

Women-Lores from India's Pits

A quarterly e-newsletter



Women in Panna write representations to officials requesting better health facilities

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Health in Mining Areas - A Gendered Perspective

In this newsletter we bring you stories from the ground on occupational health and women's stories from different mine sites. Occupational health of mine workers has been brought to public attention time and again, tirelessly by many groups. Yet, given the continued suffering and crisis, we dedicate this issue to the realities of widows and patients from Adivasi communities, living with Silicosis and Tuberculosis, either as mine workers or living near mines intersecting with other development projects. These two diseases come out as very glaring occupational and community health issues with the increasing role that seasonal migration is playing in posing challenges to prevention and rehabilitation of patients and their families. Health experts among civil society and medical fraternity have earlier pointed to several critical policy and institutional concerns in the delivery of health programmes, in addition to the

need for a multisectoral and multi-strategic approach to understanding occupational health interventions. Ecological well-being especially for food security and safe water for human and animal consumption are also a critical link to ensuring community health, the lack of which was visible in several locations we visited. On the occasion of the World Water Day in March, we also bring the interlinkages between water and environmental health concerns of women and children in mining affected areas. We have tried to understand and document the concerns from the voices of women who are patients themselves, but the role of caregiving to family members, leaves them with no scope to address their own ill health. This issue focuses on the complexities of women's health at the intersections of occupational health and supply chain accountability mechanisms.

INDIA NEWS

World Tuberculosis Day: WHO Expands Scope of Initiative to Combat Disease

“TB is preventable, treatable and curable, and yet this ancient scourge that has afflicted humanity for millennia continues to cause suffering and death for millions every year,” says the WHO. Marking World TB Day on March 24, it announced the expanded scope of its flagship initiative on tackling the disease over the next five years. The initiative aims to scale up the access to quality care, shorter treatment courses, rapid diagnostics, and social protection to patients.

Source

India Announces New Anti-TB Initiatives

With India resolving to eliminate TB by 2025 as against the global target of 2030, the government announced the TB-Mukt Panchayat initiative, rollout of a short three-month TB Preventive Treatment (TPT); a family-cen-

tric care model for TB, and also released the country’s *Annual TB Report 2023*. According to the report, India presently has a case notification rate of around 172 cases per lakh population -- still lower than the pre-pandemic figure of 176.2 cases per lakh population in 2019.

Source

India Ends J&J Monopoly on Anti-TB Drug

The Indian patent office has rejected U.S pharmaceutical giant Johnson & Johnson’s (J&J) application to extend its patent on manufacturing the anti-tuberculosis (TB) drug Bedaquiline beyond July 2023. This ensures that J&J will not have its monopoly on the drug in India, and other players will be able to manufacture their own generic and possibly cheaper versions of the drug.

Source



TB and Silicosis patients visit the Primary Health Centre in Panna, Madhya Pradesh for their treatment



An iron ore mine in Karnataka's Ballari district



Silicosis Patients 4 Times More Likely to Contract TB: Study

According to a recent study by the Indian Council of Medical Research (ICMR), patients with silicosis are three to four times more likely to contract TB, than those who do not have the disease. With India having no distinct health programme for silicosis, the study called for the need to integrate silicosis control efforts with the national TB control programme.

Source

KMERC Gets Power to Implement Infrastructure Projects in Karnataka's Mining-Affected Districts

The Karnataka Cabinet has delegated powers to the Karnataka Mining Environment Restoration Corporation (KMERC) and line departments for utilising ₹24,996.71 crore for implementing infrastructure projects under the Comprehensive Environmental Plan for Mining Impact Zone (CEPMIZ) in the four mining-affected districts of Ballari, Vijayanagara, Tumakuru, and Chitradurga.

Source

NCST Asks Odisha Govt to Submit Report on Alleged Diversion of DMF Funds

The National Commission for Scheduled Tribes (NCST) has asked the Odisha government to submit a detailed report on the alleged diversion of District Mineral Foundation (DMF) funds. A team from the commission reviewed the socio-economic development of the tribal community in Odisha, and found that the state needs to urgently address issues relating to diversion and non-utilisation of funds reserved for the welfare of the scheduled tribes, long-term delays in rehabilitation of project-affected tribals, and medical infrastructure facilities in tribal areas.

Source

Ruling Party Chief Alleges Misuse of DMF Funds in Chhattisgarh

The president of the Chhattisgarh Congress, the party currently holding power in the state, has alleged misappropriation of DMF funds in Kondagaon district. Mohan Markam, who is also the MLA from Kondagaon, alleged that Rs 7 crore of DMF funds were "squandered"

in his district, and demanded a probe into the matter.

