



“Far from accepting responsibility and offering help, the government and the corporation left the workers who were suffering from silicosis to fend for themselves.” The quartz mines near Elkatta in Telangana’s Ranga Reddy district where the workers were employed. (Below) The women whose husbands died from silicosis narrate their stories. ■ K.V.S. GIRI

Telangana’s ‘villages of widows’

In the 1970s, hundreds of women from Mahbubnagar’s villages lost their husbands to silicosis, an occupational hazard in quartz mines that could have been prevented if safety protocols had been followed. Even after four decades, justice remains a distant dream for the affected families, reports **K. Venkateshwarlu**

If only someone could read them, the wrinkles on Narsamma’s face would tell an epic tale of agony and tragedy spanning four decades. Narsamma was a teenager when she married Chandramouli in the 1970s. What decided the match, as was the trend in those days, was his job in a public sector undertaking – at a quartz-mining and crushing factory of the Andhra Pradesh Mineral Development Corporation (APMDC) at Elkatta, a dusty village, 5 km from Shadnagar, in Telangana’s Ranga Reddy district (earlier in Mahbubnagar district).

For the first four years, things went smoothly for the couple. They had a baby boy in 1980. Narsamma’s relatives envied her good fortune: she was married to a man with a secure job and a good salary. For the people in this drought-hit district, mining quartz promised jobs and prosperity.

But soon things began to go downhill. In 1981, Chandramouli returned home one night with a persistent cough. “Initially, we dismissed it as common cold,” Narsamma says. “But his cough worsened, and he found it difficult to breathe. We took him to a private doctor in Shadnagar, and then to a big hospital in Hyderabad. We ran from pillar to post in search of a cure. Some said that he had tuberculosis (TB). We mortgaged the house to pay for his treatment and ran up huge debts. But we could not save him.”

There are many stories like Narsamma’s in Elkatta, Rangampally, Chowlapally, Kamsanipally and Peerlaguda villages in Ranga Reddy district. These places are known locally as “villages of widows”, as most of the women there have lost their spouses to silicosis. All of them belong to poor Scheduled Tribe, Scheduled Caste, Backward Class, or minority communities.

The mystery illness

Silicosis, an incurable disease, remained shrouded in mystery for a long time due to misdiagnosis and the delayed manifestation of symptoms. The locals called it “*guttala bimari*”, or “the disease from the hills”. The APMDC, now known as the Telangana State Mineral Development Corporation (TSMDC), ran the mines from 1965 to 1974, and then shut them down abruptly when they saw that the workers were succumbing en masse to silicosis.

But until the shutdown, whenever a worker fell sick, he was simply told that his cough was a temporary phenomenon and that he would get better. The workers were not told that they were victims of silicosis. Instead of being given proper medical treatment, they were given pieces of jaggery as some kind of an antidote.

According to the villagers, around 350 workers were employed in the mines and the crushing unit, and a majority of them were exposed to silica dust. The technologies of mining and crushing, the working conditions, and the safety protocols in the early 1970s were so primitive that most of the workers were exposed to heavy doses of silica dust on a daily basis. Quartz was mined at Chowlapally and brought to

the crushing unit at Elkatta, where it was heated to 1,000°C in a kiln, broken into smaller pieces, and turned into fine dust in an oblong closed shed.

This shed proved to be a virtual death trap, as the workers kept inhaling the odourless silica dust that gave them a racking cough and led to shortness of breath. Over 100 employees were involved in this crushing process in each of the three shifts daily. When they fell sick, the women rushed them from one hospital to another, fighting against a disease that would soon turn into an unending battle for compensation.

Suppressing the truth

Far from accepting responsibility and offering help, the government and the corporation left the workers to fend for themselves. The authorities quietly abandoned the quartz-mining and crushing activities in 1974 though the mining lease was valid till 1985 and the mineral was available in abundance. When they realised that the health of the workers was deteriorating, instead of acknowledging the toxicity of the workplace as the issue, the corporation told the workers that operating the mine had become uneconomical. The workers were laid off in batches and paid paltry amounts instead of the full compensation and severance package that would have been their due had the legal process of closure been followed.

“Clearly, this was done to avoid the liabilities under Section 25-O of the Industrial Disputes Act of 1947 and Section 6 of the Metalliferous Mines Regulations, 1961 (which mandates that the mine owner should submit a notice to the Chief or the Regional Inspector, stating reasons for abandoning the mine and the number of persons affected),” says M. Sambasiva Rao of the NGO, Banjara Development Society (BDS).

Perhaps because the APMDC was a government undertaking, the regulatory agencies under the Mines Act and the Factories Act looked the other way. Many even wonder if the unit had any of the other mandatory permissions apart from the mining lease. Whether in over-seeing the operations, putting in place safety protocols, or taking care of the sick workers and their families, the APMDC’s track record has been of consistent neglect and callousness.

For the stricken families, getting to the bottom of “*guttala bimari*” was itself quite a task. Exposure to large amounts of silica can go unnoticed as it is a non-irritant and does not cause any immediate health effects. The symptoms of silicosis – shortness of breath, cough, fever and bluish skin – show up only after prolonged exposure to silica dust, according to the World Health Organisation. “As silicosis is incurable, clinical management includes removing the worker from the industry and giving symptomatic treatment,” the WHO says.

When the quartz mine workers who fell sick were taken to the local government hospitals, they were wrongly diagnosed as having TB and were referred to TB hospitals in Vikarabad and Hyderabad, 50 km away. As they continued to get treated for TB, there was no clinical



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management of silicosis. For years after the shutdown, workers kept dying of silicosis with no remedy in sight.

“The doctors were either clueless or deliberately suppressed the fact that the workers were suffering from silicosis,” says Rao, who has been ferrying victims to hospital and fighting for their compensation for over two decades. “Our government negotiates nuclear liability clauses aggressively in international fora but doesn’t care about domestic industrial disasters. It’s been more than four decades since the quartz mine was abandoned and the workers died without proper care. But the families haven’t got a single rupee as compensation despite approaching so many government bodies and regulatory agencies, including the APMDC, the Directorate General of Mines Safety, the Directorate of Factories, the Labour and Health departments, the National Human Rights Commission, Assembly, Parliament and the High Court. It is a total failure of governance.”

Saga of insensitivity

What emerges from a study of the chronology of the events is a sordid saga of bureaucratic red tape and insensitivity. To start with, no government agency was willing to recognise the disease as silicosis. This was despite the fact that two of the victims, G. Narayana and Chandramouli, who had privately ap-

proached a chest physician, Dr. Jaichandra, in Hyderabad in 1987, were certified as afflicted by silicosis.

A medical camp set up in 1991 in Mogiligidda village (near Elkatta) by Dr. Mahender Reddy, a private doctor, also confirmed silicosis among the workers. In 1993-94, a joint move by the BDS and Dr. R. Vijai Kumar, a pulmonologist at MediCiti, a private hospital in Hyderabad, revealed 69 cases of silica dust-induced illness among the workers, with 58 suffering from silicosis and 11 from silico-tuberculosis. By as late as 1994, Dr. Kumar remained the only doctor who agreed to give evidence before a government agency. But the government hospitals either vacillated or dismissed the cases as TB.

In 1991, five affected persons and their family members filed petitions before the Commissioner for Workmen’s Compensation in Hyderabad. Two years later, they were referred to the Andhra Pradesh Chest Hospital for the checking of “past exposure and present morbidity and mortality”. A committee formed for the purpose refused to give its view and passed the buck to the Employees’ State Insurance Corporation (ESI) hospital, Hyderabad. The ESI hospital, too, declined to get involved, on the grounds that mines are not covered by the ESI Act. The Commissioner for Workmen’s Compensation then referred the matter to the National Institute of Occupational Health (NIOH), Bengaluru. But the NIOH too refused to take it up.

It is telling that the government’s first efforts to medically examine the cases came a good two decades after the closure of the mines and the crushing unit. It was only on September 1, 1994 that the government of Andhra Pradesh issued a letter to the Andhra Pradesh Chest Hospital, after which the superintendent of the hospital held a medical camp in Shadnagar on “respiratory problems faced by people in these villages”. The letter made no mention of silicosis. But even this late intervention turned out to be a non-starter as the critical equipment, a mobile X-ray unit, was “not available”. Apparently, the Andhra Pradesh Chest Hospital authorities could not arrange for one to be brought from their hospital in Hyderabad to Shadnagar.

In response to a complaint filed by

the BDS and a Delhi-based NGO, Society for Participatory Research in Asia, the Director General of Mines Safety conducted an inquiry and seized the employment and other relevant records from the APMDC in 1995-96. But no action was taken though the Director General could have invoked Section 75 of the Mines Act to prosecute the APMDC.

After the BDS lobbied with some MLAs, the issue was raised in the Andhra Pradesh Assembly in 1997. The NGO ferried 54 workers from their villages to the Andhra Pradesh Chest Hospital in Hyderabad for a proper medical examination. But again there was no report.

In the absence of any succour from any of the government agencies, the victims, with the help of the BDS, petitioned some MPs. Responding to a question raised in the Lok Sabha in 1997, the Union Health Ministry released a note prepared by the Indian Council of Medical Research (ICMR). The note blandly stated that a team of doctors from ICMR visited Hyderabad, Mahbubnagar and the office of the Mandal Revenue Officer, Shadnagar, from February 20 to 22, 1997.

The team’s findings were baffling. First, it found that no cases of silicosis had been reported to the Director/Inspectorate of Factories. Second, it observed that though there may have been cases of deaths due to silicosis, no authentic records were available to establish this. These findings, however, fly in the face of a report from the Society for Participatory Research in Asia that was submitted to the ICMR team. The report, based on a house-to-house survey on deaths due to silicosis in select villages of Mahbubnagar district, stated that 136 people (85 men and 51 women) died from silicosis. Most of those who died were 40 to 49 years old.

A perusal of all the documents pertaining to these deaths leads to the conclusion that the ICMR team, instead of getting to the bottom of the causes behind the workers’ deaths, simply washed its hands of the whole mess with a perfunctory note. This non-response remained the norm with nearly all the government agencies.

Judicial intervention

Things began to move only after the issue was taken up by the National Human Rights Commission following a representation filed by the BDS in 1995. Five years after the petition was filed, the Commission issued a notice to the Chief Secretary of the Andhra Pradesh government, asking why no effort was made to find the cause of the illnesses and ameliorate the suffering of the victims. The government formed a committee under the leadership of Dr. K.J.R. Murthy, an expert in respiratory medicine, and ordered another round of tests on those willing to come to Hyderabad. The committee members examined 143 people in late 2000. Twenty-nine of them, including 11 women, were found to be suffering from silicosis. It was after this exercise that another silicosis victim, N. Sevia, died while returning to his village. Yet again, the entire exercise yielded nothing concrete for the

affected families – no compensation and not even an allowance for those taking care of the victims.

More than 20 years after the death of their husbands, the women of these villages were still to see a glimpse of either justice or compensation. Distraught, they then approached the Andhra Pradesh High Court in 2000. Helped by the BDS, three petitioners, including Narsamma, moved the court under Article 226 of the Constitution. The case was effectively argued by human rights activist K. Balagopal.

After more than a decade of litigation, the High Court converted the writ petition into a Public Interest Litigation on September 13, 2012, and passed the final order in February 2013. It directed the authorities, including the APMDC, to propose a scheme to safeguard the life and liberty of the persons suffering from silicosis. On March 5, 2013, the Advocate General, appearing on behalf of the APMDC, placed a scheme before the court. It entailed the APMDC agreeing to pay the silicosis-affected workers compensation as decided by the Compensation Commissioner under the Workmen’s Compensation Act, 1923.

The High Court gave two weeks to the affected persons to obtain the necessary documents from the authorities and another two weeks for the latter to complete the task. Fully aware of how bureaucracies tend to function, the court noted, “If any help is required from the Revenue authorities by the persons who were affected, generosity shall be shown and shall be dealt with on humanitarian ground.”

Another five years have passed since the court order. Only on December 19, 2018 did an official team of the TSMDC start a preliminary survey of the villages. While the visit has triggered hope among the families of the victims, there is also an unmistakable note of cynicism. What will they do after so many decades, the families wonder.

Their despondency is hardly surprising. The scheme submitted to the High Court is good but it again talks of submission of proof of employment and confirmation and verification of workers who suffered silicosis. The government and the TSMDC are still struggling to put together a list of victims and their families who are eligible for compensation. G. Deepti, general manager, sales and marketing, TSMDC, however, says that the corporation would ensure that the families are compensated.

Rao has his doubts. He wonders how many of these poor families will have 40-year-old records and documents, given that the Director General of Safety had seized most of the employment-related records. “The authorities should show their human face and be generous in extending compensation instead of forcing the victims to again visit offices and hospitals seeking assorted documents to prove their misery,” he says.

Will these families, devastated by a deadly combination of industrial callousness, medical tragedy and official neglect, ever find closure? “I am not sure,” a weary Narsamma says. “Let’s see if I get something in hand.”