

Movement Solutions

**A JOURNEY THROUGH 20 YEARS OF OCCUPATIONAL
HEALTH AND SAFETY IN INDIA**

JAGDISH PATEL

ABSTRACT

Since 1992, the Peoples Training and Research Centre (PTRC) in Vadodara—founded by the author and his mentor Vijay Kanhere—has been a critical resource and key actor in the struggle to improve working conditions in India. Much of the PTRC's work has focused on occupational lung disease, particularly silicosis among agate craft workers. PTRC has brought medical services to workers, pressured industry sectors and associations to mitigate exposures (e.g., through ventilation), and been instrumental in legal action to bring financial recompense to victims. Faced with the reality that true prevention is in the hands of employers, PTRC's strategy has been to engage with and empower workers by educating them about hazards, safety practices, and their legal rights.

Keywords: occupational health and safety, India, Peoples Training and Research Centre

It is infinitely difficult to begin where mere words must remove a great block of inert matter but there is no other way if none of the material strength is on your side. And a shout in the mountains has been known to start an avalanche.

—Alexander Solzhenitsyn in *The Oak and the Calf*

When the Bhopal gas tragedy stirred up the world in 1984, how could a young engineer like me, working in shifts in a chemical company, remain unaffected and

unconcerned? I had already started to organize the workers in the medium-sized chemical factory in the Nandesari industrial area where I worked in 1983 and moved ahead from just reading, thinking, and writing about workers' rights to being actively involved in their struggle. I had started working in a chemical company in 1978 and, after getting experience in two or three chemical units, was fairly stable in my job, with a good understanding of the workplace conditions in the chemical industry. Questions like "What could the harmful effects be when the human body is exposed to these dangerous chemicals?" were always in my mind, and they came to the forefront because of the Bhopal gas disaster.

I met Vijay Kanhere by sheer luck in Mumbai. "The chemical reaction"—the chemistry between the two of us—thus began and resulted in the formation of Vyavsayik Swasthya Suraksha Mandal (VSSM), an occupational health and safety organization, in 1986 and later, in 1992, the Peoples Training and Research Centre (PTRC). VSSM has remained an unregistered pressure group. But we realized that legal registration was crucial for more organized and consistent work on the issues, so we registered PTRC. Thus the social and environmental conditions, personal experiences, involvement in trade union movements, and the meeting with Vijay combined, and the resulting product was the PTRC.

How exciting it was in the beginning! What to do? How to do it? And what modalities should we use? We had endless discussions about these issues. We got initial support in our endeavor from the Society for Participatory Research in Asia (PRIA) in Delhi. As we became wiser and more experienced, we became more pragmatic. Vijay often pulled me back from my flights of idealism to the practical realities of life. We should not lose our track, he told me. It was his special focus to ensure that I not get sidetracked from the main issues. A large number of social issues did attract me, and I wanted to get involved in most of the problems. But Vijay was my pole star. By his sudden departure in 2006, I, in particular, and the occupational health and safety (OSH) movement, in general, lost our friend, philosopher, and guide. However, the foundations already were laid, though the building is yet to be built.

During these two decades, experiences were many and all of them should be documented, but in this brief essay I will attempt to focus on major milestones, achievements, failures, and the work areas of PTRC. I will describe the major twists and turns, what we did and did not do, and the strategies, strengths and weaknesses, failures, and achievements on this journey.

THE INITIAL PHASE: 1986-1992

Along with my job, under the banner of VSSM, we organized an exhibition on the Bhopal gas disaster in Vadodara in 1988. I was introduced to Comrade Bhalchandrahbhai of All India Trade Union Congress (AITUC). He generously offered his office to be used for VSSM's office and thus we started meeting regularly at Shiv Apartments on Saturday evenings. That arrangement went on

