

Tragedy strikes UP again - Horrific Farrukhabad Incident

Fact Finding Exercise in Villages of Farrukhabad, Uttar Pradesh

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After the shocking Gorakhpur tragedy that occurred in August 2017, news emerged of a similar incident in Farrukhabad, another district in Uttar Pradesh. In Gorakhpur, more than 100 children lost their lives due to medical negligence. Now, in Farrukhabad, newspapers are again filled with accounts of 49 deaths that occurred in Farrukhabad Govt. Hospital (Ram Manohar Lohia Hospital) between July 21 and August 20, 2017.¹

Uttar Pradesh has the second highest maternal mortality ratio (MMR) in India, at 258 deaths per 100,000 live births², as well as the highest infant mortality rate (IMR) of 64 deaths³ per 1000 Live births, and 78 deaths per 1000 live births when it comes to children under 5. **Farrukhabad itself has a staggering IMR of 78, and under 5 Mortality Rate of 54 per 1000 live births.** Farrukhabad, a rural district situated in Northern Uttar Pradesh has many children dying due to diarrhea, anemia, and respiratory infections – making it necessary to shed light on the hazardous environmental conditions in this district. A mere **6.9% of children in Farrukhabad receive an adequate nutritional diet. 38.7% of children are diagnosed with anemia, 31.4% are underweight, and a staggering 49.10% have stunted growth⁴.** The figures reflect the dire situation of this district, especially regarding the health of infants.

From August 2017, Gorakhpur, another district in the state of Uttar Pradesh witnessed the loss of more than 100 children in the span of a week due to medical negligence relating to the treatment of a potentially fatal disease, Acute Encephalitis, a lack of oxygen supply needed for treatment. Subsequent to this incident, Farrukhabad fell prey to a similar situation, where 49 children died in the span of a month. The media report that these children too suffered the same fate of those in Gorakhpur – there was a lack of oxygen supply – although this incident related not to Encephalitis but to easily treatable issues such as premature delivery and breathing complications.

“Mortality in such children is quite high. Often, we get children who weigh less than a kilo or two kilos. At times, the children are born with complications or there is a delay in being

¹ Hindustan Times (Dated- 1st Sept, 2017), Article – “<http://www.hindustantimes.com/india-news/up-49-children-die-in-farrukhabad-govt-hospital-in-a-month-dm-order-probe/story>”

² Newslaundry.com (Dated- 5th Sept, 2017), Article – “<https://www.newslaundry.com/2017/09/05/gorakhpur-farrukhabad-infant-mortality>”

³ Source: National Family Health Survey, 2015-16 (NFHS-4)

⁴ Ibid.

referred to the hospital from primary health centres. All these are the reasons.” remarked Dr Kailash Kumar, the SNCU in-charge, Ram Manohar Lohia Hospital.⁵

A Chief Judicial Magistrate of Farrukhabad himself filed an FIR against the Chief Medical Officer (CMO) and Chief Medical Superintendent (CMS) and a senior child specialist of the Ram Manohar Lohia (RML) district hospital and took the case *suo moto*, alleging the unavailability of oxygen supply in the hospital and ordered a probe into the matter. The doctors in response went on strike to protest against the filing of an FIR and criminal case against them.

Whilst the investigation in the criminal case is going on, a public interest litigation petition has been filed by Human Rights Law Network in order to address the grievance before the Allahabad High Court.

METHODOLOGY

Aman Khan, a representative of Human Rights Law Network (HRLN) conducted a fact finding in Farrukhabad over the course of three days between 07/09/2017 to 10/09/2017. The methods used for research consisted of qualitative, informal, unstructured interviews with various groups of people associated with the incident, in order to gain a nuanced view of what occurred, why it occurred, and what the response was. Aman visited the houses of the victim’s families, and interacted with medical officials from the PHCs, Lohia Hospitals, Private Hospitals, and also spoke to journalists who covered the incident.

PURPOSE OF THE VISIT

- The primary need was to ascertain the cause of death of the children in Farrukhabad.
- An additional issue to address was ascertaining the reasons behind the High Infant Mortality Rate in the district.
- It was also necessary to understand the role of private hospitals and government hospitals, regarding both the incident and relating to infant health in Farrukhabad in general.

⁵ Hindustan Times (Dated- 1st Sept, 2017), Article – “<http://www.hindustantimes.com/india-news/up-49-children-die-in-farrukhabad-govt-hospital-in-a-month-dm-order-probe/story>”

LIMITATIONS

Limitations of the fact-finding mainly consisted of the 3-day time constraint, and the geographical constraint – as affected families are spread across the entire district. Considering this, covering the entire district within 3 days was a difficult feat. Research was also constrained by a refusal of doctors and nurses to cooperate with the investigation – they would not entertain any questions asked by the researcher.

FINDINGS

The following are the observations and conclusions reached from the research conducted by engaging with all of the stakeholders and litigation respondents during the field visit.

The situation at Lohia Hospital

At first glance, Lohia Hospital appeared like any other Government Hospital, however the lack of patients present in the hospital became apparent very quickly. The Hospital is in a huge building, with plenty of rooms, a considerable amount of doctors, and an adequate amount of equipment, but there were hardly any patients. This is highly unusual given the general state of affairs in Uttar Pradesh Government Hospitals, where overcrowding is rife. In Gorakhpur, overcrowding was a crucial problem, and the previous Chief Minister of UP, Akhilesh Yadav, had sanctioned the construction of new ICU with 100 beds.

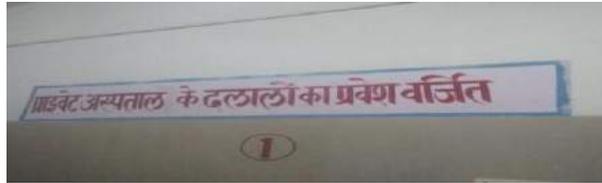
The doctors and nurses at Lohia Hospital categorically refused to entertain any of our questions. Our team was not allowed to see the **Neonatal Intensive Care Unit (NICU)** ward. The labor room and other rooms appeared to be almost empty, with hardly any patients present. The scenario can be seen with photos of the hospital taken during the field visit, annexed herewith.



The Empty hospital premises during the busiest time of the day

Surprisingly, we were told that it was the **first time over years that Lohia Hospital was witnessing such a huge crowd – which seemed bizarre given there were hardly any patients present whatsoever**. The deserted hospital had many signboards situated around the premises. The most prominent of them were *“Private aspatalo ke dalalo ka pravesh varjit”* (‘Brokers of Private Hospital are not allowed’) and *“Kisike behkawe me aakar apna mareez private hospital me na le jayein, is aspatal ki saari sewayein nishulk hain”* (‘Don’t be allured into taking your patient to private hospital, this hospital has all the facilities and one can avail them free of cost’).

The signs are ironic. The actual problem faced by the hospital is not only competition from private hospitals, but also presence of brokers who are soliciting almost all the patients for going into the private hospitals research we came to know that brokers were soliciting almost every patient that came through the hospitals doors’ or something.



The Hospital walls having signboards written “don’t get allured by brokers of private hospitals” whereas in reality it is the exact same practice that they indulge in.

TESTIMONIALS BY FAMILIES

1. PLACE: Mehmadur Amaliya (From Sadar, Farrukhabad)

Child: 3 days, Name of Child: Unnamed,
Date of Birth (DOB): 25/08/2017, 10 PM
Date of Death (DOD): 28/08/2017, 5 AM
Names of hospital where admitted: Care Hospital, then moved to Lohia Hospital



Testimony given by Akhilesh Kumar (Father):

“My wife was admitted in Care Hospital. My child was born at 10 pm, and at around 3 am, doctors told me that he had a heartbeat problem and asked me to take him to Lohia Hospital for further treatment. I took my child immediately to Lohia Hospital. I gave Rs 300/- to get him admitted while my wife remained in Care Hospital. I don’t know what happened to my child because I was never allowed to go inside the ICU. Only my mother was allowed to go inside once only to wash up the child. My child needed oxygen and nurses would ask me to pay them for putting my child on oxygen. My mother paid them Rs 500 to put him on oxygen but they removed it after some hours. She again gave them Rs 300 to put him on oxygen again. We were not provided any ambulance after my son was declared dead at 5 am.”

2. PLACE: Pattiya Cheda Singh (From Sadar Block: Kamalganj, Farrukhabad)

Child: 3 days, Name of Child: Unnamed,
Weight of Child: 1 and a half KG
DOB: 21/08/2017, 10:30 PM

DOD: 24/08/2017, 11 PM

Name of hospital where admitted: CHC Kamalganj, then moved to Care Hospital, then moved to Lohia Hospital

Testimony given by Virendra Singh (Father):

"I took my wife to CHC, Kamalganj and one of the nurse who came to attend her she referred us to a Private Hospital named Care Hospital and not Lohia Hospital, saying that C section was required in the case and normal delivery was not possible. I admitted my wife to Care hospital and just one hour after my child's birth, he was referred to Lohia Hospital. I immediately took my child to Lohia Hospital at 11 pm where I was told that doctors were not present and hence we were just there for whole night without any medical attention. My child was recovering, and on 24/08/2017, doctors asked us to bring breast milk to feed the child on next morning. My wife was still admitted in Care hospital. Then I don't know what suddenly happened, but my child was pronounced dead at 11 pm. I did not see any oxygen or saline being given to my child. I got the death certificate but since it was of no use for me, I tore it away. I was not provided any ambulance to carry my child. Over the past 3 years, I have lost 3 sons just after birth."



3. PLACE: Bhikampura (Block: Balpur, Farrukhabad)

Child: Female, Named of Child: Unnamed

Weight of Child: 2 and half kg

DOB: Unknown

DOD: Unknown (Died within 12 hrs of birth)

Name of hospital where admitted: Care hospital and then to Lohia

Testimony given by Khalid (Father):

"We went to Lohia but were refused. We reached Lohia at 3 am but were not admitted. A Lady doctor said, "Ja Ja Leja, yaha kya marne ke liye layi hai" ('take her back, have you brought her here to be killed'). Then the next day at 3 pm, a Nurse took us to Care hospital. In Care hospital, my child was delivered through c section at 9 pm and immediately we were asked to admit our child in Lohia, because of breathing complications. Within 15 minutes, we admitted our child to Lohia. After sometime, my child started crying and there were movements, but at around 12 to

*1 am, we were told that my child died, but my **mother in law noticed that daughter was still alive and brought this to the attention of doctors.** After which, she was again put on oxygen and regained movements but at 9 am next day, she died. “*

Testimony given by Grandmother:

“All the doctors and nurses were all very angry. Before, a previous child was admitted in Lohia hospital where he was admitted for 10 days, but nobody paid attention and we had to go to a private hospital. We never got any money for delivery, and no ambulance was provided. While we went to admit our daughter to Lohia, they asked us to submit Rs 5000/- and arrange for 5 bottles of blood. When we were admitted, there was no one to attend to us. The Nurse came and said that if we pay Rs 7000/-, she would take us to a good private hospital, which we had to agree to, and she took us to Care hospital. I am ready to identify the nurse for you. After the child died, my husband insisted for the relating documents, but we were denied them. After the death of the child, we did not even inform the mother, so that she wouldn't cry and her stitches wouldn't open up.”

Testimony given by Grandfather:

*“Lohia Hospital is full of brokers; everyone there kept dragging us into the private hospitals. My daughter in law was in pain but was kept unattended and hence, I took her to private hospital. **We spent around Rs 25,000/-.**”*

4. PLACE: Kamalganj, Farrukhabad

Child: 4 days, Name of Child: Unnamed,

Weight: 2 and half KG

DOB: 19/08/2017, 11 PM

DOD: 23/08/2017, 1:30 PM

Hospitals Admitted: Unnamed Private nursing home, and then moved to Lohia Hospital.

Testimony given by Mohd Jamal (Father):

“I admitted my wife in a private hospital. My child had a little breathing problem when she was born. The Doctors asked me to take her to Lohia. I admitted her to Lohia but nobody gave her any attention – the nurses were chatting all the time over the phone and there was another child with ants all over him. Whenever I would complain, the nurses would yell and ask me to take my child back home. They did not allow us to go inside the NICU. My child was put on oxygen, and then given ambu bag. Meanwhile, my wife was still admitted in the private hospital

the whole time. The nurses in Lohia behaved in an inhumane way. No ambulance was provided, and once my child died, I was asked to take her away immediately. I spent around Rs 35,000/- in a private hospital. In Lohia I gave 400 Rs and paid for injections etc.”

5. PLACE: Kamalganj, Farrukhabad

Child: 4 days, Name of Child: Unnamed,

Weight: 2 and half KG

DOB: 07/08/2017, 6 AM

DOD: 07/08/2017, 11 PM

Hospitals Admitted: Lohia Hospital, then moved to a Siddharth Hospital

Testimony given by Rajesh Kumar (Father):

“We went to Lohia hospital but nobody took any care. They just gave pills to the child and said that if pain doesn’t stop, go to home. The Nurse said that the govt. Hospital was ‘bekaar’ (‘useless’) and it would be better if we go to a private hospital. Then, an ASHA named Mamta took us to Siddharth Hospital where we stayed for 5 days.”

6. PLACE: Kori Kheda, Kamalganj (Farrukhabad)

Child: 4 days, Name of the child: Unnamed,

DOB: 10/07/2017, 10 AM

DOD: 14/07/2017, 9 AM

Hospitals Admitted: Lohia, then moved to Private Hospital to Lohia

Testimony given by Veer Pal (Father):

*“We went to Lohia on 9th July but they refused to take us in saying **that it was our third child and hence, no operation would be done** there and so, the next day, I took her to Natraj Hospital through an ASHA worker at around 8 am. My child was delivered at around 10 am. He was born healthy, but on 13th July, the doctors told me that child had diarrhea, and he was referred to Lohia hospital. The Nurses kept abusing and shouting at us, and proper medical attention was not given. My child eventually died.”*



7. PLACE: Tukariya Nagla, Patia Cheda Singh (Farrukhabad)

Child: 3 days, Name of the child: Unnamed,

DOB: 14/08/2017, 6 PM

DOD: 16/08/2017, 2 PM

Hospital Admitted: CHC, Kamalganj to Lohia

Testimony given by: Sugriv Kumar (Father)

"We went to CHC, Kamalganj on 14th August where my child was delivered, but soon after, he was referred to Lohia hospital. The nurses and doctors were very careless, and there were ants all over my child, but nobody paid any attention. We were also not allowed to see the child or even clean off the ants crawling over him. He was admitted to the NICU and was given oxygen. We were not allowed to see our child even once. Nurses yelled at us. I lost my temper, but my mother held me from doing anything. At 2pm, on 16th of August I lost my child"

8. PLACE: Village: Jahangarpura, Farrukhabad

Child: 3 days, Name of the child: Unnamed,

DOB: Unknown

DOD: Unknown

Hospital Admitted: Modern Hospital, then moved to Lohia Hospital

Testimony given by Rizwan (Father):

"Twins were born, and the delivery was done through C-section. The twins were born at 2 am, out of which one of the children was underweight, and we had to immediately take him to Lohia hospital. He was admitted there for 3 days, and then died at 3 am. I was not allowed to go inside and had to wait outside the entire time. Once my child was pronounced dead, I took him home in private vehicle. There was no ambulance to take my dead child"

Meeting with the families of the victims:

We visited 9 families, each of which had lost their children in Lohia Hospital. These visits were the most challenging part of the fact finding- initially when we tried to talk to any of the hospital authorities, they were on strike anyway and even if we had spotted someone no one was ready to share anything. After visiting the families, **there were some common factors which we could identify which almost everyone suffered from.**

The following are the observations that we derived from the testimonials by the families.

