

Injured Psyches Survivors of Bhopal Disaster

A decade after the Bhopal disaster, survivors are struggling to make peace with themselves and sense out of the confusion around them.

IT is a decade since over 40 tonnes of lethal gases leaked out from Union Carbide Corporation's Bhopal-based pesticides factory and affected over 500,000 people. Most of these gases which included methylisocyanate, hydrogen cyanide, mono methylamine have caused permanent damage to the respiratory, gastrointestinal, reproductive, immunological, nervous, musculo-skeletal and other systems of the body and over one-fifth of the affected population continue to suffer acutely from exposure-related illnesses. Research conducted by the Indian Council of Medical Research has indicated chromosomal aberrations among the gas exposed and physical and mental retardation among the children born in the subsequent years to exposed parents. The damage to the immune system and consequent proneness to secondary infections has given rise to an alarming rise in the incidence of pulmonary tuberculosis and other infectious diseases. As can well be imagined there is a high incidence of mental health problems among survivors. With the collection of medical data almost abandoned it is not possible to estimate the numbers of survivors who continue to suffer from anxiety, depression, insomnia, emotional disturbances and other psychiatric disorders. Impressionistic accounts, however, suggest that the numbers have gone up over the years and not come down. Yet no efforts have been made by the government to provide professional support to the mentally ill; nor are doctors, government or private, familiar with ICMR's 'Manual on Mental Health Care' — a unique work because of its sensitive and sympathetic approach to the problems. Further, in a sharp departure from legal principles, accepted everywhere damage to mental health of the exposed people has not been regarded as compensable injury. While these issues of concern require to be addressed, the purpose here is to outline the medical, social, economic and political circumstances that, over the years, have given rise to a situation which has been detrimental to the mental health of the Bhopal survivors. An overwhelming degree of uncertainty arising out of a near complete lack of information leaves many questions unanswered for the survivors.

What has happened to my body?

It would not be an exaggeration to say that ever after all these years not a single survivor knows what damages have been caused by exposure to the gases. What is it that makes them breathless, fatigued and too weak to carry on with usual chores? UCC's refusal to divulge information about the medical consequences of the leaked gases is major reason for these uncertainties. However, researchers of ICMR and other agencies too have not exactly covered themselves with glory in this respect. Volumes of ICMR publications produced after studies that have been done on blood, urine, semen, tissues and other samples from these victims continue to be 'classified' for mysterious reasons. No attempt has yet been made to disseminate any information that has been generated. Government doctors treating survivors are wont to ascribe most of the survivors' problems to their imagination and efforts to explain the nature of the damages wrought on their bodies are absent. To be fair to them, often doctors are as much in the dark regarding the patient's illnesses as the patient herself, but such shared ignorance provides little comfort. Many survivors suffering from these problems are misdiagnosed as patients of tuberculosis and sent to the TB hospital, only to be brought back after several months and advised to discontinue anti-tubercular treatment. For some more unfortunate, the cycle is repeated. The trauma suffered by such patients have been glaringly demonstrated in many instances where gas-exposed young male patients in the TB hospital have doused themselves with kerosene and set themselves on fire in the very wards where they were admitted. Unfortunately non-government voluntary efforts towards dissemination of medical information too have been inconsistent and inadequate.

What will my future health condition be?

Despite the passage of nine years and expenditure of crores of rupees (from the public exchequer) medical treatment of the gas-affected people continues to be the same as it was on the day after the disaster, namely prescription of symptomatic-supportive drugs. It is common to find ailing survivors indicating the amount of capsules and tablets consumed by them not in numbers but kilograms and it is extremely rare to find cases where such consumption has provided anything but short-lived relief. That substantial portion (nearly 37 per cent according to a 1990 study) of these drugs are unnecessary and/or hazardous is yet another serious issue. It is indeed unfortunate that researches conducted by the ICMR and other agencies have contributed very little towards the treatment of the survivors. Possibly the search for a cure has been abandoned even before it was begun. One is led to suspect that had the victims belonged to an affluent and powerful class the situation with regard to medical treatment would not have been so bereft of hope in Bhopal today. The inefficacy of treatment, deterioration of health condition and manifestation of symp-

toms by survivors who had earlier been asymptomatic as well as the likelihood of subsequent complications — all these present an uncertain future for a large number of survivors.

