

Justice Denied

Sterilisation Deaths in Bilaspur

*Root Cause Analysis and Assessment of Action
Taken by The State*



With support from
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Valuable inputs
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Cover photo: Rekha, wife of Jagdish, who lost her life. Her photo hangs on the wall of her parental home at Amsena village.

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ABBREVIATIONS

BMO	Block Medical Officer
CDL	Central Drugs Laboratory
CHC	Community Health Centre
CIMS	Chhattisgarh Institute of Medical Sciences
CMHO	Chief Medical and Health Officer
CGMSCL	Chhattisgarh Medical Services Corporation Limited
EDL	Essential Drug List
FIR	First Information Report
GOI	Government of India
ICU	Intensive Care Unit
JSA	Jan Swasthya Abhiyan
NFHS	National Family Health Survey
NGO	Non-Government Organisation
NOC	No Objection Certificate
NRHM	National Rural Health Mission
OBC	Other Backward Classes
OT	Operation Theatre
PHC	Primary Health Centre
PHM	People's Health Movement
PIL	Public Interest Litigation
QAC	Quality Assurance Committee
RR	Recovery Room
SC	Scheduled Caste
SHRC	State Health Resource Centre
SOP	Standard Operating Procedure
SRS	Sample Registration Survey
ST	Scheduled Tribe
UN	United Nations

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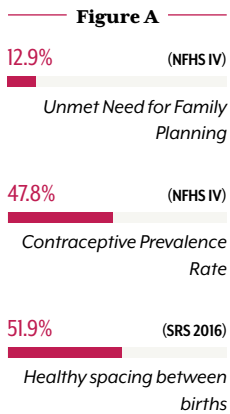
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Errors and omissions, should they occur, are mine alone.

Amulya Nidhi

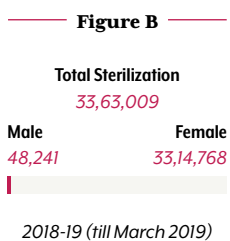
Introduction

Family Planning has been an integral part of India's health care system ever since a national programme to promote it was launched in 1952. Though it comes under the umbrella of Family Planning, the programme has always been about population control—centred around controlling numbers as opposed to being focussed on reproductive and human rights. Over and above, it has been run with a targeted approach till the National Population Policy 2000, when it was changed to a more holistic target-free programme for promoting reproductive and child health. However, female sterilisation was encouraged above other options, leaving rural women with not too many choices.



Despite female sterilisation being riskier and more complex than male sterilisation, the family planning programme tends to focus on women. In India, female sterilisations far outnumber male sterilisations. Thus, women have the onus of family planning thrust on them but are robbed off their control on fertility. To add to the burden, women from poorer sections are subjected to mass sterilisation with little regard for their comfort, privacy, confidentiality, safety of procedure and post-operative care. All this heavily compromises their right to dignity.

According to the annual report 2018-19 of the Ministry of Health and Family Welfare, Government of India (GOI), some of the key national indicators of family planning stand as given in **figure A**.



The same annual report gives data (**figure B**) on female and male sterilisation, which shows that male sterilisation is just 1.43 per cent of total sterilisation.

In Chhattisgarh, the share of female sterilisation in contraceptive method use has remained unchanged at 77-80 per cent in the three most recent National Family Health Surveys (NFHS).

THE BILASPUR INCIDENT

A female sterilisation camp was organised on November 8, 2014 in Sakri, Takhatpur block of Bilaspur district in the State of Chhattisgarh. The camp was held at Nemichand Jain Hospital, a non-functional private health facility where 83 women underwent sterilisation through laparoscopic tubectomy. Subsequently on

November 10, 2014, similar camps were organised at Gaurela block, Bilaspur at three Primary Health Centres (PHCs)—Gaurela, Marwahi and Pendra where 54 women were operated upon.

All the 83 women at Nemichand Jain Hospital were discharged within 30 minutes to an hour of the procedure. After they reached home many started vomiting at night. The next day their condition deteriorated with further complications which required hospitalisation. They were initially taken to the District Hospital in Bilaspur where two of them died. As the situation turned grave, the women were shifted to the Chhattisgarh Institute of Medical Sciences (CIMS), a government-run tertiary care medical facility. As the death toll rose, the district administration approached the private-run Apollo Hospital in Bilaspur for ICU support for those in a critical condition. Several women were shifted there.

Subsequently, multiple investigations and fact-finding exercises revealed that the camp held at Nemichand Jain Hospital grossly violated the Standard Operating Procedures (SOPs) for Sterilisation Camps laid down by the GOI. It came to light that in just three to four hours one surgeon performed as many as 83 operations in unhygienic settings with complete absence of post-operative care.

The State Government was quick to declare cash compensation for the families of the deceased as well as the women who had survived and were in hospital. The Chief Medical and Health Officer (CMHO) of Bilaspur district and the operating surgeon, Dr R K Gupta were suspended. The owners of the private pharma companies associated with supplying the prescribed drugs were arrested.

In the incident, 13 women who belonged to the Scheduled Caste (SC), Scheduled Tribe (ST) and Other Backward Classes (OBC) lost their lives. All of them were young mothers below 30 years of age. Many had infants as young as three months old who were being breastfed at the time.

Root Cause Analysis

VIOLATION OF SUPREME COURT ORDER 2005

(Ramakant Rai vs. Union of India, writ petition (civil) no. 209/2003)

Much before the Bilsapur tragedy, a Public Interest Litigation (PIL) was filed for the implementation of guidelines of the Ministry of Health and Welfare pertaining to Standards of Female Sterilisation. The PIL sought compensation for victims of medical negligence in sterilisation procedures, as well as accountability for violation of the guidelines.

In March 2005, Supreme Court in its order had stated:

- All states should introduce a system constituting an approved panel of doctors, thus limiting the persons entitled to carry out sterilisation procedures.
- State Governments shall prepare and circulate a checklist which every doctor is required to fill before carrying out a sterilisation procedure on a prospective patient.
- State Governments shall circulate uniform copies of the proforma of informed consent.
- Each State shall set up a Quality Assurance Committee (QAC) to ensure that the guidelines are followed in respect to pre-operative measures, operational facilities, and post-operative follow ups, along with a six monthly report detailing number of sterilisations, subsequent complications and deaths.
- Each State shall maintain overall data with a break-up of the number of sterilisations carried out, particulars of the procedure followed, the age of those sterilised, and the number of children each woman has. It should also maintain a record of those incapacitated by the sterilisation programme and the number of deaths, if any.
- State Governments must hold an enquiry into every case of breach of guidelines and take punitive action against erring organisations/doctors.
- The States shall implement an insurance policy (uniform norms) to compensate in case of death, post-operative complications or if the sterilised person is rendered incapacitated.