A. Shuffle between two hospitals

This was a strange situation but was the case for most of the families visited. Whenever there was a complication during birth of a child in a private hospital, they were referred to Lohia Hospital. The complications mainly consisted of diarrhea and breathing problems. Whilst the child would be admitted to Lohia Hospital, the mothers would remain in the private hospitals.

Most of the families first went to Lohia Hospital but would often be refused admission. One family was refused admission because it would be the delivery of their third child. Even if admitted, no medical care and attention would be provided. Subsequent to this, the nurses would solicit them to the nearby private hospitals such as Siddharth Hospital and Care Hospital, despite the numerous signboards in Lohia Hospital cautioning against brokers. It is therefore bizarre that the brokers that the hospital is so concerned about are staff members of Lohia Hospital itself. However, if there were any complications during delivery in a private hospital, private hospitals would immediately refer the child to Lohia hospital. Out of the 10 families, 8 families first went to Lohia Hospital but were not admitted and were taken to private hospitals by nurses and ASHAs. Families are therefore being shuffled between private hospitals and Lohia Hospital, with neither institution seemingly able to take responsibility for health problems.

B. Weight at the time of birth

Most families reported their child to be under 2 and half kgs. This is an alarming, and reflects on the poor health condition of both the mothers and newborn babies. It certainly seems to suggest that pregnant women are not being provided with adequate nutrition levels, which impacts on the newborn as well. Since the babies are underweight, they become highly susceptible to conditions and diseases such as diarrhea, malnutrition, and anemia.

C. No provision for Medical documents and death certificate

Not a single family that our researcher interviewed had been given the medical files relating to the death of their children. No documents signifying the reason of death had been issued by

the authorities in the hospital. This is similar to what happened in Gorakhpur previously- the dead children were wrapped up in towels and given to the family without providing the death certificate. The sheer negligence, insensitivity and a lack of accepting responsibility is clear.

D. No Ambulance services or JSY scheme provided

Not a single family interviewed was provided with an ambulance service after their children died, and they had to arrange for vehicles all by themselves, and pay for this out of their own pockets, which goes against Government guidelines.

Let us have a look at the provisions the Government has provided for the Pregnant mothers and the new born:

National Maternity Benefit Scheme (NMBS):

Under NMBS there is a provision for payment of Rs. 500 per pregnancy to women belonging to poor households for pre-natal and post-natal maternity care up to first two live births. The benefit is provided to eligible women of 19 years and above.

Janani Suraksha Yojana (JSY):

The Janani Suraksha Yojana (JSY) launched on 12 April, 2005 was implemented by the Central government to lure pregnant women to opt for institutional deliveries and in the process improve the maternal health conditions in India.

Janani Shishu Suraksha Karyakram (JSSK):

The Janani Shishu Suraksha Karyakram (JSSK) was launched by the Government of India on 1st June, 2011.

This scheme supplements the cash assistance given to a pregnant woman under Janani Suraksha Yojana (JSY) and is aimed at mitigating the burden of out of pocket expenses incurred by pregnant women on herself and sick newborns.

The following are the free entitlements for pregnant women:

- Free and cashless delivery
- Free C-Section
- Free drugs and consumables
- Free diagnostics
- Free diet during stay in the health institutions
- Free provision of blood
- Exemption from user charges

- Free transport from home to health institutions
- Free transport between facilities in case of referral
- Free drop back from Institutions to home after 48hrs stay

Further, the following are the Free Entitlements for Sick newborns till 30 days after birth. This has now been expanded to cover sick infants:

- Free treatment
- Free drugs and consumables
- Free diagnostics
- Free provision of blood
- Exemption from user charges
- Free Transport from Home to Health Institutions
- Free Transport between facilities in case of referral
- Free drop Back from Institutions to home

There were some deliveries that took place in Lohia hospital, but here, the families did not receive the Janani Suraksha Yojana (JSY) scheme that they were entitled to. The families at the time of interview had not received a penny, despite their eligibility for the JSY scheme.

E. Staff Behavior and Negligence

All families had horrific encounters with doctors. According to one family, when the pregnant woman travelled to the hospital (Lohia) to be admitted, a nurse remarked:

”Ja Ja Leja, yaha kya marne ke liye layi hai”
(‘Take her back, have you brought her here to get killed’).

According to another family, nurses were constantly on their phones, ignoring and neglecting patients. This is a serious violation of health staff standards.

Another family told our researcher that when in Lohia Hospital, their child was covered in ants. Whenever they complained, nurses would yell at the family and just tell them to take their child back home. The nurses paid no heed to the ants and simply left the child in that condition. Another family recalled an encounter where the nurse simply gave pills to the baby and told the family that if pain does not subside, just go back home. This demonstrates shameful, willful negligence on behalf of the nurses and doctors and a total lack of commitment and care to the medical profession itself.

The most appalling incident that the researcher came to know was that in one case, hospital staffs were so utterly careless that they **declared a child dead even though she was alive**. Members of the family noticed that their daughter was still alive and brought this to attention of doctors after which she was again admitted.

Another family recalls a nurse telling them that it was *'bekaar'* (useless) to be admitted to Lohia Hospital, and it would be better to go to a private hospital. An ASHA named Mamta then took them to Siddharth Hospital, where the child stayed for 5 days. One family said that she was denied admission, with the hospital citing the reason that it was their third child.

