

## **Health Care Practices among the Tea Plantation Labourers: A Sociological Study in the Tea Gardens of North Bengal**

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### **Abstract**

*In this modern age Health is a matter of concern to all strata and health care is one of the important aspects of human life. Worldwide mission has been started by World Health Organization (WHO), along with various governments, private as well as non-government organization to develop health care service among the population. But, despite remarkable progress in the field of diagnostics and curative and preventive health still there are disparities in the people's health among the different strata's or communities across the country on the basis of socio-economic and socio-demographic construct such as ethnicity, age gender, religion and caste, social class. Different studies show that, the distribution of health resources – practitioners, dispensaries, hospitals, equipment, beds, nurses, ANMs, drugs, etc. – is highly uneven between rural- urban poor - affluent and developed- backward section of populations in India.*

*Earlier the health, or lack of health, was merely judged by the attributes of genetic or biological disorders. But it is the discipline Sociology which has first established the close link between the ethnic traditions, socioeconomic status and cultural beliefs of individuals and spread of diseases. Where medical research might gather statistics on a disease, a sociological perspective of an illness would provide insight on what external factors caused the demographics that contracted the disease to become ill. The sociology of health and illness studies the interaction between society and health. In particular, sociologists examine how social life impacts morbidity and mortality rates and how morbidity and mortality rates impact society. This discipline also looks at health and illness in relation to social institutions such as the family, work, school, and religion as well as epidemiological statistics on the distribution of illness, the causes of disease and illness, reasons for seeking particular types of care, and patient compliance and noncompliance.*

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*Therefore, the present paper Health Care Practices of the Tea Plantation Workers in North Bengal attempt to intensively study the working, living and health conditions of the tea plantation workers along with the socio- economic political factors affecting the health situations of workers and the role of the tea garden management and other stake holders from a holistic perspective as a socially produced phenomenon.*

**Keywords:** *Health Care Practices, Tea Plantation, North Bengal*

## I. INTRODUCTION

Plantations in colonial conditions are viewed as "a particular type of 'capitalist' enterprise with the following basic features: an agro industrial enterprise raising one or several crops on a large scale under tropical or semi-tropical climatic conditions; an international market orientation; the launching and subsequent maintenance of plantations under the ownership and control of foreign capital with the backing of the colonial state; the employment of a large number of producers and labourers (not necessarily wage workers) doing hard manual work under conditions of a primitive labour process; the use of a migrant and/ or immigrant labour system; and the mobilization and control of direct producers through economic and extra-economic coercive methods with the direct and indirect support of the colonial state. The class structure thus created through the use of coercion, open or concealed was sharply divided between white or sahib owners, managers and supervisors on one hand and non-white labour on the other."<sup>2</sup>

In other words, plantation can be defined as "an economic unit producing agricultural commodities (field crops or horticultural products, but not livestock) for sale and employing a relatively large number of unskilled labourers whose activities are closely supervised. Plantations usually employ a year-round labour crew of some size, and they usually specialize in the production of only one or

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<sup>2</sup> Ranajit Das Gupta, *Plantation Labour in Colonial India*, 19, Issue 3-4 THE JOURNAL OF PEASANT STUDIES 173, 173-198 (2008) (15.02.22, 8 PM.), <https://www.tandfonline.com/doi/pdf/10.1080/03066159208438492?needAccess=true>

two marketable products. They differ from other kinds of farms in which the factors of production primarily management and labour are combined"<sup>3</sup>

With the continuous process of social change as a universal phenomenon, some sorts of changes have also been occurred towards the role of the state in Indian plantations after independence. As an outcome due to the political pressure led to welfare inputs and improvement in communication led to organization of the working class transformed the classical plantation system which is characterized by low wages, poor working conditions, isolation etc. into modern plantation system. However, Plantations worldwide were an advent of capitalism where cash crops like coffee, tea, rubber, sugar, banana and others started flourishing extensively. While defining a plantation the social process i.e. the way in which people of certain social origins were transferred to a totally different production process should not be dismissed. So, the plantation system has to be comprehended not just in terms of the economic consideration but also through the social relations that have shaped the plantation structure.

