Who Will Be The Loser?

Since the late Seventies and early Eighties, the private sector has adopted two strategies of reducing the work force, one of putting a BAN ON NEW JOBS, and another of the VOLUNTARY RETIREMENT scheme. A report prepared by the Workers' Solidarity Centre says that, "In Bombay city alone, in the last ten years, about 38 companies have put a ban on new jobs". Similarly, thousands of workers were also thrown out due to industrial sickness resulting in plant closures. As of now, an estimated two lakh private sector units have already been declared sick. Even the Government-owned public sector units have adopted the same strategy. For example, in the Eighties, the recruitment in banks and other services was banned. One of the implications of establishing public sector companies has been to ensure a certain amount of jobs every year. It seems, however, that the fulfillment of this objective lost its significance long back.

As if this wasn't enough, the prescription of Structural Adjustment has come from the IMF and World Bank to add fuel to the fire. The main features of the prescription are:

1. Privatization of Public Enterprises,
2. Exit policy (which means permission to close plants),
3. Promotion to export oriented industry,
4. Closure of (private sector) sick Industries and
5. Opening the domestic market to Multinational Corporations. These features have one thing in common, i.e. the job market is going to shrink tremendously and workers are going to lose their existing jobs. Also, to be able to make the industry more competitive, the working conditions and related issues of wages, worker's rights, etc., are going to receive a severe blow.

The announcement of establishing the national renewal fund is a clear indication in this direction. Interestingly, despite the obvious fallout on accessibility to jobs and reduction of existing work force, till date, there has been no estimate about the likely number of jobs which are going to be sacrificed for making the industry internationally competitive.

With the changes announced in the economy and their effects on industry, the retrenchment and plant closures are going to get a lot of support. Earlier, without government permission, no company employing more than 100 workers could be closed down. In the light of the above facts regarding the practices in the public sector units, such laws may look totally meaningless, but there was a kind of moral responsibility of the
government under these various protective laws to look after the interests of the workers. It was due to this moral obligation of the State, that the possibility of Government take-over of the companies was possible. Also, due to these various laws, the tendency was to reach an agreement between the workers and the management, thereby providing some space for workers to negotiate. But now, with the exit policy (yet to be announced), closing down factories and shifting the plants from one place to another is not only going to increase manifold, the worst part is, that these decisions can be taken by the management unilaterally.

To bring about the proposed changes, the government has made the first move. In a recent announcement, the Prime Minister has said that in the year 1992-93, employment opportunities in various government departments are going to be reduced by sixty percent of the old levels which means that this year, SIXTY THOUSAND less jobs will be available. Another similar announcement has been made in relation to the Delhi Transport Corporation, which has come up with the Voluntary Retirement Scheme. Many more similar schemes are in the offing to make labour cuts in different other departments of the government.

The central question which emerges is, that, should all the rights be given to the promoters who invest only in 5% - 25% of the equity shares (in any case, share capital is hardly 10% - 20% of the total investment in any company, the rest of the funds are loans and borrowings), and what about the workers who invest their lives in the functioning of the company? Should they also not have a say in deciding the fate of their company?

Another interesting thing is that, all these changes to liberalize the economy are taking place to improve our balance of payment (BOP) situation. What is not realised and understood is that the BOP situation can be improved in real terms only if we increase the exports. While the fact that all these changes will lead to export promotion is something still debated in the trade circles, no doubts are being raised about the increase in the import bill of the country as a result. In the 1992 budget, the import duty on asbestos, cement, capital goods, seeds and pesticides, petrochemical products, etc. has been reduced to the extent of 20% - 40%, while one of the promising areas of exports i.e. finished leather goods and granite, have been burdened with export duty. In his budget speech, the Union Finance minister has argued for the liberalization of import, presenting a weird logic - "The proposed restructuring of customs duty, together with the other changes in customs duty, results in a net loss of Rs. 2023.35 crores. The loss is estimated in the conventional way and it is possible that it may be overestimated if we allow for substantial improvement in the balance of payments, permitting a larger volume of imports and therefore, a higher level of customs revenue". Even a layperson will understand that, by increasing imports (the government will certainly be able to get more customs revenue but the country needs foreign exchange to pay for the import bill) the balance of payment crisis (which means that we do not have as much foreign money as is needed to pay for the amount of goods we buy from other countries) is only going to worsen, and will not be reduced as claimed by the finance minister.

