The ongoing struggle of textile workers in Ahmedabad

AN UNTOLD STORY
Struggle for Compensation for Byssinosis
PREFACE

This is a report of worker’s struggle undertaken for claiming compensation of the disease which afflicted these workers during the tenure of their employment with the cotton textile factory.

It is commonly believed that workers are not bothered about their health and they are largely ignorant about the issues related to their workplace environment. It is a myth that “workers are careless and do not want to do anything to improve their working conditions”.

Through their action the workers of Kaiser-e-Hind and two other mills in Ahmedabad have demolished this myth. They are the first group of workers who have been able to exercise their right to claim compensation under the provisions of Employees State Insurance Act. Under E.S.I. Act workers suffering from byssinosis (the lung disease caused by cotton dust) are entitled to claim compensation.

Since this is the first such case the ‘National Campaign on Dust Related Lung Disease’ decided to form a media task force to document this experience. The task force was formed with the objective of wider circulation of their findings.

Ms. Ann Ninan of Inter Press Service, Mr. Anil Padmanabhan of The Pioneer and Mr. Mukul Sharma of Navabharat Times were the members of this task force, which has prepared this report apart from writing in their respective publications. The purpose of this report is to provide a detailed account of struggle, to help other unions and activists to undertake such struggles in their respective areas. We hope this report will help you in understanding the process of struggle undertaken by the workers of Ahmedabad.

We are extremely thankful to all the members of the Media task force for their solidarity and remarkable effort in bringing out this important publication at such a short notice.

This booklet is an outcome of the encouragement and support of a large number of people. We would like to express our sincere thanks to everybody specially to the workers engaged in this struggle, who helped in bringing out this booklet.

We are also extremely grateful to Mr. Bindu of The Pioneer, who took the responsibility of designing this booklet.

National Campaign on Dust Related Lung Diseases December 1992
A Disease contracted on the shop floor

On November 11, 1991, nine workers in three textile mills in Ahmedabad were compensated for Byssinosis, a chronic lung disease that is observed mostly among workers exposed to cotton, flax and hemp dust.

Ahmedabad’s textile industry is over a century old. But curiously this was the first time that mill workers had collectively raised the issue, and successfully claimed damages for a disease contracted on the shop floor. As a result of their campaign, the prevalence of byssinosis is now recognised by the management, the bureaucracy and the work force in Ahmedabad, (a city dotted by textile mills and called the Manchester of the East) as a debilitating work-related illness.

Significantly, byssinosis was diagnosed among mill workers as early as 1987. Compensation, however, followed only four years later after the path of a worker, Haushala Prasad Mishra crossed those of a social activist Jagdishbhai Patel and Dr. J.R. Parikh of the National Institute of Occupational Health (NIOH).


Mishra entered the mill as an apprentice in the spinning section. For five years he was employed on daily wages waiting like most workers have to, for a chance to join the permanent workforce when a vacancy came up. After 13 years of work, he takes home a salary of roughly Rs.1,600 which appears to be the average wage of workers with his experience.

After six years of work in cardroom of spinning department, Mishra says he noticed he had breathing difficulties. He was often short of breath and wheezing like an asthmatic. A private doctor he went to diagnosed his complaint was normal among textile workers.

This was a revelation for Mishra who soon realised that many of his colleagues in the spinning department were similarly afflicted. A fellow kantadhari, Dr. B.C. Desai, told him that the workers were suffering from constant exposure to cotton dust. Medication brings only temporary relief, and progressively as workers grow older, even that stops helping. Mishra says he knows at least seven workers in his mill’s spinning section who have resigned, physically unable to work in their weakened condition.
In a textile mill where cotton fibre is turned into fabric, the cardroom is the second stop. Bales of cotton are mixed by machines in the blowroom and then cleaned of all impurities in the cardroom, before loose cotton bands — in factory parlance slivers — are drawn through machines and spun into yarn in the final stage in a mill's spinning department.

It is well known that byssinosis is a disease that mostly affects workers in the blow room and cardroom in textile mills. The air is thick with dust and wisps of cotton in these two sections of the mill's steamy and hot spinning department. An indifferent management has ignored safety precautions and hygiene standards are not enforced. The Factories Inspector is only now waking up to the fact of byssinosis.

Mishra says he first attempted to raise the issue of workers' health with the Major Mahajan, the only recognised trade union that represents the mammoth textile workforce in Ahmedabad. He enrolled as a member eight years ago. But the response was discouraging.

Mishra's election to a Thrift and Credit Society in the Kaiser-e-Hind mill in 1985, and subsequently his unopposed election to the Joint Management Council provided the perfect cover for him to reinitiate discussion without ruffling the feathers of the Major Mahajan, on this most neglected aspect of work in textile mills.

Most textile industry workers are illiterate, or even if they can read and write they are not aware of occupational hazards, and have never articulated them in struggles for rights.

As the union representative in his section, Mishra attended a meeting called by the Major Mahajan in 1989 to discuss the problem of byssinosis. The meeting that proved to be the turning point in the ongoing campaign was initiated by Jagdishbhai Patel whose Vyavasaik Swasth Suraksha Mandal together with PRIA (Society for Participatory Research In Asia) New Delhi had launched a National Campaign on Dust Related Lung Diseases.

It was at this meeting that Mishra and others like him from the cardroom and blowroom in the 50 odd mills that dot old Ahmedabad on the eastern flank of the river Sabarmati that cut through the city, learnt about byssinosis. The chronic lung disease was reported in Britain in the 18th and 19th centuries.

It was here for the first time that they heard about a survey carried out in 1987 by Dr. Parikh in the NIOH which irrefutably proved that workers in the spinning department were victims of an occupational lung disease and not asthma and tuberculosis as diagnosed by generations of doctors.

Dr. Parikh had examined 929 workers in the spinning section in three mills (Kaiser-e-Hind, New Maneckchowk and Star of Gujarat) and concluded that almost 50% of the workforce was suffering from byssinosis. The study remained an academic exercise, even though the doctor sent a copy to the Chief Inspector of Factories who is supposed to take action to reduce dust levels, and recommend financial assistance as byssinosis is a compensable disease under Employee's State Insurance Act and the Workmen's Compensation Act.

The pace of events quickens after the
meeting. Mishra takes from Jagdishbhai Patel, Dr. Parikh's address in NIOH, and meets the doctor. While a nine-member committee set-up after the meeting to survey the situation in all Ahmedabad's mills remains on paper, the worker in tandem with the doctor doggedly pursues the compensation cause.

In their wisdom, the bureaucracy has laid out a clear procedure for workers who want to claim compensation. But the process is characteristically time consuming, and only great will power can yield results.

Armed with a list of 15 workers provided to Majoor Mahajan by NIOH, Mishra meets the labour officer in his factory who refers him to the ESI. There he is told that the workers must sign a Form 16-A to claim compensation. The form, of course, is not available. But Mishra obtains a copy through personal contacts, prints some more and submits the claims of 15 workers to the local office of the ESI who pass it on to Dr. Majumdar, ESI's assistant director.

Mishra says the doctor was most helpful and recommended the 15 cases to the ESI's chest hospital in Narora where under Dr. Desai's supervision they were put through a lung function test, chest x-ray and a blood test. In byssinosis, the lung function test or pulmonary function test is the most reliable.

The results are sent back to the ESI where the compensation claim vetted at every stage is again perused by a Special Board of three doctors flown in from the ESI's headquarters in New Delhi. The byssinosis cases were decided by Dr. J.N. Mohanty, Dr. M.M. Singh, and Dr. K.A. Ramachandran.

The special court prescribed relief for nine workers, and rejected three cases. Of the rest, one case had not been filed, another's papers had been misplaced by the ESI and the third worker had died. The majority of the workers were Mishra's colleagues in Kaiser-e-Hind.

However, this is not the end of the story. The workers say they must be compensated from the day byssinosis was diagnosed, and have petitioned the Labour Appeals Tribunal. But officialdom contends that the workers, prodded by union leaders — read Majoor Mahajan — are asking for more than their fair shares.

The ESI works like an insurance scheme — like the management and the government, the workers also make a contribution. But when it comes to claiming benefits, the bureaucracy decides who should or should not and how much.

Eight workers have appealed for a review of the percentage of disability awarded — the crucial factor that decides the rate of compensation — in the Labour Appeals Tribunal. The workers are receiving between Rs.4.20 to Rs.20 as compensation every day. Raghusing Nathusing in Kaiser-e-Hind, has been awarded 70% damages that translates in money terms to Rs.19.53 every day.

On the advise of Majoor Mahajan, Mishra is now involved in raising awareness among workers in Ahmedabad's other mills. He has visited and spoken to workers in eight mills, an exercise that has already produced a list of 400 workers who may be suffering from byssinosis. In an industry that employs at least one lakh workers where working condi-
tions in most mills are deplorable, this number will not be an overestimation.

A Capsuled History of Workers most of whom are getting relief

Name: Jawanji Ratnajee
Age: 55 years but looks at least 15 years older
Mill's Name: Kaiser-e-Hind
Service: 30 years in the cardroom
Compensation: 45% disability and receiving Rs.11.20 daily.

History of Illness: “In my youth I did not feel anything. Then slowly I began getting breathless, specially after a day's rest from work. Went to private doctors for treatment, but never to an ESI clinic because it was far away (from work place and home). Now I report for work every day because the discomfort is almost unbearable if I have missed a day”. (main symptom of byssinosis is that after a day's off, person has maximum problem.)

Remarks: “If the quality of cotton used was better, there would be much less impurities in it and there would be less dust... the new machines which are faster kick up more dust. I have a son who works with me in the cardroom. He is also sick”.

Name: Dungarsing Karansing
Age: In his 50s
Mill: Kaiser-e-Hind
Status: Assistant to head fitter in the blowroom
Compensation: 35% disability

History of Illness: “Breathlessness more acute now that I am older. It is accompanied by headaches and backaches. I can't stay in the blowroom for long stretches of time, have to get out into the open. When it becomes particularly bad, I take drugs prescribed by a private doctor like asthalin, amixycillin, bircaryl, dexona”.

Name: Raghusing Nathusing
Age: 55 years
Mill's Name: Kaiser-e-Hind
Service: Previously worked on machines in spinning section now works in the boiler section.
Compensation: 70% (maximum disability) and receiving Rs.19.53 daily.
Name : Valjibhai Motilal
Age : In his 40s
Mill : Kaiser-e-Hind
Status : In Drawframe section
Compensation : 15% disability.

History of Illness : “Began feeling breathless after four to five years of working. Breathlessness is accompanied by pain and headache. I don’t feel like working. Am absent at least five or six days in a month. First went to the T.B. hospital (now renamed chest hospital) in Narora. Doctors diagnosed it as T.B., and I was on medicines for two years. No improvement”.

Remarks : “Hausalaji was the first person to tell us about byssinosis. No improvement in working conditions even after the campaign. The work is harder now. The new high speed machines throw up more dust than the old machines. But I have to work because I have a wife and four children. On a salary of Rs.700 to Rs.1,000 every month it is very difficult to survive”.

Name : Somajee Rawajee
Age : 50 years
Mill : Kaiser-e-Hind
Status : In the spinning department for the last 22 years
Compensation : Among the new cases put up to ESI for compensation.

History of Illness : “I have been sick since 1985-86. As the workload increases, the illness is increasing. I am always breathless. Feel so unwell that there are times when I can’t go to the mill. Am absent at least 10 days in a month. The supervisor has threatened to dismiss me. Doctors have prescribed a medicine called microbowl which I take every day so I can carry on. Mine is a dead life without any hope for relief”.

Name : Todaji Khetaji
Age : In his 50s.
Mill : Kaiser-e-Hind
Status : In the drawframe section for the last 28 years
Compensation : 15% disability and receiving Rs.4.20 daily.

History of Illness : “I was frequently breathless and could not understand why because no one else in my family has breathing problems. I eat regularly. I do not smoke or drink alcohol. I could not understand why my sputum was black. Now at least I know what is wrong. I am sick because of the cotton dust and impurities that I inhale daily. I feel sick mostly in winter”.

Name : Hari Shankar Ram Tawankar
Age : In his 50s
Mill : Kaiser-e-Hind
Status : In the spinning section for at least 25 years
Compensation : Among the new cases put up before ESI for relief.

History of Illness : “I am always short of breath. I was on the afternoon shift yesterday, even 15 hours later I am not okay. I have been treated for asthma and T.B. I have taken the whole course. I woke up in the morning wishing I did not have to go to work. My supervisor gets angry with me because I am now slower at work, and constantly have to take a break. I don’t even feel like working 15 days in
a month. I don’t want to do overtime. I am asked to stay back, but beg the supervisor to let me go. I have an older brother who was forced to resign five years ago because of this sickness. I came from Banaras to fill my stomach. Now I am filled with cotton”.

Remarks: “It is the new machine which has increased our problems. Now one man does the work of four on the old machines. Doctors advise us to leave the section and work in some other department in the mill. But this is not possible”.

Name : Jalam Jir Varawaji  
Age : In his late 40s  
Mill : Kaiser-e-Hind  
Status : Sweeper in the blow room  
Compensation : Among the new cases put up before ESI

History of Illness: “Breathless for years now. Everybody feels like this in my section. A private doctor has prescribed medicines. I take ventolphine. I have a prescription which I use regularly to buy medicines. But nothing has helped.”

Remarks: We have been given masks to wear. But it only makes things worse. You can’t wear a mask when you are wheezing. I have tried very had to wear it, but I don’t like it. It is not comfortable.

Name : Behchardi Rathuji  
Age : Early 50s  
Mill : Prematurely retired in April 1991 from New Textile mill  
Status : Worked as a mechanic for 24 years

History of Illness: “I took voluntary retirement from the mill because of poor health. I did not really want to leave, but I was almost forced to leave because I was told every day that I was not working. Now I don’t do anything. I am not trained to be anything else other than a mill worker”.

Remarks: “I want compensation from ESI. After all I became sick as a mill worker”.

The Other Side of Progress

The Ahmedabad Kaiser-e-Hind Mills Company Limited is one of the prominent textile mills in Ahmedabad, which recently celebrated its platinum jubilee year in 1989-90. The management of Kaiser-e-Hind Mills categorises the years 1914-1990 as the ‘Steady March’ and ’75 years of progress’.

