

Progressive Medicos and Scientists Forum

An Inquiry in to the Anti-Muslim Violence in Northeast Delhi by a Team of Doctors that Visited the Affected Area.

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It took a 25 to 30 km drive from AIIMS (All India Institute of Medical Sciences), to the violence affected areas of Northeast Delhi. We were visiting the area in the context of the massive communal violence, primarily directed against Muslims living in the area, in the wake of their resistance to the CAA Act passed recently by the parliament along with NRC-NPR which threaten to rob millions of Muslims of their Indian citizenship and render them illegal in their own country.

The effort to send this medical team was initiated in the context of massive scale of medical emergency that arose as a result of this violence. In this report, apart from reflecting on the medical suffering of the people, we shall also try to provide a snapshot of the violence that was unleashed and the role of the political-administrative machinery to address the same and its consequences, as were narrated to us by the people we met.

This report is constituted in four sections – ‘Constitution of the medical team’ and methodology of data collection; ‘Medical emergency and the relief work’; ‘How the

¹We have deliberately concealed the identity of five doctors from All India Institute of Medical Sciences on a precautionary note to avoid trouble from the administration. However, we wish to acknowledge that this effort could never have succeeded without their yeoman service and support.

Dr Harjit Bhatti (National Convener) and Dr Vikas Bajpai are members of PMSF. Dr. Sumitran and others went with the team though they are not members of PMSF.

violence happened’ and the ‘Role of the political parties’; and ‘Observations & Recommendations.’

Constitution of the team and methodology

Violence broke out in Maujpur, Bhajanpura and Chand Bagh areas of Northeast Delhi on the evening of Sunday the 23rd of February, 2020. Since the breaking out of the riots, especially since the 24th of February, there were reports of people having suffered grievous, or rather ghastly injuries, and that there were several deaths due to widespread arson, looting, stone pelting and houses being set on fire. There were several calls and appeals for urgent medical aid to be reached to the affected area, as the local health practitioners were neither capable of nor did they have the wherewithal to deal with the nature of medical emergencies being reported. The situation was particularly precarious in the absence of no outside ambulances or medical supplies being able to reach the violence affected areas, as also the fact that ground situation prevented people from accessing the nearby government hospitals like the Delhi government run GTB hospital and the Swami Dayanand Hospital managed by the East Delhi Municipal Corporation, which were equipped to handle such emergencies.

The Al Hind hospital in Old Mustafabad locality of Northeast Delhi was one medical facility that had been totally overwhelmed by this tragedy. It is important to remember here that it was after talking to Dr M A Anwar, the proprietor of Al Hind hospital that the special bench of Hon’ble Justices Muralidhar and Bhambani of the High Court of Delhi, ordered Delhi Police to provide safe passage to the injured patients to various government hospitals.

We had tried to reach the area on the 24th February itself, as the reports of violence and casualties started arriving; however, the police stopped our hired private ambulance on the Signature bridge and instructed that only government ambulances shall be allowed. Finally, when we could manage to get a government ambulance after repeatedly dialling 102 number for emergency ambulance services, even that ambulance was stopped by the police from entering the area and the driver was roughed up. On the 25th February, upon receiving another SOS for urgent supply of medicines, dressing material, stapler stiches and the like, we again attempted to have some medical supplies sent to the violence hit Old Mustafabad, but the ambulance was stopped by fifty to sixty persons raising slogans like ‘Jai Shri Ram’ and others of the kind that are identified with the Hindu right wing, at the Brijpuri T point on the Delhi-Meerut highway and the driver of the ambulance was threatened with dire consequences if he insisted on entering the area. Fortunately for us, it could be possible for us to contact people at Al Hind hospital in Old Mustafabad, who sent persons on motorcycle to pick the medical supplies from another point on the highway. The full team could reach the violence affected area on 26th February. Ours was in fact the first medical team which could actually enter the area.

Considering the poignancy of the situation, on the 25th February evening PMSF (Progressive Medicos and Scientists Forum) assembled a medical team to reach Al Hind hospital in Old Mustafabad area of Northeast Delhi, the next day i.e. Wednesday, the 26th of February. It took a while for us to arrange medicines and other consumables. Finally, a team of eight doctors was mustered which included doctors from AIIMS and those associated with JNU. The team set out for Al Hind hospital by 10.30 am on the 26 February.

Some other doctors (1 from Jamia Hamdard Medical College Hospital and 2 senior resident doctors from AIIMS) of PMSF, under the leadership of Dr Harjit Bhatti again visited Old Mustafabad on 28th February, where they first attended to violence victims at Al Hind hospital and later went to the Idgah located in the adjacent Shiv Vihar area. It needs also be noted here, that PMSF doctors and volunteers have been going to various 24 x 7 protest sites in Delhi, including Shaheen Bagh and Jafarabad, to provide medical relief. However, this report concentrates on the visits after riots.

Methodology adopted for collecting information

This report is largely based on what we saw at Al Hind hospital and the testimonies collected from the doctors, patients and their relatives and the local residents who were in the said hospital. The testimonies included personal narratives, the videos and pictures of the violence and arson in and around their homes, taken by the people themselves or their neighbours and friends and shared with them. Often times, the people supported their narrative by showing these pictures and videos. Where ever possible every attempt was made by us to triangulate the information given by one person by asking about it from another person or trying to confirm the reported fact from other sources such as the news reports and hospital data. In times when rumours and fake news could be flying thick, we tried our level best to avoid these getting incorporated in this report.

Efforts were also made to collect hospital specific data regarding the number of injured or dead brought to different hospitals, the kind of treatment given, and post-mortems performed. Some of the secondary sources were consulted from the net.

It need be remembered here that on the day of our visit, curfew had been imposed in the various violence affected areas, and that it had not been possible for us to speak with any authority of the civilian or police administration to seek any kind of help from them. All that we had in terms of police protection was the number of the area DCP (Deputy Commissioner of Police) just in case there be any emergency. As we confined ourselves to the hospital, we do not make any claim to the findings being representative of all areas where violence had been unleashed. But from the information that is already in public realm, we can assert that our findings here may only present a milder picture of the consequences that this violence has led to.

Another handicap of the data presented here is that the doctors and other staff at Al Hind hospital were so overwhelmed by the humongous tragedy that they simply could not maintain any record of the patients they attended to, in order to facilitate

identification of the photographs (taken by the doctors or the hospital staff) of either the dead bodies or those with ghastly injuries who were brought to their hospital. Though some effort was made by the doctors at Al Hind to get the MLC details of some patients shifted from their hospital to the GTB Hospital at Dilshad Garden, it was still insufficient. As the doctors at Al Hind told – ‘Sir, believe it or not, we have handled all these grievous injuries, even though we neither have the training or the infrastructure to handle this kind of emergency.’

Barring the name of Dr Anwar, the proprietor of Al Hind hospital, whose name had already been mentioned by the Hon’ble High Court in its order, we have changed all of the names of the patients and those who provided us the information, since it is far beyond our capacity to defend them lest they be troubled in any way on this count.

Medical emergency and the relief work²

Old Mustafabad is a Muslim majority locality, lying in the Mustafabad assembly constituency, which is surrounded on all sides by Hindu majority localities.

After crossing the Signature bridge across river Yamuna, the highway leading up to the Brijpuri turning, from where we turned inside to reach our destination, Al Hind hospital in Mustafabad, was nearly completely deserted except for the police and paramilitary pickets in between. However, there were tell-tale signs of violence on either side of the highway, with a burnt-out petrol pump in Bhajanpura, burnt buildings and mangled steel frames of burnt out vehicles all along the route. In large tracts the road had turned brick red under the cover of crushed bricks that had been deployed in brick-battening on previous days.

As we turned into the inner localities from the Brijpuri turning on the main highway, Police pickets apart, what caught our immediate attention were groups of men, women and children, carrying their bags and baggage and walking furtively to traverse through the narrow lanes in search of safe passage out of the area. We stopped to talk to a few of them, but the only brisk reply we got was ‘going to our village’ or ‘to the relatives.’ The other set of people who were to be seen in small groups were young journalists, many of them women.

