

Bhopal Group for Information and Action

भोपाल ग्रुप फॉर इन्फार्मेशन एंड एक्शन

July 16, 1993

Dear Rosalie:

We were delighted to receive your recent communication with the letter of invitation and description of the Medical Commission on Bhopal. We appreciate more than we can say your taking the initiative in this way.

Simultaneously with the recruitment of the Commission, work must proceed on raising the necessary funds. We think that through Gary Cohen, formerly Director of the National Toxics Campaign in Boston, \$10,000 is being raised in the US. Ward is on his way to London on the 18th and expects to meet with Indra Sinha, who has indicated a willingness to pursue a public fund raising campaign in the UK and who has conducted a similar and quite successful campaign on behalf of the Kurds. In addition, E Deenadayalan of the Other Media in Delhi and Noel Villaba of DAGA in Hong Kong (Documentation for Action Groups in Asia) - both of whom played key roles in organising the permanent People's Tribunal in Bhopal -- have offered to contact funding agencies.

For these initiatives to be effective, we need to give the Commission some kind of organizational base. We hope that the enclosed draft statement, which would be used with potential or actual contributors, is agreeable to you. We do not think it presumes more than we understood you to be saying in the recruiting letter which you have been sending out and a copy of which you sent Deena.

We are hoping to find a British charitable body to receive contributions in that country for transmission to your institute.

The need for the Commission grows with each passing day as the victims continue to suffer gross injustices from the Claims Courts and the Madhya Pradesh government bureaucracy, not to mention unscrupulous local doctors and lawyers.

Ward will fax this message to you when he reaches London on July 18th. He can be contacted in London C/o Barbara, Dinham (Tel. 081/673-3731 Fax 081/675-8365). He returns to New York on Wednesday July 21, and can be

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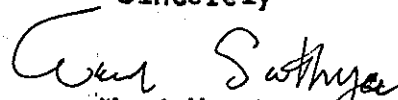
Contact Address - c/o E-11208, Arera Colony, Bhopal, 462 016

संपर्क पता - द्वारा ई-1/208, अरेरा कॉलोनी, भोपाल, 462 016

contacted at 212/972-9877 or 914/271-6590 after the
21 (Fax 212/972-9878 or 914/271-6500). Sathyu
remains in Bhopal and can be contacted at the above
address (Fax 91-755-551912 Attention Eklavya for
S. Sarangi).

Warmest regards and many thanks,

Sincerely


Ward Warehouse
Satinath Sarangi

Dr. Rosalie Bertell
International Institute of Concern for Public Health
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Fax No. (416)533-7879.

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17 July 1993

International Medical Commission on Bhopal

The International Institute of Concern for Public Health 830, Bathurst Street, Toronto, Ontario, Canada M5R 3G1; Tel. 416/533-7351; Fax 533-7879) is organizing an International Medical Commission to visit Bhopal, India, to assess the medical condition of the victims of the world's worst industrial disaster and to render such other assistance as it can to them. A description of the Commission is attached.

An international team of medical specialists is being recruited by the Institute and will be headed by the President of the Institute, Dr. Rosalie Bertell. Dr. Bertell is renowned throughout the world for her pioneering work on behalf of radiation victims and other victims of industrial and environmental disasters.

The Institute is a registered Canadian Charity (Registration No. 0715045 59-12) and will assume responsibility for all funds contributed to it in support of the Commission. Contributions from Canadians are tax deductible.

The Institute will prepare a financial report on the Commission after it concludes its work. This report will be sent to any contributor requesting it. The estimated cost of the Commission is US \$75,000.

US contributors wishing a tax deduction may send contributions (earmarked for the Bhopal Medical Commission) to the Council on International Public Affairs (777 United Nations Plaza, New York NY 10017 USA, Tel. 212/972-9877, Fax 977-9878). The Council, established in 1954, carries on work for social and environmental justice in the USA and the Third World and has supported the struggle of the Bhopal Victims for justice and accountability since the disaster in 1984. The Council is a registered public charity by the US Internal Revenue Service (IRS ID# 13-6162451). All contributions received by the Council to support the Commission will be forwarded to the International Institute of Concern for Public Health.