In 1989-90, the mill sales consisted of 96,94,349 Mts. cloth and 24,24,882 Kgs. yarn, totally worth Rs.16,31,61,645/-. In the same period the mill also donated charitable funds amounting to Rs.1,72,241/- which were in excess of the limit prescribed under the Companies Act.

(Figures in Lacs)

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But the workers of this textile mill are always suffering from Byssinosis and other occupational diseases. The workers who recently got compensation, are primarily from this mill. According to a survey conducted by Industrial Hygiene Laboratory, from April 1991 to June 1992, out of 55 workers in the mill, 22 are suffering from Byssinosis and they have been referred for further investigation. Obviously the Kaiser-e-Hind is progressing at the cost of its workers health and safety!
CHAPTER II

An honest effort

In any research effort, the questions you ask determine the answers you get. This is precisely why the results achieved by Dr. J.R. Parikh and his team are outstanding in contrast to the claims put forth by his predecessors. It is another matter that even though Dr. Parikh detected Byssinosis among textile workers as far back as 1987, the compensation accrued to them only four years later, in 1991.

Till Dr. Parikh came out with his research results, the general belief was that prevalence of Byssinosis was low among workers in most of the textile mills in India.

This was rather surprising, given that Byssinosis was a common feature among workers in textile mills in England and several other developed countries. Moreover, these countries had gone ahead with technology changes which lowered the levels of cotton dust. In the Indian context however, vintage technology has dominated. As a result, the workers, especially in the card and blowroom, in Indian textile mills have been continuously exposed to high levels of cotton dust.

This was precisely the question posed by Dr. Parikh and his team from the Ahmedabad-based National Institute of Occupational Health (NIOH). Three mills were selected by Dr. Parikh. The survey in the first mill itself returned startling results. They found high prevalence of Byssinosis in the blow and card sections of the mill. A study of two more mill only confirmed the initial observations.

Subsequently, two other studies have confirmed the findings put forth by Dr. Parikh. The second study carried out in 1988 by Saroj Gupta and B.K. Gupta (A study of Byssinosis and associated respiratory disorders in cotton mills) in Delhi in a mill processing coarse variety of cotton found that prevalence of Byssinosis among the blowroom and cardroom workers was high. The study which was based on questionnaires, found that 37 percent of the workers in the blowroom and 47 percent in the cardroom were ailing from Byssinosis.

The third study, carried out in Kishangarh in 1990 by a three-member team of M.K. Barjatiya, R.N. Mathur and A. Swaroop (Byssinosis among cotton textile workers of Kishangarh) in a mill processing coarse and synthetic yarn, returned almost similar results. Among 616 workers examined, the prevalence of Byssinosis among the workers was as high as 28 per cent in the blowroom, 30 per cent in the cardroom, 26 per cent in the drawframe, 20 per cent in the ringframe and 25 per cent in the winding section.

To understand the implications of these findings in its entirety, it is important firstly, to understand the symptoms
underlying Byssinosis and its effects on the human respiratory system. Secondly, to comprehend as to why only workers in certain sections of the mill are prone to this disease, one has to have a working knowledge of a textile mill. This chapter has been tackled keeping this perspective in mind. To begin with we will spell out Byssinosis. In the second section, we shall very briefly describe a textile mill, the objective being to focus on the sections in which the workers are most prone to Byssinosis. And, in the final section we shall trace Dr. Parikh’s path-breaking research, with a few words on the NIOH.

Byssinosis

It is a chronic occupational lung disease, often observed among workers exposed to cotton, flax and hemp dust. The disease was first reported in the 18th and 19th centuries and systematic epidemiological studies were undertaken in the 1950s by two scientists - R.S.F. Schilling and S.A. Reach. Reach and Schilling reported that 63 per cent men and 48 per cent women in the cardroom in textile mills in Lancashire U.K. were suffering from Byssinosis.

Symptoms

The first indications of this are occasional chest tightness or respiratory irritation on the first day of the working week - Monday Sickness. In the second stage this becomes a matter of routine on every first day of the working week. By the time the disease reaches the third stage the patient complains of tightness of the chest and shortness of breath on the first and other days of the working week. In the final stages of the illness, these symptoms become more acute. So much so, the patient now suffers from permanent incapacity due to diminished effort intolerance and/or reduced ventilatory capacity.

In the final stages, Byssinosis cannot be distinguished from chronic bronchitis and emphysema due to non-occupational diseases, except for the past history of chest tightness characteristically worse at the beginning of the week.

Research shows that the patient in this stage often forgets his early symptoms and is diagnosed as suffering from some non-occupational chronic respiratory disease. Significantly, chest x-rays do not show changes specific for Byssinosis, nor do they reveal any specific pathology that is any different from those found in chronic bronchitis and emphysema due to non-occupational diseases like bronchitis. In fact, doctors are often known to wrongly diagnose the ailment at this stage. Moreover, with an overall weakening of the body, the worker also falls prey to tuberculosis. As a result, the treatment rarely cures the patient, and his condition continues to deteriorate.

This terminal condition of the infected worker is brought about by a number of agents known to be in the cotton dust. This causes narrowing of the bronchioles by muscle constriction and/or oedema of the mucosa. In scientific terms they are histamine, antigenic and non-antigenic histamine-releasing factors and 5-hydroxytryptamine.

The textile dust containing these agents release histamine from human lung tissue without previous sensitisation. It leads to increased histamine levels in blood and excretion of a major histamine metabolite.
The resultant symptoms are very much like asthma and lead to breathlessness in the patient. The effect can be controlled by a low dose of antihistamine drug. And unlike asthma the disability is not momentary. Instead, it becomes a permanent feature of the worker’s physical construct. The only way to identify Byssinosis is through a pulmonary/lung function test using a vitalograph spirometer. To identify the disease in its preliminary stages the worker should undertake the lung function test on the first day of work after his weekly off.

**Working of a Composite Mill**

A composite mill is divided into three broad sections: Spinning, Weaving (where the cloth is made) and Processing (Printing/dyeing section). Spinning department has four major sections i.e. Blowroom, cardroom, drawframe, ringframe.

As we understand it, the process begins with the unloading of cotton bales at the mill. Thereafter, different qualities of cotton are mixed. This is often subject to the type of cloth to be manufactured.

The cotton is then sent to the blowroom (air is passed at high intensity to remove the impurities) and then strips of cleaned cotton are wound around a cylinder. This entire process generates a lot of cotton dust. If a worker is exposed to this continuously for five years he will develop lung defects.

The next stage is the cardroom. The cotton is run along a comb-like machine, cleaned of all impurities, and pulled into slivers - untwisted strands of cotton.

In the drawframe section cotton from three to four slivers is combined to make an even sliver - called roving. This is done to give the yarn, the required strength. This is then taken on bobbins.

These bobbins are then taken to the ringframe section, where it is spun into yarn and wound round another set of bobbins. This is then taken to the weaving section.

Earlier research has established the fact that the exposure to cotton dust was largely restricted to the spinning section.

**The Study by National Institute of Occupational Health**

The institute comes under the Indian Council of Medical Research and has been set up to do research on occupational health. The basic objectives are: (i) Identification of the hazard (physical, biological etc.) (ii) Health effects of the hazard (i.e. if noise it affects the ears; dust affects lungs) (iii) Finding preventive measures for eliminating the ill effects.