While the burnt homes and shops, mangled metal frames of burnt vehicles and hand pulled trolley carts owed their hapless destiny to the exertions of the goons who had run riot, the pot holed, unravelled state of the inner roads with overflowing open drains on either side, putrid effluents overflowing from the closed caps of underground sewers, that is where they existed, and collections of garbage, which by their size, seemed to date back to before the violence, were some of the other characteristics of the area which peeled off, layer by layer, the onerous honorifics alluded to India, to

² All figures are given in Annexure 1.

reveal the existential reality. In the middle of all this is located the Al Hind hospital in gali number fifteen on Pachees futa (twenty-five feet) road.

Al Hind hospital – the establishment and its people

Al Hind hospital is a tiny nursing home located on the lower two floors of a four-storey building. Established around two and a half years back, in normal times Al Hind hospital operated from the ground floor only which is a partitioned into a pharmacy, a receiving area for patients, a doctor's chamber and a ward on the back side which has space for around fifteen beds. But during this violence, the massive flow of injured and dead victims led to the first floor of the building also being incorporated into the hospital by turning it into a makeshift ward by simply spreading mats on the floor. The infrastructure and the medical expertise of its doctors is too short to cope with the rush of patients witnessed on 23rd, 24th and the 25th of February when the violence was at its peak. It is simply a general practitioner's clinic.

In this trying time the proprietors of the hospital Dr M A Anwar, his three brothers – one of whom is a BDS, the other a bachelor of Unani medicine and the third a pharmacist played praise worthy role. Around six to seven general practitioners of the area, with degrees in alternative systems of medicine, or just RMPs (registered medical practitioners) also lent round the clock efforts in rising up to the challenge along with untiring commitment of twenty-one volunteers who worked day and night for tending to the injured victims. Most of the doctors and many of the volunteers had not slept since the night of 23rd February when we met them on 26th afternoon. Apart from this the common people of the locality pitched in with their meagre resources to not just support the medical services at the hospital, but also to host scores of persons and families uprooted from their homes in the nearby areas.

The 38 years old proprietor of Al Hind hospital, Dr Anwar is an extremely soft-spoken person with a rural background from East Champaran district of Bihar. He completed his MBBS degree from a Medical college in Meerut.

When all hell broke loose over Al Hind hospital

Going by the photographic record and the oral testimonies of the doctors, volunteers and common people at hand, we can only make an estimate of what must have been the scene at the hospital on two days since the evening of 23rd February. Reliance need be placed here on what Dr Naseer Ahmad narrated about the situation at his hospital. He said:

These people (referring to the attackers) had so severely assaulted the victims that they were dying of agony, and we had nothing in our hands. Despite being medical doctors, we couldn't do much because some had had their heart punctured, someone's lungs had been punctured, while kidneys of others – all vital organs of the body. Some had had their skull pried open from both sides with knives. Some patients presented with iron girdles inserted into their skull. Police had laid down a three-month pregnant

woman and beaten her up brutally. The Imam of Farooqia Masjid was pulled out from his chamber and beaten up by the police. Acid was thrown on the face of the Imam of the Masjid in Shiv Vihar. We were helpless in providing any treatment to him due to lack of infrastructure; still we sent him from here after stabilizing his condition. We did not know whether he is living or dead.

The condition was very bad. At the time when we needed ambulances to ferry the patients, no government body came forward to help, and there was no help from any Muslim organization either. Now that the condition has improved somewhat, the local influential people came to meet with starched sleeves and scented overalls. We did not allow them in, as we don't need them now. Live people, writhing with agony had come to the Al Hind hospital. We did not even have the courage to look at them; we were becoming dispirited. But it is the local people of this area who gave us courage. They said – 'Doctor sahib if you lose heart like this then we will die; We shall lose all hope.' It is the people of this area who have assured us that - 'Doctor sahib we are there with you. People have died, yet the tears you shed are the testimony to your commitment for humanity.'

We do not even know that those who died were Hindus or Muslims. We were weeping because we were seeing people die of their agony and that we were feeling helpless. (Translated from Hindi)

Referring to the chaotic situation, especially the role of the police, Dr Anwar added:

On 25th evening we spoke to the civil society people, it is through their intervention that we could converse with the High Court judges and appraise them of the ground situation. It is only after the High Court ordered that ambulances came to this area. When the government ambulance was not coming, we tried to get in private ambulance, but even those were not allowed in. (Translated from Hindi)

Dr Anwar also informed that repeated calls were made from the hospital at 100 number (for police assistance) and 112 number (all in one emergency number launched by Union Home Ministry during the first term of the present government). Initially, these calls received evasive response from the other end, but later the calls were not even taken. Calls to the emergency number of CATS (Centralized Ambulance and Trauma Services) for sending their ambulances also met the same fate. Describing the conditions, another RMP of the area who was assisting in relief efforts at Al Hind hospital stated:

The oxygen supply with us had run out completely. A patient came to us who desperately needed to be oxygenated. Dr Anwar had spoken with the local authorities at 11.30 am to provide an ambulance. The ambulance was stationed at a distance of around a kilometre from here; even though there is a way for the ambulance to reach here through the colony, but the

ambulance was stopped there only. The patient ultimately died after struggling between life and death for about one and a half hours. (Translated from Hindi.)

The numbers of patients received at Al Hind hospital from 23rd night onward, speak for themselves. A hospital that catered to between 30 to 40 patients daily, and that too suffering from common ailments, was simply overwhelmed with more than 200 patients who came on the 24th February itself. By 25th February, this figure is estimated to have rested between 350 to 400. But the expanse and depth of the horrendous catastrophe befalling these brave-hearts becomes evident only when we look at some of the pictures of the victims (See Annexure 1). Nearly seventy-five percent of the cases were those who had sustained piercing injuries either from charras (pellets), or bullets. Of the rest, majority were orthopaedic injuries consisting of fractured limbs or skull etc. A small proportion of cases were those of simple blunt injuries or grievous injuries of various kinds, for example burn injuries. As per the various persons we talked to, the use of firearms in this violence was common.

Sampling the cases of different types of injuries sustained by victims of the violence

By the time our team of doctors reached Old Mustafabad on 26th February, the mayhem had subsided, though there still were some fresh cases of those with injuries coming to the hospital. According to various doctors and medical volunteers working at Al Hind hospital at that time, on 26th February morning itself, after the ambulances had become available, around fifty seriously injured patients had been shifted to different government hospitals, with maximum number being sent to the nearest tertiary care GTB hospital. Most of the patients attended to by the doctors of the team were those who had sustained blunt injuries, and by the latter half of the day maximum patients started presenting with common ailments for which they had not been able to take treatment for past three days.

Nonetheless, some of the cases that presented were remarkable both for the grievousness of the injury and as a telling comment on the situation as it prevailed in the area. Two male patients, both young unorganized sector workers, presented with bullets lodged in their bodies, a good two days after sustaining the injury. They had been hiding for more than forty-eight hours out of fear of the police, which they said would more likely treat them as rioters rather than as victims. One of the patients was 22 years old, and presented with a bullet lodged in his left axilla (Figure 6). He had sustained the injury on 23rd evening when a mob attacked him as he was returning from work in the evening. The other person (Figure 7) had sustained a bullet injury in the abdomen.

In medical terms, such delay in treatment could potentially be lethal as the situation is prone to develop many complications. This information was shared with the patients and they were suggested to go to the nearby GTB hospital for further treatment, which they refused on the plea that they had little trust left in that hospital given the manner

of treatment of riot victims in GTB, of which they had heard from people in the neighbourhood. It was better, in their opinion, to die an honourable death at home than be ill-treated in the hospital, especially as they felt that as Muslims they would be suspect.

