CHAPTER 6

CONCLUSION- Resurrection

This chapter begins with a summary of the findings and the Misdiagnosis of Silicosis and the shortfalls of the state in addressing it. It then explains the cycle of violence emerging from structural violence. Based on this, a social work model using the context and framework of structural violence is attempted at. The last section deals with the scope of future research.

6.1. Summary of the Findings

In this section the first part summarizes the field realities and elucidates the structures of violence. The next part highlights the impact of Misdiagnosis and the response of the State.

The social structures impact both men and women, but differently, in the community. To reiterate, they all hail from the lowest social strata, mainly Meghwals and are denied equal opportunities. Education remains a dream for most, and even those who enrol drop out early for sheer survival. This along with the state structures in failing to provide any skill training, the uneducated, landless labourer joins the workforce as informal, unskilled labourer – the lowest rung. As an informal worker he has no identity, no proof of employment, no security of standard wages, no social welfare benefits. Mining is also not regulated, with no enforcement of workplace safety measures, and the worker is thus susceptible to occupational diseases like Silicosis whose symptoms are similar to TB. As mentioned earlier, the worker is already predisposed to respiratory infections because of poor nutrition and having born and brought up in the dust laden mining environment. The health system fails to diagnose the disease or inform the worker on what is ailing him, and in an attempt to be cured, he gets indebted. The lack of occupational safety further deteriorates his condition, and he is terminally ill awaiting death.

Parallel, but hidden to this narrative, is the journey of the woman whose life is linked to the mineworker through marriage. However, this could be true of any woman born in the mining community – a daughter, sister, and in this case, the wife. Her life is fraught with

violence from the beginning. She is married off as a child to a mineworker because they both belong to the same marginalised caste. She too, like her husband, has no access to education and both, man and woman are propelled to take on adult roles early in their lives because of illness and death. Soon after marriage, she is burdened with household work, is compelled to work outside to supplement the family income, bear the brunt of multiple pregnancies and childcare. Her health takes a backseat and her intake of nutritious food is questionable. However, that takes a backseat since the prolonged and often-misdiagnosed illness of her husband takes precedence over everything else in the family. The husband on the other hand struggles with the disease, as well addiction. The addictions which started as an indulgence by the mineowner, actually is a ploy to ensure the worker is enslaved to it to deal with his physical pain of everyday labour, and later on to minimise the pain of breathlessness. Eventually, he succumbs to the disease, while she becomes a widow. Thus, for a livelihood that provides sustenance, the poverty stricken people turn to mining. Failure to enforce laws and adequate safety measures are today causing the death of thousands. "Amartya Sen has referred to such destructive forces as 'unfreedoms'. Sen helps us to move beyond 'liberal' notions of nominal political freedoms – most victims of structural violence have such freedoms on paper – without falling into the trap of economic reductionist." (Farmer, 2004).

Structural violence observed here is similar to a sand storm that the researcher was once caught in. The strong wind (the mines and quarries) sweeps off the sand (mineworker) and in circular motion takes up everything (his family, his health, his children) that comes in its way vertically, while moving horizontally at the same time, leaving behind a thick cover of sand (young widows, illiterate children, and scattering everything that came in its way. Only the strong can stand (mine owners), while no one can control the wrath of the sandstorm (no enforcement of government regulations) or predict the course of its destruction (since young families headed by widows is not visible). Rajasthan has been the desert state that supported limited agriculture due to paucity of rains. The poor with small land holdings and low caste, would grow some vegetables for their family during the agricultural season, or work as agricultural labour and then move out to work in the mines during the lean period. Mining was one of the few livelihood opportunities available in the villages. Many also gave *shramdaan* (pro bono labour) to build roads in the early years (during 70s) when the roads and infrastructure were being built by the government. Many nomadic tribes also worked in the mines during the peak summer season since sustaining livestock was difficult where

there is scarcity of drinking water. Every member of the family had to work for food throughout the year. The adults took the young ones to work with them in the mines since a majority of the mines were close by. Even though mining is a hazardous occupation and silicosis is as old as mining, the government did not enforce and monitor the safety guidelines, thus exposing thousands of people to the deadly silica dust. The Mine owners flourished as they paid less than the statutory wages since work was scarce and survival at stake. Thus, labour laws were flouted (low wages, child labour), occupational safety was ignored, no training was imparted for skill development, and the environment was destroyed. Over the years, agriculture receeded and mining became the primary source of sustenance. The slow process of destroying agriculture, a sustainable livelihood was deliberate to pave the way for mining to flourish. The neo-liberal policies ensure that investment in mining is made easy, with one stop window for all mining clearances, by overlooking implementation of measures for labour laws while mineworkers continue to languish. The health care system in tandem with the neoliberal ethos has not evolved mechanisms to penalise who do not report or under report cases of Occupational diseases like Silicosis. Similarly, the mine owners are not held accountable for the gross negligence of the occupational health and safety rules and regulations, and in fact, in Rajasthan, the government is paying monetary relief to the affected mine workers, which in reality should have been paid by the mine owners since they are responsible for the early deaths and disability. The collusion of State, mineowners, and doctors ensures the death of mineworkers which reveals that the State is not only an instrument of violence but also provides protection to the real perpetrators.

