

# Bhopal - victims' continuing agony and revictimisation

V. Murlidhar

## *Introduction*

It is more than ten years since over forty tonnes of lethal gases leaked from the pesticide plant in Bhopal belonging to Union Carbide Corporation. The leak affected over 500,000 persons. Most of these gases (which included methyl isocyanate, hydrogen cyanide and monomethylamine) have produced permanent damage to the respiratory, gastrointestinal, reproductive, immunological, nervous, musculoskeletal and other systems of the bodies of the victims. One-fifth of the affected population continues to suffer from diseases related to exposure to these gases.

## *Indian Council of Medical Research (ICMR) : findings, secrecy and other grave issues*

The permanency and progressive nature of the illnesses in the victims of the gas leak have been proved by the ICMR. Studies have also shown chromosomal aberrations in those exposed to the gases and physical and mental retardation in children born of these parents. Damage to the immune system has, in turn, made the victims prone to secondary illnesses with an alarming rise in the incidence of pulmonary tuberculosis and other infectious diseases. Despite such evidence demanding the widest possible circulation of all clinical and laboratory facts on the victims, the volumes of publications produced by ICMR on the basis of their studies on blood, urine, semen, tissues and other samples remain classified for mysterious reasons.

Almost all the research work being conducted by ICMR has been stopped by a government order dated 1991 just when a consensus was being reached on the long-term effects of exposure to these gases. The staff conducting the research has gone to court seeking a stay order on such stoppage of research.

## *The second tragedy*

While the victims are suffering; doctors, lawyers and bureaucrats have fattened themselves on the tragedy. Doctors working in government hospitals in Bhopal are permitted private practice. Patients seeking their help in these hospitals are shunted to their consulting rooms. Almost all these doctors blatantly advertise themselves as 'expert' on illnesses related to the gases and are minting money. The public hospitals are hopelessly overcrowded. Drugs meant to be provided free of cost to the victims are commonly 'out of stock' as staff members within the hospitals sell them to local drug shops.

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When asked to certify in court on behalf of the victims, doctors refuse to do so unless paid a fee. Although victims continue to die every week from illness related to the gases - authorities have estimated the death toll thus far to be between 7000 and 14000 - no cure and no definitive treatment has, as yet, been made available to these victims.

To be fair to them, these 'expert' doctors are, themselves, often as much in the dark regarding their patients' illnesses as the patients themselves but such shared ignorance provides little comfort. Many survivors of the gas tragedy suffering from pulmonary symptoms are misdiagnosed as suffering from pulmonary tuberculosis and sent to the tuberculosis hospital. Several months later, after tests have shown primary lung disease produced by the toxic gases, they are sent back to the doctors with advice to discontinue anti-tuberculous drugs. For the really unfortunate, the cycle is repeated when they change doctors as they have failed to obtain any relief. The trauma suffered by such victims was especially evident in two patients wrongly referred to the tuberculosis hospital when they doused themselves in kerosene and lit themselves up in the very ward to which they were admitted.

## *Prescription audit*

Despite the passage of a decade and the expenditure of crores of rupees from the public exchequer the medical treatment of such patients remains much the same as it was on the day following the disaster - the prescription of symptom-relieving and supportive drugs.

It is common to see ailing survivors describing the quantity of capsules and tablets consumed by them, not in terms of numbers but in terms of kilograms. Such massive dosages have seldom provided anything except short-term relief. That a study carried out in 1990 showed that as much as 37% of these prescribed drugs are unnecessary and/or hazardous only brings up another serious issue.

## *Mental health: socio-economic determinants*

The mind of the average victim has to cope with the macabre scenario that surrounds her. She sees doctors, lawyers, government officials and druggists making piles of money whilst she and others like her remain starving. Sums intended to reach her find their way into the pockets of government officials administering these relief funds. Neither is she or her fellow-victims provided jobs in nearby locations. At times, the tragedy is compounded by the mockery of a job offer several kilometers from her hut when she is unable, on account of her illness, to travel more than a few hundred yards!

When, out of desperation and frustration her son protests, he is arrested and locked up whilst those responsible for her pathetic state laugh all the way to the bank.

Any request for help made by her brings forth the demand that she prove her case 'beyond reasonable doubt'. All doctors and officials know she was either provided no medical records at all or, at best, given a skimpy document. Should she succeed against these odds, the funds are not delivered to her. She has to stand in long, winding queues and beg, as if she was seeking a dole.

She has never been told, in a manner she can understand, what exactly happened within her body when she inhaled those noxious fumes. She does not know what the future holds for her for no 'expert' has discussed her prognosis.

She thus participates, unknowingly and unwillingly, in a black comedy which would have been absurdly funny were the situation not so tragic. Is it any wonder that mental instability and illness stalk in the shadows of the physical illness?

*The future?*

If logic and fairplay had prevailed, all the 500,000 exposed to the toxic gases would have been considered victims till proved otherwise, the onus of proof lying on the government and medical 'experts'. This is the approach adopted by the Japanese in the wake of the Hiroshima and Nagasaki atomic explosions.

All 500,000 should have been provided immediate and cost-free medical investigation and therapy immediately after the disaster and then onwards for as long as these were necessary.

Doctors serving in government hospitals should have been disallowed private practice, certainly as far as

these victims are concerned for such practice breeds corruption.

Results of the ICMR study should have been made public for they may contain facts that may help these victims. In any event, **keeping** the results of any scientific investigation under wraps is against all the norms of democracy and science.

The ICMR study should be resumed immediately and continued with vigor for it is only thus that long-term sequelae can be observed, monitored and documented.

All prescriptions being issued to these victims must be monitored on a continuing basis and doctors indulging in malpractices should be dealt with severely.

Government hospitals must be adequately stocked, immediately and on a continuing basis, with all the drugs needed by these victims so that there is never an incident when one of them has to be told that 'there is no stock'.

The 500-bed hospital, ordered by the Supreme Court of India, should be set up immediately using funds provided by Union Carbide.

Adequate job opportunities should be provided to all victims and their dependents at sites that they can reach, given their respective handicaps.

Were all this to be done, the victims will be able to do their share towards rehabilitation, Alas! Such ideals appear remote when profit seekers dog their steps and seize whatever they can from their weakened hands.

*Acknowledgement*

This essay is based on personal experiences in Bhopal and with several of the victims.

I have also drawn on experiences of the Bhopal Group of Information and Action, publications of the Medico-Friends Circle and the ICMR consolidated report dated 1992.

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