ones from illness and accidents only too often, this is an untimely death. This is not how people are supposed to go. For the activists who have been fighting for the rights of Ramla and hundreds like him, this impending death is unforgivable because timely state action could have prevented it. Over the last five years, despite repeatedly petitioning the local administration, the Gujarat authorities, the National Human Rights Commission (NHRC) and now the Supreme Court, not a single factory has been shut down or penalised. Nor has the state provided any compensation or assistance to the victims. Each tragedy unfolding in the homes of migrant workers is all the more appalling for being the entirely unnecessary product of criminal negligence by the government.

Poverty and Migration

Between Diwali and Holi, and then again in the summer months between Holi and the rains, village after village in Jhabua district, MP, empties out. Only the elderly and the disabled are left behind. Each bus stand and railway station is crowded with small groups of men, women and children, clustered together with their meagre possessions, on their way to work in

Amita Baviskar (amita.baviskar@gmail.com) is at the Institute of Economic Growth, Delhi.

neighbouring Gujarat. This is the political economy of desperation. Bhil and bhilala adivasis who cannot eke out a year-long living in their villages must migrate to make ends meet. Most of Jhabua is an arid moonscape; its lands yield sparse crops of maize, sorghum and millets. Much-hyped state programmes like the watershed mission have failed to substantially improve the lives of adivasis who have historically struggled against deep social inequality as well as profound state exploitation and exclusion [Baviskar 2007]. In Alirajpur tehsil in the southern part of the district, political mobilisation by the Sangath has secured some adivasi control over local resources, enabling a degree of freedom and dignity previously unimaginable [Baviskar 1995]. Yet the state's failure to undertake large-scale investment designed to generate employment and improve land-based assets in partnership with local people has kept Jhabua firmly in the ranks of India's poorest districts [Sainath 1996].

No wonder then that for years, a Bhilali song about the migrant experience, composed by a Sangath member, was a raging hit among adivasis in the area:

*Moonde dauba meline, kakhoma gudara ghaline,
Navsarima phirine, tadma bartha hoovine,
Hauri ne taav vethine,
Poyha padya re apu jeeve hata kaurine,
Poyha kunin re, tharla kun re?*
(With the tin kept over our head, the quilt clutched under an arm,
Wandering in Navsari, sleeping out in the cold,
Enduring fever and chills,
We earned some money by breaking body and soul,
Who gets the money, who gets nothing?)

Work and Disease

While the booming economy of "vibrant Gujarat" absorbs thousands of adivasis into its labour force, the work on offer is mostly below minimum wage, with no provisions for healthcare and other forms of social security and no protection of workers' rights [Breman 2003]. In the case of industries like the 24 quartz crushing units in Balasinor, district Kheda and Godhra, the work is also acutely hazardous. A 1982 study of ambient air quality in six factories by the National Institute of Occupational Health (NIOH) found that

silica dust was present in concentrations between 81 and 660 times higher than the threshold limit value considered as the international standard [quoted in Shilpi Kendra 2007: 37]. The few studies conducted subsequently by the Gujarat Pollution Control Board (GPCB) show that air pollution levels continue to be dangerously above what is safe for workers. Yet, despite the stringent regulations specified for quartz crushing units by the Central Pollution Control Board (CPCB) and the NIOH, there is no system of regular monitoring in place. Nor has any effective punitive action been taken against factory owners. The owners are fully aware of the toxic nature of their operations: before visiting the factory, they instruct the manager to switch off the machinery for a few hours and allow the dust to settle so that they can avoid inhaling it. Payments to labour inspectors and pollution control board officials persuade them to look the other way; payments to politicians ensure that the interests of industrialists are protected and promoted. Political patronage and a complicit bureaucracy can help subvert even investigations by high-powered committees. In 2006, on the day that a committee set up by the CPCB and headed by the director of NIOH, visited Godhra to examine working conditions and air pollution, none of the quartz crushing units were in operation, ostensibly because of "load-shedding". When a team from the NHRC visited the factories in October 2007, they found most of the units locked and shut. Evidently, the owners had been tipped off in advance about the investigation.

Under these circumstances, it is difficult for adivasis to expect any kind of protection or compensation. They are undocumented workers whose names never appear on the register of factory employees. They work in groups on piece rates negotiated with intermediary contractors and 'mukaddams', cut-outs who make it impossible to trace a paper trail that leads to the actual employer. As migrants far from home, their vulnerability in the workplace is intensified. As Mosse et al point out in their insightful study of adivasi seasonal labour migration in this region,

The point then is not only that adivasi migrant workers lack awareness of basic

legal rights, or that the risks of asserting these [are] too great (both of which are true), or even that migrants lack access to institutions for the enforcement of rights – labour departments and lawyers (which is also clearly the case), but also that adivasi migrants lack political representation; they fail to become a constituency for labour departments, unions, municipal authorities or political parties ... [T]hey are not consumers or customers, and their interests fail to become a weapon in the struggles of the professional political field [Mosse et al 2005: 3031].

Denied political power, dead and ill adivasis are mere collateral damage in the cause of economic growth and profit at any cost.