F. Issue of Corruption

The basic root of all the problems that are so pervasive throughout Lohia hospital is the corruption by hospital staff themselves. If a patient is referred to the hospital, the staffs do not hesitate to ask for undue money and favors which they are in no way entitled to. This is highly immoral, and obviously illegal. According to one family, they paid staff Rs 500/- in order to give their child an oxygen supply for a few hours. After some time, the oxygen supply was removed, and staff demanded the family pay a further Rs 300/- to have the supply restarted.

Another family told us that they were asked to submit Rs 5000/- and arrange for 5 bottles of blood for their child to be admitted. Subsequently, a nurse came and told the family that if they agreed to pay her Rs 7000/-, she would take them to a good private hospital – a clear demonstration of clear solicitation and utter corruption. Despite this, the family agreed.

G. History

It is a grim state of affairs to report that most of the families were not experiencing the death of their newborn babies for the first time. For one family, it was the third newborn child they had lost in three years. Others had also encountered one or two deaths in the past. This reflects that the current situation of Lohia Hospital is not new, and has been ongoing for several years.

The Emergence Of Private Hospitals In The Area:

There are a huge amount of private hospitals in Farrukhabad, with more than 100 private nursing homes and hospitals.

From the situation reported above, it is clear that private hospitals play an indispensable role in the whole context of this issue. Like Lohia hospital, the private hospitals were unusual. They

were all situated very close to Lohia Hospital. Some hospitals were as tiny as small houses, while some showcased state of art facilities. Whilst Lohia Hospital was empty, there private hospitals were crowded, with lines of people waiting in long queues to get their ultra-sonography done. There were more than 20 hospitals just opposite the Lohia Hospital. They outnumbered the chemist shops in vicinity. It is bizarre but certainly not coincidental that a Government hospital is deserted whilst private hospitals are full, especially given the solicitation recorded in Lohia Hospital.

We visited **Siddharth Hospital** which was fully crowded to the point that there was no space to stand at the reception. We went to the Doctor’s chamber, where he was attending to patients. We asked only one question, simply questioning whether they really refer the complicated cases to Lohia Hospital, and further enquired as to why they do this. The doctor told us that sometimes there can be complications in newborns, such as not crying, not being able to breathe properly, and that is when they are immediately transferred to Lohia. On being asked whether Siddharth hospital has the equipment like oxygen machines to deal with the aforementioned issues in newborns, he informed us they possessed no such equipment.

We also met a retired doctor from Lohia Hospital. He supported the administration and staff of Lohia hospital vehemently, but when asked about the presence brokers and sweeping of patients from Lohia to private hospitals, he kept silent – neither confirming nor denying the allegations.



Few of the Private Hospitals of Farrukhabad

Requesting to remain anonymous, a journalist from a reputed newspaper told our researcher that private hospitals have always been a problem. The root of the problem is that the nurses and ASHAs themselves work as brokers for private hospitals. Sending most of the patients to private hospitals relieves them of their work, and for every referral to a private hospital, they receive payment ranging from Rs 3000/- to Rs 5000/-.

CONCLUSIONS AND RECOMMENDATIONS

The high IMR has been long been a curse for Uttar Pradesh. While it has highest IMR of 64 (per 1000 live births), Farrukhabad has staggering IMR of 78 (per 1000 live births). The State and Central Governments have failed to take significant steps to solve this issue. The situation in Farrukhabad is worse than the state-level case because of the presence of innumerable private hospitals without proper equipment and facilities. The only objective of these private hospitals is the maximization of profit from financially weak people. There is already a nexus between private hospitals and workers of the Government hospitals who work as brokers, solidifying claims of corruption.

All of the families we met were marginalized and vulnerable in one sense or another. While most were poor, some were also from socially backward sections of society i.e Scheduled Caste and tribes also the Other Backward Castes. These are people who cannot afford medical expenses, and who need government hospitals to provide medical facilities at nominal charge to them. These government hospitals also need to give monetary compensation after delivery. The current scenario at Farrukhabad Lohia hospital totally denying the public of these needs. As a result, impoverished and marginalized people are going into debt, and are losing their children for reasons that should be easily preventable. Nevertheless, the situation in Lohia Hospital is not novel, and we have seen mirror images elsewhere across the country. For the public healthcare system to run smoothly, it must have the support and cooperation of all the staff members of hospital, including nurses and doctors – who should be striving to treat patients and save lives, not conspiring for excessive monetary gain. Farrukhabad draws a dark picture of corruption, negligence, greed, and inhumane practices.

The government should take immediate and stringent measures to curb these extremely pervasive issues in Farrukhabad, which are a plague to society. There must also be clear regulations for running a private hospital or nursing home.

As a conclusion to the research conducted, the following are the recommendations:

1. To ensure that private nursing homes and hospitals are allowed to continue practice only if they have all the necessary medical facilities, such as an NICU required for taking care of child in event of complications after birth, and an oxygen machine.
2. To ensure that nurses and ASHAs do not work as brokers and do not illegally demand out of pocket expenses. If these cases, a heavy fine or suspension should be the punishment to deter them from doing the same.

