

**Women's Access to Healthcare 28 years after the Bhopal disaster:
A case study of Jai Prakash Nagar**

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A statue and mural commemorating the Bhopal gas disaster outside Jai Prakash (J.P.) Nagar

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1. Aims and objectives

2014 marks 30 years since the people of Bhopal, India were exposed to 40 tons of methyl isocyanate (MIC) as a result of the Union Carbide Corporation's (UCC) hazardous design and cost-cutting practises within their Bhopal plant. In addition to the 7,000 – 10,000 deaths in the immediate aftermath¹, a host of medical problems continue to plague the gas-affected population. This includes sickness in the respiratory, ocular, neurological, neuromuscular, gynecological, reproductive² and endocrine systems³. In effect, the death toll continues to rise decades later.

The impact on human health is not limited to those who experienced the initial disaster. Soil and groundwater contamination in the communities surrounding UCC's now inoperative Bhopal plant ("water-affected communities") has resulted in additional health problems. In Annu Nagar, a community where 90% of the residents were found to be using contaminated groundwater,

...every second person in the community was suffering from a multitude of symptoms. The most common symptoms among all age groups were found to be abdominal pain followed by giddiness, pain in chest, headache and fever. These symptoms were most frequent among gas affected people who were additionally exposed to contaminated water. One of the significant findings of the survey was that among the teenage females between 13 and 15, 43% had not begun their periods⁴.

Moreover, there is an increase in developmental disabilities and congenital malformations, indicating a multigenerational impact⁵. The Bhopal gas disaster is, in effect, a growing disaster.

The focus of the present study is not the health impact of the Bhopal gas disaster, but rather, access to healthcare in its aftermath. A key factor underlying this analysis is the social location of the gas-affected/water-affected population. The UCC-Bhopal plant was sited alarmingly close to a number of economically marginalized communities, who then faced an entrenchment of poverty due to the impact of the Bhopal disaster⁶. Importantly, class discrimination was found to be at the crux of gas-affected/water-affected women's negative experiences of accessing healthcare.

While several studies have been carried out on access to healthcare in the aftermath of the Bhopal gas disaster, the present study focuses specifically on gas-affected/water-affected women's experiences of accessing healthcare. The impetus for focusing on women's *voice* stem from their being excluded from knowledge production due to their marginalized gender/class/religious identities (in the case of Muslims and scheduled caste Hindus), as well as sexism in the medical establishment, which has led to the silencing of gas-affected women's health. Specifically, the study asks:

- How effective is healthcare in the gas relief hospitals/clinics of Bhopal, India, as defined by gas-affected/water-affected women living in Jai Prakash (J.P.) Nagar, whose health has been negatively impacted: (1) by their (or their parent's) exposure to methyl isocyanate (MIC) in the Bhopal gas disaster, and/or; (2) as a result of the continued groundwater contamination in the area?

¹ Amnesty International, *Clouds of Injustice: Bhopal disaster 20 years on* (London: Amnesty International Publications, 2004), 10.

² Ibid 14-18

³ Mick Brown, "The Sambhavna Clinic: Sathyu," *The Bhopal Medical Appeal Newsletter* (Winter, 2010), p. 17.

⁴ Sambhavna Clinic Documentation Centre, "Findings of survey of Annu Nagar (groundwater contaminated)," Sambhavna Documentation Centre (2003), in *The Bhopal Reader*, ed. Bridget Hanna, Ward Morehouse and Satinath Sarangi (Goa: Other India Press, 2005), 155-156.

⁵ Summaries of several independent medical studies on reproductive health in the aftermath of the Bhopal gas disaster can be found at: Ashok Raj and Dr. P.K. Sharma, "A Report on the Health Status of Bhopal Gas Victims and an Assessment of the Efficacy of Medical Care and Rehabilitation for the Past 20 Years," *Fact Finding Mission on Bhopal* (2004), 57-64.

⁶ Amnesty International, *Clouds of Injustice: Bhopal disaster 20 years on* (London: Amnesty International Publications, 2004), 18-20.

- What are these women's concerns with regards to their access to healthcare in gas relief hospitals/clinics?
- What do these women recommend, to improve healthcare in the gas relief hospitals/clinics?