Stellar Examples

Amidst what Mosse et al describe as "a remarkable sea of incapacity and indifference" (ibid), organisations like the Sangath and its supporter Shilpi Kendra stand out as stellar examples of the kind of sustained activism that has kept the silicosis issue on the public agenda. Their initiative has combined the skills of rural community organisers with public health professionals and social workers, mobilising the media, courts and other statutory bodies, and building networks with kindred organisations in other states. Their survey of silicosis in 21 villages of Alirajpur tehsil, Jhabua district, is the first of its kind, a thorough compilation of occupational and medical history, together with physical and radiological examinations [Shilpi Kendra 2007]. According to this report, 489 persons from 218 households were exposed to silica dust of varying intensity and duration. Of these, 158 are dead and another 266 are ill with silicosis. That is, a frighteningly high 86 per cent are either dead or incurably ill. Of those affected, 92 per cent are the primary wage-earners for their family. Ninety-four per cent of the deaths have occurred within three years of exposure to silica dust.

The Sangath's inquiry into the incidence of silicosis in Jhabua district reveals a pattern in the spread of the disease. The earliest reports of illness among migrant workers trickled in during the late 1990s from villages in Katthivada block adjoining the MP border with Gujarat state. Following the Malvai panchnama of 2003, a two-day medical camp with

doctors from the Alirajpur civil hospital was organised at the instance of the Sangath in early 2004. This camp showed that silicosis-affected workers were now to be found in Alirajpur, further away from Gujarat. By 2007, silicosis was being reported among adivasis from Dhar district, east of Jhabua. This ripple effect or the widening radius of incidence shows that, as workers closer to Gujarat become affected by silicosis, labour recruitment has shifted further afield in search of fresh blood. In the absence of a comprehensive survey, it is difficult to establish the total number of affected workers. But extrapolating from the Jhabua survey to the adjoining impoverished adivasi parts of MP and Rajasthan, it is highly probable that thousands of adivasis have fallen sick and died from silicosis or are at risk of doing so. Even though it is required by law, the government has so far failed to compile any data on the extent of the problem, perhaps all the better to deny that it exists.

Living with Death

Silicosis-affected adivasis and their families struggle on. There is Kailash, a 25-year old bhilala adivasi from Badgyar village, Kukshi tehsil, Dhar district. 'Sukhela chhe' (He has dried up), says his mother looking at his skeletal frame. Kailash's wife, two sisters and a brother died of silicosis in the last two years. They all went to work in Balasinor in 2005 and were employed in Shrinath and Narayan factories. The money was attractive: Rs 60-70 as compared to the Rs 40-50 per day available locally. For this landless family, the difference of Rs 20 in daily earnings, the chance to live a little better and to save something for the future, was enough to risk their lives. Today Kailash cannot walk; he cannot even bathe himself. His parents have sold their pair of bullocks and a buffalo to pay for their family's medical expenses. Though silicosis is incurable, people continue to hope and there are plenty of unscrupulous practitioners to prey on that hope. In Malvai village, Bhuri, a bhil woman in her twenties, shows us a bottle of "GP Tone Syrup", a vitamin-mineral tonic that a local doctor prescribed for her. It costs Rs 50, a day's wages that she can no longer earn, and it

does her no good at all. No tonic can substitute for the oxygen that her blood needs. Two kilometres away, in Rordha village, Munni names the 13 people from her family who have died over the last five years. She and her surviving brother now look after the orphans. They have sold land and silver to fund medical treatment; now they struggle to feed many hungry mouths even as they deal with the loss of loved ones who were their family's main earners.

"Why did they go?" I ask Munni. "Panchayat mein dahadki jud jaati to kyon jaate?" she counters (If we could get daily work in our panchayat, why would we go?). The failure of the district administration to implement programmes like the National Rural Employment Guarantee Scheme (NREGS) forces poor adivasis to go to distant, hazardous workplaces. None of the villages we visited had any ongoing project under the NREGS even though it was summer, the season of greatest distress. Most of the landless had not even been issued job cards. It is ironic that the local administration regards the prime minister's rural roads project as its showpiece, not the NREGS. Not land improvement or irrigation works but roads that desperate adivasis take to earn an extra Rs 20 a day. The administration's preference for roads over land-based livelihoods is no anomaly. This is, after all, what the deputy chairman of the Planning Commission advocated as a strategy for "inclusive growth" in a recent address at the Institute of Economic Growth, Delhi. According to Montek Singh Ahluwalia, "if we want rural prosperity, we have to move labour out of agriculture"; we need to have "flexible labour contracts". Adivasis in Jhabua are being forced to follow these prescriptions: they are being moved out of agriculture on refurbished roads and they are labouring under contracts so flexible that they have no rights at all. This is the flesh and blood reality of economic liberalisation, a reality that the abstract prescriptions of economic models fail to capture. It is this reality that must be the touchstone for state action. What the adivasis of Jhabua want is remunerative, fair and safe employment, preferably work that will revive the rural economy that they have relied upon for generations. For

securing their immediate future, silicosis-affected workers have approached the NHRC and the Supreme Court, asking that hazardous quartz crushing factories be closed before they kill more workers. They should be allowed to reopen only after undertaking effective measures to make the work-process safe. Both factory owners and regulators must be punished for the damage done, compensation given for the deaths and illness caused, and support provided to dependents. Justice for the adivasis of Jhabua and Dhar depends on these urgent initiatives.

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