



Silicosis

Why in News

In India, countless workers engaged in mines, construction and factories are silently dying of exposure to dust. This is better referred to as [silicosis](#).

- Silicosis can be described as an **occupational disease or hazard** due to dust exposure. It is incurable and can cause permanent disability.
- However, it is **totally preventable by available control measures and technology**.

// **Silicosis: Occupational lung disease**

Silicosis is an often fatal lung disease caused by breathing dust containing crystalline silica particles, a basic component of sand and granite. There is no cure for silicosis, and treatment options are limited. However, the condition can be prevented if measures are taken to reduce exposure.

Symptoms

Continued exposure:

- Shortness of breath
- Fever
- Bluish skin at the ear lobes or lips

As the disease progresses:

- Fatigue
- Extreme shortness of breath
- Loss of appetite
- Chest pain
- Respiratory failure

At-risk occupations

- Construction
- Mining
- Sandblasting
- Masonry
- Demolition
- Manufacturing of glass and metal products
- Plumbing
- Painting

CRYSTALLINE SILICA DUST

Inhaling the dust can cause scar tissue to form in the lungs that reduces the lungs' ability to extract oxygen from the air.

Silica dust particles can embed themselves in the alveolar sacs deep in the lungs where they cannot be cleared by mucous or coughing.

Alveolar sacs

Key Points

▪ About Silicosis

- Silicosis occurs most commonly in people working in the quarrying, manufacturing, and building construction industries.
 - **Silica (SiO₂/silicon dioxide)** is a crystal-like mineral found in abundance in sand, rock, and quartz.
- It is a **progressive lung disease** caused by the **inhalation of silica over a long period of time**, characterized by shortness of breath, cough, fever and bluish skin.
- It is one of the **most prevalent occupational health illnesses in the world**. It is also reported from the population with non-occupational exposure to **silica dust** from industrial as well as non-industrial sources.
- Exposure to large amounts of free silica may not be noticed because silica is **odourless, non-irritant** and does not cause any immediate health effects, but long-term exposure is associated with **pneumoconiosis, lung cancer, pulmonary tuberculosis, and other lung diseases**.
 - **Pneumoconiosis** is one of a group of interstitial lung diseases caused by breathing in certain kinds of dust particles that damage your lungs.
- **Diagnosis** is a challenge because it is **difficult** to even find out if a person has **tuberculosis or silicosis**.
- The nodules that collect to form a mass can take up to 20 years to be identified in chest x-rays and the victim notices symptoms only after many years of exposure to silica.
 - Grossly, silicotic **nodules are firm, discrete, rounded lesions** that contain a variable amount of black pigment.
 - The nodules tend to **occur around respiratory bronchioles** and small pulmonary arteries.
- In India **silicosis is prevalent in Gujarat, Rajasthan, Pondicherry, Haryana, Uttar Pradesh, Bihar, Chhattisgarh, Jharkhand, Orissa and West Bengal** among the workers of construction and mining.

▪ Steps Taken by The Government

- **Legal Protections:** Silicosis is a notified disease under the Mines Act (1952) and the Factories Act (1948).
 - **Factory Act of India (1948)** mandates a well-ventilated working environment, provisions for protection from dust, reduction of overcrowding and provision of basic occupational health care.
- **Silicosis Portal:** A 'silicosis portal' was hosted by the Department of Social Justice and Empowerment.
- **Self-Registration:** A system of worker self-registration, diagnosis through district-level pneumoconiosis boards and compensation from the [District Mineral Foundation Trust \(DMFT\)](#) funds to which mine owners contribute.
- **[Occupational Safety, Health, and Working Condition Code 2020 \(OSHC\)](#):**
 - The code makes it mandatory for all employers to provide annual health checks free of cost as prescribed by the appropriate Government.

▪ Associated Challenges

- **Low rates of notification:** Low rates of notification of silicosis by the mining sector. Most of the time silicosis is diagnosed as tuberculosis.
- **Inhuman Cycle:** Present system is designed to consume workers in the mining sector and dispense them with small compensation and replace them with next able workers.
- **Loopholes in OSHWC Code:** The code places **no obligation on the mine owner** to provide any form of rehabilitation in terms of alternative employment in the mine, or payment of a disability allowance/lump sum compensation for a worker found medically unfit.
- **Underutilized Funds:** The DMFT funds are both underutilised and spent in an entirely ad

hoc manner.

Way Forward

- **Rajasthan Model:** Rajasthan has one of the top-most shares of over 17% in value of mineral production in the country and a long history of civil society activism.
 - Given this, Rajasthan became the first to notify silicosis as an 'epidemic' in 2015.
 - Further, in 2019, it announced a formal Pneumoconiosis Policy, only next to Haryana.
 - This model can be implemented by other mineral producing states also.
- **Proper Implementation of OSHWC:** The State rules under the OSHWC Code must take care to ensure the health checks are provided to all workers in all establishments, irrespective of age.
- **Incentivizing Local Manufacturers:** Local manufacturers must be incentivised to innovate and develop low-cost dust-suppressant and wet-drilling mechanisms that could either be subsidised or provided free of cost to the mine owners.

[Source: TH](#)

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