## II. HISTORY OF THE GROWTH OF TEA PLANTATIONS IN INDIA

Governor General Warren Hastings who considered tea 'an article of the greatest national importance' to the British took the preliminary efforts to inspire the tea cultivation in India in 1776. There were two claimants for the discovery of tea in India. One was Sir Joseph Banks who was instructed by Hastings to prepare a series of summaries on farming of new crops in India for the East India Company and another was C. A. Bruce who upheld that he was the first European to locate the tea site in Assam. However, most authorities disposed to give the honor to Bruce. With the termination of the trade agreement between the British and China as well as the growing demand for tea in Europe coupled with the suitable geo-climatic conditions in North-India finally led to the introduction of tea cultivation in India.

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<sup>3</sup> Backford L. George, *The Economics of Agricultural Resource Use and Development in Plantation Economies*, 18 No- 4 SOCIAL AND ECONOMIC STUDIES 321, 321-347 (1969), (Feb. 14, 2022, 8pm), <https://www.jstor.org/stable/27856401>.

Though, the tea plantations were introduced in India by the Colonizers yet, soon this industry emerged into a major industry in the economies and led to the development of a modern life along with a new social structure. The successive governments of India introduced several changes in this industry after independence. The tea sector is considered a modern industry and the owners of the industry are either leading companies or prominent individuals who benefit directly or indirectly in an immense way in the country. However, the workers in the tea estates form a backward community and live in a pitiable state.

In the colonial period the tea industry became the primary export commodity and foreign exchange earner in India. It is an industry which requires labour throughout the year, and the nature of work needs the involvement of both the male and female labour force. Plucking of tea leaves is an important activity and is a specialized job done by the female workforce in India. The tea industry provides employment to about one million workers in India. Though the percentage of the tea workers is marginal in the total labour force in India, but their participation is substantial in the respective tea producing states within the country. For example, the tea workers constituted around 28 per cent and 65 per cent of the total labour force in West Bengal and Assam respectively in 1999.<sup>4</sup>

### **III. TEA PLANTATION AND THE TEA LABOURERS IN NORTH BENGAL**

Historically since 1650's labour migration was an important factor for the expansion of the world capitalist economy. The various reasons behind this migration were characterized by abject poverty, seasonal unemployment, indebtedness and recurrent famines. Thus, a large number of people from these places became victims and came to work in plantations, mines, mills and so on. Advance payment and the promise of better conditions, forced the helpless populace to get into contracts or agreements. This led to the so-called 'indentured system', which was followed by other types of recruitment into plantations.

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<sup>4</sup> Directorate of Census Operationst, District Census Handbook, Village and Town Directory, Darjeeling District, West Bengal, Part XII-A, p. vii., (Feb. 14, 2022, 2PM), [lsi.gov.in:8081/jspui/bitstream/123456789/5318/1/35664\\_1991\\_DAR.pdf](http://lsi.gov.in:8081/jspui/bitstream/123456789/5318/1/35664_1991_DAR.pdf).

Pradipta Chowdhury (1992) in his study 'Labour Migration from the United Provinces, 1881-1911' identified that, the eastern parts of United Provinces from where the labourers were taken to the tea plantations of Bengal and Assam, were the labour-catchment areas (LCAs). The author attributes to the institutional factors like decline of handicrafts and commerce, lack of investment by colonial state and the exhaustion of extensive margin in agriculture as the causes of large-scale labour migration from these areas. Mahapatra's study draws out the push and pulls factors for large-scale immigration from the Chotanagpur region between 1880-1920 to the tea plantations of Assam, Bengal and to the Jharia coalfields of Manbhum. He questions "the coincidence of the short-term conjunction of famines' between 1896 and 1899 with high immigration. Roughly, 10, 00, 000 people had left Chotanagpur during this period".<sup>5</sup>

Das Gupta's (1986) study on the structure 'of the labour market in colonial India in Assam tea industry states that indentured recruitment started from 1859 and continued till 1926. The planters later preferred the 'Sardari' system where the labourers were not under contract and were less expensive. This was the type of recruitment that existed mostly in North Bengal. A Tea Districts Labour Supply Association (TDLSA) was formed by most of the leading tea companies in Calcutta in 1877 and from 1917 it was called Tea Districts Labour Association (TDLA). While, the sardar acted as the direct recruiter these larger bodies functioned as the principal recruiting organization. The chowkidar's strict vigilance and the "agreement among the employers not to entice each other's labourer or to employ a labourer coming from other garden effectively restrained the freedom of movement".<sup>6</sup>