Following the Supreme Court order, the GOI through its Ministry of Health and Family Welfare issued guidelines to improve sterilisation services. These included SOPs for Sterilisation Services in Camps (March 2008), and Standards for Female

and Male Sterilisation Services (October 2006). The guidelines also stressed the need for informed consent, underlining that inadequate information and uninformed consent can lead to unwanted consequences.

In November 2014, soon after the Bilaspur incident, another PIL was filed in the Supreme Court (Devika Biswas vs. Union of India Writ Petition (C) 95/2012). In this case, the apex court in an order dated January 30, 2015, directed State Governments to respond with the status of implementation of directions given in the earlier Ramakant Rai vs. Union of India order. In its affidavit, the Government of Chhattisgarh stated it is following Central government guidelines. It had circulated a checklist to doctors and the proforma of informed consent was in place. However, it did not provide any documentary evidence to confirm these claims. The Chhattisgarh Government also did not submit any evidence to prove if any enquiries were held against breach of guidelines.

VIOLATIONS OF STANDARD OPERATING PROCEDURES, STANDARDS FOR STERILISATION SERVICES AND QUALITY ASSURANCE GUIDELINES

The SOPs for Sterilisation Camps, including planning, implementation and monitoring the quality of services was laid down in the March 2008 guidelines drawn up by the Family Planning Division of the Ministry of Health and Family Welfare, GOI. An earlier set of standards drawn up for female and male sterilisation services by the Standards Research Studies and Standards Division of the same Ministry in 2006 spelt out the criteria for eligibility, physical requirement, counselling, informed consent, pre-operative and post-operative practices, follow-up procedures as well as management of complications and side effects. It also highlighted the steps to be followed during surgery and for infection prevention.

At the time the sterilisation camp was held in Sakri, Takhatpur block, Bilaspur, the above SOPs and Standards were not followed.

Violations of Standard Operating Procedures for Sterilisation Services and Standards for Sterilisation Services in Camps

Section number of SOP/ Standards	What does the SOP/Standards say?	Violations
1 of SOP	<p>Counselling (Section 1 of SOP) Clients should be made to understand what will happen before, during, and after the surgery, its side effects, and potential complications, including failure.</p>	<p>According to affidavits submitted to the Anita Jha Judicial Committee by women who underwent surgery at the Sakri camp, there was no counselling given to them or their families about the surgery or other family planning options.</p> <p>As per our interviews with family members of deceased women, there was no counselling given on the surgery, its side effects, and potential complications.</p>
2.1 of SOP	<p>Site (of the camps) All Sterilisation Camps must be organised only at established health care facilities as laid down in the Standards by GOI. Under no circumstances should Sterilisation Camps be organised in a school building/ Panchayat Bhavan or any other such set up. Camps should be always organised either at Community Health Centres (CHCs) or PHCs.</p>	<p>The camp took place at a non-functional private health facility—Nemichand Jain Hospital. It did not take place in a PHC or CHC.</p> <p>CMHO Dr Saxena's statement given to the Judicial Committee confirms that Nemichand Hospital was non-functional before November 8, 2014, and it was not given any clearance for holding maternal camps.</p> <p>Additionally, as per affidavits submitted by the women who attended the camp, Nemichand Jain Hospital lacked basic standards of cleanliness and facilities to provide care during and after the procedure. Their affidavits confirm that the hospital was not clean, there was dust and filth on the floors, cobwebs on the walls, and the toilets were stinking. The facility did not have beds. Mattresses were laid out on the floor. Affidavits of women who survived the camp, and our interviews with family members who accompanied them, confirmed that the women were shifted to mattresses on the floor immediately after surgery, with complete absence of privacy.</p>

2.2 of SOP	<p>Client (Patient) Load</p> <p>A surgeon is permitted to perform up to 30 laparoscopic tubectomies (1 team with 3 laparoscopes) every day.</p>	<p>A single surgeon conducted 83 surgeries with a single laparoscope in 3 to 4 hours. This had serious implications on the maintenance and use of sterile equipment, instruments like the laparoscope and other reusable items. This suggests serious compromises were made with safety and the quality of the procedures.</p>
2.3 of SOP	<p>Camp Timing</p> <p>Camp timings should preferably be between 9 am and 4 pm.</p>	<p>As confirmed by the women who underwent sterilisation at the camp, their procedure started around 3:30 pm and lasted till after 4 pm. They have pointed this out in their affidavits submitted to the Judicial Committee.</p>
3 of SOP	<p>Roles and responsibilities of programme managers and service providers</p> <p>Responsibility of District Chief Medical Officer</p> <p>To notify/designate camp managers at the facilities likely to organise sterilisation camps during the year</p> <p>Responsibility of Surgeon</p> <p>To perform sterilisations of screened clients as per laid down procedures.</p> <p>To ensure requisite equipment/ instruments and supplies for the procedure as well as requirements for an emergency as per the Standards.</p>	<p>As per the Initial Investigation Report by the Directorate of Health Services, Government of Chhattisgarh, the camp was organised without the permission of the District Chief Medical Officer.</p> <p>In point number 35 of the Anita Jha Judicial Commission report, it is stated that the CMHO Dr Bhanghe had issued a notice for conducting a sterilisation camp at Kota block on November 8, 2014. In this notice there was no mention of organising a camp at Takhatpur block. Dr Bhanghe stated that the camp at Sakri was conducted without any intimation to him by the Nodal Officer or the BMO.</p> <p>It is worth noting that a camp was organised without the knowledge of the CMHO.</p> <p>There was gross violation of the Standards when the surgeon performed 83 surgeries using one laparoscope in a span of 3 to 4 hours</p>
Section 1.5 of Standards	<p>Post-Operative Care</p> <p>Patient can be discharged after at least 4 hours following the procedure when the vital signs are stable and the client is fully awake, has passed urine, can talk, drink, walk and has been seen and evaluated by the health care provider.</p>	<p>Most women had started vomiting the same night they were operated upon. If the operating surgeon or doctor had conducted proper post-operative evaluation, the women would have been kept overnight at the hospital, and in all probability the deaths could have been avoided.</p>

