‘WHERE THERE CAN GO NO DOCTOR…..’

Report of a preliminary visit to assess the Public health situation in Dantewada, Chhattisgarh

June 26th to 29th 2007

By members of Medico Friend Circle & Jan Swasthya Abhiyan
BACKGROUND

In India since the last decade or so there has been large-scale acquisition of land and
displacement of large sections of the population for industrial growth, and promotion of
corporate led capital, as reflected by the emergence of Special Economic Zones across the
country\(^1\). Coupled with these is a sharp increase in the intolerance of the State to protests
against such displacement and land acquisition, and to any form of dissent against its policies
or actions. Any questioning of these dominant policies leads to being labeled as 'anti-
national' or 'anti-development', or a 'naxal'\(^2\).

The arrest of Dr. Binayak Sen, a socially-committed paediatrician, and respected
public health and civil liberties activist, in Chattisgarh on May 14\(^{th}\) 2007, needs to be viewed
against this backdrop\(^3\). As the General Secretary of the Chattisgarh unit of People’s Union
for Civil Liberties (PUCL)\(^3\), Dr Binayak was part of one of the first teams that visited
Dantewada in southern Chhattisgarh in December 2005, to investigate into the impact on the
tribals of the ‘anti-naxal’ Salwa Judum campaign there\(^4\).

Since December 2005 at least 6 fact finding teams have visited Dantewada. Among
these have been: an all-India 14-member team from five civil liberties and democratic rights
organizations including PUCL-Chhattisgarh, national PUCL and People’s Union for
Democratic Rights (PUDR); teams from the National Commission on Women and from
Committee Against Violence on Women (CAVOW) respectively to specifically look into
instances of violence against the women there, and a team from an Independent Citizens’
Initiative. A team from the Human Rights Forum, Andhra Pradesh, also visited the area
several times between May-November 2006 and talked to a cross-section of people,
including adivasis who had fled from Dantewada to neighbouring Khammam district of AP.

All these teams and various other reports in the regional, national and international
press have highlighted the extremely critical situation prevailing in Dantewada. They have
clearly documented: the violence inflicted since around June 2005, ranging from coercion,
imimidation, killings, looting and burning of villages, and sexual violence against women, by
Salwa Judum members and security personnel, in the process of removing the tribals from
their villages to relief camps; the complete disintegration of the tribal society; the break down
of civil administration in the area, and the un-accountable functioning of the Salwa Judum.
These reports have raised questions about the veracity of the claim of the state that Salwa
Judum arose as a spontaneous response by the people as an anti-Maoist initiative, and have
consistently held that while it may have started spontaneously, it was receiving support from
the state government\(^5\). (All these reports are available on: www.cgnet.in and
http://cpjc.wordpress.com. The report of the all-India team is also available on
www.pudr.org).

Given the substantial and sustained contributions of Dr Binayak Sen as a public
health professional, especially in Chhattisgarh, and his long-standing association with the
Medico Friends Circle and Jan Swasthya Abhiyan, his ‘dramatic’ arrest on grounds such as
‘waging war against the state’ has come as a matter of great shock and concern to public
health professionals and activists. Following his arrest a team of public health professionals
from both these groups decided to visit Dantewada and assess the overall situation, including
an assessment of the public health scenario. This visit and the investigation was not to be a
purely ‘scientific investigation’ of public health issues in the area, but was meant to also be a
message in the prevailing political circumstance, by highlighting the civil liberties activities
of socially committed public health professionals like Dr. Binayak Sen in democratic set-ups
such as ours, as well as a small attempt to continue to carry on these activities.
It is hoped that such visits and activities by health professionals and others will sustain a moral and ethical pressure on the State to evolve a more logical and just solution to the situation of conflict and displacement in Dantewada. Further, it is hoped also that through this the community of public health professionals can be sensitized to the 'other side' of the 'development' that is going on in the country over the past two decades, to the larger structural violence that is becoming widespread as part of this 'development' in certain parts. There is a pressing need to consider the ramifications and long-term implications of these processes for the health of the affected people, especially that of the children. Thereby, we hope to initiate a discussion among the health professionals at large on these issues and urge them to give thought to their roles as the “natural attorneys of the poor”, a role that Dr Binayak Sen has been tirelessly living up to.

Team Members

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Objectives

1. To identify the public health issues arising in the wake of the Salwa Judum in the district of Dantewada including the overall impact of the Salwa Judum on the functioning of the public health services in Dantewada district.
2. To identify the health issues and to assess the access to health care services in the Salwa Judum camps set up by the administration.
3. To make a preliminary assessment of the status of health care services as well as the key health issues of people living in Salwa Judum affected villages.
4. To analyse the overall situation arising out of the conflict, from a public health perspective.

Places visited and people with whom the team had discussions

The initial plans for the visit had to be substantially modified at the last minute due to the call given by the Maoists for an 'economic blockade’ on the 26th and 27th June 07, due to the continuing heavy rains, as also several ‘security considerations’ that were pointed out to us by local people, and the Health Secretary of Chhattisgarh, such as fear of 'attacks’ by either salwa judum members, SPOs, or the naxals. Earlier teams also could not move around freely – the movement of the Independent Citizens’ Initiative was hampered by acts of physical violence by the salwa judum. We reached Dantewada on the morning of 27th June. Vanvasi Chetna Ashram at Kanwalnar near Dantewada town was our base camp from which we made various visits into different parts of Dantewada district.

