

# 110 medico friend circle bulletin

February 1985

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## Reporting from Bangalore

### Annual Meet 1985

About one hundred and ten friends consisting of doctors, nurses, social science professionals, social workers, journalists, developmental and political activists, university students and others from the States of Maharashtra, Gujarat, Rajasthan, Karnataka, Tamilnadu, Kerala and Nepal met at the Indian Social Institute, Bangalore, from the 26-29 January 1985 in a series of informal meetings which formed part of the packed annual meet of the medico friend circle.

On the 26<sup>th</sup>, there were two impromptu planning sessions by the mfc early arrivals to finalise the tentative programme had drawn up for the two day discussions on 'TB and SOCIETY'.

On the 27<sup>th</sup> morning, after a short introduction of the mfc (Abhay Bang), venue – Indian Social Institute (Stan Lourduwamy) and the annual meet short (Ravi Narayan), all the friends were involved in a short self introduction which brought out the rich diversity of the assembled group. Then we divided into six groups to pull together the expectations of the friends on the meet, the issues in TB that they were concerned about and the focus and scope of the discussions.

After lunch the expectations and issues to be discussed were reviewed and suitable changes were made in the programme to ensure changes if not most, of these areas of interest expressed and identified were included. We then divided into six groups to make a critical review of the National TB Programme based on field observations and field experiences. Questions and issues to be put to a panel were also identified. A panel consisting of three of our senior resource persons from the National TB Institute, Bangalore; (Dr. Gothi, Dr. Chandrashekar and Mr. Nair) two visiting TB Specialists from Sweden. (Dr. Hernborg and Dr. Sjogren) and Dr. Vasant Talwalkar of Bombay, then began to respond to the questions of the various groups. This session soon advanced into an intense, emotion-packed, dialogue and discussion deftly handled by our NTI colleagues. For many old mfcites, it was reminiscent of the earlier 'intense' reunions. A lot of heat, some light and much committed intervention made it a memorable evening which went on till 7:30 p.m.

After dinner those who still had stamina reassembled to listen to many of our new members and young friends share their general field experiences, perspectives and their individual quests. These included short reports from SEWA rural (Gujarat), Mitraniketan (Kerala) INGRID (Karnataka), CMC (Vellore), Calicut Medical College team, Chetna (Ahmedabad) and others.

On the 28th morning, we began with a sharing of seven case studies in TB Control. They were—TB in the Tibetan refugee Camps in Coorg (Kerala), Nagpada Neighborhood House TB Programme Bombay (Mona Daswani); TB work among the Santhals of Bihar (Roser Montagut); TB programme for children organised by Save the Children Fund of UK, in Nepal (Susannah Graham Jones); Shanti TB Centre in Urban Calcutta (Joseph Vazhakala), West Bengal TB Association Programme (Ganguly); Sewa Rural Health Programme in Jhagadia, Gujarat (Rajesh Mehta.)

All of them shared their rich experiences and described the little innovations they had made to make their programmes more sensitive and responsive to the patients needs. Later during the morning we divided ourselves into seven groups to discuss the following specific areas relevant to the TB Programme in India: 1. Case finding and Case Holding; 2. TB rational chemotherapy and rational drug policy; 3. Childhood TB, BCG immunization and extra pulmonary TB 4. TB in medical education; 5. TB in the training of Community Health Workers; and paramedical workers and in public education; 6. TB—socio-economic and political factors. The sixth group further subdivided into two sub-groups-one group considering the occupational/environmental and legal aspects and the second the overall socio-political and economic setting of the health programme.