The minor mineral mines are largely private owned, often run by politically well connected families who are from the upper castes, and employ around 10 to 30 workers from among the Dalits, depending on the size of the mine. The men are unskilled workers or have acquired skill through the number of years that they have been working. Most start to work as early as age 10 and typically earn the most during their late teens and 20s. Since it is daily wage labour or piece rate, in their prime of youth they can earn well. By their 30s, they start getting weak and by early 40s, the toil takes a toll on their health and thus productivity and earnings fall. The area is inundated with sandstone mines. Production mechanisms are largely archaic with one exception of drilling machines, to maximise profit at the cost of death. Rest is largely manual processes using hammer and nail. None have any gloves or even slippers; no mask to save them from the fine silica dust that causes the

painful and incurable disease, silicosis. Low quality masks have been distributed in recent times, but most find it difficult to wear in the sweat and heat. Women work as loaders, or use their bare hands to clear the rubbles. The children often are left to play in the dust and heat next to the working mothers. The workers have no identity as mineworker or proof of employment, some have bank accounts, no one has any social security, no job security – they are the faceless 3.3 million in Rajasthan (Rajasthan Mineral Policy 2015, Government of Rajasthan), who are part of the 94% of the informal sector workforce in India. Yet their voices are buried under years of caste oppression and hence their conditions remain as vulnerable as ever. C Wright Mills summarised their plight when he wrote "that the working class is not a revolutionary class capable of overthrowing capitalism. He did not believe that the rank and file workers were a militant force, and that they were more concerned with basic daily issues that with seeking loftier goals". (Delaney, 2008).

The mineworker often does not know the mine owner for whom he works. Frankly, even the State Mining department cannot identify the mine owner because of the extensive proxy mining and illegal mining that takes place. As mentioned earlier (in chapter 2), a RTI (filed by MLPC) revealed that close to 90% of the mines in the state are outside the purview of the Mines Act 1952 as they have not been reported to the authority. Hence, the mineworker only knows his immediate contractor who has given him a 'peshgi' or an advance, to engage him in the mine and work as a daily wage labourer. There is no written document, and accounts are all maintained in registers that are with the contractor or mine owner where the mineworker gives his thumb impression every now and then. The mines have no signage or board that states the lease/licence details and name of owner as is mandated under the Mines Act 1952 or the MMCR 2016.

Intrinsically linked to the above cycle, the sandstorm, is the plight of the widows. The typical life cycle of a widow even today is, married at an early age of 10 or 12 years. In her natal home she would stay at home and either help in housework, or work in the farm or the mines with her mother and other siblings. Her brothers too would be working in the mines, either because their father is unwell or has already died. Illiterate, she would get married and then move to her marital home once she attained puberty, or sometimes even before. Typically she would be married into a mineworkers' family. Her FIL would have also died, forcing her husband to work in the mines from a young age. Initially she would take care of the household while every member would go out to earn. Once the children start being born,

and her husband starts falling ill, poverty would compel her to go out to work. In the absence of any other livelihood options, with MNREGA wrought with corruption as well as on the decline, with caste as a barrier, mines are her only option as well. The eldest child, girl or boy would start working outside from the tender age of 8 or 10, and the intergenerational violence thus continues. The children learn from their fathers and mothers and continue to work in the mines as daily wage labourers. The mantle of running the household would fall on the eldest son as also repaying the debt, since he would get a loan from his employer. Gradually, the mother in law would stop regular work as well since early widowhood and burden of work affects her health, while the younger widow continues while waiting her turn. Thus the social and economic conditions provide a context in which structural violence thrives. The disease, another state construct of a poorly run health system further deepens the experience of violence in the case of mineworkers.

6.2. Misdiagnosis of Silicosis and the Response of the State

"The world … is not an inn, but a hospital', said Thomas Browne more than three and half centuries ago, in 1643. … Indeed, Browne may have been somewhat optimistic in his invoking of a hospital: many of the people who are most ill in the world today get no treatment for their ailments, nor the use of effective means of prevention." (Sen, 2006) This sums up the situation of mineworkers as well. They do not receive proper treatment for their ailment since the diagnosis is not definite. Silicosis symptoms are treated as Tuberculosis and those diagnosed with Silicosis are put on TB drugs. Nor are there any effective means of prevention since the government both at the centre and state, has failed to implement the relevant laws as observed in the study.

Another issue of medical ethics arises in this context and the failure of the system to penalise the doctors. The healthcare system as inferred from the experiences of the mineworkers, has 4 different types of doctors: 1) The government and private doctors who failed to diagnose Silicosis. 2) The doctors who diagnosed TB first on the episode of illness and failed to record the occupational history of mining, 3) The doctors who diagnosed Silicosis, but failed to communicate the same to the patient or the caregiver and finally, 4) The doctors who diagnosed Silicosis cases but failed to notify DGMS as per Section 25 of the Mines Act 1952. All the doctor mentioned above failed to honour the medical ethics which mandates prevention over curative care. To further increase the suffering the State

protects the doctors by not taking any action against them. This is understood better when one realizes that it is the state, which finally doles out the monetary relief, so not penalising the doctors is not profitable for the state. This apathy continues to permeate the system as well. The DGMS too failed to take any action on the registered 987 cases of Silicosis, which were not reported to the concerned authorities by Jodhpur medical college Thus, both at the individual level as well at an institutional level, the government has clearly shown that it is not interested to protect the health of a mineworker and prevent occupational diseases. The Rajasthan State government and the Union government through Ministry of Labour and Employment have propelled and ensured a continuity of death of mineworkers. It is also the superiority of one profession over the other – white collar versus blue collar. As white collared, educated professionals they have an edge over the uneducated mineworkers. The government ignores the contribution of the mineworkers to the revenue, since the mineworkers themselves are unable to comprehend this and articulate. Thus the government too favours the doctors against the mineworkers. The power of the educated over uneducated, the formal over informal, the haves over the have not's is sustained through the covert use of violence which are hidden behind the chimera of caste, class and the debate neo-liberalism versus welfare, and that people should look after themselves.