3. The government should take measures to reduce the Infant Mortality Rate. This can be achieved if the lactating mothers are provided with adequate nutritional needs. Most of the lactating mothers are both Anemic and underweight and so when they give birth, there are chances of losing both mother and the new born. The government schemes available like JSY AND JSSK (Janani Suraksha Yojana and Janani Shishu Suraksha Karyakram) are to be implemented properly so that the mother can benefit.
4. To ensure that government schemes like monetary compensation after delivery are fully functional without any corruption, and that eligible recipients do not have to personally chase the compensation – but rather that they receive it immediately.

THE GORAKHPUR TRAGEDY – AUGUST 2017

Compiled by Shaoni Mukherjee

Recently more than 80 children died in a hospital situated in the district of Gorakhpur, Uttar Pradesh. The hospital in question is Baba Raghav Das (BRD) Medical College and Hospital, popularly known as the Gandhi of 'Poorvanchal.' Gross negligence is being cited as the prime reason for these shocking deaths. The hospital authority, despite being provided with several intimations from their oxygen supplier, Pushpa Sales, failed to pay several months of unpaid dues, thus oxygen supplies were stalled, resulting in the death of 70- 100 innocent lives. When further probed, it was found that Encephalitis, a fatal disease, was another reason for which the numbers escalated.



Crucial questions have been raised regarding the negligence and ignorance on the part of the hospital authorities, especially the Principal of the hospital, but there is no escaping the fact that **Encephalitis** is one of the reasons why the number of deaths proliferated. Encephalitis is sudden inflammation (swelling) in the brain. It is usually caused by viruses, bacteria, or other pathogens. As the brain swells, it can get damaged when it gets crushed against the skull. Encephalitis can cause serious symptoms, like seizures and strokes, and can be fatal.¹

Encephalitis is a deadly disease and every year it takes lives of men, women, and children.



¹ Hindustan Times, (August 13th, 2017) Article- "Why is encephalitis so deadly for children?"

According to the figures as reported by the Ministry of Health (as per data collected from January-August 2017):

- Assam tops the chart with 128 deaths and 1534 affected patients
- **Uttar Pradesh is ranked second with 152 deaths and 1208 affected patients**
- West Bengal stands third with 81 deaths and 826 affected patients
- Manipur and Tamil Nadu stand in the fourth with 6 deaths and 690 affected patients and fifth position (with 659 affected patients) respectively.²

These patients are affected with Acute Encephalitis. If we take into account Japanese Encephalitis, it further adds to death rates. This year, Japanese Encephalitis has claimed 93 lives, and there are 903 Japanese Encephalitis affected patients across India.³

The National Family Health Survey 4, conducted in 2015-2016, reflects that rates of child (children under 5 years of age) mortality are as high as **82 deaths per 1000 children in rural Uttar Pradesh**. Data from the Health Department shows that 62 out of 1000 children born in Gorakhpur die before turning one. NFHS 4 data further reflects that 35% children in Gorakhpur are underweight, while 42% are stunted. In addition to this, one in three children do not complete the mandatory immunization cycle. Only 35% of households have a toilet, which suggests a high rate of open defecation, resulting in 25% of children in the districts suffering from diarrhoea. Considering these figures, it is not surprising that Gorakhpur has been listed as one of the districts in India having the lowest standards of hygiene and cleanliness.

Due to unclean surroundings and an unhealthy environment, as well as social practices like early marriage and motherhood, rates of people affected by Acute Encephalitis Syndrome (AES) are increasing, resulting in high death rates. Last year, Uttar Pradesh reported 621 deaths out of 3919 cases of AES.⁴

Doctors and researchers have pointed out several reasons for AES, ranging from low immunity to having contaminated drinking water – many factors can be cited as causes of AES. DR. K

² Hindustan Times, (August 18th, 2017) Article- "Yogi unaware, 9 died during his visit"

³ Hindustan Times, (August 18th, 2017) Article- "Yogi unaware, 9 died during his visit"

⁴ The Economic Times, New Delhi, Gurgaon (August 19th, 2017) Article- "Situation is past the Stage of prevention"

Srinath Reddy summarizes the causes of AES and how the condition affects the body: “Early marriage and motherhood of an undernourished adolescent, leading to a low birth weight baby that suffers further malnutrition and falls prey to infections – this is the tale that plays out as the backdrop for sick children in hospitals in Gorakhpur and neighboring districts. As mosquitoes breed in rice paddy fields and pigs gorge on garbage piles near human dwellings, conditions are ripe for animal to human transmissions of viruses through insect vectors. Bacteria, too, abound in unhygienic surroundings easily invade the ill nourished bodies of poor children. It requires an all round development effort to alleviate poverty, ameliorate child nutrition and obliterate squalor.”⁵



The incident probed an inspection into the conditions of the hospital in question, Baba Raghav Das (BRD) Medical College and Hospital, popularly known as the Gandhi of Poorvanchal.’⁶ The Economic Times reported on the 19th August 2017 that there were two patients sharing the same bed⁷ suffering from AES, demonstrating a clear shortage of beds. There is also a shortage of active doctors, making it difficult to cater to the growing needs of increasing numbers of affected patients. The non-functional air conditioners and overcrowded wards added to the poor state of the hospital. The same newspaper feature notes that BRD hospital’s paediatric wing reports one of the highest mortality rates in the country. The Indian Express⁸ reported on the 10th August 2017 that 8 out of 12 senior resident posts were vacant, and only 3 out of 31 nurses are trained to handle newborns. These are adding to the woes of the hospital.