The question which emerges from the changing scenario is: Why this liberalization? Is it not going to affect domestic industry adversely? Is it not going to deindustrialize the nation, and as a result, throw workers out of jobs? The challenge before unions, workers, citizens and activists is to chalk out strategies to be able to resist the changes which are going to adversely affect the people and continue the struggle.
This article is the outcome of our interaction and reflections with the workers and activists on the issue of ESIC and ESIS.

— Vijay Kanhere

When you are suffering from a 'stomach upset', an ESI hospital gives you the same tablets which they will give for 'flu or fever' or 'sore throat'. Generally they have two-three types of tablets, one or two types of syrups, and with this kind of medicine they claim to treat any type of disease”, says a worker at a textile mill in Kanpur.

Financial Position

The ESIC (Employees State Insurance Corporation) needs to improve its functioning urgently. Even ESIC won't challenge this statement. Many committees have given suggestions for improvement, but they are not being implemented. ESIC cannot complain about lack of funds for not improving its services. A glance at its reserves and arrears is sufficient to prove its financial strength.

Total Reserves of ESIC (in crores)

<table>
<thead>
<tr>
<th>Year</th>
<th>Reserve</th>
</tr>
</thead>
<tbody>
<tr>
<td>1987-88</td>
<td>31.3-89</td>
</tr>
<tr>
<td>1988-89</td>
<td>1119.10</td>
</tr>
<tr>
<td></td>
<td>944.42</td>
</tr>
</tbody>
</table>

Part of these reserves are earmarked for particular purposes. But ESIC still has large non-earmarked funds at its disposal.

Non-earmarked Reserves (in crores)

<table>
<thead>
<tr>
<th>Year</th>
<th>Reserve</th>
</tr>
</thead>
<tbody>
<tr>
<td>1987-88</td>
<td>31.3-89</td>
</tr>
<tr>
<td>1988-89</td>
<td>656.79</td>
</tr>
</tbody>
</table>

Total reserves in 1990 were around a staggering one thousand one hundred and nineteen crore rupees. These reserves are invested in nationalised banks and with the Central Government. The amount invested are as follows:

Banks: 933 crore rupees
Central Govt.: 184 crore rupees

These funds are just deposited and are left idle. They are generated as surplus because ESIC does not spend sufficient money on the necessary services.

Apart from these reserves, its arrears from employers stood at 116 crore rupees in 1989.

Arrears from the employers (in crores)

<table>
<thead>
<tr>
<th>Year</th>
<th>Reserve</th>
</tr>
</thead>
<tbody>
<tr>
<td>1987-88</td>
<td>31.3-86</td>
</tr>
<tr>
<td>1988-89</td>
<td>02.84</td>
</tr>
<tr>
<td></td>
<td>116.64</td>
</tr>
</tbody>
</table>

These figures above clearly reflect that ESIC cannot complain about any lack of funds as an excuse for not providing services.

(Comparison: with money spent on benefits from employees shows how little is spent on benefits.) If it is assumed that ESIC spends Rs. 100.00 for employees’ benefits, then its own figures show that Rs. 40.00 to Rs. 50.00 are with employers as arrears, and its reserves are more than four fold, and the reserves are rising at a faster rate than the expenses on benefits.

For every 100 rupees spent on Benefits

<table>
<thead>
<tr>
<th>Year</th>
<th>Reserve</th>
</tr>
</thead>
<tbody>
<tr>
<td>1987-88</td>
<td>1988-89</td>
</tr>
</tbody>
</table>
Arrears from employers | Rs. 43.00 | Rs. 50.00 |
Total Reserves of ESIC  | Rs. 438.00 | Rs. 483.00 |

Despite this financial positioning, ESIC is trying to reduce its expenses on benefits.

After reserving money for a construction fund and contingencies (an amount of around 20 crores), it had a net excess income over expenditure.