PMSF convener, Dr Harjit Bhatti, assured the patients that he would personally accompany them to the hospital and talk to the doctors there to ensure that they are treated properly. Both of them were shifted to our ambulance and they set out for GTB hospital with Dr Bhatti accompanying them. The distance between Al Hind hospital and the main highway leading to GTB hospital is barely a kilometre or so; but in the process of traversing this much of a distance, the policemen stopped the ambulance four times, and each time they removed the dressing over the bullet wound to check it for themselves, despite Dr Bhatti assuring them that he is a former specialist doctor of AIIMS. Most shockingly, the policemen insisted that ‘you can only transfer the patient’ and made the victim’s relative disembark from the ambulance. It needn’t be left to imagination as to how a patient, with a bullet embedded in the abdomen and awaiting an operative procedure to take the same out, could manage all by himself in a hospital where the doctors and other staff are overstretched and overburdened even in the normal times, let alone at the time of such a calamity as had befallen the people of nearby areas.

The criminality it seems defies all depths

The pictures of the victims (Figures 8, 9, 10, 11, 12, 13, 14 & 15 in Annexure 1) and the statistics speak louder than all the words that can be used to describe the violence unleashed in Northeast Delhi.

Some cases of grievous injuries which were received at Al Hind hospital before our visit

The pictures of the injured victims referred to in this section here had all arrived on the days when our repeated attempts to reach out to the victims had failed. The person in Figure 8 is the Paish Imam of a Mosque in Shiv Vihar of whom Dr Naseer Ahmad has talked above.

The victim pictured in Figure 13, a resident of C block, Yamuna Vihar, was returning from the Ijtima along with several others, when they got beaten up by RSS-BJP goons shouting slogans like – ‘Musalman murdabad’, ‘Katua murdabad’ and ‘Mulla murdabad’ etc. This man had been hit on the head with rods and his brain was popping out from the fractured skull. There were several other young men who had sustained injuries in various parts of the body; some of these had brought this victim to Al Hind hospital.

A government ambulance, it was known, was stationed on the main highway barely a kilometre away at the place where the police had put up a barricade on the road turning in to the inhabited area. Doctor Anwar made several attempts on his part to talk to the local administrative authorities over phone to send this ambulance for shifting this

patient to the GTB hospital; however, they were instructed to get the patient to the ambulance on the main road instead. The patient was put on a stretcher and trolleyed right up to the police barricade on the main road. Considering the nature of injury to the patient, pulling the patient along on a bumpy ride on potholed lanes strewn with rocks and brickbats was highly risky and adventurous to say the least. This however, was still not a disaster.

When the team of young men pulling the patient trolley, accompanied by Firoz Khan and Dr Naseer reached the barricade, the police refused to let them put the patient in the ambulance. The young injured and bandaged men accompanying the patients were severely beaten up by the Delhi police men stationed there whose constant refrain was – ‘inhone hamaare do-teen log mare hain; das-pandrah inke bhi marne do.’ It was only upon persistent pleading by Dr Mehraj, and intervention by the CRPF personnel that the police ultimately allowed the patient to be taken to GTB hospital. Dr Naseer and Firoz Khan accompanied the patient to the hospital.

The viciousness of those unleashing this gruesome violence is self-evident from Figure 14. This young man’s testicles were chopped off by men reportedly shouting ‘Jai Shri Ram’, and the attendants accompanying the man had told the doctors that the attackers first pulled his legs apart stretching the area where the lower limbs converge (the perineum), causing a massive tear and then deepened it with a sharp edged weapon. To stop the bleeding the person was given more than 90 stitches, and later transferred to the hospital once the ambulance could be accessed.

The reported deaths

Of all the deaths reported in this violence, 38 deaths have been reported from the Guru Teg Bahadur Hospital, 3 at Lok Nayak Hospital, 1 at Jag Parvesh Chander Hospital & 4 at Dr. Ram Manohar Lohia Hospital’. Annexure 2 gives the list of dead persons as of 2nd March, 2020. While the youngest person reported dead was aged 15 years, the oldest victim was a woman aged 85 years. Among all the reported casualties, only 2 are women. Up to 4th of March 11 highly decomposed bodies were reported to have been fished out from the drains. The official acknowledgement till date is of 53 deaths. Table 1 below gives the age distribution of the deaths as of 2nd March, 2020.

Table 1: Age distribution of the persons who died in the violence as of 2nd March.

Age group	15 to 20 years	21 to 40 years	41 to 50 years	>50 years
Number of deaths	6	31	6	5

Figures 15 shows the two dead bodies that were brought to Al Hind hospital. There isn’t any proper facility at the hospital to keep the dead bodies safely, and yet the dead bodies kept lying in the hospital for nearly two days due to non-availability of any ambulances. Both the bodies, it was reported, bore the marks of bullet injuries as also stab wounds. It was only when the ambulances became available after the orders

issued by the Hon'ble High Court of Delhi, that it could be possible to finally shift the dead bodies to the GTB hospital at around 3 am on 26th February. Along with these, one dead body from another nursing home situated on 35-foot road in the same locality, and another one that was lying on the road in gali number 5, near the Mosque close to Brijpuri pulia were also shifted to the hospital. 21 seriously injured patients were also shifted in three ambulances to GTB hospital on the intervening night between the 25th and 26th February under the escort provided by 7 to 8 CRPF personnel and 3 Delhi police gypsies.

We were informed that even after the High Court orders, the police told the doctors at Al Hind to arrange private ambulances, and that they will provide protection to them. The DSP (deputy superintendent of police), who was present in nearby Bhajanpura locality also expressed helplessness in providing ambulances. The ambulances were finally arranged at 3 am when doctors at Al Hind hospital firmly refused to send patients in private vehicles as these were being attacked and burnt by the mobs.

Some hospital statistics

We have already presented the total number of casualties reported from different Hospitals. Of these, the Guru Teg Bahadur Hospital & University College of Medical Sciences at Dilshad Garden in East Delhi was the mainstay of providing specialist services required by the victims. As per the information collected by us from GTB & UCMS, more than 200 injured patients had either been treated in the casualty or were admitted to the hospital for treatment. Annexure 3 shows that of the 38 deaths reported from the hospital, 22 (58 percent) were brought dead. Table 2 gives the distribution of the brought dead cases by cause of death.

Table 2: Distribution of brought dead cases by cause of death.

Cause of death	Gunshot	Stabs	Assault, burns or both	Gunshot and stab injury
The number of dead due to the specific cause	9	3	9	1

Source: Office of the medical director, Guru Teg Bahadur Hospital.

Table 3: Admissions and deaths of violence victims in the neurosurgery dept.

Victims of violence admitted in department of neurosurgery till 27 th Feb.	Deaths reported among the victims of violence admitted in neurosurgery	Case fatality rate (percent)
10	7	70

Annexure 4 gives the list of patients admitted in the neurosurgery department of GTB Hospital (most of whom sustained injury to the head) and the number of deaths reported until the 27th of February. Based on this data, Table 3 shows that the case

fatality rate among this group of patients was as high as 70 percent, which further attests to the viciousness of the violence unleashed on the people.

Annexure 5 is the list of surgeries performed in GTB hospital on the victims of the violence unleashed in Northeast Delhi. Given the diagnosis for which these surgeries were performed, all of the surgeries were very high-risk surgeries in terms of the risk to life, as also risk of permanent impairment of a part or organ of the victim's body. A total of 24 such surgeries were performed on the 24th, 25th and the 26th of February, 2020 and all of them were performed on male patients. Annexure 6 gives the list of patients admitted in the orthopaedic department of GTB hospital between 24th to 27th February. Again, all of these patients were male, with most of them suffering from very serious injuries like crushed hand or limbs with ruptured arteries, slashed tendons and compound fractures where the fractured bones are exposed rendering the patient liable to develop deep seated infections of the bones which are particularly difficult to treat even though the patient may be discharged after operation. Such injuries obviously have serious repercussions for the person's ability to work and be economically and socially productive.

The other hospital to have received a large number of violence related cases was the Lok Nayak hospital where a total of 56 cases had been referred as of 27 February. 1 person was brought dead and 2 died in the course of treatment. Barring 10 patients who were admitted for treatment the rest were discharged after treatment in the casualty.