Reports of all these groups were presented at a plenary meeting after which all the participants once again divided into two main groups to spend the remaining time (continuing well after supper on the 28<sup>th</sup>) to discuss follow up action. Taking into account the nature of the participants work involvement and also Anant Phadke's suggestions in his article on 'Why Discuss TB' in the December 1984 issue of mfc bulleting, it was decided that the discussion on follow up action would be undertaken in two groups. The first consisting of all the friends who were involved in field programmes and community health projects would identify all the alternative approaches and innovative ideas that had been shared or identified during the meet for members to try out or introduce into their projects when they return. The second group consisting of all those who were not directly involved with community health programmes or TB control programmes would identify areas of intervention and action at all the non-project but equally significant levels-be they medical education, feed back to Govt, further study, raising public awareness, involvement of mass media and so on. On the 29<sup>th</sup> morning, there was a short plenary session at which both these groups presented their final reports and the TB meet was concluded.

A detail report of the plenary and group discussions on 'TB AND SOCIETY' and final follow up plan will appear in the March 1985 issue of the bulletin.

**(All rapporteurs of small group discussions and plenary sessions as well as participants who took notes are requested to send in their reports latest by 25<sup>th</sup> Feb' 85, if they have not already done so. — Ed).**

## **XI Annual General Body Meeting**

The 'Bhopal Disaster' was the first matter taken up at the annual general body meeting on the 29<sup>th</sup> morning. Many requests from the Zahreeli Gas Kand Sangarsh Morcha and other organisations for mfc's involvement in a long term study and other plans were considered. Reports by Abhay Bang and Narendra Gupta who had visited Bhopal in response to these requests were presented and the mfc made important decision for responding to this national calamity (see discussions).

The whole of 29<sup>th</sup> was spent discussing various matters on the circulated agenda of the report, the statement of accounts, the annual budget, the bulletin, the anthologies, the rational drug policy cell, mfc's involvement in the All India Drug Action Network, the NETEN campaign, mfc's stand on capitation fees, issues raised by junior doctors strikes and other issues. The meeting concluded at 12 midnight. The key decisions for information of members, subscribers and readers of the bulletin are given below. A more detailed note on the GBM will be circulated to the members separately. On the 30<sup>th</sup> to 31<sup>st</sup>, many members stayed back to participate in the All India Drug Action Network Meetings that followed. The report of this meeting will be featured in the March issue.

## **Decisions**

### **(1) The Bhopal Disaster**

a. A team of mfc members consisting of Amar Jesani, Mira Shiva, Daxa Patel, Anant Phadke, Dhruv Mankad, Karuna Pattanayak Marie D'Souza, Manisha Gupte, Ravi Duggal, Ashvin Patel and Abhay Bang was formed to explore the possibility of responding to the invitations by various groups to undertake medical/health related studies – both short and long term to support the struggle of the victims of Bhopal.

Tentatively this group will put together relevant information by the 20<sup>th</sup> of February and start the study in early March.

*(For further details, information, participation contact Ashvin Patel, 21, Nirman Society, Alkapuri Vadodara 390005 and / or Ravi Duggal, D-3, Refinery View, 62-63, Mahul Road, Chembur, Bombay-400074)*

b. The mfc GBM fully endorsed support to the team—financially and otherwise to undertake this work and initiated the Bhopal Fund. All members/subscribers/readers of the bulletin may send donation by cheque in the name of 'medico friend circle—Bhopal fund' to the mfc office in Bangalore.

c. The mfc GBM also endorsed full support to the team to make public their findings and to disseminate it to all concerned.

d. As a symbolic gesture of unity and protest the GBM also endorsed the call of the Kerala Sastra Sahitya Prishad and Madras Citizens Groups to boycott EVERREAY BATTERY a product of the killer Union Carbide.

### **(2) Anthologies**

The first edition of mfc's third anthology—HEALTH AND MEDICINE-UNDER THE LENS (Rs. 15.00) and the second reprints of the first anthology—IN SEARCH OF DIAGNOSIS (Rs. 12.00) and the second anthology—HEALTH CARE WHICH WAY TO GO? (Rs.15.00) will be available for sale in March, 1985. The pre-publication offer of Rs. 35.00 for a three volume set is extended. Money Orders or Demand Drafts may be sent to the mfc office till 1.3.85.

### (3) **Bulletin**

a. The bulletin subscription list as of December 1984 is as follows. Maharashtra – 201; Karnataka – 63; Gujarat – 59; West Bengal – 31; Delhi – 28; Kerala – 28; Tamil Nadu – 27; Andhra – 21; Bihar – 21; Madhya Pradesh – 12; Rajasthan – 9; Punjab – 8; Orissa – 6; Uttar Pradesh – 6; 2 each from Meghalaya and Goa and one each from Nagaland and Haryana and 34 foreign subscribers. Total – 560.

A concerted subscription drive is necessary and we request all members to participate actively this year.

- b. A readership survey will be undertaken this year.
- c. Some areas to be covered in the bulletin are occupational and environmental health, non-allopathic system of medicine, unnecessary surgery, clinical investigation 'business', health of urban slums, return/rise of epidemics of infective hepatitis, dysentery and malaria, and capitation fee medical colleges. Contributions, letters, fillers on these and any other relevant topic are welcome.
- d. To maintain a certain continuity, follow up reports on action following the TB meet, the Bhopal study, the NET-EN campaign and the evolving work of the Rational Drug Policy Cell and the All India Drug Action Network will be featured from time to time.
- e. The editorial board continued as before with one addition – Abhay Bang.

### (4) **Rational Drug Policy Cell**

- a. The first Report on 'Rationality of Anti-diarrhoeals', by Shishir Modak is ready for sale. Copies are available with the Cell in Pune and the mfc office in Bangalore for Rs. 3.00 only. Please send Rs. 4.00 by money order to get a copy by post.
- b. The second report on 'Analgesic combinations' by Jamie Uhrig and Penny Dawson will be ready for dispatch in a few weeks. Await further details in the bulletin of March.
- c. The campaign against injectable contraceptives has been initiated by the Bombay mfc group along groups (further details of the campaign in the March bulletin).

### (5) **Organisational:**

The annual report for 1984, the statement of accounts for the period 1.4.84 to 31.12.84, and the annual budget for 1985 were presented and approved.

## **(6) Executive Committee**

Anant Phadke, Amar Jesani and Amar Singh Azad continued on the executive committee for their second year. Kartik Nanavati, Lalit Khanra and Mira Sadgopal, who completed their second year, were replaced by Narendra Gupta, Daxa Patel and Thelma Narayan. Satyamala who completed her second year was re-elected for another two year term and continued on the Committee. Ravi Narayan continued as Convenors.

## **(7) Annual Meet**

The tentative theme will be "Occupational and Environmental Health". The focus and scope of Core group meeting. The dates for the next annual meet have been tentatively fixed for 27 – 29 January 1986 and the venue will be Bombay. Further details will be finalised at the mid-annual meeting.

## **(8) Mid-annual Core group Meeting**

The mid-annual EC/core group meeting will be held on 26-28<sup>th</sup> July 1985 at Patiala. Amar Singh Azad and group agreed to host the meeting. During these three days we shall discuss Ashvin/Anant's articles on the role of mfc (refer mfc 100--1), the report of the mfc team going to Bhopal, and the approach papers on the theme of the annual Meet 1986. Three case-studies on this theme will be presented viz.

- a) Occupational hazards of agricultural workers – Amar Azad, Satish Gogulwar, Lalit Khanra, Marie D'Souza.
- b) Occupational and environmental hazards of viscose-rayon factories in India – Thelma Narayan.
- c) Occupational lung diseases – Textile factories, asbestos etc—the Bombay mfc group. \*

## **The Double Standard in Industrial Hazards**

— Barry I Castleman

Industrial health hazards, both occupational and environmental, have been the object of increasing concern in industrialized nations. Control requirements and compensation liabilities have favored the emergence of alternatives to asbestos, carcinogenic dye intermediates, mercury, and other very hazardous materials. However, despite the domination of world markets and production by firms well aware of such dangers, progress has been delayed in the developing countries. Numerous examples of a double standard in health protection are cited, in which the affiliates of companies based in the United States, Europe, and Japan expose workers and communities in developing

countries to dangers that would not be tolerated in the home countries of the multinationals. This widespread problem stands as a threat to public health and a challenge to profession as in this field, worldwide