The tea plantation workers who are distinctly different from peasants and other industrial wage labourers come in the category of 'wage labourers' in North Bengal. These tea plantations labourers are chiefly the migrant labourers. With

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<sup>5</sup> P. P. Mahapatra, *Coolies and Colliers: A Study of Agrarian context of Labour Migration from Chotanagpur, 1880-1920* 1 Issue-2 STUDIES IN HISTORY, 247, 247-303 (1985), (Feb. 16, 2022, 9:30PM), <https://journals.sagepub.com/doi/10.1177/025764308500100206>.

<sup>6</sup> Ranjit Das Gupta, *From Peasant and Tribesmen to Plantation Workers: Colonial Capitalism, Reproduction of Labour Power and Proletarianisation in North-East India, 1850's to 194*, P. 21, No.4 ECONOMIC AND POLITICAL WEEKLY, 2, 2-10. (1986), (Feb. 14, 2022, at 10PM), <https://www.jstor.org/stable/4375248>.

the modern industrial lines of production, the tea plantation sector has its own socio-economic culture compared to peasant agriculture. Unlike the other traditional occupations both tea cultivation and tea processing require a specialized and skilled labour force which make the life of the tea plantation labourers somewhat challenging in tea estates. The tea plantation workers mainly reside within the estate area in rows of rooms, which are generally called 'labour lines'. In North Bengal the tea plantation workers are also largely resides in the labour lines of individual houses or huts in clusters, which are strategically located in different parts of the tea estate to facilitate quick labour deployment and to protect the boundary of the estates.

Since the plucked green leaves are to be processed immediately, hence maximum tea estates have their own tea factories. The labour force in the large-scale tea estates is therefore of two types: (a) workers in the field operation, and (b) workers in the factory operation. In the field operation plucking of tea leaves, (two leaves along with the bud) regarded as by the chief activity in the tea estates which is mainly done by the female workers. For fresh budding this cyclical activity needs a gap of seven days. The overall maintenance of the tea bushes by applying fertilizers, weeding, pruning, etc. are generally carry out by the male workers.

The workers in the factory operation form another segment of the total workforce. The management of the tea estates constitute by the staff and the executive managers. The executive manager and the assistant manager or assistant superintendent is recruited from the elite in the country. In the colonial period and after independence until the industries were nationalized or transformed into the local companies the British were employed as managers of estates in India.

### **HEALTH CONDITIONS OF THE PLANTATION WORKERS – A HISTORICAL REVIEW**

A large number of Indian labourers were migrated across seas and transported particularly in the harsh life on plantations of the countries like Africa, S.E. Asia, the Pacific and West Indies just after the abolition of slavery system in 1834. The situations of these plantations were vulnerable combined with the problem of over-tasking. Incomplete, unsatisfactory as well as imperfect work regarded as offence which led to high rate of conviction. The constant failure to perform the allotted tasks, inability to satisfy more demands couple with the incompetence to execute heavier work generate a sense of lack self-esteem and loss of self-

confidence among the workers which in turns indulge the incidences of suicides among the plantation workers. But these occurrences of suicides, accidents, murders contributed only a minor part to the contemporary mortality rate; the main causes of high mortality in the plantations were attributed by the diseases like diarrhea and dysentery malaria and tropical ulcers. The situation of India is also identical to the overseas series of events such as the diseases, deaths and challenging working conditions were part of life of the workers in the evolution of plantations.

During the period of industrialization, a significant number of studies on the health conditions of the working class revealed that, issues such as low wages, poor working and living conditions were some of the key factors responsible for the poor health of the plantation workers. Frederick Engels's most popular book "Conditions of the Working Class in England in 1844" is one of the pioneering works in this field which explains that, the squalor-like living conditions, overcrowding, inadequate wages, inhuman working conditions, meager food or at times no food, caused ill health and even death among the working class.