2. Study Population and Context

The knowledge/lived experiences of 26 gas-affected and/or water-affected women form the knowledge-base of this study. Participants range in age from 20 – 70, with the average age being 52. Thirteen of the women identify as Muslim, and thirteen identify as Hindu. Particular focus is given to women who have recently (in the last 6 months) accessed gas relief hospitals/clinics for their own medical care; however, women's experiences of accompanying their families to the hospital are also included.

All the participants are residents of J.P. Nagar. Most have resided there for more than thirty years, two were born in the community within the last thirty years, and one moved to J.P. Nagar approximately ten years ago.

J.P. Nagar is an impoverished locality, populated primarily by Muslims and scheduled-caste Hindus. It is also one of the most severely impacted communities because of its closeness to the UCC-Bhopal plant. In addition to a high death toll, residents experienced a host of medical issues due to their exposure to MIC. A study by Medico Friend Circle (MFC) found that, of a random sample of 60 families, "every individual in the J.P. Nagar sample reported at least one serious symptom" more than three months after the gas leak. This includes: breathlessness on usual exertion; chest pain/tightness; weakness in extremities; fatigue; anorexia; nausea; abdominal pain; flatulence; blurred vision/photophobia; abnormal distant vision; loss of memory for recent events; tingling and numbness; headache; muscle ache; anxiety/depression, and; impotence. Additionally, "[w]omen in the reproductive age group reported menstrual irregularities such as shortened menstrual cycles, altered pattern of discharge, pain during menstruation and excessive white discharge." Further "nearly half of the nursing mothers in J P Nagar reported a decrease or complete failure of lactation"⁷.

Consequently 65% of working J.P. Nagar residents experienced a 20% - 100% decrease in income⁸. As of 2012 "...at least one member in each family [in J.P. Nagar] is unable to work or play due to exposure-related chronic illnesses"⁹. Moreover, J.P. Nagar is a water-affected community, adding to the already dismal health state of the residents therein.

2.1. Data Collection

Participants were recommended by: (1) Rachna Dhingra, a campaigner with the Bhopal Group for Information and Action (BGIA); (2) Hazira Bi, a J.P. Nagar-based community mobilization worker affiliated with the International Campaign for Justice in Bhopal (ICJB), and; (3) other women who participated in the study.

Findings were gained through semi-structured interviews, which were carried out between January 2013 and March 2013 (shortly after the 28th anniversary of the Bhopal gas disaster). The questionnaire was developed under the guidance of Satinath Sarangi, Managing Trustee of the Sambhavna Trust Clinic, and data collection was carried out alongside Sanjay Verma, a survivor-activist affiliated with ICJB.

The questionnaire focused on women's most previous experience of accessing healthcare in a gas relief hospital/clinic; however, their general opinions of healthcare in these facilities were also gained. There are currently seven gas relief hospitals with associated clinics, dispensaries and day-care units. These

⁷ Medico Friend Circle, "The Bhopal Disaster Aftermath: An epidemiological and socio-medical survey. A summary of the report," *Medico Friend Circle* (1985), 7-9.

⁸ *Ibid* 9

⁹ Satinath Sarangi, "Compensation to Bhopal gas victims: will justice ever be done?" *Indian Journal of Medical Ethics* IX, no. 2 (2012), 119.

are: (1) The Rasool Ahmed Siddiqui Pulmonary Medical Centre; (2) The Indira Gandhi Mahila Evam Bal Hospital; (3) The Kamla Nehru Hospital; (4) The Jawaharlal Nehru Hospital; (5) The Bhopal Memorial Hospital and Research Centre (BMHRC); (6) The Master Lal Singh Hospital, and; (7) The Shakir Ali Khan Hospital. This study focuses solely on access to healthcare in these facilities, and because of J.P. Nagar's location, most of the women related experiences of the Jawaharlal Nehru hospital. In addition, many discussed visiting BMHRC and the BMHRC's mini unit #1 (Kainchi Chhola). Gas-affected persons are entitled to free treatment at these facilities, and in BMHRC, the children (under 18) of gas-affected persons are entitled to free treatment as well. Women voiced their experiences of accessing healthcare for themselves and their families. Finally, they were also asked for their recommendations as to how to improve healthcare provision in these facilities.