**Double Standard Cases\***

Industry	Location	Type of Hazard Reported	Multinational affiliation	Type of affiliation
Asbestos friction product and textile manufacture	Bombay	Numerous workplace hazards uncontrolled, failure to inform workers and tell them of medical exam findings	Turner and Newall Ltd (UK)	75% ownership
Asbestos cement manufacture	Ahmedabad	Water pollution, solid waste dumping, no warnings on products	Johns-Manville (US)	Minority ownership exclusive marketing of exports, raw material sales, plant design and construction supervision
Asbestos brake lining manufacture	Madras	Solid waste dumping	Cape Industries (UK)	25% ownership
Dye manufacture Mercury cell Chlorine plant	Bombay	Water pollution, Mercury poisoning, water pollution	Monsieison (Italy) Pennwalt Corp (US)	Partial ownership 40% ownership and management of the plant
Steelmaking	Malaysia	Air pollution, workplace hazards	Nippon Steel (Japan)	Majority ownership and plant design
Polyvinyl chloride manufacture	Malaysia	High worker exposure to carcinogen vinyl chloride	"Japanese" companies	Partial ownership
Arsenical pesticides manufacture	Malaysia	Arsenic poisoning symptoms in workers, no monitoring of exposure	Diamond Shamrock (US)	Subsidiary

\* Only Indian and Malaysian examples are cited.

## What to do about Hazard Export

- Workers education and alert.
  - New plant design for process control.
  - Environmental appraisal before granting of industrial licenses.
  - Development of expertise in toxic substances control.
  - Ongoing and competent appraisal of world wide movement of hazardous industries.
  - Trade unions to press for regulations to protect workers health.
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## Are you Harming Yourself?

### PAIN KILLER DRUGS

Analgin, a pain killer drug (Novalgin, Baralgin, and Ultragin etc) can cause damage to bone marrow causing deficiency of white blood cells, “Agranulocytosis”, a potentially fatal condition. A doctor who had himself taken just two tablets containing Analgin developed Agranulocytosis and could survive with difficulty after a fight of nearly six months under intensive medical care. Analgin has been banned in a no. of countries including Bangladesh but continues to be manufactured even by public pharmaceutical companies and is freely available in the market without any warning system to sun consumers.

Pain is a subjective phenomenon and certain natural methods like taking rest, massage with gentle hands, going out for a walk for diversion of mind etc., are preferable to taking drugs. Similarly sponging of the body with water of ice cold packs are better for symptomatic relief of fever and should be used as a primary measure. Fever is basically the body's defence mechanism and stress should be on proper diagnosis for the cause of fever and specific treatment of that cause. Paracetamol (Metacin, Crocin, Pyrigesic etc) is a relatively safe drug and can be used for relief of pain or fever. Aspirin, and other drug (eg, Disprin) when taken should be consumed with a glassful of water or milk and preferable after food. Unfortunately the market is being flooded by drug combination of either useless or harmful medicines and it may be sometimes difficult to get a single drug preparations.

Source: Consumer Guidance Society of India

### A WARNING

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<sup>1</sup> Extracted form two articles by Barry I Castleman entitled “The Export of Hazardous Factories to Developing Nations” (International Journal of Health Services Vol 9, Number 4, 1979) and “The Double Standard in Industrial Hazards” (International Journal of Health Services Vol 13, Number 1, 1983). The former article includes sections on Asbestos, textiles and friction products, lead smelters and battery plants, primary refined zinc, mineral industries in general, benzidine dyes, vinyl chloride industries and steel industry. Both articles have an exhaustive list of references. For direct reprint requests write to: Barry Castleman, 1722 Linden Avenue, Baltimore, Maryland 21217.

