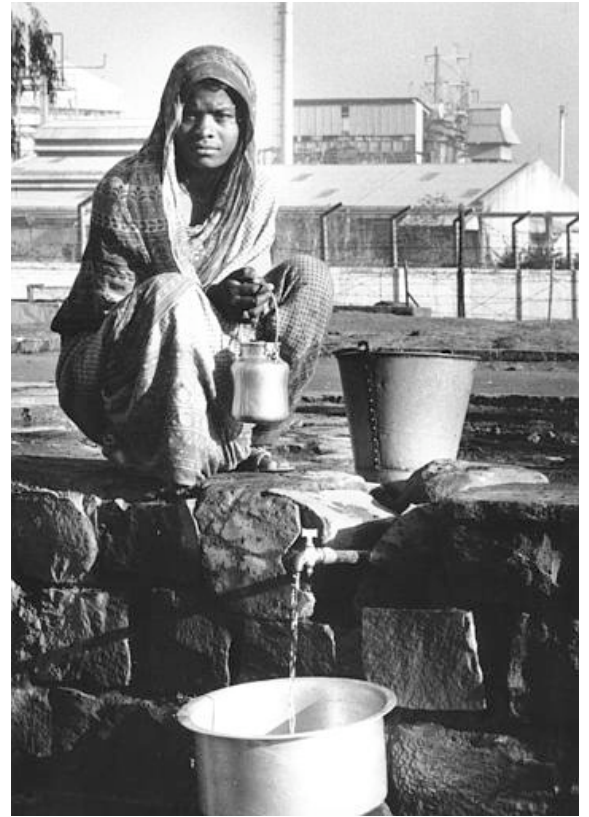


SET UP A NATIONAL COMMISSION ON BHOPAL

PROBLEM:

First and second generation

Between 120, 000 to 150, 000 survivors of the December '84 disaster are chronically ill. The Annual Report of the Government of Madhya Pradesh puts annual excess mortality [in comparison to unexposed population] at 395 in year 2000. A study by Sambhavna Trust [published in JAMA 2003] indicates effects of parental exposure on later born children. Official study of both gas exposed and their children was prematurely terminated -- all research by the Indian Council of Medical Research (ICMR) on long-term health effects wound up in 1994.



Contamination effects

There is no current research on health effects of ground water contamination. ICMR's final report on Epidemiological studies recommends continuation of studies to monitor cancer and long term involvement of other organs. No monitoring is being undertaken of the alarming and rising incidence of cancers, tuberculosis and diseases caused by contaminated water. Up to 20,000 people in 16 wards are now drinking water contaminated with pesticides, heavy metals and other dangerous chemicals

Treatment Inadequacy

Absence of treatment protocol for exposure related symptoms and symptom complexes continues to ail the health care systems. Options for survivors remain drug and hospital centered despite the chronic nature of gas exposure. Several studies indicate that very often such treatment could be doing more harm than good, while scant attention to other potentially less toxic systems of health care. And despite the huge amount of public money that has been spend on infrastructure very often hospitals do not have qualified doctors, diagnostic and other equipment in working order and medicines. Meanwhile, there is little attention to community based health and health care initiatives and the availability of funds for health care and economic rehabilitation continues to remain inadequate and uncertain

Corruption

Corruption, rather than excellence, has become endemic, and annual reports of Comptroller and Auditor General clearly underline misappropriation of funds by the Department of Bhopal Gas Tragedy, Government of Madhya Pradesh. Official figures indicate that a total sum of well over Rs. 400 crores have been spent on provision of relief, medical, economic, social and environmental rehabilitation of the survivors of the December '84 Union Carbide disaster in Bhopal. Despite the expenditure of Rs. 260 Crores on medical rehabilitation the system of health care is plagued with little or no information on line of treatment, no system of registration so much so that the government hospitals and clinics are more part of the problem than the solution. Expenditure of nearly 50 crores of rupees has only provided gainful employment to less than 200 persons. A project In the Special Industrial Area, built at a cost of Rs 8 Crores in 1990 to provide jobs to 10,000 victims, nearly half of the 152 worksheds have been used as barracks for the Rapid Action Force since 1993 rest lie vacant till this day. Likewise, expenditure of over Rs. 65 crores has not produced any appreciable improvement in the living



environment of the survivors that continues to deteriorate.

