ANROEV Secretariat

Occupational Safety and Health (OSH) Rights is a newsletter on occupational safety and health in Asia. It prepares by the ANROEV Secretariat.

Apart from the newsletter, the ANROEV Secretariat will look after regular research on OSH issues, ANROEV's presence in social media, events/conferences, campaigns, information sharing and regular interactions with the members. We look forward to your support and cooperation.

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The ANROEV biennial conference was held in Kathmandu, Nepal from September 19 to 21, 2017. ANROEV is providing adequate support to victims and organizations to raise their united voice on OSH rights and to bring necessary changes on OSH situations for the betterment of the victims in the Asian region.

130 delegates from 18 countries in all over the world participated in the powerful discussion on OSH which envisaged the network activities supporting to ensure the victims’ rights and promote the OSH Rights in the Asian region. The conference demonstrated plenty of dynamic learnings and thoughtful presentations, discussions on different ongoing and emerging issues on OSH. The stories and experiences of the victims made a great impression on the attendees; these served as motivation to carry out joint follow-up actions to protect workers in different countries. The two-day workshop was outstanding with field level learnings, innovative ideas, inspiration, and exchange of experience-sharing. There was high commitment from network members to do joint initiative in the future.

The conference was inaugurated by Mr. Devraj Dhakal, Director General, Department of Labour, Government of Nepal and chaired by Mr Richard Howard, Country Director, ILO Nepal and Mr. Vishnu Rimal, President – GEFONT.
The Global and Asia OSH situations were presented to trigger the conference discussion in the light of OSH and victims organizing to ensure OSH Rights.

There are persistently a high number of OHS-related deaths totalling to 2.7 million workers per year. Some 317 million workers suffer from work-related injuries annually [Source: ILO, WSC-2017]. The social cost of work related accidents and deaths are never calculated. The whole society, not only workers and their families carry the socio-economic burdens of occupational accidents and injuries. There is no reliable data on status of OHS in Asian region. It assumed that the case of Asia is more serious than other regions. Fatal accidents in developing Asia is many times higher than the rate in developed countries. In South Asia the situation is the worst as compared to other sub-regions in Asia.

Overall development approach in the field of OSH in Asia is mainly focused on workplace accident, issue of addressing occupational diseases is still not a priority. Occupational diseases such as silicosis, asbestosis and occupational cancers etc. are a big threat for workers and requires coordinated actions. Most of the accidents at workplaces are preventable by proper workers training, safe work place practices and compliance with applicable legal provisions. Current OHS legislations are deemed out dated (regressive) as these generally fail to keep in step with emerging workplace issues and non-standard forms of employment, i.e. the prevalence of contract workers and subcontractors, emerging new sectors like the business process outsourcing (BPO) industry, automated forms of production, introduction of new chemicals, mental stress, radiation, telecommuting (work from home), and promotion of green jobs, sustainable production and a just transition.

‘We want JUSTICE not peanuts as compensation’
OSH Victims session clearly reiterated the victim issues which is not addressed effectively. Victims have shared their challenges to lead their lives with diseases and not to get proper compensation from the authority.

They are leading a hectic and measurable life. They are expecting to get ample of support to receive services and benefit from the authority as it is their rights.

They want justice rather than other supports in other ways. Four thematic sessions were presented and discussed on Diagnosis and Victims Compensation systems, Environmental Exposure including Chemicals, Democratic Grassroots Movements and the Role of Nation states, Regulatory Mechanisms on OSH by the renowned global expert on OSH.

Despite of that 03 sub-regional discussions were held to learn the regional OSH issues and situation. They looked at the overall problems faced nationally and in the sub region and what are the common areas of work, what should be the main areas for future work and strategic discussion on action points for joint work in the future.

Based on the discussion point ANREOV roadmap will be finalized to concentrate for implementing the roadmap for upholding the OSH Rights issues in the region.

**ANREOV Roadmap: Consolidated outcome of the conference for way forward**

Delegates prepared a road map for the next 2 years at ANROEV 2017 Conference. This roadmap will provide support to reach ANREOV achievement and assist to the raise our voice to ensure Victims’ Rights on OSH.
22 people were killed and dozens were scalded as a boiler exploded Wednesday afternoon, November 1 in the newest power generating unit at a state-run NTPC plant in Raebareli in Uttar Pradesh. The number of dead and injured may rise as many are believed to be trapped inside the unit. Many of the injured have suffered severe burns.

The boiler pipe burst in the 500 MW power generating unit that started operating in March at the plant in Unchahar, which is nearly 30 years old. A massive fire broke out and a huge ball of dust rose after the explosion, making rescue difficult.

"...there was sudden abnormal sound at 20 mt. elevation and there was an opening...from which hot flue gases and steam escaped affecting the people working around the area," the NTPC said in a statement. The plant has now been shut down. A National Disaster Response Force (NDRF) team has also been sent to help in the rescue effort.

For more info:
In a vote of 7 to 2, the Brazilian Supreme Federal Court (STF) ruled to ban the mining, use, and commercialization of asbestos. This landmark decision, sounds a clarion call reaffirming there is no safe or controlled use of asbestos.

Brazil has been the world's third largest asbestos producer and major exporter of deadly asbestos. The scientific evidence is irrefutable, “all forms of asbestos, including chrysotile, are carcinogenic to humans.” According to the World Health Organization, “About 125 million people in the world are exposed to asbestos at the workplace.”

Read more . . .
https://www.asbestosdiseaseawareness.org/archives
Indonesia fireworks factory explosion

Indonesia fireworks factory explosion kills 47, injures dozens

Indonesian police officers check dead bodies after an explosion at a fireworks factory at Kosambi village in Tangerang, Banten province, Indonesia October 26, 2017.

The number of deaths has risen to 47 from Thursday’s blast at a fireworks factory on the outskirts of Indonesia’s capital of Jakarta, with 46 injured, police spokesman. Of this latter figure, 46 were injured in the explosion, he said, adding that they were being treated at three nearby hospitals.

For more information....
At least 1,242 workers were killed and 371 were injured at their workplace in the year 2017 while the number was 1,240 last year. About 92.9% of the deceased workers were male and 7.1% were female, the statistics showed.

Although the issue of workplace safety has gained much attention in the recent years, especially after the collapse of Rana Plaza in 2013, a rising number of accidents in garments and other factories have once again intensified the need for labour security in the country.

According to Bangladesh Occupational Safety, Health and Environment Foundation (OSHE), a specialized foundation that works for the implementation of labour rights, the number of workplace death in 2016 was higher than the previous three years.

Read more here...
On December 16, 2017 civil society and trade unions in India came together creating an important milestone in the occupational and environmental health rights based work in India by establishing the Indian Ban Asbestos Network (IBAN) in New Delhi.

The establishment of the Indian Ban Asbestos Network is an unprecedented step towards the creation of asbestos free workplace and society. The network was formed with a clear goal of getting all forms of asbestos banned in India as the first step towards the elimination of the asbestos related diseases in India. The network was founded by 16 organisations consisting of Trade Unions, NGOs, Victims organisations and individual Scientists, Doctors and Lawyers. The network agreed to focus on key objectives of preparing a detailed position paper highlighting the use of Asbestos in India and the harm it has caused, to launch an information and education campaign about the hazards of Asbestos especially among the workers engaged in asbestos product manufacturing, construction, mining and ship breaking. The network also agreed to engage with the relevant authorities in India to ensure all imports of Asbestos is stopped and asbestos product manufacturing is converted into non-asbestos (alternative material) products and just transition is ensured for existing workers working in these hazardous industries. Recognising the ultimate price that victims have paid with their health by working with this carcinogen, the network recognises the key role of Victims in the network and would work towards identification and diagnosis of the victims across India to ensure just compensation for them. The IBAN Network will also work actively towards formation of asbestos victims’ organisations in India.

Mr. Sugio Furuya, Coordinator of Asian Ban Asbestos Network presented an update on global action on asbestos. He emphasised that global trade of asbestos is shrinking fast. Senior Occupational Health Specialist Mr. Kawakami represented ILO at this meeting who explained ILO convention on Asbestos.
Representative from Nepal explained challenges faced by the country in post-ban period in Nepal. He explained how asbestos industry in India is trying to push asbestos containing material in Nepal in spite of ban.

Challenges to compliance that were stated were as follows:
- Shifting to expensive products
- Behavioural change of private sector
- No awareness at the public level
- Challenges for management – call back from the market, demolition waste management, service sector awareness on waste management
- Establishment of compensation systems
- Implementation of PIC procedure

Opportunities
- Alternatives available
- Marketing alternatives

The final remarks of the conference were given by AMRC, the following points were stressed:
• The need to work at many levels
• Bureaucrats, political parties, leaders
• Concerted national policy support is needed
• India – consumption has increased
• State by state campaigning for banning asbestos in India
• Grassroot level pressure on the govt – to ensure the ban so that the industry cannot control the govt
Legal compliance at shipbreaking yards

National consultation on legal compliance and effective labour inspection at shipbreaking yards has been organized by Bangladesh Occupational Safety, Health and Environment Foundation (OSHE) on 12 October at Chittagong in Bangladesh. Officials from Bangladesh government’s Ministry of Labour and Employment, and Department of Inspection for Factories and Establishments, trade union leaders, labour rights activists, yard owners and workers took part at the consultation meeting. Read more at: http://oshebd.org

Bangladesh Occupational Safety, Health and Environment Foundation (OSHE) organised a national seminar on status of violence against women at homebased workers community marking the international day for the elimination of violence against women on 24 November 2017. Trade union leaders, labour rights activists, gender specialists, researchers, journalists and homebased workers took part in the seminar. More information at ... http://www.oshebd.org
Speakers in a consultation on Asbestos in Bangladesh urged the Government of Bangladesh to impose a ban on import of asbestos and asbestos-containing materials to minimize the risk of asbestosis and cancer, generated from the unsafe use of asbestos. Bangladesh Ban Asbestos Network (BAN) organized this consultation in the conference of OSHE foundation in Dhaka on 9 December. Labor leader Mujibur Rahman Bhuiyan chaired the session, while A R Chowdhury Repon, Executive Director of OSHE foundation delivered introductory remarks. Dr. S M Morshed, Vice Chair of OSHE foundation presented the Bangladesh Country paper on Asbestos.

