

## The Bhopal Medical Appeal

## Who are we?

The Bhopal Medical Appeal exists to bring first-class medical help to the survivors of the Bhopal gas and water disasters. We are the Bhopal survivors, Sambhavna and Chingari staff in Bhopal, charity staff in Brighton and a worldwide network of donors, volunteers, supporters and fundraisers – all equal, all together.

Our Newsletter is called 777 - saat saat in Hindi and Urdu - which, with a slight twist of the tongue, also means together, together, together.

## **Bhopal: The background story**

On that night of horror (December 2-3rd, 1984) a cloud of gas, 500 times more toxic than cyanide, leaked from a factory in Bhopal belonging to the Union Carbide Corporation, causing the hideous deaths of thousands and creating more than quarter of a century of severe suffering for the survivors and their children. Today in Bhopal, well over 100,000 people are chronically sick from the effects of that night, while some 30,000 more are ill because their water is polluted by the derelict plant, which has never been cleaned up. In addition, this injustice has never been righted and the crimes involved remain unpunished.



Jack Laurenson

Editor/Writer/Producer: John May Design: Hazel Bennington Contributors: Text: Colin Toogood Photography: Alex Masi/Focus for Humanity, Jack Laurenson, Raghu Rai, Roz Shearn Printer: Millennia Print Ltd, Crowborough Distributor: Synergy Group, Burgess Hill

The Bhopal Medical Appeal is a Registered Charity. Charity No. 1117526

As we were going to press, we received news that Alex Masi and the BMA have received a \$15,000 Getty Images Grants for Good award. This is designed to enable photographers to bring attention to significant social and cultural issues. Full details in next issue.

The Bhopal Medical Appeal Newsletter Summer 2011



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## Please help with a donation

## Cheques

The Bhopal Medical Appeal, Unit 2, The Foundry 8/9 St. George's Mews, Brighton BN1 4EU **OR** FREEPOST, The Bhopal Medical Appeal

To save us the postage please omit FREEPOST and affix a stamp

## Legacies

Those being born damaged will need care for the rest of their lives, so leaving a legacy is a great way to continue helping.

## **Regular giving**

An extremely valuable way to help. Please call the office on 01273 603 278.

## www.bhopal.org

See how much good your gift does and donate direct online.

## Gift Aid

Please let us know if we can Gift Aid your donation. This significantly increases the value of your gift at no cost to yourself.
You must pay UK taxes.

## For credit card donations please call:

Freefone 0800 316 5577

This little girl Manakshi may look like a three-year old but she is in fact seven. Manakshi suffers from a growth disorder and has been undergoing treatment at Chingari for the last two years. When she first arrived, she was unresponsive and could hardly walk. Now she can walk, chat and play.

"The last few months

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## A time of mixed fortunes



WELCOME TO THE Summer edition of our Newsletter.

As I write these words I am just back from this year's Glastonbury Festival. As reported in

the last issue, Michael Eavis, the Festival's founder, has become one of our patrons. As a result, the BMA has acquired a much higher profile at the event, enabling us to spread awareness of the Bhopal disaster to a broader audience. Full report inside.

In this edition we focus on two main issues: the expansion of Chingari and the ongoing water crisis in Bhopal.

We take you inside the new Chingari Rehabilitation Centre, now located in larger premises provided by the State government. As before, all running costs are covered by funding from the BMA. This will enable Chingari to expand its valuable work and help four times the number of children than before.

The BMA's Colin Toogood reports first-hand on the water crisis in the poor neighbourhoods surrounding the abandoned plant. Despite assurances from the state government, he found that the water supply situation is still very unreliable. As a result, large numbers of people are having to drink polluted water – at great risk to their personal health.

We are happy to bring news of an important new documentary film — 'Bhopali' by Van Maximilian Carlson — which we hope will be widely available in the near future. The first feature of a young filmmaker, this self-funded movie has already won several awards for its hard-

hitting presentation of the complex story of the Bhopal disaster and its aftermath.

THE LAST FEW MONTHS HAVE SEEN further frustrations in the long legal and political struggle to bring those responsible for the disaster to justice, to improve the levels of compensation provided to Bhopal survivors and to tackle the remediation of the factory site.

In our Winter 2010 Newsletter, we reported on the trial of the eight Union Carbide India Ltd (UCIL) exemployees, charged with causing "death by negligence". The derisory sentences and fines imposed by the court triggered a nationwide outrage. This April, attempts were made to persuade India's Supreme Court to reinstate the original charge of "manslaughter", which carries much higher penalties. The request was denied.

