

**To,**

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  3. **Mr. P. Raghevendra Rao**  
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  4. **Mr. Mohammad Suleman**  
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  5. **Mr. Faiz Ahmed Kidwai**  
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- Cc: Justice VK Aggarwal**  
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**Sub: Lessons from the COVID-19 deaths in Bhopal and call for specific official interventions with respect to survivors of the Union Carbide gas disaster in Bhopal.**

**April 23, 2020**

**Dear Sirs,**

On behalf of organisations working with the survivors of the 1984 Union Carbide Disaster, we would like to redraw your attention to our letter of March 21, 2020 (Enclosed) and bring to your attention to the following chart summarizing the details of the deaths due to COVID-19 in the city of Bhopal so far.

S.No	Name	Age /Sex	Comorbidity	Taking Chronic Care	Address	First Responder	Critical Care		Medical Records of Deceased Provided to families	No of contacts tested & Date of Testing	Date of Test Report Given to Family Members & Neighbours
				Name of health centre			Date of Admission	Date of Death			
1	Naresh Khatik	55/M	COPD	Yes	Ibrahimganj	Private Hospital	Narmada Hospital	April 02	No	12 family members & 5 neighbours were tested on April 9	April 14
				ABM hospital & BMHRC				1.38 km			
2	Jagarnath Maithil	80/M	COPD	Yes	Ahir Mohalla Jehangirabad	Govt Hospital	Narmada Hospital	April 08 Died on way to Hamidia Hosp	No	12 family members were tested on April 11	Positive report of 3 members given on April 14 Remaining have not got their reports
				Kasturba Gandhi Hospital	3.64 kms	April 108					
3	Imran	42/M	Cancer	Yes	Choki Imambada	Govt Hospital	AIIMS-Bhopal	April 12 Died on the way to AIIMS	No	April 12	Information Not Available
				BMHRC & AIIMS	2.30 kms	April 112					

4	Rajkumar Yadav	52/M	Pulmonary TB	Yes	Ahira Mohalla Jehangirabad	Private	Hamidia Hospital	No	29 family members were tested on April 13 and 24 neighbours were tested on April 18	Positive report of 1 member given on April 16 Remaining have not got their reports
				PMC, Gas Relief & BMHRC	3.64 kms		April 11 Died before admission			
5	Ashfaq Mishhadi Nadevi	75/M	HT*	Yes	Jinsi Road, Jehangirabad	Private	JP Hospital	No	28 family members were tested on April 13.	No Report given
				Charak Hospital	3.81kms		11 <sup>th</sup> April			
6	Yunus	60/M	None	No	Near Raj Talkies, Jehangirabad	Private	Hamidia Hospital	No	10 people were tested on April 17.	No Report given
				BMHRC	3.45 kms		April 14 Died before admission			
7	Riyazuddin	72/M	DM** HT Prostate Kidney	Yes	Bagh Umrao Dulha	Private	Hamidia Hospital	No	6 people were tested on April 17	Positive report of 1 member given on April 20. Remaining have not got their reports
				LBS Hospital	2.42 kms		April 17			

**On the basis of the above facts, the following inferences can be drawn :**

1. Three of the deceased were above 70 and three were above 50 years of age. The youngest person to die from COVID was 42 year old
2. All were male.
3. All were exposed to toxic gases from Union Carbide factory in December 1984 and lived within 4 kms. from the Union Carbide factory, with an average of 3 kms. distance from the factory
4. Except one all were under chronic care at government hospitals meant for medical care of survivors of the gas disaster. Four of the deceased were under chronic medical care of the Bhopal Memorial Hospital & Research Centre and remaining 2 used to visit city private hospitals for medical care.
5. Except in two cases, the caregivers of the deceased patients mostly opted to take them to private hospitals for emergency care.
6. All but 3 persons died on the day of their admission to the hospital. The remaining 4 persons were 'brought dead' to the hospital
7. None of the medical records including records of testing positive for Novel Coronavirus were given to any of the families of the deceased.
8. In most of the cases there has been a delay of 2-3days before contact tracing was started.
9. Barring a few exceptions most of the contacts of the deceased have not been given their viral infection test results.