The High Level Expert Group Report on Universal Health Coverage for India, Instituted by Planning Commission of India, submitted to the Planning Commission of India New Delhi, November, 2011 states, that Universal Health Coverage approach "should draw upon the social determinants perspective, first recognized in the Bhore report (1946)" and then goes on to state,

> "Policy formulation and programme implementation must go beyond the health sector to include the social and political sectors (ranging from education to marginalization), the economic sector (related to poverty, as well as trade, food and agriculture), and various sectors related to occupation and the environment (related to water, sanitation, as well as working conditions)".

Moreover, the concept of public health includes environment and occupational health, and through the Universal Health Coverage, the PHCs are supposed to include occupational diseases as well. Thus when occupational diseases have similar symptoms as TB, or the disease often precedes or succeeds Silicosis, an Occupational Disease (OD) cannot be seen in isolation. However, the health care system is yet to implement and monitor this expansion of PHCs to include OD. Ideally, the PHC should diagnose OD and then refer the case papers

to the Pneumoconiosis Board to confirm diagnosis. A patient should not be expected to travel 10 or 100 kilometres to the district headquarters to be examined by the Pneumoconiosis Board to get Silicosis certification. The PHC should be equipped to do the diagnosis and refer only the disputed cases to the Board, while for the confirmed cases it should refer the case papers and diagnostic reports for certification. Next, maternal health has to be addressed keeping in mind the occupation of the mother. A mining affected village cannot be seen in isolation since then the impact of mining on her reproductive health will be ignored. Similarly, prenatal care through the anganwadis has to address the issue of silica dust in a mining area. Given that the children are exposed to the Silica dust from an early age, they have to be regularly examined for Silicosis as well. Thus, a multipronged strategy has to be adopted for prevention for curative services to alleviate suffering and a process to provide viable options to opt of death.

Medical education also needs to incorporate changes. At present Occupational Health is taught only as a module during the 5 years of MBBS, as mentioned by the Head of TB Medicine at K.N. Chest Hospital, Jodhpur. Given the incidence of Silicosis alone, and in just one district in a state, this is clearly not enough. As mentioned in Chapter 2, out of the 32 states, 11 states have the largest share in mining. This means that apart from Silicosis, the other notified diseases (also mentioned in Chapter 2) are rampant in the 11 states. Thus, Occupational Health should become a compulsory specialisation in all the medical colleges of these 11 states, to begin with. This will at least ensure that every PHC in the 11 mining affected states will have an OH specialised doctor.

Thus it is clear how the ubiquitous Structures of Violence operate to sustain the (un)intended Misdiagnosis of Silicosis, which is the cause of death of the Mineworker and leads to widowhood. The next section explains the impact of structural violence.

6.3. Cycle of Violence: a Structural Violence Perspective

Death of mineworkers and the resultant widowhood leads to suffering. Farmer best explains this when he says, “every careful survey, across boundaries of time and space, shows us that the poor are sicker than the nonpoor. They’re at increased risk of dying prematurely, whether from increased exposure to pathogens (including pathogenic situations) or from

decreased access to services – or, as is most often the case, from both of these "risk factors" working together." In the context of the mineworkers, in addition to the above two, their occupation is the biggest risk factor since it exposes them to the disease. And in turn their family too becomes vulnerable and their suffering is further deepened. The model below elucidates it further:

Fig.6.1. Cycle of Violence from the Structural Violence Framework

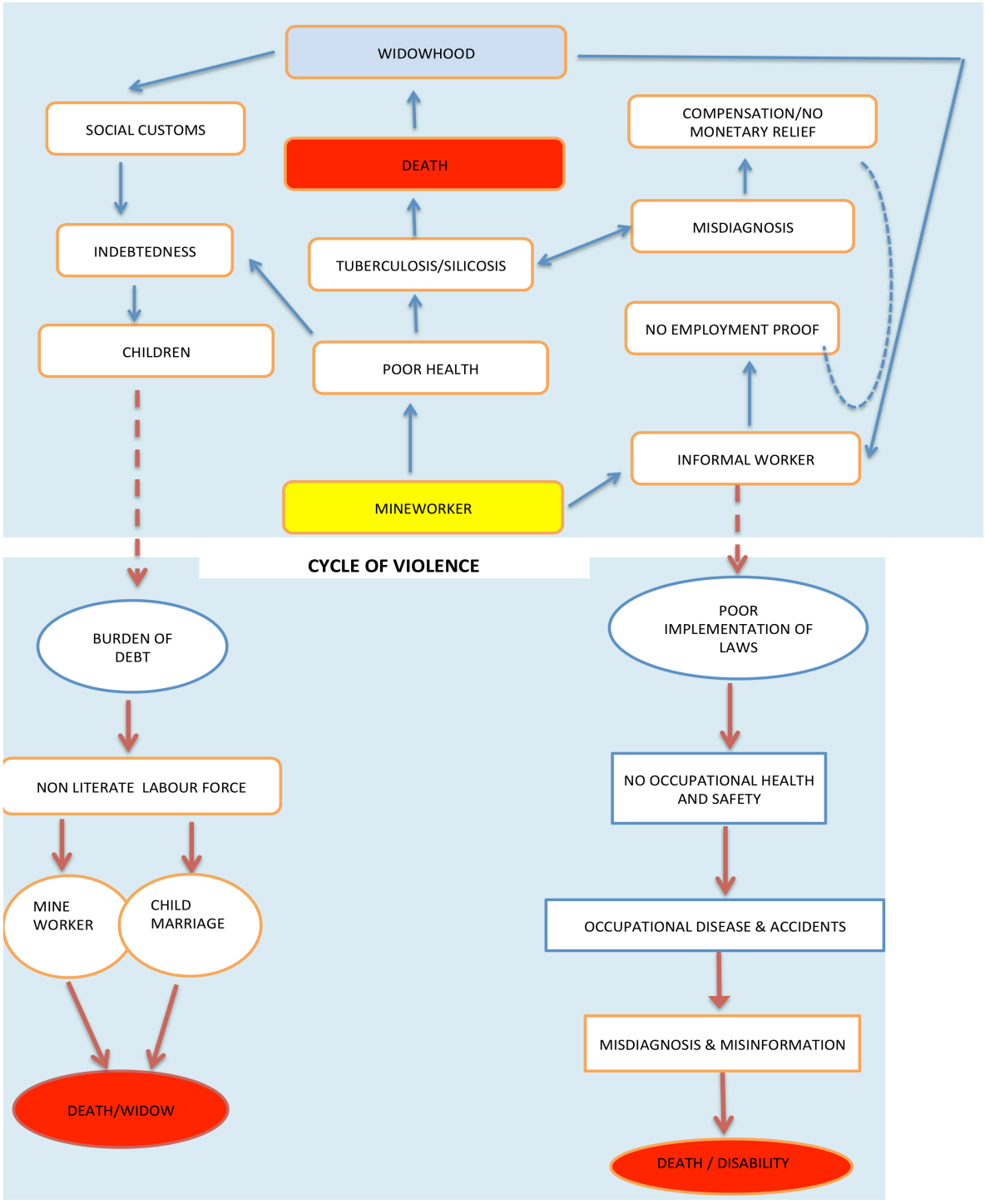


Fig 6.1 gives a schematic description of the cycle of violence from the structural violence framework. The Mineworker who is an informal worker has no employment proof. His occupational health suffers and he is either suffering from Tuberculosis or Silicosis leading to his death and causing Widowhood. While death is direct violence, widowhood, indebtedness, and other outcomes are indirect violence. The cultural violence like expensive funeral costs, or the norm to restrict movement of the widows for the first year, legitimizes this violence. Since he is an informal worker he has no employment proof and thus he cannot access the court of law for compensation under the law.

Those mineworkers who are misdiagnosed as TB patients, are denied the monetary relief which the silicosis victims or next of kin are entitled to. Poor occupational health forces the mineworker to access the private healthcare system and this causes indebtedness since the patient is never explained what the diagnosis is, or what the disease means. Further, the widow is indebted because of expensive funeral costs and the social custom whereby a widow cannot go to work for one year. The children carry the burden of indebtedness since they have to repay the advance that the father took for his treatment, or the loan that the mother took for survival of the family. The widow is already in a disadvantageous position since she herself is part of the informal workforce, or widowhood pushes her into the informal sector in search for livelihood. Thus formal state structure and informal social structures perpetuate and sustain the cycle of violence. Structural Violence is intergenerational and impacts the next generation as well. It is also pervasive and impacts informal workers across sectors and nations.

The children are forced to join the labour force to repay the debt of the parents, or sometimes, to sustain the family since the widowed mother cannot work for a year. They either never went to school, or had to drop out, thus remaining non literates. Most of them, especially the girls, are married off as children to save costs while both boys and girls end up working in the mines, due to lack of other livelihood options. Hence, like their mothers, they too become young widows, since most are married to mineworkers; and the mineworker, like the father, becomes a Silicosis patient and eventually dies.

The State perpetuation of Violence also continues with informal worker remaining vulnerable. Poor implementation of laws exacerbates this vulnerability. No occupational

safety and health measures are implemented and thus occupational diseases continue as well as accidents. Accidents are not registered as cases of negligence at workplace due to non-adherence to safety protocols. Instead they are attributed to the worker's carelessness, or some such lie. Misdiagnosis of diseases also continues. They both lead to death or disability.

Given this impact, an Intervention Model has been attempted by the Researcher.

