The Bhopal gas disaster and the poor state of occupational health and safety in India

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The egregious verdict, delivered after 26 long years, in the Bhopal gas case is merely the foretold result of an unholy collaboration between the political class, the bureaucracy and the judiciary. The blatant manoeuvres that ensured that this kind of verdict would be delivered are a matter of public record (1–3). One suspects that most ordinary people are not surprised. The rich and powerful being held responsible for their callous acts is quite rare in India. Most people do not expect the system to automatically deliver justice in India. It is a kind of general assumption that it takes a lot of effort, persistence, and the luck to have bureaucrats and judges of integrity, to see justice done occasionally.

Occupational safety and health

In the dismay and outrage following the shabby treatment handed out to the victims of the worst industrial accident in the world, we must not lose sight of the fact that the tragedy begins with the poor state of occupational health and safety in India. Although robust data on the overall situation of occupational health are not available - another sign of official apathy since one would expect the National Institute of Occupational Health (www.nioh.org), a part of the Indian Council of Medical Research, or the Directorate General, Factory Advice Service and Labour Institutes (http://www.dgfasli.nic.in), to collect such data - a number of small studies paint a dismal picture. The whole spectrum of work-related ill health is common in India. Accidents due to the use of machinery, and pollution-related illness - from the shipbreaking yards of Alang in Gujarat, to the textile dyes of Tirupur, and particulate material like cement dust, and wool - you name it, they are all the day to day experience of the majority of the workforce in India. Mechanisation of agriculture and the growth of industry have both extracted a heavy toll in terms of human health from the workers of India. In a review in the Indian Journal of Occupational and Environmental Medicine (4), R Agnihotram quotes from a number of studies. One study from south India estimates the fatalities from farm accidents at 22 per year per 100,000 workers. In a study on tannery workers in Kanpur, an estimated 28 per cent of workers, or more than one-fourth of the entire workforce, had a health condition related to their work. Studies on lock makers in Aligarh, workers in textile units in Pondicherry, workers in a glass factory, etc., all reveal a similar picture of work-related health problems.

Worker protection

It was not meant to be this way. A spate of progressive legislation was enacted in the post independence period to ensure worker safety and health. Specifically, for the industrial sector, The Factories Act 1948 (5) was meant to ensure that a disaster like Bhopal should never happen. The fact that it did, reflects another sorry truth about legislation in India. Administrative actions by government ensure that the implementation of most laws is hobbled right from the start. The technique is simple - never provide the infrastructure and human resources required to enforce the law. Always make some secretary to the government an ex-officio member. This worthy, with numerous responsibilities, never has time to attend the meetings held, or sign the files required. Take the classic example of the Human Organ Transplant Act. In nearly every state, the authorisation committee, which has to decide whether a non-related donor is selling the kidney or giving it out of “love for the recipient”, consists of the director of medical education, the director of medical services and some other government functionary who already has a full workload. The same is true of occupational safety and health. In an article in Infochange News & Features (6) Sanjiv Pandita states that there are only 1,400 safety officers, 1,154 factory inspectors, and 27 medical inspectors in India. At best, they try to fulfil such of their responsibilities as they can. At worst, they are corrupt and collude with callous factory owners, while simultaneously harassing the sincere and honest. One cannot escape the conclusion that the government enacts progressive legislation, while simultaneously taking care of vested interests whose pockets would be pinched if the legislation were implemented, by ensuring that it is near impossible to implement the progressive measures.

Medical response and responsibility

The medical response to the leakage of gas was marked by confusion. Chandana Mathur, writing in the Irish Journal of Anthropology (7), points out that there are three distinct sources of knowledge about the medical consequences of the gas leakage: the Union Carbide company, the Indian Council of Medical Research and independent physicians. The physicians in the employ of Union Carbide hid the facts about the effects of the gas. They join a long list of medical professionals made infamous for scientific dishonesty and loyalty to their employers rather than to the truth. The findings of the researchers of the Indian
Council of Medical Research have been kept under a veil of secrecy by the government. Here it is possible to fault the media and the judiciary for failure to cause public disclosure of the research. Numerous independent medical professionals, working with limited resources and under great constraints, made large contributions to the understanding of the true magnitude of the disaster. The Medico Friend Circle, in India, and many medical professionals from abroad, made several strong interventions on behalf of the victims. The Independent Medical Commission on Bhopal set up in 1993 (8), brought together 14 professionals from 12 countries. Much evidence about the effects of the gas came from these independent researchers. It is clear from the nature of these responses that it is futile to expect the entire medical community to act with integrity and honesty in such situations. Individual doctors are as liable to buckle under pressure as anyone else. In the absence of clear guidelines and security from management pressure, doctors who are employed by private industry are often unwilling to certify occupational ill health. The experience suggests the imperative need for independent bodies to ensure accountability of all organisations. International cooperation in this regard is immensely helpful as it helps shield investigators in the country being investigated.

**Trade union response**

Another point of sadness and concern is the failure of the trade union (9). Ingrid Eckerman, a researcher from Sweden, records that two unions protested about pollution inside the Bhopal plant in 1976. Yet, they did very little to stop the hazardous practices inside the factory. After the leak, and to date, the response of the national trade unions has been an unbelievable silence. One would expect that trade unions, being directly involved with the workers, would protect workers when all else failed. Unfortunately, the trade unions in India, with a few honourable exceptions, are either lost in petty quarrels or themselves corrupt, the leaders colluding with unscrupulous managements at the cost of the workers.

**Government action**

On March 10, 2010, just about a month before the verdict in the Madhya Pradesh High Court, the minister of state for labour and employment, Harish Rawat, stated in the Rajya Sabha that the government had declared a national policy on safety, health, and environment at the workplace on February 20, 2009 (10). The document makes impressive reading (11). The problem is that, until today, no significant difference has occurred because of the policy. The question is; will it ever occur? The ease with which the prime minister, Dr Manmohan Singh, is reported to have told Satinath Sarangi and six colleagues from the Bhopal Group for Information and Action: “Bhopals will happen, but the country has to progress,” does not give much room for hope (12).

**Conclusion**

Behind the corruption, venality and callousness that led to the terrible verdict in the Bhopal gas tragedy litigation lies a larger story. This is the story of the ethical and human rights violations of a large number of the workers of India - violations in which the government colludes and to which trade unions turn a blind eye. in the struggle for good working conditions, workers need to depend on themselves, and on such organisations of civil society as have consistently supported them.

**References**