

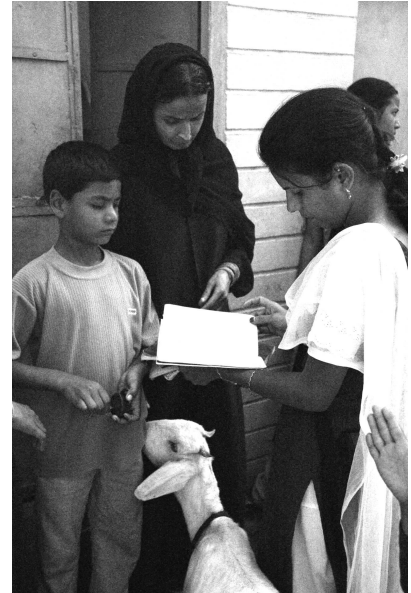
COMMUNITY HEALTH

What is the problem?

In the 21 years since the gas disaster in Bhopal, gas and water contamination affected communities have never been involved in building and shaping health care infrastructure. The current, ineffective system is hospital-based and relies on shortsighted treatment of symptoms. There is little to no continuity of care and treatment, nor is there monitoring or attention to the large and complex problems facing poisoned neighborhoods in Bhopal. There is no realization of potential of the community to get involved in improvement of its own health, and there are no community-based activities such as health education, surveillance, and research. Despite the availability of solid proposals and many examples of successful small-scale community-based health care programs, government health care continues to be centred in large hospitals without any attention to the essential tasks of community based monitoring, follow up, health care, and education.

- Independent national and international bodies have presented workable plans for implementing a community based health care scheme.

- Community-based health care works. Bhopal's Sambhavna Trust Clinic has, through community health work, brought down tuberculosis cases by 90% in some gas and contamination affected communities. Sambhavna's methods are simple -- community health workers go house to house, inquire about tuberculosis symptoms, encourage those suffering to seek treatment, and follow up. Problems like tuberculosis have social implications and special community-specific sensitivity is necessary to overcome obstacles in fighting the disease.



- Survivors' organization have for long been demanding the setting up of a community-based health infrastructure in which medical care and monitoring services are available to persons within the community itself and the hospitals function as referral centres. The International Medical Commission on Bhopal (IMCB), too, has proposed a four-tier health system infrastructure in which medical care and monitoring services are available to persons within the community itself and the hospitals function as referral centres.

- There has been almost no government initiative in providing community-based medical care to chronically ill survivors. In the recent Action Plan submitted by the state government for grant of funds by the centre, allocations for community health services is only 2% of the total budget.



- The government's policy on health care for gas victims has been completely hospital-based. What is disturbing that while the number of beds per thousand in the population for gas affected people is higher than in the U.S.A. or Europe, the number of patients per day has not gone down in the last five years. It's just a bunch of beds, not genuine care, and the affected population's health is not improving. We need to be cared for and treated by people connected more deeply to our community it's specific problems. By not building community health care infrastructure, a vast and effective resource is wasted and that is indefensible.

What needs to be done? Bhopal's gas and contamination affected communities need expertise and finances in order to set up a robust community health care infrastructure that is guaranteed to be viable and effective for at least 30 years. The government must acknowledge the role of community in its own health, and provide for public educational events, action research, and a framework for steadily broadening community involvement.

Who has to do it? The central government of India and its Ministry of Chemicals and Fertilizers must provide the resources. In 1990 when the Indian Supreme court revisited the 1989 civil settlement agreement with the Union Carbide Corporation over liabilities arising from the Bhopal gas disaster, it stated that the government would fund and manage any further medical needs arising out of the gas disaster.

WE DEMAND Set up a National Commission on Bhopal with the necessary authority and funds to community-based health infrastructure in which medical care and monitoring services are available to persons within the community itself and the hospitals function as referral centres. This commission must have active participation of the community and representatives of survivor's organizations.

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

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