He mentioned that every year 107,000 workers suffer from asbestosis and other diseases across the world due to use of asbestos in the workplace. Dr. Morshed further added that legal provision allows import of asbestos in Bangladesh and amount of asbestos import is increasing day by day.

“Government of Bangladesh is earning revenue ignoring its impact on human health, particularly the workers are worst victims of this harmful item” he added. He also informed asbestos is already banned in 52 countries around the world including Nepal and Sri Lanka.

Taking part in the discussion, the participants emphasized on massive campaign plan engaging relevant stakeholders against asbestos and advocacy with the policymakers of relevant ministries for sensitization at senior level. They also suggested knowledge products on asbestos, so that larger concessions can be made against asbestos. The participants mentioned that, there is no alternate of ban asbestos and for achieving goal 8 of Sustainable Development Goals, the government should come forward to prohibit the use of asbestos and also impose a ban on its import.

http://www.oshebd.org/
Support abandoned workers in their struggle for lost wages and benefits

The sudden closure of a garment factory has left 208 workers in Cambodia without jobs, salaries, or their legally owed compensation.

One year later these workers, mainly women, are still fighting for justice. The factory – Chung Fai Knitwear – was making clothing for Marks & Spencer (UK), Nygård (Canada) and Bonmarché (UK). The workers have been facing a long struggle. They stood up for their rights by preventing the owners from selling the remaining assets from the factory, through physical occupation of the factory as well as legal measures. They have protested outside the Mark & Spencer office in Phnom Penh, outside the Ministry of Labour, and the court. They wrote letters to the brands pleading for help and asked for meetings. None of this helped. Now the workers, supported by trade unions and labour rights' organisations, demand that the brands take responsibility and ensure that they get their legally due payment.

Further information …
https://www.labourstartcampaigns.net/show_campaign.cgi?c=3500

Stop Union busting

Illegally dismissed TMC&F union officers and members held their protest action in front of the C&F Mfg. Phils. Corp. plant on June 10, 2016. C&F operates inside the FCIE in Langkaan, Dasmarinas City, Cavite.

Read more here…
OEHNI organized awareness meeting in Bhubneshwar on 1 December. Meeting was attended by 40 voluntary organizations, media reps, retired academicians.
https://www.facebook.com/jagdish.patel.167189

**COMPENSATION DISBURSEMENT TO THE WORKERS OF EVEREST INDUSTRIES LTD**

Everest Industries handed over the cheques to the 19 workers who have been provided the compensation to the tune of RS.55 Lakhs (5.5 million). Asbestos is an incurable disease. ILO convention 162 also safeguard the rights of Asbestos workers.
https://www.facebook.com/RamenINTUC/photos/pcb.783549931817713/783549901817716/?type=3&theater
Peoples Training & Research Centre (PTRC) organized one day OSH training for painters and carpenters in collaboration with Bandhkam Mazdur Sangathan (Construction Workers Union) at Ahmedabad on 11 August. Find more ... http://peoplestraining.org/

Asbestos workshop at chennai

OEHNI and PTRC organized one day workshop on asbestos at Chennai on 25 November.

More information ... http://peoplestraining.org/
On 5th September 2017, a medical camp was organized by Cividep India for the benefit of leather sector homeworkers in Melpatti village, Ambur. The camp was organized at the Government Primary School in Melpatti and a doctor from the government Primary Health Center screened the participants. Medical advices were given to 62 individuals. While 15 of them were homeworkers, 5 were factory workers and 31 were the children of the workers. Upper respiratory infection, fever, myalgia, joint pain and skin infections were the common ailments among those screened in the medical camp. Some of the participants were advised to visit the Government Hospital in Melpatti for further treatment.

For more information....
http://www.cividep.org/
OEHNI & PTRC jointly organized one day training on ESI Act on 6 September at Hotel Oasis, Sayajigunj, Vadodara. Jagdish Patel welcomed the participants and introduced PTRC and OEHNI. He talked about the problems faced by silicosis victims. 38 participants included stone workers from Rajasthan, Ship breaking workers in Alang, Pune factory workers and workers from different factories in Waghodiya area in Vadodara district. NGO leaders like Mr.Audichya from Environinc Trust, Dharmendra Gorna from Deepak Sanstan, Rajasthan and Vipul Pandya of Bandhkam Mazdur Sangathan were also present. Mr.Ravi Ranjan (ESI Corporation), Dr.Vishawajit Tewari (ESI Scheme) and Mr.P.G.Mavlankar (Lawyer) attended as faculty to share their knowledge and experience. Jagdish Patel said that major contribution in ESI Corporation comes from workers. Government contribution is much less. It is basically insurance but clarified that it is not life insurance. Now, according to the latest amendments, those who draw salary more than 21,000 can continue to be insured person voluntarily. Describing his experience he said that in one case, a tribal worker, working in a stone crushing factory was covered under the Act but he was not issued identity card. When we represented, owner said that these tribal workers do not know how to take care of their shirt, how would they preserve the identity card, if we issue them! He narrated claims for silicosis before ESIC. When Labor court passed order in favor claimants, ESIC filed appeal in Gujrat High Court. Now it would take long time in the Court to get justice. He explained Sch.III of the Act and parts A,B and C of the Schedule which is regarding occupational diseases. Mr.Ravi Ranjan of ESIC explained about medical benefit and cash benefits provided in the Act. Participants from Pali in Rajasthan said that ESIC has started a dispensary in the area but it is 40 Km away from where the workers work. For them it is difficult to travel that much distance when they need to take treatment. Mr.Ranjan gave information on ESIC Website and the app which can be downloaded. Insured persons can visit the app to check their details of contribution etc. Dr.Tiwari from ESIC explained different benefits under the Act Participants from Alang said that there is no dispensary opened by ESIS in Alang and they face lots of problems.
Workers’ Initiative – Kolkata has organized Workers training camp on 29th October 2017 over the issue of Occupational Health and Safety at Garden Reach locality, Kolkata wherein 23 leading workers of different Companies like Hindustan Petroleum Corporation Ltd LPG bottling plant, Garden Reach Shipbuilders and Engineers Ltd (GRSE), Hindustan Unilever Ltd Garden Reach Factory, Paharpur Cooling Towers Ltd, IMC Ltd and others have participated. Mr. Debasis Sengupta, Sr. Advocate and Dr. Ashish Mittal have leaped the training camp. Mr. Debasis Sengupta, Sr. Advocate in his briefed speech explain the participants about various statutory provisions relating to Occupational Heal and Safety, he also comments that since the existing statutory rights are very limited for the workers, therefore it is advisable that leading workers not to depend only on statutory provisions but also mobilize the mass workers at grass route level and compel the employers to protect the health of the workers from all sort of hazards. Dr. Ashish Mittal well named OSH activist in India explained in details about the various hazards facing by the working people of the country, he states that though the industrial workers have some sort of protection through the Factories Act but the workers working in informal sectors are deprived from the minimum protection from the hazards. Workers participants wanted to know about the hazards and its preventive measures relating to the work of Welding, Electrical and handling the liquid and dry chemicals. Dr. Mittal in his long deliberations explained the participants about various hazards like dust, fume etc and its preventive masers. Pertinent to say here that the training camp has been conducted in such a manner, where participants comfortably expressed their issues that helped Dr Mittal to address the issues appropriately; there was no one way communications, both the side i.e. participants as well as the trainer expressed their points in all frankness. Lastly concluding the training camp Mr. Kamal Tewary, President of Worker’s Initiative – Kolkata invited comments from the participants.
SHARPS has scored two legal wins in a single day, achieving new momentum in its ongoing effort to hold Samsung Electronics Co., Ltd accountable for the occupational disease cluster. In Oct. 2014, she filed a claim for workers compensation. In response, in 2015-2017, the KOSHA conducted an epidemiological probe of her workplace, which it said only turned up immaterial work-relatedness.

On June 23, 2017, a seven-member evaluation committee reversed its earlier decision and decided in favor of Kim’s claim by a 5-2 margin. “Although it showed low work-relatedness,” said the committee, “this onetime epidemiological survey is insufficient to determine the routine and continual exposure [of hazardous materials] sustained by the claimant.” On July 7, 2017, the KCOMWEL officially informed Kim of the decision.

More information……
https://stopsamsung.wordpress.com/2017/07/10/two-legal-wins-sharps-achieves-new-momentum/
GEFONT has marked International Migrant Day 2017 in Kathmandu, in different Districts throughout Country as well as in Malaysia, Qatar, Saudi Arab etc organising various Programmes. On the occasion of International Migrant Day, GEFONT has released a Press Communiqué appealing everyone for Migrants Workers Rights and wished dignified life of all Migrants workers.

In Kathmandu, GEFONT leaders along with its Affiliates CUPPEC-Nepal, HUN, WHIN etc members participated in the Morning Rally with Banners, Play Cards and GEFONT flags and chanted Slogans for the Rights of Migrant Workers. During the programme, GEFONT pamphlets on safe Migrations were distributed.

Read more…
https://www.gefont.org/VQ7224655
Labour Education Foundation observed World Day Against Child Labour

“End Child Labour in Supply Chain"

Labour Education Foundation in collaboration with Solidar Switzerland and Group Development Pakistan observed the World Day against Child labour on 28th July 2016 at Pak Heritage Hotel, Lahore was arranged a seminar.

259 were participation including children and community. The representatives of local and national organizations also participated. Speakers talked about the present situation in terms of child rights, reasons behind child labour, importance of education for children and the role of government to deal with the situation.

Read more here… http://www.lef.org.pk/

Training workshop for learners organized by LEF in Lahore

Labour Education Foundation (LEF) organized a two days capacity building training workshop for the learners of skill centres of Labour Community Organizations on 8-9 November 2016 in Lahore.