V. Krishnamurty in his article Changing Features of Working and Living Conditions of Plantation Workers in the workshop Socio-Economic Conditions in Plantations in India Proceedings of a National Tripartite Workshop organized by The International Labour Office in Conoor, India in November 1989 provide a detailed description of the worldwide situation of the plantation labourers. This study highlights the 'relationship between housing and the health status of the workers' by comparing the several factors like number of rooms; size of rooms, number of dwellers living in the house, type of cooking facilities, and water-heating and space systems within the residence. The study concluded with some basic observation that, with damp dwellings and poor ventilation along with the use of firewood or other biomass as the main form of household fuel, and if its use is mainly in open fires in badly ventilated rooms, the emissions contained in the smoke can provide an environment beneficial to high incidence of respiratory diseases such as bronchitis, respiratory infections, asthma and pneumonia.<sup>7</sup>

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<sup>7</sup> Krishnamurty, V. Changing Features of Working and Living Conditions of Plantation Workers, The International Labour organization: 19-32, (1990). (Feb. 14, 2022, 8PM), [https://www.ilo.org/public/libdoc/ilo/1990/90B09\\_167\\_engl.pdf](https://www.ilo.org/public/libdoc/ilo/1990/90B09_167_engl.pdf).

### **A. Healthcare Practices among the Tea Plantation Labourers in North Bengal: An Overview**

In this modern age Health is a matter of concern to all strata and health care is one of the important aspects of human life. Worldwide mission has been started by World Health Organization (WHO), along with various governments, private as well as non-government organization to develop health care service among the population. But, despite remarkable progress in the field of diagnostics and curative and preventive health still there are disparities in the people's health among the different strata or communities across the country on the basis of socio-economic and socio-demographic construct such as ethnicity, age gender, religion and caste, social class. Different studies show that, the distribution of health resources – practitioners, dispensaries, hospitals, equipment, beds, nurses, ANMs, drugs, etc. – is highly uneven between rural- urban poor - affluent and developed-backward section of populations in India.

Earlier the health, or lack of health, was merely judged by the attributes of genetic or biological disorders. But it is the discipline Sociology which has first established the close link between the ethnic traditions, socioeconomic status and cultural beliefs of individuals and spread of diseases. Where medical research might gather statistics on a disease, a sociological perspective of an illness would provide insight on what external factors caused the demographics that contracted the disease to become ill. The sociology of health and illness studies the interaction between society and health. In particular, sociologists examine how social life impacts morbidity and mortality rates and how morbidity and mortality rates impact society. This discipline also looks at health and illness in relation to social institutions such as the family, work, school, and religion as well as epidemiological statistics on the distribution of illness, the causes of disease and illness, reasons for seeking particular types of care, and patient compliance and noncompliance.

However, keeping the Plantation Labour Act in mind the comparative studies conducted by different scholars between the tea plantations of South India and North East India (West Bengal and Assam) based on the parameters of remunerations, housing, health and other welfare amenities demonstrates that, in North East India there is a huge difference in the wage structure among the workers along with the inadequate health services where the workers are mostly

dependent on the part-time doctors which is not in compliance with the rules of the Plantation Labour Act.

Health services are an important component of the welfare amenities which must provide to working class by the management. Several empirical studies during the late 19th century, established that, the chief understanding of disease causation was the relationship between lack of basic resources, poor environmental surroundings combined with toxic air and vapours, ill health and mortality. The communicable diseases like plague, typhoid, cholera and tuberculosis were regarded as the major causes of death and were referred to as the disease of the poor. By providing descriptive empirical insights into the poor conditions of the working class various sociological and epidemiological inquiries establish a strong linkage between poverty and ill health.

According to the Plantation Labour Act (PLA), "Section 10- In every plantation there shall be provided and maintained so as to be readily available such medical facilities for the workers (and their families) as may be prescribed by the State Government."<sup>8</sup> But the health security of the plantation labourers has been neglected from the very beginning. In fact, their problems began from the time they began their journey. U. Phukan (1984) in his book *The Ex-Tea Garden Population in Assam* displays that their death rate was very high because of the poor arrangements. Disease is reported as a reason to have wiped out completely the first batch of labourers in Assam migrated from Jharkhand.<sup>9</sup>

R.L.Sarkar (1986) highlighted in his book "*Tea Plantation Workers in the Eastern Himalayas - A Study on Wages, Employment and Living Standards*" that, around 70 per cent to 80 per cent of employment in the hill areas is dependent upon the tea industry. It provides subsistence indirectly to many people in hill areas by supporting ancillary avenues of employment. However, the management of the estate has not been protecting their own labour force by providing adequate wages and the basic amenities such as food security, housing facilities, education opportunities, and most importantly the health as well as medical facilities for

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<sup>8</sup> The Plantation Labour Act, 1951, No. LXIX, Acts of Parliament, 1951 (India).

