

# People's Right To Know

## —The Struggle In Bhopal

*These are extracts from an interview taperecorded with Dr Mira Sadgopal who works with the Zahrili Gas Kand Sangharsh Morcha in Bhopal. Mira talked at length to Madhu Kishwar about the strong possibility, established by several doctors in the course of their research, that cyanide was one of the components of the gas that leaked from the Union Carbide factory. The demand that the antidote to cyanide, sodium thiosulphate, should be given to all affected people, was not met. Instead, a ban was imposed on this drug by the government. People's right to information and to choice is the main demand of the Morcha and other organisations working in Bhopal.*

*Mira, tell me about the problems of women that have come to your attention.*

Dr Rani Bang and I conducted a small field survey of 55 women in the gas affected slums in Bhopal, three months after the disaster. We found that 94 percent of them had developed leucorrhoea (white vaginal discharge), 70 percent had pelvic inflammatory diseases, 46 percent had excessive menstrual bleeding. Lactation suppression, stillbirths and miscarriages were also reported.

Of course, the survey was a very small one but our impression is, from conversations with women, that such symptoms are quite widespread.

*Is further research on the effects on women's health being conducted?*

We find that there is relatively more concern for the unborn child, that is, the foetus, and a concern for the woman as long as she is harbouring the foetus. But there is no concern for the woman as an individual. Thus, the Indian Council of Medical Research conducted a very sophisticated survey, and two young gynaecologists were recruited to study women. We found that they had orders only to investigate and examine pregnant women. The irony is that a lot of women who were pregnant at the time of the disaster are not pregnant now because they suffered miscarriages. Also, many other women are suffering gynaecological disorders which receive

no attention at all.

For instance, a frequent complaint was that vaginal white discharge had begun or increased markedly due to the toxic gas. We were sceptical about this because such discharge, linked with anaemia, is common amongst Indian women. But the women we examined were emphatic that it had started or increased after the gas leakage. We were not dispensing any medicines or tonics. So the women had no reason to invent or exaggerate complaints.

But, unfortunately, we in India have no significant data on women's health. Even a simple thing like a survey of common gynaecological complaints like leucorrhoea is not available. So we cannot compare the frequency here with that elsewhere. When we told the ICMR gynaecologists, they made irresponsible statements like "Oh, these poor women live in such filthy conditions. All of them have pelvic infection. It is very frequent amongst Muslims."

In order to establish how many of these complaints are a result of the gas leakage, we would have to survey another group of equally poor women, living on the other side of the city, who were not affected severely by the gas. It will be very valuable information because so far, all data has been collected only by doctors sitting in hospitals, not gathered by door to door surveying.

*Has there been foetal damage?*

Again, no conclusive evidence is available. But many pregnant women are worried about possible foetal damage. We have examined many women who experienced no foetal movements. There have also been stillbirths, for instance, one woman said she was nine months pregnant at the time of the leakage and



**Mourning a family member**

that during the exposure, she experienced violent, convulsive foetal movements. After that, movements stopped altogether. She delivered a macerated stillbirth, that is, the foetus had died and decomposed in the womb. This was clearly caused by the toxic gas.

On the basis of deaths like this one, we recommended in our February 17 report that women should get aborted while they still could, and we also said that all couples in the reproductive age groups should avoid conception until they are fully detoxified by the full set of injections officially recommended. Many of the people in the slums are confused about the number of injections required, because they are illiterate and also because there are so many contradictions in the press. Further, the injections were not available at that time. So we advised the use of contraception.

Soon after, Dr Kamath, adviser to the government of Madhya Pradesh, sitting in Bombay, gave a press statement that it was highly irresponsible and unwarranted for women to be advised to have abortions since there was no evidence of foetal damage. He said that to give such advice was to spread panic amongst women in Bhopal.

In fact, our experience was that people have been through so much that they do not panic if given warnings. They panic only when information is not provided, and rumours are spread. The pregnant women we talked to were not panicky; they were very angry. They said: "Why did not the government tell us before it was too late to have an abortion?" A number of them said: "We wondered whether there was a risk. We tried to get ourselves examined but the doctor just threw us out with some tablets, and said everything was all right."