4 patients with orthopaedic injuries had been referred to the Safdarjang hospital in south Delhi from GTB hospital emergency. No casualty was reported among these patients. However, at least 2 deaths were reported from Burns ward of Safdarjang Hospital, all of whom had suffered from burns due to acid attacks. Annexure 6 gives details of one of the victims who died in Safdarjang Hospital from burn injuries. AIIMS Trauma centre received a total of 5 riot injured patients till 27th February, of which 4 were gunshot injuries, while 1 presented with stab wounds in the abdomen. No death among them was reported. These numbers increased by the 3rd of March, 2020. Annexure 6 gives the details of some of the patients operated upon in the surgery department of AIIMS Trauma Centre, all of whom suffered from injuries of very serious nature.

The sincerity and quality of medical response of the government

A word need be reserved here for the kind and quality of care received by these patients, especially those who had gone to the GTB hospital. Even at the best of times, public hospitals in India cannot really be said to be welcoming of the patients, most of whom belong to the poor sections of the society. The many reasons for this need not be gone into over here. However, when human tragedies are manufactured by design, by the powers that be, the malaise seeps down to the deepest caverns of our social attitudes.

When we asked some senior doctors at the GTB hospital over phone, if they could facilitate our being able to talk to some of the riot victims admitted in the hospital, we were told that there were policemen in plain clothes sitting inside and outside the wards to keep a watch on the patients as also those who came to meet them. They were being especially watchful of the members of the press and civil society. This situation seemed designed to intimidate the victims and their family members lest they speak out to the press or civil society, and least of all to provide comfort or allay anxieties of the people.

Even as the dead bodies in the GTB hospital mortuary were mounting, the hospital authorities had not performed the post-mortems of these bodies within time, as they were waiting for “instructions” from the government. This was read as possibly an attempt to tamper with the cause of death. That these fears were not entirely unfounded, is borne out by the fact that in an order dated 26 February, 2020 (Annexure 7), the Delhi Minorities Commission instructed the Superintendent of GTB hospital that – *“You are directed to conduct post-mortem procedure on all these bodies and on any fresh cases within 24 hours of arrival of each dead body.”*

Even in the community, we came across victims with complicated fractures of their limbs who had simply been returned from the GTB hospital emergency with a plaster cast without setting the fractured bones in proper anatomical position. On 28th February our team treated a patient with a bullet injury in the left thigh. The patient told that he had earlier been treated at GTB hospital. The bullet had entered through the medial aspect (inner side) of thigh and large exit wound on other side with area surrounding wound being swollen. The wound was infected and copious amount of pus was oozing from the wound giving out a foul smell. Our team of doctors immediately started debridement (removing the dead tissue from the wound) of wound and stapled from outside. Patient told that after initial treatment from GTB hospital he was discharged early without proper care.

There are numerous reports available of how victim’s relatives were fending from pillar to post to find their loved ones in the hospital. Relatives had to wait for around more than 2 days to be able to confirm whether their son, daughter, parent etc were among the dead in the mortuary. Nobody at the hospital, it seems, had the time to properly guide the relative of different victims. Even though it is a routine practice during train and air-plane accidents that the authorities put up a notice board informing of those who died, those who were alive and are under treatment etc., but somehow this was not to be the case at GTB hospital, which received the maximum number of dead and persons injured in violence.

Despite this, when told that people were forced to go to small, ill-equipped private nursing homes for treatment as they were trapped in the violence hit areas, the Delhi Chief Minister, Kejriwal had the temerity to tell a group of prominent women from the civil society, who met him on the 25th evening, that:

‘Voh wahan quyon gaye; Dilli Sarkar ke aspatalon mein aate to ham unki sewa karte.’ (Why did they go there [to the private nursing homes]. Had they come to the Delhi government hospitals; we would have served them.)

A few days later, when it faced the line of fire from various quarters, along with announcing monetary compensation, the Delhi government made the gesture of converting 9 night shelters into relief camps for the victims of the violence, but it couldn't make provision for tents to be pitched or special counters to be opened, and social work volunteers to be stationed in its hospitals to facilitate a coordinated, speedy and effective relief for the agony of violence victims.

In fact, the morass afflicting the social and political canvass of our society, as also its health system couldn't be better epitomized than the fact that it took the intervention of Delhi High Court, and two conscientious judges who were willing to listen to a special plea at their home at 12.30 am on the night of 26 February, to actually force the authorities to reach out to the victims in the violence affected areas. The court in its brief order stated:

The Court at this stage is primarily concerned with ensuring the safety of the lives of the injured and immediate medical attention that they require and for that purpose to ensure the safe passage of the injured victims to the nearest available government hospitals. The Court accordingly directs the Delhi Police to ensure such safe passage by deploying all the resources at its command and on the strength of this order and to ensure that apart from the safe passage, the injured victims receive immediate emergency treatment

As we learnt from our own experience in the process of reaching out medical relief to the victims, as already narrated above, none of these impediments were inadvertent consequences of the situation on ground.

We inquired from many people in Mustafabad whether any representatives of the central government or Delhi government had actually reached out to the people in the affected areas. The response from all had been categorical – there had been no such attempt. On being asked about the availability and the role of ‘Mohalla Clinics’ in this situation, Rafiq Alam, a volunteer at Al Hind hospital responded that there was no ‘Mohalla Clinic’ in the whole of Mustafabad. Likewise, not many in his opinion had coverage under any kind of government funded health insurance schemes. At least he did not know of any of his acquaintances to be covered under such schemes. Another of the volunteers, Shamshudzzaman remarked that:

“Many of the poor people in the area are migrant labourers who have come from other states; they neither have the documents required for coverage under such schemes, nor are they actually covered. Anyways, which private hospital will be willing to provide ‘world class treatment’ to these victims of violence who have been pouring in to Al Hind hospital over last three days.”

What have been discussed above are only some of the most glaring cases, but a larger public health tragedy is as yet only unfolding in the wings, and which unfortunately is never going to attract the attention of the government. In the medical camp which we set up at Al Hind hospital on the 28th February, most of the patients, specially females, presented with general anxiety symptoms like restlessness and palpitations. They told that they were feeling insecure and didn't really know where to go. Many patients of chronic diseases like diabetes and hypertension also came whose medication had been disrupted due to violence and disaster that had struck their lives. The mental and psychological trauma suffered by these people knows no bounds, and yet these are precisely the kind of problems which are likely to be ignored by the government, especially as they lack the 'shock and awe' appeal that goes with ghoulish physical injuries.

Another aspect of relief which we think need be thought of aloud is the fact that direct agencies of the government were absent from providing relief and rehabilitation measures on the ground. On the 28th when we visited the Idgah in Shiv Vihar area of Old Mustafabad, we found that a large relief camp had been set up by the Delhi Waqf Board by pitching in tents within the Idgah premises. Our medical camp was set up within this compound, as indeed were other medical relief camps by the St. Stephens Hospital, Holy Family Hospital and some other NGOs.

It is our considered opinion that the government and its relevant agencies should be at the forefront of relief work, while that of other agencies could come in as a supplementary to that, because in any society that claims itself to be secular and non-discriminatory towards any section of its people, it is the government that is looked upon as the principal guarantor of these values. More than its words, it is its actual actions on ground that shall enable the government to command the loyalty and confidence of the citizens in restoring the secular fabric of the society.

It is in this context that we need think aloud, that if private missionary hospitals and civil society organizations can reach out to the people, then what prevented the government from pressing its own medical and relief teams into action, where in they could have also sought the help and participation of private organizations and individuals. Provision of relief through religious organizations ultimately reinforces the belief We think that Indian polity need learn some useful lessons from the New Zealand Prime Minister Jacinda Ardern, who left no stone unturned to reach out to the families and survivors of the attack on two mosques in Christchurch a year back. Indeed, she led the entire nation in not only reassuring the Muslim community in New Zealand of the abiding support of the entire country in their moment of grief, but also that it was entire society's grief.