In the course of its work the NIOH team conducts a lot of field tests. NIOH has several specialists on its rolls. Dr. Parikh has covered pesticides, foundry workers and agriculture waste. After 1982, Dr. Parikh concentrated his research on the textile industry.

After due consideration, the NIOH sanctioned Dr. Parikh’s study. The objectives were: (a) To ascertain the spread of Byssinosis (b) To suggest curative measures.
Stage - I

Dr. Parikh reviewed the existing Indian literature and found that the prevalence of Byssinosis among textile workers was low. He also noted that a distinctive feature of the domestic textile industry was the old technology. As a result, cotton dust levels were very high.

The obvious question: Why was the incidence of Byssinosis so low in that case? In Dr. Parikh's assessment the fault lay in the methodology adopted.

Stage - II

Dr. Parikh selected three mills in Ahmedabad. To obtain access, he wrote to the mill managers saying that the research was being carried out to assess the working environment in the mills. Fortunately, the management in all the three mills cooperated. This aside, his team had also to overcome the fears and apprehensions of the workers.

Dr. Parikh observed that the cotton dust was mainly in the spinning section and hence restricted his study to permanent workers in this department.

In all Dr. Parikh's team examined 462 workers from the first mill, 237 in the second and 240 in the third. From the four sections of the spinning department, more than 95 percent of the workers from the most polluted sections (blow, card and frame) were examined. Only in the ringframe section was the coverage low.

The workers were required to undertake the lung function test on a vitalograph spirometer. The Forced Vital Capacity (FVC) and the forced expi-

ratory volume in one second (FEV1) were measured on the first day of the week after a weekend break. This was done twice. Once at the beginning of the shift and a second time after minimum exposure of seven hours.

The survey's result showed that on an average 30 percent of the workers in the blowroom, 38 percent in the cardroom, 6 percent in the frameroom and about 1 percent in the ringframe were found to be suffering from Byssinosis.

This was in stark contrast to the results posted by earlier surveys. Earlier studies (most of them in the sixties) had shown that only 1 to 7 percent of the textile workers surveyed had been affected with Byssinosis. Only one study had found that 20 percent of the workers had been affected. But no study had uncovered such a high percentage.

In Dr. Parikh's view this discrepancy was due to the confusion of clinical signs of Byssinosis such as the occurrence of chest tightness or breathlessness, or both, on the first day of the week. To elucidate this cardinal symptom of Byssinosis, the textile worker should be subjected to the tests only on the first day of work after an exposure of five to seven hours.

If on the other hand, the worker was tested on any day of the week, he would fail to report the Monday Sickness and breathlessness. This, according to Dr. Parikh, is the main reason for the lower prevalence reported in earlier studies on Byssinosis among textile workers in India.
Stage - III

After completing his study, Dr. Parikh turned his evidence over to the Chief Inspector of Factories in 1987. They failed to take any initiative.

It was only at a meeting of the Western region on occupational health hazards organised by National Campaign on Dust Related Lung Diseases in collaboration with Unnati, a non-governmental organisation based in Ahmedabad, in February 1991 that the matter became public.

As per the list of compensable diseases under the ESIC Act, 15 workers were found to be suffering from Byssinosis, and were hence eligible for compensation. The list was also handed over to the Major Mahajan, which in turn tried to negotiate with the ESIC.

Once the matter came up for compensation, the ESIC referred the 15 cases back to NIOH to determine the level of disability of each worker. To assess this, the NIOH did the lung function test again and determined the FEV1 levels.

Depending on the FEV1 levels, a worker's loss of lung function abilities are worked out. For instance, if a worker reports an FEV1 level of around 65 per cent, then his loss of lung function is 20 percent (difference with the levels associated with a normal person). Based on these recommendations the Special Medical Board worked out the compensation levels.

Prevention

In Dr. Parikh's view, the only way out was to reduce the cotton dust levels. In this there are essentially two techniques that can be adopted. (i) Installation of mechanical equipment in the carding and blowing sections. This would basically be in the form of exhaust fans, which would suck the cotton dust. (2) Providing gas masks to the workers. Or some other form of protective equipment.

According to Dr. Parikh, the latest research in this area reveals that Byssinosis is caused by the leafy portion of the cotton pod. It is only at a later stage that the leafy portion is removed. But some of the contaminating particles stay in the cotton. In the blow and cardroom where the cotton is cleaned, workers constantly exposed to fine particles of the leafy portion suffer from Byssinosis.

Dr. Parikh maintains that the only apparent solution is to pick the cotton carefully so the leafy portion is not collected.

Tests were conducted at the Ahmedabad Textile Industry Research Association on two samples of cotton - one collected in the traditional manner and the other in such a way that the picker only obtained the cotton. The tests revealed that the leafy (or trash) content worked out to 8 per cent employing the new technique.

At present Dr. Parikh is undertaking research to arrive at the cost differential using the two techniques in picking the G-13 variety (previously referred to as Kalyan) of cotton.

According to him, the alternative method is to popularise a hybrid variety of cotton in which the pod opens wide and the cotton alone can be plucked out easily. He is collaborating with agricultural scientists to prepa-
gate such varieties. As per the latest bit of research conducted by Dr. Parikh, it is obvious that the roots of the problem are at the farm level, though the solution exists at both the factory and the farm levels.
CHAPTER - III

E.S.I.S.
In whose interest?

The Employees' State Insurance Act, which has been enacted to provide certain benefits to employees in case of sickness, employment injury and maternity under a scheme of social insurance, is one of the most important elements in the present case. A textile worker gets medical benefit and compensation by the application of this act only. Workers' struggle also gets strengthened by the various provisions of the act. So the working of ESI among the textile workers needs detailed scrutiny.

The ESI Act is administered by a corporate body called the Employees' State Insurance Corporation (ESIC). The application of this act is limited to employees in receipt of wages, not exceeding certain levels, currently up to Rs.3000 p.m. The following types of benefits are supposed to be provided under the act: (i) Medical benefit; (ii) Sickness benefit; (iii) Dependent's benefit; (iv) Disability benefit; (v) Maternity benefit; and (vi) Funeral benefit.

In Ahmedabad, presently the Employees' State Insurance Scheme has 14 dispensaries and 189 panel doctors covering the whole industrial area. But as Dr. Charulata Shah, Deputy Director, ESI accepts that the ESI dispensaries and hospitals are not doing regular medical check-ups of workers of various industries in Ahmedabad. Since inhaling cotton dust over the years causes a variety of health problems, includingbyssinosis among workers, the lack of regular monitoring of workers' health in textile industries rules out the possibility of early or timely detection of byssinosis and other health problems.

Textile industries are one of the oldest industries in Ahmedabad, where thousands of textile workers are victims of some or the other occupational health disease. The poor performance of ESI is revealed by the fact that, in spite of its huge infrastructure and resources, the institution has never conducted any survey or analysis regarding the health status of textile workers in Ahmedabad. Even now, the ESI corporate office of Ahmedabad does not have any idea about the approximate number of workers suffering from byssinosis or the number of textile workers suffering from T.B. and other occupational health problems.