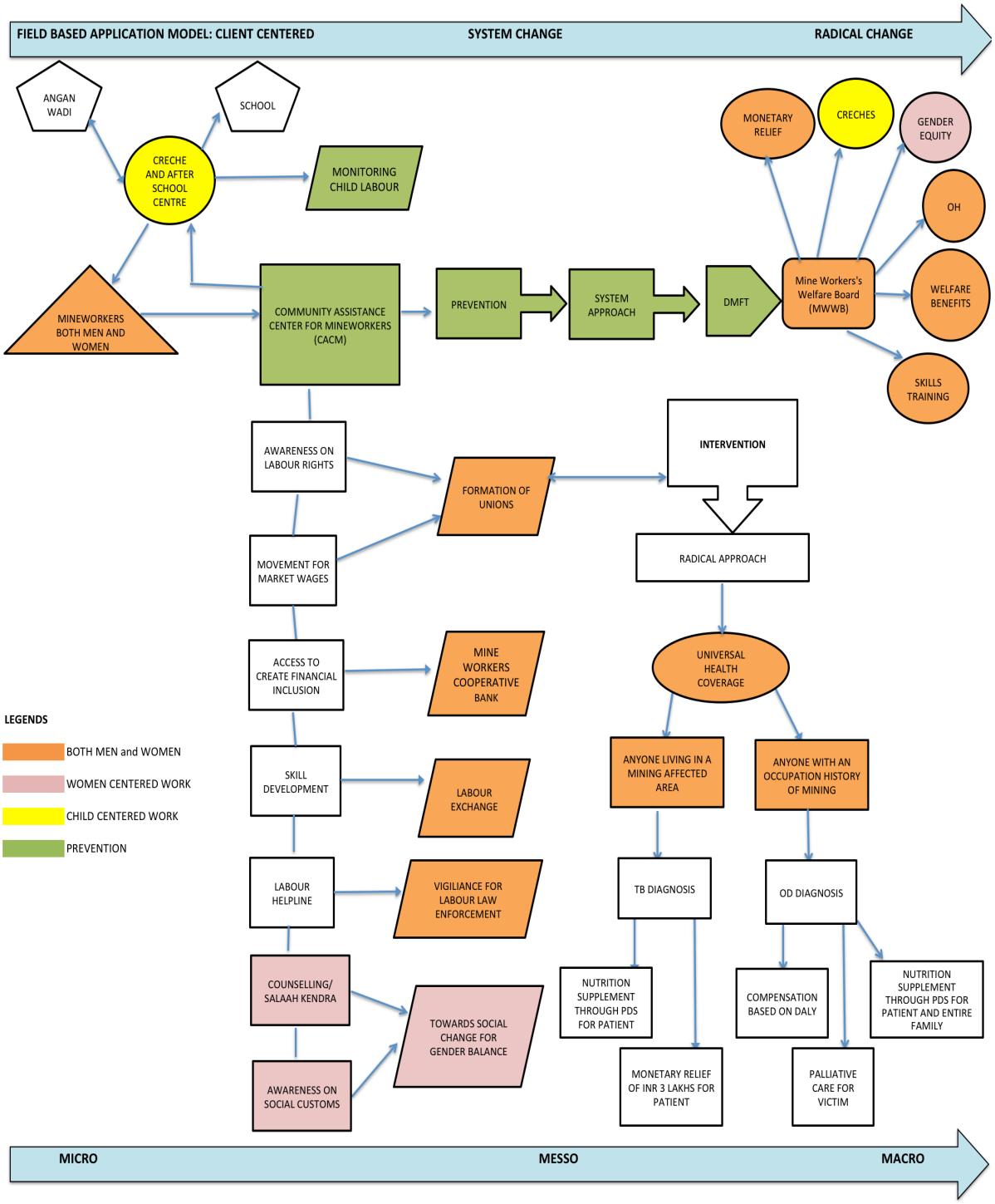
6.4. Intervention Model

The Intervention Model is the response of a Social Work practitioner and intervenes at multiple levels given the different layers of Structural Violence, and the cycle of violence. It thus considers different approaches of Intervention, since there is no one formula that can erase all malaise. Fig 6.2 shown in the next page, is a multipronged and multi-layered Intervention and Prevention model. Structural Violence impacts the individual, and the structures around further impede those affected. Thus, Social Work Practice has to work with the individual, strengthen community through community awareness and state response system as well as advocate for policy change. It has to engage with the system so that something as positive as DMFT, for instance, does not become exploitative and ensure it works for the benefit of those it is meant for.

The model begins with the Individual, moves towards System change, and visualises a drastic change through Radical social work – thus moving from micro to macro. Going back to Galtung, the widows of the mine trapped in a typical feudal structure, and the mineworkers "with a succession of encapsulating hierarchies of metropole-satellite relationships is clearly structurally violent regardless of who staffs it and regardless of the level of awareness of the participants the violence is built in to the structures".Hence, the intervention has to address the participants or those being violated, as well as "th hierarchies of metropole-satellite relationships". It is not linear or vertical, but a combination of approaches going back and forth, and since structural violence is a process, the intervention too is a process, except that it is designed to achieve certain tangible and intangible outcomes. For instance, the widow does feel violated when her freedom of movement is restricted. However, since the perpetrator is not seen or the shackles are not visible since it is built into the social structure, the intervention cannot follow a radical social work

approach alone where the widows file a PIL or sit on a dharna, the way they did to demand their monetary relief. Since the violence is only perceived and the impact seen in her indebtedness, the intervention has to be woven around creating awareness among the widows. The widows have to acknowledge that there is violence and then find unity in numbers to collectively decide to break the restriction on movement. This will be achieved over a period of time along with intervention at other levels as well.

Fig. 6.2. Model for Intervention



The key beneficiary is the Mineworker and includes men, women, and children, since the children are the victims of Intergenerational Structural Violence. Since structural violence is hidden and often not perceived by the victim, it is necessary to work with individuals to provide immediate relief and choices to minimise harm. More so because the mineworker is preoccupied grappling with his precarious existence. He has no time to think or act on issues like his identity as a mineworker, or see himself as a worker who has rights, which are being violated. He perceives himself as a poor man trying to make two ends meet. Since childhood he is burdened with debt and is working to sustain the family. Thus, a Community Assistance Centre for Mineworkers (CACM) that provides services can bring them together. The first and most important service is that of a day care centre that function as an extension of the anganwandi under the ICDS scheme.

This serves two purposes. One provide service where it has not reached and showcase the absence of the State reach in the unreached areas. Since these services today either exist on paper only, or provide mere lip services. It will provide nutrition and healthcare to the children and also help them get admission in the local schools, given that the parents are busy at work and are also illiterate. This service will help the parents to engage with the CACM and gradually get involved. Through the dual role of providing services it would also help in mobilising the group. It is a long drawn process that will see impact in years and not months. For instance, awareness on labour rights will take time. Thus from individual context the shift towards a collective to challenge the power holders at different levels will require an extensive in-depth work. Movement for market wages will require courage, and this too will take a while. Yet, an increase in wages will give them the confidence. Access to financial inclusion will include any service from assistance to open a bank account, to availing a welfare scheme, to help to get an Aadhaar card, and handle all issues such as missing fingers due to accidents in the mines, or lack of finger lines due to years of mining work. Once they start visiting a centre that is exclusively for them, and discuss issues affecting them, then it leads towards creating an identity. Hence, these are guided discussions and hence not the same when a couple of them sit at the local teashop or hooch shop and discuss their woes. Skill development options include skill for other livelihood. Given that a mineworker is often unwell for a decade and finds it difficult to work in the mines once he contracts TB or Silicosis, it is important to provide him with alternate skills. The skill training is also essential for the women since they too are reluctant to work in the mines, both before and after widowhood. Labour Helpline includes distress