⁵ Indian Express, (August 17th, 2017)Article- “Beyond the lament”

⁶ Times of India, (August 13th, 2017)-Article- “Death stuck even before kids could be named”

⁷ The Economic Times, New Delhi, Gurgaon, (August 19th, 2017) Article- “Situation is past the Stage of prevention ”

⁸ The Indian Express (August, 10th, 2017) Article- “Vacant posts, hygiene lacking: central team on Gorakhpur Hospital ”

Further details of the case in point-



Consistent negligence of the medical authorities at BRD Medical College Hospital, a Government hospital, led to the untimely death of more than 60 children. On the eve of Independence Day, **the death toll rose to 79**. Reports say that 17 of these infants were not even named: “[W]e could not even complete his death rituals properly as we didn’t have a name to address our son who was barely 20 days old,” stated Shailendra, a resident of Jainpur village which is approximately 15km from the hospital, who tragically lost her son.⁹

According to reports by *Times of India* on the 13th August, 2017¹⁰, it was clearly visible that doctors were instructed not to speak to the media or any other personnel. Nevertheless, one of the young doctors remarked that the pressure and workload on BRD Medical College Hospital is extremely high, as there are no nearby hospitals, and patients from as far as Bihar and Nepal visit the hospital for treatment.

Names involved in the case- Pushpa Sales, the company that provides the hospital with oxygen supplies.

A look at the series of events that took place and how it resulted in the death of innocent children-

- On Feb 13th, 2017 – Pushpa Sales sends a first notification to the Principal of BRD Medical College Hospital that the oxygen supply would be disrupted if unpaid dues were not cleared. Principal requests not to cut supplies and says that payments will be

⁹ Times of India (August 13th, 2017) Article- “Death stuck even before kids could be named”

¹⁰ Times of India (August 13th, 2017) Article- “Death stuck even before kids could be named “

cleared as soon as funds are available.

- On 28th Feb, 2017 – Pushpa Sales writes again to the Principal, reasserting that dues were unpaid and had now mounted to Rs. 42,70,294. However, there was no response from the authorities at the hospital.
- On 22nd March, 2017 – Pushpa Sales sends another reminder of the unpaid dues to the hospital.
- On 3rd April, 2017 – Pushpa Sales states in a letter to BRD Medical College Hospital that the unpaid dues have now mounted to Rs 52,34,774. BRD Medical College Hospital do not respond.
- On 6th & 7th of April, 2017 – Pushpa Sales sends emails marking copies to principal secretary medical education and DG Medical education regarding unpaid dues.
- On 17th April, 2017 – the unpaid dues had now mounted to Rs. 55,06,921.
- On April 24th 2017 – the unpaid dues grew to Rs 57,73,768. Pushpa Sales issued their first warning that oxygen supplies to BRD Medical College Hospital would be stopped if Rs 40 lakhs were not paid within a week.
- On May 16th, 2017 – the company acknowledged that they were paid Rs. 19, 81,619.
- On May 29th, 2017 – the unpaid dues again went up to Rs 50,80,496.
- In June, Pushpa Sales is paid Rs 5 lakhs. The outstanding dues now amounted to Rs 45 lakhs.
- On July 7th, 2017 – the company writes to state officials with a list of the pending bills (now standing at Rs. 56,31,848), however they receive no response.

- July 18th, 2017, Pushpa Sales informs they would stop unless supplying gas unless 40 lakhs was paid.
- On 30th July, 2017 – the unpaid dues amounted to Rs 63,65,702. Legal notice from Pushpa Sales was subsequently sent to the hospital authorities marking copies to the state officials.
- On August 1st, 2017 – Pushpa Sales wrote to the principal of the hospital stating that they would withdraw their services in the next 4-5 days, as payments had been substantially delayed.
- On August 3rd, 2017 the hospital employees wrote to the authorities about the unpaid dues of Rs. 67 lakh, and stated that if this was not paid would risk the life of patients due to the oxygen supply being cut off.
- On 8th of August, 2017 – the gas supply was finally stopped by Pushpa Sales.
- In between August 7th to August 11th – approximately 60 children faced tragic death.
- On August 9th, 2017 – Chief Minister of Uttar Pradesh, Adityanath Yogi, visits the hospital and shows sympathy to the bereaved parents and the situation
- On August 10th, 2017 – 52 gas cylinders were set up and pressed into services to prevent any more deaths.

*Source: Hindustan Times, New Delhi, 18.08.2017 “Yogi Unaware, 9 died during his visit”

The Times of India¹¹ reported on the 12th August 2017 that CM Yogi had inaugurated a new ICU and Critical Care Unit at the same medical college and hospital during his visit on August 9. Deaths were taking place even then, so why did officials not inform Yogi about the non-payment

¹¹ Times of India (August 12th, 2017)- Article – “30 children die in 48 hours in Gorakhpur hospital”

of dues to the vendor who supplies oxygen? Furthermore, The Hindu¹² stated on the 17th August 2017 that the CM was even notified about the irregularities in payments and was informed of the poor conditions of the hospital. The company in question – Pushpa Sales to have cut oxygen supplies last year as well when the outstanding touched nearly Rs 50 lakh.