Section 5 of SOP	<p>Prevention of infection: asepsis and antisepsis.</p> <p>Maintenance of Asepsis in Recovery Room (RR)</p> <p>The entry of people and their movement inside the RR should be minimal as the introduction of the number of micro-organisms is related directly to the number of people and their movement. During post-operative care, the door of the RR should be kept closed</p>	<p>It is confirmed from multiple affidavits submitted by the women and accompanying family members to the Anita Jha Judicial Committee that women were brought out of the OT after the surgeries and dumped on mattresses on the floor. This was in absolute and complete violation of Standards to be followed in prevention of infection.</p> <p>The Four-member Initial Investigation Report by the Directorate of Health Services, Government of Chhattisgarh, states on page 2 that reports of three swab cultures of the mattresses used were found to have scanty to heavy gram positive, and gram negative bacilli growth. This conclusively proves high probability of intra and post-operative infection.</p>
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Section 2.4.4 of Standards (Annexure 4)	<p>Informed Consent Form</p> <p><i>“In case of complications following the sterilization operation, including failure, I will accept the compensation as per the existing provisions of the Government of India Family Planning Insurance Scheme as full and final settlement.”</i></p>	<p>When analysing the consent forms that were used (Consent and application for Sterilisation, Health and Family Welfare Department, Government of Chhattisgarh), it came to light that the form stated that the patient/signee cannot claim any compensation from the administration or from the operating surgeon. This is in direct contradiction and a clear violation of the Standards.</p>
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Section 2.4.4 of Standards	<p>Informed Consent</p> <p>Client must sign the consent form for sterilisation before the surgery.</p>	<p>Several consent forms available with us are dated November 23, 2014, whereas the camp took place on November 8, 2014. This raises serious questions about the validity of the consent forms.</p>
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Right of Patient	<p>Informed Consent</p> <p>The checklist filled up by the doctor before the operation contains the details of the insurance that the patient can claim in case there is death/ complications post operation.</p>	<p>None of the family members/women survivors we met had a copy of the consent form or the insurance papers with them. This is clearly in violation of patients' rights.</p>
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Violation of Orders of Government of Chhattisgarh

The Initial Investigation Report by the Directorate of Health Services, Government of Chhattisgarh, notes that organising the camp at Nemichand Jain Hospital was a violation of the directive dated January 28, 2013 (No 585) by the State Nodal Officer which permitted camps to be only organised at accredited hospitals.

ANALYSIS OF MEDICAL RECORDS AND POST-MORTEM REPORTS

Medical records of the women who were admitted at Apollo Hospital, Bilaspur show high levels of serum lactate and procalcitonin which indicate bacterial sepsis (bacterial infection), suggesting that the women may have contracted an infection during or after their operation.

Discharge summaries from Apollo Hospital show that patients were admitted to high dependency wards and when treated with antibiotics, they became asymptomatic. This indicates that they had responded to treatment for infection.

Multiple post-mortem reports revealed evidence of peritonitis with fluid in peritoneal and pleural cavity, suggesting sepsis leading to septicaemia. This indicates death by infection during or after the operation. The government also tested the viscera of some of the deceased women (only five viscera reports were available), which found no chemical poison in their bodies.

The post-mortem reports from District Hospital, Bilaspur did not contain as much detail, while those conducted at the CIMS were more thorough.

SUSPECT DRUG ANGLE—AN ANALYSIS

The four-member initial investigation committee which was formed on November 10, 2014 by the Directorate of Health Services, Raipur suggested, among other reasons, that the particular batch of the drug Ciprocin (ciprofloxacin) prescribed to the women may have caused the deaths.

While looking for probable causes of the deaths, the administration sought the list of drugs that were given to the women and examined two of them—ibuprofen and ciprofloxacin. Of the two, the batch of ciprofloxacin was manufactured in October 2014, just a month before the camps. The then mission director of National Rural Health Mission (NRHM), Chhattisgarh told the media that they found the ciprofloxacin suspect. The administration did not make public the test reports of the drug but said that the batch of ciprofloxacin manufactured by Raipur-based Mahawar Pharmaceutical Private Limited and Bilaspur-based Kavita Pharma tested positive for rat poison.

Samples of the same drug were sent to the National Institute of Immunology, New Delhi for testing. Its response was that when high doses (200-500 mg/animal) was administered to rats, they died within 24 hours. Interviews with families of the

deceased women also gave the impression that they believed that the medicines provided to the victims after the operation contained rat poison which had caused the deaths.

The owners of Mahawar Pharma and Kavita Pharma were subsequently arrested on charges of culpable homicide.

However, the claim that zinc phosphide (ingredient in rat poison) present in ciprofloxacin was the only major cause of death may not be true. It is likely that it was one of many causes, including medical negligence.

Lab Test Reports

The samples of ibuprofen and ciprofloxacin were sent to various government laboratories in Raipur, Kolkata, Delhi, Pune and to some private laboratories for analysis.

Reports from two laboratories, including the Central Drugs Laboratory, Kolkata revealed that the drugs tested were not of standard quality. The test report from Sriram Institute for Industrial Research, New Delhi found the presence of zinc/aluminium phosphide but did not record the percentages present.

None of the reports provided the degree of toxins present in the drugs.

Interview with Dr Sunanda Dhenge, Consultant Toxicologist

Consultant toxicologist, Dr Sunanda Dhenge, had analysed twelve post-mortem viscera reports of the deceased women. She confirmed that three deaths were due to peritonitis, two deaths as a result of shock triggered by septicaemia and the rest due to septic shock. None of these can be caused by toxic drugs.

Peritonitis is inflammation of the abdomen tissue and is caused by fungal or bacterial infection. This may have happened if pneumoperitoneum (introduction of gas inside the abdomen) was not done properly during the surgery, and instead atmospheric air, which may have contained bacteria, was present.

Septic shock as cause of death is further confirmed by the fact that most patients had a serious drop in blood pressure.

During our recent interview with Dr Dhenge, she reiterated that the deaths had occurred due to virulent bacteria, most probably from the infection site due to which septicaemia may have developed into multiple organ dysfunction and death.

Lethal Dose of Zinc Phosphide

According to forensic medicine and toxicology experts, the fatal dose of zinc phosphide for an average adult male is 5 gm and for an adult female 4.5 gm. The ciprofloxacin in question was a 500 mg antibiotic. Although it is impossible but even

if we assume that the entire 500 mg was zinc phosphide, a woman needs to consume a minimum of nine tablets to make the dosage fatal. None of the women could have taken more than 3 to 4 tablets before they were hospitalised with complications.

Our detailed interviews with the family members, who were present at the time of the event, further confirmed that most women had taken no more than three to four tablets. Some had taken only two doses—one on the night of the operation and one at breakfast time the following day. They had stopped the medication after that.

So, it can be argued that zinc phosphide could not have been the sole cause of death, as was claimed by the authorities.