The political establishment and the violence

Exploring the political factors behind this violence was not the objective of our visit. However, the difference of course is that the causes of the kind of medical emergencies described above are not biomedical, but are socio-political. Without making any claim of doing a thorough investigative work, we still feel obliged to state briefly our impressions in this regard.

It was in 1992 that massive violence had rocked these very areas in the aftermath of the demolition of Babri Masjid in Ajodhya. At that time as well, as part of the then Delhi Medicos and Scientists Forum (DMSF) we had sent a medical relief team for nearly a week to different localities of Northeast Delhi that had been pulverized by massive anti-Muslim violence. One of the consequences of our relief effort was a report that we brought out on how the violence was perpetrated and the suffering it unleashed. The then Congress government at the Centre instituted a witch-hunt against the doctors of the DMSF team. In the 28 years since, little seems to have changed, except that as a society we seem mired even deeper in the quicksand of majoritarian communalism.

The AAP (Aam Admi Party) appeared with its ‘plaster bags’ once the lives had been lost and homes and hearth ruined.

If it was their stark absence on part of others, as was widely believed by the people we interacted with and the observations made by other reports on this violence, the imprint of the well-oiled Sanghi Communal machine in engineering the anti-Muslim violence was equally stark.

It need be emphasized that nothing about this violence was spontaneous. There were tell-tale signs of prior planning and preparation to unleash this violence. Figures 1 and 2 show that the roads had virtually turned brick red with crushed bricks, and this was the case not with isolated roads, but with large tracts as we drove through the area. These had of course been reached to different points in the entire area, and where the supply chain was hampered, the police facilitated collection of whatever material could be made good on the spot (Figure 16). Gas cylinders which were used to trigger blasts, smoke bombs, and of course firearms were some of the other accessories that were part of the supplies. All of this cannot be arranged spontaneously, and was not arranged spontaneously. Firoz Khan, the tailor master referred to above, told while speaking to us at Al Hind hospital, that – ‘trolleyon se malba utarvaya gaya – Maujpur mein, Bhajanpura mein; aur sab RSS ke log the’ (debris of construction material was unloaded from trollies at many places – in Maujpur, in Bhajanpura, by RSS men.)

The opinion on the ground was unanimous, that it was the speech given by Kapil Mishra, the defeated BJP candidate from Model Town constituency, on the 23rd February afternoon at Maujpur, in Northeast Delhi which started it all. Mishra threatened to forcibly have the roads vacated of the sit-ins by Muslims, in the presence of the Northeast Delhi DCP, Ved Prakash Surya.

The local people categorically remarked that barring a few known local elements of Sangh, the rioters in their area were from outside. Name of Jagdish Pradhan, the previous BJP MLA from Mustafabad who lost the elections this time, came up prominently in conversations with different people as the person who had mobilized a large number of people from area of western Uttar Pradesh like Bhagpat. Another local BJP leader, Bishan Sharma, is also said to have played prominent role in mobilizing people for attacking Muslims.

The ferocity and viciousness of the violence can be made out from Figures 17, 18, 19 and 20.

We needn't say much about the role of Delhi police in this violence, which has already been extensively written about and commented upon in other reports on this violence, except to reiterate that from all accounts gathered by us, the police were complicit in the whole affair. In fact, now a pattern of sorts seems to have been established where ever BJP is in power, that is, either the police have been allowed to side with the attacking mobs, or it has turned into a mob itself, with impunity.

Observations & Recommendations

This he said despite the fact that his own house had been attacked and he had been lucky to escape with minor injuries on his face due to an acid attack. Towards the end of our visit, there was some commotion outside Al Hind hospital at around 5 pm. Around a dozen men, women and children had been rescued from their homes in Shiv Vihar and brought to Al Hind hospital in Old Mustafabad. These Muslims had been sheltered by their Hindu neighbours in their homes, even as their houses had been consumed in the violence. A young man who had actually been part of the rescue, announced loudly to the crowd that had gathered:

‘Bhaiyon, ek baat hai ki Shiv Vihar ke Hinduon ne hamari bahut madad kari hai. Wahanki Hindu behne, chalet waqt in auraton se aisa chipat-chipat ke roi hain ki bata nahi sakta’ (Brothers, I wish to let you know one thing, that the Hindu families in Shiv Vihar have really helped us a lot. When these women were departing from their homes, it is beyond description how our Hindu sisters embraced them and wept profusely, as to why you are going).

Likewise, Jaan Muhammad, a resident of Rajiv Gandhi Nagar in New Mustafabad narrated the tales of how Muslim neighbours saved the homes of their Hindu neighbours and their temples in Nehru Vihar, Bhagirathi Vihar and Guru Nanak Nagar. In E block of the adjacent Nehru Vihar, Gali No. 15 is the only lane with Hindu households. Hindutva Mobs came from outside in the name of protecting the local Hindus, but the local Hindus of E block, Nehru Vihar, told them to leave as they felt perfectly safe in the protection of Muslim neighbours. The attempt to harm the local temple in Nehru Vihar was foiled by the Muslims of the area.

The narration of these examples is no doubt simple, but we dare not interpret it simplistically. These examples had weathered the challenge of criminal mendacity that threatened to consume all and everything that is good and beautiful about humanity.

The findings presented above, enable us to conclude the following:

- We would like to iterate our deep conviction that loss of human lives on such scale and in the manner in which they were inflicted is a matter of utter shame for any civilized society. As is typical of all communal violence, the minorities have constituted an overwhelming proportion of the casualties and the victims.
- It is indeed remarkable that such a high number of casualties occurred due to gunshot wounds. For such casualties to occur firearms and bullets needed to be available at hand in large numbers, and that they were indeed available, shows that quite some preparation seems to have gone into staging this violence.
- A big consequence of when the agencies of the state are seen to be acting with partiality, is that it sends a clear message to the marauders that they can wreck any level of violence on the innocent masses and count on the state to protect them.
- Despite being the National Capital Territory of India; despite the fact that some of the best medical institutions of the country of national and international repute, as also the fact that Delhi has hospitals which attract a large number of international patients by way of medical tourism, none of this stands any guarantee of easily accessible, effective medical care for the people in the times when medical catastrophe strikes, given the fact that the victims of such catastrophe are invariably the poorest segments of the society.
- Lofty proclamations regarding government schemes like ‘Mohalla Clinics’, ‘Ayushman Bharat’ and the like notwithstanding, these schemes not only fail to reach those who need them the most, but actually prove to be particular non-starters in times of such catastrophe.
- Instead of reaching out to the people in the most testing of the times, the public health institutions, let alone the private ones, fall much short of what is expected of them.
- The tertiary care GTB Hospital is barely a few kilometres away from the violence affected areas, and yet in terms of being actually accessed by the victims, the distance seemed insurmountable. *Just as there is behaviour of the people with respect to seeking health care, which we call as ‘health seeking behaviour’ in public health terms, there is also the behaviour of health institutions. The experience of this violence directed primarily against the Muslim minority,*

actually shows that dominant social and political attitudes can make health institutions inaccessible to the suffering masses even though these may be physically located right in the midst of the people.

- The salience of this violence obtains from the context in which it has been played out, which is that of a state sponsored effort against Muslims in India. The majoritarian communal forces have had the highest anxieties about the ongoing sit-ins by women, in various Muslim majority areas against CAA, NPR and NRC.