Dr. R.K. Mishra, the principal of the hospital was suspended with immediate effect for the brutal massacre. In the resignation letter, he wrote that he was deeply saddened by the death of the children. He explicitly stated that he was not at fault for the death of the children in the Encephalitis ward.¹³

In a press conference in Lucknow, the Uttar Pradesh Chief Minister Adityanath Yogi shared his concern. He stated that the incident was very unfortunate and that he was glad that the media highlighted it: “I had started the fight against Encephalitis in Gorakhpur. My thoughts are with grieving families,” he said to the media.¹⁴

A committee has been formed to enquire further into the incident. The CM also added that the Prime Minister, Mr. Narendra Modi, has been constantly in touch with the Chief Minister and has expressed his concern. The UP Medical Outcomes Study, Health, Anupriya Patel visited Gorakhpur on 13th of July to analyse the situation. District Magistrate Rautela said alternative arrangements were made from nearby nursing homes since the previous night and from neighboring Sant Kabir Nagar district.

¹² The Hindu (August 17th, 2017) Article- “Documents show Minister was briefed on irregularities”

¹³ The Hindu (August 13th, 2017) Article- “Principal Resigns after Suspension”

¹⁴ First Post- (August 13th, 2017) <http://www.firstpost.com/india/gorakhpur-hospital-tragedy-live-60-children-died-in-5-days-up-govt-faces-flak-from-opposition-3921401.html>).

Adityanath Yogi has only been the elected Chief Minister since 2017; however he has been an elected MP for the Gorakhpur Constituency for the past 20 years. Despite having knowledge of AES, no efforts to improve the infrastructure of the hospital for better health facilities were initiated.

This is not the first time that the public health system had been questioned. In 2011, 89 innocent people were killed in AMRI hospital in Kolkata, one of the most renowned and trusted hospitals in the city, again due to negligence. In this case, there was a fire in the hospital, which was due to flammable substances being kept in the basement of the hospital building that caught fire after a short circuit in the electrical system.¹⁵ Despite repeated occurrences of such incidences across India, the government and the hospital administration have not taken strict enough measures to address this and hinder further incidents. All of these incidences bring under scrutiny the new born care units, not just in Uttar Pradesh but all units across India.

On 15th of August 2017, *Mirror Now* broadcast a video where it was shown that the hospital authorities had handed over the dead bodies of the 79 children wrapped in towels. The deceased infants were not even provided with proper death certificates. Quoted straight from *The Hindu* on 14th August 2017¹⁶, “[H]olding his four-year-old son Sumit in his arms, Bhikari Yadav from Bhatni (about 270 km from Gorakhpur) told *The Hindu* he had admitted him at BRD eight days ago. When he died, hospital authorities simply handed over the body wrapped in a towel, and Mr. Yadav said he had not been told the exact cause of death.”

It was reported that the committee remarked that the deaths were not all due to a lack of oxygen: “[T]he committee submitted an interim report on Monday (14.08.2017), and we are all set to submit the final report today (16.08.2017) to the Union Health and Family Welfare Ministry,” said Dr. Harish Chellani, who is from the Paediatric department of Safdarjung Hospital and is part of the committee looking at the issue. He also added that “As per information and data

¹⁵ NDTV.com (December 10th, 2010) <http://www.ndtv.com/india-news/kolkata-89-killed-in-amri-hospital-fire-six-board-members-arrested-566913>).

¹⁶ *The Hindu* (14th August, 2017) Article- “Guilty will not be spared : UP CM”

provided to us, it doesn't look like the deaths have all happened due to shortage of oxygen. As per the records, we have fewer deaths when compared to the figures at the same time last year.”¹⁷

Kailash Satyarthi, the Nobel Laureate of Peace took to Twitter and called the deaths ‘a massacre’. Satyarthi tore into the Uttar Pradesh government, asking: “is this what 70 years of freedom means for our children?” “30 kids died in hospital without oxygen. This is not a tragedy. It's a massacre.”¹⁸ Other notable figures such as the Lucknow, UP Congress state party chief Raj Babbar, took to the stage and voiced his concern over the issue and wants many to get arrested. Samajwadi Party President Akhilesh Yadav visited the district and met family members of deceased infants.

India's public health expenditure is one of the lowest in the world accounting to about 1.4% in the year 2014.¹⁹ 70% of the people pay the medical expenses from their own pockets. This draws a picture as a whole that the public health is being neglected. The country should take a clue from this brutal incident and each state should inspect into the Government hospitals and the facilities provided thereafter. The National Family Health survey should be considered and investigate about which state requires what kind of facilities.

Monetary compensation cannot be the sole solution to this tragedy and any that may follow, as human lives cannot be measured by money. Moving forward, the hospital authorities must implement stringent measures to avoid such massacres in the future.



Disclaimer: All photographs have been sourced from cited newspaper reports.

¹⁷ The Hindu, 17.08.2017) Article- "Gorakhpur Deaths not due to lack of Oxygen, says panel"

¹⁸ Times of India (August 12th , 2017) <http://timesofindia.indiatimes.com/city/lucknow/not-a-tragedy-its-a-massacre-kailash-satyarthi-on-gorakhpur-hospital-deaths/articleshow/60031089.cms>

¹⁹ Quoted from the official website of World Bank (<http://data.worldbank.org/indicator/SH.XPD.PUBL.ZS>)