EDITORIAL

A New Hope or a False Promise?

Nowadays it is difficult to find a scientific research journal or magazine which does not carry “exciting” articles on the blessings of the newly emerging bio-technologies for agricultural production. Bio-technology is posed as the ultimate solution to all the problems mankind is facing today, and as being the last, decisive step towards the creation of a new world. It is claimed that bio-technology has the potential to solve a number of problems that are common in the third world, particularly those relating to human health, food and energy. But such claims have to be seriously studied with skepticism because of the disturbing features in the structure of the bio-technology industry.

Almost all bio-technology research is concentrated in the industrialised countries - the USA, Japan and Europe. One of the important features of research in this area is its high degree of privatisation. Unlike the Green Revolution, very little biotechnology research is made public. Research in biotechnology was initiated by the Transnational Corporations (TNCs) which have primary interests in pharmaceuticals, chemicals, pesticides, seed and energy industries. Many TNCs, like Monsanto and Du Pont, have set up their own research institutes, each spending nearly US $200 million a year on this. Besides, these TNCs have also established strong links with specialised bio-technological firms through takeovers, joint ventures and research contracting. They have also established links with the biotechnology research being carried out in universities and public-funded research institutions. These trends have led to the making of an industry in which TNCs play a dominant role, and one with little flow of information through the application of intellectual property rights to biotechnology innovations.

This society has also led to a trend of coalition among TNCs, for instance among agro-chemical firms taking over biotechnology companies, on the one hand, and seed companies on the other. Royal Dutch Shell has taken over 76 seed companies while Sandoz has taken over 36 companies. Such coalition is aimed at consolidating the monopoly position through the sale of genetically modified seeds linked to the sale of their chemicals like herbicides and pesticides. Therefore, the increasing privatisation of biotechnology research has important implications for the access of developing countries.

In the case of bio-technology, the research priorities are likely to be determined by the commercial prospects and the global strategies of the TNCs rather than what is needed or beneficial and desirable for the poor in the third world. TNCs involved in agro-chemical business like Ciba-Gegy, Du Pont, ICI and Monsanto, who have already taken over most of the seed companies, will carry out research to develop seeds resistant to their proprietary herbicides, hence making them more dependent on chemicals. Such activities are being supported by the government, such as in the U.S.A., to maintain their country’s competitive edge over other suppliers.

More importantly, it has serious implication on the workers, who will be engaged in producing required chemical and fertilizers and consumers (farmers), who will be using the fertilizers. As experience (like Bhopal) shows that very little is known about health hazards of these chemicals used for production of fertilizers, chances are that a large mass of people will be thrown in to production and use of these chemicals and fertilizers, without having enough information about these new chemicals and their health hazards.

The growing government-industry-university relationship poses a major challenge to the third world in biotechnology. Those of us who are involved in popular education and research, grass-roots mobilisation and organisation, and development issues and struggles will have to examine the implications of the biotechnology in the coming years. The challenge before all of us is to find ways and means to counter the hegemony posed by the TNCs on the minds of the ordinary people through biotechnology.
There are about 10,000 home-based readymade garment workers in Ahmedabad, working on a piece-rate basis and sewing several kinds of garments, including petticoats, blouses and children’s clothes. They live in crowded "mohallas" and "chaalis" all over the city, working long hours in small, cramped quarters which are shared with other family members.

There are seldom more than two rooms in a workers’ home, one of which usually serves as the kitchen. Woman sew in either of their two rooms and sometimes even in the narrow, dark passages between two houses or buildings. Most often, the workers’ home-cum-workplace is badly lit and has poor ventilation. In the long, hot summer months workers complain of stifling heat both indoors and outside. At this time, some women move or even seek refuge under a nearby tree.

Some worker’s homes have attached toilets, but many have a secluded spot in their areas. Poor water supply exacerbates by the current drought in Gujarat, is a chronic problem. Women get up as early as 4.00 a.m. to stand in line for water, provided from municipal taps for a few hours every day. This acute water shortage is often mentioned by workers as one of their major problems and also a constant source of tension.

Workers collect the cloth from the readymade garment merchants. It is in the form of already cut pieces which have to be sewn together by machine. Other inputs in the production process, including needles and thread, have to be bought by the workers themselves. In addition, they use sewing machines, either their own or rented, for which they have to bear the cost of oil, maintenance and repairings. Further, they have to pay for electricity and are often charged rates applicable to industry on the grounds that they are involved in "business" and production. Finally, the women have to bear the transport costs involved in collecting the cut pieces and delivering the finished goods, apart from the time and effort involved.