The Supreme Court will, in the coming months, consider two thorny issues relating to compensation. Firstly, the initial payments made to Bhopal survivors were inadequate and it will be argued that they should be substantially increased. The Court will also hear evidence regarding the questionable decision-making process that was set up to decide who was eligible for compensation. Many needy people have been excluded for no good reason.

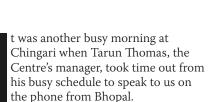
As for the site remediation, Dow Chemical still refuses to accept legal responsibility. So who is going to pay for the clean-up? Until the legal stalemate surrounding this issue is resolved, tens of thousands of Bhopalis and their families will continue to suffer. They need your continued help and support.

Peter Finnigan Executive Secretary

## The Chingari

# expansi

PHOTOS: ALEX MASI/ FOCUS FOR HUMANITY



Tarun supervises the staff, the organisation's logistics and its rehabilitation work, which includes physiotherapy, occupational therapy, speech therapy and educational classes.

Tarun was born in Kerala but was brought up in the Bhopal area. He was outside India at the time of the disaster. He previously worked for CARE International, on a project providing supplementary nutrition for undernourished village children. "When I was transferred away from home I was not happy and I thought I should look for another job. One of my friends said

that Chingari needed a manager so I got interested, started work, and I can't leave it now."

> The Centre has 16 core staff and a number of outside specialists. So far they have identified 334 children in the worst-affected

neighbourhoods who are suffering from congenital deformities. Of these, 130 are registered at the Centre. On an average day, 50 to 90 children attend the Centre.



The Chingari
Rehabilitation Centre
has relocated to larger
premises on a more
prominent site, with the
help of financial support
from the BMA. This will
enable them to increase
the number of children
they are able to help

The Centre's new premises has been provided by the State Government of Madhya Pradesh, its running costs being covered by the BMA.

At the time we spoke, construction work was still in progress. The building is laid out in a linear fashion with separate treatment rooms leading off a wide corridor which is the main social space. Here the children and their mothers have the chance to be among others and share their problems. There is a kitchen which provides the children and their parents with one nutritious meal a day.

A British volunteer has also designed a garden

The new building is on a main road which has made Chingari much more visible to a broader population. As a result, they have

already seen an increase in the number of children coming for treatment and also in the number of people offering their voluntary services. "People are pouring in," says Tarun, "They want to come and join us, to help in many manners."

As well as healing the children, the Centre tries to aid the parents by finding them some economic activity they can do so they can provide for their families.

There is an outreach programme to provide treatment at a community level for children who are too sick to come into the clinic. In such cases, the child is often kept hidden away like a family secret. "In Indian society," says Tarun, "it is really difficult for the parents to show they have a disabled child at home because their daughters may not get married because of it."

Specialists from Chingari not only give the child regular physiotherapy but also counsel the parents as to how they can better manage their disabled child at home by treating them in a normal manner.

"Setting up an office is a difficult one. Everything is in an unsettled manner right now" says Tarun. "We can't avoid

the children because they require regular physiotherapy daily and we can't skip that. So it's really difficult to get them settled and get the staff to manage them properly. But we have coped and are almost settled now."





(Left) Gentle occupational therapy brings a smile to the face of this young girl (Below/Far Left)
Examples of
physical therapy
techniques used at
Chingari







(Left/Above)
Boys at Chingari
receiving electrical
stimulation
and vibrational
treatment.



(Above)
A communal occupational therapy class helps increase the children's social and communication skills.

(Left) Healing hands at work, helping a boy suffering with both physical and mental difficulties.

## The Chingari Rehabilitation Centre staff



Rasheeda Bee Managing Trustee (founder member)



**Tarun Thomas** Manager



Kapil Parmar Speech Therapist



Champa Devi Shukla Managing Trustee



Rishabh Kumar



Prabhakar Nagle Speech Therapist



**Deepa Mandal** Field Worker



Mohd. Israil Khan Accountant



Kalpana Rohar Asst. Physiotherapist



Tarique Ahmed Special Educator



Vidhya Bangde



Nousheen Khan Speech Therapist



**Usha Tilwani** Health Worker



Aayah



Sanjay Gaur Physiotherapist



Poonam Bichpuriya Occupational Therapist



Rani Yadav



Deepesh Dwivedi Assistant P-T



Arvind Motghare Special Educator









## Community meetings

(Left) Chingari has identified and provided treatment for hundreds of children but they are well aware that this is just a small fraction of the likely numbers of affected children in the communities around the plant. This is why they have instituted community meetings where mothers bring in their children to be assessed by Chingari health specialists to see whether they have medical problems. If so, they help the parents to register the child as disabled. Chingari has limited capacity but will admit children to the clinic if the parents are too poor to care for them or if their need is urgent.