Some recommendations for alleviating the immediate suffering:

Winning back peoples' confidence by providing them effective relief and assuring them that the society at large does not share the world view of those who attacked them and that of their political sponsors, remains a big challenge for all of us. Anyone who has visited the area would know that the tragedy is too huge to be mended by the efforts of civil society alone, howsoever spirited these may be. There has to be a large-scale organized effort on part of the government to heal the physical, mental, psychological, social and financial wounds which have disfigured the lives of people in the violence affected areas of Northeast Delhi. Provided the government has the will to implement them, we feel the following measures can be of immense help in providing medical and other relief to the affected people. Our recommendations in this regard are:

- There clearly is a need for medical services to proactively reach out to the community in the violence affected areas, seek out the patients and provide them effective treatment for physical injuries, mental and psychological trauma in facilities existing or created closest to their homes. Only those cases requiring specialized care in hospital settings need be shifted to hospitals.
 - In order that this can be done effectively, outreach teams constituted of doctors, and other paramedical staff, equipped with necessary equipment, medicines and other consumables be constituted forthwith.
 - The teams should have appropriate mix of doctors including specialists in general surgery, orthopaedics, paediatrics and internal medicine. Apart from some senior doctors, resident doctors and interns need also be included in the teams.
 - The population to be covered by each team should be decided depending upon the size of the population and the density of violence in different localities.
 - Existing public infrastructure in different localities be used to create field hospitals, may these be government dispensaries, urban Primary Health Centres or the schools and other such places.
 - Social workers and civil society volunteers need to be deployed in large numbers to reach out to the people house to house and inquire about the injured or those

sick and requiring help. Help need be taken in this regard from departments of Social Work in universities in Delhi.

- In the hospitals nearest to the affected areas, a ward need be separately designated for some time to expeditiously deal with cases of serious injuries due to communal violence.

In the outbreak of violence of the kind Northeast Delhi has been a witness to, death could sometimes be far more imminent than in case of an outbreak of a dreaded infectious disease. The high case fatality among victims of violence pointed to above clearly establishes this. Hence, if separate facilities can be established in the hospitals to deal with cases of such infectious diseases, the same needs to be done with respect to treating the victims of such communal violence as well.

- Mental and psychological health, even though a most pressing need in such situations, falls by the way side when it comes to dealing with the victims of such violence. We feel that teams of psychologists and mental health experts shall have to be created to provide the necessary counselling and medical relief in this regard on a more long-term basis. This certainly should not be treated as a substitute for all other material and physical help required by the victims, but constitutes a necessary measure to fortify the healing touch.

-Sd-

(Dr Harjit Bhatti)
Convener, PMSF
(Contact: 8586848479)

-Sd -

(Dr Vikas Bajpai)
Executive member, PMSF
(Contact: 9717820427, 9810275314)

Annexure 1

Figure 1: Main road that leads to Old Mustafabad from the Delhi-Loni highway.



Figure 2: Paramilitary and Delhi police personnel stationed on the road near Old Mustafabad.

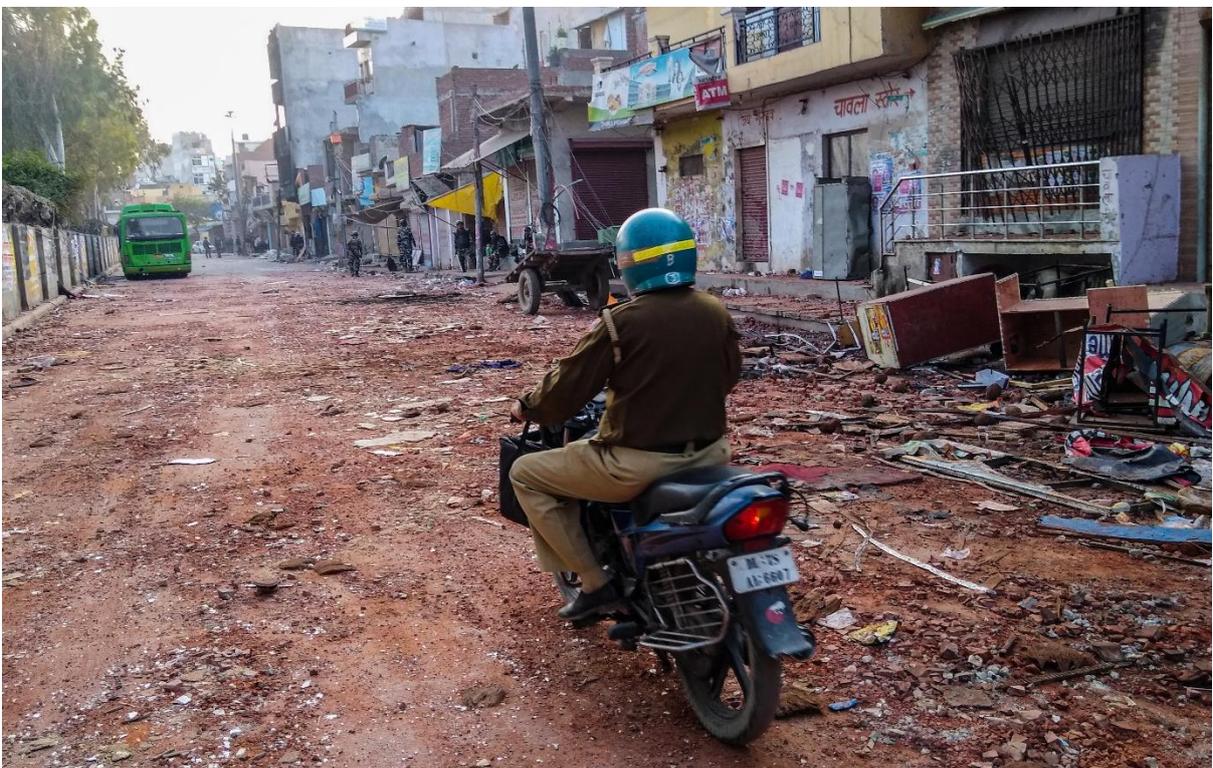


Figure 3: A police check-post at Brijpuri crossing.



Figure 4: Al Hind hospital, Old Mustafabad.



Figure 5: The makeshift ward with floor beds on the first floor of Al Hind hospital.



Note: Though looking empty when this photo was taken on the 26th February, this hall had been overflowing with patients till the morning of 26th February when most of the patients could be transferred out to the government hospitals.

Figure 6: Chest X – ray of the 22-years old youth with bullet lodged in left axilla.

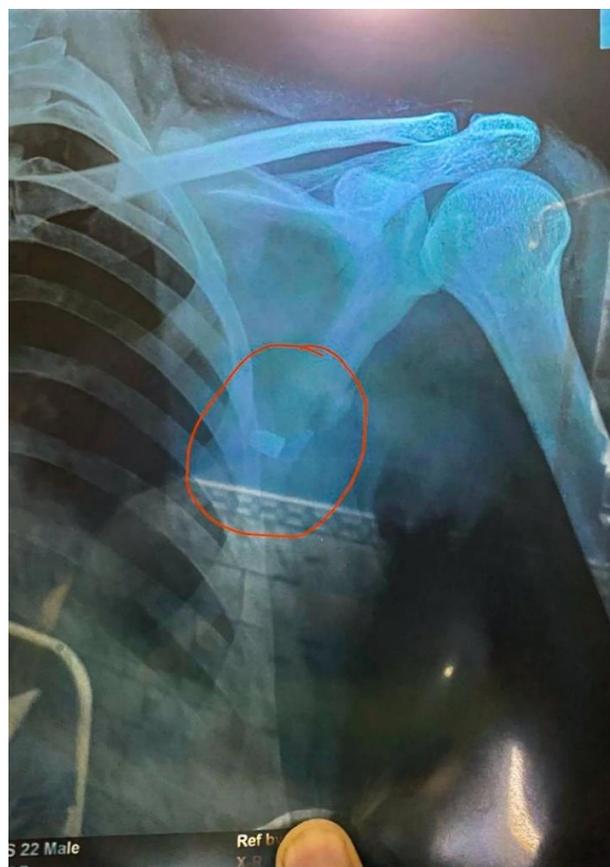


Figure 7: The young man with unoperated abdominal bullet injury.



Source: Figures 6 and 7 were clicked by the authors during the visit.

Figure 8: A victim of acid attack.



Source: Photos in Figures 8 to 14 were made available by the doctors and volunteers at Al Hind hospital.

Figure 9:



Note: Figure 9 (1) is of a man whose face got mutilated in an acid attack, while Figure 9 (2) is of a young man whose jaw was broken apart from injuries on various other parts of the body.