until 1993. The first visit to Khambhat happened and we started building relationships with the workers, thus making some headway. In 1988, our magazine, *Kamdar, Vyavasaya, Swasthaya* was started and we decided to take support from different trade unions for it. From 1990-1992, along with PRIA, we inspired and gave shape to the national campaign against dust-related lung diseases (DRLD). This phase also was one of information-gathering to develop an understanding of local problems and cultivate relationships with the affected people. I learned about the struggle of Alembic Glass workers against silicosis, and their leaders, and Raghunath Manvar and his struggle at the thermal power plant in Ahmedabad where he worked. I also got to know staff at the National Institute of Occupational Health (NIOH), including their humane officers, Dr. Jagdish Parikh, Dr. Saiyed, and others. During the conference of the Gujarat Safety Council at Ahmedabad, I met Shri Devjibhai, who was the leader of Chemicals Kamdar Sangh (the trade union of workers at Tata Chemicals Mithapur, Gujarat facility), and Dr. Haresh Shah of Ankleshwar; and during the DRLD campaign I met Mr. Buch (of the Textile Labor Association) in Ahmedabad. As a result of DRLD, Hauslaprasad Mishr Mahajan initiated the movement dealing with byssinosis among textile workers; we supported him in this struggle and in the establishment of their institution. Raghunathbhai also established the Occupational Health & Safety Association (OHSa) and we gave it active support. We supported the work of Ratilal Parmar for ceramic workers as well.

PHASE OF STRUGGLE: 1993-1998

Over the next six years, from 1993 through 1998, we constantly struggled. My job with the private company continued. How to leave one's job and work full-time without resources of any kind?—that was the question. On the other hand, by not leaving the job, it was difficult to work on the issues. The job was not very lucrative, so leaving it was not that great a risk. But I had no resources to fall back upon.

But eventually the unit was to be shut down, and I was forced to search for a new job. Vijay gave the final command: leave your job and we will see how we can sustain you. So I did, in 1998. We worked subsequently at a slower pace. The major advances were in building relationships and acquaintances in the field. With my marriage in 1992, Neena entered my life and soon after that, due to family engagements, we spent 10 weeks in London. There, I visited British groups working on health and safety. I wanted to garner some resources for our work at home, but at that time I had neither the required information nor the ability to do it. A lot of learning happened during that visit. I seized an opportunity to participate in the Hazards Conference in Sheffield. With International Labour Organisation (ILO) support, I participated in the XIII World Congress on Occupational Safety and Health held in New Delhi in 1993. That same year, I joined in a 10-day training on injury control organized by the Indian Institute of Technology (IIT) in Delhi

and the Karolinska Institute of Sweden. Through contacts built up during the Sheffield conference, I was invited to address a meeting organized by a Danish trade union in parallel with the UN Social Summit in Copenhagen. I learned much. They later sent an offer for funding, which was never delivered thanks to the grace of our postal department. When I finally learned about it, it was too late.

THE LEARNING PHASE

From 1998 to 2002, I had time at my disposal, but resources still eluded us. The name of our magazine, *Kamdar, Vyavsay, Swasthya* (Worker, Occupation, and Health) was changed to *Salamati* (Safety), which our readers preferred, and its publishing frequency was changed from irregular to bimonthly. The most important milestone, though, was the fight that we led along with Vadodara Kamdar Union and the Environment Protection Group against the deadly effects of chromium on the workers at Hema Chemicals. That struggle still goes on. We came to know of silicosis in Chhotaudepur through Vikalpa, an organization in Vadodara. We visited the area along with them. We represented it in the media and to the government. A major contribution to this cause was the portfolio of photographs of silicosis victims at Chhotaudepur by Hein-Du Plasese, an internationally acclaimed photographer.

In 1998, we organized 10 residential workshops, each lasting three days, related to occupational health. The sessions were supported by the International Chemical, Energy and Mine Workers Unions (ICEM), and benefitted nearly 300 workers. We prepared an exhibition called “Our Body: Our Work” and took it to many places. In 2000, we got involved in Jan Swasthya Abhiyan (the People’s Health Movement).

THE DECADE OF WORK: 2002–2012

The years 2001 and 2002 were for Gujarat like a curse because of the massive earthquake in 2001 and the communal riots of 2002. Watching *Living Stones*, a documentary by Joseph Alkazi, which was telecast by Pij Doordarshan Kendra and was related to the silica workers of Khambhat, I was inspired to visit Khambhat in 1988. After that trip, we worked on the Khambhat issues of silica workers. We won a small grant from the Gujarat Ecology Commission for that project and within a year we conducted several programs—Machine *Yatra* (*yatra* is the word for “pilgrimage” in Indian languages such as Hindi, Marathi, and Gujarati; in this case a pilgrimage of workplaces to demonstrate to workers the benefits of a life-saving exhaust system), a health fair, and street plays—to create significant awareness of this issue. In 2002, we came in touch with the Asian Network of Rights of Occupational Accident Victims (ANROAV), a fruitful

relationship which lasts to this day. We also participated in the World Social Forum in Mumbai in 2004.