We managed to visit the Kasoli Salwa Judum camp near Geedam on 27th afternoon and spent nearly two hours there. We walked around the camp and talked to the residents, met the camp supervisor and treated a few patients. Later we went to the Medecins sans Frontieres (MSF - Doctors without Borders) office in Dantewada and had a discussion with the Project Co-ordinator. He shared with us some of the findings of the MSF team regarding the health situation in the camps and the type of disease pattern they were observing at the clinics that they operated. He also made some suggestions about the camps and villages that
we could try to visit, that were not near the road and thus not frequented by previous fact finding teams or journalists.

On 28th June we tried to meet the District Collector Mr. Pisda, but could not do so as he was out of town. We then met the Chief Medical Officer of Dantewada, Dr. Gambhbir Singh Thakur. While approaching Bhairamgarh later that morning we observed a rally of nearly 400 people who were protesting against the non availability of rations in the camps (among other issues). A few of the team members spent some time with them and visited the Bhairamgarh Godampara camp. We then split into two teams, with one team visiting the Mirtur camp with a doctor and some staff members of Bhairamgarh CHC. The other team attempted to go to a village on the 'other side' of the Indravathi river, along with two health workers from the Bhairamgarh CHC. We were advised that the place was inaccessible due to the rain, and probably the river was in spate. However, we persisted with the plan. The team that headed for Mirtur managed to visit the camp after walking the last few kilometers. However, the team that was headed for the 'other side' could not cross the Indravathi river, and hence spent about 2 hours in a village called Itampaar on 'this side' of the Indravathi. We also spent some time with the Block Medical Officer and his staff at Bhairamgarh PHC.

In summary we visited the following camps / villages and had detailed interviews with the following persons:

**Camps visited:**
2. Bhairamgarh Godampara - 28th June, mid-morning.

**Villages visited:**
1. Itampaar - 28th June, afternoon – evening.

**Interviews:**
1. Mr. Himanshu Kumar – Vanvasi Chetna Ashram, Kanwalnar
2. Staff – Vanvasi Chetna Ashram, Kanwalnar
3. Chief Medical Officer, Dantewada
4. Block Medical Officer, Bhairamgarh
5. Medical Officer In-Charge, PHC Farsegarh
6. Health inspector 1 – Bhairamgarh PHC
7. Health inspector 2 – Bhairamgarh PHC
8. *Sarpanch* of Itampaar
9. Anganwadi worker at Itampaar
10. Mitinan at Itampaar.
11. ANMs at Bhairamgarh Godampara camp.
13. Health worker, Mirtur camp.
15. Leader of the rally of Salwa Judum camp residents, Bhairamgarh

Group discussion with Block Resource Persons in the Mitinan program who had gathered in Vanvasi Chetna Ashram for their regular training session.
FINDINGS

Obviously, such a preliminary investigative visit cannot come up with very detailed quantitative findings. We have relied on qualitative findings gathered during our two days in Dantewada. These were gathered from personal notes and perceptions, visits and talking with people in the camps and villages, and in depth interviews with a wide range of individuals. As far as possible we attempted to triangulate our findings and impressions. Some findings were consistent across the camps, and some answers were consistent at all levels of the health service personnel and these form the main thrust of our report. We present a brief descriptive as well as analytic report in the following sections.

CAMPS

General

The process of shifting / evicting people from their native villages and re-locating them in ‘relief camps’ started in about July 2005, and went on for about a year and a half, till January 2007. As per a table provided to us by the CMO, at present there are officially 23 camps spread over five blocks in Dantewara district, with 8 camps in Bhairamgarh block, 7 in Konta, 3 each in Usur and Bijapur, and 2 in Geedam. According to the CMO these camps have a population of 50,000 to 52,000 and no new camps have been set up since January 2007. According to the CMO some of the camps were closed down as people were no longer living in them, and some of the camps were moved. He mentioned that very recently the camp at Jagargunda had been shifted further south to a place called Maraiguda, for security reasons and also because people were running away from the camps to their villages.

Each camp has a ‘Prabharti’ who is usually from the local village near which the camp is set up. (Usually he is also the local Salwa Judum leader). The overall administration of the camps is with the police and the district collectorate. According to the Health Workers at the Vanvasi Chetna Ashram, names of the people leaving the villages for the camps were recorded / registered at the respective police stations.

Both the camps, at Kasauli and Mirtur, were isolated from the main villages. It was not possible to ascertain whether there was any interaction between the original villagers and the camp residents. Most camps consisted of a mixture of people from different villages.

While initial fact finding teams noted that people in camps were living in temporary settlements and tents, all the three camps we visited (or passed en route) now had a semi-permanent to permanent look about them. People in all the camps noted that they had received Rs.12,000 in cash and kind towards building their houses.

The houses in the camps we saw were stark windowless structures, built wall-to-wall in rows. There was no place to keep domestic cattle, though a few hens roamed around. Some of the houses had fenced off a small area, which was converted into a kitchen garden. There were no toilets. While they had all received free rations during the first few months, after that they have had to fend for themselves. Each camp was supposed to have a health outpost with doctors and nurses visiting regularly, sometimes there were ANMs within the camps (especially if she were displaced along with her community). The camps were also supposed to have Mitanins.
We found the overall atmosphere in the two camps to be quite restrictive, with heavily guarded check-posts, and security personnel monitoring people entering and leaving the camps. Within the camp there was the constant (and sometimes threatening) presence of the Special Police Officers (SPOs). People we talked to had to be divided into those who were SPOs and those who were not, and we realised that we were getting very different pictures of the camp from either of them. At times the team felt that people who started to open up to our team members felt intimidated when the SPOs among them entered the scene. By 5.00 PM, as twilight hour approached the presence of these SPOs became very evident, as they started ‘reporting’ for duty at the police post, in ‘uniforms’ and with their guns. Some of these SPOs were very young boys.