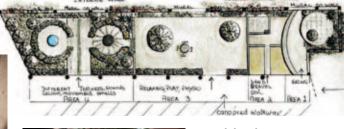
(Below) Chingari's fleet of vans are a vital part of Chingari's outreach services. Many children would be unable to reach the clinic without them.







The Chingari





Work has begun to transform a barren space at the front of Chingari's new building into a wonderful sensory therapeutic garden, based on an imaginative plan by designer Annette Murray.

## Water

The ongoing crisis



**Colin Toogood** of the BMA provides a firsthand eye-witness report on the appalling water situation in Bhopal

PHOTOS: ALEX MASI/FOCUS FOR HUMANITY



(Above) Woman collecting water from the government hand pump in A.A. Nagar and (above right) carrying it home.

(Far right) Women wait their turn at one of the water tanks in A.A. Nagar amidst a sea of containers.

he newspapers in Bhopal are full of stories about the ongoing water shortage problems across the city. Less often reported are the problems of the city's poorest people living in the slum neighbourhoods (bastis) around the abandoned Union Carbide pesticide plant, many of whom are still drinking chemicallycontaminated water on a

daily basis.

As reported in our last issue, the State Government only began laying pipelines and arranging regular water deliveries by tanker truck in 2008. I surveyed much of this new supply infrastructure the

following year and it was plain that it was not fit for purpose. The piping system was rudimentary and laid along the ground, making it easily ruptured. The tanks themselves were never maintained or cleaned. More importantly, the tanker supply was intermittent.

One of my main purposes on this trip was to go back to one particular neighbourhood - Atal Ayub Nagar - a dry, dusty strip of land sandwiched between the main railway line and the walls of the abandoned factory. The people here are poor and the houses are mostly built from wood, plastic sacks, cow dung, corrugated concrete and metal sheets.

On my last visit I was told that, as the water tanks were only filled sporadically, many of the families were forced to use one of the two government hand pumps. They complained that the water smelled of chemicals and had a bad metallic taste but they told me they had no choice but to drink it.

Water from these pumps has subsequently been tested by several organisations, including Greenpeace and (most recently) by the Centre for Science and Environment in New Delhi. They all found that the water contains dangerous levels of pesticides and solvents. Our own

> BMA survey showed that levels of carbon tetrachloride alone were 4,000 times higher than the World Health Organisation's safe limits.

When I arrived back in A.A. Nagar in May this year, the temperature was a scorching 45 degrees. We felt constantly dehydrated and were carrying bottles filled with water from the sophisticated filtration system at the Sambhavna Clinic.

The inhabitants of A.A. Nagar



have no such safe supply. Residents told us that tanker trucks were now rarely seen and that the water tanks might be filled every 2-3 days in good times but only every 8-10 days in bad. When the water did arrive, there might be as many as 400 families competing for it.

Since I was last here, the dusty main track has been roughly concreted with water pipes laid alongside. The piped supply is intermittent. We saw groups of people clustering round a hole in the ground, drawing water from a pipe that had ruptured – or been punctured deliberately.

As for the two government hand pumps, one was out of order while the other was still in regular use. Many of the residents we spoke to confirmed that they still have to use water from this source when the main tanks run dry.



## **Private water pumps**

In A.A. Nagar and other affected communities, some residents have their own hand pump which enables them to draw water from a shallow aquifer. This water is almost certainly contaminated. When the public tanks have not been filled, these well-owners come under pressure to supply friends and neighbours. Such is the demand, that some residents are reduced to having to pay for poisoned water from these private pumps.

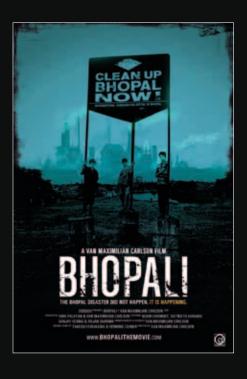


Max Carlson (right) with Sanjay Verma, whose personal story is highlighted in the film.