Net excess income

<table>
<thead>
<tr>
<th>Year</th>
<th>Reserve</th>
</tr>
</thead>
<tbody>
<tr>
<td>1987-88</td>
<td>117.80</td>
</tr>
<tr>
<td>1988-89</td>
<td>124.05</td>
</tr>
</tbody>
</table>

Keeping in mind these statistics, we need to ask a question: Is this body established as a profit-making corporation? We do not say it should go into a loss. But the point is that without going into loss, it can spend money on hospitals, on making doctors permanent, employing more doctors, and paramedical staff, ensure better drugs, better equipment, etc. For every hundred rupees spent on benefits, its net excess income was around Rs. 54.00. If you add this to the arrears from employers, you have good resources to use in a much better way than today.

‘ESIS is insuring the employes not the workers’, said one legal activist from Delhi. He explained, ‘Employers can keep the workplace unsafe, if the number of accidents is more, the ESIC takes care of the injured workers. Employers can keep the workplace as unhealthy as they want, if workers get affected due to diseases, ESIC is there to treat the workers’. This is very true. The employers can get away even by not paying to ESIC. Even contributions by employees, cut from their wages, are not paid to ESIC. ESIC is very soft towards the employers. The arrears from employers are 116 crore rupees. Employees suffer as benefits stop immediately if ESIC does not get money from employers.'
If things do not improve and resources are not used for proper medical care of employees, ESIC will really become ‘Employers’ State Insurance Scheme.’

The panel doctor is not interested in proper treatment. So we go to other private doctors, pay from our own pockets. ESI doctor is only useful for certificates’ said a worker. In short, he found ESI not useful for medical care. He found it useful for getting paid leave based on medical certificates. This saves money for the employers and they are happier.

in order to be effective, ESIS needs to become a scheme for employees in a true sense and all its resources need to be directed towards this goal.

Broad Areas of Complaint

1. Panel doctors and doctors in hospitals are not interested in patients.

3. Staff in ESIC offices, hospitals does not treat workers humanly. Workers contribute to ESIC, but the atmosphere is such as to make the workers feel that some favour is being done to them. We contribute. ESIC runs on our funds but we have no control over it, reports a worker.

4. There is an acute shortage of medical shops supplying ESIC prescribed drugs. At places such as Anand (Gujarat), workers have to travel long distances to reach a medical shop attached to ESIC. Otherwise, workers spend money from their own pockets to buy from other shops.

5. Necessary forms are not available with the ESIC offices.

6. Diagnostic instruments are not available with ESIC doctors and hospitals.

7. Medical boards decide the percentage of disability of injured workers. But medical boards do not meet frequently. ‘They are more concerned in reducing the percentage of disability and compensation paid to us’, complain workers in an asbestos factory.

8. A most notable complaint is the lack of hospitals. ESIC has set itself a norm of four beds per one thousand insured persons. The shortage was around 2000 beds in 1988, as compared to the total number of insured persons.

[according to one of the review committee reports: What ESIC does with these kinds of reports!]

This norm of four beds for one thousand persons itself falls short of the need. Hospitalisation is needed for.

(i) Accidental injuries resulting in temporary disablement and needing hospitalisation.

(ii) Accidental injuries resulting in permanent or partial disablement or total disablement.

(iii) Employees affected by occupational diseases and needing hospitalisation.

(iv) Employees and family members needing hospitalisation for causes not directly related with employment.

ESIC records themselves show that the second type of injuries resulting in permanent disablement were
23,414 in 1987-88 and 23,196 in 1988-89. It turned out that in a concerned employment, injuries resulting in permanent disability were 3.8 employees per one thousand employees. Accidents resulting in permanent disability are serious accidents, their proportion is near to four per thousand. Hospital beds are needed for others as well, as noted above. ESIC has set itself a norm which is not satisfactory.

The Review Committee Reports need to be taken seriously by ESIC and employees' representatives in ESIC.

POSSIBLE CAUSES OF PROBLEMS

A. Staffing

One report had pointed out the following things:

1. Medical officers are drawn from the general health cadre of the state governments and they reluctantly join the scheme and so are uninterested.

Service conditions of doctors also need to be improved. Many doctors remain temporary for many years. One MAHRD (Maharashtra Association of Residential Doctors) activist quips, "lot of corruption is involved in getting a good posting, becoming permanent and for promotions of doctors. A doctor who is at the mercy of corrupt superiors won't be interested in patients or in rational medical practice".