For all of this labour, they are paid between Rs. 8 and 10 per day, and even this amount fluctuates, and is dependent on the merchants involved. If they are displeased with the quality of the work or annoyed, for whatever reason, with a worker, they deduct her wages. So far, minimum wages have not been fixed by the government for this group of workers. In addition, women do not have proper identity cards which could establish their relationship with a specific merchant. All of the above, together with the women’s low status within the family and society at large, makes these workers particularly vulnerable to exploitation.

In recent years, readymade garment workers have been faced with yet another factor which adds to their difficult and precarious existence. Repeated episodes of communal violence in Ahmedabad have had a very significant and

serious impact on these worker’s lives. With their livelihood endangered because of long periods of curfew and violence and worse, their homes, machines and materials reduced to rubble and ashes, these women have been pauperised further. Needless to say, the environment and conditions under which these women work, for long hours and for years, makes them especially vulnerable to a whole spectrum of health problems.

It is against this backdrop that the readymade garment workers, SEWA, Health Team and Union Organiser conducted this study. We took a sample of hundred workers from this following neighbourhoods in Ahmedabad: Shahpur, Rajkhyal, Sarangpur, Asarwa, Comitpur, Saraspur and Bapunagar.

RESULTS

1. Socio-economic Profile:

In the sample of hundred workers, 80 were Muslim and 10 were Hindu women. The age range was from girls under the age of fifteen years to women over forty-five. 40% of women in the sample were in the age range 15 to 24 years, followed by 22% in the 25 to 44 age group. Amongst the workers on the sample, 65 were married, 29 were unmarried, 3 widowed and 2 divorced. Average household size was seven for this sample.

Among the women, 28 were completely literate, and 31 had education up to the fifth standard (primary school), 94 received education up to the eighth standard and only 7 received secondary school education (9th to 12th Standard.) No workers had received higher education, i.e., above 12th Standard.

With regard to daily hours of work (every day of the week), it was found that the largest number of women surveyed (78%) spend 8 to 10 hours in sewing readymade garments. This was followed by 11, who worked for more than 10 hours and 10 for 5-7 hours.

In the collection of this data, we found that women had some difficulty in recalling exactly how much time they spent in this activity. They explained that this was because it was difficult for them to separate their paid activity (sowing) from their unpaid ones (house-work, child care, etc.) Thus, for each woman, we had to discuss in detail her hours of work from the time of working. Also, all the women said that during Diwali, Id and other festival seasons, their hours of work increased dramatically to cope with the demand for readymade garments.

In examining the years of work, it was found that most women in our sample (49) had been working for 5 to 9 years. This is probably due to the fact that women under 25
constitute the largest group (54%) of our study sample and being the youngest group would have worked for a shorter time. Examination of women’s income from readymade garment sewing shows that the maximum number, 57 workers, earn between Rs. 5/- and Rs. 8/- per day. 27 women earn between Rs. 9/- and 12/- daily. The difference in daily income is both due to the fact that these women are paid piece-rate both according to the amount and also the articles of clothing that are sewed. The husbands were mill workers, autorickshaw drivers, municipal employees, vendors, small businessmen and casual labourers. 17 women in the sample were the sole wage-earners in their families.

Those who did not have electricity told us that they often made connections from a neighbour’s electrical supply and then paid her/him a fixed monthly sum for this facility.

HEALTH PROFILE

A) Occupational health

Ninety-seven out of the 100 women in our sample reported several health problems that they experienced while working. The most common problems are those related to posture adopted and the movements involved in working in the sewing machine. 50 women reported pain in the arms and legs, and 47 said they suffered from back pain. (Chart 1)

OH PROBLEMS AT WORK

<table>
<thead>
<tr>
<th>Problem</th>
<th>No. of Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head ache</td>
<td>41</td>
</tr>
<tr>
<td>Stomach pain</td>
<td>31</td>
</tr>
<tr>
<td>Dizziness</td>
<td>25</td>
</tr>
<tr>
<td>Eye prob.</td>
<td>25</td>
</tr>
<tr>
<td>Body ache</td>
<td>22</td>
</tr>
<tr>
<td>Sealing</td>
<td>12</td>
</tr>
<tr>
<td>Others</td>
<td>32</td>
</tr>
<tr>
<td>Back pain</td>
<td>47</td>
</tr>
<tr>
<td>Pain in arms</td>
<td>80</td>
</tr>
<tr>
<td>No prob.</td>
<td>3</td>
</tr>
</tbody>
</table>

An in-depth ergonomic study of readymade garment workers, conducted by the National Institute of Design (NID), also revealed that back pain and pain in the upper arm were widely prevalent.