<sup>9</sup> PHUKAN, U, *THE EX-TEA GARDEN POPULATION IN ASSAM*. (B.R. Publishing 1984).

their survival. The tea estate management usually ignores the labour problems and consequently the tea pluckers lack motivation and interest in their jobs.<sup>10</sup>

Amalendu Guha in his book *Planter Raj to Swaraj: Freedom Struggle and Electoral Politics in Assam* discussed about the lack of basic requirements of the plantation workers in Assam by pointing out their low wages, inadequate housing accommodations, unsatisfactory medical facilities and insufficient food coupled with the ill-treatment from the managerial owner class, which make the life of the plantation workers miserable. Although there exist a very few legal provisions for the protection of the rights of the workers but, mostly of them act in favour of the planters.<sup>11</sup>

Gita Bharali in her seminar paper *The Tea Crisis, Health Insecurity and Plantation Labourers' Unrest*, show that most of the tea gardens in Assam lack the basic health facilities they are supposed to have. A hospital is a distant dream and very few have a crèche as such. In most cases an untrained worker looks after them in a run-down building. In more than one garden the crèche is in the place used as a cowshed. The children do not get proper meals. Most dispensaries are ill equipped without enough medicines and with untrained staff, have inadequate drinking water, toilet and basic facilities. A few gardens have trained nurses or even doctors.<sup>12</sup>

Several studies based on tea gardens of Assam shows that, the management is either less interested or become negligence towards various welfare provisions of the tea plantation workers which make their life vulnerable. Lack of proper housing and sanitation, collapse of the company's health system prevalence the diseases like malaria, hookworm, gastro-enteritis, and even cholera.

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<sup>10</sup> R. L. SARKAR & M. P. LAMA, *TEA PLANTATION WORKERS IN THE EASTERN HIMALAYAS- A STUDY ON WAGES, EMPLOYMENT AND LIVING STANDARDS*, P 51-58 (Atma Ram and Sons 1986).

<sup>11</sup> Guha, Amalendu, *Planter Raj to Swaraj: Freedom Struggle and Electoral Politics in Assam, 1826-1947* INDIAN COUNCIL OF HISTORICAL RESEARCH 1977.

<sup>12</sup> Bharali, Gita. (2007), *The Tea Crisis, Health Insecurity and Plantation Labourers' Unrest*. A seminar paper presented at the seminar, *Society Social Change and Sustainable Development* Organized by Department of Sociology, N.B.U. April, 2007. (Feb. 15, 2022), <https://onlineministries.creighton.edu/CollaborativeMinistry/NESRC/Gita.html>.

But in North Bengal most of the studies that conducted on tea plantation sector are generally concentrate on the economic aspect, which create a paucity of data particularly on the health status of the plantation workers in Terai and Dooars Region of North Bengal. The limited studies which are available on the health status of the plantations workers in North Bengal are of isolated and fragmentary in nature. There is an urgent need for initiating the area specific, problem specific, action-oriented health study in consonance with the felt needs of the plantation workers. The study should be mission oriented, having practical applications and directed towards improving the quality of the prevailing health situation as well as the health care practices of the poor tea plantation labourers.

Therefore, the present paper Health Care Practices of the Tea Plantation Workers in North Bengal attempt to intensively study the working, living and health conditions of the tea plantation workers along with the socio- economic political factors affecting the health situations of workers and the role of the tea garden management and other stake holders from a holistic perspective as a socially produced phenomenon.

According to Xaxa (1985) in 1876, the number of tea gardens in North Bengal was only 13, which had increased 235 by 1901.<sup>13</sup> An exhaustive survey conducted by Regional Labour Offices under jurisdiction of Joint Labour Commissioner, North Bengal Zone in 2012 reveal that there are 276 organised tea estates in North Bengal. These tea estates are spread over Darjeeling and Jalpaiguri Districts. Only one set tea estate i.e., Cooch Behar T.E. is located in Cooch-Bihar District. According to this survey, the hill area which comprises of three sub divisions has 81 tea estates among which 46 tea estates in Darjeeling district, 29 in Kurseong sub-division and 06 in Kalimpong district. The Terai Region comprises only one sub divisions namely Siliguri Sub Division with 45 Tea Estates. The Dooars Area which has 150 tea estates again divided into three different sub divisions these are Jalpaiguri districts with 33 Tea Estates, Malbazar Sub Division with 56, and Alipurduar district with 61 Tea Estates.<sup>14</sup>

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<sup>13</sup> V. Xaxa, *Colonial capitalism and underdevelopment in North Bengal*, 20 No.39 ECONOMIC AND POLITICAL WEEKLY, 1659, 1659-1665. (1985), (Feb. 14, 2022, 10PM), <https://www.jstor.org/stable/4374874>.

<sup>14</sup> Synopsis on Survey of Tea Gardens Conducted by Regional Labour Offices under jurisdiction of Joint Labour Commissioner, North Bengal Zone. (2012) (Feb. 15, 2022, 8

The thriving tea industry in India suffered a serious financial setback in the late 1990s and early 2000s as international tea prices collapsed from Rs. 78 in 1998 to Rs. 55 in 2004. With shrinking exports and rising labour costs, 25 loss making tea plantations in North Bengal in 2002 were closed down without prior notice and blocking labour payment, provident fund and gratuity, leaving thousands of plantation workers and their families in a state of utmost penury and deprivation.<sup>15</sup> The tea plantation labours not only become jobless but also lack all the basic necessities including food, drinking water and shelter, this deficiency of sufficient and proper food turned into malnutrition and increases the cases of starvation death. A working paper remarkably observed a peculiar pattern of some closed tea gardens; the tea garden reopens during peak season and again closed during the lean period. This frequent and repeatedly closure and reopen nature of tea gardens are more dangerous for the surviving labour.

According to The Hindu news-paper in West Bengal there are 225 tea estates among which an estimated 23 tea gardens are now closed.<sup>16</sup> But according to the 65<sup>th</sup> Annual Report 2018-2019 provided by the Tea Board India reveal that in Dooars region particularly in Alipurduar and Jalpaiguri districts 11 tea gardens have been closed and many are abandoned or are seek.<sup>17</sup>

However, the immediate industrial sickness and the consequent shutdown in several tea gardens resulted into deprivations which affect the life of the socially and economically marginalized workers, their family members along with their children. It has been estimated that more than 3,000 workers of abandoned tea gardens of North Bengal have succumbed to starvation deaths in between 2002 and 2006. Studies also show that 70% of the people of closed tea gardens are in

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PM), file:///C:/Users/THIS PC/Downloads/Synopsis-of-Tea-Garden-Survey-Final-Report.pdf.

<sup>15</sup> *Starvation Deaths in Tea Plantations in India, Rights and Development*, 1 Issue-4 CENTRE FOR DEVELOPMENT AND HUMAN RIGHTS 26, 26-28 (2006), (Feb. 02, 2022, 8:40 PM), <https://www.sum.uio.no/english/research/projects/hurep/publications/other/2007-bulletin-jun.pdf>.

<sup>16</sup> THE HINDU 29<sup>th</sup> June 2014, (Feb. 16, 2022), <https://www.thehindu.com/news/cities/kolkata//article60069140.ece>.

<sup>17</sup> Tea Board India 65<sup>th</sup> ANNUAL REPORT 2018-19. (Feb. 16, 2022, 8:35 PM), [www.teaboard.gov.in/pdf/65th\\_Annual\\_Report\\_2018\\_19\\_Eng\\_pdf874.pdf](http://www.teaboard.gov.in/pdf/65th_Annual_Report_2018_19_Eng_pdf874.pdf).

the Chronic Energy Deficiency III stage.<sup>18</sup> Several surveys and press coverage conducted on these closed gardens reveal the cases of starvation deaths, sufferings, malnutrition and human trafficking as a consequence of the partially or fully collapse of the welfare schemes and the public distribution system combined with the almost absent of basic amenities like safe drinking water, health care, primary education and electricity.