2. At all levels, there is under-staffing.

3. Review Committee had also said that "there is a shortage of drugs, drugs are substandard and there is also a shortage of ambulances.

B. Linkage with the State Governments

ESI Scheme is tied with the state governments. ESIC and state governments share expenses on benefits in the ratio - seven to one (7:1). That means, ESIC spends around 87.5 percent and state governments around 12.5 percent.

If, in any state, the expenditure rises above the national average then ESIC claims these amounts from the state governments. In 1987-88, ESIC received around 2 crore rupees in this manner.

Secondly, there are ceilings decided by ESIC. Expenditure up to the ceiling is borne by the state government.

In 1988, ESIC increased ceilings and they stood as follows: Full medical care per insured person Rs. 1.90

Expanded medical care per insured family Rs. 0.85
Restricted medical care per insured family Rs. 0.70
Expenses on drugs per insured family Rs. 0.70

Building hospitals and running them is costly. This increases the contribution by the state government. Suppose, Rs. 5 crores are to be spent on a hospital to be built. If it is built in a year, expenses will go above the national average in that year and the state government will have to contribute heavily.

It is in the interest of state governments that the above expense is spread out over as many years as possible. So, for each year, their contribution is within limits. Thus, hospitals are not built frequently by government departments. Subsequently, hospitals are not commissioned fast so as to delay and spread over the costs of running them. As a result, workers are denied proper medical care.

The contribution by state governments is just 12.5%. Out of every Rs. 100/- spent on benefits, Rs. 12.50 is contributed by state governments and the net excess of income over expenditure of ESIC is around Rs. 54.60 for every Rs. 100.60 spent on benefits, as shown previously.

We estimated the contribution by state governments as one seventh of the ESIC expenditure on benefits and an extra contribution was added to it (i.e., contribution for crossing ceilings).

<table>
<thead>
<tr>
<th>Year</th>
<th>Contribution by the state Govt.</th>
<th>Arrears from employers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1987-88</td>
<td>32.77</td>
<td>92.64</td>
</tr>
<tr>
<td>1988-89</td>
<td>36.40</td>
<td>116.84</td>
</tr>
</tbody>
</table>

Net excess of income over expenditure of ESIC 17.80

124.05

These figures are self-explanatory. Even if ESIC bears all the expenditure on benefits, it will still be left with a net excess of income around Rupees 85 crores per year.
Tying up with state governments increases red-tapism. All proposals go through two channels - ESIC and the respective state government. The relationship between ESIC and state governments need to be restructured. ESIC can fix up a definite amount as a contribution from each state government. Then, ESIC can run its schemes as it wants. Ties with state governments have now become a dead weight.

The idea of a national average expenditure is a disincentive for state governments to develop new hospitals and plan new schemes. Even if ESIC plans anything, the threat of increased contribution will compel state governments to slow down the development.

The union representatives on the apex body of ESIC need to go into the question of ties with state governments and give a proposal for a fixed contribution (linked with the price-index, i.e., depending on the average index, the amount will change every year) from state governments to make ESIC free to provide better services.

C. Medical Boards

Medical Boards are constituted to decide the percentage of disability of injured workers. The injury may be due to accidents at workplace or during the course of employment or due to occupational diseases. The pension/compensation paid to workers depends on the percentage of disability. The medical boards are constituted by doctors who may not be residing in the same city. Meetings of Medical Boards become less frequent due to lack of time on the part of specialists, the problem of bringing them at one place and the expenses involved.

An injured worker has to wait for months before the Medical Board calls the workers for check-ups. This is simply inhuman.

"The doctors saw my X-ray. There was not enough light in the room. He announced a 23% disability", a worker affected due to asbestosis. "Firstly, ESIS doctors did not diagnose asbestosis. KEM doctors told us correctly that we are affected due to asbestosis. The percentage given by KEM was higher than the one given by the Medical Board." The procedure to challenge the percentage given by Medical Boards is again tedious and lengthy. Workers affected due to silicosis [in Baroda] had to battle in courts to get a proper compensation from ESIC.