RECOMMENDATIONS

Legal requirements

On 9.1.2004 the Supreme Court of India directed the setting up of an independent committee for monitoring of medical relief and rehabilitation of the victims of the Bhopal Gas disaster. The Court desired that government and survivors organizations and their supporters submit their proposals in regard to three issues:

1. The composition of and the terms of reference a committee (comprised of medical personnel, NGOs and eminent persons, all

located in Bhopal) to be constituted for attending to the day-to-day problems faced by the victims of the Bhopal Gas Tragedy in regard to medical relief and rehabilitation;

2. The constitution of an advisory body of reputed persons of professional excellence to advise on the type of treatment as well as research for the benefit of the victims;

3. The provision of adequate budget by both the Governments and the Centre and the State to ensure proper medical relief and rehabilitation of the victims as well as for the medical research.

Scientific recommendations

The recently published report on Epidemiological studies by the ICMR recommends in its conclusion "It would be desirable to extend the long-term study of the same cohort in Bhopal to study in the potential hazards of cancer and long-term involvement of other organs." Similar recommendation was made in 1994 by the International Medical Commission on Bhopal, an international voluntary body composed of 15 professionals from 11 countries.

NATIONAL COMMISSION

A national commission, laid out on the following guidelines and parameters, would be able to address and monitor the situation in Bhopal, ensuring the effective care and safety of those affected by water, gas or second generation damage.

Objective :

1. To create a model for effective, information-based, people-participatory response to industrial disasters.
2. To improve the health condition of the survivors of the December '84 Union Carbide disaster in Bhopal and their children through initiatives in health care, research, and monitoring, and in economic, social, and environmental rehabilitation.
3. To set up a system with the necessary authority and resources for carrying out the work of rebuilding in Bhopal for the next 30 years in a transparent and responsible way.

Aims :

1. To plan, and set up the infrastructure, obtain necessary resources and oversee the administration of various activities towards fulfillment of the objectives of the Commission
2. To plan and put in place systems of feedback, internal evaluation, quality control, financial transparency and public accountability of the work.

Composition of the National Commission on Bhopal: Non-governmental as well as government medical professionals, scientists, social workers, economists, legal professionals, representatives of survivors organizations, administrators and others. Names proposed are : Mrs. Rashida Bee, Mrs. Champa Devi Shukla, Dr. P M Bhargava, Dr. Anil Sadgopal, Dr. H H Trivedi, Dr. N H Antia, Dr. Jaiprakash Narain, Dr. J P Gupta, Mr. S Muralidhar, Dr. Mira Sadgopal, Mr. Dominique Lapierre.

Organizational Structure: The Commission will function as an autonomous, democratic, publicly accountable body with built in systems of evaluation, quality control and fiscal integrity. It is expected that individuals with long experience in building sustainable and dynamic organizations would contribute to the designing of a structure most appropriate for long term work in Bhopal.

Resources : Estimated expenditure on health care facilities, research and monitoring activities and on social, economic and environmental rehabilitation would be Rs. 50 crores annually. It is proposed that a corpus fund large enough to ensure long term financial security be created under the authority of the Commission. In addition to contribution from the Government of India funds can be raised from private donors, UN organizations, NRI Diaspora and medical and social research bodies.



National Commission on Bhopal: Set up a National Commission on Bhopal with the necessary authority and funds to provide facilities for health care, medical research, social support, and economic rehabilitation of the people poisoned by Union Carbide / Dow Chemical and their children at least for the next 30 years. This commission must have active participation of non-government doctors, scientists, and representatives of survivor's organizations.



WE DEMAND that the government of India set up a **National Commission on Bhopal**, as outlined above, and commit the funds necessary to sustain effective healthcare for gas, water and second generation affected, to standards set by the **National Commission on Bhopal**, for the next thirty years at minimum.

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

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