Total 33 participants (25 girls and 8 boys) and their teachers attended this training. The main objective of this training was to enhance their knowledge on subjects like basic business traits, gender, environmental issues and socio economic situation in country

More information…..
http://www.lef.org.pk/
Pass the Occupational Safety and Health Bill Campaign Tour

The Occupational Safety and Health Bill Campaign Tour advocacy campaign has focused on the discussion of the important provisions of the OSH Bill and the current situation of OSH in the country. The campaign tour’s overall objective is to spearhead a comprehensive awareness and advocacy campaign among workers and the public for the immediate passage of the OSH Bill. This advocacy campaign tour focused on the discussion of the important provisions of the OSH Bill and the current situation of OSH in the country. This tour has launched in workers’ zones in various regions where the participants were plan to take concrete steps to urge legislators and the government to immediately pass the OSH Bill.

The campaign tour’s overall objective is to spearhead a comprehensive awareness and advocacy campaign among workers and the public for the immediate passage of the OSH Bill.

August 27, 2017 pass the OSH Bill Campaign Tour First Stop: Cabuyao, Laguna with workers from factories located inside the economic zones in Southern Luzon, Philippines.

A total of 52 workers (36 female, 16 male) representing five labor unions, two organizations of contractual workers and other labor associations attended the Pass the OSH Bill Campaign Tour in Southern Luzon. They manufacture electronic parts, optical lenses, garments, milk and pesticides. A short discussion on the current occupational safety and health situation in the Philippines was shared by IOHSAD. The salient points of the OSH Bill were discussed by Carlos Maningat of the Gabriela Women’s Partylist.
The forum ended with the workers reciting a Workers’ Health and Safety Pledge that contains the following points:

1. Workers’ safety is government responsibility. We demand that the government through the Labor Department conduct mandatory inspection of all workplaces regardless of size and kind of operation. Separate, unscheduled and regular OHS inspections should be done in all establishments. Results of inspections and government action on OHS issues should be immediately made known to the public.

2. Criminalize OHS standards violations. We support the campaign, and pledge to actively push for legislative efforts, to implement stiffer penalties on employers who do not comply with OHS standards.

3. Justice for all victims of work-related deaths and accidents. We amplify our call for justice and will not stop until employers who violated safety laws which caused work-related deaths and injuries are held accountable.

4. Pass the Occupational Safety and Health Bill NOW! We call for the passage of Senate Bill 1317 and its immediate signing into law by President Duterte.

September 15, 2017 Pass the OSH Bill Campaign Tour Second Stop: Business Process Outsourcing (BPO) Workers in Makati

A total of 35 workers (18 female, 17 male) attended the Pass the OSH Bill Campaign Tour in Makati. BPO workers and members of the Unified Employees of Alorica (UEA) comprised the majority of the forum’s attendance.

After the discussions on the national OSH situation and OSH Bill, a short hazard mapping orientation was also shared by Emma Celada of IOHSAD. The leaders of the Unified Employees of Alorica (UEA) shared some of the OSH provisions that they are planning to include in the Collective Bargaining Agreement negotiations with the management. One of the pressing health concerns that the employees raised is the unsafe sharing of headsets among employees.
The Unified Employees of Alorica, leaders of the BPO Industry Employees Network (BIEN) and IOHSAD resolved to hold a series of OSH Bill discussions among call center employees in various techno and IT hubs in the coming months.

3 September 29, 2017 pass the OSH Bill Campaign Tour Third Stop: Port workers of Harbour Centre in Velasquez, Tondo, and Manila
A total of 163 workers (154 male, 9 female) attended the final leg of the Pass the OSH Bill Campaign tour. Members of the Samahang Manggagawa sa Harbour Centre (Association of Harbour Centre Workers) gathered to listen to the discussions about the current OSH situation and the OSH Bill. The OSH discussions were held before their meeting which gave updates on the status of their fight against contractualization.

The workers of Harbour Centre Port Terminal have been fighting for regular work since last year. They have received a decision from the Labor Department last August 24, 2017 which confirmed that the third party agency operating in their company is not officially registered and illegal. They are now awaiting the implementation of the favorable decision by the Labor Department that orders their regularization and payment of back wages.

The workers also shared the occupational hazards they encounter at work. They handle coal, nickel and other materials that are being shipped in the country. They complain of inhaling dust and the absence of proper protective equipment for their safety. They also reported that they are the ones paying for the gas mask and the management does not provide free PPE’s for the workers.

The port workers pledged to support the campaign for the immediate passage of the OSH Bill. They also committed to work with IOHSAD in identifying hazards and launching local OSH campaigns in their workplace.

Overall, the Pass OSH Bill campaign tour reached a total of 250 workers through the three (3) activities organized in a period of one month.
An Open Letter for the International Human Rights Day

Dear Mr. Zeid Ra’ad Al Hussein,

On 10 December 1948, the UN General Assembly adopted without opposition the Universal Declaration of Human Rights (UDHR). Upon the premise that “All human beings are born free and equal in dignity and rights”, the UDHR has for more than half a century been the bedrock for the universal values that underpin the protection and promotion of basic human rights.

Today, as the UDHR approaches its 70th anniversary, we, the undersign groups, reaffirm hereby our stance with the universality of human rights as enshrined in this milestone document.

We call on the international attention on China’s tendency to rule according to draconian law. We also urge the various UN human rights mechanisms to closely follow instances of rights violations in this country where the biggest population in the world live.

As a member of the UN Human Rights Council, and state party to a number of core human rights treaties, China should have the unassailable obligation to strictly and comprehensively observe the international human rights standards and principles.

Read more…
http://wwwworkerempowerment.org/en/updates/227
Indonesia’s asbestos ‘time bomb’

“There was a feeling of shock,” said the rail-thin Sriyono, who like many Indonesians goes by one name.

This photograph taken on October 24, 2017 shows Sriyono (L), who suffers from asbestosis – scarring of the lungs from breathing in asbestos fibres, posing with his wife in front of his house in Cibinong, West Java province. (AFP/Bay Ismoyo)

For years, Sriyono toiled away producing gland packing, which uses asbestos to seal systems such as pumps and shafts. He was never warned his health was at risk and did not wear safety equipment that could have kept him safe.


Victim stories of chemical poisoning in electronics industry in China

Zhu Yishu worked in a plant which manufactured ICT products principally for Japanese brands, such as Sony, Panasonic and Toshiba. As part of his job, he had contact with thinner, alcohol, solvent naphtha and other chemicals.

In 2006 Zhu started experiencing pain in his back, bones and joints and was diagnosed as having acute leukaemia. In 2008 Zhu had a bone marrow transplant but suffered a relapse four years later. He now needs another transplant but the factory is refusing to pay for it. Zhu claims that his workplace was never inspected by clients and when officials from the Centre for Disease Control and Prevention (CDCP) did come to inspect the plant, the manufacturer was notified before the visit and workers were told to conceal things.

Kymore-A Slow-Motion Bhopal

INDIAN ASBESTOS VICTIM TO SPEAK AT UN FORUM ON BUSINESS AND HUMAN RIGHTS, GENEVA
400 SUFFER FROM ASBESTOS RELATED DISEASES IN KYMORE

Nirmala is a former teacher and headmistress of a secondary school in the village of Kymore, Madhya Pradesh, India who was diagnosed with parenchymal asbestosis in 2016. Parenchymal asbestosis is a lung disease caused by exposure to substantial amounts of asbestosis dust that can quickly lead to lung cancer. In the United Kingdom, it is recorded that thousands of people die from asbestos-related lung cancer every year, decades after its use was stopped.

Nirmala lived near a factory which has been making chrysotile or white asbestos products, for over 30 years. The subsidiaries of the former British company Turner and Newall PLC and the Belgium company ETEX (Eternit) dumped asbestos waste on 600,000 square metres of land on or near which more than 3000 people currently live. The factory is currently owned by Everest Industries Limited. In her own words:

“During the dry season dry asbestos dust particles even blew into the class rooms. Parents and children used to come into the classroom covered with dust. The owners and workers in the UK and Belgium certainly knew about the hazards of asbestos but did not inform the community. I have seen many victims dying slowly and painfully. It’s really horrible to watch a healthy person turn into a skeleton. I wish the coming generation must be saved from this and that first and foremost there is a need for the proper treatment of the asbestos wastage which the factory dumped in the surrounding populated area. Asbestos must be banned and those suffering from asbestos diseases should be compensated”.

Kymore (300km from Bhopal), the site of India’s first asbestos factory, started by the British company Turner and Newall PLC in 1934 and still operating under its present owners Everest Industries Limited. Since medical camps started in 2013, over 400 people have been diagnosed and compensated with asbestos-related diseases from a Trust Fund set up after the bankruptcy of Turner and Newall in 2001. The process is on-going, but many will have died without ever knowing that they were affected. Up until 1996, the factory dumped asbestos waste in the surrounding area, including on private land. This included both the subsidiary of Turner and Newall and the subsidiary of a Belgium Company, ETEX (better known as Eternit), which had a large number of factories in Europe, in Africa and in Asia, and which still operates (albeit no longer in the asbestos industry). ETEX sold its subsidiary to an Indian company in 2001, shortly before asbestos-production was completely banned in Belgium. Everest Industries Limited is one of India’s largest asbestos-product producers, with 5 factories around India. There are around 250 people working in the factory, who are mostly contract labour.

Kymore is situated in Vijayraghavgarh tehsil in Katni district in central Madhya Pradesh. It has population of 19343 (2011 census; Was 35,300 as per 2007 census). It also houses cement factory. It has marble and bauxite mines.

An environmental report by a Canadian company, ECOH, commissioned by the community, found that there was 1 m tones of asbestos-contaminated surface soil in two different sites around the factory, in some places there was 70% asbestos concentration in the soil. The company estimated that it would cost at least $52 m to remediate the site. Meanwhile, there are 3000 people living directly on the site and up to 8000 people living near it, who could face exposure to asbestos fibre in the environment. In the UK, which essentially stopped using asbestos in the 80’s, there are still over 2000 mesothelioma cancer sufferers, who are diagnosed annually, with very limited exposure to asbestos fibre. The response from the statutory authorities has been poor. Despite knowing about the illegal dumping of waste, no action was or is being taken by the MP Pollution Control Board. Neither has repeated letters to the District Magistrate yielded any action.