Workers get tired of all this. A worker already affected by some disease or due to an accidental injury, has to wait and also has to go through a lot of humiliation. Medical Boards should meet six times a year in each district or more frequently. A worker should not be forced to wait for more than 2 months to get the opinion of the Medical Board. Medical Boards should record the reasons for deciding on a particular percentage of disability. The criteria for this must be defined clearly.

The procedure to challenge Medical Board decisions should be simple and fast.

We saw that the number of workers involved in accidents resulting in permanent disabilities was around 23 thousand every year. This indicates the necessity of fast and proper functioning of Medical Boards.

D. Lack of attention to Occupational Health and Safety

Doctors in ESIS seem to be unaware of this branch of medicine - Occupational Health. This is shocking because ESIS is meant for industrial workers.

Thousands of textile workers are affected due to byssinosis - a disabling disease caused due to cotton dust. Similarly silica dust, coal dust, asbestos fibres take the toll of human life.

There are many cancer-causing substances which are used abundantly in Indian industries. Asbestos, benzene, chromium, nickel, vinyl chloride, auramine and many others may cause cancer to the exposed worker. Lung diseases, skin diseases, nervous system disorders are also caused due to the nature of work.

Factories Act has given a list of occupational diseases which are supposed to be notified to Factory Inspectors by the ESI doctors.

Do ESI doctors notify factory inspectors when they treat a worker affected by occupational dermatitis (or any such occupational disease)? Most (almost all of them) are unaware of their duties under the Factories Act. They are also not trained to diagnose occupational
Secondly, Schedule III of the ESI Act lists those occupational diseases for which employees can claim compensation from ESIC. ESIC has not informed the workers and the doctors about the Schedule III, so how can the workers know if they are affected by any occupational disease in Schedule III? ESIC has not supplied the necessary diagnostic equipment. It has not acted responsibly in this important area.

ESIC should be compelled to do the following things.

A. Recovery from Employers

1. There are more than 900 employers in India who owe ESIC more than Rs. 1 lakh each. Total dues amount to 116 crore rupees.

2. When workers' employees' contribution is cut from the wages, but not paid to ESIC by the employer, this should be treated as a criminal breach of trust and ESIC should not simply strike at the recovery of fines or writing off the dues as bad debts.

3. It is heard that there is a lot of corruption involved in procedures of inspection, recovery of dues from employers, etc.

4. Stringent procedures must be evolved. On one hand, ESIC denies beds, hospitals, diagnostic equipment, drugs to poor workers and allows employers to keep the dues, on the other ESIC needs to take action on this front also, to establish its credentials.

Pressure by unions, workers' employers, alone will ensure an improvement in ESIC. If there is enough pressure, well intentioned representatives of people, doctors and officials will help in improving ESIC.

Since employees drawing Rs. 3000/- per month will be covered by ESIC, urgent action becomes more and more necessary now, when not only the membership but also the number of affected persons is bound to increase, due to its mismanagement.

B. Work on Occupational Health

1. Train doctors in Occupational Health. Institutes such as NIOH, Ahmedabad, CLIN and ITRC, Lucknow may help ESIC in organising these trainings.

2. Develop Occupational Health and Safety Centres all over India - at least one in each district, more in industrial cities such as Bombay. These centres should be well equipped and should have specialists. They should cater to the employees of ESIC hospitals as well.

3. All panel doctors in ESI hospitals should start recording the occupation of employees. This should include the nature of work, exposure to high noise levels, heat, chemicals and other necessary information for diagnosis of occupational diseases.

4. A Superintendent of an ESI hospital suggested, 'we should treat employees even after retirement. Proper medical records should be preserved until the expiry of an insured person. Proper forms for medical
records also need to be prepared. His suggestion needs to be implemented. In case of cancer due to asbestos, it may affect a worker even many years after exposure. Many diseases have long latent periods. This makes it necessary for us to emphasize the need for maintaining proper medical records.

Secondly, an insured person should be treated throughout his/her life by ESIC. Due to the nature of industrial work and possible late effects due to work, it becomes necessary that a person insured for, say, even a year or two, remains insured and his/her medical records also get preserved.

5. Section 29 of the ESI Act gives ESIC the right to recover the excessive sickness benefit from the employer which is given to employees due to the unhygienic working conditions or unsanitary residential facility provided by the employer. Has ESIC used this Section against any employer keeping the workplace unhealthy?