The National Human Rights Commission (NHRC) and People's Health Movement had organized a public hearing at Bhopal in 2004 on refusal of the right to health care. We joined with other organizations of Gujarat. The government accepted that its own lack of diagnosis of silicosis amounted to refusal of a right to health care.

Concurrently, we helped Saiyed Faiyaz, a documentary film maker from Delhi, to address silicosis among agate workers. His half-hour documentary, named *Way to Dusty Death*, was telecast by Doordarshan and later received a presidential award from the government of India. The film became an important tool to help most people understand the Khambhat issue.

We hosted the ANROAV secretariat at the PRTC from 2006 to 2009. We edited *OHS Rights* (the quarterly news magazine of ANROAV) during this period. In 2007, I was honored by an international award from the American Public Health Association and I visited the United States to accept it. The visit was made possible by friends and OSH activists around the world who contributed to make it happen. During a two-month stay in the United States, I connected with many organizations working in occupational health.

In 2006 the officers and experts of Karamsad Medical College visited our Khambhat office and acquainted themselves with the situation of agate workers first-hand. Then my lecture was organized in the hospital and it resulted in a new clinic at our Shakarpur office in June 2007. Doctors who were experts in chest maladies and tuberculosis came weekly to examine the patients, and still do. Our volunteers scouted for silica-exposed workers and encouraged them to visit the clinic. The cardiac care hospital at Khambhat gave workers free X-rays if they had a referral by our clinic.

X-rays, so obtained, were sent to Karamsad Hospital where, based on clinical examination and occupational history, a final diagnosis was made. With positive findings, a certificate would be issued. PRTC retained the original copy and a copy was given to the patient. By March 2013, 760 workers had been examined and 227 had been confirmed with silicosis. Of the 227, 71 already have expired. NHRC declared silicosis a serious health hazard and took complaints about it starting in 2006. It was stopped later after the Supreme Court admitted a Public Interest Litigation (PIL) concerning the issue. NHRC joined the PIL as a petitioner. On Supreme Court orders, the commission started accepting specific complaints and asked us to submit documents. PRTC has submitted the documents of 71 dead workers to NHRC.

For the welfare of the afflicted and other workers, we took certain initiatives. We started a crèche (nursery) for the small kids of workers, distributed notebooks for children attending school, helped families claim government welfare benefits, joined group insurance schemes, admitted children to residential schools, organized a lunch box delivery service, helped sick workers with their hospital admissions, and gave or arranged cash money for emergency cases.

With aid from the Factory Inspection Office, we conducted training programs for the health and safety of factory workers; about 469 workers from 141 units attended them from 2008 through 2010.

Advocacy Efforts

International exposure to the Khambhat issue was made possible by support from Labour Action China of Hong Kong. Asia Monitor Resource Center (AMRC), Hong Kong, was instrumental in bringing the two organizations together. We demonstrated outside the Gems and Jewellery Trade Fair at Hong Kong in 2005. The next year, at the same venue, we had Shri Rameshbhai Makwana, as a representative of the silicosis victims in Khambhat, join the demonstrations. Immediately after that, we visited the organizers of the International G & J Trade Fair at Basel, Switzerland, and spoke with them about the issue. At the same time, we called on the executives of the ILO and the World Health Organisation (WHO) in Geneva and presented our case. Representatives of the National Committee on Labor from the United States visited Khambhat in 2009 and published a report in 2010 titled *Heart of Darkness*. Its publication caused a huge uproar in India.

The Gems and Jewellery Export Promotion Council undertook a visit to Khambhat and discussed building a common shed for workers. Amendments were made in the Gujarat Factory Act related to byssinosis, and certain provisions were amended related to safety officers in Gujarat. They resulted from our years of effort.

The health department of Gujarat announced it would issue health cards to silicosis-affected workers, enabling them to get free health care from government hospitals and, in cases of silicosis death, the family would be entitled to Rs.1,00,000/- (approximately \$1,628 U.S.). Government doctors were trained for silicosis diagnosis. An expert committee at the state level was constituted to confirm such a diagnosis. We were also able to make small changes in the provisions of the Employees State Insurance Act (ESI).