2.2. Note Medical Research

Importantly, a prime issue underlying this study – though not discussed in detail – is the lack of long-term medical research, necessary for the effective treatment of the gas-affected population. The lack of long-term medical data has meant that survivors – 28 years later – continue to receive much of the same symptomatic medical treatments that they received in the first few days after the disaster. While a number of important studies have been carried out by concerned members of the Indian and international scientific community, medical research continues to be a prime demand in the ongoing struggle for justice.

3. Study Findings

This study finds several shortcomings in accessing healthcare in gas relief hospitals/clinics. Many voiced a wide variety of problems they experience when trying to access healthcare – most of which relate in some way to their experiences of poverty and class discrimination. Disturbingly, many of the problems identified in previous studies on the gas-affected communities' access to healthcare continue to be relevant.

3.1. Getting to the hospital

Many women said that they are most likely go to the Jawaharlal Nehru Hospital, as it is the closest gas relief hospital to J.P. Nagar, and they are unable to travel farther (due to having to care for small children, lack of funds for transport, lack of transport and so on). These same women went on to describe very negative experiences of accessing healthcare at this facility. For instance, Dropati Yadav (28 years old) said that she goes to the Jawaharlal Nehru Hospital because “it is close... and my children are small”. She continued, “The [registration/waiting area] staff do not speak to us properly. They often speak to us rudely.” Interacting with the doctor was also a very negative experience. She said that the doctor does not listen to her health concerns and, “... it's the 7th – 8th month [of my pregnancy] so I went for tests, but the doctor would not do any tests. They simply gave me medications and asked me to leave.” She further observed that the doctors “do not touch us. They just prescribe medications after we tell them about our health problems.”

Some women reported being referred to different hospitals, exacerbating their transport difficulties. Pramila Sharma (40 years old), and her mother, Kamal Lata (70 years old) discussed how patients are referred to other hospitals when they go to the Jawaharlal Nehru Hospital. “[Doctors] simply refer you to Hamidia hospital” (a public hospital in Bhopal, which is not classified as a gas relief hospital). Pramila spoke about one particular experience:

“[My mother] had blood in her urine. When I went to the [Jawaharlal Nehru] hospital around 11 p.m., I was told to take her to Hamidia [hospital] as soon as possible. How can a woman take a patient to Hamidia hospital in the night on her own?”

When asked if the hospital has any services available to transport patients to other facilities, she responded, “Only if you are nearly dead. Only then would they arrange an ambulance to send you to Hamidia [hospital].” Pramila's mother, Kamal Lata, added, “It costs us 50 rupees to get to Hamidia [hospital], and our ability to get there depends on whether we have 50 rupees or not.”

Hazira Bi (57 years old), a community mobilization worker with ICJB, related one disturbing experience of being transferred from hospital to hospital during the birth of her grandchild.

When the time of the delivery came, a madam from [the Jawaharlal Nehru hospital] said, “The delivery won't happen here. You'd better take her to Indira Gandhi [hospital]. This baby needs a [c-section]... Here we do not have doctors who can [give your daughter-in-law anesthetic], and operate on her. So my daughter-in-law was sent to Indira Gandhi [hospital] in a restless condition. When I went to Indira Gandhi [hospital], a madam from room number 7 yelled at me, and sent me out. She said, “Are you the one who is going to deliver the baby? Just send the one who is going to have the delivery.” When my daughter-in-law went inside, [the doctor] asked her different questions... After that we were told that there were no facilities available, so we should take her to Sultania hospital [which is not a gas relief hospital]. There, they admitted her and told me that the delivery will happen normally. Then, at the last moment, they said

that a sonography needed to be done. I paid 600 rupees for the Sonography, and after that a baby boy was born [via c-section].

Hazira Bi and her daughter-in-law were not given referral documents and transportation. Their situation is not unique. Savitri Bai was also sent from facility to facility, following an initial visit to BMHRC.

My elder son was vomiting blood... We first took him to the Bhopal Memorial Hospital, but they couldn't treat him... They said right away that they did not have treatment for this... They said that it is not their case, take him to Hamidia Hospital. We told them... it will be late if we take him to Hamidia Hospital, so they told us to take him to People's Hospital [next to BMHRC]. The People's Hospital staff said that it would cost a lot, and to deposit 5,000 rupees now and 2,500 rupees later. We told them that we only have 2000 rupees, which we need for medications, so they told us to... take him to Hamidia Hospital. We then took him in an auto to Hamidia... As soon as they put him on an IV, he became anxious, and my daughter-in-law got worried... We brought him back home, and a private doctor saw him... Later, he started vomiting blood again. Then a doctor at the BMHRC mini unit in Chandbar said that he should be taken to the Bhopal Memorial Hospital. When we reached the hospital, they admitted him... We then complained about the doctor. I told them that we had brought him here last night, and they wouldn't take him in.