6. In case of higher accident rates, ESIC should inform the Factory Inspectorate to check the unsafe working conditions. The Inspectors of ESIC should inspect workplaces and should not stop merely at inspecting records.

7. COMPENSATION RATES - The disability benefit rate should be linked to the average wage index. Suppose a worker is awarded Rs. 1500 per day as a disability benefit - this amount should change every year depending upon the average wage index of that year. The prices are rising at a geometric progression and disability compensation for the loss of earning capacity should synchronize with the price index.

8. Procedures for collection of disability benefit and dependents' benefit must be made easy.

9. Sickness benefit, other benefit rates amounts for drugs, need to be linked with price index and should not depend on the arbitrary desire of ESIC heads. The benefit rates must be revised every year, linked with the price index. At present, the rates need to be raised and the ESIC has the necessary finances to do so.

C. Simplification of Procedures and Information Dissemination

A. ESIC should bring out booklets in regional languages. These booklets should explain:

i. procedures involved in getting benefits

ii. all the benefits available to employees. This should include information about compensation in case of occupational diseases (Schedule II)

iii. all the forms of forms required by ESIC

iv. grievance procedures - where to complain, how to complain, etc.

B. Industrialists are now having the facility of one-window clearance. Employees should also get one-window clearance of their dues from ESIC. They should not be made to run around to get forms, which are generally not available, to wait in long queues at various offices and windows. Simple procedures need to be developed, in consultation with employees.

C. Local committees should publish reports of their meetings. Local committees need to have some powers. Employees need to have the avenues to reach decision-making bodies and disciplinary bodies, get errant officials straightened and reduce lengthy procedures.

There are (union representatives) employees' representatives on ESIC bodies at the National Level as well as local levels. Yet, workers' complaints are not heard. The unions need to take more active interest in ESIC affairs. Now that the wage limit has gone up to Rs. 3000/- per month, more employees are joining ESIC. Therefore, more attention needs to be paid to ESIC.
The experience of the past forty years shows that the public sector has been propping up the private sector with infrastructure, a bulk of the share capital and cheap credit.

In India, the actual operations of the public sector have benefited the private sector, especially its top echelons. Since independence, the public sector has not only been performing a major role for socio-economic development—a role that the large private sector was unwilling and also unable to perform—but also providing the necessary financial support to private sector. The following table gives a picture of the outstanding term loans given to large private industrial houses by public financial institutions like the Industrial Development Bank of India (IDBI), Industrial Credit and Investment Corporation of India (ICICI), and Industrial Finance Corporation of India (IFCI).

<table>
<thead>
<tr>
<th>Group</th>
<th>IDBI (Rs. In Cr.)</th>
<th>IFCI (Rs. In Cr.)</th>
<th>ICICI (Rs. In Cr.)</th>
<th>Total (Rs. In Cr.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birla</td>
<td>626.10</td>
<td>152.82</td>
<td>287.60</td>
<td>1066.52</td>
</tr>
<tr>
<td>Tata</td>
<td>126.48</td>
<td>31.26</td>
<td>53.88</td>
<td>211.62</td>
</tr>
<tr>
<td>Reliance</td>
<td>251.07</td>
<td>176.33</td>
<td>102.78</td>
<td>532.18</td>
</tr>
<tr>
<td>J.K. Singhania</td>
<td>82.41</td>
<td>87.47</td>
<td>99.01</td>
<td>268.89</td>
</tr>
<tr>
<td>Thapar</td>
<td>85.88</td>
<td>72.99</td>
<td>123.11</td>
<td>281.98</td>
</tr>
<tr>
<td>Mafatlal</td>
<td>82.85</td>
<td>15.85</td>
<td>56.82</td>
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<tr>
<td>Bajaj</td>
<td>33.78</td>
<td>10.56</td>
<td>17.30</td>
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<tr>
<td>Modi</td>
<td>91.73</td>
<td>58.49</td>
<td>41.13</td>
<td>191.35</td>
</tr>
<tr>
<td>L &amp; T</td>
<td>4.86</td>
<td>5.10</td>
<td>16.62</td>
<td>26.58</td>
</tr>
<tr>
<td>MAC</td>
<td>99.80</td>
<td>23.53</td>
<td>28.88</td>
<td>152.21</td>
</tr>
<tr>
<td>Total</td>
<td>1484.96</td>
<td>636.20</td>
<td>827.13</td>
<td>2948.29</td>
</tr>
</tbody>
</table>

Private Sector: How Much Private?