Thus ESI on its own does not feel responsible to address the health problems of textile workers. It is the whole and sole responsibility of the textile workers only to run around ESI to seek some relief. In its long history of working in Ahmedabad, the ESI had not paid compensation to any textile worker before 1991. Had it not been for the NIOH study, Haushala Prasad Mishra and the Dust Related Lung Diseases Campaign, the ESI would have never been ready to pay compensation to workers or real-
ised the seriousness of Byssinosis in Ahmedabad. And, the present experience suggests that its future will not be any different from its past, unless the approach and working of ESIS towards textile workers is seriously modified.

It was Haushala Prasad, not ESIS, who pursued the NIOH study to take its due course. When he got the list of sick workers included in the NIOH study, he went to the ESIS office and asked the authorities to follow it up. According to Haushala Prasad, the Assistant Director, ESIS refused to act on the basis of the NIOH study. He first wanted the lung function test, x-ray and blood test of the affected workers. Then he approached the local ESIS person to get the various tests done. After that, these tests were placed before a Special Medical Board. The Board decided the disability percentage of workers.

The ESIS local office had even refused to give Form 16-A to the byssinosis affected workers. Form 16-A is the report from the employer regarding occupational disease and the compensation process cannot be initiated without filling and presenting it at the ESIS office.

It seems that nothing has changed during these months so far as the working of ESIS is concerned. The workers' victory over Byssinosis compensation in Ahmedabad has for the first time initiated a process of identifying the sick workers. Another 19 workers have been identified initially by certifying surgeon as Byssinosis affected. Their Form 16-A have also been filled up and submitted to the ESIS Head office on 27-04-1992. But the identified workers are waiting since last 6 months for their lung, blood and x-ray tests to be done. The tests have not been done because the concerned doctor in Chest Hospital, Narora is on leave. As Haushala Prasad Mishra states, "It is a pathetic situation. 19 workers are already waiting. Another list of Byssinosis suspected 300 workers of various textile mills is now complete. But what to do in this situation?"

There are various complaints and defects regarding ESIS which came out during the course of our survey:

1) Panel doctors and doctors in hospitals, usually drawn from the general health cadre of the State Government, do not have either the enthusiasm or the special knowledge to satisfy the requirements of the cotton dust related clientele. As Dr. S.B. Trivedi, Director of Medical Services, ESIS, Ahmedabad explains, there are few occupational health experts among panel doctors in ESIS hospitals and dispensaries and most of the times 'Byssinosis can be termed as T.B.'

2) The most persistent complaint about the ESI relates to the distance of hospitals/ dispensaries and other facilities from the workers' place. Workers suffering from breathlessness, headache and other problems cannot afford to go to ESI, because they will have to lose their one day salary for this. Also, there is frequent shortage of para-medical staff in ESI dispensaries, part-time and full-time specialists, resulting in difficulty and delay in attending to textile workers. Thus a leave by one special doctor in the Chest hospital at Narora has lead to the waiting of 19 Byssinosis suspected workers since the last 6 months.
iii) There are persistent complaints about the shortage of drugs in the ESI dispensaries or with the approved chemists under the panel system. Medicines have to be brought by workers and reimbursement rarely takes place. A 54 year old worker, Raghu Singh Nathu Singh who is suffering from maximum Byssinosis disability of 70% and getting a compensation of Rs.588/- per month, complains that 'ESI dispensaries never give me the medicine, although I have to take 3 tablets everyday.'

iv) Necessary forms are not available with the ESIC office. Even the utmost necessary form i.e. Form 16-A was not available with ESIC office, as Haushala Prasad Mishra alleged.

v) There is an impression about several drugs under the ESI scheme being inferior in quality. One textile worker complained that 'there is no relief whenever I take ESI medicine. So I have to spend money from my own pocket to buy from the market'.

vi) There is a common feeling among the textile workers of Ahmedabad that the staff in ESIC offices and hospitals does not treat them humanly. Workers contribute to ESIS, but the atmosphere is such that it makes them feel that some favour is being done to them.

vii) Medical Boards are constituted to decide the percentage of disability due to occupational diseases. The pension/compensation paid to workers depends on the percentage of disability. In this particular case, the medical boards are constituted by doctors who are not residing in Ahmedabad. Thus the meeting of medical boards become less frequent.

It is also alleged by workers that Medical Boards are more concerned with reducing the percentage of disability and compensation paid to the workers. Mr. Ashok Pawar, Regional Director, ESIS, Ahmedabad echoes this sentiment only, when he states that 'percentage of disability and formula of compensation is not important. The important thing is the relief which we have given to workers. The textile workers who have appealed to medical tribunal against their compensation amount are misguided by organised political forces. They only want more and more.'

On top of it, the procedure for getting an ESIS claim for a Byssinosis suffering worker is very long and tiresome. Dr. J.R. Parikh, Deputy Director, NIOH, Ahmedabad calls ESIS 'a very very slow process'. And Mr. Haushala Prasad Mishra compares ESIS to 'a huge vehicle which moves very slowly.'

A worker who is affected by any stage of Byssinosis has to get a medical certificate about his specific occupational disease. After getting a medical certificate, he has to get Form 16-A from his employer, fill it and present it at the local office of ESIS. The local office then fills up employment inquiry report in respect of the occupational disease. Then the lung function, blood and x-ray tests are carried on in the chest hospital. Then the check-up by the special medical board for occupational diseases takes place. The medical board determines the percentage of disability. If a worker is not satisfied with the percentage of disability, he appeals
to the medical appeal tribunal. For this the worker needs another certificate about percentage of disability from some general hospital or NIOH. Thus the sole responsibility at every stage lies with the suffering and dying worker only.

The recent victory also demonstrates this cruel fact that, it takes years to complete all the processes. In these years workers' suffering increases from the first stage to the last one they retire, they even die. When NIOH had conducted a survey among textile workers in 1980s, there were altogether 23 workers suffering from Byssinosis in New Manik Chowk Mill. But recently when the Industrial Hygiene Laboratory, Ahmedabad under the supervision of Chief Inspector of Factories conducted a survey in the same Mill between April 1991 to March 1992, it was found that out of 23 sick workers, 19 were retired without getting any relief.

Barring some textile workers who recently got compensation, ESIS in actual practice is not insuring the sick workers. On the other hand, it is insuring and working hand in glove with the employers, who are keeping the workplace as unsafe as before. Textile workers are suffering on both counts. On the one hand, employers are keeping the workplace as unhealthy as they want; on the other ESIS is not prepared to give the workers their due rights, for which they are paying every month.

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CHAPTER IV

The other Government agencies

The cooperation of the bureaucracy is crucial, if the workers are to be paid any compensation. And, in this the worker has to go through the entire process, which involve detailed confabulations with the labour officer in the factory, the Chief Inspector of Factories, investigating doctors of the ESIC, the Industrial Hygiene Laboratory (IHL) and the National Institute of Occupational Health (NIOH).

While the ESIC and the NIOH have been dealt with in detail in earlier chapters, due justice has not been done either to the Chief Inspector of Factories or the IHL. The IHL is just another arm of the former. Nonetheless, the IHL will be crucial in tracking down Byssinosis among textile workers in future. In fact, they have already begun a survey and have so far covered 16 mills in Ahmedabad.

In this section we shall begin with the Chief Inspector of Factories and then go on to the IHL. In the process, we shall also detail some of the interviews with the concerned officials.