The whole atmosphere of these camps, and the listlessness and the intimidation and fear that we observed in the people living in them was in stark contrast to the villages and hamlets from which these people came. Houses in villages were usually much larger, with fences marking out area for domestic animals, kitchen gardens and private space, there were usually cooking stoves outside the living area and the houses were not packed together but rather quite spread out. Compared to a typical village (which we drove through and visited) the camps were claustrophobic, to say the least.

KASOLI CAMP - Evening 27th June 2007

This Salwa Judum camp at Kasoli is located about 3 kms from Geedam. As per a recently completed survey by the Vanavasi Chetana Ashram there are 139 families and a total of 614 individuals staying in the camp, many of them from village Neeram across the Indravathi river.

The camp was located in between two CRPF camps, and there were nearly 60 SPOs within the camp itself. Entry into and exit from the camp was through a check post guarded by armed personnel. There were SPOs who were armed with rifles walking around the place. These rifles are usually deposited in the police station and given to the SPOs when on duty. The SPOs were from Kasoli village or Chindnar, and not from the original villages from where the camp residents came.

Generally the people seemed listless and somewhat withdrawn. After the initial interaction with the people we realized that we were getting quite different answers to the same question depending on whether we were talking to an SPO or to a camp resident. Many of the SPOs were not in uniform and it was difficult to differentiate them from the residents of the camp. On realizing this we usually clarified who we were talking to. We also noticed that on a few occasions residents of the camp were prevented from speaking to us or were intimidated by the SPOs to not to give any negative impressions. Some young women who were sitting outside their houses came up to us but were rather reticent.
Health Care Services

There was a locked room near the entrance of the camp designated as the clinic; this had numerous posters with health education messages hanging about it. While initial interviews (with persons who turned out to be SPOs) seemed to suggest that the doctor and the nurse visit regularly, more detailed conversations with people in different parts of the camp established that while the doctor used to come very occasionally the nurse visits a little more often – but both are not regular. Moreover, it was reported that neither of them had come for at least the last 3 months. However, universally the persons said that the treatment provided at the clinic whenever it functioned was experienced to be not particularly effective.

With regard to the availability and accessibility of emergency medical services for residents of the camp we obtained two versions. While the 'prabhari' told us that all emergencies were handled immediately, and that vehicles were arranged by him to take the patients to 'Apollo hospital', most other camp residents said that there was no transport available from the camps even for emergencies, except on the days of the bazaar.

Morbidity, mortality and outbreaks

Once we revealed that we were doctors and actually had medicines to provide, numerous persons came up to us with complaints for treatment. The most common was fungal infections on the skin over different parts of the body – we provided treatment to nearly 8 people. We also came across four children who were having diarrhoea on the day of our visit. There were at least two children (observed while walking around the village) who were severely malnourished, with visible severe wasting and pedal edema. Apart from this we saw an elderly widow with advanced leprosy and deformities, who had not been diagnosed and had thus not received any treatment whatsoever.

The residents described two outbreaks in the last two months – one in which 4 children and 3 adults had diarrhoea (watery diarrhoea) in which there were no deaths, while in another outbreak 5 adults complained of abdominal pain, fever and vomiting. Of these two persons died within a span of three days. Two infant deaths were described – one in which the infant fell into a pit with water and drowned; while two different groups of people told us that another infant had died we were not able to get any information as the house was locked, and the neighbors were not very informative. We were also told about the death of a woman, but could not get details of the circumstances of her death even from her husband. This man had a very obviously malnourished child in his lap.

Water and Sanitation

There were 7 hand pumps and 1 bore well in the camp, and there was no apparent shortage of drinking water. None of the houses had toilets and the residents used the nearby forest.
Food security

The residents of the camp said that in the initial period (report ranged from few months to the first year) they were given free rations. However, since the last year or so they have had to buy food from the ration shop. This shop is run by a local *salwa judum* leader. Some of the cards we examined had entries of 35kg of rice, sugar and kerosene. However, these people had actually received only some rice. Some people had deposited their cards in the ration shop itself. Given the fact that there was no provision for regular livelihood options, people found it hard to buy even these rations. We did not see any cattle or other domestic animals in the camp, except for a few poultry. While most of the residents had owned some animals in their original villages, they were forced to leave them behind when coming to the camps.

Livelihood

While there was no regular livelihood provided by the government, separation from their original location near their lands and forests meant that the only livelihood option for these camp residents was episodic manual labour. While some of them got employment building the roads etc. in the camps, most had to travel outside the camps in search of work. Overall employment appeared uncertain and inadequate. In this camp we met a weaver from Bihar, who trained women in weaving at a weaving center, and some women mentioned that they were involved in packing tamarind inside the camp, as a means of livelihood.

Restriction of movement

The camp residents mentioned that there was severe restriction of their movements - they were not allowed to stay outside the camp in the nights. They had to inform the authorities about their leaving the camp, and had to return by night. If not they would be searched for, and were harassed when found. Many people openly mentioned that they wanted to go back their original villages. While there was some fear expressed regarding the Maoists (especially by the SPOs) there was similar fear of violence from the SPOs among ordinary camp residents.