calls for non-payment or delayed payment of wages; sexual harassment at workplace; problems related to diagnosis or treatment; non-payment of monetary relief; or any other related matter. It is a support system to assure them that they are not alone. For those who want to discuss issues in person, the Counselling or Salaah Kendra is for them. Again, the need for an alternative livelihood, or a specific need for a disabled child, or problems at marital homes, or the restriction on movement post widowhood impacting her livelihood – this counselling centre will cater to the needs of both men and women, through people trained in providing such services. The individual client centred approach here will gradually help to bring the women and widows together to discuss the social customs and patriarchal structures. Again, this will be a long drawn process, especially in the context of Rajasthan since it is steeped in patriarchy and feudalism. The model provides a detailed understanding of the individual mineworker in the socio economic context and provokes practice to challenge the social structures as part of everyday experience. This 'person-in-situation' context provides the base for challenging the structures of exploitation based on gender, caste, class, and so on. These multiple realities elucidate complexity of understanding to the multifaceted situation social work finds itself in. It also highlights the hierarchies and power differences that perpetuate differences and allows for engagement to mobilise groups, question exploitation and create systems for people and not for exploitation.

The impact of these services will lead to a set of Institutions and services that will be a result of, but will not be anchored by the CACM. The reasoning behind this is the overlap and often dilution of identities. Moreover, the skill set required is very different. Thus, the CACM may facilitate the setting up of a Mine Workers' Cooperative Bank, but it cannot run it. It can bring about awareness, but it cannot also lead a Union. Also, proliferation of institutions and services for mineworkers anchored by different groups at the grassroot level will help to make this group of people visible, and when multiple people from different forums discuss issues related to mineworkers, then the media can be mobilised to take up their cause to galvanize the state to take cognizance and finally be responsible.

With the aim to stop the Intergenerational Structures of Violence, prevention needs to be sustainable and ensure that government becomes proactive. To achieve this, NGOs, CBOs and individuals working on this issue needs to engage with the government and influence policies. The approach for Intervention is thus System approach and has implications for

future policies and laws. Given the provision in the DMFT (refer to Chapter 2) it can be leveraged to bring about this change. The CACM will also play an important role in Prevention through advocacy at the grassroots level since DMFT is located at the district itself. It is like the Panchayat, and if implemented properly, DMFT can bring about a long-term change. The DMFT can utilise the funds to set up a Mine Workers' Welfare Board (MWWB) for all the workers across minerals that are excluded from the various welfare boards that already exist, namely Dolomite and Lignite. This MWWB will specifically be for Mineworkers and address the issues that the Informal sector and social securities act has failed to address. It will enable registration of mineworkers and issue them identity cards, similar to the Building and Other Construction Workers (Regulation of Employment and Conditions of Service) Act, 1996 (BOCW Act) that stipulates welfare measures and occupational safety for Building and construction workers. The MWWB will have the mandate to give monetary relief for diseases, disability, and accidents. It will also provide crèche services for the mineworkers. It will ensure gender equity through equal wages and work for all across age groups. It will undertake periodic health check up as stipulated in the Mines Act 1952 and report all Occupational Diseases to the DGMS. This Occupational Health Surveillance will help to prevent the incidence as well as report diseases. It will also ensure Safety at work place as part of its mandate to prevent occupational disease and hazards. Skills training will enable skill building of mineworkers that will help them to move upward in their jobs and lead to increase in wages. Welfare benefits are essential be it a loan for a medical emergency, or widow pension for silicosis widows, or health allowance for those mineworkers diagnosed with Silicosis or any other health problem.

Given that the number of people already suffering from Silicosis is huge and increasing at a fast pace, vision for radical social work will ensure to stop the exploitation permanently. While explaining structural violence, the Researcher did discover the first causes of oppression (or injustice or disadvantage). It is then that the Social Worker has to step in to transform the insights gleaned from the foundation into sustained social action and "to move on from structural analysis to structural practice (Moreau, 1979; 1990; Fook, 1988; 1989; 1990), with the sobering awareness that the latter is far more difficult to achieve than the former". (Maria, 1992). However, in the present context of neoliberalism and a propensity towards right leaning government, radical social work is much toned down as opposed to the 1980s or 1990s in India. It is also a matter of pragmatism – like some of the NGOs and Community Based Organizations (CBOs) working in the field shared. Should they engage

with the government to ensure that their registrations are not cancelled or there foreign funding permission is not cancelled, or should they engage with the government to ensure that mine workers rights are respected? It is a quandary that many are facing and have thus adopted a middle path to engage with the government and advocate for policy change without resorting to any kind of protest, or social action. Hence, tacitly they do the above and nurture Unions of Mineworkers to work for rights of mineworkers. They have to take the lead to protect themselves and demand adequate monetary relief and preventative measures for them. They need to demand from the government to benefit the affected workers and their families. In the mining areas and among mining affected communities, TB and any OD have to be seen as part of the common health problem and not in isolation.