In India, the private sector is really a misnomer. It is a sector generally controlled on family lines and operates within this narrow boundary. In terms of share capital and credit inflow, however, there is very little privacy about it. The contribution of the controlling families is the smallest, not more than five to twenty percent. On the other hand, financial institutions and banks under public sector make an average contribution of fifty percent. The rest are public holdings which include domestic, foreign and NRI holdings. There are 297 private sector companies in which public financial institution, along with state level industrial development corporations, state financial corporations, central and state governments, jointly hold twenty-five percent or more equity capital of those companies. If the government is seriously interested in raising funds through disinvestment, it should go ahead with the private sector shares held by it. In the present context, the finance minister thinks that this would lead to destabilisation of a company. This is completely contradictory to what he himself, along with the IMF, says about liberalisation. Liberalisation is no holy cow. It is clear that the market forces will decide who stays and who doesn't.

<table>
<thead>
<tr>
<th>Name of the Company</th>
<th>Financial Holding</th>
<th>Largest Public (Holding)</th>
<th>Private Holdings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dunlop</td>
<td>34.89</td>
<td>59.92</td>
<td>5.39</td>
</tr>
<tr>
<td>A.C.C.</td>
<td>40.70</td>
<td>47.34</td>
<td>11.96</td>
</tr>
<tr>
<td>Best &amp; Crompton</td>
<td>55.79</td>
<td>26.94</td>
<td>18.38</td>
</tr>
<tr>
<td>S.I. Shipping</td>
<td>56.51</td>
<td>17.06</td>
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</tr>
<tr>
<td>CESC</td>
<td>48.94</td>
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<td>Nicholas Labs</td>
<td>42.94</td>
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<td>34.00</td>
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<td>Remington Rand</td>
<td>39.77</td>
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</tr>
<tr>
<td>Ashok Leyland</td>
<td>38.58</td>
<td>22.32</td>
<td>39.00</td>
</tr>
<tr>
<td>Shaw Wallace</td>
<td>25.77</td>
<td>59.80</td>
<td>13.43</td>
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Every three minutes, a worker dies somewhere in the world and every second, at least four workers are injured, all because of occupational hazards. (ILO Report)

The Statesman (New Delhi)

Gas leak in Bangkok.

Thirty-nine persons were rushed to hospital after inhaling poisonous chlorine gas that leaked into an office block in central Bangkok.

Rescue workers struggled for 90 minutes to evacuate more than 200 workers from the Wall Street Tower in the Thai capital's main business district where the gas, used for water treatment, leaked from a basement room.

The gas rose through the air-conditioning system and lift shafts of the 29-storey building.

The Tribune (Chandigarh) February 18, 1992

T. N. tanneries posing major health hazard

Environment laws that could stop small leather industries in Tamil Nadu from polluting water supplies are not being enforced, with adverse effects on tens of thousands of people.

"The tanneries dump all the contaminated effluent on the agriculture land, in the lakes and river beds," says the director of Trust for Health, Environment and Literacy for the People (Trust-Help).

Economic Times (New Delhi) February 26, 1992

300 workers killed in a coal mine blast

At least 300 coal miners were killed in a methane gas explosion in Koza, near Zonguldak in Turkey on March 4, 1992. The blast, 500 metres below the surface, snapped the communication lines and smashed ventilation shafts.

Times of India (New Delhi), March 5, 1992

Blast In Chemical Plant leaves four dead

An explosion in a chemical factory killed four workers in Eastern China. The blast occurred on 11th March at Yanggiao factory in Changshu, Jiangsu province.

Economic Times (New Delhi), March 12, 1992

20 Labourers killed as mine caves-in

At least 20 workers were killed in a mine collapse in Mahabaleshwar village in Faridabad on March 12, 1992.

Patriot (New Delhi), March 13, 1992
Two workers die in mine accident.

Two workers died due to roof collapse in Khas Kuusada colliery of BCCL, Dhanbad.

Jansatta (New Delhi) March 6, 1992.