Drug Procurement

In 2003, Chhattisgarh became the first State in India to publish an essential drug list (EDL) and standard treatment guidelines. During the early years, the State followed a decentralized model for drug procurement at the district level but could not scale up the model.

So, in 2010 the State Government set up the Chhattisgarh Medical Services Corporation Limited (CGMSCL) for centralised procurement of drugs to improve supply chain management and ensure adequate stock inventory. By 2011, an operational policy for procurement of drugs, surgical equipment and consumables was put in place. The primary responsibility of CGMSCL is to procure, test, store and supply all generic drugs and surgical equipment to public health facilities such as medical colleges, district hospitals, CHCs and PHCs. CGMSCL is also responsible for procurement, distribution, installation, and maintenance of all types of medical equipment required by public health facilities.

The procurement policy of CGMSCL clearly specifies that the quality of drugs be given highest priority. In 2013, the Government of Chhattisgarh adopted a policy guaranteeing citizens access to free generic medicines at all public health facilities in the State.

After obtaining a list of medicines required by each health facility, CGMSCL usually follows a process whereby it issues tenders and carries out rounds of quality checks of the supplies to be procured. As this process is time consuming, in case of sterilisation camps arranged at short notice, medicines are obtained through local purchase without tenders. However, this requires a No Objection Certificate (NOC) from CGMSCL.

In the Bilaspur case, a local purchase was made. This indicates that the camps were not planned in advance, and the NOCs were handed out without the required scrutiny.

A study in the peer reviewed Journal of Family Medicine and Primary Care (JFMPC), published from Ghaziabad (Delhi NCR), revealed that during 2013-14 around 58.28 per cent of the prescribed generic medicines were sourced for patients from public health facilities. The rest were procured from private pharmacies.

Access to medicines is not just a technical and administrative process, it has far reaching ethical and political dimensions. Shortage of medicines limits the capacity of the government to fulfil its moral obligation to patients, especially those from weaker segments of society dependent on public healthcare. This highlights the acute need to respond to drug shortages by procuring medicines ethically.

Interview with Dr Prabir Chatterjee, Director of State Health Resource Centre (SHRC), Chhattisgarh

We spoke with Dr Prabir Chatterjee, Director of SHRC, Chhattisgarh on the root cause of the sterilisation deaths, action taken by the Government, and how such tragedies can be avoided in the future.

He maintained that poor planning of family welfare activities, failure to follow existing SOPs, unhygienic choice of sites, and infections caused the deaths. He also pointed out that this problem is not unique to Chhattisgarh but was faced in other parts of India as well.

Though a State Level QAC was set up in July 2014 in Chhattisgarh (as directed by the Supreme Court in 2005), its meetings are irregular. Besides, analysis of family welfare activities, its failures, and deaths are not presented at QAC meetings.

To improve the situation, he suggested that QAC meetings be regular and include a review of maternal and child deaths. Besides, there should be regular monitoring visits jointly undertaken by the Government, UN agencies, and NGO representatives. Medicines should only be purchased through CGMSCL as batches of all medicines are sent for quality checks before clearance. Even purchase of medicines from local sources need quality testing before NOC is issued by CGMSCL.

Action Taken by The Government of Chhattisgarh After The Bilaspur Incident

FOUR-MEMBER INITIAL INVESTIGATION COMMITTEE

After the two initial deaths, the Directorate of Health Services, Government of Chhattisgarh vide order No 275 dated November 10, 2014, constituted a four-member committee comprising Dr Amar Singh Thakur, Joint Director, Health, Bilaspur Division; Dr R R Sahani, Joint Director, Health, Raipur Division; Dr Ashok Kumar Jhawar, Civil Surgeon In Charge, District Hospital, Balodabazaar; and Dr Alka Gupta, Deputy Director, Maternal Health, Directorate of Health Services. The post-mortems had to be conducted in their presence and recorded on video.

The committee members visited Nemichand Jain Hospital where the Sakri camp was organised. They collected swab specimens from the OT. These samples were sent to Bilaspur for testing.

The report of the Initial Investigation Committee stated that three swab cultures, taken from the mattresses used, were found to have scanty to heavy gram-positive and gram-negative bacilli growth. Five swab culture reports of the table-top and bottom as well as the shadowless lamp in the OT were found to have scanty to moderate bacilli growth. Five swab culture samples of steel trolley, second table bottom, OT floor, OT window, and wall tested at the CIMS had scanty to moderate bacilli growth.

One of the key findings of the Committee was the fact that the camp at Sakri (Takhatpur block) was not scheduled in the official calendar of sterilisation camps. In fact, on that date it was supposed to take place at CHC, Kota block.

When the Committee checked the district's stock register of drugs, it found that it did not have details of the batch number, manufacture and expiry date of the 5000 tablets of Ciprocin (500 mg) which was allocated to CHC, Takhatpur. It also noted mismatch of batch numbers of Ciprocin in the stock.

The Committee concluded that there were violations of the SOPs in terms of camp timing, number of surgeries conducted, hygiene at site of camp and medicines procured. The report confirmed that by November 11, 2014, eleven deaths took place and 69 women were hospitalised due to complications.

SINGLE-MEMBER JUDICIAL INVESTIGATION COMMITTEE (ANITA JHA COMMITTEE)

Government of Chhattisgarh (order number F3-10/2014/1-7, dated November 13, 2014) recommended that a single-member committee be constituted to enquire into what transpired between November 8, 2014 and November 10, 2014 leading to maternal deaths in Sakri, Gaurela, Pendari and Marwahi, Bilaspur district during laparoscopic sterilisation camps. Retired District and Sessions Judge, Ms Anita Jha, was appointed as the one-member judicial inquiry panel.

The Committee was mandated to investigate the following:

- Whether SOPs were followed during the sterilisation camps
- Identify the lapses which led to the incident
- Probe whether standard medicines were used at the camps
- Identify individuals responsible for the tragedy
- Point out ways to prevent recurrence of such mishaps
- Suggest a gender equitable approach to family planning practices in Chhattisgarh
- Identify other issues of public importance emerging from the investigation

Findings of Ms Anita Jha—Judicial Investigation Committee

The Judicial Committee collated statements and evidence including affidavits from the CMHO, BMO, civil society groups, victims and their families.