The BMHRC has, in part, addressed this issue. In addition to situating a mini unit in an affected community, close to J.P. Nagar, several women reported that BMHRC doctors would visit the community and speak with residents, and a few discussed a free transport service from J.P. Nagar to BMHRC. Sagira Bi, who experiences breathing problems, shared,

I had first gone to the Jawaharlal Nehru Hospital. I came back in an auto from there. There were doctors from the Bhopal Hospital [BMHRC] wondering around. They held my hand and asked me to sit. They told me that I was in bad health. They called an ambulance right away and took me... and I was admitted to the hospital for 15 days.

While these are welcome initiatives, derogatory behaviours towards the gas-affected population persist, and taint positive developments with regards to accessing healthcare. As Kamal Lata experienced after she was taken to BMHRC by their transport service, "...when I went there the doctors said, 'How did you get here? Who sent you here?' I then told them that I have been brought in [the BMHRC] vehicle. When they talk like this, inside our heart, we don't feel like going there."

3.2. Inadequate staffing, facilities and equipment

The prevalence of referrals may be, in part, due to a shortage of resources. For instance, prior to her son's death, Leela Bai (50 years old), sought his treatment at the Jawaharlal Nehru hospital; however, she was told that they did not have the facilities to treat diabetic patients. Similarly, Bilkis Bi (70 years old) was told to seek diabetes-related treatment at a private healthcare practitioner by BMHRC staff, as they did not have the facilities available. Although current data is not available for all the gas relief facilities, recent studies have found a lack of staff, facilities and equipment in the Shakir Ali hospital, the Kamla Nehru hospital, and BMHRC.

A 2013 study by the Bhopal Medical Appeal found that in the Shakir Ali Khan hospital, there are few full-time doctors and only 16 qualified staff members. In addition, some wards are unused and there is an urgent need for anesthetics and funding in general¹⁰. Moreover, an investigation carried out by

¹⁰ Giles Clarke, "Inside a Bhopal 'gas' hospital," The Bhopal Medical Appeal, <http://www.bhopal.org/2012/12/inside-a-bhopal-gas-hospital> (accessed 16 Mar. 2013).

survivors' groups in 2014 found that doctors were arriving late and leaving early for their shifts, as well as a serious lack of staff. For instance, two nurses were responsible for four wards (approximately 60 patients). This lack of staff may have been a factor in the closing of the emergency ward during the night of the investigation. Moreover, patients complained of a mosquito infestation in the facility¹¹.

A 2013 Hindustan Times exposé found a lack of doctors at the Kamla Nehru hospital. Specifically, there is no cardiologist in the cardiology department, and no nephrologists in the nephrology department. Of the 236 posts for doctors, 58 are vacant. Furthermore, the doctor-in-charge only works on a part-time basis, as he runs his own private clinic. Similarly, other doctors are also working in private clinics, thus limiting the time spent at the hospital. The Gandhi Medical College has occupied more than half of the Kamla Nehru Hospital, and much of the facility is unused. Elevators/ramps are also in poor condition. Moreover, it has been alleged that untrained staff members provide dialysis on patients¹². Bano Bi made a similar observation with regards to the Jawaharlal Nehru hospital. She said,

A staff member sitting in emergency said, 'If you want, I can give you an injection.' I asked him why he would ask me if I needed to have an injection. If he was a doctor, he would know. I then found out that the man sitting in emergency was actually the person who does dressings... This man could cause so much harm to so many people, as he does not know what should be given to the patients. He was just asking the patients what they wanted.

The 2013 Hindustan Times exposé also found that in the BMHRC, a shortage of doctors and specialists has led to the shutdown of several departments. There are no gynecological and paediatric departments, and the neurology and pulmonary disease departments are not functioning. In terms of medical equipment, the department of research in medical biotechnology has more non-functioning than functioning equipment (more than 30 are non-functioning). In the anaesthesia department, 13 pieces of equipment are non-functioning, and in the urology department, 11 pieces of equipment are non-functioning. In the radiology department, 7 pieces of equipment are non-functioning, and in the gastro-medicine department, 6 are non-functioning¹³.