## BIOPAL

A remarkable documentary by a young American filmmaker brings the story of the survivors of the Bhopal chemical disaster to a new audience

"I became curious about the whole story and discovered there wasn't an adequate documentary about it so I decided to make one."



an Maximilian Carlson (Max to his friends) is a modest man who has achieved something remarkable. Entirely self-funded, he conceived, filmed, edited and directed a full-length feature documentary on the Bhopal survivors and their children, which has already won numerous film festival awards.

Based in Los Angeles, he had acquired a lot of film editing experience and made a number of short films by the age of 24 when he first heard about Bhopal. Over the Skype line he tells me: "I got to hear about it through a friend of mine who volunteered at Sambhavna and had recorded a lot of audio interviews with women who had been affected by the gas. She asked me to edit them for a radio piece and I spent six months on it, during which time I became curious about the whole story and discovered there wasn't an adequate documentary about it so I decided to make one."

He described his first ever trip to India, in the company of producer Kirk Palayan, as "an eye-opening experience". Filming everything himself, he admits that "it does take a toll on you, emotionally and physically."

The film was not, at that stage, fully formed in his mind. "The only idea I had was that I knew I wanted to tell the story of the Chingari Trust with a side focus on Sambhavna. All the other stories in the film, I just came across or discovered as I went along."

"The best example of this is when we met Sanjay Verma, who was supposed to

be our guide and translator. At that time, we didn't know about his own personal story which became an important part of the film. Similarly, the story of the 18-month old baby Saiba Babu, born with severe birth defects who while we were there, had to be taken into hospital where she died. We met the family because they happened to live near Sambhavna."

"Then, when we returned to the US and to edit the footage, we realised that we needed to include the story of the Bhopal activists and their struggle for justice and explain more about the legal situation with Union Carbide and Dow Chemical in order to provide a context. So we went back during the 25th anniversary and filmed the demonstrations outside Dow's HQ in Chennai and the press conferences featuring Dominic Lapierre (the author of Five Past Midnight in Bhopal) and the US lawyer who is fighting the survivors' compensation case.

"The whole experience was a powerful one for me but two things stand out. When we first visited Chingari we spent a week playing with the children before we started filming and one of the mothers thought we were doctors and asked if we could help her son. I found it sad that I couldn't do more. It rings out in my mind.

"Then, when we filmed Saiba in the hospital, that was overwhelming, difficult and scary. We were filming illegally with a small camera. The hospital was run down, understaffed and had rats running around."

Release details for 'Bhopali' are still being finalised.

Check **www.bhopalithemovie.com** for latest news.



(Below)
Scenes from the demonstrations outside Dow's HQ in Chennai to mark the 25th anniversary of the Bhopal disaster.

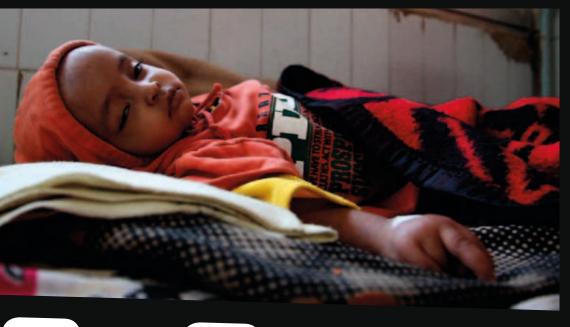




Mita Manish with her son Sidesh (left) and other children (below) at the Chingari Rehabilitation Centre.







"When we filmed Saiba in the hospital that was overwhelming, difficult and scary."

(Left)
Baby Saiba
Babu receiving
treatment in a
Bhopal hospital

# THE BMA@ GLAST NBURY

Raising awareness of Bhopal at the biggest music festival in Europe

PHOTOS: ROZ SHEARN

t may have rained all week, reducing the site to a sea of mud, but the sun finally came out on Saturday and the atmosphere was fantastic as 180,000 people gathered to celebrate this extraordinary annual event.

Thanks to the fact that Glastonbury's founder Michael Eavis, is now a BMA patron, our presence at this year's Festival was significantly enhanced. Not only did we have a bigger, well-located space as our HQ but we were also one of the few charities who were asked to make a three-minute film to promote our activities. This was shown on all the main stages between performances

throughout the festival, alongside films from Oxfam, Greenpeace and WaterAid.