Source

New Thermal Plants Mandated to Have 40% Generation Capacity from Renewables

The Indian government has mandated that new coal or lignite-based thermal plants coming up after April 1, 2023, will have to either set up renewable energy capacity equivalent to at least 40 per cent of their own capacities, or procure the same amount of green energy.

Source

SC Grants NCST Access to FRA Documents Submitted by States

The Supreme Court has provided the National Commission for Scheduled Tribes (NCST),

access to documents submitted by state governments in a case related to the Forest Rights Act (FRA), enabling it to evaluate the implementation of FRA across states.

Source

Indian Govt Introduces Forest Conservation Amendment Bill in Parliament

The Indian government has introduced the Forest (Conservation) Amendment Bill, 2023, in the Lower House of the Parliament. However, the Bill was not discussed in the House, as it was referred to a joint parliamentary committee. The law prohibits non-forest activity in forest areas without prior clearance from the Ministry of Environment. The new amendment seeks to exempt certain categories of lands from the purview of the Act to fast-track projects of “national importance”.

Read the bill *here*.



A view of the forest in Panna, Madhya Pradesh



UPDATES FROM THE FIELD

Adivasi Women as Caregivers

A micro level study was undertaken in the Panna Tiger Reserve affected villages where many Adivasi communities also work in the small-scale mines or migrate seasonally for construction and other informal work. The study centred around the caregiving role of women and the impacts of Silicosis and Tuberculosis that is rampant among these families, on the health and security of Gond women and children.

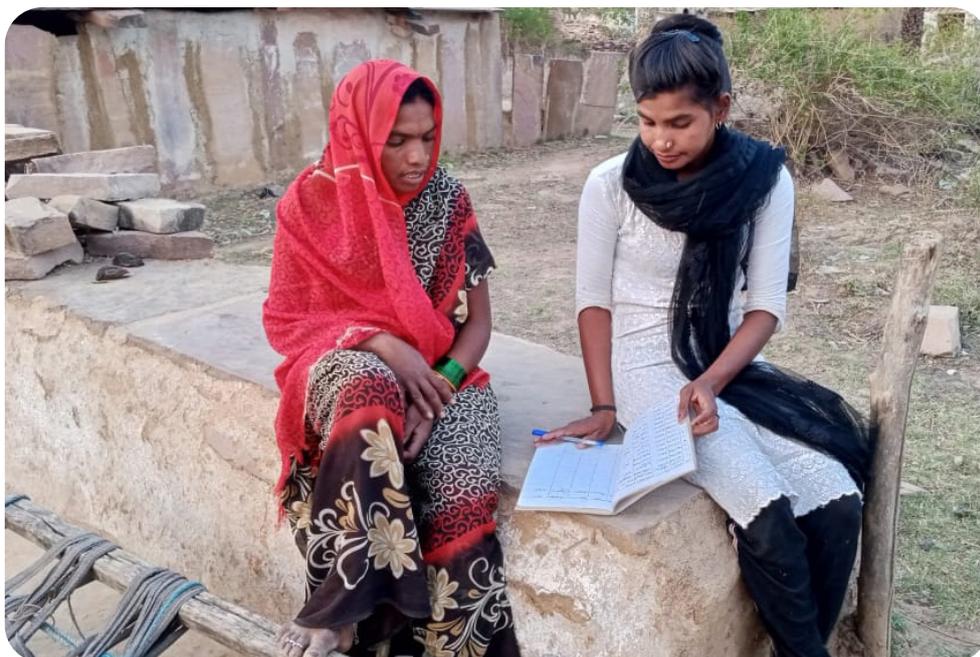
Read the full report [here](#).

Silico-Tuberculosis among Vidisha's stone quarries workers

The Sahariya tribe are a PVTG group in Madhya Pradesh. Health status of tribes in the state reveal that the Sahariyas have high rates of tuberculosis. Although Silicosis has not been recognized as a major public health concern at a policy level, the situation of



An elderly caregiver with her grandchildren fetches water for her TB-diagnosed daughter in Panna



A barefoot health volunteer in Vidisha tracking the progress of a TB patient





A woman getting her teeth examined at the dental camp



young widows from Vidisha's Sahariya tribe is evidence of the high prevalence of both Silicosis and Tuberculosis, given that majority from this community work in the several stone quarries that pit the landscape. A bare-foot health programme initiated to collaborate with the state tuberculosis mission for bringing relief and rehabilitation to affected families, has brought out not only the primary level numbers, but also the challenges of stigma and poverty attached to getting diagnosed or treated.