MIRTUR CAMP - 28th June afternoon / evening

We went to the camp in the jeep belonging to the Bhairamgarh Community Health Center, and were accompanied by a doctor and a staff member. We were told by the Medical Officer and others at Bhairamgarh that this camp was cut off due to the rains, and hence we should not attempt going there. However, we persisted, and finally had to walk the last stretch of nearly 2-3 kms. The camp was located about 12 kms off the main road in the forest, and apparently was quite close to the conflict affected villages.

As per the survey of Vanvasi Chetana Ashram, in this camp there were 208 families with a total population of 1117. While approaching this camp we noticed a large number of empty, newly constructed houses which had never been occupied, including many houses without roofs. We were told that these houses had been constructed in anticipation of people coming and living there, however this had not materialized. This camp was visited by the
PUCL / PUDR team in November – December 2005, and at that time they had noted that the houses were makeshift tents with sticks and sheets.

There were a very large number of SPOs in this camp– almost one per family (about 200 SPOs for as many families). There was a police station at the start of the camp, which had thick double rows of barbed wire around it. We were told that the CRP and the Special Force were also stationed here.

Health care services

There was a small building by the roadside that was the designated sub-health centre, which was locked when we reached the camp. (This was opened later by the health workers so that the draining of abscess could be performed, as mentioned in the next section). There was no ANM, but there were reports of two male health workers. One of them apparently charged money for giving injections (Rs. 20 per patient). However, these demands were not made when “doctor sahib comes” (“Jab Bade daktar atein to bikul paise nahi letein”). In fact this report of money being charged came to light when one child approached the team for treatment with a Rs 20 note ready in hand. Many persons said that they were asked to go to Bhairamgarh for medicines. As far as emergency services were concerned, vehicles for transport to the CHC in Bhairamgarh was available only twice a week on the days of the bazaar. The anganwadi was reportedly not working. According to the Mitinan Block Resource Person, a mitanin had been assigned for this camp. However, it was told to us that there was no mitanin for the camp.

Morbidity and Mortality

Many children were noticed to be obviously malnourished with pot bellies and wasting of their gluteal muscles. The team came across a number of persons with quite severe illnesses. One patient, a 45-50 year old man complained of typical symptoms of a currently bleeding peptic ulcer – for which he was not taking any medicine. Our team gave him basic treatment and advised him to be taken to the CHC. On receiving news that a medical team was in the camp, we were approached by a woman in the 7th month of
pregnancy; she had fallen down two days ago, and since that time had not felt the movements of the fetus. The team could not locate the fetal heart beat suggesting that the baby had probably died. One of the team members also performed an incision and drainage of a huge abscess on the leg of an 18-month old child, draining a huge amount of pus. Another young adult with an abscess on the foot was also treated similarly. All of these cases obviously reflected a large amount of untreated morbidity in the camp. Camp residents reported that in the last 6 months there were 13 to 14 deaths in the camp, of which 7 were attributed to Maoist violence.

BHAI RAM GARH GODAM PARA CAMP - 28th June forenoon / afternoon

This camp was located at the approach to Bhairamgarh town. As per the Vanvasi Chetana Ashram there are 358 families and 1735 people residing in this camp. We restricted our interaction mainly to the three ANMs who were present at that time in a thatch-covered structure that was open from all sides. Many of the houses were locked, and we did not see people around in this camp; people were probably attending the rally we saw while coming here.

The ANMs told us that there had been 29 deaths in the camp in the last year. They showed us the register where these deaths had been recorded, and the causes for these were noted as follows:

- “Khoon ki kami” (anaemia) - 10 including 7 Males (aged 03, 01, 03, 36, 40, 01, 40) and 3 Females (aged 02, 01, 08).
- “Kuposhan” (malnutrition) - 2 including 1 Male aged 1.5 years and one Female aged 02 years.
- “Budhapa” (old age) - 11
- Injuries – 1 Female aged 14.
- Fever – 2 aged 4 months and 3 years.
- TB – 1 Female aged 38 years.
- Neonatal deaths – 2

A major problem faced by the residents of this camp was that there were no rations available for almost a year. As already mentioned earlier, while approaching Bhairamgarh we crossed a rally of nearly 400 people from the camp protesting against the non-availability of rations and against the other problems being faced by camp residents. The Anganwadi was reported to be closed for nearly a year, due to lack of supply of rations.

The street in this camp had solar lighting, and according to our translator these lights never failed, and they were essentially to enable patrolling by the SPOs at night.
FROM THE GROUP DISCUSSIONS AND OTHER INTERACTIONS

We gathered more information regarding the state of the camps from group discussions we had with the Block Resource Persons of the Mitanin program, interactions with the MSF co-ordinator and from conversations with other staff of VCA as well as the people from various camps. From this wide range of sources we learnt the following.