Legal Work

The real work of getting compensation was not easy: prepare the worker's claim to the ESI; work with the doctors of ESI who were diagnosing the disease; if diagnosed positive, make the case reach the Special Medical Board; if the Board verdict was negative, prepare an application, sitting with a lawyer; and attend an appeal in the Medical Appeal Tribunal, along with collecting all relevant documents. Sometimes, in the absence of documents, we had to file an RTI (Right to Information) application to get them and do errands in the courts. After the verdict was given, fighting for its implementation was again a big struggle.

We succeeded in securing compensation for workers who suffered from noise-induced deafness, dermatitis (skin diseases), occupational asthma, silicosis,

nasal septum perforations, and liver problems because of exposure to chromium salts and other chemicals. Some landmark judgments also came from this work. Many times, we failed as well. We filed petitions in the NHRC and Gujarat High Court related to these issues. Though the PIL petitions received enough attention from the media and people, without any grass-roots organization creating pressure on the issue, these decisions and judgments, though landmarks, remained only on paper. This sound understanding has made us less inclined to file petitions and get court orders. Had we not met our lawyer and supporter Shri Mavlankar in the local (Vadodara) court, maybe all that has been done would have remained on paper.

We were able to experiment and innovate with legal matters in this field. Sometimes there have been moments of despair. In some cases while the battle was underway in the courts, the worker expired and, due to legal limitations, nothing could be done to take the matter forward. Approximately 10 petitions are being heard at present in the Vadodara Labour Court, Medical Appeal Tribunal, and the ESI court.

Under the Workmen's Compensation Act, one application is being heard at the Anand Labour Court. We had filed a petition before the NHRC for the abolition of bonded labour in the agate industry.

Articles Published

Since 1983, we have published several articles in English in *Workers Health International Newsletter (WHIN)*. Our articles have appeared in *PRIA Bulletin* (March 1996, June 1998, February 2001), *Labor File* (October 1999), *Economic & Political Weekly* (January 1999), *Trade Union Record* (July 1991), *OHS Rights* (August 1999), *Asian Labor Update* (March 2007, December 2007), *New Solutions* (with Maggie Robbins, November 2008), *Asia Pacific Newsletter* (March 2006), *Info Change Agenda* (2009), *The Week* (September 2011), *Indian Express* (February 2007), and other publications. In Gujarati, more than 40 articles have been published in *Navnit Samarpan*, *Naya Marg*, *Bhumiputra*, *Nirikshak*, *Khoj*, *Aapnu Swasthya*, *Manviya Technology*, *Hitrakshak*, *Paryavaran Mitra*, *Aadilok*, *Suraksha*, *Daily Sandesh*, *Daily Madhyantar*, and many special issues like India's *Asbestos Time Bomb* (2009), *Naya Padkar Rajatdeep Visheshank* (March 2010), *Struggle for Justice* (March-2005), Souvenir of Guj Safety Council (1993), *Vaishvikaranna Vahan and Vamal* (2011), and *Invisible Victims of Development* (with Mohit Gupta; 2012). In 2012, Parichay Pustika Trust published our booklet on occupational health.

Research

The battle in the courts is not won on emotional and ethical grounds. We must have sound and substantive evidence for our claims. Thus, we also conducted research on multiple topics in this process of working for the health and safety of

workers. A research paper was written by collecting data on fatal accidents from the Factory Inspectors Office and analyzing the data, which covered 1990 through 1995 in Gujarat. A research paper based on secondary data of “stove explosion” incidents was published in *Árthaat* (January 1997) and was published in the local Gujarati daily, *Sandesh*. It also was accepted for publication by a conference in Canada. We carried out a study about the living conditions prevalent among widows of silicosis workers in 2003 with economic support from Dr. Ambedkar, the chair of Sardar Patel University.

In 2001, we worked on the trend of occupational diseases in Vadodara. A study of power plants for PRIA and a study on the chemical industry of Gujarat and Maharashtra for AMRC were undertaken. We gave our feedback to the Hesperian Foundation of the United States for its draft of a book on occupational health after a discussion with our worker friends. (One of its publications, *Where There is No Doctor*, has been well received all over the world. Dr. Kiran Singlot has translated it into Gujarati—*Jyan Doctor Na Hoy*). We did a study on agate workers of Khambhat in which 4,750 workers participated. A report was prepared in 2011 about the effects of polyacrylate contamination on workers. The Gujarat High Court took notice of it, filing a *suo moto* Public Interest Litigation (a court-initiated proceeding in the interest of the public when no petition has been filed).