For this study, we observed the posture of workers, as well as arm and leg movements involved in the production process. First, women generally sit on high stools (approximately 48 cms) with no support for the back. They bend forward over the machine, possibly because the height of the machine table (approximately 82 cms) is not suited to their anthropometric measurements. In fact, this observation was borne out the NID study as well. The unsuitability of the machine’s height, as well as the stool without any back-rest, both contributed to the widely-reported postural problems mentioned above. Constant leg and arm movement (all the workers use foot-pedal machines and the cloth is pushed forward by hand) also results in pain and swelling of the limbs.

Headache was reported by 41 women, “other” problems (neck pain, fever) by 32 and 26 said that they had various eye problems, including short-sightedness, watering, long sightedness and “blurred vision” (Table 1). In our discussions with women, they told us that the noise of the machine, the vibration, the stiffness of their small poorly-lit homes, and the long hours of work gave them frequent splitting headaches.

The NID study showed that the lighting used for sewing was very poor, and that “the workspit illumination versus the immediate external environment illumination contrast was the cause for producing discomfort, glare, eye strain and headaches”. Constant exposure to vibration of the machine was also suggested as a cause of eye strain.

Further, the study found that poor design of the sewing machine creates “noisy problem”, although this noise was of low frequency. The measured noise level was below the ILO-specified permissible limit for 8 hours a day. However, most of the women both in the NID study and this one were working for more than 8 hours, and further research on the long-term and cumulative effects of this noise are needed to determine the impact on women’s health. Finally, the NID study measured the temperature of the work environment with a view to assessing the strain on workers due to heat. They found that “the radiant part of the ambient temperature” was “too high” and that this had an effect on the working heart rate. All of these conditions probably account for the fact that many women complained of exhaustion and constant tension. Although we did not try to either measure or investigate this further in our study, we found that stress was a major problem in many workers.

What is also important to note is that 74 women reported that they had been two and four work-related health problems simultaneously at the time of the study. (Table 1)

Table No. 1 Number of occupational health problems while at work

<table>
<thead>
<tr>
<th>No.</th>
<th>No. of Health problem</th>
<th>Number of workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>2.</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>3.</td>
<td>2 - 4</td>
<td>74</td>
</tr>
<tr>
<td>4.</td>
<td>More than 4</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
With regard to the persistence of health problems after completion of the day’s work, we found that out of the 97 women who reported, 49 said they felt dizzy and 47 reported that they felt exhausted. Eye problems, pain in the limbs and other problems were also reported (Table 2).

Table No. 2 Occupational Health Problems after the day’s work

<table>
<thead>
<tr>
<th>No.</th>
<th>Health Problem</th>
<th>Number of workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Dizziness</td>
<td>49</td>
</tr>
<tr>
<td>2.</td>
<td>Exhaustion</td>
<td>47</td>
</tr>
<tr>
<td>3.</td>
<td>Eye problem</td>
<td>18</td>
</tr>
<tr>
<td>4.</td>
<td>Pain in the limbs</td>
<td>33</td>
</tr>
<tr>
<td>5.</td>
<td>Others</td>
<td>3</td>
</tr>
</tbody>
</table>

In addition, 56 said that after work they had between two and four of these health problems simultaneously at the time of study and 41 had just one of these (Table 3).

Table No. 3 Number of Health problems persisting after work

<table>
<thead>
<tr>
<th>No.</th>
<th>Health problems</th>
<th>Number of workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>2.</td>
<td>1</td>
<td>41</td>
</tr>
<tr>
<td>3.</td>
<td>2-4</td>
<td>56</td>
</tr>
<tr>
<td>4.</td>
<td>More than</td>
<td>0</td>
</tr>
</tbody>
</table>

Total: 100

Despite the number and extent of health problems experienced by ready-to-wear garment workers, no preventive measures are taken.