The centrepiece of our site was a beautiful Indian marquee. Here visitors were able to relax, drink chai and find out about the story of Bhopal. Literally thousands of people came to visit, including many of our existing supporters. What was most impressive were the huge numbers of young people who were really interested to find out what was going on and keen to get involved.

Costume designer Holly Murray created a sculpture garden containing a series of statues representing a Bhopal family together with a large white skull as a symbol of Dow Chemical and the suffering of the Bhopali survivors.

The basic form of the figures was an armature covered with chicken wire, to which were attached bits of recycled plastic bottles covered with fabric. We recruited literally hundreds of volunteers keen to help us bring the family to life and a fine sight it was, particularly at night when they were all lit up.

Our other major theme was to make a link between cleaning up Glastonbury and cleaning up Bhopal. We did this in two ways.







Firstly, we recruited 80 litter-pickers in advance of the Festival who got a free ticket in exchange for working throughout the festival, from 6 to 12 am, cleaning up all the litter from the front of the Pyramid stage before the day's performances.

As the mud was as deep as a wellington boot you can imagine this was not a pleasant task. Their sterling efforts will have raised some £10,000 for us, providing a major contribution to the BMA's costs for the event.

Our other clean-up strategy was an idea hatched by our administrator Georgina and our finance manager Malcolm,

who previously ran a skin care business. He manufactured for us an alcohol-free, toxin-free skin cleanser that we dispensed with specially-labelled hand sanitisers. In the muddy environment this proved extremely popular with the passing

crowds and gave us a perfect opportunity to talk to people about cleaning up Bhopal.

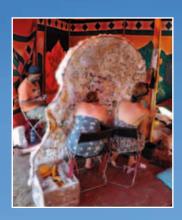
The BMA staff and volunteers worked night and day. It was well worth the effort and was a fantastic experience that none of us will forget.

## **THANK YOU**

Holly Murray (Concept/Design); Alan Williams (Armatures); Roz Shearn(Filming/Photography); Jason Farey (Sound); Ady Reilly (Lighting/Security); Liz Campbell (Site Manager)

Volunteer team: Charlotte Brown, Jade van Drie-Brown, Harriett Parsons, Annie Macadam, Annabelle Le Clercq, Tazz Khan, Lorraine Close, Charlotte Talley and the children of St Luke's primary school

Special thanks to Fiona Case of the Glastonbury Festival who made it all possible.











(Above) Two volunteers help construct the white skull; Daytime view of the watercarrying woman; the full set of the illuminated sculptures at night.

(Left and below) The BMA team on the Pyramid Stage at Glastonbury; Singer/Songrwriter Billy Bragg with BMA volunteer; BMA volunteers dance Indian style.



## Digital Bhopal

## www.bhopal.org



Our new website was launched in November 2010, designed by the Brighton-based web company Safe As Milk

## Social networking

In addition to the new website the BMA has also been getting involved in many of the popular social media and networking sites – with interesting results. This sort of online activity is a great way of raising awareness; it's also proving a really effective way of promoting our activities and fundraising. Please take a look at what we are doing and remember that this sort of online activity is most effective when users spread the word!





YouTube: To view our channel, search for The Bhopal Medical Appeal

Flickr: To view our photos, search for The Bhopal Medical Appeal

## Raise money for the BMA just by doing a web search

You can also raise money for the Bhopal Medical Appeal by doing your web searches through www.everyclick. com. Each search earns us around a penny and with enough supporters, this will provide us with another valuable regular income stream for the BMA. Please use Everyclick and also encourage your family and friends to take part.

## Make money for the BMA by recycling!

All you have to do is click on the 'Recycle4Charity.co.uk' link on our website and follow the instructions on the page. All mobile phones have some recycling value (as much as £30

in some cases); cartridges will be worth £1 each to the BMA. Recycle4Charity will supply you with pre-paid envelopes for both items. If you use a lot of ink cartridges (or can organise a collection at your office), they'll even send you a box to put them all in and make arrangement to collect them from you.

## **Just Giving**

We also encourage any of our supporters, who are fundraising for us, to use the 'Just Giving' website. It's a really easy way to set up your own online fundraising page and only takes a few minutes. There's a built-in payment mechanism and the money goes straight into our bank account. Please call us if you would like help with this process.