Reports and Publications Other Than Articles

In 1994, we published a directory of the hazards of 150 commonly used chemicals with the help of ICEM. PRIA helped us publish a story about the struggle waged by silicosis victims of Alembic Glass, titled *Dhulia Fefsa*, in 1994. In 1998, PRIA helped us publish our experiences of our visit to some of the thermal power plants in Gujarat with Raghunath Manvar, titled *Prakash Na padchhaya*. In 1999, we published the text of our exhibition poster titled *Aapnu Kam, aapnu Sharir*. In 2001, we produced a report of our study on the trends in occupational diseases in Baroda district, *Karkhana ke Kalkhana*. In 2002, we issued *Kalmukho Silicosis* and reprinted it in 2008. We did a report on enforcement of the Factory Act titled *Kort Ma Karkhanu*. We also published lecture notes on OSH training. In 2010, we published Guj’s version of *Silicosis—A Lover’s Story*, with the help of AMRC, Hong Kong. For PRAYAS-CLRA, we prepared and produced case studies of victims of accidents in cotton gins titled *Horror of White Clouds* in English and *Safed Kapas Ma lal dhabba* in Gujarati. In 2012, we reported on our study of agate workers in Khambhat, which was titled *Stoned* in English and *Majbut Patthar, Majbur Majur* in Gujarati.

Strategy

When the issue of safety and health at work is discussed among the elite, they usually limit their scope to changing workers’ behaviors rather than eliminating workplace hazards—suggesting that workers should work more carefully. Through

our experiences, we have learned that the key for prevention of occupational diseases and accidents is in the hands of employers. To keep workplaces safer and healthier, government and trade unions can only put the necessary pressure on them. However, given the present socio-politico-economic situation of the country—where democratic values have not been fully developed, feudal relationships still exist, governance is poor, people's participation in power is limited, a large population is struggling for the most basic needs, and poverty and unemployment occur on a large scale—prevention is far away. In such a situation, we decided our strategy would be to work with workers at the grassroots to increase their level of information about hazards and safer practices on the one hand and to identify victims to help them claim their legal rights on the other. We had decided to work only on occupational health so, except for a period of five years between 2002 and 2007 when we also worked on HIV/AIDS (Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome), we fully concentrated on OSH. Many voluntary organizations work on any issue where resources are available easily, but we did not opt for such a policy. Still, we extended our moral and at times active support to the organizations working on child labor, women's issues, general health, the environment and so forth. While networking with other organizations, we always saw to it that the issue of OSH was not forgotten by other groups. We aimed at organizing victims and empowering them to raise their voices. Thus as a strategy it was more of rights and less of welfare. Rather than joining with any one particular political party or trade union, we decided to work with one and all on the issue of OSH. We have accepted foreign funds, but we accept from progressive groups for the programs we decide and do not let anyone dominate us. We are interested in expanding work but with our own conditions and in our own way. We are in a hurry, but we are aware of the root cause of the problem which is a complex socio-politico-economic situation. Even in the most unfavorable situations, we understand that we should consistently keep up our efforts.

Strengths and Weaknesses

We have shown more weaknesses than strengths. We could not raise adequate financial resources for the work. The administrative skill required for such work is in short supply. We gave more attention to working at the grassroots level and preparing material in Gujarati. We could not build a good team. My shyness, inferiority complex, and hesitation got in my way. A limited spirit of adventure also played its part. I am poor at writing proposals and sending them to the appropriate places. Also, I tended to criticize too quickly without mincing words but was miserly in praising others. Of course, whatever I do, I do it without any calculation, expressing my honest views.

Whenever we have seen honest and strong intentions, we have helped other OSH groups to flourish. Excellent Gujarati and good English writing skills have

been my greatest strength. I can communicate with workers very well and get information from them. I also have good training skills. We have been able to collect much literature on the subject.