Victims Story
Honoring the Life and Work of Elizabeth Grossman

We mourn the loss of Civil Eats Contributing Writer, Elizabeth Grossman, who died this past Friday after losing a battle with ovarian cancer. For the past three years, Lizzie has been one of the most important members of our small team, and it has been our great honor and privilege to have worked with her. She was a dogged, determined truth-seeker, who wasn’t afraid to tell the stories that many outlets no longer have the patience or resources to tell.

Her passion to connect the dots on environmental health issues led to dozens of outstanding pieces about policy, pesticides, chemicals in our food, and the people those issues impact. She always placed importance on highlighting the most vulnerable people in the food system—the workers—and she never stopped uncovering the powerful players behind it. We’re so incredibly grateful for that.

Lizzie was always up for calling in to an early morning press briefing, volunteering to read through pages of scientific studies, and following up with sources at all hours of the day. She was a rigorous reporter who went the extra mile, because she cared. The truth mattered to Lizzie, and we are all better off because of it.

Her contributions to Civil Eats were innumerable; her stories helped bring our content to TIME magazine and won accolades from the Aspen Institute, and got picked up by a number of other media outlets. She made the site stronger and her solid science and policy reporting will sorely be missed.

Before writing for Civil Eats, she authored four books. Her latest, Chasing Molecules, was a 2009 Booklist “Top 10 Science & Technology” book and received a Gold Nautilus Award for Investigative Reporting. She received numerous fellowships throughout her career and contributed important stories to countless outlets, including National Geographic, Yale e360, The Guardian, The Atlantic, Al Jazeera America, The Washington Post, Salon, Mother Jones, and The Nation. She was also a long-time board member of the Society for Environmental Journalists (SEJ). “Lizzie was a brilliant environmental health journalist whose diligence and incisive reporting earned her deep respect and admiration,” said Bobby Magill, a senior science writer for Climate Central and the president of SEJ. In honor of Lizzie, the SEJ in early August announced the first of its efforts to carry Lizzie’s work forward: The group launched “The Lizzie” Fellowship, a $1,500 fund to help a freelance journalist attend the SEJ’s annual conference. Magill noted that, in addition to “The Lizzie,” SEJ is exploring other ways to honor Lizzie. We hope to join the group in finding a lasting way to do that while encouraging other journalists to follow in her footsteps. Lizzie was a rare light in dark times; her infectious, positive attitude was often a refreshing antidote to the very issues she covered. She rolled up her sleeves and poured herself into her reporting, even for a scrappy outlet like ours, even as her health took a turn for the worse. Lizzie had heart. And her work has had a real, tangible impact on our readers and on us. Her devotion, dedication, and cheerful demeanor in the face of all she chose to uncover, and given her personal circumstances, will remain her enduring legacy.

Effective Implementation of Asbestos Ban Stressed in Nepal

December 21, 2017, Kathmandu, Center for Public Health and Environmental Development (CEPHED) stressed the needs of effective implementation of Government’s decision though a Gazette Notification (December 22 2014) of ASBESTOS BAN for the protection of Public Health, especially of house owners’ & workers’ health and environment and be prepared for addressing the perspective problem from ongoing exposure due to current uses as well as emerging problem of sound management toxic wastes containing asbestos.

More information…..

Press release for Balada victims in Pakistan

Baldia victims still hope for justice after five years of pain and suffering. The survivors, victim families and others paid tribute on Monday to the 260 workers who were killed in the Baldia factory fire on September 11 five years ago. On the occasion of the fifth anniversary of the incident, the Ali Enterprises Factory Fire Affectees Association (AEFFAA) and National Trade Union Federation (NTUF) held a gathering outside the same ill-fated factory. Once again the workers stressed on the government to make efforts to ensure health and safety at the factories so that others should not be killed the way their loved ones were.

Further information……
Bangladeshi women suffer at overseas workplaces

A large number of Bangladeshi women migrants are allegedly tortured and abused and many workers lost their lives in abroad due to workplace accident and occupational diseases. The information was disclosed in a press conference citing that a total of 3154 dead bodies of migrant workers arrive from different countries between January and November 2017 in Bangladesh.

The press conference was organised by Bangladesh Occupational Safety, Health and Environment Foundation (OSHE) at Dhaka 17 December 2017.

According to the government statistics, a total of 973,000 migrants have gone abroad between January and November 2017. Of them, a total of 118,000 are women.

OSHE executive director AR Chowdhury Repon said the migrant workers bring in a huge amount of foreign currency by dint of their labour abroad. They contribute to the development of the country. While working abroad, the migrants suffer from various health complications and they have to work under stress and in an unhealthy environment, he said.

OSHE vice chairperson SM Morshed said, "We think these are not normal deaths. We think the government should investigate the main cause of deaths of the migrants," he added.

OSHE foundation made a 9-point demand to ensure safety and security of the migrants. The demands are: Health and safety issues have to be included in the training and briefing of the bureau of manpower, employment and training, aspirant migrants have to be informed about their rights in the destination country, health of out-bound migrants and returnees have to be checked at government hospitals and occupational safety and health helpline has to be launched at the labour wings.
Today, a devastating report has been made public by a consortium of civil society groups which documents the toxic legacy created in two Indian villages by European asbestos multinationals: Turner & Newall Ltd., British owners of Asbestos Cement Ltd. and Etex, Belgian owners of Eternit Everest Industries.

This Asbestos Investigation and Remedial Options Analysis by a team of three Canadian experts from Environmental Consulting Occupational Health (ECOH) was commissioned by Barrister Krishnendu Mukherjee of Doughty Street Chambers. Reacting to the report’s findings, he said:

“The dumping of asbestos waste by European companies in this manner was done in the full knowledge that it would cause serious health problems to the local population. Such behavior towards mainly poor people, without real access to legal remedies, can only be described as a corporate crime. Whilst now trying to make the area safe, we call on the Indian Government to wake up to the dangers of chrysotile asbestos, to support its inclusion in the Rotterdam Convention and to ban its use in the country.”

Mohit Gupta from the Occupational and Environmental Health Network of India (OEHNI) and the Asian Ban Asbestos Network (ABAN), who assisted the ECOH investigators, said:

“Everyday up to 8,000 people in Kymore and Kalhara in Madhya Pradesh state are routinely exposed to toxic levels of asbestos in contamination created decades ago by international companies which prioritized corporate profit over workers’ health and shareholders’ dividends over ethical production processes. The widespread and extensive surficial asbestos contamination documented in this report would cost over $88 million to eradicate. Who is going to pay for this?”

Commenting on the devastation found in India, Belgian campaigner Eric Jonckheere from the Association Belge des Victimes de l’Amiante [The Belgian Association of Asbestos Victims (ABEVA)] noted:

“In my home town of Kappelle-op-den-Bos, Eternit was forced by OVAM, the Flemish Environment Office, to pay for remediation of tracts of land in 2012 after the success of outreach efforts by ABEVA led to widespread media coverage of the environmental contamination and political pressure from the municipal authorities. If the presence of asbestos waste constitutes a public health risk in Belgium, how can the dumping of debris containing up to 70% asbestos be tolerated in Kymore and Kalhara?”
On the occasion of International Day for the Elimination of Violence against Women, Home Based Women Workers Federation and the National Trade Union Federation 25 November has demanded for the vigilance committees formulation at all the workplaces to stop violence against women and consider them as first citizen and important part of the economic development. The meeting was organized on the call of IndustriALLGlobal Union.

www.ntufpak.org

Karachi-27 July: The Shipbreaking Workers Union Gadani (SWUG) has once again urged the ship-breakers and the authorities to ensure labor rights and occupational safety and health at the yards. Addressing a press conference at Karachi Press Club on Thursday, SBWUG president Bashir Ahmed Mehmoodani deplored that the promises to ensure labor rights and safety at shipbreaking yards in Gadani were yet to materialize.

More information….
https://www.facebook.com/IndustriALLGlobalUnion/photos/pcb.1462979320456
Case study/report

Global health

Case report

Parenchymal asbestosis due to primary asbestos exposure among ship-breaking workers: report of the first cases from Bangladesh

Venkiteswaran Muralidhar,\(^1\) Md Faizul Ahasan,\(^2\) Ahad Mahmud Khan\(^3\)

SUMMARY

We report for the first time asbestosis among shipbreaking workers of St. Lukes in Bangladesh who were exposed to asbestos during ship-based and beach-based operations for at least 10 years. Asbestosis was present among 35% of workers. Years of work (>20) and forced vital capacity (<80% of predicted) were significantly associated with the disease. Currently, global ship-breaking operations are mainly concentrated in the Indian subcontinent, and Bangladesh has the majority share. Ninety per cent of domestic steel is produced in the ship-breaking operations in Bangladesh and is an important contributor to the economy. It also gives employment to more than 100,000 people. It is imperative to medically check up all the workers for benign and malignant diseases causally related to asbestos among these vulnerable population.

CASE PRESENTATION

A 45-year-old worker was seen at the clinic with complaints of grade 2 dyspnoea. His family was from North Bangladesh and has been working in the shipyards of Sitakunda, Bangladesh for 22 years. He had worked in ship-based cutting operations and beach-based operations. He gave a history of exposure to asbestos in both jobs. He lived in a small shed made from materials procured from the ship close to the place of work. He was a non-smoker. He gave no history of chronic bronchitis or taking bronchodilators. His medical history and family history were not significant. On clinical examination, he had no clubbing and vital signs were normal. On deep inspiration, rhonchi could be elicited on auscultation. Rest of the clinical examination was normal. His basal pulse oximetry and exercise pulse oximetry were normal.