## Legacies

• As a supporter of the people of Bhopal, you have been a major force in the growth of Sambhavna Clinic and the Chingari Rehabilitation Centre. From reading these pages, you will also know that need for free, first-class health care in Bhopal will be there for many years to come. We want to safeguard the future of Sambhavna as a centre of international excellence and work with them to share their knowledge with the rest of the world.

This spring, we wrote to as many of our supporters as possible, asking them to consider leaving a legacy to the Bhopal Medical Appeal. The reaction to our initial appeal has been tremendous and we would like to thank all of you who have already responded and urge new supporters to consider remembering Bhopal in your will. Please contact Peter Finnigan at the BMA office if you would like to discuss this.

## **Committed giving**

• We urge all of our supporters to consider setting up a direct debit or standing order to The Bhopal Medical Appeal. For us to be really effective with our planning, it is vital for us to know how much of our income is guaranteed. Committed regular giving allows us that advantage.

If you would like to help us in this way, please call us on 01273 603278 or visit www.bhopal.org.

## A big thank you

The Bhopal Medical Appeal owes its existence to the generous donations of individuals, support groups and charitable trust funds. These are too numerous to mention individually but in our next issue we will highlight some of the fantastic efforts people around the country have made on our behalf. Our sincere thanks go out to you all for your loyal support.

## Sambhavna Clinic

The Sambhavna Clinic will be celebrating its 15th Anniversary in September this year by staging a three-day multi-disciplinary conference on Industrial Toxicology, Environmental Health and Integrative Healthcare. This will bring together some 100 delegates from India and abroad to discuss the latest developments in medical research and the variety of treatment strategies being used to provide effective healthcare for toxic-affected communities worldwide. Sambhavna has, in addition, submitted five research proposals to the Indian Council of Medical Research (ICMR), in the hope of obtaining funding to study the long-term health effects of MIC gas - the deadly chemical released from the damaged Bhopal plant - on the local population. We will present a full report in our next issue.

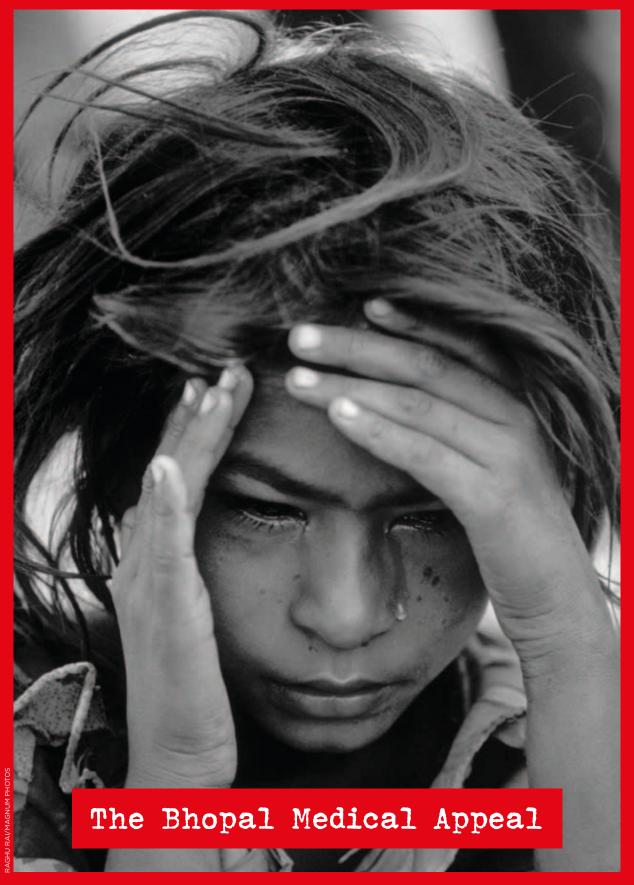


## **Alex Masi**

The majority of the photographs in this issue have been taken by photojournalist Alex Masi who was the winner of the 2011 **NGO Assignment** Fellowship from the non-governmental organisation Focus For Humanity, a not-forprofit organisation that provides grants to photographers to carry out assignments that document the plight of the world's most vulnerable peoples. This award is enabling Alex to take a number of trips to India during the course of this year to further document the ongoing Bhopal disaster. See: www. focus for humanity.org and www.alexmasi.co.uk







For Credit Card donations please call: 0800 316 5577 or visit www.bhopal.org

## **Contact us**

tel 01273 603 278 • email admin@bhopal.org • web www.bhopal.org