9 | Demystifying occupational and environmental health: experiences from India

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Introduction

In India's industrialized zones, health problems linked to occupational hazards and workplace conditions affect many workers, while others are at risk from industrial accidents and their environmental effects. Workers themselves have accumulated much experiential expertise of such occupational and environmental health issues, interpreted within their own life-worlds. Yet having these perspectives and experiences recognized, and occupational diseases identified and acted upon by government agencies and corporations, has proved a much greater struggle. This chapter documents such struggles, which can be seen as central to the citizenship practices of factory workers. Not only have these struggles brought workers' own knowledge and experiences of occupational risks into the public policy domain, but this has been linked to a variety of rights claims: whether rights to material compensation, to medical treatment or to improved working conditions. These citizenship practices have, moreover, been forged in a context where workers' very survival is at stake, and their motivation for struggle is low.

Workers have not waged these struggles alone. Indeed, the chapter focuses on the key roles played by a set of intermediary actors in brokering and bridging the worlds of affected workers, and of scientific and policy institutions. It is based on ten years' experience of the Occupational Health and Safety Centre (OHSC) and the Environmental and Occupational Health Section of the Society for Participatory Research in Asia (PRIA). The OHSC was formed by unions, workers and activists, medical professionals, safety experts and lawyers in 1988, and has worked consistently since then to help identify and spread information about occupational diseases, and to fight for compensation. Central to this brokering has been interpreting and reframing workers' experiences to fit the concepts and standards of legitimacy of dominant scientific culture, while educating workers to participate in diagnosis and monitoring (Murlidhar et al. 1995). The science of occupational diseases has thus been 'demystified' for workers. In this, the worlds of workers and scientists have been bridged largely in terms of science, rather than those of workers' own ways of being, and a particular

model of the scientifically literate citizen has thus been promoted. Yet as the chapter suggests, given the scientific uncertainty and even ignorance surrounding many issues of occupational and environmental health, this has been a process of demystification for scientists too, as through the work of OHSC, and the workers' citizen science that it has supported, new knowledge of and diagnostic precision in occupational and environmental health have emerged.

The chapter begins by outlining the origins and early work of the OHSC in a context of high scientific uncertainty about occupational diseases, official reluctance to acknowledge them and extreme marginalization of factory workers. It then addresses the case of occupational lung diseases, and the process through which the OHSC supported workers' citizenship practices around this issue. The chapter goes on to address, more briefly, a range of further occupational and environmental health issues, where similar brokerage has been undertaken, including occupational noise-induced hearing loss (NIHL), disability assessment more generally, and chemical accidents and pollution, drawing out common themes in the emergent relationships between workers as citizens, scientific institutions and governance.

The origins and early work of the Occupational Health and Safety Centre

The OHSC was formed against the backdrop of several serious setbacks to workers' organizations in the 1980s. An unsuccessful strike by textile workers in Mumbai was followed by the rapid closure of many industries there, with the onslaught of the new economic policy pushed by right-wing governments, and amid forces of economic globalization. Nearly 60 per cent of industries in the Agra Road and the Thane–Belapur Road, one of the largest industrial belts in Asia, were shut down. The poor economic conditions, vulnerability and low morale of workers that ensued provided the context in which the OHSC began its work in diagnosing and monitoring occupational and environmental diseases.

When OHSC started its work, there were many obstacles to recognition of workers' experiences of occupational disease, and to translating such recognition into realized rights to treatment or compensation. Many occupational and environmental health problems are surrounded by uncertainty, making diagnosis difficult. Some of these uncertainties are socio-political, others scientific, and some combine both these aspects. There is frequently uncertainty about the causes and precise sources of a health problem, and about the nature and speed of disease processes – despite the perception that medicine is an exact science. This uncertainty is compounded by the

lack of a clear regulatory framework and the lack of understanding among concerned parties about the limited legal regulations.

There were also other major hurdles that obstructed the process of recognizing and claiming for occupational health issues. Doctors were poorly trained in recognizing and diagnosing occupational diseases. The attitudes of both doctors and other relevant professionals to doing so was influenced by a bias among the professional class against blue-collar workers in general. At times, this led to professionals deliberately misguiding workers who came to them with occupational and environmental health problems. When studies were carried out on workers, these were not made available to anyone except the select few conducting the study, and so were not open to public scrutiny. Should an occupational disease be identified, workers faced further problems in gaining medical or disability certification. Neither was given readily, while disability certification, which is required for compensation, was frequently not understood by doctors and hence not given to workers. Lawyers, even those whose general stance was pro-worker, tended to have a poor knowledge of progressive laws related to occupational health. Poor training, as well as undermanning and general apathy, also characterized the staff of the Employees' State Insurance (ESI) scheme – a contributory health insurance scheme with large financial reserves. This led to apathy in using these financial reserves for workers, and in particular for occupational health problems. Finally, all these problems were compounded by information issues, including difficult access to the Internet owing to a shortage of resources, and all information being in English (with some Latin and Greek), creating serious difficulties for workers in understanding scientific, legal or insurance issues. These factors, as well as Kafkaesque 'red tape-ism' (procedural delays), daunted even the bravest of workers armed with medical certification forms seeking justice.

In beginning to demystify the process of problem identification and routes to rights-claiming, OHSC's first major work addressed the occupational diseases of workers in the underground sewer department of Mumbai, acting together with the municipal workers' union. Later, work in diagnosing occupational diseases, educating activists and fighting for compensation was carried out with many unions and collective groups, such as the All India Trade Union Congress, the oldest workers' union in India, and the major textile workers' union, the Trade Union Solidarity Committee, Mumbai (Murlidhar et al. 1995). OHSC also worked together with citizens' groups, for instance in chemical belts such as Parivarthan in Maharashtra.

I now go on to discuss in detail OHSC's role in the struggle to have occupational lung diseases recognized and compensated.