Pulmonary function tests revealed that his forced vital capacity (FVC) was 76% and forced expiratory volume in 1 s (FEV\(_1\)) was 75% as expected for his age and height. Chest X-ray revealed reticular opacities of type signs and symptoms (O) with a profusion of 1/1 as per International Labour Organization (ILO) classification. A diagnosis of asbestosis was made.

Methods

The data were collected during two diagnostic medical check-ups camps for asbestos, of 4 days each between July 2016 and January 2017, organised by Bangladesh Occupational Safety. Health and Environment Foundation (OSHE), a non-governmental organisation. OSHE, established in 2006, is involved in improving the working conditions of garment workers, recording of occupational injuries and accidents, and interacting with all stakeholders related to workers’ occupational health and safety. It has also been working for improvement of workplace safety in the ship-breaking industry at Chittagong.\(^1\)

Doctors visited the workplace and observed asbestos exposure during both ship-based and beach-based operations. Documentation of asbestos exposure was done by photographing, using a mobile phone camera (figure 1). Workers were contacted by OSHE through a worker representative and explained the aim of the medical check-ups, which was to diagnose lung disease causally related to asbestos exposure. Workers with 10 years or more of exposure to asbestos, who had worked mainly as cutters and fitters in ship-based operations and who were willing to come for the medical check-up were selected. The medical check-up was done without the knowledge of the owners to avoid adverse repercussions to the workers. Data were recorded in a dedicated pneumoconiosis questionnaire as done previously.\(^2\) The questionnaire has detailed occupational exposure history, symptoms of chronic lung disease and relevant history. Clubbing and presence of end-expiratory rhonchi were recorded. Pulmonary function test was done using the Hygeria spirometer, and FEV\(_1\) and FVC were recorded. Predicted values of FEV\(_1\) and FVC were calculated as explained before in a similar study of asbestos-exposed workers in India.\(^2\) X-ray chest PA view was taken and read as per ILO guidelines. Oximetry, basal and post exercise oximetry was recorded. The data were entered in MS Excel, and \(t^2\) test was done to test statistical significance. \(P<0.05\) was considered significant.

Diagnosis

Asbestos was diagnosed if it satisfied the following criteria:

1. History of exposure for 10 years or more.
2. ILO X-ray reading shows reticular opacities (s, t, u) with a profusion greater than 1/1.

Results

The results were tabulated (table 1 and figures 2 and 3). Ninety-nine workers came for...
Asbestosis Re-examination in Rajasthan

OEHNI and PTRC jointly carried out a study in Rajasthan
Study was carried out in November 2017 during which following activities were carried.

Objective: Identifying Asbestosis Victims

Activities

1. Communication with DTOs of Ajmer and Pali was established over the phone
2. Written request for TB patient list for select villages was sent out to the concerned DTOs; Ajmer on 25.10.2017 and Pali on 24.10.2017
3. Follow-up in-person meeting were carried out on 24, 25.10.2017 and 01.11.2017

However, this methodology saw an end when the both the DTOs, whom had initially agreed to providing data and cooperating with the project staff, reneged. A new strategy to continue the project had to be adopted. Coincidentally, a state level Silicosis meeting was to be held on 27th of October, which the project saw as an opportunity to pressure the higher authorities to take note of asbestosis issue with the same grave concern. The project issued a letter highlighting the need for intervention wrt to re-examination of TB patients with asbestos exposure – please find attached copy of letter submitted. The project felt it was a necessary step to ensure cooperation from government staff on identifying, diagnosis and certification of asbestosis victims.

4. MLPC coordinators were sent to villages to identify volunteers (Puspa Vishnoi on 3.11.2017 in Ajmer & Manish Tak on 7.11.2017 in Pali)
5. Volunteers distributed infolets to households (on 3.11.2017 in Ajmer)
6. Registration camps were held in each of the select villages (on 9.11.2017 in Ajmer)
7. Volunteers conducted a door-to-door survey in the select villages of TB victims and have collected data on ANM and Asha workers from aforementioned areas (started)
8. Determining criterion has been developed by experts (Dr. V. Muralidharan) to select potential asbestos victims from the pool of TB patients OH form for Asbestosis

Potential Asbestosis suspects are selected for re-examination from the pool of TB patients identified by the volunteers with the help of ANM and Asha workers. The shortlisting is carried out on the criteria of

a) minimum age of 55 years for men and 45 for women,
b) period of asbestos exposure; minimum 6 months,
c) medical symptoms including progression; shortness of breath, chest pain, nail deformities, enlarged finger tips and dry cough,
d) failure of prescribed medical treatments.
History of Silicosis in India

History of silicosis in India dates back to 1934 when silicosis was reported by Rao C. & Krishnaswami in Current Science among gold mine workers in Kolar in S.India. Survey was carried out there during 1940-46. (43.7%). Later, in 1953 it was also reported from Mica mines in Bihar state in North India. In 1960 it was reported from Manganese mines. Since then it has been reported among stone cutters of Kashmir (20%;1984), lead and zinc mines (30.4%;1961), Iron ore (23.7%;1968), foundry (27.2%;1986), ordinance factory (3.5% in 1977), glass bangle (7.3%;1988), slate pencil (56.4%;1985), quartz crushing (12%;1986), sand grinding (27.8%;1989), agate workers (38%;1995), ceramic and potteries (15.1%; 1995), Uranium mine (9.9%;2002), flour mills (30.4%;2011), jewelry polishing (2009), Sand stone mines in Rajasthan (50%;2011). NGOs/TU/ESI have found cases in glass factory and power plants also.

The gap

As can be seen, scientific evidence of silicosis existed in India since last 70 years; several studies carried out. Information did not reach to the workers or they may have demanded compensation. No action taken to punish employers. No significant actions taken to reduce dust levels for prevention. Large numbers of workers employed in unorganized sector. Those in organized, few were unionized. Since New Economic policy introduced in 1991 trade unions have further weakened. After right wing Government in 2014 labor laws are further weakened (liberalized), inspection policy being changes and numbers of inspectors reduced. Unions did not pay serious attention to OHS. In 1980 onwards Glass factory workers in Baroda demanded compensation. They were Unionized and covered under social security Act (ESI). They had to wage legal battle.
Silicosis now more visible

In spite of all these problems in last 2-3 years problem of silicosis has gained more visibility. Policy for paying relief to the victims being prepared by State Governments, welfare schemes being formulated, more workers are being certified and paid relief amount. You find more research papers being published on the subject. Years of hard work by grass root labor groups is now getting paid. Over 10,000 victims have been paid compensation in Rajasthan alone and there are long queues and waiting period for hundreds. State has set up Medical Boards in each district. Workers are paid compensation either from REHAB (for miners) and Construction Workers Welfare Board. Those who are not registered in any are at loss.

During British rule India had become member of ILO when it was established in 1920. During British rule we had laws for protection of OHS in factories and mines. We also had laws for compensation and trade unions. Indian Council on Medical Research was founded way back in 1911. Medical college and hospital in Kolkata was established in 1835. Grant Medical College in Mumbai came up in 1845. After independence in 1947, India chose to be democratic, secular, sovereign republic. Robust constitution replaced British law in 1950. It has given fundamental rights to the citizens. It has independent judiciary. It has given freedom of expression and has free media. It set up Human Rights Commission at Central and State level. Citizens have freedom of expression. India was led by visionary leaders who were modern in thoughts and socialist in approach. Political parties set up their trade unions and TUs became force to reckon with. Many TU leaders became law makers. Renowned Trade Unionist V.V.Giri rose to become President of India.

Institutes like Indian Inst. of Toxicology Research was established in 1965 and NIOH in 1966.

Challenges

Economic disparity, repressive caste dominance, legacy of feudal economic relations, concentration of land in fewer hands, low literacy rate, low agriculture productivity, large population dependent on agriculture, poor agrarian economy, corruption, high poverty rate, high unemployment rate, surplus labor are some challenges in realizing the rights. Hegemony of upper and middle class over working class has continued. Huge numbers of workers in unorganized sector and lack of laws to protect their H & S at work. Poor budgetary allocation in health, no universal health care, 80% health care services provided by private sector have greatly impacted diagnosis of occupational and environmental diseases.

Turning point in labor movement

Bhopal tragedy in 1984 was turning point or triggering moment. Whole nation joined debate over OHS. IITian Dunu Roy worked at grass roots on OHS in Shahdol in MP during 1970-80. PRIA had initiated program on OHS sometime before Bhopal. It trained activists, prepared educational material and supported grass root activities. OHSC in Mumbai and VSSM in Baroda were born out of it. National Campaign on DRLD was launched in 1990 which brought together activists, scientists, medical experts, Government officials and so on. More grass root groups were formed to work on Pneumoconiosis.

Networking helps; Right to life violated

In 1999 International NGOs working on health campaign called Public Health Assembly to remind WHO and member states its promise given in 1978 Health for all by 2000. Indian NGOs joined the campaign under Jan Swasthya Sabha (JSA). It spread over all major Indian States.
In collaboration with JSA, NHRC organized public hearing on Denial to right to health care in 2004 and later it organized review meetings on health rights every two years. During one such meeting in 2006, issue of Silicosis cam up. Commission advised to file complaints before them and some of us filed complaints. Later a representation visited Secretary General, NHRC to discuss issue of silicosis among workers in unorganized sector. We succeeded in convincing that if State fails to prevent silicosis, it amounts to violation of right to life and state should be held responsible for that.

**Petition before Supreme Court of India**

Petition filed before Supreme Court have PRASAR, Silicosis Peedit Sangh and NHRC as petitioners. NHRC raised issue of non enforcement of its recommendation by Govt. of Gujarat. Court ordered GoG to make payment, which was done. Upon request of Petitioner it appointed expert committees for 5 states. Court itself directed DGFASLI and DGMS to make inquiry in manufacturing and mines all over India. All these committees visited mines and workplaces and have submitted their reports. During their visits they invited OEHNI members to be part of the committee. Hearing has continued.

