

## **Joint press Release on Chhattisgarh Sterilizations and related issues**

Health Activists held a Press Conference on 19th November to draw attention to the range of issues raised by the recent tragic and completely avoidable deaths of more than a dozen women and the critical condition of many more following their laparoscopic sterilisation in Bilaspur, Chhattisgarh. The manner in which the surgeries were performed, in complete violation of all standard operating procedures, and subsequent events amount to grave violation of some very basic health rights of the affected women. In addition, they point to the callous and biased attitudes towards poor women that persist among health functionaries and policy makers, and the tenacious hold of the “targets” approach in the family planning programme despite statements to the contrary.

83 women -predominantly Dalit, tribal, and OBCs- were subject to sterilization within a short span of 5 hours. It needs to be pointed out that the sterilization procedures flouted two sets of Supreme Court Orders (Ramakant Rai Vs Govt. of India, 2005 and Devika Biswas Vs Govt. of India, 2012). These orders instruct that a maximum of 30 operations only can be conducted in a day, and only in government facilities with 2 separate laparoscopes; one doctor cannot perform more than 10 sterilizations in a day. Notwithstanding such orders, we see that in Bilaspur a single surgeon performed about three times the permissible number of surgeries (83) in less than 5 hours in a private hospital which has reportedly remained closed for 15 years.

The state government has announced several measures – monetary compensation and support to the affected families for care of the children of the dead women; suspension of several officials, and appointment of an enquiry commission. The High Court has also taken suo moto cognizance of the tragedy. There are also statements that the doctor is not to be blamed and that the problem lay with contaminated medicines that were given to the women. As health activists who have been repeatedly calling attention to the deep-rooted problems afflicting the health system in the country and advocating several remedial steps, we believe that these measures are not adequate and do not touch the systemic and policy factors that lead to such incidents. We feel that these are attempts to obfuscate the actual causes of death and the reasons leading to the incident. A series of issues need to be addressed in the immediate to medium to long term.

In the short term, a thorough, impartial and unimpeded investigation and medical audit must be done immediately, by a competent team of medical and public health professionals, into the causes of the deaths and the illness of the women who underwent the sterilization. Accountability and culpability need to be clearly fixed for the deaths of otherwise healthy women following a medical procedure. That would be one of the first steps towards ensuring that mistakes and lapses are not repeated and such tragedies do not recur. Even 10 days later, such an investigation has not been announced by the state. It is pertinent to remember that the failures in implementing guidelines and standards, and other kinds of violations in the sterilization component of the family planning programme have been repeatedly raised by civil society groups over the last decade or so, and are the subject matter of several petitions in the Supreme Court, such as the two referred to above. Given that a lot of documentation already exists from several parts of the country, it is the need of the hour to compile all these evidences to learn the lessons and also ascertain why its implementation is so shoddy and poor.

In the medium to long term, several policy matters and systemic issues need to be addressed; among these are: (i) to do away with the continued emphasis of the Family Welfare Programmes on female sterilization in the name of reproductive rights and reproductive health. It is seen that despite all the talk and concerns expressed by the state and international agencies for women's health and maternal health, at the ground level the action is centred on such sterilizations and institutional deliveries only for reducing maternal mortality. The state still focuses on such permanent methods of contraception rather than provide safe temporary methods for spacing and increasing access to safe contraceptives. In addition to this, the two-child norm significantly contributes to the pressures for sterilisation. Such 'Camps' (euphemistically called 'fixed day static' camps) are routinely organised in many States in the country in an irresponsible manner. Health providers in many parts of India confess that they are under pressure to fulfil unwritten targets coming from the top.

(ii) to improve the dismal condition of the government health institutions, make them functional by improving availability of doctors and other health personnel and medicines. Why is it that despite years of planning and allocating money for health system improvements, under reproductive and child health, under the NRHM, and despite years of so-called technical assistance for improving health system management, there are no improvements at the ground level? There is no substitute for increasing material, human and financial resources to strengthen the primary health institutions across the country. This terrible incident should be taken as a wake-up call. This incident must be declared an emergency, and we demand that:

An independent and comprehensive epidemiologically-sound investigation into this incident should be carried out. On the basis of the findings, responsibility must be fixed in terms of criminal negligence not only on the medical team which performed the operations, but also in identifying other officials who sanctioned and were involved in managing this particular camp.

Negligence and contributory negligence may be fixed on all parties involved, including those providing contaminated surgical equipment, medicines, etc. State is vicariously liable and ought to pay higher compensations for the lives lost and also to those who are sick. Further deaths and damage arising of poor quality of health care system, lack of compliance with SOPs, inefficient oversight system for quality control of health care delivery at the grassroots, and medical negligence should be entirely eliminated. The govt should must be held Sterilization operations only in well fully equipped government hospitals and sterilized places, not abandoned hospitals that are shut, or in make shift places, where sanitization and cleanliness is compromised and there is a high likely hood of women undergoing a procedure in acquiring infections.

The 'camp method' with incentives and targets of sterilization should be stopped with immediate effect. Instead, sterilization should be offered as one of the options among other safe, non hazardous, non invasive, long acting methods of contraception. It should be provided as one of the services through an improved basic primary health care system. The family planning programme needs a thorough re-analysis and over-hauling, that centre-stages the reproductive and health rights of women. Emphasis should be placed on male sterilization such as vasectomy, and other forms of family planning methods including use of condoms which involves far lesser health risks.

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Sama Resource Group for Women and Health  
All India Democratic Women's Association (AIDWA)  
National Alliance for Maternal Health and Human Rights (NAMHHR)  
Medico Friend Circle (MFC)  
Muslim Women's Forum  
National Federation of Indian Women (NFIW)  
Nirantar  
Coalition against 2 Child Norm  
Healthwatch Forum UP  
Initiative for Health & Equity in Society  
Diverse Women for Diversity  
Human Rights Law Network

Taken from Sama (A Resource Group for Women and Health) Website:

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