Figure 10:



Imran, aged between 22 to 25 years, was hit by a bullet on his left temple and exited from the back of his left ear. In the process his skull was also fractured.

Figure 11: Young men who had presented with bullet injuries.



Figure 12: Even the old and infirm were not spared. As given in annexures, some of the victims were as old as 85 years.



Figure 13: Skull injury on the head.



Note: The picture shows that the wound has been sought to be covered by suturing the skin flap of the skull.

Figure 14: Young man with his testicles cut and torn perineum.



Figures 15 (1 & 2): Unknown dead bodies brought to Al Hind hospital. While the first body bears multiple stab wounds, the second person succumbed to bullet injuries.



Figure 16: Video grab of people collecting stones under the watch of a policeman in Shiv Vihar.



Figure 17: Burnt houses, shops and vehicles in the Shiv Vihar, a locality adjacent to old Mustafabad.



Figure 18: One of the houses in Shiv Vihar set on fire by the mobs and the wall of another one was blasted by exploding cooking gas cylinders.



Figure 19: Video grab of a Muslim house in Shiv Vihar, first being set on fire and then blasted sending up a huge fire ball.



Note: The video was provided by a Muslim resident of Shiv Vihar, who has since been displaced. The people who first set the house on fire and then triggered the blast can be seen escaping from the scene.

Figure 20: The destroyed Aulia Masjid, Phase 7, Main nullah road, Shiv Vihar.



Note: Aulia Masjid in Shiv Vihar was completely burnt down. On the right can be seen gas cylinders with bullet holes, which were used to trigger blasts in the Mosque.

Annexure 2

List of persons who died in violence as of 2 March, 2020.

S. No.	Name	Age	Sex
1.	Aamir	30	M
2.	Aftab	18	M
3.	Akbari	85	F
4.	Aqil Ahmad	40	M
5.	Alok Tiwari	24	M
6.	Amaan	17	M
7.	Ankit Sharma	26	M
8.	Anwar Kassar	58	M
9.	Arshad	22	M
10.	Atul Gupta	45	M
11.	Ayub Shabbir	60	M
12.	Babbu salmani / Babbu Mohammad	33	M
13.	Bir Bhan Singh/Vir Bhan Singh	50	M
14.	Constable Ratan Lal	42	M
15.	Deepak Kumar	34	M
16.	Dilbar/Dilbur Negi	20	M
17.	Dinesh Kumar	35	M
18.	Faizaan	23	M
19.	Hashim	17	M
20.	Ishtiyak Khan	24	M
21.	Mahroof Ali	30	M
22.	Mehtab	22	M
23.	Mohd. Furqan	30	M
24.	Mohd. Monis	22	M
25.	Mohd. Irfan	32	M
26.	Mohd. Shahbaan,	22	M

27.	Mohd. Yusuf	52	M
28.	Mohsin	22	M
29.	Mubarak Hussain	28	M
30.	Muddassir Khan	35	M
31.	Musharaff	35	M
32.	Nazeem Khan	35	M
33.	Nitin Paswan	15	M
34.	Parvez Alam	50	M
35.	Pravesh	48	M
36.	Prem Singh	27	M
37.	Rahul Solanki	29	M
38.	Rahul Thakur	22	M
40.	Salman	24	M
41.	Sanjeet Thakur	32	M
42.	Sayid	19	M
43.	Shahid Alvi	23	M
44.	Shan Mohd.	35	M
45.	Suleiman	22	M
46.	Unknown (Listed in the Guru Teg Bahadur Hospital list.)	70	F
47.	Vinod Kumar	50	M
48.	Zakhir	26	M

Source: The Polis Project (2020): 'The high cost of targeted violence in Northeast Delhi: A list of the deceased.' thepolisproject.com, 2nd March. Available from https://thepolisproject.com/the-high-cost-of-targeted-violence-in-northeast-delhi-a-list-of-the-deceased/#.Xl1BTopS_IW on 2nd March, 2020.

Annexure 3

OFFICE OF THE MEDICAL DIRECTOR
GURU TEG BAHADUR HOSPITAL
(ACCIDENT & EMERGENCY)
GOVT. OF NCT OF DELHI
DILSHAD GARDEN, DELHI-110095

Brought dead patients (24.02.2020 to 26.02.2020):-

S. No	Detail of patient	Diagnosis	MLC No	Address
1	DEEPAK 34/M	STAB	548/2/20	MANDOLI DELHI
2	UNKNOWN 30/M	STAB	546/02/20	MATA MANDIR BHAJANPURA
3	ISHAK KHAN 24/M S/O MOHD. ASSFAQ	GUNSHOT	B-3369	B 11/75 GALI NO. 6 KABIR NAGAR WELCOME
4	MD. MUDDASAR 30/M(MUSTAFABAD)	GUN SHOT	549/02/20	GALI NO. 2 MUSTAFABAD DELHI
5	VIR BHAN, 50/M S/O KIRAN PHOOL	GUN SHOT	D/46/25	H.NO. 52/35A VIJAY PARK MAUJPUR
6	MD MUBARAK HUSSAIN,28/M, S/O MD IBRAHIM	GUN SHOT	D/66	GALI NO.27,VIJAY PARK,MAUJPU R
7	SHAN MOHD, 35/M,	GUN SHOT	D/43	LONI
8	PRAVESH, 48/M,	GUN SHOT	D/59	BAPU RAM CHOWK,MAUJ PUR

9	Unknown, 70/F	Burn Injury	D/69	UNKNOWN
10	ZAKIR, 24/M (MUSTAFABAD)	Multiple stab Injury	DD2/26	NEW MUSTAFABAD
11	Unknown 40/M (MUSTAFABAD)	GUN SHOT	D04/26	UNKNOWN
12	MEHTAB, 22/M (MUSTAFABAD)	ASSAULT & BURN	D03/26	BRJPURI
13	ASPAK, 22/M (MUSTAFABAD)	STAB & GUNSHOT	D01/26	UNKNOWN
14	UNKNOWN, 22/M	ASSAULT	D-52	UNKNOWN
15	UNKNOWN, 25/M	ASSAULT	BD539/02/2020	UNKNOWN
16	RAHUL SOLANKI, 26/M (SHIV VIHAR)	GUNSHOT	BD542/02/2020	BABU NAGAR
17	SHAHID, 25/M(MUSTAFABAD)	GUNSHOT	BD540/02/2020	MUSTAFABAD
18	MOHD. FURKAN, 30/M (KARDAN PURI)	ASSAULT	BD538/02/2020	KARDAMPURI
19	RAHUL THAKUR, 23/M (BRIJPURI)	ASSAULT	DL-14	BRIJPURI
20	RATAN LAL, 42/M, (GOKULPURI)	ASSAULT	BD537/02/2020	GOKALPURI
21	ANKIT SHARMA, 26/M, S/O RAVINDER SHARMA	ASSAULT	BD753/03/2020	CHAND BAGH PULIA
22	DILBAR	BURN	BD754/03/2020	CHAMAN PARK,

DETAILS OF MORTALITY

Mortality in Dept. of Neurosurgery on 27/02/20 till now.

IN NEUROSURGERY

GTB Hospital, Delhi.