**Future**

Struggle would continue. Past experiences show that Supreme Court orders are not enforced for years and people have to continue struggles. Large numbers of workers in different occupations are exposed and it will take a long time for each of them to get diagnosed. We need to work for care & support, rehabilitation of the victims. We also need to work on prevention. More organizations and more geographical areas will have to be brought in the fold of OEHNI. We can not stop at Silicosis or Asbestosis. Whole gamut of occupational diseases requires serious and urgent attention.
Chapter 1 PROBLEMS AND ISSUES

BACKGROUND

Surat is an important commercial metropolis in Gujarat. It is the hub of textile weaving and processing as well as the diamond polishing industry. Besides these auxiliary units, engineering, shipbuilding and chemical industries also have sprung up. It has a huge textile market. It has been attracting millions of workers from other states like Odisha, Maharashtra, Uttar Pradesh, Bihar and the southern states of India.

In 1981, Shantinath Silk Mill building collapsed, killing around 90 workers including the young son of the owner. In 2007, seven cases of aplastic anemia were reported among diamond polishers exposed to Benzene. The textile industry in Surat is notorious for fatal accidents at work. Several studies of labour conditions in the past have indicated worse conditions.

But these studies were carried out either in the pre-NEP era or soon after that. In 1990, the Government of India introduced the new economic policy (NEP) under which labour laws were liberalized by and by. Gujarat in general and Surat in specific was not particularly unionised even before NEP was introduced. In the post-NEP era, unions all over India weakened by way of numbers and influence over Government and industry. It was in this backdrop that this study was taken up.

The International Labor Organization (ILO) is a United Nations agency dealing with labour issues, particularly international labour standards, social protection, and work opportunities for all. India is a member of ILO since it was established in 1919. Setting up standards for labour conditions is one of the major activities of ILO. ILO conventions are considered international labour standards regardless of ratification. When a convention comes into force, it creates a legal obligation for ratifying nations to apply its provisions. The main aims of the ILO are to promote rights at work, encourage decent employment opportunities, enhance social protection and strengthen dialogue on work-related issues. Through July 2011, the ILO has adopted 189 conventions. India has so far ratified 45 conventions and one protocol. 8 conventions are considered to be fundamental.

The eight fundamental Conventions are:
1. Freedom of Association and Protection of the Right to Organise Convention, 1948 (No. 87)
2. Right to Organize and Collective Bargaining Convention, 1949 (No. 98)
3. Forced Labor Convention, 1930 (No. 29)
4. Abolition of Forced Labor Convention, 1957 (No. 105)
5. Minimum Age Convention, 1973 (No. 138)
6. Worst Forms of Child Labour Convention, 1999 (No. 182)
7. Equal Remuneration Convention, 1951 (No. 100)
8. Discrimination (Employment and Occupation) Convention, 1958 (No.111)

India has so far ratified 4 of these conventions viz. Forced Labor Convention (No.29), Equal remuneration Convention (No.100), Abolition of forced labor convention (No.105) and Discrimination (Employment and occupation) (No.111)

India ratified until now 3 out of 4 Governance conventions (Nos. 81 – 122 – 144) and 43 out of 177 Technical conventions (most important concerning the research topic Nos 1 - 4 – 5 - 6 – 11 – etc. Complete list is annexed as Annexure: 1)
The objective of the study was to examine the quality of the enforcement of these conventions. The questionnaire was drafted accordingly. The questionnaire had a few questions to collect statistical or biographical data of the respondent (Q1-9 Q.19-27), questions on prohibition of forced labour (Q.29-31), prohibition of child labour (Q.33-41), prohibition of discrimination (Q.43-49), freedom of association and right to collective bargaining (Q.15-18 and 51), living wages (Q.53-68), working hours (Q.69-76), health and safety at work (Q.77-124) and legally binding employment relations (Q.125-134).

India has not ratified ILO conventions regarding child labour or living wages, but we decided to include them nevertheless. India already has Child Labour (Prohibition and Regulation) Act to prohibit child labour under age 14. ILO has several conventions on health and safety and India has ratified some of them. Since 1881, India has the Factory Act to provide legal protection to workers for health and safety at work.

India may not have ratified some specific conventions like C.87 (Freedom of association and protection of the right to organize) and C.98 (Right to organize and collective bargaining), but some elements of these conventions may have been taken care of in laws like Trade Union Act or Industrial Disputes Act. Questions were also related to C.26 and C.131 both on Minimum Wage Fixation. India already has the Minimum Wages Act of 1948 in place.

Similarly India has not ratified C.155 (Occupational Safety and Health Convention) but Factories Act, Mines Act, Building and Other construction Workers Act and Dock Workers Act have elements of safety and health while some are also in Shop and Establishment Act.( Q.77 to 124)

Some questions were based on the code of conduct prepared by Clean Cloth Campaign.(Q.125-134)

Primary data is collected by way of a questionnaire survey and personal visits to key organizations. We prepared the questionnaire in Gujarati based on the guidelines given by SUDWIND.

It was shared with some experts who advised us not to keep the questions open-ended. Hence we reworked them and converted most questions so that they were close-ended. We then tested the questionnaire by approaching 3-4 respondents. We prepared codes and entered the data in an excel sheet. In the process, we realised that we needed to further modify the questionnaire. We made some changes and finalised the questionnaire.

We visited some academic institutions in Surat and requested them to help us find volunteers. We also requested some of our own contacts to join the study. We had a meeting with the team and decided the proportion of the subjects from different industry types and genders. This team then identified the subjects and with their informed consent, filled up the questionnaire to collect data.

On the other hand we visited several organisations such as Man Made Textile Research Association (MANTRA), Directorate of Foreign Trade (DGFT), Surat Art Silk Manufacturers Association (SASMA), South Gujarat Textile Processors Association, Pandesara (SGTPA), The South Gujarat Chamber of Commerce and Industry (SGCCI), The Synthetic & Rayon Textiles Export Promotion Council (SRTEPC), Office of Textile Graph newspaper, Power Loom Service Center etc. We visited libraries of SGCCI, Centre of Social Studies and South Gujarat University Research Centre. We also referred to our own collection of news clippings.

To collect secondary data we have relied upon documents of old studies and research papers, newspaper clippings and information collected under RTI. We filed several applications under Right to Information Act, 2005 before Directorate Industrial Safety & Health, ESI Corporation and Gujarat Pollution Control Board. Replies and responses to these applications revealed useful information.
Summary of the results

1. Survey carried out in 48 textile units. The break-up was as follows: 28 processing units, 10 power looms, 7 embroidery units, one hosiery unit, one garment and one composite mill. 50 respondents filled up the questionnaire. Among them 3 were females and 47 males.

2. Barring one composite mill, workers are not unionized in any other unit.

3. 37 units employ female workers, but out of them 34 employ less than 100 female workers.

4. Overall size of the units (man power): Power loom units employ less than 50 people. They make divisions to keep the number low in order to avoid labour laws. Processing units, composite mills, hosiery and garment units are found employing workers in large numbers ranging from 200 to 5,000.

5. 4% of the respondents said they work 12-hour shifts. 80%, including female respondents said they are forced to work overtime.

6. In 12% of the units they employ child labour and few out of them also work overtime. 26% of the units employ adolescent workers and they all work overtime.

7. 4% of respondents (including 1 female worker) reported harassment of women workers but discrimination against pregnant women was not reported.

8. Workers are not prevented from performing their religious rituals.

9. Managements used filthy and abusive language earlier but shortage of manpower has brought a stop to that. Few have even reported physical coercion.

10. 82% of respondents said they do not get pay slips.

11. 94% of respondents said they do not get minimum wages.

12. 72% of respondents do not get a bonus.

13. 78% of respondents do not get a weekly off, 56% are required to work on their weekly off, 100% do not get paid wages for the weekly off.

14. 64% of respondents receive medical care in emergency – if they meet with an accident at work or get sick at work. No pre-employment or periodical medical check-ups are carried out for 98% of the respondents.

15. Heat is a problem for 74% of the respondents and for 68% noise is problem.

16. 50% of respondents said they believe they can get occupational diseases. 8% reported they suffer from some occupational disease. 10% know a colleague who suffers from such diseases.

17. Employees’ State Insurance law is applicable to 37 units out of which only 4 (10%) units implement the law.

18. 64% of the respondents do not have access to a canteen. 34% of the workers get this facility, out of which 26% get food at market rates.

19. 88% of the respondents get drinking water. 46% get cold water in summer.

20. 90% have toilets and 70% have urinals. 39 units employ women workers out of which 23 provide separate facilities. There is no information for 11 units and 4 units do not have separate facilities.

21. 9 units (18%) have safety committees and 7 include worker representatives. 10% get safety training.

22. 18 respondents (36%) said contract workers are employed.

23. 10 respondents (20%) know about Provident Fund Act and 5 (10%) get benefit of the Act. 3 respondents (6%) said they would get gratuity on retirement.

Read more..................
http://peoplestraining.org/
ECOH developed an investigative methodology that was sufficient in detail to allow us to visually identify exposed areas of asbestos debris and provide baseline data to develop a preliminary remedial options analysis.

Results of ECOH’s investigation have concluded that Chrysotile asbestos contamination ranging in concentration from 2% to 70% are pervasive throughout the surficial soils in the areas identified south of Everest Industries in the Kymore village area and in the hazardous landfill area in Kalhara. It was visually identified in playing fields, residential yards within the village, agricultural fields, and was also identified to the north of Tilak Chowk Road in a naturalized area. The fact that the identified asbestos contamination is exposed at surface allows it to be continuously disturbed by local residents, mobilizing the fibers, creating an immediate inhalation health hazard to the local residents.

Based on our visual assessment of the asbestos-containing materials, we estimate that the areal extent of surficial asbestos contamination is approximately 562,500 m² in the Kymore Village area and 3,905 m² in the Kalhara landfill area.

Based on the current asbestos hazards identified during ECOH’s site inspections and testing, ECOH recommends the following:

1. Undertake additional subsurface investigation of both soils and ground water on the subject site to determine the lateral and vertical extent of asbestos contamination in the subsurface. This information is critical to determine the feasibility of the proposed remedial options, and define the proposed scope.