Chief Inspector of Factories

Contrary to their initial go-slow tactics, the office of the Chief Inspector of Factories today seems to be a veritable bee-hive of activity. Several officials claimed that they were aware of Byssinosis and were making an all out effort to keep abreast with the developments.

It is at least a case of better late than never. The office of the Chief Inspector, it may be recalled, virtually sat on the evidence uncovered by Dr. J.R. Parikh and his team on Byssinosis in 1987. But for the involvement of some public spirited individuals, Dr. Parikh's report may never have seen the light of the day.

The Chief Inspector, among other things, is responsible for ensuring the health status of the workers. His office appoints the medical officer for each factory. Each factory with more than 500 workers on its rolls, is required to maintain an ambulance room under the aegis of the medical officer. While the office of the Chief Inspector takes care of all administrative matters, the medical details are left to the IHL.

According to A.V. Dhimar, Deputy Chief Inspector of Factories, said that they were making all out efforts to monitor Byssinosis. While a survey had already been commissioned of all textile mills in Ahmedabad, Mr. Dhimar said that efforts were also being made to bring about some changes in the work environment.
The Technical Inspector of Factories M. Dehriwalla maintained that several mills had already discontinued use of the willow machine, which is of vintage technology and generates a lot of cotton dust. According to him this technology is now largely restricted to the mills run by the National Textile Corporation (NTC).

Mr. Dehriwalla further revealed that about seven to eight mills had already opted for a vacuum system in the cardroom. Several other mills are being persuaded to follow suit, he added.

According to him, the office of the Chief Inspector kept strict vigil on all the mills in the city. Each mill was visited at least once a year.

**Industrial Health Laboratory**

The medical arm of the Chief Inspector of Factories is responsible for monitoring the health status of the workers all over Gujarat state. It has on its rolls one certifying surgeon and an investigating doctor in Ahmedabad, Rajkot, Baroda and Surat.

The survey of textile mills in Ahmedabad is being headed by the certifying surgeon Dr. K.R. Shah. Between April 1991 and June 1992, IHL has surveyed 16 textile mills, of which four belong to NTC and the Gujarat State Textile Corporation.

**The mills are as follows:**

- New Maneck Chowk Mills; Ahmedabad Kesar-i-Hind Mills; Rajnagar Textile Mills; Continental Textile Mills; Manecklal Harilal Mills; Rustum Mills Industries; Ahmedabad Advance Mills; Manjushree Textile Mills; Maheshwari Mills; Manecklal Harilal Mills-II; Ahmedabad New Cotton Mills; Rajnagar Textile Mills-II; Arsarwa Mills; Arvind Mills; Nagari Mills; and Arvind Polycot Mills.

Here again they conduct only a clinical examination of the workers, wherein they record the patient's history and monitor for cotton dust at the breath zone level of the worker. According to Dr. Shah, for want of equipment they are unable to conduct the crucial test of lung function test on the workers.

Of the 1,146 workers in the cardroom and blowroom of these mills, the IHL team has examined 615 personnel. Of this they suspect that 134 workers have been infected with Byssinosis. The average age of the infected workers was found to be 50 (the minimum age of an infected worker was found to be 40). They have also collected 72 samples of dust from these mills and found that the cotton dust levels was way above the stipulated levels in 14 of them.

These cases are brought to the notice of the management. The officer concerned - labour officer - then fills out form 16-A and thereby refers them to the ESIC. According to Dr. Shah, IHL can only recommend. Compliance with these recommendations is to be monitored by the Chief Inspector of Factories. "We have rarely found compliance with our recommendations", Dr. Shah said.

He further revealed that IHL had recommended the shifting of the 134 workers to some other department.
The role of Majoor Mahajan and other Trade Unions

Majoor Mahajan is the only officially recognised trade union among the textile workers of Ahmedabad, and it commands monopoly over power and workers’ following in this huge industrial sphere. Never before in its long history had the Majoor Mahajan initiated any campaign among the textile workers on the issue of occupational health and safety. When the workers’ initiative started, Majoor Mahajan initially remained quite passive. Workers, on the other hand, were quite conscious about ensuring the support of Majoor Mahajan in their campaign, and thus, they always maintained their relationship with trade union and their top leaders.

Like any other union it was really a difficult and time consuming task to convince the Majoor Mahajan leaders about Byssinosis and other occupational diseases and the need for a campaign. According to Mr. Haushala Prasad Mishra, I became a member of Majoor Mahajan in 1984. In two-three years, when altogether 7 workers died in my factory due to unknown reasons, I asked Majoor Mahajan to investigate about it but nothing happened. I kept trying to convince the Majoor Mahajan leaders.

But with the continuous pursuing finally in 1989 Majoor Mahajan called a meeting of the workers of the Spinning departments in textile mills. Health activist, Jagdish Patel was invited to give an account about Byssinosis in this meeting. A committee, consisting of 9 members, under the leadership of Haushala Prasad Mishra was constituted to conduct a survey about the Byssinosis suffering workers in all the textile mills.

Occupational Health activist and an important functionary in the present campaign, Mr. Jagdish Patel says, ‘I approached Majoor Mahajan a number of times and informed them about the NIOH report. It was only in 1990 that the then President of Majoor Mahajan, Mr. Arvind Buch agreed to hold a meeting of the workers. The meeting of the workers of card room and blow room was held to discuss about byssinosis. Then a series of such meetings started. A large number of suffering workers attended these meetings and expressed their desire to improve and change the working conditions of textile mills. When a meeting of various organisations was called to discuss about the dust-re-
lated lung disease campaign, Majoor Mahajan sent its representative.

When workers received the compensation and organised a victory meeting within the Kaiser -I - Hind, Majoor Mahajan leaders announced that the campaign for identification of Byssinosis suffering workers and for seeking compensation for them will be carried on, in all the textile mills of Ahmedabad. Later on it will be carried on all over the State of Gujarat.

When we met Harjeevan Bhai Patel, Secretary, Majoor Mahajan, he told us that, ‘In the near future we will conduct a survey about Byssinosis in one or two textile mills. This way we will cover all the mills. We will also negotiate with the management. This is actually a starting point’.

At present Mr. Haushala Prasad Mishra and his co-workers are taking up follow-up actions and conducting surveys in all the textile mills.

On the other hand other unions in Ahmedabad are largely indifferent about this whole issue. For example CITU Secretary, Mr. Satish Parmar who is also the general secretary of CITU affiliated textile union, is totally unaware of the recent workers’ campaign in Ahmedabad. He claims that CITU has a membership of around 10,000 workers in the textile mills of Ahmedabad and none of his member workers ever complained about suffering from Byssinosis or any other occupational disease.

CITU Secretary also explains his indifference towards health and safety issues, ‘In textile mills, the main issues are unemployment, retrenchment, bonus, etc. Health and Safety are non-issues. Actually textile workers are now demoralised because of the closure of so many mills. Workers now do not want to agitate. If any worker takes up his individual case, we are willing to support him.’
CHAPTER VI

The present situation

The struggling textile workers of Ahmedabad are passing through a critical phase presently. The workers who have been awarded compensation for the first time in Ahmedabad, are now fighting to defend the positive outcome of their campaign. The bureaucracy in ESIS, NIOH and other concerned government agencies have already started negating the workers’ initiative.