In 2005 a nutritional survey was conducted on tea workers of Dooars in West Bengal. The survey team collects data from six open, sick and closed tea gardens. Four out of six tea gardens identified as a starving group. All adult members can be labelled as a “starving community” or “at critical risk for mortality from starvation.” The overall result is all surveyed garden showing alarming BMI (Body Mass Index) rate. The study also found peoples are suffering from diarrhea and vomiting, which influences to starvation related death. Vulnerable closed tea garden area converts to a potential field for traffickers. In North Bengal, trafficking incidence is higher among close and sick tea gardens than other tea gardens which did not face closure and sickness.<sup>19</sup>

The several sections of the Plantation Labour Act 1951 entitled the workers to get the minimum basic amenities within the plantation. According to “Section 8 of PLA 1951 in every plantation effective arrangement shall be made by the employer to provide and maintain at convenient places in the plantation a sufficient supply of wholesome drinking water for all workers”. As per the “Section 15 of PLA 1951 it shall be the duty of every employer to provide and maintain necessary housing accommodation for every worker including their families”. According to Section 10 “in every plantation there shall be provided and maintained so as to be readily available such medical facilities for the workers (and their families) as may be prescribed by the State Government.”<sup>20</sup>

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<sup>18</sup> Talwar Anuradha et. al., Study on Closed and Re-opened Tea Gardens in North Bengal. Paschim Banga Khet Majdoor Samity & International Union of Food, Agriculture, Hotel, Restaurant, Catering, Tobacco, Plantation and Allied Workers’ Associations (IUF) 3-10 (2005). (Feb. 14, 9:45 PM), <https://www.scribd.com/document/111811084/PKMS-IUFstudy>.

<sup>19</sup> S. Chakraborty, *Tea, tragedy and child trafficking in the Terai Dooars*, 48 No.39 ECONOMIC AND POLITICAL WEEKLY, 17,17-19 (2013), (Feb. 16, 2022, 8 PM), <https://www.jstor.org/stable/23528471>.

<sup>20</sup> The Plantation Labour Act, 1951, No. LXIX, Acts of Parliament, 1951 (India).

However, the reality is something different several survey reports of the closed tea gardens reveal that, although in accordance with law the tea garden owners are assigned to provide the basic amenities such as the supply of safe drinking water, electricity, education, healthcare and primary medical facilities yet, they have been stopped to deliver these welfare schemes and the public distribution services in the closed tea gardens. The tea plantation workers not merely receive the cash component as their wages but also these workers are entitled to a number of other facilities subsidised food grains in the name of rations free quarters, electricity and free fuel for cooking, unpaid health care facilities at the Tea Plantation's Hospital, Crèches and honorary Primary education for their children which form an important part of their wages. But with the disaster in the tea industry the electricity has been cut off which in turns affect the water supply as it is electricity dependent. In some cases, as the workers are not receiving drinking water, they along with their families have been forced to depend on river water that is contaminated with pesticides.

As an obvious outcome the workers and their families have been suffering from malnutrition, anemia and other nutrition related problems. Combined with the lack of medical treatment, the outcomes have been resulted into fatal in some cases. As most of the tea gardens don't maintain proper death registers so the exact number of persons who died is not clear. Therefore, the fatal cases are the product of hunger, starvation, malnutrition as well as basic medical care crisis which is strongly linked with unemployment.

Different Studies even, show that, the garden health professionals if available give the same medicine for different type of diseases. This clearly reveals about the acute shortage of medicines of garden hospital or dispensary. Considering the fact that, the garden workers are exposed to several communicable, preventable and occupational diseases and the gardens are located far away from Government hospitals, absence of proper medical facilities including qualified doctors is a matter of major concern for workers and their family members. Furthermore, those seeking medical services outside have run from pillar to pole to reimburse their bills. Surprisingly, the conditions of so-called 'good' gardens do not differ strikingly in this respect.

An exhaustive survey conducted by Regional Labour Offices under jurisdiction of Joint Labour Commissioner, North Bengal Zone in 2012 reveal that, of all the

