Joint Memorandum on Deaths and serious health consequences for women following sterilisation procedures in Chhattisgarh

To

Shri Dr Raman Singh,
Chief Minister,
Chhattisgarh
Chief Minister’s Office
Civil Line, Raipur
Chhattisgarh – 492 001

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Subject: Deaths and serious health consequences for women following sterilisation procedures in Chhattisgarh

Shri Dr Raman Singh,

We, Health networks, Coalitions, Women’s Groups and concerned citizens, are deeply shocked at the negligence of the Health Department, Government of Chhattisgarh that has led to the deaths of 16 women and the critical condition of 47 other women following procedures of laparoscopic sterilisation in Bilaspur, Chhattisgarh.

As you are aware that these deaths and morbidities are evidently a result of a botched-up sterilization operation camp organized by the Department of Health and conducted in the premises of a non-functioning and abandoned private hospital under the National Family Planning Programme in Takhatpur Block of Bilaspur District on 8 November 2014. Horrifically, during this camp, 83 women were subject to surgeries in a short span of 5 hours. Those who have died—predominantly Dalit, tribal, and OBC women—are victims of the worst violation of their reproductive and health rights, and have left behind shattered families and young children.

This tragedy raises grave questions about the unsafe, unhygienic conditions and the slipshod attitude with which these operations were conducted. Moreover, the women who are presently critical continue to get treatment in inadequate conditions, exposing them to further risks and danger.

The surgeries were conducted in complete violation of the 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 can be conducted in a day with 2 separate laparoscopes only in government facilities. Also, one doctor cannot do more than 10 sterilizations in one day. Despite this, a single surgeon in Chhattisgarh 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. a blatant and complete violation of standard protocols.

The announcement of Rs 4 lakh compensation and suspension of officials (Director–Health Services; State Family Planning Nodal Officer; BMO, Takhatpur; the operating Surgeon; and
Bilaspur CMHO) are not adequate to ensure that such incidents will not happen again. The systemic failures which led to this incident need to be addressed.

While understanding the specific lapses in the way the sterilisation camp in Chhattisgarh was organised, one should not forget the role played by the misguided and dangerous policies and practices of the governments in the area of family planning services. 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.

The state still focuses on permanent methods of family planning rather than temporary methods. In addition to this, the two-child norm significantly contributes to the pressures for sterilisation. All this despite the Government of India’s promises of ‘Repositioning Family Planning’ – to move away from permanent methods to spacing methods, and to increasing access to safe and effective contraceptives.

This incident must be declared an emergency, and we demand that:
– Immediate responsibility must be fixed in terms of criminal negligence not only on the medical team which performed the operations, but also in identifying higher officials of the state who sanctioned this particular camp.
– A proper epidemiologically-sound investigation into this incident should be carried out. A three-member probe team has been constituted but these members are a part of the state, which signals a serious conflict of interest and thus, there should be an independent inquiry committee.
– Further deaths and damage should be minimized. It must be ensured that the technically most competent medical care is provided to the women to avoid further deaths.
– The ‘camp method’ of sterilization needs to be stopped with immediate effect as quality of care is seriously compromised in mass sterilization programme to meet earmarked targets. Instead, sterilization should be provided as a service through strengthened basic primary health care services.
– Women, adolescents and men need to be provided with safe choices for contraception. Emphasis should also be placed on male sterilization such as vasectomy, which involves comparatively lesser health risks.
– Quality of contraceptive services, including counseling, has to be monitored both from within the system and from outside through community monitoring.
– The family planning programme needs upheaval and a re-analysis, that centre-stages the reproductive and health rights of women.

Endorsed By
1. Jan Swasthya Abhiyan
2. Sama Resource Group for Women and Health
3. CommonHealth
4. National Alliance for Maternal Health and Human Rights
5. Medico Friend Circle
6. Centre for Enquiry into Health and Allied Themes (CEHAT)
7. Saheli
8. North East Network
9. Manasi Swasthya Sanstan
10. Muslim Womens Forum
11. Nirantar
12. Sadhbhavana Trust
13. Vanangana
14. Sahiyar Stree Sanghtan
15. National Alliance for Peoples Movements (NAPM)
16. SOPPECOM
17. Olakh
18. SANGRAM
19. Queer Feminist India Reclaim the Night
20. Jagori
21. LABIA
22. Forum Against Oppression of Women
23. Prayas
24. AIDWA
25. Oxfam India
26. Centre for Health and Social Justice
27. Partners Law In Development
28. AIPWA
29. AKL KA DHABA Collective
30. National Federation of Indian Women
31. PWESCR
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Taken from Sama (A Resource Group for Women and Health) Website: