

Voices

**‘PROTECTIVE OSH LAWS AVAILABLE
TO ONLY A FEW’**

ABSTRACT

The American Public Health Association’s occupational health and safety section honored Indian safety activist Jagdish Patel last year by giving him its International Award. Here is a brief look at his career followed by his talk at the APHA awards ceremony.

Indian occupational health and safety activist Jagdish Patel was honored by the OHS section of the American Public Health Association last year at its annual meeting in Washington, D.C. Patel is the main force behind the Peoples Training and Research Centre (PTRC), an innovative grassroots workers’ health and safety advocacy group in the state of Gujarat in India.

Without his tireless work, creative strategies, and dedication, the workers of Gujarat would have almost no access to health and safety information and services. Gujarat, in western India, is heavily industrialized, with millions employed in desperately unsafe and unhealthy conditions. A fifth of India’s “major accident hazard” facilities are in the state. In the face of non-existent health and safety services, information, and compensation for workers, 20 years ago a group of workplace safety activists formed Vyavsayik Swasthya Suraksha Mandal (VSSM)—the Gujarat equivalent of a U.S. COSH group (labor- and community-based coalitions for occupational safety and health). And in 1992, they opened PTRC, a mixture of a health and safety advice center, a training and advocacy organization, and a roving clinic.

PTRC recognized from the outset the need to support workers’ health and safety struggles. It works with local communities and union activists to identify problems, provide help for those afflicted with work-related ill-health, and to press for workplace improvements and access to occupational health services. A

major role of PTRC is to train shop floor union activists in their legal rights and in identifying H&S problems and solutions. PTRC's exhibit, *Our body, our work*, has toured the region raising awareness of OHS issues. It runs "diagnosis camps" and clinics in the community where workers get medical check-ups and advice on compensation, state benefits, workplace safety law, hazards, and safer work methods. Its staffers have uncovered problems including chrome ulcers among chemical factory workers and an epidemic of silicosis among gem workers. It also publishes a newsletter and does HIV/AIDS prevention education for workers and in schools. PTRC currently is the Secretariat for the Asian Network for the Rights of Occupational Accident Victims (ANROAV).

PRIA—Society for Participatory Research in Asia—is one of the few voluntary organizations in India that have promoted work on the health and safety of farmworkers. It initiated the National Campaign on Dust-Related Lung Diseases, convened by Patel. Although it has discontinued a focused occupational health and safety effort, its early advocacy has helped advance this movement in India (www.pria.org).

Patel was mentored by Vijay Kanhere, a revered Indian worker health and safety activist who died in 2006 at age 52. Vijay, an advocate for tribal land rights, started working for PRIA in the early 1980s in its OHS project. He wrote several booklets for PRIA, including "Mismanaging H & S at the Workplace" and several pieces about workers' compensation issues, explaining disability assessments and compensable diseases. He established the Occupational Health & Safety Center in Mumbai, with membership by many trade unions. Vijay toured the U.S. after the Bhopal chemical accident and met up with some occupational safety and health groups and carried some literature and ideas back home. More information about Vijay's life is available at www.anroav.org

The APHA section gave Patel its International Award, which recognizes individuals with outstanding achievement in the field of OHS outside the United States. Below is Jagdish's acceptance speech.

JAGDISH PATEL

Dear Friends,

This is a great moment for me, my family, my organization, for all the workers who are struggling for better health and safety standards in India, and for all the victims who are struggling to get justice. Our efforts for over two decades have been recognized by the great people of this country. I am so delighted because the recognition has come our way from the very source of our inspiration. I first read about occupational safety and health groups and their work from a four-page article given to me by my mentor, the late Vijay [Kanhere], way back in 1985. It was when I was employed by a chemical facility as shift supervisor and I was leading the local union. It was my first exposure ever to the subject of

occupational safety and health. Then Vijay gave me the opportunity to attend a two-day workshop by PRIA held in Bombay in December 1985. I feel so indebted to Vijay and PRIA for playing a major role in shaping my thoughts on occupational safety and health and [they] supported me later when I established VSS Mandal in 1986—a local pressure group.

That four-page article left such a lasting impression on me that I kept on suggesting my colleagues initiate a Campaign on Dust-Related Lung Diseases. Ultimately I was heard and PRIA decided to launch a National Campaign on Dust-Related Lung Diseases in 1990. I had the honor to be the coordinator of this campaign. The campaign was quite successful in some parts of the country including (the state of) Gujarat.