The analysis clearly shows that our apprehensions regarding the increased vulnerability of the survivors of the December 1984 Union Carbide gas disaster to COVID-19 were indeed well founded. Regrettably none of the interventions proposed by us were considered in anticipation of such a calamity. We hope that concerned government authorities will learn from the lessons of the analysis presented above and ensure the following;

1. Identify the most vulnerable i.e. persons above 60 and with comorbidities such as Diabetes, Hypertension, COPD, Heart & Kidney problems & Cancer in the gas exposed population. The work of identification of the most vulnerable should be carried out by the 6 state run gas relief hospitals and the ICMR run Bhopal Memorial Hospital & Research Centre (BMHRC) & National Institute for Research in Environmental Health (NIREH). Given that all these hospitals and the research centre have computerized database of the survivors under medical care or research, this work could start immediately and be completed within a week's time.
2. Provide protection to the vulnerable persons so identified by finding safe spaces for them within their own households and in cases where this is not possible (such as in single room dwellings) arrange for community based quarantine spaces. Ensure provision of food & drinking water during quarantine. Special helpline number for such quarantine persons should be put in place.
3. Provide medical care to those suffering from chronic illnesses among this vulnerable population without them needing to visit the hospital. This can

be done by home visits by medical teams of government gas relief hospitals & NIREH.

4. Establish a hospital with ICU, isolation wards, ventilators, supply of relevant medicines & consumables such as oxygen that is fully dedicated to caring for the critically ill gas affected survivors. The 50 bed Pulmonary Medicine Centre (Rasool Ahmed Siddiqui, Gas Relief Hospital) situated in Jehanagirabad would be suitable for this purpose.

### **Further we propose the following steps in relation to the survivors of the Union Carbide gas disaster**

**1. Spreading awareness instead of fear :** In our experience, currently a large number of survivors of the disaster are more afraid of action by the police than that of being infected by novel corona virus. The ongoing lockdown being imposed through police may keep traffic off the streets but in the absence of effective health education, the purpose of the lockdown is being defeated and there is poor compliance of such measures as social distancing and hygiene. We would like to suggest that the district administration use local TV channels to carry out effective communication for restricting the spread of the virus and encourage public participation in fulfilling the purpose of the lockdown.

**2. Testing for Coronavirus should be done on a rational basis.** As reported recently by the ICMR, as many as 80 % of persons infected with the Novel Corona Virus could be asymptomatic. In this context, the prevailing protocol of testing only symptomatic persons in different communities is likely to present an unreliable picture of the spread of the virus. May we suggest that a statistical random sample of 10 % of the population in any community be tested to obtain a correct estimate of the spread of the virus that would be of use to design meaningful interventions. Further, all health workers and others coming in contact with a large number of persons in the course of their daily work must be tested at regular intervals to prevent infections on a large scale.

**3. Reports should be given to people:** None of the deceased or their family members have been provided with their medical reports of COVID-19 testing. In fact it can take upto 10 days for people to receive their test reports and in the majority of cases reports have not been made available at all.

**4. Testing of gas exposed deceased at homes:** In all cases of death in the gas exposed population, samples should be collected post-mortem before burial or cremation takes place and sent for testing. This will ensure that a correct picture of COVID 19 associated mortality is available.

**5. Availability of Ration:** Ensure that ration is distributed to all persons in need including families dependent on daily wage labour. To this end it is important that the criteria of having a Samagra ID is waived off for distribution of rations. Indeed it is most urgent that the easing of this criteria is done without delay.

**6. Payment for Loss of Livelihood:** Ensure payment for loss of livelihood due to the ongoing lockdown. According to ICMR data on Bhopal survivors over 60% are dependent on hard manual labour for their livelihood. All these daily wage workers should be compensated for loss of livelihood caused as a result of the lockdown.

**7. Widow pension:** Ensure resumption of monthly pension to over 5000 women who have been widowed as a result of the disaster. The monthly pension of Rs 1000 for more than half of these women was stopped in January and the remaining will stop receiving pension this month. Most of these widows live alone and are also above 60years.

We would like to remind you that we have received no reply to our rather prescient letter of March 21, 2020, not even an acknowledgement. We hope that this letter fares better.

Thanking you.

Yours sincerely

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