Some of the facts, backed with evidence, that emerged were:

1. The camps had violated the SOPs pertaining to sterilisation camps on multiple grounds.
2. A single doctor performed surgeries on 83 women at Nemichand Jain Hospital. This is an outright violation of the SOP which allows a surgeon to perform only up to 30 laparoscopic tubectomies (1 team with 3 laparoscopes) each day.
3. Victims and members of the families of the deceased stated before the Committee that each surgery took only two to four minutes to complete. After the procedure, women were shifted to mattresses placed on an unclean floor. The women were discharged within 20 to 30 minutes of the operation.
4. The CMHO of Bilaspur, Dr Bhangre revealed that the camp at Sakri was organised without his knowledge. He had issued a notice for conducting this sterilisation camp at CHC, Kota block on November 8, 2014. In the notice there was no mention of a camp at Takhatpur block. Dr Bhangre further stated that he had not given any permission to organise a camp at Nemichand Jain Hospital, Sakri.
5. Block Medical Officer (BMO) Dr Tiwari stated under oath that since 2006 he had conducted many similar camps in which more than 30 women were sterilised each time. He further pointed out that in 2014, through a letter from the CMO's office, a target of 2,100 women sterilisations had to be met. This necessitated the need to violate the SOP restricting doctors to 30 surgeries a day.

6. The newly appointed CMHO, Dr Saxena stated that Nemichand Hospital was non-functional before November 8, 2014 and was not given accreditation for holding maternal health camps.

The Judicial Committee report confirmed clear violations of the SOPs in the Bilaspur sterilisation camps. However, the report did not strongly recommend any punitive action against health department officials.

COMPENSATION AND RELIEF PROVIDED TO THE 13 FAMILIES OF THE DECEASED WOMEN BY THE GOVERNMENT OF CHHATTISGARH

Compensation totalling Rs. 400,000 (four lakhs)

- a. The Secretariat of the Chief Minister, Government of Chhattisgarh (vide order No F-13227/RF-370/CMRF/2014-15, dated November 14, 2014), sanctioned a total of Rs. 2,600,000 (26 lakhs), which meant Rs 200,000 (two lakhs) each to the 13 families from the Chief Minister's Relief Fund.
- b. The office of the CMHO sanctioned Rs. 150,000 (1.5 lakhs) each to 11 families. The payment was made on November 11, 2014. The two remaining families were paid Rs. 200,000 (two lakhs) each on November 12-13, 2014.
- c. On November 29, 2014, the BMO wrote to the CMHO, Bilaspur (letter No. BMO/2014/490) sanctioning an additional Rs 50,000 from the Jeevan Deep Samiti to the 11 families who had received Rs 150, 000 (1.5 lakhs).

Support provided to the minor children of the 13 families

The Department of General Administration, Government of Chhattisgarh, (vide order No F3-10/2014/1-7, dated November 19, 2014) provided the following relief to the families:

Financial Support

All minor children (under the age of 18) of the 13 deceased women received Rs. 200,000 (two lakhs) each in fixed deposits (FDs) from the Chief Minister's Relief Fund. These were held jointly in the respective names of the children and the Collector of Bilaspur. The amount was later increased to Rs. 300,000 (three lakhs) in an order dated November 25, 2014. The order stated that the Collector would pay the matured amount to the child when she/he turns 18 years of age.

In case a family requires money for the upbringing of the child before that, the Collector may pay the interest accrued on the FD to the family.

Education Support

The Department of Education was directed to provide free education to the minor children of the deceased women.

Health Support

All minor children received a health card which entitled them to free treatment at Apollo Hospital, Bilaspur till they turn 18. The cost of treatment would be borne by the Department of Health, Government of Chhattisgarh.

Compensation to women survivors

All the other women who had undergone sterilisation at the camps held between November 8, 2014 and November 10, 2014, and admitted to hospital post operation, received Rs. 50,000 each as authorised by the office of the CMHO. The payment was made on November 18, 2014.

The women hospitalised after the camps were also entitled to free treatment at Apollo Hospital, Bilaspur for a period of one year. This support, however, was eligible for extension on a recommendation by the Screening Committee of Apollo Hospital.

Copies of the important order which spelt out the financial, educational and health support by the State to the minor children of the deceased women were provided to 13 administrative officials in the Government. However, a copy of the order was not available with any of the 13 families. Many of them requested us for a copy when we visited them and photocopied the one we had in our possession.

The order was applicable to 39 minor children who had lost their mothers to gross negligence at the sterilisation camps. Of them, 8 were infants between 0-11 months and 16 of them were between the ages of 1-6 years.

Interviews with Family Members of the Deceased Women



Figure 1: Dularin's two children are taken care of by their grandparents

Lachhman Bai, Dularin's mother-in-law

Dularin, wife of Dinesh, was one of the 13 women who lost her life after the procedure at the sterilisation camp held in Sakri, Bilaspur on November 8, 2014.

Dinesh's mother Lachhman Bai recalled the events that took place. On the morning of November 8, 2014 at around 9 am, Dularin had left for the camp accompanied by her husband, the *mitanin* (frontline health worker) and six other families. They returned home around 8 pm the same evening.

Dularin had black tea and toast for dinner, took the prescribed medicines and went to bed. During the night, she got up to breastfeed her baby and appeared to be fine. Next morning after breakfast she took her medicines. The vomiting started soon

after and continued throughout the day. By 2 am the next morning an ambulance was sent by the government authorities and all women who had gone to the camp were taken to the District Hospital. Dinesh accompanied his wife.

Lachhman Bai still does not know where, when and in what circumstances Dularin breathed her last. The records show that she had died at CIMS, Bilaspur. Two years ago, Dularin's husband Dinesh, a vegetable vendor, died in a road accident. The children have lost both parents.

Dularin and Dinesh's two children, both boys, now live with their paternal grandparents and uncle's family. They are 9 and 5 years of age respectively. At the time of the fateful camp, the elder boy was 4 years old and the younger one just a two-month old infant. Both children hold Rs. 300,000 (3 lakhs) each in FDs which will mature on February 28, 2025. They receive free treatment at Apollo Hospital.

The family lives modestly in a small house. They own around one acre of land and the earning member of the family, their uncle, is a farm labourer. Lachhman Bai was not sure of the exact amount that Dinesh had received from the authorities as compensation. However, she confirmed that he had received a few lakh rupees.

Chandan Markam, Pushpa's younger sister

Records show Pushpa's address as Nanchuwa village. However, she had come to her father, Gokul Gond's home in Binori village to attend the sterilisation camp at Sakri. She belongs to a Scheduled Tribes (ST) family.

Pushpa has left behind four children, two elder daughters and two sons. They are now 13, 10, 8, and 6 years of age respectively. The eldest daughter and the first son (the third child) live at their maternal grandfather's house. The other two live with their father.

Pushpa's husband, Ramswarup is a farmer. He has remarried and has one child from his second marriage.