Is the Carbide factory still a threat?

It is indeed unfortunate that the causal factors behind the world's worst industrial disaster continue to be shrouded in mystery to this day. While Union Carbide has changed its story on what led to the disaster twice so far, scientists employed by the Indian government have made no attempts to adequately publicise the findings of their investigations into this matter. Little is known of the dangerous chemicals that remain inside the factory till today except when they have emitted (thrice so far) and caused nausea, unconsciousness, giddiness, cough, large scale panic and at least one reported death due to shock. In the absence of information regarding the safety (or the lack of it) of the factory, in the minds of the neighbourhood population it stands as an ogre that visits their dreams. Analysis of samples of soil and groundwater in the vicinity of the factory has indicated the presence of seven kinds of chemicals that cause damage to the kidney, liver and the respiratory system. Caused due to routine dumping of toxic wastes in and around the factory, these chemicals continue to pose a serious hazard to the neighbourhood communities. The need for dissemination of scientific and technical information was possibly never better illustrated than during 'Operation Faith' when survivors fled Bhopal as the government announced plans to utilise the chemicals left in the tank.

How will I sustain myself and my family?

Incapacitation as a result of exposure and the abysmal failure of the government in the area of economic rehabilitation has made a large number of survivors dependant on monetary relief provided by the government. Such relief however is not a life time assurance and had actually been discontinued in May last. As estimated 50,000 survivors are unable to continue with the physically strenuous jobs that earned them a living and are likely to face starvation if monetary relief is stopped. The workshops in the special industrial area built with an investment of Rs 6 crore and intended to provide jobs to at least 10,000 survivors are now being sold off to private industrialists (at one-tenth the cost price) who have offered that 10 per cent of jobs would be reserved for survivors. Sewing centres run by the government provided employment to 2,300 gas-affected women but now lie closed, for unexplained reasons. Economically thus an uncertain future awaits the survivors.

When will I receive compensation?

It has been more than 20 months since disbursement of compensation has begun in Bhopal. The number of claims that have been adjudicated in

the period by the claims courts is about 6,000, while the total number of claims is more than a hundred times this. There are, as yet, no indications of any governmental concern over this impermissible delay in compensating the survivors. At the current pace of distribution of compensation and the estimated current deaths attributable to exposure being 10 to 15 every month, a major percentage of the survivors would be dead before compensation reaches them. Ironically the union government had justified its settlement with Union Carbide on the grounds that this would enable survivors to receive compensation early since litigation to establish liability takes many years.

Apart from the delay in disbursement, compensation is being unjustly denied to the majority of the claimants. Official figures indicate that over 70 per cent of the death claims, adjudicated so far, have been rejected. Most of these rejections can be ascribed to the ignorance of the judges of the claims courts regarding the medical consequences of Carbide's gases. Inordinate delay and unjust denials in compensation disbursement have in the minds of the survivors raised uncertainties not only about 'when' but also about 'whether'. Along with these uncertainties there are endless assaults on the psyche of the survivors due to reasons associated with the disaster. Primary among these is the loss of dignity and self-respect suffered by the survivors caused in several ways.

Over 80 per cent of the gas-affected population is composed of people who, prior to the disaster, earned their livelihood through such jobs as daily wage labour, pushing hand carts, carrying loads, doing construction work, rolling beedis, as mechanics, vendors, etc. Debilitation caused due to exposure related illnesses have rendered a large number of affected people incapable of carrying on with such work. While such incapacitation has affected both women and men workers, the effect on the male psyche has been more acute, possibly because supporting the family is associated almost exclusively with the male identity. Instances of gas-affected men going out to work despite their feeble condition and being confined to bed as a result of the induced stress after a few days of such risky endeavour are common. Of course, the lack of the means to satisfy the bare needs of the family is possibly a greater driving force than the need to prove one's maleness, but the failure to continue with one's usual job has both economic and psychiatric repercussions.