Bharanin et al (Journal of the Association of Physicians of India, 1984, 32:382:383) have done a singular service to patients and the profession by highlighting marrow toxicity of dipyrone (Analgin) and various combinations containing dipyrone. In my hematological practice, I encounter an average about 12-15 cases for Agranulocytosis in a year. Of these 10-12 are caused by dipyrone or dipyrone containing drugs. Agranulocytosis in existing circumstances carries mortality for 50-60%. Unfortunately in almost all cases the drug is used by otherwise healthy individual for a trivial symptom and that use could have been easily avoided without any inconvenience to the patients. Medical personnel who prescribe some of these drugs are unaware that a particular drug contains Analgin because the brand name does not end in 'gin'. This ignorance can be disastrous and cost a patient his life. To illustrate this point the following case would suffice. A patient with 'Novalgin' induced Agranulocytosis was recovering gradually with leucocyte count rising from 500/cmm. To 2000/cmm. over a period of 6 days. At that stage the patient complained of abdominal discomfort for which he was given Inj. Baralgin by the Doctor in charge of the patient. Leucocyte count dropped down to 300/cu. mm in 12 hours and patient succumbed. Identical story was repeated in another patient with the same drugs but fortunately the patient recovered. In my 25 years of medical practice, I have never used dipyrone or other drugs containing dipyrone, and I do not think any patients have been worse off without them. However majority of the medical profession has been so much conditioned to use it that it really needs strict vigilance to make a resident doctor in a hospital discard the habit to using dipyrone when he works with me after working elsewhere from where he has picked up the habit of prescribing 'gins'.

— Dr. BC, Mehta  
Hon Prof & Head  
Dept. of Haematology  
KEM Hospital, Bombay

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(Letter sent to the Editor, Journal of Association of Physicians of India)  
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### **Banning brands (U.K.)**

Some 300 branded medicines will be banned from National Health Service prescriptions from next April, as the government attempts to cut its £ 1400 million medicines bill. Most of the drugs are for minor ailments and are usually available in chemist's shops at a price. A study of the 31 medicines listed by the health minister Kenneth Clarke last week as replacements for the banned brands reveals, for the first time, the emergence of a Govt medicines policy.

28 of the 31 approved medicines are pharmacopoeial preparations, that is medicines for which composition and standards are laid down in the British Pharmaceutical Codex (BPC). The other three are benzodiazepines, such as Valium, for which no standard yet exists.

Nearly 100 cough medicines with names that tell nothing will disappear from NHS prescriptions. They will be replaced by six medicines with such simple titles as Diamorphine Linctus BPC or Methadone Linctus BP. Alkaline Gentian Mixture BP alone will replace the various "tonics" to improve the appetite.

The numerous multivitamin propagations with fancy names will give way to straightforward Vitamin Capsules BPC, or to single substance preparations such as Ascorbic Acid Tablets BP (Vitamin C) or Pyridoxine Hydrochloride Tablets BP (Vitamin B6) or Vitamin B12 (Cyanocobalamin) for the treatment of pernicious anaemia.

Two BP laxatives and five antacids will do NHS service for the 65 brands and more than 100 proprietary preparations listed in the pharmacists' bible, MIMS.

Five aspirin and Paracetamol preparations replace the 34 brand-named mild analgesics listed in MIMS, though some doctors think they will be able to go on prescribing the branded products for arthritis. Ministers' opposition to benzodiazepines will remove the money-spinner Valium from NHS prescriptions in favour of plain diazepam, Mogadon as nitrazekpam.

A score of other brand-named "sedatives and tranquillisers" will also disappear, including bluzodiazepine bypaotics. Last week's THE LANCET reported once again on the inappropriate prescribing of prochlorperazine as a tranquilliser, particularly for the elderly suggesting that non-bluzodiazepine tranquillisers should also be considered.

— FRANK LESSER

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Source: New Scientist--15th November, 1984.  
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## BOOK REVIEW

OUR JOBS, OUR HEALTH – A Women's Guild to Occupational Health and Safety, Boston Women's Health Book Collective, 89 pp.

In recent years health issues at the work place have generated considerable research, literature and action. The status of women's health at work – inside the home and outside – has become a cause for concern only since women's work became recognized as contributing to social and economic development. In other words, health problems of women at work became visible only when women's work became visible.

This book offers a good guide to the health hazards women face at work. The basic premise of the Collective in writing the book is that health and safety concerns of working women are not especially different from those of working men. At least not most of the time. But the reason why work related health problems of women cause distance concern is because they are defined by the kind of work that women do. And that is in turn determined by women's status in society. The authors point out that traditionally in any sphere of activity

women have been performing the most tedious, tiring, monotonous, lowly and ill paid jobs. They are thus exposed to a larger member of hazards and more frequently than men.

This booklet offers much needed information on health and safety hazards, how to recognize them and how to do something about getting rid of them. It contains 12 short chapters beginning with a short rather too brief note on women's work through history.

Do you com home with a headache everyday? Do you find that you are gradually growing deaf? Have you lately heard of higher of higher incidence of cancer in the plant? If you have, then it is time you realized that you might be working in a hazardous environment. The authors classified hazards under categories of industry. For instance, the health effects in the electronic industry are dermatitis, dizziness, damage to the nervous system and the liver, skin burns, heart disease, eye, nose and throat irritation.

The booklet exposes some commonly held cancer myths which have often been used to counter workers' demands for a healthier environment. One oft quoted argument is that any substance can cause cancer in animals if given in large enough quantities and so, animal studies are not sufficient proof that a substance is carcinogenic. This is untrue because only some chemicals are carcinogenic although high doses used in animal studies increase the likelihood of cancer in the experimental animals. But this does not mean that all chemicals are carcinogenic if consumed in sufficient quantities. Animal studies are the only available means of screening potentially hazardous chemicals. It is also untrue that most cancers are caused by personal lifestyles. If a woman is exposed to high levels of benzene she will run the risk of developing cancer no matter what her lifestyle.

A major chapter in the booklet is devoted to reproductive issues in the work place. How do substances in the workplace affect the reproductive system of men and women? Impotence, loss of sexual desire, infertility and mutation of the germ cell are listed in answer. The growing concern for 'the unborn child' has led many US companies to formulate policies which effectively prevent women between '18 and 60 from gaining access to a wide range of jobs which were open to them so far. The authors point out that "removing women form these jobs instead of cleaning up the workplace divert attention from the real issue: protecting all workers from reproductive and other health hazards." It ensures among other things that employers treat pregnancy disability must like any other disability by providing light work, modified tasks or leave. Women cannot be denied unemployment benefits merely because of pregnancy.

Another important and informative chapter is on controlling hazard once they are identified. Although some of the suggestions may not be applicable to Indian conditions, the method involved in dealing with workplace hazards would be very illuminating to activists and to workers. It would, in face be, a good idea to adapt this book to Indian situations and to translate and distribute some of the chapters.

Mention must be made here of the work being undertaken by the Union Research Group, some of which has been presented in the URG Bulletins. It not only throws light on the health hazards in some industries, but also suggests possible and practicable solutions.

— Padma Prakash,  
Bombay

*Dear Friend...*

### THE MARD STRIKE.

1. Sanjay Nagral gives us an interesting internal view of the MARD strike, but did I perceive a note of pessimism in his essay?

The recent strike in Kerala against capitation-fee Medical Colleges was a grand success. This strike too was spear-headed by 'interns' and medical students, very few senior doctors openly supported the strike, though. It had their tacit approval.

The mass contact programme was carried out with enthusiasm. A few non-professional colleges had token strikes. Judging from the letters to the Editor" column of virtually every newspaper and magazine in Kerala, the people were very much interested in what was going on. Finally it was the subtle but powerful support of the strike by the masses that caused even senior politicians and parties to change their stance, and the government had to withdraw.