273 tea estates in West Bengal has displayed acute mismanagement and miserable labour welfare situation. According to the survey report, out of 273 tea estates, only 166 have hospitals. Out of these 166, only 56 tea estates have full time residential doctors. Other 110 tea estates' hospitals depend on visiting doctors. Among doctors of 166 tea estates, only 74 doctors have degree of MBBS, others are non- MBBS. Out of 166 tea estates having hospitals, 116 do not have any nurse. 107 tea estates (hills -64, Terai- 20 and Dooars-23) do not have any hospital. Out of 273 tea estates, 85 do not have any dispensary. Ten tea estates have neither hospital nor dispensary. Out of 273 tea estates, primary health centers (PHCs) exist in only 160, 113 tea estates (hills-38. Terai-23 and Dooars-52) do not have any PHC. Out of 273 tea estates, 160 provide ambulance. Many of these ambulances are not up to the standard. This survey report reveals the vulnerable poor condition of the health and medical facilities of the tea plantation labourers in the tea estates.<sup>21</sup>

The cycle between hunger - disease - low levels of productivity, (measured both in terms of absence from work as well as duration) - low wages - indebtedness - reduced consumption levels - disease, is reflective of how the development process has, largely, bypassed the tea plantation workers. For a majority of the worker, illness has serious economic consequences on their fragile incomes.

The right to adequate food and nutrition is a basic human right, both under international and domestic law and it is the duty of the state to protect its citizens from hunger, malnutrition and starvation and provide basic health care. The occurrence of starvation deaths is an affront to human life and dignity. The reopening and revival of the tea gardens is the only hope left for the thousands plantation workers who have been left to starve until death and all measures to restore their basic rights must be urgently and effectively implemented.<sup>22</sup>

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<sup>21</sup> Synopsis on Survey of Tea Gardens Conducted by Regional Labour Offices under jurisdiction of Joint Labour Commissioner, North Bengal Zone (2012) (Feb. 16, 2022, 8 PM), file:///C:/Users/THIS PC/Downloads/Synopsis-of-Tea-Garden-Survey-Final-Report.pdf.

<sup>22</sup> Starvation Deaths in Tea Plantations in India, Rights and Development, 1 Issue-4 CENTRE FOR DEVELOPMENT AND HUMAN RIGHTS P. 26, 26-28 (2006), (Feb. 16, 2022, 8:30 PM), <https://www.sum.uio.no/english/research/projects/hurep/publications/other/2007-bulletin-jun.pdf>

Thus, on account of the poorly developed market, it is imperative for government to shoulder the responsibility of providing a package of health care services that would provide early cure to malaria, TB and respiratory illnesses, gastrointestinal problems, mother and child health care services, fevers, health and nutrition education. Such a package does not need high investments in equipment's and buildings but requires a well-trained and motivated health personnel provided with basic facilities. Only such a system would make the health care system of the tea gardens accessible, affordable and need based.

#### **IV. CONCLUSION**

Labour on the tea plantations is an important aspect as at specific points of production cycle they are engaged to supply a constant flow of pre-processed green leaf to the estate factory throughout the season. The ample profit of the tea industry accelerates on the rise in foreign exchange which in-turns demands the increasing productivity which depends more on the labourers' proficiency and productivity. So, to earn the maximum profit, the managerial boards of the tea plantations exercise strict control over the workers to appropriate as much as surplus labour in nominal wages and by exploiting in such a way the plantation labourers are transformed into human machines.

Therefore, to protect their rights and security some legal steps must be constitute relating to the welfare of the plantation workers which make them able to reflect the positive returns. According to the requirement adequate legislations relating to the welfare of the plantation workers have been established, but what is lacking is its proper implementation.

Several studies outline the fact that, the aspect of the rights regarding the health, welfare and security of the tea plantation labourers' has been bypassed by numerous reasons.

The primary causes behind this are the absence of co-operation between the Government and the management of the plantation regarding the implementation of any welfare measures and benefit schemes, it also has arisen due to harsh mentality and unkind behavior of the managers inherently bearing by the workers in the tea gardens and the constant negligence in the concern of the management to execute the basic livelihood amenities for the labourers in the plantation. The entire practice of tea processing initially from the plucking of green leaves from

the tea bushes to transform the raw material to the finished product and finally pack it for sale exclusively done by the tea plantation workers. In spite of that, they are exploited and used by the management since the inception to till date.

Therefore, whatever be the grounds of deprivations there is an urgent need to restore, restructure as well as reorganize the provisions regarding the working environment, the welfare amenities along with the health hygiene and other benefits. Government's outlook and attitude towards the working class must be changed and upgraded and there is an immediate need to seek better lookout for the situation of the plantation labour before the incompetence of the labourers may turn into stagnation of the Tea Industry.