- Some of the VCA staff, who were from Jangla, Kutru, Mathwada and Bhairamgarh camps, said that either the Naga battalion, or CRP personnel, or *salwa judum* people held rallies in their villages, and harassed and intimidated the villagers, hence they started leaving the villages for the camps.
- People in all the camps we visited or got information about wanted very much to return to their original villages. One of the common refrains was that life was unbearable in the camps as there are no rations and there is no regular work ("*jeena haraam ho gaya hain*").
- There were reports of people who tried to escape. However, those who were caught were brutally beaten up, arrested or even killed by *salwa judum* members.
- All the reports we got about the different camps uniformly spoke about restriction on people’s movements. People were expected to come back to the camps by nightfall and if not they were harassed.
- At least 4 camps for which we either had information from residents or had visited had received free rations initially for three or four months, after that the people had to fend for themselves. While in some camps there was no provision of rations, where they were being provided there seemed to be widespread prevalence of corruption in terms of false entries and giving lesser quantities than recorded.
- Most camps uniformly had no arrangements for emergency transport facilities to transfer sick patients – the commonest refrain was of the availability of vehicles only on the bazaar days. There were instances of individuals taking the initiative and arranging vehicles from the government hospital or the nearby camps – but these were the exception rather than the rule. One of the health workers described an instance where a woman in a particular camp had severe abdominal pain. As there was no doctor or nurse, the mitanin BRP was contacted, and a tractor arranged to take the woman to the health centre in Geedam, where too there was no doctor. The BRP had to go to the house of the doctor and bring him to the hospital to treat the woman. After all this the camp administration got very upset with the health worker and pulled her up for having come to the camp!
- There were reports of outbreaks and untreated diseases. According to one report from Mathwada camp there was an outbreak of diarrhoea in the last 2-3 months in which at least 12-15 people were affected.
- All camps described or visited did not have any toilet facilities. People used the nearby jungles, if the forest cover was sparse, this led to a lot of hardship and very unsanitary surroundings.
- Some of the women workers did mention sexual harassment by the CRPF jawans and the IRB soldiers in the camps. They said - "*unke sahab thik rehte hain to jawan nazar utake bhi nahi dekhthe, sahab dheele rehte hain to chedkhani hoti hain*" (When their officer is decent, then the jawans do not even so much as look at us; they harass us if the officer is not alright).
- There was a report from the camp at Kutru that 15-16 people were killed after they had come to live in the camp, as they were suspected of being 'naxalites'.
- It was reported that VCA surveyors were severely beaten up by *salwa judum* persons, after they returned from a visit to villages on the ‘other side’ of the river, where they
had gone to carry out a UNICEF survey. A complaint to the District Collector had not led to any action against the persons who had been responsible for the beating.

- According to the BRPs we met at Vanvasi Chetana Ashram, some people had stayed behind in the villages of Gadher, Kaika and Musla. When they came to Naimedh Haat to buy provisions, they were picked up by the SPOs and brutally beaten up in the market-place itself, and then taken to the police station. Even women and children were not spared this ordeal. One health worker was witness to such an event, while others said that they hear about such incidents from their family members and the local shop-keepers.

**ITAMPAAR VILLAGE - 28\textsuperscript{th} June afternoon / evening**

This village was identified for us by the staff at the CHC at Bhairamgarh as a possible cross-over point to reach the ‘other side’. We were accompanied by two staff members from the CHC at Bhairamgarh. The plan was to visit the village Chote Palli which was on the other side of the bank of the Indravathi, in the area under the control of the Maoists. However, on reaching the banks of the Indravathi – we realized that the water level was too high due to the rain during the previous days and we could not cross over. We decided to spend our time in Itampaar village itself.

The village was reached after a drive through some of the most beautiful scenery we had seen. There were lush green forests and distant mountain ranges in layer after layer reaching the horizon. There were however signs of unease through out the way with the remains of a burnt truck (which was defying the ban on tendu leaves), signs announcing the presence of a Naga IRB camp and a school totally destroyed by the naxals plainly visible.

The village itself consisted of about 20 households spread over a large area. We met the Sarpanch – he was also the sarpanch of the village Chotte Palli on the ‘other side’ that we were trying to reach. He had however not visited that village (reportedly) ever since the start of the Salwa Judum. He mentioned that all the men of the village stayed in the camps in Bhairamgarh while the women and children stayed in the village. The men came back occasionally to tend to their fields, but had to return to camps by night.

The health inspectors from Bhairamgarh had brought along some medication and this attracted some people to gather around at the ‘Anganwadi’. There were some remarks by the people that the health workers were coming there after a long time (‘aap to bahut dinon mein aaye hain’).

One striking observation in the village was the complete absence of adult pigs and cows, while there were scores of piglets and a number of small calves roaming about. The villagers explained to us that all the adult pigs and cows had been carried away by the members of the Naga battalion (“some paid at the rate of Rs. 50 or so, according to their wish (‘unke marzi’); some were taken by force”). This was apparently the case of almost all villages. In fact, the lack of animals for tilling the land was reportedly so acute that the government was having to invest in tractors!

We visited the anganwadi helper’s residence, which also doubled up as the anganwadi, store, kitchen etc. While she reported the change in the menu from ‘daliya’ to ‘daal chawal’ she reported that the rations had not reached her for more than two months now. Previously too, she had to depend on somebody going to the town to bring the rations for the center – this was obviously irregular and unpredictable. When asked about the
weights of the children – she said that she had no records and that the weights were taken only when the Anganwadi Worker came, and since the Anganwadi worker had moved to Bhairamgarh her visits were irregular. She could not tell us when this would be next. She reported that the last visit of the 'health team' was at the time of second round of 'pulse polio' which was on May 12th. There were reportedly three mitanins in the village. However, none of them had a drug kit and the one mitanin we met was not able to give any details of the training received by her nor about the mitanin manuals.