Selection of the members of the Commission is now under way. The Commission is tentatively scheduled to visit India in November-December 1993.

In addition, the Institute may, if the Commission recommends such a step as feasible, send doctors specializing in the effects of toxic chemicals on human health to Bhopal. These doctors will testify on behalf of victims or survivors of victims seeking compensation for death or injury from the Gas leak from Union Carbide Pesticide Plant.

A National Organizing Committee (NOC) is being set up in India to assist the International Medical Commission during its visit to Bhopal and New Delhi. The NOC will consist of doctors, researchers, scientists and other eminent persons who have been associated with medical issues of Bhopal. The NOC will meet in end of August 1993. A few members of Medico Friends Circle (a national network of concerned health professionals who have conducted surveys on the health consequences of the Bhopal Gas disaster) are currently involved in the planning of the Commission's visit, and it is likely that MFC as a group will participate in this exercise.

Proposal for an International Medical Commission on Bhopal

More than eight years after the toxic leak at Union Carbide's pesticide plant in Bhopal, India, death continues to stalk the shanty towns around the factory. Recent local newspaper reports indicate three to four gas related deaths every week in Bhopal. At least one fifth of the over five hundred thousand people exposed to Methyl Isocyanate (MIC) and other lethal chemicals, continue to suffer acutely from a range of diseases. Breathlessness, loss of acuity of vision, menstrual irregularities, muscle aches, fatigue, loss of appetite, anxiety and depression are the most common symptoms. There are manifestations of new diseases as well. Incapacitated by the gas exposure, over fifty thousand survivors, are still unable to resume their usual jobs but are often forced to work to earn a livelihood. In July last year, the State government closed down the last three of the forty eight rehabilitation centres, thus putting an end to the gestural initiatives towards much needed economic rehabilitation. Interim monetary relief at the rate of Rs. 200 per month per individual provided by the Central government since March 1990 has been the only means of sustenance for a majority of the gas victims. Distribution of this relief has stopped since March 31, 1993 and this stoppage has started taking its toll. Subsequent to the Supreme Court's final order of October '92, disbursement of compensation has begun since October '93. The survivors however, have little to look forward to. Compensation sums currently being awarded against death claims are disproportionately small - Rs. 100,000 (U.S.-\$3,300), in almost all cases, and over 70% of the claims taken up so far have been arbitrarily rejected. Contrary to the findings of medical research carried out in Bhopal so far, the government's Directorate of Claims considers over 94% of the victims to have either suffered temporary injuries or none at all. Apart from being unjust, compensation distribution is also utterly slow. At the current rate of processing of claims, it will take at least thirty years for compensation disbursement to be over.

The attitude of the present State and Central governments towards Bhopal continued to be the same as it has been for so many years. Neglect towards the problems of the gas affected people, repression against organizations raising the victims' demands and by all means protecting the interests of the US multinational. A Hindu fundamentalist party has been in power in the state till recently (December '92) and the Muslims who form over 40% of the exposed population have suffered governmental discrimination. Union Carbide Corporation continues to deny medical information on MIC and other toxic gases presumably because of its close connection with the Pentagon and the military significance of these gases. The ex-chairman of the Corporation accused of manslaughter by the Indian investigation agency is still ignoring the summons of the Bhopal district court. Five organizations of gas victims continue to struggle for justice and adequate rehabilitation. Women form an

overwhelming majority of the victim-activists who continue to demonstrate in large numbers at least one every month in Bhopal and occasionally in the national capital seven hundred kilometres away. Though internecine conflicts and lack of democratic leadership have eroded their support base, victims' organizations still remain powerful enough to be effective. However, issues of medical care, rehabilitation and compensation are as unresolved as they have been and there is an urgent need for support to the Bhopal victims.