Successes and Failures

There have been more failures than successes. It took a lot of advocacy work to deal with silicosis among the agate workers, but we failed in getting changes at the grassroots and motivating workers to get organized. Workers kept dying but we were unable to press the government successfully to act for prevention. We could not relate to trade unions but could be part of many networks of voluntary organizations. We had some benefits from these associations. We did sensitize the middle class to some extent through our efforts. In promoting the Gujarati News Bulletin “SALAMATI,” we succeeded in proportion to our inputs. But we failed to motivate and attract more authors writing on subjects from the people’s perspective. We could not engage experts either to evaluate our work or design the programs. We could not motivate workers in large numbers to claim compensation for the damages they incurred. We did raise intellectual resources but the socio-economic situation did not allow workers to take advantage of them. We bought equipment like a spirometer, an audiometer, a set of pneumoconiosis X-rays to help diagnose occupational diseases, and more, but we could not utilize them fully. We do not go into who is responsible for successes and failures. Very complex factors may be involved. We only considered what we wanted to do and where we reached. We are happy for what we have been able to do. Still, looking at the situation of the proletariat in India, what we have done is just superficial. Once the sensitization and understanding of a problem reaches a critical line, then a phase of concrete work can begin. Or, it happens when the country reaches some economic condition such that society will pay attention to the problem.

Support Received

I could continue to work for more than two decades only because of the support, love, and affection showered on me by my family. Family allowed me to use my house as office and bore whatever inconveniences resulted. My parents and extended family too gave their economic and moral support. Had the late Vijay Kanhere not been with me, I would not have achieved what I have. After his demise, other board members of the organization, particularly Dr. J.R. Parikh, have given good support. My colleagues at Khambhat office—Jayesh, Naina, Ramesh, Manjula—need to be remembered for their commitment. Our lawyer, Mavlankar, has offered excellent services. Niranjana, my wife, has been meticulously maintaining accounts and Jitendra Gandhi & Sons have audited our accounts for the last 20 years. Sanjay Dave of CHARKHA has helped us reach out to media from time to time. Organizations that supported us include PRIA,

AMRC, ICEM, Global Greengrant Fund, Environment Fund for NGOs, Toxics Link, Institute for Global Labor and Human Rights, Developing World Outreach Initiative, Bhansali Trust, and others.

WAY FORWARD

This article is about PTRC and not about the OSH situation in India. Still, to understand the huge task before us, it must be clear that in India we have not yet even estimated the prevalence of the oldest occupational lung diseases or talked about their prevention. We are far from discussing issues like sick building syndrome or repetitive strain injury or bullying at work. Not all bank branches have separate toilets for women workers. In such situations, we have dreams along with our commitments. Those interested can join us. Several activities—such as spreading the word, writing articles, getting funds, joining advocacy efforts, engaging in diagnosis, supporting the victims—can be carried out jointly. I present a small list of programs and activities in hopes that someone may find inspiration to take up anything on the list:

- Undertake extensive work on silicosis.
- Prepare small groups of workers in different industrial centers in Gujarat.
- Inspire youth by visiting them at medical-engineering-law-social work-social science-colleges.
- Organize a workers' safety conference each year.
- Advocate for integrating occupational health with general health services.
- Organize *Shodh Yatra* to know the OSH problems and victims of occupational diseases.
- Prepare a group that would consistently work on improving ESI services.
- Take up research on enforcement of legal provisions and their social impacts.
- Publish small booklets on various subjects.
- Prepare poster exhibitions for various occupations and industries.
- Establish centers for migrant workers in their regions of origin to guide and train them.
- Establish a dedicated center for occupational health where all social, legal, and medical services are available for workers.
- Establish a training institute for occupational health which has all basic facilities including lodging, a library, and so forth.
- Initiate a campaign for pressing the government of India to ratify ILO C.155.
- Generate public opinion for amending legal provisions.
- Initiate columns on occupational health and safety in popular dailies.
- Make our newsletter *SALAMATI* attractive and colorful and raise its circulation.

CONCLUSION

After working for 20 years in this field, I have become wary of nice slogans, great ideas and utopias talked about by our experts in air-conditioned halls of five-star hotels about prevention, safety, humane workplaces, and workers' rights. I believe that even if we get proper compensation for the loss suffered by workers, it will be a victory for us. In the present scheme of things, even getting compensation is a long battle. Despite all the failures and despair, I hope for a positive change in the years to come. Our work at PTRC has been a shout in the mountains of the Industrial World, hoping that someday it will create an avalanche.

Translation by Sri Subhash Yadav.

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