22 Workers died in a factory fire

On March 5, 1992, 22 workers died as a fire swept through a factory in Dindaeng district, North Bangkok.

The Hindustan Times, 6th March, 1992

Insurance Companies deny policies to the workers of chemical industry

Major government and semi-government insurance companies have stopped insuring the workers of chemical industries who deal with hazardous chemicals.

Rashtriya Sahare (New Delhi), March 3, 1992

Laying it on thick

Some people are certainly seeing red. When Union Carbide launched its tri-fold campaign for Reckitt Eveready battery, the date they chose hit quite a few people. It was the 3rd December - the same day when seven years ago, the deadly Methyl Isocyanate (MIC) gas killed and crippled thousands of innocent people in that same town. For activists in Bhopal, it was a brutal experience to watch the advertisement on prime-time TV. "It was shocking," said Satnam Sarangi, of the Bhopal Group for Information and Action (BGIA). "It was the most insensitive thing I've ever seen.

But ironically, the consumers have failed to see the connection. If anything, Eveready dealers and retailers are enthused by the campaign. To add to it, Union Carbide managers have no reason to feel squeamish, as also those who devised the whole campaign. "The exact date of telecast of an advertisement is not really in our hands," says the account group manager of Rediffusion, which is the agency handling the campaign. "We don't always get the slots we want. Ideally, we would have liked to launch the campaign on 3rd December. But Doordarshan couldn't accommodate us," he said.

However, the larger question is: Will Union Carbide finally decide to come out of the closet? Are seven years sufficient to erase the horrifying images of the Bhopal tragedy from the public mind? Their earlier campaigns had been rather shy, done almost with a touch of embarrassment. But the present one is a departure from all that. The jingo advertising is without any inhibitions, with the "Give me red chilli and let us become another, Humko Binnie's mango"...

But Canada may not have the last word on it as it has promised. Activists promise that they will once again protest against the advertisement campaign, like they did in 1989. At that time, in Korea, they were successful in generating public opinion against Eveready batteries. If they are able to achieve something similar on a national level, the advertisement campaign might just boomerang on Union Carbide.

Sunday (Calcutta), February 16, 1992
Early Detection Of Occupational Diseases. (WHO Publication)

WHO Regional Office, World Health House, Indraprastha Estate, Mahatma Gandhi Road, New Delhi-110 002.
Price - S.F.44

This book mentions the fact that occupational diseases can be controlled through early detection, so that the treatment could be given while the disease is still reversible. This book has been produced as a guide for health activists. The diseases included are classified according to the hazardous substances that cause them and correspond with the list of occupational diseases identified at the International Labour Conference (65th session), 1980. The first part of the book deals with the principles of detection, the second describes various occupational diseases and approaches to their early detection and control. The physiology of the body systems affected by these diseases, and clinical and laboratory tests for their early detection are discussed in the third part. The final part presents the biological and environment methods for the assessment of the exposure to occupational hazards.

Death On Job: Occupational Health And Safety Struggles In The United States - Daniel M. Berman

Available at: Monthly Review Press, 16 West 14th Street, New York, N.Y. 10014.

This book gives a historical analysis of the politics of occupational health and safety issues in the United States. The author is of the view that business is forced to deal with issues of occupational health and safety, under two different circumstances: during war-imposed labour shortage and during periods of severe social upheaval. When labour is extremely scarce, employers preserve the labour they control by making work more attractive. During times of social unrest, workers demand better conditions. In both cases, business tries to jump ahead of the workers and create institutions which define the problems of health and safety in non-threatening ways.

Hunters Diseases of Occupations, P. A. B. Raffle (Edt.)

Hodder and Stoughton, Mill Lane, Dunton Green, Seven Oaks, Kent TN1 32Yd. Price 100 pounds.

Donald Hunter’s book on diseases of occupations was first published in 1955. During the last thirty years, occupational medicine has shared the increasing understanding of the mechanisms of the diseases, their recognition, investigation and treatment. At the same time, the changes which the industry has experienced in raw materials, in work and the final products have altered dramatically the pattern of occupational diseases. This book is a reprint of the earlier edition to accommodate the changes. The editorial board of the book, included physicians to recast the book for latter decade of 20th century.