We saw one 7/8 year old girl whose father said that she had been having seizures for the last few months, as well as intermittent fever and chills. Examination of the abdomen revealed a huge enlarged spleen – suggestive of malaria. Her brother looked very listless and was pot bellied though there were no complaints. We examined him also, and abdominal examination revealed a huge enlarged spleen. Three other children with respiratory tract infections and an adult were given treatment by the health inspector.

On discussion with the people in the village and the sarpanch who lived in the camp but visited the village regularly, there seemed a clear perception that there was less disease in the villages than in the camps. Moreover, it was reported that a wider variety of food substances were available to those living in their original surroundings in the villages, rather than in the camps.

**Perceptions about the 'other' side**

Based on conversations with the Sarpanch, other villagers and health inspectors

The 'other side' (North of the Indravathi) was described as an extremely beautiful place with large habitable plains / plateaus between layers upon layers of hills. They also talked about earlier crossing over freely and going to the other side. However, since the salwa judum had started there was a complete restriction of movement. Earlier people from villages 'us paar' (the other side) would come regularly to Bhairamgarh to buy and sell various products – such as urad, masoor and various vegetables. Nowadays, they cannot come here and have to travel nearly 60 – 70 kms to Narayanpur or Orcha.

There seemed an almost uniform perception that the people there were healthy as they were 'left with nature'. There was also a perception that 'they' must be having medicines, as they take so many risks so bravely. Moreover, they claimed that people on the other side had persons trained to give medicine and injections if necessary. There was a perception that the Maoists had also established camps. Apparently the villagers stay in these camps for safety from the combing operations etc. and go back to their original villages to cultivate their fields. When the security forces make forays into the 'other side', people just retreat deeper into the forest and often nothing happens – the forces usually do not go very deep. However, there were some reports of elderly or ill persons being subjected to violence upon being found in these villages by salwa judum and security forces.

**HEALTH SERVICES**

As mentioned earlier, we had detailed interviews with the Chief Medical Officer (CMO) of Dantewada district, the Block Medical Officer (BMO) of Bhairamgarh, the Medical Officer (MO) of Farsegarh, and two health inspectors attached to Bhairamgarh CHC.
According to the CMO at that time there were 23 camps, with 50,000 to 52,000 people living in them. The CMO mentioned that in almost the entire district, health services were being provided only as 'teams'. This meant that the whole health team would travel together and visit a village for a few hours. This was for security reasons. These team visits were planned especially around major health programs, like the pulse polio rounds. As far as the camps were concerned, he mentioned that each camp was assigned a doctor who was expected to visit that camp regularly – he provided us with a printed list of the camps and the doctors and other health department staff assigned to each camp.

He mentioned that in a large area, covering over three hundred villages, the Health Department was not in a position to provide health services regularly due to insecurity to the staff. When it was pointed out to the CMO that there were people in Kasauli camp with clinical signs of depression/problems of mental health, he said that the government had provided psycho-social therapy through an NGO - CARE.

When specifically asked about the perception of fear among the health staff – he mentioned that this was very high, especially ever since the salwa judum had started. This had led to an abandonment of the need for their regular schedules and the adoption of the 'team' approach. When asked to confirm reports that health department staff who did venture to the other side to provide services were harassed, and even shot at on one occasion by the Salwa Judum, he did not deny it but added that he had not received any formal complaint.

The BMO of Bhairamgarh had been working in the area for nearly 6 years. Earlier, he had worked in the Ramakrishna Mission hospital in Bastar for a year. He highlighted the fact that while people living in the camps near Bhairamgarh town could avail of the services of the CHC quite easily, those living in the camps off the main road found it very difficult. According to him teams were visiting the camps located off the main road also.

According to the BMO there were nearly 40 to 50 villages in his block alone, including roughly a population of 17,000 that was not covered by any health care services for the last 2 years due to insecure conditions created by the conflict. This correlated with the CMO’s statements regarding non-coverage of a large number of villages in the district.

One doctor mentioned the very difficult circumstances under which he performed operations. As the only MBBS doctor in the block he had to perform all the post-mortems (only recently was another doctor posted and this had 'eased the load'). He referred to some of the difficulties faced in providing medical care - the nearest referral center for most emergencies was Jagdalpur since the District Hospital at Dantewada town had no facility for emergency obstetrics or any surgery (this had been mentioned by others too). He mentioned that after the one cesarean section done in the hospital two years ago – much talked about in the Mitanin program – no further operations had been performed there. The Apollo hospital of the NMDC at Bailadila was a private facility and he could not routinely refer patients there, they had to go there on their own. Sometimes the Bailadila hospital refused treatment, on the basis of their commitment only to a specific geographic area.

We gathered from our discussion with the health staff that that there had been a sharp increase in the number of post mortems in the last year or so. Due to the fact that sometimes it took up to two days to bring the dead body to Bhairamgarh, the health staff traveled to the site of the death. The post mortem was usually performed under a large tree with some drapes covering off the area. One doctor had performed about 175 post mortems (out of the nearly 225 in the block that year). Given the fact that this doctor was usually busy in
doing post-mortems, he felt that he had become a `doctor of the dead': “main murdon ka daktar ban gaya hoon”.

The health officials and workers talked of the heightened perception of fear among the staff, especially about going to the 'other side'. This fear was further fueled by instances of harassment of staff by the salwa judum. One official mentioned that the supervisor of Kutru was taken to the police station and harassed and asked to turn back immediately near Farsegarh, even though he was carrying an order from the CMO, and was traveling in an ambulance for polio immunization. The words used to describe the attitude of the salwa judum towards the health staff was, “Shak ki nazar se dekhthe hain” (They view us with suspicion). We were told about the case of a multi-purpose health worker, who was beaten up by the salwa judum near Shaagmeta, and after beating him up apparently put compromising pamphlets into his bag.

Another health official mentioned that the there was a marked increase in the violence in the block after the start in the Salwa Judum. According to him such a large number of people coming out to join the Salwa Judum was a reflection of the great hurt suffered by these people.

According to some of the health workers, “earlier we used to go all alone deep into the forest, on what is now the 'other' side, but now the perception of fear is so much that we dare not go”. One worker mentioned that in the last two years he had not seen many close friends and relatives on the 'other' side. “This fear has increased only after the start of the Salwa Judum”. Some workers felt that “even before the Salwa Judum there were Sanghams in the villages, but they had never troubled us. They would inquire about what we were doing and once we explained they would even cooperate”. On asking specifically about the fear it was said, “We are now afraid of the Salwa Judum, if we go in and return, they will ask - how come you have gone there, and returned without being harmed? They will suspect that we have some links with the Naxals.” It was felt by some health officials that in the past it was 'OK'. However, in the present context they were not confident about the reaction of the naxals.

On being asked about services to villages on the 'other' side and in Maoist controlled area, we were told that no one is found in the villages when the health team reaches there and therefore, “Aisa mana jata hain ki vahan koi nahin hain” (It is assumed that there is nobody there).

We gained an impression after talking to the health staff that while such sincere individual health workers may be making attempts to provide health services in an extremely difficult situation, a larger set of circumstances and forces was blocking the access to Health services for a large segment of the population in Dantewada.

Other perceptions of the health care system

Regarding the health care system, one view that was expressed by some people was that, “even earlier they rarely visited the villages, and did not work as they were supposed to...However, now after the increase in violence, they have a good reason not to go, and their superiors do not pull them up any more”. Incidentally, others too had pointed out that health workers did not visit even those villages that were not affected in any way, such as Kosalnar.
SUMMARY FINDINGS

A. Overall situation arising out of the conflict

Our impression during the three days we spent traveling, observing and interacting with various people was one of a society besieged by fear and fractured down the middle. It appears to be a society forced to take sides, whether they liked it or not. This seemed to be reflected in the language - ‘is paar’, ‘us paar’, ‘andarwale’, etc. The seemingly prevalent rules – set by the Salwa Judum – were: if you were not against the 'naxals' you were by default defined as 'naxal supporters'. Moreover, the ruthless and unaccountable manner in which 'naxal supporters' were dealt with by the Salwa Judum has led to a palpable sense of fear and anxiety in the people. Everything they did, or said, or read, could be interpreted as 'naxal support'.

There was significant restriction of movement and feeling of fear wherever we traveled in Dantewada. It began with the reluctance of our taxi driver to go beyond the town area after reaching Dantewara. It came across from the reluctance of people, especially the women in the camps, to speak to us. It became evident from the discussion we had with the Health Inspectors in Bhairamgarh on whether to carry a medicine pack when we crossed over to the 'other side'. However, the Health Inspectors explained that it really did not matter – “andar wale’ will recognize you as doctors and would not disturb you anyway”. The problem was with the Salwa Judum they explained, “if you take medicines they will say you are taking them to treat the naxals; if you don't and return from the ‘other side’, they will ask how is it that you have returned without being harmed or killed! Either way they will harass you and label you as naxal supporters”.

There is massive dislocation of communities, villages have been broken up, families have been broken up and large numbers of people unaccounted for. Camps are usually composed of people from a number of villages, and the people of one village find themselves spread over numerous camps. Most significantly, while some SPOs and Salwa Judum members did report that the camps were 'safe' places, most residents seemed very keen on going back home, and felt equally intimidated in the camps too.

Another general feeling was that of uncertainty. From our conversations with the people, with Salwa Judum leaders, the district administration and civil society representatives, it was clear that no one was sure what the future held for them. The people in the camp reflected this uncertainty most of all in their total lack of answers to questions about their future.
B. Disruption of livelihood and food security

It became quite clear to us that rather than giving a sense of security to the people, the salwa judum campaign and the displacement into camps had led to a continued sense of insecurity. This general sense of insecurity was heightened by the destruction of livelihood as well as lack of food security in the camps. While all the camp residents we met indicated that they had initially received free rations, they had to fend for themselves since the last year or so. Moreover, they were forced to eke out a meager livelihood through manual labour, mostly in the road construction sites. What came through repeatedly in the conversations in the camps as well as in the village we visited was the perception that their quality of life had been adversely affected after coming to the camps. This was reflected in the common refrain shared with us that while 'health services' may be relatively more accessible from camps, the 'health' of the people had actually deteriorated. Most people also talked about the complete lack of choice in the camp, whether it was movement, food or employment. The camps came across as restrictive and frustrating places.

One of the aspects of this destruction of livelihoods and food security was the almost conspicuous absence of cattle and other domestic animals; both in the camps as well as in the village we visited. The explanation for this was that much of the shift to camps took place without any warning; most of the cattle was left behind, and with no one to look after them, were presumed to have perished or to have wandered off into the forest. The other reason given was the tendency for the Naga battalion to eat the cows and the pigs.

