

HEALTH CARE IN BHOPAL

Following the disaster on December 2-3, 1984 the Indian Council of Medical Research (ICMR), a government agency, concluded that over 5,20,000 exposed persons had chemicals circulating in their bloodstream causing different degrees of damage to almost all the systems in the body.

Today over 1,20,000 chronically ill survivors are in need of medical attention, with an estimated 10 to 15 people dying every month from exposure-related illnesses. Breathlessness, persistent cough, diminished vision, early-age cataracts, loss of appetite, menstrual irregularities, recurrent fever, back and body aches, loss of sensation in limbs, fatigue, weakness, anxiety, and depression are the most common symptoms among survivors. The alarming rise in cancers, tuberculosis, reproductive system problems and other problems such as growth retardation among children born after the disaster remain undocumented. The official agency for monitoring deaths has been closed since 1992.



In addition to the gas affected there is now significant evidence of damage to the second generation, specifically growth retardation in boys and hormonal chaos among girls as found by a 2003 study published in the Journal of the American Medical Association (JAMA).

TIMELINE

1984 - Gas leaks from Union Carbide's Bhopal factory, killing between 3,000 and 15,000 and exposing 500,000

1985 - In June activists are arrested for providing free treatment with the Carbide Gas antidote thiosulphate.

1992 - ICMR prematurely wraps up research 18 long term medical research studies on the health effects of the disaster.

1994 - the International Medical Commission on Bhopal (IMCB) publishes a summary of the health effects of the disaster.

1996 - ICMR publishes an truncated version of their research, with its primary investigator stressing the need for the continuation of the studies.

1996 - Sambhavna Trust clinic begins operation

2000 - BMHRC begins operation

The medical crisis that began in the aftermath of the Bhopal gas disaster remains acute, twenty-one years later. Neglect, corruption, and ignorance have all conspired to characterize the health of the gas victims as either a non-issue or an insoluble problem. These attitudes are neither accurate nor acceptable. What characterizes these problems and how have they been sustained?

WHAT'S THE PROBLEM?

- **There are no treatment protocols specific to diseases related to gas exposure.** Neither the government gas hospitals or the corporate-sponsored Bhopal Memorial Hospital Trust (BMHT) have developed a system of treatment for gas victims, despite the fact that the same toxicity can manifest in many different ways. The most recent study approximating a treatment protocol is by the ICMR and is 17 years old, limited, and unknown to most Bhopal doctors. As a result, gas syndrome is treated symptomatically, while the root cause is rarely addressed. This symptomatic treatment provides only temporary relief, if any, and possible interactions between drug therapies and gas toxicity are not considered.
- **Research is inadequate and poorly linked to treatment.** Within the general neglect of the research on health consequences of the disaster certain areas were more neglected than others. Gynecological health impacts, documented by independent groups, were not considered worth studying by ICMR, reflecting the gender bias of the medical



establishment. Inattention to neurological, immunological, endocrinological and chromosomal consequences possibly have their origin in the absence of a toxicological perspective in defining research areas.

● **Many crucial aspects of the medical crisis are ignored by the government, both in research and treatment.** No importance is given to the crucial area of gynecological health, mental health, or community health. Additionally, those affected by water contaminated by the abandonment of the Union Carbide factory are currently given no care at all.

● **Excessive and/or harmful prescription practices and total lack of alternative treatments.** A 1999 study by the Sambhavna Trust Clinic showed that only 18% of the prescriptions given at BMHT were appropriate given the diagnosis, with all other prescriptions being either *useless, harmful or both*. Similarly, in 1990, a study at government hospital found that 35% of drugs given were either useless or harmful. Systems of health care such as Ayurveda, Unani, and Yoga that are known to provide sustained relief without contributing to the toxic load, have been given only token recognition in the official system of medical care. The government budgetary allocation to medical care under these systems is less than 1%. In the medical care plans of the BMHT these systems have no place at all.

● **Government does not focus on prevention, cure, or quality of life.** The nature of gas syndrome has been recognized by many groups, including 1994 recommendations of the International Medical Commission on Bhopal as necessitating a long-term, systematic, community health based approach to healing. However, rather than

developing this infrastructure Bhopal has instead developed facilities for acute care and pharmaceutical distribution, such that it now has well over the number of hospital beds, over 1.25 per thousand, exceeds that recommended by the World Health Organization. Rather than creating an infrastructure for healing and improving the quality of life for those affected, government money earmarked for the survivors medical needs (as well as corporate money put into the Bhopal Memorial Hospital Trust) has gone towards capital intensive projects such as hospital construction, and much of it has gone into the pockets of officials and builders in the process. Budgetary allocations to community health services have remained under 2% and there are no community health workers in the employment of either the government or the BMHT. PEOPLE HAVE BEEN GIVEN NO INFORMATION ON DAMAGES CAUSED TO THEIR BODIES.



● **Discrimination against interests of gas victims.** The BMHT was not built with the needs of gas victims in mind. It is only guaranteed to provide free treatment for them until 2008, 8 years after it's opening. According to employees it has an institutionalized policy of treating private patients much better than victims, referred to as "gasees." While a private patient will get the results of an MRI within 24 hours, a gas victim will wait 5-6 months. Meanwhile, the necessary long-term funding for the continuation of the government infrastructure for treating gas victims has not been guaranteed.

What needs to be done?

1. Medical care, monitoring and research must be guaranteed from a long-term, survivor-centered perspective. One, independent agency must be charged with comprehensive investigation and be publicly accountable for the health of the gas and water affected.
2. Finances must be secured for the necessary monitoring, treatment and research
3. The health care system must be geared towards long-term, preventative care.

Who must do it?

The CENTRAL GOVERNMENT must end the medical disaster in Bhopal immediately. By tolerating it they are violating not only the Universal Declaration of Human Rights, Article 25, which guarantees medical care and security, but also the Indian Constitution Part IV, Article 47, which obligates the government to improve public health. The government also needs to fulfill, at minimum, the following pronouncements of government officials:

WE DEMAND that a National Commission on Bhopal be set up with the necessary authority and funds to address all health issues surrounding the contamination in Bhopal. Health care must be long term, based on extensive research, and carried out with the participation of the community.

This padyatra is our march for justice and dignity until our last breath. 21 years is enough!

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