Pushpa's eldest daughter who is lean and undernourished, showed symptoms of being autistic though no medical diagnosis was available with the family to confirm the same. The girl is speech impaired and spends most of her time in bed. Recently, in the beginning of this year, she was hospitalised for around a month and a half following complaints of diarrhoea and other infections. The family was satisfied with the quality of treatment she received at Apollo Hospital.

Pushpa's father, Gokul is a marginal farmer and a priest at a temple. His wife is an anganwadi worker. It was clear that Pushpa's eldest daughter is not receiving the kind of medical care that a special child requires. However, the child is happy at her grandparent's home with Pushpa's younger sister taking care of her. The child used to be often tied up when she lived with her father Ramswarup.

However, Pushpa's sister Chandan is worried about who will take care of the child when she gets married since there is no one else at home during the day.

All four children hold Rs. 300,000 (3 lakhs) each in FDs, which will mature on February 28, 2025. They receive free treatment at Apollo Hospital.

Figure 2: Pushpa left behind her autistic daughter. Her aunt Chandan takes care of her. She worries about the child's future.



Rajaram Vastrakar, Neera's husband

When Rajaram Vastrakar married Neera, he moved to her home in Vindhasar village. Neera owned 1.5 acres of agricultural land on which her husband now cultivates paddy.

Neera left behind four children—three daughters and a son. The eldest daughter is now 24 years old, the second 21, and the youngest 6. Her son is 7 years old. The two elder daughters attended school till Standard X but could not clear the final exam; the son studies in Standard III and the youngest daughter is in Standard I.

The son was admitted to a private school, Sakri Vidya Niketan. However, he was shifted to the government school in the village because the school authorities informed the father that they had not received compensation from the government toward his son's education. Rajaram is aware that the children are eligible for free admission to any school, but he did not pursue his son's case.



Figure 3: Neera's family misses her all the time.

Rajaram confirmed that he had received a total of Rs. 400,000 (4 lakhs) as compensation and the three children hold Rs. 300,000 (3 lakh) each in FDs which will mature on February 28, 2025. The eldest daughter, who was above 18 at the time of Neera's death, was not eligible for the fixed deposit compensation. The children receive free treatment at Apollo Hospital.

All the children live with their father in Vindhasar. Rajaram has not remarried.

Chandrakali's family

Chandrakali was married to Tirath Ram of Tirayia village, Birha block. She had come to her elder sister's house in Bharari village, Takhatpur for the sterilisation camp.

She left behind three children. The eldest, a son, is now 18 years of age and in Standard XII. The elder daughter is 16 and in Standard XI, while the younger daughter is 8 years old and in Standard II.

Tirath Ram, an alcoholic, has not kept in touch with his children. He is believed to be in Pune these days. Chandrakali's sister's family supports the children to some extent.

Chandrakali's son, who was earlier staying at a school hostel, has now returned to the village and lives alone. His sisters are still studying and live at the Kasturba Gandhi Girl's hostel, Bartori.

All three children hold Rs. 300,000 (3 lakhs) each in FDs, which will mature on February 28, 2025. They receive free treatment at Apollo Hospital.



Figure 4: Shivkumari's mother, a daily wager, shows documents and old photos of her daughter. She takes care of the grandchildren left behind.

Shivkumari's family

Shivkumari, wife of Bahorik Kevat, is survived by three children, two sons and a daughter. They are now 11 years (Standard VI), 8 years (Standard III) and 5 years (Standard I) respectively. They all study at the government school in the village.

Bahorik, a daily wager, has re-married and lives in Ganiyari village, Takhatpur block. Shivkumari's children are looked after by their 70-year-old maternal grandmother who lives in the same village and is also a daily wager.

Shivkumari's niece, who underwent sterilisation in a camp held at Ganiyari PHC two months after Shivkumari's death, complained to us that even after five years she still experiences pain and is unable to take on a heavy workload.

According to the family members, Shivkumari started vomiting on the night she returned from the camp and was taken to the PHC at Ganiyari the following day. Subsequently, she was referred to District Hospital, Bilaspur from where she was moved to CIMS, Bilaspur. She underwent treatment for a few hours before being shifted to Apollo Hospital. Two nights later, on November 12, 2014, she breathed her last.

Bahorik confirmed that he received Rs 400,000 (4 lakhs) as compensation. All three children hold Rs. 300,000 (3 lakhs) each in FDs which will mature on February 28, 2025. They receive free treatment at Apollo Hospital.

When informed that the children are eligible to receive free education in all schools, the maternal grandmother expressed her desire to send her grandchildren to a private school, which she believes is better than the government school in Ganiyari where they are currently enrolled.

There was a clear undertone of hostility between Bahorik and Shivkumari's mother. The children seem trapped and torn in between. The differences appear to be linked to the fact that the children hold FDs in their names which are yet to mature.

Nembai's family

Nembai lived in Ghuru village, Takhatpur block with her husband Ramavatar. She left behind five children—two daughters and three sons. At present the children are 24, 18, 15, 13, and 6 years of age respectively. When Nembai died after the procedure at the sterilisation camp, the youngest son was just four months old.

Like the others, Nembai had gone to the Sakri camp on November 8, 2014 with the village mitanin (frontline health worker). However, she had not informed anyone in her family about attending the camp.

She returned home that evening, had dinner but did not take the prescribed medicines. She was only supplied the medicine the following day by a representative of the health department. Nembai took one dose and started vomiting. She soon developed breathing problems and was taken by her family at around 2:30 pm to CIMS, Bilaspur. Her blood pressure had dipped, and she died that evening.

Nembai's family was angry and upset that she had gone for the sterilisation procedure with the mitanin without permission from her family. After her death, the family was agitated and held the health minister at siege stating that her operation should not have been done without the family's consent. The village mitanin had to go underground for about two months as she felt threatened by Nembai's family.

Nembai's husband, Ramavatar is physically challenged. The children live with their father and extended family at Ghuru village. Their education is fully met by the Government.

The children hold Rs. 300,000 (3 lakhs) each in FDs, which mature on February 28, 2025. They receive free treatment at Apollo Hospital. The eldest daughter was above 18 at the time of her mother's death and was not eligible for the fixed deposit, although the family applied to the Health Department for the same.

Ranjita's family

Ranjita, wife of Santosh Suryavanshi from Neertu village in Bilaspur block had gone to the sterilisation camp at Sakri with another family from the same village. They reached the camp in the morning and waited till 4 pm when the doctor arrived. Santosh recalled that there were around 70 to 80 women at the camp and it took hardly an hour to complete all the operations. The women, he said, were handled roughly "like sacks of grain".