3.3. Waiting to see the doctor

Wait times to see a doctor varied, with most waiting between one and four hours in the various gas relief hospitals, and between half an hour and one hour in BMHRC's mini unit #1 (Kainchi Chhola). For some women, these wait times were a concern. Pramila Sharma noted, "If you go [to the Jawaharlal Nehru hospital], you will be standing there until the hospital is closed... At times you won't get medicines, and sometimes the doctor will be gone before your turn comes." Pramila's mother, Kamal Lata, continues, "People with money are able to make their way easily, but we have to stay in the line-up. It closes even before our turn, and we end up staying in line for nothing. Even the doctor leaves." Rani Yadav (34 years old) shared, "Doctors usually walk away if there is a big crowd. They would leave for two hours or more, and if there are two doctors, they chat for at least 15 minutes. Even if the patient is in pain, they still won't come out." In the context of poverty, these wait times can pose more serious problems. As Usha Gaur (48 years old) noted, "My husband is sick, but what would we eat if he doesn't go to work? What would we do if we spent the day at the hospital?... If we don't go to work, then what will we eat?"

¹¹ S. Sarkar, "Bhopal: Gas victims' team finds Shakir Ali Hospital in a mess," *Hindustan Times*, 30 Aug, 2014.

¹² M. Poornima, "Gasping gas relief hospital," *Hindustan Times*, 21 Feb. 2013, 02.

¹³ M. Poornima, "BMHRC craves for cure," *Hindustan Times*, 7 Mar. 2013, 02.

3.4. Interacting with the doctor and other staff members

Unprofessional behaviours amongst some doctors and other staff members came up in most of the interviews. This encompassed a wide array of issues, from rude behaviours to outright negligence. Class discrimination was often identified by the women as an influencing factor in their treatment. While several women felt that their treatment at BMHRC and its mini unit #1 (Kainchi Chhola) was positive, the Jawaharlal Nehru hospital received entirely negative reviews.

Preliminary testing (i.e. temperature, pulse, blood pressure, abdomen, tongue, and eyes), necessary for gas-affected persons, was very infrequent amongst those interviewed. Moreover, a few women reported that they were not recommended for additional testing following their visit, despite reporting serious health issues. Hazira Bi noted, “Besides the [BMHRC], no tests were done at any other hospitals [including] the Jawaharlal Nehru hospital and the Kamla Nehru hospital. After that, I never went back to these hospitals.” Two women, who were prescribed further tests, were sent to private healthcare facilities, as they were told that the tests were unavailable at the Jawaharlal Nehru hospital. Nazma (20 years old) was charged 300 rupees for one test at a private facility.

Disturbingly, several women who had visited the Jawaharlal Nehru hospital mentioned that not only was their examination subpar, the doctor did not touch them. This echoes a 1998 study by the Sambhavna Trust Clinic and Documentation Centre, which found that doctors at the BMHRC would not touch patients, possibly because they were seen as unclean¹⁴. Rani Yadav said, “The doctor didn’t even touch me. The doctors from [the Jawaharlal Nehru hospital] never touch patients. It’s not just me.” Similarly, Fatima Bi (60 years old) said, “At the [Jawaharlal Nehru hospital], they won’t even come close to you...They want us to tell them what our illness is, then they prescribe medicine, and then we leave (Fatima Bi, 60 years old). Kamal Lata observed, “It is like they think they will get a fungus from us.”

Several women also complained that doctors did not properly address their health concerns. Leela Bai noted, “Doctors do not listen to poor people... If we tell them that the right treatment is not being given, they tell us that what we don’t know.” Kamal Lata shared one notable example of not being listened to at the BMHRC.

When I told them that I have ulcers, and [because of this] I can’t eat, they wouldn’t listen to me. They tested my eyes, gave me a prescription, and told me to get eye glasses. This is what they do. We say something, and they do something else.

While most did not speak at length on their interactions with other hospital staff members, a few notable incidents were brought up. Kamal Lata shared an experience of accompanying her daughter-in-law to the Jawaharlal Nehru hospital, during the birth of her grandchild. She spoke at length about the nurses and other ward employees ignoring her daughter-in-law’s complaints of pain, questions on when the delivery would take place, and her request to turn on a fan. In fact, she said, “They ask us to turn on and off the fan, while they are sleeping. It is like we’re their servants, and not the patients.” As a result of this, Kamal Lata’s daughter-in-law went to the Sultania Zanana hospital – which is not a gas relief hospital – to give birth to her child.