Adivasi Women in the supply chains of Transition Minerals

Yanadi women in Gudur, Andhra Pradesh work in Silica sand mining as daily wage labour, gathering sand into bags and loading them on trucks. A field interaction with them and a dental camp brought out many stories of health linked to environmental problems apart from poor working conditions at the mine sites. Dust pollution and water contamination were reported in all the villag-

An abandoned sand mining pit near Gudur, Andhra Pradesh





Women in Panna hold banners carrying their demands on International Women's Day



es, with some of them showing indications of fluorosis, from the dental examination of women and children. Women suffer from several physical ailments related to reproductive health due to back breaking work in the high temperatures, with inhalation of dust and lack of facilities for drinking water or toilet facilities at the work sites. Majority of the women interviewed had undergone hysterectomies to cope with the menstrual pains and recurring urinary infections. Water tests conducted from handpumps and piped water in these villages also echoed the complaints women made regarding ailments experienced by them. Most parameters were found to be towards the lower permissibility levels. Women from affected villages have already submitted their representations for the District Mineral Foundation of Tirupati, to address these urgent needs. With the potential rise in demand for Silica for the growing targets of renewables like solar panels and other commercial products, increase in Silica mines in these areas is likely to intensify. The global debates on business and human rights accountability mechanisms towards informal workers in the supply chains to meet net zero targets have to reach the ground to build due diligence mechanisms, especially where informal women workers are concerned.

Read the dental camp report [here](#).

IWD: Women in Panna Put Forward Their Demands

Women from eight villages of Panna district, Madhya Pradesh, marked International Women's Day by putting forward their demands to the government. The women wrote village-wise representations to the authorities, outlining their issues arising out of displacement, irresponsible mining, diseases, and poverty. They appealed for better treatment facilities, financial assistance, and rehabilitation for TB and silicosis patients; FRA pattas (land titles); clean drinking water; issuing of pensions, job cards and ration cards; and employment in their villages under the MGNREGS programme.

Read the representations [here](#).

Raigarh's Tribal Women Await Proper Rehabilitation and Restoration of Their Environment

The district of Raigarh in Chhattisgarh is touted as a model for industrial growth but a recent gender impact assessment of the lived realities of adivasi women in two villages (Banjhikhola and Samulai Basti) of Tamnar makes for a grim picture of environmental degradation and poor rehabilitation. Mul-



A woman collects water from an RO plant in Raigarh 

multiple projects have displaced tribal communities, either from their houses or lands or both. Women in the relocation sites have several grievances with regard to lack of formal titles to the houses or lands given by the companies, heightened risks of accessing their own farmlands and forests due to mining operations obstructing their access, de-

pletion of firewood and NTFP resources that has reduced their incomes and increased their daily burden of foraging. In this regard, people from these villages have already filed a case for their rightful compensation in the Bilaspur High Court but very little progress has been made on this front.

A major concern shared by the women, as the primary stakeholders of water resources, is the severe contamination and depletion of water bodies that is causing stress on the women for collecting water and on their health and safety. Protests by them, although have led to temporary measures from the companies in installing water plants, these are dysfunctional or barely serve the water needs. Women have to resort to spending money on installing their own wells and handpumps. Fluorosis among young and old is visibly crippling the communities. Sources like communal ponds as well as hand pumps in the villages have high fluoride content and are no longer potable. Cold-cough, other breathing related issues and joint aches have become common throughout the year- all this with no accessible healthcare facilities in the villages.



A weaving unit lying unused in Raigarh 



Women in with their land titles



As part of rehabilitation for women, they were given sewing related training but that was never followed up by the distribution of sewing machines to the trainees or linking them to the market for income generation. The weaving units at the company premises lie defunct and unused.

Karnataka's Mining-Affected Communities Get Land Titles

Following months of relentless lobbying, a total of 22,500 titles for house plots were awarded to communities in Karnataka's mining-affected areas. After consultations with local officials, the list of 22,500 families was handed over to the slum board requesting

for houses to be built for these families on priority basis. Apart from the demand for houses and land titles, several mineworker colonies in Vijayanagara district's Hampina Katte, Kariganur, Nagappa, GG camp and P.K. Halli among others met with the concerned officials and appealed for basic facilities. Following a slew of awareness meetings, women from these communities prepared their own micro plans calling for the construction of toilets and roads; school repairs; uninterrupted electricity; pensions for widows; and the rehabilitation of Devadasis. The District Collector also visited these areas to take stock of the situation.

Watch: Families in Danapura receive titles
Source: Sakhi Trust



The collector's visit to the affected colonies carried in the media



STORIES OF CHANGE

Meet the Youngster Helping His People Fight TB-Silicosis in the Forests of Panna

Towards the end of a tiring day, a 19-year-old in Madhya Pradesh's Panna can be found checking on TB and silicosis patients at their homes to ensure they are taking their medication on time and eating nutritious meals. Apart from such visits to patients, the youngster also helps collect sputum samples from suspected and diagnosed patients, and coordinates with the local public health center (PHC) for their treatment.