The National TB Control programme has to broaden its mandate to address health problems arising from Mining. While the broadening of the mandate can be assisted by the NGOs, the demand for systemic relief has to be done by the Unions. Outcomes could be multiple beginning from a government resolution that anyone living in a mining area and diagnosed with TB, irrespective of age and gender, working or not working, will be entitled to Nutrition supplement through the PDS. He or she will also be given monetary relief of INR 3 lakhs each. This amount is based on the average expenditure that a TB patient incurs. Similarly, anyone with an occupation history of mining, irrespective of age and gender and kind of work, and diagnosed with an OD, will be entitled to the following: compensation based on DALY without filing a case under Workmen Compensation Act 1923. Filing a case requires employment proof and the case will go on for years. It also requires the worker to miss his work or a bedridden worker to attend court. Given the endemic nature and the fact that Silicosis has been declared as an epidemic, DALY should be immediate. Given the frequent hospitalization of the patient as reported by the respondents, it is essential to provide palliative care to patients of OD. This should be arranged through the local PHCs to every affected person. OD is incurable and the patient suffers long term, throwing the entire family into a difficult situation. Thus, the entire family of the patient will be entitled to nutrition supplement through the PDS. For the government to respond to these would mean that they first have to acknowledge that there is a problem and caused by their apathy towards informal workers since time immemorial. Thus while the NGOs, through the system approach engages with the government to work out the modalities like employment proof or delivery of welfare benefits, the Unions will have to mobilise mineworkers and put forward these demands. However, survival of Unions is dependent on

membership for funds, governance, and other modalities like registration with the labour and welfare department of the state. It is difficult to exist in the neoliberal environments of today, and also deliver the mandate of those affected.

Thus while the above elucidates the micro-macro continuum the subsequent write up delves into these issues. While specifically, the staff in the CACM has to be trained in Women Centred Work to run the Counselling Centre, and gradually create awareness on social customs that discriminate. Since labour cannot be divided on gender lines, thus awareness on labour rights, or movement for market wages or skill development or labour helpline will focus on those issues specific to women as well. The same practice will be included in the System Approach as well. Child Centred Work will be specifically practised while operating the Crèche and after school centre to prevent indirect violence like child labour. By providing a crèche, the CACM will provide a safe space for the children and provide them with nutrition, monitor their health and provide them with education by admitting them in the formal school system. Once in the formal school system, CACM will work with the local government schools to ensure that children do not drop out, and are given adequate academic support through the after school centre. Thus this will indirectly ensure that the teachers are attentive towards the children of mineworkers, and do not discriminate on the basis of caste. This Centre will also monitor the incidence of child labour. Once enrolled, the centre will monitor the attendance of the child and through interaction with the child will know about his/her family situation, if a parent is unwell, if there are financial constraints, and if the child has to work. It can then accordingly intervene, and provide assistance to the family if the need arises. The MWWB too will run a crèche since eventually, the CACM will have to exit and the government has to take on the responsibility of providing services. A NGO or a CBO cannot be a sustainable alternative to government intervention.

The CACM, as a grassroots organization will thus exit the community once the MWWB starts functioning. CACM will replicate itself in other areas, but will not run the services that the government can easily provide. Thus beginning from the individual intervention, it transcends immediate relief and support to realising the rights of the workers.

This model on closer scrutiny takes into account the 6 dimensions of violence that Galtung discusses:

a) violence can be physical or psychological, “violence that works on the body, and violence that works on the soul”: which is why working with the individual becomes crucial. The individual mineworker who is a victim of direct violence, or the widow who is a victim of indirect violence or the child forced into the workforce or the child married off during a funeral – every one of them needs to be worked with. This is the reason why women centred work or child centred work becomes as crucial as working on awareness on labour rights.

b) negative and positive influence, where the influencer punishes or rewards according to what the influencer considers is right or wrong: to negate this influence it is important to bring in community awareness and leading to unionization of mineworkers. Livelihood is seen as a positive influence since it provides sustenance and the profiteering is hidden behind this influence. The use of the drilling machine to accelerate the profit is a negative influence since it impacts on their health. However, though this negative influence is visible, link between the positive and negative is not visible. The work of the CACM be it the awareness on labour rights or movement for market wages or labour helpline helps to address this dimension of violence.

c) it can have an object or not: death is a by product of mining and widowhood is the by product. The object is the mineworker and/or the wife of the mineworker and/or the children of the mineworkers. They are all hurt in the process – be it through the onset of illness, being bedridden for years, or the experiences of discrimination that the widows face or the indebtedness that the children have to bear. The token monetary relief is also violence since it is a token gesture and does not alleviate their suffering. Hence, the need to bring in a change in the system and ensure that the DMFT is used for welfare of the mineworkers and to demand for the MWWB so that funds are not diverted for other activities which should have separate budgetary allocation.

d) whether there is a subject who acts, and here he brings about the difference between personal or direct violence, and structural or indirect violence: It is difficult to identify the ‘subject’ since the LEOs do not highlight the violation of labour laws in the mines, or DGMS conveniently overlooks the prevention and safety issues. The health system fails to report incidents of OD and is not penalised. The state does not attempt to punish the mine owners, but decides to pay a token monetary relief. These are only a few examples. There is no prevention plan to control the problem even though silicosis has been declared to be an

epidemic. Thus the need for Unions to work towards protecting labour rights, or demands for both TB and OD diagnosis to address the misdiagnosis problem, or to ensure that the MWWB takes over once the CACM exits since the state as a 'subject' needs to take the onus and stop the violence.

