

UPDATE

News and Notes

Continuing Disaster

The minority report of the Supreme Court Committee for Bhopal Gas Victims recently placed before the judges is a telling illustration of the impotency, inertia and inefficiency which characterises our public funded research establishments. It also highlights a more fundamental issue: the growing signs of an erosion of authority of the judiciary and a disregard for legal processes. Tangentially, the report also draws attention to another aspect of the situation of Bhopal — that the disaster and all its ramifications have remained but a peripheral concern for opposition parties. As a consequence, little pressure has been put on the government, both central and state, to give the disaster the priority it requires.

The committee was constituted in response to a writ petition filed in July 1985 by Dr. Nishit Vora and others who were then in charge of a dispensary administering the only known antidote to the poisoning, sodium thiosulphate. The dispensary had been summarily closed down, its records seized and its doctors arrested. The petition pleaded for a court directive to the state government to allow the administration of NaTS. In August the court issued directions urging the state government to implement a time-bound scheme for detoxification as per the guidelines issued by the Indian Council of Medical Research in April that year. The state government on the pretext of seeking a clarification from the ICMR on the efficacy of the treatment even in August, did not reintroduce the programme.

On a reapplication by the petitioner, the court constituted the Committee for Bhopal Gas Victims comprising experts. Anil Sadgopal represented the petitioners and Dr Sujit K Das was nominated by the members. The committee was asked to specifically give recommendations regarding the detoxification with NaTS, the quality of medical relief being provided to the victims, the use and relevance of the various surveys being conducted at that time for determining compensation and to ascertain what further work needed to be done. In other words, here was an excel-

lent opportunity for reassessing the emerging medical and scientific data and evolve, even at this late stage a programme for health services beginning with detoxification.

In keeping with everything that has happened in Bhopal, the committee muffed the opportunity. After 11 months of desultory functioning all it could come up with was a one-and-a-half page 'report' — the majority report. The committee asserted that NaTS therapy was 'efficacious' and it had been found to be useful in providing symptomatic relief. It concluded that "had the NaTS therapy been provided earlier a larger number of patients might have been benefitted." None of the other issues touched upon by court directive were even considered.

It was in these circumstances that the minority of two dissenting members, Dr Sadgopal and Dr. Das decided to undertake the stupendous task which the committee had opted out of. In doing so the report throws light on the disinterest of members about a matter of life and death concern to the people of Bhopal; it brings out the puzzling reluctance of the committee to call for information from the various institutions or even from the centres in which some of the members worked; and the marked lack of rigour in analysing the data placed before it. This committee it must be stressed was not of merely academic significance; it was constituted at a time when Bhopal's victims were gravely ill and many dying, to work out the best possible programme for detoxification. That it decided after 11 months to confine itself to one single recommendation, and even that on insufficient material is a shocking criticism of the, 'experts' who constituted the committee.

In contrast the minority report delves into a vast amount of data, obtained with great difficulty. The report painstakingly documents the sequence of events in Bhopal — nothing short of an expose — which has led to the rapidly deteriorating health status

of the population. It once again raises questions which have been asked before but never been answered : Why was the ICMR so lackadaisical about implementing its early guidelines on detoxification ? Why was the state government health administration, especially certain sections of the Gandhi Medical College, so opposed to administering NaTS even when they could very well discern its subjective efficacy ? Even after the government apparently agreed to administer the antidote, why is it that only a miniscule proportion of the total population needing it has received it ? And most importantly, was the basis on which NaTS was prescribed and promoted by activists who took the experts — Dr Chandra's early study and ICMR's double-blind clinical trial — scientifically sound ?

Even more significant however, is the report's revelation that to this day there has been no effort to coordinate the various research projects being undertaken in Bhopal. For instance, although the ICMR listed 24 projects in Bhopal, it does not as yet seem to have made any attempt to collate the findings in order to evolve a broad toxicological perspective. This has meant that there is no coherent understanding at present of the manner in which MIC has affected the population. The report points out that the possibility of systemic persistence of MIC or its metabolites in the victims and their role in the chronic phase have not upto now become a focus of attention. And yet there were enough data to indicate further investigations in this direction. What is even more puzzling is that three independent studies did in fact propose to focus attention on this matter : Prof Heeresh Chandra's early toxicological study; as early as May 1985 the ICMR postulated the possibility of chronic cyanide toxicity among the victims — the author of this was none other than Dr. S. Sriramachari; and in December 1986, the ICMR update stressed the need to study the "biological effects and metabolism of the toxic principals". And yet the minority members have not been able to obtain any information about these aspects.

In fact the ICMR appears to have been rather adept at compartmentalising its research — this despite hav-

ing set up a Bhopal Gas Research Centre to ostensibly coordinate the work. For instance, the AIIMS team investigating thyroid activity in the affected population found evidence of persisting toxicity. Surprisingly however, although this too was an ICMR study, albeit not among the 24 listed as Bhopal studies. Not only were the findings disregarded, the project itself was terminated! Similarly, Dr NP Mishra, one of the loudest members of the anti-thiosulphate lobby in Bhopal, was forced to recognise in his October 1987 report for the ICMR the continuing morbidity of his gas-affected patients who had been treated symptomatically. Even this failed to make an impact on the Council's understanding of the situation.

Equally difficult to understand is the fact that investigations on animals exposed to MIC conducted in institutions other than ICMR such as the Defence Research and Development Establishment in Gwalior were probably not even known to the medical researchers. As such they failed to influence the direction of research being conducted over all. The minority members have also failed to discover any material which attempts to integrate the findings of the clinical, toxicological, epidemiological and autopsy findings and analyse them in the perspective of the results of studies on the chemistry of the decomposing products in MIC tank 610.

Part of the reason is of course the shroud of secrecy which surrounds every investigation in Bhopal. The minority members themselves had to contend with this constantly, despite the Supreme Court directive that all information was to be made available to the committee. This raises disturbing questions on the necessity of this secrecy. What was it meant to achieve : to keep information from Union Carbide or was it in fact to keep information from being disseminated to the people ?

— P. P