According to reports of the Indian Council of Medical Research (ICMR) the health damage caused to the Bhopal victims are "multi-systemic in nature" and are "progressively deteriorating". This government institute has been carrying out studies on the toxic injury caused to the respiratory, gastro-intestinal, reproductive, musculo-skeletal and nervous systems as well as that to the mental health of the people. The ICMR has now wound up 21 out of 23 of its study projects and current information on the health status of the gas victims is becoming scanty. Research conducted by Dr. Neil Anderson of the London School of Hygiene and Tropical Medicine has identified permanent damage caused to the immune systems of the gas affected people and has outlined their proneness to secondary infections. An October '92 report of Professor S.R. Kamath of K.E. Medical College, Bombay, has estimated that at least fifteen thousand gas exposed people are permanently disabled due to lung injuries alone. ICMR studies have also indicated exposure related chromosomal aberrations and possible genetic defects in children born to gas affected people. In line with apprehensions earlier expressed by researchers, there is an increased incidence of cancer among the gas victims now. Despite such a miserable health situation there is an appalling lack of governmental attention to medical care of the victims. Medical treatment has remained unchanged over the last eight years and consists of symptomatic and supportive drugs that offer only temporary relief if they offer any relief at all. The inefficacy of this treatment is evident from the long queues that form daily at the three government hospitals and sixteen dispensaries even till today. According to a prescription audit done in 1990, over 35% of the drugs given at government hospitals are either unnecessary or hazardous.

Need to build a unified campaign: Having drawn attention to the government's failure to provide adequate medical care it needs to be mentioned that given the magnitude of the problem and the resources required it is only the Indian government that can carry out long term medical care of the Bhopal victims. Its lack of political will in this regard necessitates mobilization of public opinion through a national and international campaign. If this campaign is geared towards making the Indian Government commit itself to the continuing live problems of the gas victims, then the campaign should be backed by a solid health study done by an internationally reputed medical team of experts.

A professional report that outlines the current health problems, evaluates the medical care available and suggests remedial measures can be of key importance for such a campaign.

Accordingly a proposal is being made here for an International Medical Commission to visit Bhopal.

The objectives of the visit of the International Medical Commission to Bhopal are as follows:

1. To generate a written report which would promote an understanding of the current health situation of the people of Bhopal affected by toxic gas exposure since December '84.
2. To assess the current state of medical care available to victims.
3. If requested, to outline recommendations for improvement of medical care for victims.
4. If possible, to establish clinical criteria which might be used to identify the gas victims in the event that they do not have documents to verify their exposure.

It is envisaged that these objectives would be addressed through the following stages:

A) Selection of team members: Between five to ten specialists in areas such as epidemiology, pulmonary medicine, ophthalmology, gynaecology, paediatrics, gastro-entriology, neurology, genetics, oncology and mental health with special reference to toxic exposure will have to be chosen from different countries, including India. Given the nature of the job, it is likely that the number of members and the composition of the team will be dependent on the availability of volunteer specialists. Arrangements will have to be made to send medical information generated on Bhopal to the team members well in advance to enable them to familiarize themselves with the health situation of the victims since the disaster. Team members will also be expected to suggest organizational initiatives that need to be made prior and during their visit.

B) Organizational initiatives in Bhopal: A team of voluntary Indian doctors preferably those associated with medical intervention in Bhopal will be involved in the project. In addition to sharing their findings and opinions these volunteers will extend help towards fact finding in Bhopal by the Commission. Other organizational efforts will include, arrangement of meetings of the visiting team with researchers in ICMR and other institutions, doctors in government hospitals and private clinics, bureaucrats and representatives of victims' organizations.

Diagnostic equipments as well as facilities to carry out specific tests that may be required for the project may also have to be arranged.

C) Visit to Bhopal: The visit to Bhopal is likely to take between ten to fifteen days excluding travel time. A brief stay in New Delhi may be necessary for meetings with ICMR researchers and government officials. During their stay in Bhopal specialist and other doctors are expected to gather information on the current health situation of the victims as well as that of the medical care available to them. Such information will be gathered through examination of victim patients, discussions with doctors and researchers engaged in their medical treatment and visits to the hospitals and clinics. The Commission will also meet with representatives of victims organizations in Bhopal.

D) Publication of report: The visiting team will be expected to produce a report of their visit outlining their findings, opinions and recommendations. The publication of this report will be followed up by a campaign for implementation of these recommendations by the government and may include lobbying, advertisements, writing letters and demonstrations by the survivors and their supporters.