When we raised this issue with workers, they told us that they would like to prevent these problems but felt they were too poor to do so. They realized that working in small, dark, unventilated homes for hours together led to all sorts of conditions and explained that this situation was likely to remain unless their socioeconomic conditions improved. As one worker put it “To be healthy, I need more money, paid holidays more and just working condition. I know that without light and electricity I will ruin my eyes but what can I do if I cannot even feed my children”. Further as the NID study has shown, the machine itself needs redesigning to be safe and suitable for workers’ use. Low cost and more appropriate stools are also needed.

Although little preventive action is taken, 63 women said they do seek treatment for the health problems they face. Out of these workers, 57 go to a doctor, either government or private, for treatment and six use home remedies, like massage and herbal tinctures. 37 women did not seek any treatment. When asked, they told us that this was because they could not afford to pay and felt that they just had to put up with these chronic problems. Even though municipal hospitals are free, they had to pay for transport and food. In these sessions women mentioned that they did not have money from a neighbour or relative to cover all these costs.

Throughout the study and in our discussions with women, what emerged was that long hours of work, with little or no rest, for years together appeared to have a direct impact on worker’s occupational and overall health status. Longitudinal studies with a larger sample size than that of this study would best be able to determine the extent and nature of this impact.

As far as accidents at work are concerned, 78 women reported that they picked their fingers while using the machine.

In addition, workers said that their children’s hands and fingers often got caught in the machine and wheels. This is particularly dangerous because the wheels have no safety guards and rotate at high speed. With regard to treatment, a wide range of responses was received, including home remedies and visiting the doctor for tetanus toxoid injection. As many as 36 women said they take these injections most often from private practitioners. They repaid the cost of these as ranging between Rs.8 and Rs.50.

B) Gynaecological and other health problems:

The data shows that the workers have a number of health problems which may not directly influence their occupational health, but are of importance in the context of their overall health status. 89 women reported that they felt exhausted and 87 said they experienced dizziness. This could be partly due to the high prevalence of anaemia among workers. Our meeting and informal discussions with women also suggest this, although in the case of our sample of 100 women, we did not clinically examine all of them.

The NID study referred to earlier attempted to determine the nutritional status of ready-made garment workers by analysing the different components of their food and the caloric value. While their iron intake was not obtained, it was found that their average daily protein intake, 96 grams, was above the recommended value of 50 grams. However, their average daily caloric intake, a mere 1972 Calorie, was below the recommended value of 2200 to 3000 Calorie for moderate and heavy work respectively, indicating the undernourished status of these women.
Finally, in regard to T.B., three women appeared to have symptoms but only one had undergone screening. She did not report the result. In addition, two women’s husbands were positive. T.B. cases, two women’s fathers and one’s son were also T.B. patients.

CONCLUSIONS

The data from this study and our discussions with ready-made garments workers reveal various aspects of women’s occupational and other health problems. These are summarized below:

1. There are definite health problems associated with ready-made garments sewing. These include pain in the limbs, back pain, headache, swelling in the limbs, bodyache, dizziness, various eye problems and others. Most are chronic in nature. These problems persist even after women stop work.

2. Most workers experience two or more of these health problems at a given point, both while at work and after.

3. It is likely that the degree and extent of these health problems are influenced by long hours and years of work.

4. Workers do seek symptomatic treatment for these health problems. However, they also mention poverty and futility of treatment for chronic problems as reasons for not seeking treatment.

5. Accidents with the sewing machine are very common. Both outside treatment and home remedies are used for injuries.

6. Women experience a number of gynecological and other health problems, which for the most part are neither prevented nor treated. These include fatigue, dizziness, pain in the lower abdomen, white discharges or leucorrhoea, burning and itching sensation while urinating and menstrual problems. Most women have two or more of these at a given point of time.

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Table No. 4 Gynecological and other health problems in sample workers

<table>
<thead>
<tr>
<th>No.</th>
<th>Health problem</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>N.A.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Early periods</td>
<td>7</td>
<td>80</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>2.</td>
<td>Heavy bleeding during periods</td>
<td>14</td>
<td>75</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>3.</td>
<td>Burning sensation while urinating</td>
<td>33</td>
<td>63</td>
<td>-</td>
<td>4</td>
</tr>
<tr>
<td>4.</td>
<td>White discharge</td>
<td>57</td>
<td>37</td>
<td>-</td>
<td>6</td>
</tr>
<tr>
<td>5.</td>
<td>Itching sensation while urinating</td>
<td>30</td>
<td>67</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>6.</td>
<td>No breast milk</td>
<td>9</td>
<td>73</td>
<td>-</td>
<td>18</td>
</tr>
<tr>
<td>7.</td>
<td>Pain in lower abdomen</td>
<td>81</td>
<td>20</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Early exhaustion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Dizziness</td>
<td>87</td>
<td>11</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>10.</td>
<td>Any other problems (diabetes, blood pressure etc.)</td>
<td>16</td>
<td>55</td>
<td>-</td>
<td>29</td>
</tr>
</tbody>
</table>

N.B. ‘N.A.‘ or ‘Not Available‘ in the table refers to those who did not respond and also to those to whom the problem did not apply e.g. 1 and 2 would not apply to post-menopausal women.