The irony is that these doctors or others who are part of their system are doing research to measure expected foetal defects. I should say they are expecting defects. On the one hand, they say there is no proof of damage and on the other, they are getting ready to measure it for their research papers.



#### *Are they doing nothing for the pregnant women?*

On the one hand, they are telling people there is nothing to worry about, no evidence of damage, and yet they are watching for damage. Similarly, Arjun Singh, the then chief minister, used to say everything was safe during the neutralising operation, there was no need to worry, yet they lined up rows and rows of buses for people to run away. The people are so used to getting contradictory information from the government that they don't trust any official statement.

#### *Why could women not get abortions done if they feared damage to the foetus?*

Many of them who wanted a medical termination of pregnancy could not get it done at government hospitals unless they were willing to go in for sterilisation or copper T. This is the unwritten rule in all government hospitals.

I always have qualms about sending a woman for abortion because I know she will be forced to get sterilised or get a copper T inserted, and the latter has a fairly high risk rate of infection.

#### *How do the affected women react to the idea of contraception?*

We discussed it in a meeting and explained that conception could be risky. Many women could not listen for long because they had to go home or join the

milk queue. Two of the women looked very shy and then admitted that their husbands were suffering from impotence after the disaster. They had never had this problem before. Their husbands had not consulted any doctor because they felt too shy to tell anyone. We got this information by chance. We then told the ICMR male recruit to ask about this aspect in the course of the survey. He was in a quandary because the proforma did not have any space to record this information so the computer could not take it in.

Similarly, when we counted women's pulse we found that it was unusually high. The normal pulse rate is 70 to 80 beats per minute. Of the 55 women we surveyed, 21 had a pulse rate over 90; 15 had 100 or above. Since this is a symptom of chronic cyanide poisoning, the body straining to overcome oxygen loss, we reported it to the ICMR. Again, they said their computer was not programmed to take in this information. *What are your demands as far as research goes?*

Actually, we are not at all against research. Research is important at this stage. But the demand is that people must understand what the research is. The researchers must patiently explain the issues to them. If they are being experimented upon, they must be told of possible risks.

*Why do you think the researchers do not take people into confidence?*

They don't think that these people have the same level of intelligence as an ICMR research officer or any other woman of that class who could have been a research officer. It is a double human standard.

Further, the junior doctors are not given any guidelines. It is a one way communication—orders from above. They accept whatever orders they get.

*What is the Morcha doing to spread accurate information!*

Starting on international women's day, March 8, we took a *vigyan charcha*, a travelling exhibition through the colonies, for women in particular. It was partially open to men because there was such an intense desire for information. These *jatras* and exhibitions provide information on cyanide lead poisoning and antidotal treatment. We emphasise the need for abortion for women who can

still avail of it, and for contraception until total detoxification takes place.

*Have local women been active in the Morcha!*

Yes, most of the participants in the processions and *dharnas* were women. They also took part in the *rail roko* agitation and managed to stop the superfast Tamil Nadu Express for three hours. About 150 women were arrested in that connection.

The women were the most militant because they suffered the most. They had lost the able bodied members of their families, both women and men. Many of the able bodied people died because they exerted the most. They picked up people and ran. As a consequence they inhaled the gas deeply.

But now the women are losing confidence in demonstrations because even after an eight day long *dharna* in front of the chief minister's residence and after going to jail, they are still getting

virtually nothing. Even when we tell them that women all over the country and the world have had demonstrations in support of them, they don't see any evidence of this support.

They are also perplexed because of the contradictory information and the rumours. The private practitioners are having a heyday. The multinationals are selling tonics, vitamins and cough syrups for Rs 25 a bottle and people buy them even though they are no cure for lung infections. Every house has rows of such bottles.

Therefore, our main demands are for sodium thiosulphate treatment for cyanide poisoning, medical termination of pregnancy for women who want it, contraception for those not detoxified, and a change in the antiwomen and antipeople policies of the government and the medical system. The right to information and right to consent for research is a major demand of the Morcha.