I am not here to give details of the campaign but wish to note that the campaign helped draw the attention of the larger society towards the problems of OHS on the one hand, and on the other, several workers were diagnosed to be suffering from occupational lung diseases like byssinosis and silicosis. Some of these workers won compensation from the social security system. Such a campaign was unheard of before in the 50-year history of Independent India and the over 100-year history of industrialization in India. And for this success, U.S. occupational safety and health groups should feel proud because some credit goes to you all. We learned from your struggles, your experiences, and your strategies and were inspired by the black lung and brown lung movements. I am greatly impressed by the British and American labor literature on occupational health and safety. American publications like “Do Not Let Your Job Kill You,” “Peril On The Job,” “We Offer Ourselves As Evidence,” and others helped not only boost my confidence but also raised my level of information. Then there were fact sheets published by the New Jersey Department of Health that we frequently refer to.

It was Maggie Robbins who gave me an opportunity to get involved on one of the projects by Hesperian Foundation. I greatly enjoyed working on that project with Maggie. Our activities have been consistently supported by Green Grants Fund for the last five years and now, on top of it, this recognition.

India was freed only 60 years ago from colonial rule. Poverty levels remain extremely high in both rural and urban areas. According to government figures, 75 percent of rural and 55 percent of urban populations cannot buy adequate food to fulfill their minimum calorie requirements. People do not have shelters and toilets. Government expenditure on the military is far more than for health, education, social justice, social welfare, labor and employment, rural and urban development, and low-cost housing combined. Fifty-two percent of the population in India lives on less than \$1 a day. The GNP per capita is \$340 against U.S. \$26,980. Only 5-7 percent of workers are organized into unions. The majority of those who are organized are public servants. The Major Trade Unions are labor wings of this or that political party, where political interests of the party are often more important than labor rights. Overall governance in India is

poor. It's no wonder the Human Development Index in India is at the bottom. These figures are just to show you what can be the priority for the workers in this situation.

In this situation, we are struggling for better health and safety conditions at work. Laws providing OHS protection are available to only a few, only to the workers engaged in mining and manufacturing. Workers even in organized sectors like education, health care, and finance have not yet achieved this right. Social security is available to the workers in organized sectors. Where there are laws, implementation is poor. On the one hand, administration suffers from inadequate staff, training, and budget, and on the other hand [it] suffers from rampant corruption.

The situation is similar or even worse in our neighboring countries and other Asian countries. Asian countries have experienced some of the worst industrial disasters in the last few years. No more do we remember Three Mile Island or Flixborough [1] or Chernobyl. These names have been replaced by Bhopal, Kader [2] and Zhilli [3]. Large numbers of accidents at work go unreported. Countries like ours have no reliable data on the deaths occurring at work due to accidents and diseases. The number of workers dying of occupational diseases is very large. The environment at work remains highly polluted and no one bothers about it. In many Asian countries, tyrant regimes do not give freedom of expression to their citizens and freedom to organize to their workers. This is the very reason why grassroots groups in Asian countries have come together to form ANROAV—Asian Network of Rights of Occupational Accident Victims.

Globalization, privatization, and liberalization are sweeping across the world. We observe that the social divide is widening still. The situation is changing fast in some areas, while in areas like OHS it is changing very slowly. Our struggles for a more equitable society will have to be globalized. For us, there is a long way to go to reach to the standards of occupational safety and health existing in wealthier industrialized countries. We seek greater understanding and cooperation with grassroots groups in industrialized countries. I am aware that you have come a long way to reach your level of worker and health and safety protections through consistent struggles and social movements. We learn from your experiences. Against all odds, we have continued our efforts for better OHS standards at work through advocacy, awareness, publications, and trainings. With this APHA-OHS Section recognition, our morale is boosted.

I thank the section and my friends Maggie Robbins and Rory O'Neill for the nomination for this award. Maggie has flown from South Africa to introduce me, taking her from her new commitment in South Africa. Thanks are also due to Peter Dooley and Garrett Brown for raising donations for my travel support. I also thank all those who have responded to the appeal. I feel proud having been recognized by the OHS Section of this August body of APHA. I am

sure this will go a long way in further strengthening our movement back at home. Thank you all.

— *Jagdish Patel*

Related web links:

PTRC— <http://www.ptrc.info/>

ANROAV — <http://www.anroav.org/>

PRIA — <http://www.anroav.org/>

Asia Monitor Resource Centre (AMRC) — <http://www.amrc.org.hk/>

A *Hazards* magazine article on PTRC — <http://www.hazards.org/haz94/ptrc.htm>

REFERENCES

1. The Flixborough disaster was an explosion at a chemical plant close to the village of Flixborough, North Lincolnshire, England, on 1 June 1974. It killed 28 people and seriously injured 36.
2. A factory fire in Thailand in 1993 that killed 188 workers. Worker fatalities exceeded those at the Triangle Shirtwaist Factory at the beginning of the Twentieth Century in the U.S.

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