e) violence that is intended or not, though structural violence relies on the consequence of the violence, and not on the intention: in the case of cultural violence, the intentions behind the various taboos on widows is not important as much as it is important to evaluate the consequence of it. As explained through the cycle of violence, one of the consequences is indebtedness since the widow is prohibited from going out to work for a year following the death of her husband. Similarly, it is important to understand the consequence of child marriage on the girl child, and not evaluate whether the family intended the violence or not. These nuances can only be brought out when working at an individual level since the family too, for instance, in the case of child marriage, is both a perpetrator as well as a victim. On the other hand, the consequence of alcohol addiction indulged by mine owners is intended but the workers have to understand this consequence since a measure like blanket ban on alcohol is not a sustainable solution. The workers have to understand the motive of the mine owner and the resultant cycle of indebtedness that stems from their addiction and the subsequent consequence on their children through the awareness forums to be able to distinguish between intention and consequence of violence.

f) and finally, there are two levels of violence, manifest and latent, where manifest is observable and latent violence is "something which is not there, yet might easily come about": Thus as illustrated through the examples given above, there is a need to work at the micro, meso and macro level, and this multipronged intervention model attempts to include radical social work approach, system change approach as well as child centred work and women centred work to address both manifested and latent forms of violence. It is important that both manifested and latent forms of violence are first understood by those affected so that they themselves can be the harbinger of change. The impact of the intervention will be apparent even if only a few from amongst those affected understand and the take the lead, be it through the CBO or NGO, or the Union. Similarly, the use of DMFT to set up a MWWB will be effective only when mineworkers come in hordes to avail the services.

6.5. Scope of Future Research

This study has opened up a Pandora's box. Misdiagnosis of Silicosis has thrown up a number of issues that needs further inquiries. These studies can be located anywhere and not restricted to social work. The key proponents of Structural Violence be it Johan Galtung, a mathematician and a sociologist who has used the structural violence lens to locate violence in religion, art and language, formal and empirical science (Galtung 1990); or Paul Farmer, a medical doctor and anthropologist, have studied the problems in Haiti, Cuba and Russian prisons (Farmer, 2005) using the structural violence framework. Similarly, many more studies across geographies and subjects need to flow from here onwards. To begin with, a research on medical ethics and occupational health is necessary. This is one area where the layperson has very little knowledge and is left at the mercy of the doctor to diagnose. In case of a liver disease or a cardiac issue, it is far easier to take multiple opinions; but in case of an occupational disease, be it silicosis or asbestosis, the medical doctor has to be vigilant to diagnose or make a referral. Moreover, once diagnosed, the law has to be followed and concerned authorities have to be informed, which is not the practice, at least as seen in Jodhpur. Medical negligence and medical ethics needs to be further researched as part of a medico-legal study.

The medical fraternity needs to delve into Silicosis beyond the examination of the worker. The wives working in the mines for the same number of years are susceptible to the fine dust as the men are. The children cradled in baskets in those very mines from the time they are 2 or 3 months old needs to be examined as well. The habitats are too close to the source of dust and hence a medical study will then help to advocate for a change in occupational rules and help to amend and enforce mining laws in the country. Further inquiry into palliative care for those affected also needs to be undertaken. Is the TB medicine actually effective and has no side effects on a Silicosis patient? What kind of nutrition should the patients take to improve their immunity, once affected with Silicosis? How do they cope with breathlessness once affected with Silicosis? These and many more questions to alleviate the pain and suffering of the Silicosis patient need to be answered by medical research. Moreover, apart from Silicosis, there is asbestosis (Thomas, 2016) and other pneumoconiosis diseases that need to be researched further.

This study has only focussed on Occupational Health and specifically, disease. Occupational hazards include accidents leading to disability and death as were observed with some of the children of mineworkers. Thus, that too needs to be researched since it has serious implications on under reporting or misreporting of accidents.

Child labour is a by-product of Silicosis. Impact on children needs to be researched further, since this study is only the tip of the iceberg. The education system, whether it equips children to join the labour force as white or blue collared workers, caste discrimination in schools, children as home based workers and their occupational health needs to be studied. The situation of children even within the state varies. In southern Rajasthan, for instance, they are sent as migrant labourers to the BT cotton fields in the neighbouring state of Gujarat (Children migrating for work from Dungarpur district, Rajasthan, to Gujarat: A Report, NCPCR 2008); while the children of mineworkers in the eastern districts like Bundi and Bhilwara are engaged in making cobbles (Budhpura 'ground zero' - sandstone quarrying in India, December 2005). Thus even within the same state, the children of mineworkers have very different situations. The economic condition of the parents leading to the vulnerability of children will be an interesting study by itself and may help to unearth the root causes of child labour as well.

While the 'Widows of the Mines' has focussed on widowhood and the disease, this study did not touch upon sexuality and widowhood, or the health condition of women mineworkers. The study touched upon the problems of women mineworkers, but a further in-depth study is required.

Thus, there is scope of further studies by medical professionals, social workers, economists, and lawyers as well as sociologists and anthropologists, to name a few. Besides, the geographical scope of the research is vast. Given the 11 resource rich states in India, studies can be located in any area across these states. The subject of the studies can also extend to processing unit workers and major mineral mine workers, and not necessarily mineworkers working in the minor mineral mines. More and more researches are required to bring forth the plight of workers, so that like the widows of the mines, the suffering of others too can be made visible, to the media, to the government and to the lay public. As mentioned above, the scope for further research is endless since there are many who are vulnerable and marginalised.

To conclude, “just as the poor are more likely to fall sick and then be denied access to care, so too are they more likely to be the victims of human rights abuses, no matter how these are defined. By including social and economic rights in the struggle for human rights, we help to protect those most likely to suffer the insults of structural violence”. (Pathologies of Power 2005). Thus the social work approach begins with the individual and engages with the system to bring in sustainable changes, and aims to radically transform the context by empowering the disenfranchised and addressing power inequalities and thereby eliminates suffering.

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