A few women spoke about staff members asking for bribes, and other payments. For instance, Bano Bi alleged that medical students at the Kamla Nehru hospital take bribes from patients. Moreover, when Rani Yadav complained about her sister’s treatment at the Jawaharlal Nehru hospital, she was told by a

¹⁴ Sambhavna Trust, cited in Raj and Sharma, “Report on the Health Status of Bhopal Gas Victims and an Assessment of the Efficacy of Medical Care and Rehabilitation for the Past 20 Years,” 106-107.

doctor that no work would be done until payment is offered. Furthermore, Kasturi Bai discussed how Jawaharlal Nehru hospital staff members demand payments after the birth of children.

When we went to the [Jawaharlal Nehru] hospital for a delivery, they asked us for money. If a baby girl is born, they ask for 500 rupees, and if a baby boy is born, they ask for 1000 rupees... They would often yell at us... They would even ask us to go and buy oil and soap from outside.

Similarly, Rani Yadav shared,

There was this old woman from a village [at the hospital]. She was there crying so much. They were asking her to pay 2000 rupees [after her daughter-in-law gave birth to a child]... When one of her relatives came, and gave 1500 rupees to a staff member, the baby was handed to her... My sister had given birth to a boy... I gave 1000 rupees to [a staff member], and she quickly gave the child to me.

3.5. Medications

As previously mentioned, many noted that they were not properly examined by the doctor. This, in turn, impacted the medications prescribed. As Hazira Bi noted, “Doctors don’t even look at what kind of illness the patient is suffering from... It doesn’t matter to them whether the patient is suffering from a stomach ache or a headache. They just give them any medicines.” Moreover, a few women expressed dismay at being given the same medications for a variety of illnesses. These women felt that this indicated an absence of specialized care. Noor Bi (50 years old), who frequently accesses private (unlicensed) healthcare, shared one experience.

I went to the Jawaharlal Nehru hospital with my daughter-in-law and my grandson... We had three different problems... [W]hen we got our medications, we found out that we all were given same medications... It has happened to me so many times. [Another time] when I went to the hospital with my daughter-in-law, we both got medications, and when I asked my daughter-in-law to show me her medications, I found out that we both were given the same medicines.

In addition, many felt that the medications prescribed were ineffective, and like Noor Bi, this led to their seeking private (often unlicensed) healthcare. Bano Bi said, “Although [private doctors] charge... [their medications] give a bit of relief in 2 - 3 hours... That is why many people go to [a private, unlicensed doctor in J.P. Nagar].” The ineffectiveness of these medications may be related to a previous finding that irrational treatment was being used on the gas-affected population. Specifically, it was found that the medications that were prescribed: (1) Did not match the symptoms expressed; (2) Could potentially aggravate symptoms expressed, and; (3) Were prescribed in much greater quantity than needed. Moreover, vitamins and tonics were unnecessarily prescribed¹⁵.

While most women said that they received their medications from the gas relief facility itself, a few reported having to purchase medications and other medical supplies that were unavailable at the facility. For instance, Om Wati Bai’s granddaughter was prescribed 90 rupees worth of medications that were unavailable at the Jawaharlal Nehru hospital, and Sakun Bai was told to pay 30 rupees for a second bag of I.V. fluid, when she was admitted to the Jawaharlal Nehru hospital. At BMHRC, Bilkis Bi (70 years old) was told to purchase various materials for an upcoming operation at a market. As Om Wati Bai noted, “There is no point in us being admitted, as it causes too much trouble... The fare would be 100 rupees, and there are other expenses like milk, tea, and so on. If we have a patient admitted there, it *does*

¹⁵ Raj and Sharma, “Report on the Health Status of Bhopal Gas Victims and an Assessment of the Efficacy of Medical Care and Rehabilitation for the Past 20 Years,” 93 – 98.