The lack of proper water supply and unhygienic conditions in which workers live are contributory factors for these problems. Another significant point is that only five women said they take some treatment for all these problems. Three use home remedies like no compresses and drinking lemon juice and two go to private medical practitioners.

With respect to the number of these health problems in each worker of the sample, it was found that 51 women experienced more than four at the time of the survey and 42 had between 2 and 4 problems (Table 5).

Table No. 5 Number of health problems at a given point in the sample workers

<table>
<thead>
<tr>
<th>No.</th>
<th>No. of problems</th>
<th>Number of workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>2-4</td>
<td>42</td>
</tr>
<tr>
<td>4</td>
<td>more than 4</td>
<td>51</td>
</tr>
</tbody>
</table>

TOTAL 100

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Also Read

LAND & PEOPLE

Write to:

PRIA
45, Sainik Farm
Khanpur
New Delhi - 110 062
Macras, Aug. 5 (PTI) - As many as 41.49 per cent of workers who had had prolonged exposure to asbestos dust in the course of their work developed restrictive pulmonary function of varying degrees, according to a study conducted by the Regional Labour Institute (RLI) here.

The study, which covered 576 workers in eight large units in the Southern region using asbestos fibre - six asbestos cement and two brake-lining plants - revealed a direct relation between the number of years the workers had been exposed to asbestos dust and the degree of the ailments, Mr. A. Alagar, action director of the RLI, said here.

There were 20 cases of possible asbestosis (needing confirmation by more sophisticated tests), he said. The medical term for asbestosis is serious disease, is diffuse interstitial pulmonary fibrosis.

Smoking in addition to exposure to asbestos dust greatly increases the chances of contracting various chest and lung problems, including cancer, the study further showed, Mr. Alagar said.

Mr. Alagar said keeping in view the high health hazards associated with the handling of asbestos, RLI had launched an occupational health study on the asbestos industry in the Southern region. The report was brought out recently.

The study consisted of two sections - environmental monitoring and medical monitoring. Samples were collected from each location spread over the entire shift. These samples were then examined microscopically.

It was found that while in the asbestos cement plant the fibre level was within the recommended standard of two fibre/CC largely because the process involving asbestos is a wet one the case was more serious in the brake-linking plants, where the operations are largely dry, Mr. Alagar said.

In one everyday process - cleaning of bag filters - done by contract labourers, the level of dust was as high 8.86 and 2.13 fibres/CC he said. The workers were using dust masks, but better control measures, supervision and personal protection were necessary, he said, adding recommendations had been made to the plants concerned.

Mr. Alagar said the most significant finding was that all the workers having severely restricted pulmonary function had been exposed to asbestos dust for periods ranging from 16 to 35 years, establishing a direct dose-response relationship.

Two hundred and sixty workers were smokers, and the percentage of smokers who had asbestos related illnesses was double that of non-smokers.

Giving details of the various health problems the workers faced, Mr. Alagar said parenchymal (soft tissue) changes were seen in seven workers, pleural plaques in 18, pleural calcification in three, kerleys' b lines (an early radiological finding indicating disease) in two, bilateral crepitations in 12, minor fissure thickening in five and clubbing of fingers in 19 workers. Based on one or more combinations of the above problems, it was concluded that 20 workers had possible asbestosis.

Talking of the follow-up steps taken, Mr. Alagar said the report had been submitted to the directorate general of factory advice service and labour institutes, Union Ministry of Labour, under which RLI comes.

The recommendations centered on improving the working conditions and for safer handling of asbestos apart from bringing down in fibre levels in the work environment by engineering control measures like good housekeeping and effective exhaust ventilation, he said.

Mr. Alagar said it had also been recommended that the 20 workers with possible asbestosis be subjected to more in tense monitoring by an occupational health physician, and occupational health services be established for each unit for effective inductive industrial hygiene and medical monitoring.
Workers spraying pesticides may suffer from lung damage, says a study.

