

# BHOPAL MEMORIAL HOSPITAL TRUST

- **BMHT MUST MAKE ALL ACCOUNTS PUBLIC**
- **BMHT MUST ABOLISH DISCRIMINATION AGAINST GAS VICTIMS**
- **CHAIRMAN A. M. AHMADI OF BMHT MUST RESIGN**
- **DEMANDS OF WORKERS MUST BE MET**

## BACKGROUND

High quality health care has always been the most pressing need for the Bhopal gas tragedy survivors. However, the Bhopal Memorial Hospital Trust, despite being by far the most expensive health infrastructure in Bhopal has not addressed this need. The Bhopal Hospital Trust was established because the Indian Supreme Court ordered in 1991 that the Union Carbide Corporation establish a 500-bed hospital for the treatment of gas victims. Although UCC established the trust then, they did not act on contributing any funds or treating any gas victims. It was only in 1994 when a Supreme Court Justice Ahmadi, who subsequently became chairman of the Bhopal Memorial Hospital Trust and Research Center (BMHT/RC), allowed UCC to slip out of their criminal liability for the Bhopal disaster in 1984 by allowing them to liquidate their Indian shares.

## TIME LINE

**1984:** Bhopal disaster

**1991 :** In October 1991 the Supreme Court of India directed Union Carbide Corporation, USA, principal accused of the world's worst industrial disaster, to finance a 500-bed hospital for the long term medical care of survivors. In response, Union Carbide set up the Bhopal Hospital Trust.

**1992:** Union Carbide's Indian shares are confiscated by Chief Judicial Magistrate of Bhopal.

**1992:** Union Carbide set up the Bhopal Hospital Trust (BHT) in England with its former attorney, Sir Ian Percival as the sole trustee and with US \$ 1000.

**1998:** BHT is Indianised to form Bhopal Memorial Hospital Trust (BMHT). Justice Ahmed overrode the order of a Bhopal court and allowed sale of confiscated shares in the face of legal opposition of the survivors. The proceeds of this sale plus a sizable contribution from the Indian government became BMHT.

**2000:** BMHT becomes operational, with

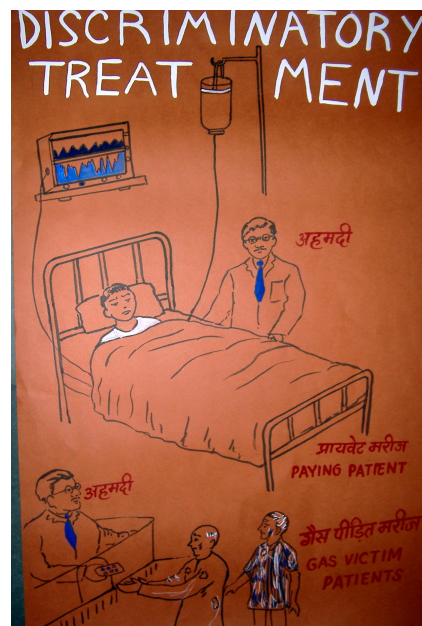
**2000:** 82% of prescriptions given at BMHT are discovered to be either harmful, useless or both by an independent investigator.

**June 2005:** BMHT employees go on strike, charging rampant corruption, exploitation, mismanagement, and institutionalized discrimination against gas victims. Subsequently management shuts down the hospital.

**July 2005:** 3 gas victim patients removed when the hospital closed die as result

**December 2005:** 300 staff fired for striking

**February 2006 :** 12 doctors resign.



## CONSISTENT MISMANAGEMENT

The proceeds from this sale, which robbed the Bhopal survivors of justice, subsequently went towards funding BMHT. However, there were no stipulations for public accountability, or for taking account of the needs of the gas victims built into BMHT/RC's charter. Rather there was a large sum, estimated to be about US \$87 million, available for use at the trustee's discretion. Not only have there been allegations of mismanagement of funds (for luxury perks for the board, for example) since the beginning, but most infrastructure that has been created does not seem at face value to serve the interests of the gas victims. Specifically:

- During the construction of the hospital, inappropriate amounts of resources were allocated to leisure facilities for the senior staff.
- Official complaints against unauthorised withdrawal and expenditure of Rs. 5 crores by the sole trustee of BHT lie pending in the Supreme Court.
- A case of violation of the Child Labour Act by the BHT lies pending with the Labour Commissioner for employing children as young as 10 year old in construction, resulting in the death of at least one child.
- BMHT received 6.5 crores in cash last year from individual private patients, with no record of where this money went.
- BMHT has also been treating employees of Air India, Indian Airlines, Gas Authority India Limited, Steel Authority India Limited as well as patients from the Chief Minister Relief Fund (fund to treat any special guest of the Chief Minister) on credit, with no record of how this money has been collected or used.
- One junior doctor described the excessive number of expensive and