He and his wife returned home around 7:30 pm. Ranjita ate dinner and took her prescribed medicines. She started vomiting that night and felt dizzy. Since the vomiting continued the next day, they consulted the village quack who asked them not to worry and continue the medication. But the vomiting did not stop, and her condition deteriorated further the next night. They called on the village 'doctor' once again. He advised them to rush her to CIMS, Bilaspur. Ranjita passed away that night at the hospital and her post-mortem was conducted the next morning.

Ranjita left behind three children—a daughter and two sons. They are now 16, 9 and 6 years of age respectively.

Santosh confirmed that he received Rs. 400,000 (4 lakhs) as compensation. The three children hold Rs. 3,00,000 (3 lakhs) each in FDs, which will mature on February 28, 2025. They receive free treatment at Apollo Hospital.

Legal Action

CHHATTISGARH HIGH COURT

The Chhattisgarh High Court took suo moto cognisance of the Bilaspur incident on November 12, 2014 and sought a detailed report within 10 days from the State Government on the botched sterilisation surgeries. The court appointed two advocates as amicus curiae (friends of the court) to assist it on the case.

By that time, the State Government had already constituted a Four-Member Initial Investigation Committee, lodged a FIR against the operating surgeon Dr R K Gupta, and declared compensation for the families of the deceased women. Subsequently, a single-member Anita Jha Judicial Committee was formed on November 13, 2014.

The Government of Chhattisgarh conveyed these details in its report to the High Court and stated that the Judicial Committee's report was awaited. Around that time, all victims, families of the deceased, and civil society groups had started filing affidavits/statements before the Judicial Committee.

On February 15, 2017, a little over two years after the unfortunate death of the 13 women, the Chhattisgarh High Court acquitted the operating surgeon Dr R K Gupta on 'technical grounds'. He was cleared after the prosecution argued that the investigation did not have the State Government's sanction which is necessary to prosecute a public servant. Dr Gupta had been arrested and released on bail 27 days after the incident.

A Bilaspur-based legal aid group Kanuni Margdarshan Kendra provided extensive pro-bono support to the victims' families in submitting affidavits to the Anita Jha Judicial Committee.

Interview with Advocate Ms Gayatri Suman, Kanuni Margdarshan Kendra, Bilaspur

Kanuni Margdarshan Kendra, Bilaspur contacted several women victims and their families who had attended the sterilisation camps held between November 8, 2014 and November 10, 2014 in Sakri, Gaurela, Pendari and Marwahi. The Judicial Committee had not made any effort to meet the victims. Kanuni Margdarshan Kendra mobilised the women and submitted their statements to the Committee. These statements provided testimonies of the gross violations of SOPs and Standards

that occurred at the camps in terms of site hygiene, timings, post-operative care, and informed consent. They prepared well, had strong ground connect and wanted to continue the legal battle in the Chhattisgarh High Court.

However, another group came into the picture when it filed a PIL in the Supreme Court in 2015 (*Devika Biswas vs. Union of India Writ Petition (C) 95/2012*). As a result, the Bilaspur case was moved to the apex court.

KMK is of the view that the women, who were victims of extreme levels of apathy and negligence by the State, have not received justice as no punitive action has been taken against any of those responsible.

SUPREME COURT OF INDIA

Devika Biswas vs. Union of India Writ Petition (C) 95/2012

The *Devika Biswas vs. Union of India Writ Petition (C) 95/2012* focussed on unsanitary and unsafe conditions prevailing in sterilisation camps in States across India. It also pointed out that women were not provided adequate information regarding the procedure they had to undergo. The petition highlighted questionable methods employed by States to achieve sterilisation targets – a practice discouraged by the Supreme Court and the National Population Policy, 2000.

During the hearing of the writ petition, allegations were made with regard to sterilisation camps conducted in Bilaspur district, Chhattisgarh where 13 women died, and many were hospitalised after undergoing the procedure.

The Court, in an order dated January 30, 2015, asked all States to respond on the status of implementation of directives given by the court's earlier order of 2005 in the *Ramakant Rai vs. Union of India* case.

The Government of Chhattisgarh was also required to file an affidavit detailing the steps taken to ameliorate the plight of the Bilaspur tragedy victims. It was also directed to spell out the action taken against the doctors involved. In subsequent hearings, it was asked to submit a status report on the progress made by the Anita Jha Judicial Committee.

The Chhattisgarh Government informed the Court that the Anita Jha Committee submitted its report in August 2015, and charge sheets have been filed against the pharma companies. Subsequently, the court was told that the Anita Jha report was placed before the State Cabinet and accepted by it. In March 2016, the apex court was apprised that an Action Taken Report on the Anita Jha Committee findings had been placed before the Legislative Assembly.

In September 2016, the Supreme Court passed a landmark order in the *Devika Biswas* PIL and directed the GOI to persuade all States to discontinue the practice of holding sterilisation camps within three years.

As far as the Bilaspur incident was concerned, the Supreme Court directed the Chhattisgarh Government to implement the recommendations of the Anita Jha Committee at the earliest.

BILASPUR CASE UPDATE

In a calling attention motion in the Chhattisgarh State Legislature on March 4, 2020, a Congress MLA alleged delays in the investigations into the Bilaspur tragedy and that no action was taken against officials involved in the drug procurement. In response, the Health Minister acknowledged the slow progress made in the investigation and announced the suspension of a Drug Inspector and an Assistant Drug Inspector.

Future Course of Action

Thirteen women in their prime died due to gross negligence and complete disregard to their right to life and right of choice. The entire healthcare system was not called to account, and those in positions of responsibility who were suspect went unscathed. The operating surgeon was out on bail within less than a month of the tragedy and only symbolic action taken against the CMHO and other officials. They continue in office today.

There is plenty of evidence in the form of affidavits from the survivors and family members of the deceased women. All these point to multiple violations of the SOPs, Standards and Quality Assurance laid down by the GOI and the directions of the Supreme Court. Further, there are medical records, post-mortem and viscera reports indicating death by septicaemia. There are official documents that prove that the camp at Nemichand Jain Hospital was held without any required approval, purely on the whims of the doctor and health officials.

In 2005, the Supreme Court had passed an order whereby each State was required to set up a QAC to ensure that guidelines are followed in respect to pre-operative measures, operation facilities, and post-operative follow ups, along with a regular six monthly report. The Chhattisgarh QAC was formed as per letter No F1-14/2014/9/17 dated July 11, 2014. The Additional Chief Secretary is the Chairman of the QAC. The Committee had at least five meetings in 2014 and there is evidence that it had compensated other women for breaches in the sterilisation procedure prior to the Bilaspur deaths in November. This proves that the administration was aware of lapses at camps organised as part of the State's family planning programme.