Labourers in Asia's biggest "mango belt" in Lucknow district showed that they suffered from lung diseases and other health hazards due to exposure to pesticides.

These workers were exposed to nine varieties of organochlorine and organophosphorous pesticides and the results showed 38.5 percent prevalence of respiratory impairment in the workers.

The findings of the study conducted by toxicologists of the Industrial Toxicology Research Centre here were recently published in the American Journal of Industrial Medicine.

Sixty-five bodies have been located in the Kora lignite mine, western Yugoslavia, where all 178 miners buried after a gas explosion late on Saturday are believed to have perished, news agency Tanjug reported yesterday.

The discovery of the 65 bodies puts the death toll at 73, but rescue workers said the remaining miners were unlikely to have survived.

Six-year-old Pri Goswami died an other nine were seriously affected by a gas leaking from an LPG cylinder at a bulb factory on Sura Second Lane, Phubagan, this morning.

Workers of the factory noticed the leaking around 9.30 a.m. Panic-stricken, they dumped it into a well in an attempt to stop the leakage.

Pneumoconiosis Among Flour Mill Workers.

An epidemiological health survey of 134 workers exposed to airborne wheat flour dust in various small flour mills at Lucknow was undertaken to assess prevalence of Pneumoconiosis. Forty control subjects with no previous exposure to flour or any other dust comprised the reference group. The study population showed prevalence of 'Flour Workers Disease' (FWD) in 16 (11.9%) cases while 2(1.5%) cases showed radiological changes suggestive of simple silicosis (P category with 0/1 profusion). Flour mill workers with FWD had a mean exposure range of 13.4 ± 66 years to airborne dust in the work environment. Seventy-five percent of them showed cough with sputum and 68.7% recorded dyspnoea, chest tightness and chest pain at work. By: B.N. Gupta, S.K. Rasogi, H. Chandra, N. Mathur, P.N. Mahendra, R.S. Bhandari, S.K. Bhargava, S.H. Clark and Tanveer Husain.

This is to update you on the various developments that have taken place on the campaign since the previous letter.

The response to our first letter has been quite encouraging and we are still receiving a couple of letters every week.

As you are aware, this campaign is attempting to focus on mobilising people from various concerned areas; promoting concrete action on dust related diseases; and influencing policy makers.

The first look at the responses received by us substantially highlights the immense possibilities of pursuing the above focus. The responses have been received from 13 provinces and include voluntary organisations; management/government institutions, unions, medical professionals, engineers, safety officers, occupational health practitioners, lawyers and teachers.

The suggestions made in the response range from need for promotion of documentation, publications, seminars, research studies, to training for ESI doctors, on dust related lung diseases.

Following is a brief information about the activities going on as part of the campaign:

a. Compilation of all available information, i.e. medical studies, legal cases on DRLD is going on.

b. Preparation of a comprehensive note on problems and issues related to asbestos and cotton dust is going on.

c. In Madhya Pradesh, a three day workshop to discuss occupational health problems in Vindhyaachal Region and to discuss plan of Action on DRLD is being organised during November 21-23, 1990. Contact, Mr. Avadesh Kumar, Lok Hit Samiti, Navjeevan Vihar, Vindhy Nagar, Simruhi, Madya Pradesh.

d. In Kerala a discussion is being organised in November 1990 to prepare an Action Plan for that region. Contact, Mr. Mathew Joseph, Information for Action, Opposite Fire Station, Palai, Kottayam - 686675, Kerala.

e. In Delhi a poster competition on problem of dust related lung diseases is being organised December 3, 1990, the Bhopal Day. Contact PRIA.

f. In Gujarat, discussions with Trade Unions, Workers, Doctors is going on, a meeting in second week of February 1991 is being fixed on Occupational Health and DRLD. Contact, J.B. Patel, Vyavsayik Swasthya Suraksha Mandal, 202 Shiv Apartments, Shashtri Pole, Kothi, Baroda - 390 001, Gujarat.

We request you to undertake activities such as debates, meetings with workers and unions, seminars, poster competitions, studies etc. to motivate public opinion on this issue. If you think we can be of any help please let us know at the earliest so that we can further workout modalities.

We are enclosing copies of poster issued by the campaign. Your reactions to the poster and demand for more copies is highly appreciated.

We will try our best to keep you informed about the developments in campaign.

Looking forward to your encouragement, involvement and support in this campaign.

Society for Participatory Research in Asia
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