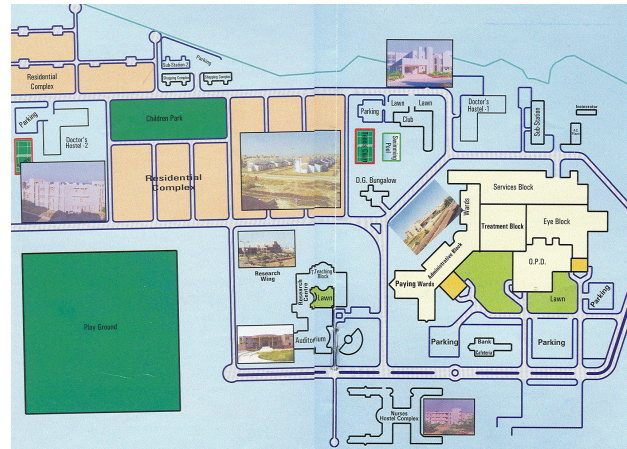
rarely-used machines being bought by management – that are sitting around unused without any technicians to run them. The doctor suspects that management is receiving some kind of commission from the medical equipment companies from which they are purchasing the machines.

- While the board and management complain of shortages of money to adequately fund and staff the hospital, we have collected numerous accounts of the lavish lifestyle of management/board being funded by BMHT money, including expensive cars, pool/workout room/clubhouse reserved for senior staff/management only, and international flights for board meetings.

### **POOR TREATMENT FOR GAS VICTIMS**

Although the hospital was purportedly built to cater to the needs of gas victims, poor treatment and endemic discrimination towards them has been described by gas victims, independent studies, and striking doctors and nurses disillusioned by the practices of management. In addition to the discrimination enforced institutionally, treatment of gas victims is categorically ineffective because it is almost entirely based on individual symptoms, and diagnoses are often given without any physical examination. The factors contributing to this include:

- BMHT was built many kilometers away from most of the gas affected communities, making transportation an additional burden on those seeking treatment.
- BMHT is a super-specialty hospital when most of the needs of the gas-affected have been found to be long-term community health issues.
- BMHT has nine mini-units for the treatment of gas victims. A study conducted by the Sambhavna Trust in 1998 reported that examination of patients is consistently inadequate: doctors spend an average of less than five minutes with each patient; only 5.1% had their pulse taken, 0.6% had their abdomens examined, 4.4% had stethoscopic examination. Patients reported that doctors were reluctant to touch them.
- Dr. Atanu Sarkar reported in 2002 that only 17% of interactions with doctors at BMHT, of 380 investigated, were comprehensive enough to allow a correct diagnosis. He also found that of prescriptions given in these cases, 26% were harmful, 48% were useless, and 7.6% were both harmful and useless.
- Doctors at BMHT have described a policy, enforced by management, of assigning the number “9” to private patients, and the number “1” to gas victims at registration. After that initial sorting, treatment for private patients will be consistently more timely and of higher quality – for example a private patient might get the results of an MRI in 24 hours, while a gas victims may wait 6 months.



### **WORKERS' STRIKE AND INTERNAL POLICES**

All hospital staff besides the senior doctors went on strike in June 2005. Over the course of their strike, ending in January 2006, with much left unresolved. One of the responses of the management to the strike was to shut down the hospital temporarily, ejecting gas victims from the wards, and resulting in the death of at least three. While the doctors were striking, they painted a stark portrait of the internal culture of BMHT, alleging, in addition to discrimination against gas victims:

- Exploitative employment practices, such as enforced overtime for nurses, docking pay for sick days or vacation, and forcing low level employees to sign blank contracts. Pay is also inadequate for all but the most senior doctors
- BMHT Management keeps the level of expensive senior staffing too low, resulting in poorer care for gas victims and an extremely stressful environment for junior doctors.

**WE DEMAND that the Bhopal Memorial Hospital Trust make all its accounts public, that all forms of discrimination against gas victims immediately stop, that the current chairman of BMHT resign, and that the demands of striking workers be met.**

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

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