Dole may seem a softer option for the survivors but actually survivors have long been demanding provision of jobs and cessation of monetary relief distribution, primarily because of the humiliation in negotiating the bureaucratic procedures and being subject to the harassment of red tape. Through various ways a survivor is often reminded that what she is receiving as dole is by the grace of the government and any objection to her being treated as a beggar would be considered a serious transgression of an assigned role. Unfortunately, the government's neglect in the crucial

area of economic rehabilitation leaves the survivors with hardly any options but to suffer the indignities of dole distribution.

As per the guidelines followed by the claim courts, survivor claimants have to prove their cases beyond reasonable doubt to be able to receive compensation. Given that medical prescriptions issued to the survivors rarely mention history of gas exposure and that in many instances prescriptions have not been issued by doctors, it becomes difficult for claimants to establish their case. This is further compounded due to the deep suspicion with which the judges view each case. As a result, claimants in death cases have to face interrogations that require them to recall and repeat details of the pain, suffering and death of their loved ones under humiliating circumstances. This has led to some survivors to remark that instead of Union Carbide it is the victims of the multinationals who are being treated as culprits. For each case of claim, hearings continue for as long as a year and the psychiatric consequences of such prolonged humiliating and brutalising experience are bound to be serious.

Survivors have also to cope with the gradual development of a macabre scenario that surround them. They see doctors making money as do lawyers government officials, medicine shops money lenders, photocopy 'wallahs', etc while the patients get no better; they find Warren Anderson, the former chairman of the Corporation charged with manslaughter with a non-bailable arrest warrant issued against him and still being able to avoid the courts while their sons get locked up at the police station for protesting against such unlawful behaviour, and so on. They find themselves a part of a black comedy. Such an existence is bound to have an impact on the minds of the survivors.

— Satinath Sarangi

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REVIEWS

Women's Testimonies vs Medical Opinion

Swatiya
Chayanika

The Hysterectomy Hoax by Stanley West with Paula Dranov; Doubleday, New York; 1994; pp 214; price not mentioned.

Hysterectomy: Whose Choice? by Valerie Colyer Farfalla; Random House, Australia, 1990; pp 126; price not mentioned.

IN the past few years there has been an attempt to look at reproduction, reproductive technology, women's body and biology from women's point of view. There have been many individual and collective efforts in this direction all over the world including different parts of urban and rural India. Yet there are issues which have not yet been thought of, probably because of the the urgency other issues demand. And then it is incidents, sudden and important, that begin a number of new debates. For example, the horrible act of mass hysterectomies on mentally handicapped women from a government-run home in Shirur, Maharashtra, has raked up the issue of hysterectomy as a surgery. These hysterectomies performed on very young women (one of whom was just 13 years old) had also raised the question of what could be the effects of removal of the uterus. Was the uterus, removed apparently in these cases to help these women look after their menstrual hygiene, only there for the purpose of reproduction? Did the uterus or other reproductive organs have no role and interaction with the other systems in the body? Did the organ play no active role in the overall health of the woman?

Doctors carrying out the surgery were insistent that hysterectomy was a common enough surgery; and, that the uterus had no other role than creating a nuisance for these 'mentally retarded girls'. While defending this 'common' practice their logic was that one had to weigh the risks of the procedure against its possible benefits for 'these' women. The major benefit, they reckoned was relieving the women of the 'unnecessary filth' of menstruation and helping those looking after these women to cope with the 'dirty' excretion of menstruation. In the understanding of the medical practitioners and those supporting them, these women were not fit to reproduce and so for them the uterus was redundant, it just had 'a nuisance value'. Hence nothing could be more beneficial than removing the uterus at whatever cost.

We, however, fail to look at any of these as benefits for the women. For us the debate rested on issues of responsibility of the state and society