All this evidence is accessible and thus the possibility of re-opening legal action at the State level exists. However, from our interviews with family members of the deceased, we were given to understand that the ground situation has changed. Some husbands of the deceased women have remarried. Surviving children have been separated, some live with their grandparents and others with their fathers. In number of cases, the relationship between the husband and his (ex) in-laws is either non-existent or there is hostility. Thus, mobilising the families and the victims for further legal action will require considerable effort.

Final Notes

Over five years have passed since the sterilisation deaths in Bilaspur. Beginning with the Four-Member Initial Investigation Committee constituted by the Department of Health, Government of Chhattisgarh, number of Central and State teams have visited Bilaspur. Several civil society groups have published fact finding reports and the incident has been covered extensively in the local, national and global media. Scores of show cause notices were issued to those who were involved. A single-member Anita Jha Judicial Committee was constituted to enquire into the tragedy. The Chhattisgarh High Court took suo moto cognisance based on press reports, and finally the matter reached the Supreme Court as part of a larger PIL on mass sterilisation camps and their glaring shortfalls.

However, the Government of Chhattisgarh was tactical enough to close the matter by terminating the services of a few, while safeguarding most of the officials at higher levels. The QAC had already been formed before the incident, as per the Supreme Court order of 2005, to monitor and prevent any such mishap. The operating surgeon had won State accolades for performing large numbers of sterilisations before this event, and after the tragedy he got away with a simple FIR followed by quick bail. The State Government is yet to send a recommendation to cancel his license to the Medical Council of India.

The case in the High Court did not reach its justified end. The orders passed by the Supreme Court were more focussed on larger issues like adherence to SOPs, Standards and implementing the recommendations of the Anita Jha Judicial Committee.

Under Article 21 of the Constitution of India, Right to Life is a fundamental right of every citizen. But India is yet to make Right to Health a fundamental right. However, under the directive principles of Article 47 it is the responsibility of the State Government to provide quality health services. The Chhattisgarh Government failed miserably to protect the rights of the women. Under the circumstances, it is questionable why the then Health Minister, Secretary of Health and Chief Secretary had not resigned given that they were ethically, morally and legally responsible for such a severe and grave breach.

There are number of self-attested affidavits by the women and their family members that place on record the abject conditions in which the camps were held. Their testimonies spell out violations of all guidelines and the undermining of their right of choice as well as informed consent. It is important that in keeping with the principle of accountability and transparency, the Government of Chhattisgarh reviews the case with the help of an independent team of experts and takes appropriate action against the guilty. This will ensure that there are no more maternal deaths in the State due to non-implementation of guidelines and rules—not just related to sterilisation but to all other Reproductive Child Health programmes.

Reference Documents

1. Anita Jha Judicial Committee Report
2. Report of Four-Member Initial Investigation Committee formed by Directorate of Health Services, Government of Chhattisgarh
3. Affidavits submitted to the Judicial Committee by women and their family members who attended the sterilisation camps held between November 8 and November 10, 2014 in Bilaspur
4. Copies of Consent Forms signed by women who attended the sterilisation camp
5. Case Cards filled up by the doctor at the time of the surgeries
6. Post-Mortem and Viscera Reports of deceased women
7. Medical Records and Discharge Summaries of women admitted to Apollo Hospital following post-procedure complications
8. Drug Lab Test Reports of Sriram Institute for Industrial Research, New Delhi
9. Drug Lab Test Reports of National Institute of Immunology, New Delhi
10. Drug Lab Test Reports of Qualichem Laboratories, Nagpur
11. Order of Secretariat of Chief Minister, Government of Chhattisgarh dated November 14, 2014 (vide No F-13227/RF-370/CMRF/2014-15) sanctioning a total of Rs. 2,600,000 (26 lakhs); Rs 200,000 (two lakhs) each to the 13 families from the Chief Minister's Relief Fund
12. Letter from Office of the CMHO providing Rs. 150,000 (1.5 lakhs) each to 11 families through payment dated November 11, 2014 and Rs. 200,000 (two lakhs) each to the remaining two families through payment dated November 12, 2014 and November 13, 2014
13. Letter from BMO to the CMHO, Bilaspur dated November 29, 2014 (No. BMO/2014/490) confirming payment of Rs. 50,000 each from the Jeevan Deep Samiti.
14. Order of Department of General Administration, Government of Chhattisgarh, dated November 19, 2014 (No F3-10/2014/1-7) providing financial, education and health support to victims
15. Copies of Health Card issued to minor children of deceased women for free treatment at Apollo Hospital, Bilaspur
16. Copies of Fixed Deposits of Rs. 300,000 (three lakhs) each in the name of all minor children of the deceased women
17. Signed receipts of compensation received by family members of the deceased women
18. Report of Dr Sunanda Dhenge, Toxicology Expert, on post-mortem reports and cause of deaths
19. Suspension Order of CMHO, dated November 13, 2014, issued by the Government of Chhattisgarh
20. Suspension Order of operating surgeon Dr R K Gupta, dated November 13, 2014 issued by the Government of Chhattisgarh
21. Order dated November 13, 2014 from the Food and Drugs Administration, Government of Chhattisgarh suspending sale of drugs manufactured by Mahawar Pharma Private Limited
22. Suspension Order of Assistant Drug Inspector dated November 16, 2014 issued by Department of Health and Family Welfare, Government of Chhattisgarh
23. Advisory issued by Department of Health and Family Welfare, Government of Chhattisgarh relating to drugs manufactured by Mahawar Pharma Private Limited
24. Supreme Court order of March 2005 passed in the Ramakant Rai vs. Union of India Writ Petition (Civil) No. 209/ 2003
25. Various other Government Orders related to the incident

ABOUT THE AUTHOR

Amulya Nidhi is a public health professional working towards bringing existing public health services to the poor and vulnerable in the tribal and rural hinterland of Madhya Pradesh. He is a key member in the struggle of victims to address rampant prevalence of silicosis among migrant tribal labour of western Madhya Pradesh. Amulya Nidhi has been involved in extensive judicial, policy and grassroots activism to make state machinery accountable through formulating state level silicosis policies, and compensation plus rehabilitation for the victims.

Through 'Swasthya Adhikar Manch' he has successfully spearheaded a campaign against unethical clinical trials by collecting evidence from Madhya Pradesh and Maharashtra. He has been instrumental in the formulation of new Rules and Acts for ethical clinical trials in India.

Amulya Nidhi is the National Co-Convenor of Jan Swasthya Abhiyan and Swasthya Adhikar Manch. He is member of the Global Steering Council of the People's Health Movement (PHM).