Raj Bhan Singh Gond, lovingly called Chotu, is currently pursuing a Bachelor of Science degree and has been working as a barefoot health volunteer in the forest regions of Panna for the past few months. The region reports a high incidence of lung diseases among mine worker families – Chotu's being one of them – as many are forced to work long hours in stone quarries without safety gear as a result of displacement due to the tiger reserve and dispossession of their land. The youngster aims to help TB and Silicosis patients like his father, who worked in stone quarries for close to a decade, receive care and support.

However, juggling between his work on health, studies, household responsibilities and his personal bodybuilding aspirations, is not easy and takes a lot of dedication and optimal use of time from Chotu. His daily routine is a busy one. Every morning he starts off by taking care of household chores and looking after the needs of his cattle. This takes a lot of time, and he only gets free late in the afternoon. It is then that he goes to visit the patients. In between, he also has to find time for his studies and working out. "I am unable to go to college every day, as it is 15 kilome-



Chotu hands over medicines to a TB patient in Hirapur



tres away. Buses are few and far in between, so I try and study at home as much as possible," he says.

In the evenings, he begins visiting patients in his own village of Umravan, followed by Madaiyan nearby. Once every few days, he visits Hirapur, which is far away.

"I first visit those patients who have already been diagnosed with TB or silicosis. If there's time left, I proceed to other homes to enquire about any symptoms. This might not sound like a lot of work, but it takes a lot of time. Homes here are not clustered togeth-

Chotu on a routine visit to a TB patient's house to check their treatment progress



er and walking from one house to the other takes time.”

“If the patient is not yet back from work, I first talk to the caregiver (most often, women family members) at home, enquiring about the patient’s general health and nutrition. Then I wait for the patient as I prefer directly speaking with them about their medication and treatment.”

If it is found that patients have been irregular

in taking medicines, Chotu tries convincing them about the seriousness of the disease and explains the repercussions of discontinuing their medication. While most listen to Chotu as he is educated, some naysayers spread misinformation about the disease, he says. “Most of the patients are illiterate, and hence a majority of them listen to me. But there are some people who disregard my work, play down the seriousness of the disease, and accuse me of having selfish motives. But I try to remain calm, and carry on my work.”

The key here, Chotu says, is to understand the patient’s “*swabhaav* (nature)” and based on it, tweak his style of interaction with them. “If they’re rude and short-tempered, one needs to talk to them with a calm head and have patience. Many times I have to leave and return to the patient the next day when their anger has hopefully subsided. With some people, you can’t be direct, you have to sweet-talk them.”

The latest wave of misinformation in the region following the death of a long-time TB patient was perhaps the toughest situation for young Chotu to navigate. Misinformation was at its peak, with some even blaming medicines or the treatment itself for the death.

While he had a tough time convincing pa-



Chotu starts off his day by tending to his cattle



tients and bringing them back on their treatment track, Chotu says things are now looking up, with most of the patients reporting some improvement in their health. “It is good to see that patients are optimistic that they’ll recover. At least now they’re confident that they can extend their lifespan.”

The job involves risks to Chotu’s health, as he remains in constant danger of contracting

the disease through his interactions with the patients. But he is not one to back down, instead using the opportunity to allay the fears of the villagers. “Yes, TB is dangerous, but should not lead to discrimination. I convince people about the same. I wear masks and maintain a little distance from the patients. That should be fine. It should not lead to patients being treated as untouchables.”

Adivasi Healer from Chatra



Nirmala Kerketta



Nirmala Kerketta is an Adivasi healer from Chatra, Jharkhand, who has an extensive knowledge of medicinal plants. She has confidence that nature holds healing powers for recovery of TB patients post their course completion and for many other ailments. She knows almost every species and blade of grass in her habitat and rolls out an unending list of medicinal plants from the forest around her village. Her healing powers draw many an Adivasi from the region whenever they are unwell and suffering from diverse ailments. Her seasonal preparations are popular, with her team of women from surrounding villages working together to make these preparations. However, they fear that the new development projects proposed in Chatra will cut through their forests and destroy their biodiversity.

This newsletter is primarily intended as an information platform for groups working on the ground to exchange news and stories from mining affected communities. We invite contributions from communities and local groups. We also encourage young and bare-foot researchers to join us in compiling stories and data. You can send your photos and stories in any Indian languages.

Write to us at: dhaatriweb@gmail.com