The textile workers, dissatisfied with the percentage of disability and amount of compensation determined by the medical board, appealed to the medical appeal tribunal under section 54-A. The workers have mainly demanded that they should be awarded compensation from 1987, i.e. from the date of filing up the form 16-A; because they were suffering from Byssinosis since 1987. But the medical board has given compensation only from 11-11-1991.

Now, the sick workers have to produce another certificate about percentage of disability from some general hospital or NIOH, Ahmedabad. Ahmed Hussain Mansoori, Lawyer, Majoor Mahajan, who is fighting the workers’ case in the medical appeal tribunal, told us that, NIOH in its new certificate, in the case of three Byssinosis suffering workers, has categorised two workers, Nem Singh and Shivaji Pannaji as having 0% disability and one worker Nand Kumar Ram Naresh as having only 2% disability. Thus, NIOH is now reversing its own previous survey which was one of the main basis for the award of workers’ compensation. It is indeed shocking for workers’ and their ongoing campaign.

Dr. J.R. Parikh explains that this reversal is caused by a wrong way of monitoring the sick workers. NIOH did not conduct the check-up of the workers on the first day of work, after the weekend break. If a worker is checked up on a Tuesday or Wednesday, obviously he has no symptoms.

Why is there such a serious lapse on the part of NIOH? Dr. Parikh explains, ‘ESIS had not officially requested NIOH for these tests. So there is an ad-hoc arrangement by NIOH whereby only limited resources can be used for these tests.’

Mr. Ashok Pawar, Regional Director, ESIS, Ahmedabad, proudly states, ‘We are opposing the workers’ demand for more compensation in the medical appeal tribunal. The compensation is decided according to the prescribed formula given in the act. There cannot be two formulae for this.’

In spite of being faced with an indifferent and sometimes hostile official machinery, the textile workers are trying to move forward in their campaign and struggle. Firstly, an increasing number of textile workers of Ahmedabad have now begun to
realize that their suffering is not unknown, un-named and that their disease is related to their work and it is called Byssinosis. Textile workers now also know about Mr. Haushala Prasad Mishra, his campaign and the compensation awarded to Byssinosis affected workers.

The information and knowledge spread among the textile workers has laid a foundation for a new campaign. In order to find out the total number of workers suffering from Byssinosis and other occupational health diseases, there is a survey going on in the textile mills of Ahmedabad under the leadership of Mr. Haushala Prasad Mishra. There is a plan to cover all the textile mills in this survey. After this, compensation process will follow. According to Mr. Haushala Prasad Mishra, 'Survey has been conducted in 8 textile mills up till now. They are Maniklal Harilal Mill, Rajnagar Mill, Manjushree Mill, Ahmedabad Advance Mill, Sahyog Textiles, Rohit Mill, Silver Cotton Mill, Monogram Mills, Soma Textiles, Anil Mill and Mihir Textiles. In these mills, around 400 workers are suffering from some degree of Byssinosis.'

The survey has been planned widely and systematically. A detailed application form has been prepared where the worker mentions his name, address, department, the kind of disease and physical complaint, habit of alcohol, etc. Then it is sent to the Regional Director, ESIS, asking him to act and it states, 'I am a worker suffering from Byssinosis. I request you for a check-up. I expect correspondence through my company/mill.' Since factory owners are not allowing Haushala Prasad to enter into their factory premises and meet each and every worker, now five workers are being identified in every textile mill to conduct the survey. It is hoped that these activists will also create an organizational force for the campaign.

The workers' campaign virtually forced ESIS to take some note of occupational diseases among textile workers. On paper ESIS is planning a massive campaign in Ahmedabad. Dr. S.B. Trivedi, Director of Medical Services, ESIS, tells us, 'In the first phase of our campaign, I am analysing my ESI Hospital data about T.B.

In the second phase, we will launch an awareness programme among workers stating that T.B. is curable, provided the disease is detected and regular treatment is taken for 18 months. In the third phase by circulating a questionnaire among the workers, the T.B. suspects will be detected. They will be taken for further examination. And in the final phase, the treatment will start.'

The ESIS also organised, for the first time in Ahmedabad, a public court in March 1992. Mr. Haushala Prasad Mishra and 25 other textile workers participated in it and raised their various health issues, including Byssinosis. But on the whole, the problems which sick textile workers are facing in ESIS remain the same.

The scenario of textile industries in Ahmedabad has been changing during these years. More than 20 textile mills are now closed. In some of the old mills, new high speed machines have been introduced. The number of textile workers are diminishing. But the health and safety problems of textile workers have remained the same in almost every textile mill. It is even getting worse because of the use of sub-standard cotton and high-speed machines. In spite of the present workers' campaign on Byssi-
nosis, the employers are keeping the workplace unhealthy and hazardous. Workers complain that there is absolutely no improvement in the working conditions. Thus one health activist from Ahmedabad stated, ‘In this situation, workers will continue to suffer from Byssinosis. Employers will continue their business as usual, because if workers get affected due to diseases, ESIS is there to treat the workers.’

**A List of Byssinosis suffering workers in Rohit Mills**

1. Ram Bhai Mohan Bhai
2. Pursottam Darshan
3. Kujer Narsi
4. Mohan Soma
5. Hira
6. Ram Bhulai Hewa Bhai
7. Ganpat Jora
8. Bhewan Ghanshyam
9. Sanaika
10. Amrat Amba Ram
11. Atma Ram Ganga Ram
12. Rana Hira
13. Kanu Somayah
14. Natwar Bhai
15. Sakara Narasi
16. Kanti Hira
17. Manu Pursottam
18. Bhana Soma
19. Retha Narsi
20. Gojinha
21. Soma Moti
22. Gojinha Shankar
23. Ginoh Keshav
24. Bharat Nathu
25. Dhanu Moti
26. Bansie Bhagwan
27. Mohan Soma
28. Laxman
29. Soma
30. Shankar
31. Magan Bawa
32. Ganjasas Liya
33. Ganpat
34. Raman
35. Chagan Pursottam
36. Jayanti Bhai
37. Gojinha Rana
38. Pursottam Bhan
39. Mohan
40. Mohan Shankar Jayasi
41. Natwar
42. Ratilal Sira
43. Rama Pasa
44. Ganpat Mana
45. Bhawan Sira
46. Kanta Bhai
47. Amrat Bhai
48. Laxman
49. Shankar Soma
50. Jaswant
51. Atma Ram Narayan
52. Kanti
53. Pursottam
54. Manghai Bhai
55. Shankar Bhai
56. Mohan Bhai
57. Prahlad Bhai
58. Hira
59. Bhena Narsi
60. Kaya Muna
CONCLUSION

Even as the textile industry of Ahmedabad has undergone a fast structural change, the textile workers are for the first time gearing up to fight for their health and safety. The recent experience of workers' getting compensation for Byssinosis demonstrates that an issue like workers' health and safety can be successfully raised by workers in a so-called crisis-ridden, capital offensive industrial situation characterised by closure, lockout, retrenchment and lay-off in textile sector.

Compensation for 9 workers is actually very small in a situation where more than a lakh of textile workers are suffering from Byssinosis. However, the victory is significant and signals the emergence of a new textile worker. The textile workers of Ahmedabad, who are now ready to take up health and safety issue, are also opposing, almost on their own, closure and retrenchment in textile mills. Thus it is not surprising that the present campaign on occupational diseases is now spreading to other sectors too.