We tend to underestimate the power of the people. MFC, VHAI, CHAIT, & similar associations can do little unless they not only work in partnership but also broaden their base and stop striking an elitist pose.

MFC, VHAI, CHAI etc must vitalise the apathetic, and guide the pent-up anger and frustrations of the masses into proper channels. But it is ultimately the masses that produce change, not 'thought currents' and associations.

NEWTON LUIZ,  
COCHIN.

*Dear Friend...*

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NEWTON LUIZ,  
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2. I am constrained to make some observations on the article 'The MARD strike - a view point' by Sanjay Nagral in the MFC bulletin no 108. The evaluation of the impact and the criticism of the conduction of the strike appear to be superficial and incomplete. It is difficult to agree with the conclusion that the "strike was a failure". The MARD strike was, in a sense, a unique one. Agitations of doctors on causes of social interest is only a decade old and is

now fast attracting public attention but the issues were usually related to medical care and health policy. MARD strike has added a new dimension in drawing attention to the malpractice prevailing in the administration of medical education. Failure or success of a movement can hardly be judged by the instant impact or immediate return. The strike of the state-employed doctors of West Bengal in 1947 ended in an agreement which the Govt., taking advantage of the EMERGENCY in the country, did not keep. But after the emergency was lifted the resurging public opinion pressurized the Govt., to concede some of the demands. Similarly, the present Left Front ignoring the protests of the medical profession, launched their half-baked 'Barefoot Doctor' scheme but had to terminate it after 3 years admitting their mistake. The latest Junior Doctors' movement in Bengal had failed to achieve any significant concession but we consider it the most successful movement of the medical profession to the effect that the movement caused such an unprecedented upsurge of public involvement that a good number of Mass Organisations have since taken up the issue of health care and a sustained campaign on Health is still going on.

The critical comments regarding the immature and opportunist conduction of the movement by the leaders of the MARD strike appear to be simplistic. It was rather expected that the leadership might fail to grasp the political realities and if they did, they at least did not reveal less wisdom than that of the big Left Political Parties and Trade Unions vis-a-vis the Bombay Textile Strike.

On the other hand, the author himself could not make much headway in analysing the political realities except making some nebulous observations popular among the left circle. The class interest behind the move of Capitation Fee, the class character of the different sections of the organised medical profession, the out-look, attitude and the level of awareness of the organised working class to this issue in the perspective of health care, the quantitative and qualitative impact of Capitation Fee system on the medical profession—these were the issues which should have been analysed and discussed in order to understand the political realities. In fact it is not even clear what motivated the resident doctors to organise and agitate and what was their real cause of grievance.

The author made another faux pas in, on the one hand, looking down upon the MARD for calling off the movement just in exchange of a no-victimization assurance while on the other, advocating compromise at an early stage of the movement with a partial concession of percentage of merit seats. While agreeing with the author that "political moves have to be fought 'Politically', it may be worthwhile to suggest that political fights should also be fought on principles and material concessions may often erode the very basis of politics of a movement.

The suggestion of the author to broaden the base of the struggle by involving the trade unions, mass organisations, science movement groups etc will be welcomed by all but we, from our own experience, feel that this could not be done by clarifying the relationship and impact of these issues with regard to health care service. In any case, I must express my satisfaction in finding an article of this nature in the pages of MFC bulletin and I hope, in view of the apologetic observations of Padma Prakash and Amar Jesani in the "Door Friend" column of the same issue, that article on such subjects will continue to appear in future.

—SUJIT K DAS  
CALCUTTA.

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### III ANTHOLOGY

Medico Friend Circle are glad to announce that our third anthology of articles (covering bulletins 53...95...) and entitled "HEALTH AND MEDICINE UNDER THE LENS" will be published by March 1985. Price Rs. 15/-

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BHOPAL DISASTER; CITIZENS RESPONSE

1. **THE DELHI SCIENCE FORUM** had sent a team to Bhopal and have published a report on the "Bhopal Gas Tragedy". It is available for Rs. 3.00 from B-1, 2nd floor, J. Block, Saket, New Delhi 110017.