cost us.” The socio-economic status of much of the gas-affected population impacts their ability to access these medications. Bashiran Bi notes, “Where would poor people get money [for private treatment]? Where would the family get money for treatment, when there is only one breadwinner in the family, and he has to feed four people?” Rani Yadav, for instance, went without one of her prescribed medications, as she did not have money to purchase them. Rani also related another notable issue, when she sought treatment at BMHRC’s mini unit #1 (Kainchi Chhola). She said,

I was prescribed ten tablets, but I was given four... Even though I am illiterate, I can still read the number. I threw those four tablets on [the compounders] face. It has been a year, and I never went back there ever since then... This is our right, the right of poor people. You [compounders] are taking a salary... If we are not getting our rights, then what is the point of you doing this service? They save medicines, and then they collect and sell it to private pharmacies... It is not like that there aren’t medicines available... but in order to make extra money, they just sell the whole box [to private pharmacies].

It has been widely alleged that medications in public hospitals are stolen and sold to private pharmacies or are taken to the private healthcare facilities of doctors who are working in the gas relief hospitals, but also run private clinics. As Baidan Bi (55 years old), a gas-affected woman living in Nawab Colony, noted in a previous study, “[Doctors] are taking medicines away from [public hospitals] and giving it to patients at their private clinics. They are all looting poor people¹⁶.”

¹⁶ Baidan Bi, personal interview, 16 Jun. 2010.

4. Conclusion and Recommendations

These barriers in accessing public healthcare led many of the women interviewed to seek the services of private (often unlicensed) practitioners, where they felt better treated, had shorter wait times, and found the medications to be more effective. In fact, 18 of the 24 women discussed either they or their families having to access private (often unlicensed) healthcare. In addition to increasing their economic burden, utilizing the services of unlicensed practitioners is highly dangerous. As reported in 1992 by the Bhopal Group for Information and Action, “It has been earlier reported that eight out of every ten private doctors in the gas-affected area has had no formal training in medicine and most have just taken correspondence courses from ubiquitous institutions with dubious reputations”¹⁷. This continues to be relevant, as private (unlicensed) practitioners emerge in the gas-affected communities.

Each of the women interviewed were asked what they would recommend to improve healthcare in gas-relief hospitals and clinics generally. This report ends with their recommendations.

Transport Issues:

- An end to being transferred from hospital to hospital, without free transport
- The issue of transportation costs to get to gas-relief hospitals that are far away must be addressed

Treatment of Patients:

- Prioritize the needs of gas-affected persons
- Staff, including doctors and nurses, must treat all patients with kindness and respect
- An end to religious and class-based discrimination within the facilities
- Doctors focus their time on the care of patients
- Doctors should listen properly to the health concerns of patients
- Doctors should carry out the necessary tests, rather than prescribing medications without any examination
- Doctors must provide quality healthcare
- Patients with serious health issues must be admitted, rather than turned away
- Greater attention needs to be paid to patients who are in pain

Institutional Concerns:

- An end to long wait-times, which are particularly difficult for those who are working
- Hospitals must have the necessary facilities and equipment
- Hospitals must be able to provide care for a variety of ailments, rather than send patients to other facilities
- Facilities should be clean
- Hospitals must provide clean water and food to patients, free of charge

¹⁷ “Compensation Disbursement: Problems and Possibilities, A report of a survey conducted in three gas affected bastis of Bhopal,” *Bhopal Group for Information and Action* (January 1992), 10.

- Patients must be provided with toiletries for long-term stays in the hospital, free of charge
- Hospitals must have facilities, like elevators, that are helpful for patients that are in pain
- Hospitals should have enough beds for patients
- An end to the practice of asking patients for bribes to carry out services
- An end to the practice of having to give hospital staff money upon the birth of a child
- Patients should not be asked to purchase medical equipment (e.g. syringes, IV sets), which should be available in the facility
- Patients should be able to lodge complaints regarding their healthcare experiences, and – importantly – these complaints must be taken seriously
- Given the intergenerational health impacts of the Bhopal disaster, the children of survivors (including those over 18) should have access to free healthcare in the gas-relief facilities
- Those who were not exposed to MIC in the Bhopal disaster, but are now living in communities in which the water is contaminated due the disaster, should be given free healthcare

Medications:

- Hospitals must ensure that medications are available, so that patients do not have to purchase their medications elsewhere, or have to come back later
- Dispensary staff must ensure that the correct number of tablets are provided to patients
- Patients must be informed of how to properly take their medications
- Medications provided must be effective