2. Undertake a site specific quantitative health risk assessment of the local residents who interact with the subject sites to determine their likely asbestos exposure from a human health perspective, determine the exposure pathways, and how to control the exposure.

3. Investigate the feasibility of the proposed remedial options in greater detail, (Option #1, Source Excavation and Off-site Removal or contaminated soils, and Option #2 Capping of Existing Contamination), and determine the most appropriate remedial option that should be implemented at the subject sites to mitigate the asbestos contamination issue.

Preliminary budget estimates of Capital Costs necessary for implementing the proposed remedial options are:

Option #1 – Excavation of 1.0m of soil and Off-Site Disposal – Approximately $88,000,000.00 (US dollars), and

Option #2 – Cap Barrier with 0.3m of excavation and off-site disposal – Approximately $52,000,000.00 (US dollars).

Other remedial options may be feasible to mitigate the asbestos contamination issues, but additional investigations will be required before these other options can be fully vetted to determine applicability to the subject site.

This executive summary provides a brief overview of the study findings. It is not intended to substitute for the complete report, nor does it discuss specific issues documented in the report. The executive summary should not be used as a substitute to reading the complete report.
Unions Call for Political Courage to Eliminate Child Labour

Brussels, 20 November 2017 (ITUC OnLine): The ITUC has welcomed the outcomes of a major international conference on eradicating child labour, held in Buenos Aires, and called on governments to show the political courage to tackle child labour and slavery in line with the Buenos Aires Declaration http://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_597667/lang--en/index.htm which was adopted at the conference.

Statistics presented to the conference show that more than 150 million children are caught in child labour, and tens of millions of adults are subjected to forced labour. More than 3,000 representatives of governments, employers and trade unions, as well as civil society groups and regional and international organisations, took part in the event, from 14 – 16 November. Union delegates called for more policy coherence, tax and trade justice, universal quality public education, universal access to social protection and global minimum living wages and in particular stressed the importance of freedom of association and collective bargaining. Where workers, including in the informal economy and in agriculture have the collective bargaining power to negotiate a living wage or income, families do not have to depend on income generated by their children.

More information…..
https://www.ituc-csi.org/unions-call-for-political-courage
The meeting was held on 19th September 2017 in Park Village Resort situated at Budhanilkantha, Kathmandu, Nepal and participated by some 40 plus delegations including the representatives from most of the South Asian countries India, Pakistan, Bangladesh, Indonesia, Sri Lanka and Nepal. Some additional participants and speakers from Australia, China, Korea and Japan were also participated and presented their work on Asbestos work and campaign.

Strategy and Way Forward

- Strategy is to identify the victims and for the treatment after the diagnosis.
- The list of the mesothelioma cases should be identified and the data should be presented
- The diagnosis system should be strengthened.
- Strengthen the compensation process
AMRC Activities with ANROEV network

Following the sub-regional strategy discussions that took place in Dhaka for the South Asia region and Bangkok for the South East Asia in 2016, AMRC followed up on the work that partners are working nationally in the region in 2017 where the partner organisations needed support and to build their interventions further. AMRC worked with its partners in the Philippines, Indonesia, Nepal, Pakistan, Malaysia and India to strengthen the national level capacity building initiatives on organising, diagnosis, compensation, advocacy and lobbying.

National Capacity Building Activities

Indonesia

LION Indonesia carried out a training and workshop on Occupational Health and Safety with a focus on Strengthening the Grassroot Movement that took place on September 2017. The activity was attended by 30 participants from 4 trade unions federation in Bekasi of which 6 were women. The goal is to strengthen the grassroots movement on OSH issues through improving union capacities and union networking among factories on OSH advocating in Industrial area, Bekasi.
State insurance bodies (BPJS) release that every 9 hours a worker in Indonesia lost his life because of work accident. In 2015, total 2375 number of workers were died, while in 2016 around 2,382 workers. And the deadliest accident happened in the sectors of construction 31.9%, Manufacturing 31.6%, and Transportation 9.1%. The poor health and safety issues in Indonesia also caused by the weakness of the OSH- Law and supervisory systems in Indonesia. Therefore, to improve the OSH system in Indonesia, the role of trade unions is vital. The OSH’s struggle is a political struggle; it is also necessary to consolidate between the unions to strengthen the bargaining position of advocating for better OSH policy. During two-days workshop some of the topics were thoroughly discussed the current situation in Indonesia with regards to OSH, situation of the labour movement, using practical tools like hazard mapping and body mapping, the role of PPE and what can be done collectively to make the places of work safer. Some recommendations produced from the training were as follow:

• Each participant agreed to set up regular OSH education in their respective factory level union;

• Each participant agreed to collect data and document any occupational accident and occupational related disease occurred in their workplaces. Then, they will try to synergize with the OSH program of their respective company;

• Each participant will invite the management of their companies to evaluate and map the hazard potential in their respective workplaces.

The reflection by LION and way forward at the end of the training was that OSH problem cannot be handled and solved only by a few trade unions only. But it is an issue that each and every trade union needs to work together and voice the same demand.

Nepal

CEPHED with the help of Asia Monitor Resource Center (AMRC) developed a two page brochure for educational purposes on the Stone Crusher including the finding of the OSH condition of the last year study 2016 and listed out all the possible OSH problems in stone crusher industries and suggested the possible solutions to all of them. In 2017, CEPHED team made visit to some three four sites for organizing the training workshop on OSH for the Stone Crusher industries, and also coordinate with the local elected bodies of Kathmandu and Lalitpur districts. The training workshop has been organized in association with the Dakshinkali Municipality in October 2017 with 60 participants representing stone crusher industries and sand mining workers along with some representative of the local government, NGOs and college student having ECO Clubs in both places. The workshop covered OSH related problems and corresponding solutions to all problems ranging from drinking water, sanitations, longer working period, rest time, resting places, exposure to high heat, sun, dust and noise, reporting system of accidents, availability of medical treatment facilities, salary and other benefits, issues of child labor, having training of OSH or not? Provision of Personal Protective Equipment’s (PPE), know how about the existing Act, Regulation and Standard and existence of trade union etc. and requested all participants to consider the proposed solutions to reduce the overall OSH related impacts on their health, environment. CEPHED will follow-up on their work in the stone crushing industry as this industry in particular is known for its nature of work with has precarious workers in unsafe working conditions.
Pakistan

A two-day national training workshop on the topic of Occupational Safety and Health (OSH) was organized on 26-27th August 2017. Total 27 union representatives from formal sectors and home-based sector including 17 males and 10 females participated in this workshop. They were from the following industries: Garments workers, Home based workers (stitching workers and fancy embroidery workers), trade union leaders from mines, marble industry workers and stone crushers and power loom workers.

The goal of the workshop was to:
- enhance the knowledge of workers about workplace related physical, chemical, ergonomic, biological and other hazards as well
- enhance the understanding of the union leaders about the importance of OSH
- guide the trade union leaders and workers to demand for their safe workplace

Participants learnt about the difference between occupational diseases and work-related disorders. They were also shown videos about dust and how it affects the lungs, on the ear and how noise affects hearing. There were sessions on different hazards encountered at the workplace based on the nature of work and solutions to counter them. Participants were also introduced to workplace exposure monitoring gadgets; how spirometry testing and audiometric testing is done. In addition, three laws in Pakistan which pertain to the issue of sick pay and workmen compensation for any work-related injuries, accidents and diseases was discussed thoroughly. The feedback at the end of the training was the realisation about the role of health and safety and importance of ensuring safe workplaces is paramount. LEF is committed to work with these groups of unions and worker representatives in their needs and future follow up.
Philippines

The Pass OSH Bill Campaign Tour is a venue to discuss, gather support and mount a broader and stronger campaign for the immediate passage of the OSH Bill. This advocacy campaign tour will focus on the discussion of the important provisions of the OSH Bill and the current situation of OSH in the country. This tour will be launched in workers’ zones located in various regions where the participants will plan concrete steps to urge legislators and the government to immediately pass the OSH Bill. The campaign tour activities will also be documented and reported in different social media platforms to help gain public support for the OSH Bill. The tour comprised of activities involving OSH issues with workers in the export processing zone in southern Luzon, BPO workers in Makati and port workers of Harbour Centre in Velasquez, Tondo, and Manila.

A total of 52 workers (36 female, 16 male) representing five labour unions, two organizations of contractual workers and other labour associations attended the Pass the OSH Bill Campaign Tour in Southern Luzon. They manufacture electronic parts, optical lenses, garments, milk and pesticides. A total of 35 workers (18 female, 17 male) attended the Pass the OSH Bill Campaign Tour in Makati. BPO workers and members of the Unified Employees of Alorica (UEA) comprised the majority of the forum’s attendance. Total of 163 workers (154 male, 9 female) attended the final leg of the Pass the OSH Bill Campaign tour. Members of the Samahang Manggagawa sa Harbour Centre (Association of Harbour Centre Workers) gathered to listen to the discussions about the current OSH situation and the OSH Bill. All the groups who participated in the campaign trail pledged to support the campaign for the immediate passage of the OSH Bill. They also committed to work with IOHSAD in identifying hazards and launching local OSH campaigns in their workplace.
Regional News

Malaysia

AMRC along with EIEU in Malaysia carried out a 2-day training on OSH with organisers and workers in the electronics sector out of which 7 were women and 18 were men. The training covered topics like chemical hazards, X-ray and radiation, mapping of the workplace

Action plan that was decided upon from this OSH training include;

a. Identify the problem and gather the information such what type of chemicals used at the workplace, how it is used, how it can affect workers health; then discuss with the employer on how to come up with the solution (engineering control, administrative control and personnel protective equipment).

b. Invite expert to share knowledge on OSH at workplace so that workers know about it and will be more aware about their safety while handling the chemicals. Workers have the right to know harmful effect when exposed to chemicals; Bio-monitoring must have a translation, the information need to be send to DOSH and also send to the members.
Regional News

India

The OEHNI Network along with its member organisations has carried out trainings and workshop on OSH. The participants were from different industries like painters, carpenters, ship building workers, electricians, welders and workers in the informal sector that took place in Kolkata, Gujarat, Rajasthan. In addition, OEHNI and PTRC jointly organized one day training on ESI Act on 6 September at Hotel Oasis, Sayajiganj, Vadodara. A total of 38 participants included stone workers from Rajasthan, Ship breaking workers in Alang, Pune factory workers and workers from different factories in Waghodiya area in Vadodara district. An asbestos re-examination of workers who were being diagnosed as TB patients was carried out in Rajasthan by OEHNI network members. The following activities was carried out with that objective in mind - Communication with DTOs (District Tuberculosis Officers) of Ajmer and Pali was established over the phone, Written request for TB patient list for select villages was sent out to the concerned DTOs and follow-up in-person meeting were carried out in October to November 2017. This project is a necessary step to ensure cooperation from government staff on identifying, diagnosis and certification of asbestosis victims. Potential Asbestosis suspects are selected for re-examination from the pool of TB patients identified and shortlisted on the following criteria:

a) minimum age of 55 years for men and 45 for women,
b) period of asbestos exposure; minimum 6 months,
c) medical symptoms including progression; shortness of breath, chest pain, nail deformities enlarged finger tips and dry cough.
d) failure of prescribed medical treatments.