S.No.	Name of the patient	Age/sex	CR No.	Date of Admission & time	Date of Death & time	CT Findings	Clinical condition	Management
1	Unknown	45y/M	18551	26/02/20, 10:58	26/02/20, 11:55AM	CT was not done as patient is critical	E1VTM1m multiple lacerated wounds over head & face	Intubation in casualty with conservative management as per the standard ATLS guidelines.
2	Unknown (Nitin)	23y/M	18614	26/02/20, 16:01	27/02/20, 04:12AM	Depressed fracture right occipital bone with DAI	E1VTM3	Intubation in casualty with conservative management as per the standard ATLS guidelines.
3	Salman	24/M	18079	24/02/20, 18:54	27/02/20, 04:09 AM	Gun shot injury with bullet in left occipital region with IC bleed	E1VTM1 Pupil dilated fixed, brainstem reflexes absent	Intubated/ Conservative
4	Babbu	32y/M	18413	25/02/20, 18:35	27/02/20, 08:10	CT was not done as patient was critically sick	E1VTM1 Pupil dilated fixed Chest injury	Intubated/ Conservative/IC O insertion
5	Unknown(Dinesh)	35y/M	18423	25/02/20, 19:34	26/02/20, 03:40PM	Gunshot injury, NCCT head was not done as patient is critically sick	E1VTM1 Severe head injury Bilateral Pupil dilated & fixed	Intubated/ conservative as per the standard protocol
6	Alok Tiwari	32y/M	18491	26/02/20, 04:14	26/02/20, 12:37PM	Multiple SAH, Left frontal temporal and parietal region with multiple hemisinos and fracture	E1VTM3	Intubated/ conservative
7	Unknown	22y/M	18424	25/02/20, 09:16	25/02/20, 09:18	CT was not done in view	Poor GCS	Conservative

Sno	Name	Age/Sex	MLC No.	Bed No.	GCS	Diagnosis
1	Vivek Chaudhary	19y/M	D-42	10 (NSW 381)	E4V5M6	Penetrating injury in brain
2	Irfan	25y/M	Ref JPC 692	04 (NSICU)	E1VETM 1	Severe head injury/SAH multiple contusion, cerebral edema
3	Rahul pal	21y/M	D-72	12 (NSW 381)	E4V5M6	Fracture frontal bone
4	Nasir	33y/M	D-41	01 (NSW 378)	E4V5M6	Globe rupture with contusion(Bullet injury)
5	Unknown(Sharukh)	25y/M	D-18	16 (NSW381)	E4V5M6	SAH /contusion, globe injury
6	Unknown(Iokman)	38y/M	D-44	15(NSW375)	E4V5M6	SAH with extra axial bleed
7	Asad	18y/M	D-27	02(NSW378)	E4V5M6	Normal brain study
8	Babita	40y/F	D-65	10 (NSW375)	E4V5M6	Fracture frontal bone
9	Talib	40y/M	A/709/10/2020	07 (NSW375)	E4V5M6	Depressed fracture frontal bone with eye swelling
10	Unknown (Taj	20y/M	D-20/26	07(NTE 380)	E4V5M6	DAI with

Patients admitted in Dept. of Neurosurgery, GATB Hospital, till 27.2.20 during the riots.

			24 02 2020		Total number of surgeries performed on riot victim on the 24th, 25th & 26th February, 2020
Name	Age	Sex	Cr.no	Diagnosis	
1. NITESH	17	M	18075	GUNSHOT INJURY	
2. SAMEER	15	M	18091	GUNSHOT ON CHEST	
3. SAGIR	20	M	18122	GUNSHOT INJURY L INGUINAL REGION	
4. RIZWAN	37	M	18132	GUNSHOT INJURY ABDOMEN	
5. SHAHALAM	40	M	18137	GUNSHOT INJURY L CLAVICULAR REGION	
6. AKIB	18	M	18069	R FRONTO-PARIETAL EDH	
7. NARESH	32	M	18218	GUNSHOT INJURY	
<u>25.02.2020</u>					
1. SAGIR	20	M	18122	F/U/C/O EL & BLADDER REPAIR WITH SPC	
2. ASLAM	32	M	18077	CRUSH HAND L	
3. AKRAM	22	M	18084	CRUSH INJURY R HAND	
4. SHAKEEL	38	M	18114	CRUSH HAND R	
5. SHANDATT	35	M	18362	STAB INJURY ABDOMEN	
6. RAHUL	22	M	18400	FIREARM INJURY	
7. UNKNOWN		M	18406	GUNSHOT INJURY	
8. SAIF	16	M	18357	FIREARM INJURY SUPRAPUBIC AREA	
9. YATENDER	35	M	18380	OPEN KNEE INJURY WITH BULLET	
10. RAJBIR SINGH	50	M	18408	MAXILLOFACIAL TRAUMA	
11. DANISH	22	M	18428	FIREARM INJURY L KNEE	
12. VIVEK	19	M	18407	FOREIGN OBJECT IN SKULL	
13. SHAHRUKH	21	M	18379	GUNSHOT INJURY WITH PENETRATING RENAL INJUR	
14. SAIFUDDIN	36	M	18099	OPEN FRACTURE BOTH BONE LEG L	
15. SUNIL KUMAR	38	M	18391	OPEN FRACTURE BOTH BONE LEG L & R CALCANEUM	
16. SONU	22	M	17839	OPEN FRACTURE BOTH BONE FOREARM L	
<u>26.02.2020</u>					
1. FAIZAN	14	M	18442	FIREARM INJURY WITH BULLET IN SITU (L3-L4)	

Total-24

Annexure 6

Details of a victim of acid attack who died in burns ward of Safdarjang Hospital:

Name: Deepak Verma s/o Subhash Chand Verma

Age / Sex: 23 years / Male

Central Registration Number: 19335

Date of Admission: 29 February, 2020

MLC No.: D-2/29

Diagnosis: 3 to 5 percent chemical burn

Address:

House No. 159/3, Gali No. 5, B Block

Nullah Road, Kamal Vihar,

Near Sardar Patel School, Karawal Nagar

Delhi – 110094.

Details of patients admitted to the surgery department of AIIMS Trauma Centre:

Name	Age / Sex	Diagnosis	Treatment given
Surgery Unit II			
Muhammad Shahid	35 / M	Firearm injury right posterior chest with lung contusion	Conservative management given and (For discharge)
Saif	16/M	Firearm injury abdomen with ileal perforation	EL + RP (For discharge)
Som Dutt	35/M	Multiple stab injury abdomen and back	-

Ravi	22/M	Firearm injury abdomen (admitted in ICU with poor prognosis)	Left nephrectomy + Left diaphragmatic repair
Surgery Unit III			
Mumtaz Ali	61/M	Physical assault with fracture Maxilla, multiple fractures ribs, and fracture of left Scapula	Left ICTD
Surgery Unit I			
Sagir	20/M	Firearm injury in left inguinal region	EL + Bladder repair + SPC
Sameer	15/M	Gunshot injury left chest	Thoracotomy
Rizwan (admitted to trauma ICU)	37/M	Gunshot right upper abdomen	EL + Loop ileostomy
Shah Alam	40/M	Left open pneumothorax	Packing of sucking wound
Naresh Saini	35/M	Right hemothorax with liver packing spinal shock	

Annexure 7

DELHI MINORITIES COMMISSION

(Statutory Body of Govt. of NCT of Delhi, set up by DMC Act 1999)

Vikas Bhawan, Block "C", first floor

I.P. Estate/ I.T.O., New Delhi -110002

Tel.: 011-23370823 Email: dmc_nct@rediffmail.com , chair.dmc@gmail.com

Notice issued under Section 10(h), DMC Act 1999

No. F. PA/Chairman/DMC/GNCTD/2020/211

26 February, 2020

Superintendent,
GTB Hospital
Tahirpur Rd, GTB Enclave,
Dilshad Garden,
New Delhi - 110095

1. It has been brought to our notice through Hon'ble Member, DMC, Ms. Anastasia Gill, that 30 dead bodies are lying without post-mortem at your hospital.
2. You are directed to conduct post-mortem procedure on all these bodies and on any fresh cases within 24 hours of arrival of each dead body.
3. File your compliance and action taken report by 28 February, 2020.
4. Confirm receipt of this notice by email today itself.
5. In case of failure to submit your reply/action-taken report in time, further action will be taken by the Commission which is an statutory body with quasi-judicial powers which functions as a civil court. Commission orders may be stayed or overruled by Hon'ble High Court only.



Dr. Zafarul-Islam Khan
Chairman, Delhi Minorities Commission

651-26/2/2020
Shri Kartar Singh Kochhar
Member, Delhi Minorities Commission



Copy to:

- Member (KSK)
- Member (AG)
- General file
- Case file
- DCP North East Delhi