DSF have also prepared an exhibition with 40 modules which is being taken to schools, collages, public sector offices and factories. Xerox copies of these are available. For details write to the above address.

2. **KERALA SHASTRA SAHITYA PARISHAD** (KSSP) have launched a campaign for the boycott of Eveready Batteries manufactured by Union Carbide. Posters and Post-cards, for this campaign are available for Rs. 1.00 each from KSSKP. Prishad Bhavan, Trivandrum 695037, Kerala.

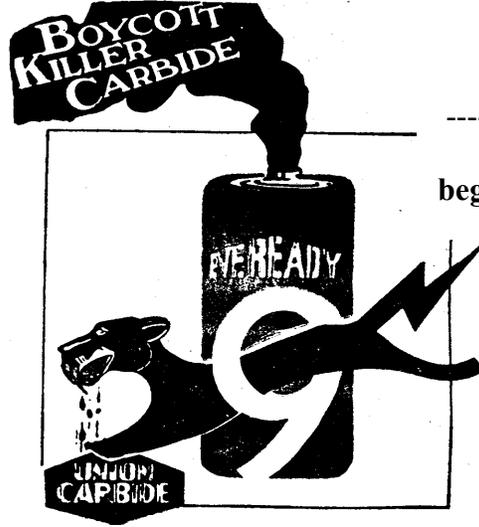
3. **EKLAVYA** who are actively involved with the Zahreeli Gas Kand Sangarsh Morcha in Bhopal have published a report on Bhopal: CITY OF DEATH, a people's view of death, their right to know and live. A reconstruction of the gas tragedy, its background and aftermath from press reports and its local information. It is available at a contributory price of Rs. 3.00 from Eklavya, E 1/208 Arena Colony, Bhopal.

4. The **ZAHREELI GAS KAND SANGARSH MORCHA**, Bhopal are Organising a Solidarity March on Feb 16, 1985 and a National Convention in Bhopal on Feb 17 & 18, 1985 on Lessons from Bhopal environment science and democratic rights (in the context of the role of foreign capital and the Indian State). Contact address: Vibhuti Jha, Advocate, 49 Shyamala Road, Bhopal 462002.

#### 5. **Mfcb 109 — Citizens Responses:**

—The note from (**Madras should read as**)

SPACE — Students for Protection and Care of Environment (Y-54, Anna Nagar, Madras 600040) took out a protest march on 14 Dec. 1984 and presented memorandum to the government, Union Carbide and the US Govt. The Movement for Environmental Protection (54 Jani Jan Khan Road Madras, organized a public meeting and a demonstration by Children at Basin Bridge on 5 January and a dharna outside the Union Carbide Office. Anna Salai on 8th January).



Let us  
firm resolve to fight  
Who murdered and  
brothers and sisters  
with all might the  
suckers who exploit

begin this New Year with a  
the killer union Carbide,  
maimed thousands of our  
at Bhopal. Let us fight  
Multinational blood  
the thief world poor.

Sahithya Prishad

Kerala Sastra

Prishad Bhavan

Trivandrum-695037

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Annual subscription – Inland Rs. 15.00

Foreign: Sea Mail – US\$ 4 for all countries

Air Mail: Asia – US \$ 6; Africa & Europe – US \$ 9; Canada & USA -- \$ 11

Edited by Ravi Narayan, 326, 5<sup>th</sup> Main, 1<sup>st</sup> Block, Koramangala, Bangalore-560034

Printed by Thelma Narayan at Pauline Printing Press, 44, Ulsoor Road, Bangalore-560042

Published by Thelma Narayan for Medico Friend Circle, 326, 5<sup>th</sup> Main, 1<sup>st</sup> Block, Koramangala, Bangalore-560034