This approach would ensure that the administration is included in the process and that responsibility of redressing negligence lies solely with the administration.

Posters on occupational diseases - Notifiable occupational diseases in Factory Act, Mines Act and Building and Other Construction Workers Act. Medical doctors are required to notify the cases they come across to the respective authority. 80% of health care services in India are provided by private health care services. Most doctors do not know the legal provisions for them and as a result cases go unnoticed by the respective departments. A list of occupational diseases which are compensable in ESI Act and Employees Compensation Act. Most workers do not know of these provisions and therefore they do not come forward to claim compensation. The posters prepared by OEHNI will generate awareness among the workers, trade unions, doctors, safety officers, industrial hygienists, human resource people, NGOs and others. Text will be in English and Hindi and some space will be left open for using local language. These posters will be printed in 2018 and translated by the local groups.
SEOUL, Sept. 21 (Yonhap) -- Prime Minister Lee Nak-yon called for immediate steps to make sure school classrooms are free of asbestos, following reports that traces of the cancer-causing material were found in many classrooms even after removal of asbestos-containing construction material from them.

More than 1,200 schools across the country have so far carried out projects to rid classrooms of construction materials containing asbestos, a once popular substance for insulation. But traces of asbestos were still detected even after the work.

"The education, labor and environment ministries are jointly carrying out an inspection into whether asbestos still remains at 1,226 schools that have carried out asbestos-removal projects, and asbestos was found in many of them," Lee said during a weekly government policy coordination meeting.

"The government should immediately take the necessary steps to protect students' health," he said. "All problematic classrooms should be shut down and meticulous cleaning should be done before testing the air quality with parents in attendance."

Read more……..
Death of Indonesian Fireworks Workers

At least 47 workers were killed and many more were severely injured, when a fireworks factory exploded in Tangerang district, Indonesia on Thursday, October 26. Located in one of biggest industrial area in Indonesia, the PT Panca Buana Cahaya Sukses (PBCS) factory is now being suspected by the Indonesian Ministry of Manpower of not having appropriate work safety procedures. The allegation came after it was discovered that the factory gate was always locked and this trapped many workers inside the factory when the accident occurred.

Read more……..
https://www.amrc.org.hk/content/employer-pt-pbcs-factory-must-take-responsibility-death-indonesian-fireworks-workers-due

Homebased workers formed human chain celebrating international day for the elimination of violence against women on 25 November 2017 at Dhaka. The program was organised by Homebased Workers Project of OSHE foundation. Details at : http://www.oshebd.org/
The 2017 World Congress on Safety and Health at work

The World Congress on Safety and Health at Work opens its doors every three years. Each time, a different country is the host. The XXI World Congress was held from 3 to 6 September 2017 in Singapore. The World Congress for Safety and Health at Work is held every three years, with each edition held in a different country.

This year’s host country Singapore has demonstrated a strong and ever-increasing commitment to occupational safety and health (OSH) and has been an active participant in the global OSH community, working to promote international efforts in Asia and beyond.

The Congress is a truly global forum in which participants can exchange knowledge, experiences and good practices. It provides an opportunity to network, strengthen relationships and explore opportunities for collaboration. Furthermore, it acts as a showcase for knowledge and ideas that can be put to immediate practical use.

Taking the motto ‘A Global Vision of Prevention,’ the XXI Congress focuses on three main topics:

1. **Vision Zero** — from vision to reality: the Vision Zero philosophy emphasises the preventability of occupational accidents and illnesses, calling for the establishment of a prevention culture at every level of every organisation.
2. **Healthy work** — healthy life: as work becomes ever more challenging and fast-paced, the importance of an integrated approach to workers’ safety and health is growing.
3. **People-centred prevention**: creating sustainable strategies to protect people from OSH risks means building inclusive workplaces and taking issues such as demographic change, gender and education into account.

Read more….  
Activists press for workers’ occupational safety and health

A report focusing on the experiences of women working at two Samsung factories in Vietnam has been released by the Research Center for Gender Family and Environment in Development (CGFED) and IPEN, a global network of environment and health NGOs working to reduce harmful chemicals. The electronics sector is a significant area of growth for Vietnam, as electronics exports outpace other exports. Samsung alone has over 100,000 workers, who produce approximately 50% of all Samsung phones.

However, Vietnam has no labor codes specifically protecting the health of electronics industry workers, who are overwhelmingly women.

Stories of Women Workers in Vietnam’s Electronics Industry

Read more... https://goodelectronics.org/stories-women-workers-vietnams-electronics-industry/
The Parliament of Nepal recently adopted the Labour Act 2017 and it comes into force from 4 Sep 2017. The Act has comprehensive chapter on Occupational and safety and health. However, rule under the Act is still under consideration. The legislation has following provision on this issue:

**Formulation of safety and health policy:**

It is mandatory under the law that every employer shall formulate a policy on safety and health of the workers and other persons in the workplace. The Policy should be review every year by occupational safety and health committee of the enterprise. The policy should be register before the labour office and it is duty of office to monitor it periodically to implement it. It is also mandatory to self assessment through labour audit system under the new legislation.

**Formation of Safety and Health Committee**

Every enterprise having 20 or more workers shall constitute a Safety and Health Committee comprising of representatives of the worker and management. The twenty numbers of workers shall include both the workers employed by the concerned employer and hired through labour supplier.

The committee shall perform its powers, functions and duties as follows:
- To manage OSH matter in the workplace and enforcement effectively
- To review the arrangement of OSH periodically
- To inform the employer and labour office about the shortcomings or deterioration of quality in the arrangement if it is noticed;
- To review the OSH policy of the establishment

**Prohibited to take any disciplinary action**

No employer shall initiate any disciplinary action against any worker for providing any information related to OSH to the Labour Office or assisting to do so or for filing a complaint against employer. Similarly, employer should not take any action in case of stopping the work due to immediate danger on the safety and health of the workers and perform as a member of OSH Committee.

More details.......... http://cephed.org.np/
2017

No good year for workers

The outgoing year was as deadly as the previous year for the workers, as at least 1,242 workers were killed across the country in 2017 due to a lack of occupational safety in the workplace, according to a report.

Bangladesh Occupational Safety, Health and Environment Foundation (OSHE) on 30 December 2017 revealed the report on causalities in the workplace at a press briefing at Dhaka Reporters Unity (DRU).

OSHE Chairperson Saki Rezwana disclosed the report. As per the report, this year’s condition has remained almost the same as 1,240 workers were killed in 2016.

The report was prepared based on news items run by 15 newspapers as well as information gathered from spots by staff of the foundation.

The reasons behind the workers’ deaths and injuries include road accidents during their ways to workplaces, electrocution, fire, lightning strikes, and boiler and cylinder explosions.

In 2017, at least 679 workers either died or got injured in road accidents on their way to workplaces. The report adds that 270 workers were killed in formal sector while 972 others in informal sector in the outgoing year.

The highest 488 workers were killed in transport sector while eight in steel and re-rolling mills.

In the last 10 years, at least 12,864 workers were killed and 11,767 were injured in workplace accidents, according to the report.

Of the dead workers, maximum 1,971 were killed in garments sector. The foundation also expressed a great concern over the deaths caused by boiler blast. In 2017, a total of 97 workers were killed in boiler blast across the country.

The use of expired boiler poses a threat to the workers, the foundation observed.

Thirteen workers of Multifabs Garment Factory were killed in a boiler explosion on July 3 in Gazipur’s Kashimpur. Fifty-three others were also injured.

Investigators found that the boiler was being operated in over-pressure mode, despite having expired a month before the incident.

More information……
http://www.thedailystar.net/city/2017-no-good-year-workers-1512616
Few Improvements on India’s Tea Plantations

Advocates Deliver 67,000 Signatures to Support Workers

The World Bank should fulfill its commitment to protect workers through its investment in tea plantations in Assam, India, six Indian and international nongovernmental organizations said today.

In November 2016, the Compliance Advisor Ombudsman (CAO), the accountability office of the World Bank Group’s private sector lending arm, released an investigation report that found low wages, abysmal sanitation, lack of pesticide safety equipment, and inadequate housing on India’s tea plantations – but the bank has since done little to address the problems.

For further information you can visit https://www.hrw.org/news/2017/11/06/world-bank-few-improvements-indias-tea-plantations
World Day for Safety and Health at Work

28 April workers Memorial Day and World Day for Safety and Health at Work will be observed. On mark of the day different event will be organized to pay homage to the workers and build awareness to ensure workers’ rights.

Rana Plaza mourn day

24 April Rana Plaza mourn day will be observed in Bangladesh to pay tribute to the memory of the Rana Plaza victims and to reflect on workers’ rights.

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The newsletter contains information and news about the campaigns of the network in Asia on Mining, Victims Organising, Lung Diseases, Electronics etc.

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