The emergence of a new worker, a new leadership and a new campaign has many complexities. The present campaign, under the workers' own leadership has been conducted under the shadow of the officially recognised trade union and this situation also determines the nature of the campaign. But it also demonstrates that workers' initiative and leadership, to a certain extent, can force an established trade union to take up issues according to the priorities set up by workers themselves.

An important aspect of the present campaign is the role of a research institute, the occupational health experts, the health activists and grass-root organisations towards workers cause. In the present case, the workers' initiatives could reach up to this stage only due to constant support of these sections of the society.

The present campaign once again underlines the need of a radical restructuring of the government agencies concerned with workers' health and safety. But mere restructuring will not be enough. The need of the hour is to reform the work place to ensure a safe and healthy environment. Workers initiative will have to explore the new organisational and agitational ways to challenge the state callousness as well as owner made plight.

In the new pro-business ('get rich quick at all costs, we will protect you') environment being promoted by the IMF, the World Bank and the Indian state, it is imperative to strengthen the trade union movement. This is all the more so, as organised trade unions are facing the massive onslaught of management offensive.

Our Recommendations

1. A comprehensive survey should be conducted by ESIS, NIOH etc. in all the textile mills in Ahmedabad to find out the byssinosis suffering workers.

2. ESIS should start recording the occupational diseases of textiles workers and initiate
the process of compensation for all byssinosis suffering workers.

3. The disability benefit rate should be linked to the average price index. Procedure for determination of disability benefit including the tribunal process must be made easy.

4. Retired byssinosis suffering workers should also be identified and properly compensated.

5. Legal opinion should be sought to ensure that the compensation accrues with retrospective effect and from the date on which Byssinosis was first detected.
ANNEXURE-I

List of Byssinosis suffering textile workers

The Regional Director
Employees State Insurance Corporation
ESIC Bhawan
Ahmedabad-380 014. 26-03-1990

Sub : List of Textile Workers with Byssinosis

Dear Sir

This institute has carried out an epidemiological survey in three textile mills in Ahmedabad. During our study, we have observed some workers with symptoms and sign of Byssinosis, an occupational lung disease.

I am enclosing herewith millwise list of these workers for your information and necessary action.

Thanking you

Yours faithfully

(S.K. Kashyap)

Encl : a/a
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<th>Age</th>
<th>Section</th>
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ANNEXURE -2

A Survey form prepared by Mr. Haushala Prasad Mishra

Application Form

Regional Director
ESIC, Ahmedabad.

Subject: Enquiry about Byssinosis

Name of Mill : 
Name of Worker : 
Address : 
Department : 
ESI No. : Length of Service: 
Kind of Disease : Name of Local Office: 

What are the Complaints : 
Since how long : 
What are the complaints while on work : 
Name and No. of dispensary : 
Continue in job or retired : 
Whether treatment continues : 
Habit of alcohol : 
Do you feel relieved after taking alcohol : 

I am the worker suffering from Byssinosis. I request you for check up. I expect correspondence through my company/mill.
Yours sincerely

Note:
Factory Manager :

cc : The Local Office, Majoor Mahajan
Regional Director, ESIC
Health Minister, Gujarat

Convenor : Haushala Prasad Mishra
Representative
Majoor Mahajan/ JMC
ANNEXURE-3

General drugs prescribed by doctors for a Byssinosis suffering worker.

DR. KANTILAL M. PATEL

Dariapur - 380 016
AsarwaAhmedabad-380 001
Ahmedabad

Cp Lax - 2/5(7)
Tab Thesha - 10/1-1
Tab Disprin - 10/1-1
Tab Bruffin - 10/1-1
Tab Betvele -10/1-1

ANNEXURE - IV

1. Ahmedabad Cotton and Waste Manufacturers Mill
2. Varo Mumbai Mills
3. Advance Mills
4. Jahangir Vahil Mills
5. Juhilee Mills
6. Commercial Ahmedabad Mills
7. Harivallakhdar Mulchand Mills
8. Maneck Chand and Ahmedabad Mills
9. New Maneckchand Mills
10. Himabhai Mills
11. Gujarat Ginning and Manufacturing Mills
12. Motilal Hirabhai Mills
13. Aryodaya Spinning and Weaving Mills
14. Asarva Mills
15. Aryodaya Ginning Mills
16. Rajnagar Mills (3 Mills)
17. Bharatkhana Textile Mills
18. Shorroch Mills
20. Gujarat Cotton Mills
21. Swadeshi Mills
22. Gujarat Spinning and Weaving Mills
23. Gordhan Mills
24. Saranpur Mills
25. Hashiring Mills
27. National Mills
28. Ahmedabad Cotton Manufacturing Mills
29. Ahmedabad New Edward Mills
30. Shrinagar Mills
31. Raipur Mills
32. Rajpur Mills
33. Ahmedabad Gontipur Spinning Weaving Mills
34. Ramkrishna Mills
35. Ahmedabad Industrial Mills
36. Ahmedabad Fine Spinners and Weaving Mills
37. Zaveri Mills
38. Ahmedabad Saraypur Cotton Mills
39. Keiser-i- Hind Mills
40. Ahmedabad New Cotton Mills
41. Purshottam Mills
42. Ahmedabad New Textile Mills
43. Ahmedabad Ginning and Miffring Mills
44. Ahmedabad Sarangpur Mills
45. City of Ahmedabad Mills
46. Laxmi Cotton Mills
47. Ahmedabad Actodia Mills
48. Calico Mills
49. Beehardan Mills
50. Ahmedabad Cotton Mills (Ranchoodhala's Mills)
LOCATION OF TEXTILE MILLS IN AHMEDABAD (1916)
NATIONAL CAMPAIGN ON DUST RELATED LUNG DISEASES

National campaign on dust related lung diseases was launched in year 1990. This campaign was initiated by the collective efforts of a number of unions and activists committed to work towards healthier and safer workplace.

The health of the workers has always remained a low priority in our country. There is also a vast amount of misinformation about occupational diseases. Most of the time dust related lung diseases i.e. silicosis or coal miner’s pneumoconiosis, are diagnosed and treated as tuberculosis. Thousands of workers today are pushed towards death everyday due to this criminal negligence. To fight the menace of dust related lung diseases (like silicosis, asbestosis, byssinosis, coal miner’s pneumoconiosis) the campaign was started with the following objectives:

1. Educate and motivate workers in particular and people in general.
2. Promote concrete action on disease prevention
3. Influence policy makers.

The campaign has been actively working on the issues mentioned above. The activities undertaken by different members of the campaign include: diagnostic camps, conducting studies, bringing out learning materials, organising seminars, workshops, poster/cartoon competitions, undertaking struggles for claiming compensation etc.

Your joining in will provide further strength to the campaign. For any further information you can write to any of the following addresses:

1. N.C.D.R.L.D. Secretariat
   42, Tughlakabad Institutional Area
   New Delhi - 110 062.

2. Jagdish Patel
   Radhaaswami, Santram Road
   Karamsad, Dist: Kheda
   Gujarat - 388 325.

3. Vijay Kanhere
   1347, 17B M.H.B. Colony
   Borivili (East)
   Bombay - 400 066.