In the context of lack of employment and livelihood opportunities, the practice of recruiting very young boys and girls as SPOs, and training and equipping them with arms for combat, needs to be taken note of. We were told that when the salwa judum was initiated every family in the area was told to 'give one family member' to be trained as armed police, or SPOs. Many young people applied in the hope of eventually getting permanent employment, and of being able to earn some money. At Mirtur one SPO told us about he felt trapped and left with no options – he could not go back to the village, and did not have any opportunities in the camp: after all wage labour was not available throughout the year and so he became an SPO. He told us that they were paid Rs 50 for a day’s duty, amounting to Rs 1500 if they work all thirty days a month. They were expected to provide security for the police personnel and for other purposes, such as transport of their wages. They had to either patrol around the camps, or were sent out into the forest to fight the naxals.

C. Health in the Camps and villages

The district administration was making efforts to post health personnel to the various camps. We did find places designated as health outposts in the camp, and obtained a list of doctors and other health personnel posted in each of the camp from the Chief Medical Officer. We also noticed a large number of persons with disease conditions (as described in detail in the report). A significant number of deaths were reported from the camps – in one camp we managed to get the detailed break up from the records of the ANM. We did indeed come across ANMs, multi-purpose workers and mitanins in the camps as well as in the villages, at the same time we also found quite large numbers of untreated morbidities, some of them...
quite serious in nature, and came across reports of a number of outbreaks of epidemic diseases. This indicated that the Public health system, which was already stretched, was now in a serious crisis after the Salwa Judum campaign.

It needs to be also mentioned that there seems to be an increase in unnatural deaths, as indicated by the BMO that he was performing a very large number of postmortems.

D. Impact of Salwa Judum on the Public Health System

It appeared to us that the public health system was working under great strain. There was a significant sense of fear among the health personnel. While these workers reported traveling deep into the forests earlier, and had come across the “sangams”, however since the beginning of the salwa judum there was great uncertainty and fear, which had led to curtailment of both intensity and area of activity.

It was obvious that the personnel of the public health system were working under very trying situations. Nothing can be more telling in this context than the statement was about being a “murdon ka daktar”, and that he was forced to perform postmortems under trees. One doctor had also mentioned once escaping a bomb set up by the naxals when going to perform a postmortem at the site of a killing.

Due to 'security reasons' the regular schedule of outreach services had been greatly curtailed and most visits were done as 'teams'. There were several reports of public health staff being harassed even if suspected of going to the 'other side' to provide services. This 'blockade' has reached such proportions that over 300 villages have not been reached by the public health system for the last two years. In our view this is one among the most unjustifiable and tragic outcomes of the Salwa Judum.

DISCUSSION

a. The health situation in Dantewada must be looked at in the wider context of violence and displacement, both in the name of state policies of development and tackling 'naxalism’, which are actually leading to livelihood insecurity and all-pervasive fear. It is in the setting of these basic, serious problems that people’s health is being adversely affected.

b. About half of the villages in Dantewada district (i.e. over 600 villages) are said to be affected by Salwa Judum. The total population of Dantewada being over 7 lakh (2001 census), this means that around 3.5 lakh people may have been displaced or are affected by Salwa Judum. However, only about 50,000 people are reported to be in the camps (the VCA survey figures are lower – about 32,000). What has happened to those villagers who have not come to the camps? According to other reports an unknown number is reported to have fled to neighbouring states of AP and Orissa; remaining people are still living in the forests/remote villagesvi. This points to the large-scale and forced displacement that is going on since mid-2005.

c. It is now more than two years since the salwa judum began, and people were brought and ‘settled’ in these camps, which have now begun to acquire a permanent status. However, it is not clear what will be the status of these camp residents for future developmental works vis-s-vis the village where they are located. Will they be ‘camp residents’ or residents of the revenue villages?
d. Even prior to *Salwa Judum*, the baseline situation regarding people’s access to health services in the area is likely to have been well below the desired level. However, after *Salwa Judum*, with society in many areas being completely divided into camps and villages ‘on the other side’, the situation seems to have definitely worsened. People living in camps suffer from significant untreated morbidity, and seem to receive only periodic or occasional health services. However, people living in villages on the ‘other side’ (Maoist affected villages) are not being provided services by the public health system at all. The latter situation, which seems to be due largely due to intimidation by *Salwa Judum*, amounts to an extremely serious violation of Health rights of entire communities consisting of lakhs of people. (see copy of letter by villagers regarding lack of amenities from www.cgnet.in, in Annexure 1). We may recall here the words of Martin Luther King ‘Of all of the forms of inequality, injustice in health is the most shocking and the most inhumane.’

e. Alongside the problems in delivery of health services, in the Salwa Judum camps serious problems of lack of any secure livelihood, continued food insecurity, overall atmosphere of continuous fear, and restrictions on movement seem to be taking their toll on people’s health. There seems to be no concern for the long-term impact of the displacement of the villagers and the loss of whatever meager livelihood, security and opportunities they may have had in the villages, and the uncertain future they face. Finally, all this is compounded by the constant threat of violence and terror, created by the continuous presence of large number of armed forces around them – whether it be salwa judum members, SPOs or police-forces, as well as real and imagined fears of the violence of the naxals if they return to the villages.

f. While further study is required into aspects like mental health, it seems logical that adverse mental health impacts would result from the given conditions of restriction and deprivation. The Swiss poet Henri Amiel had written: ‘Health is the first of all liberties’. The converse of this also seems to hold true – ‘When Liberty is denied, Health may be the first casualty’.

g. Finally, it is a matter of deep concern that provision of health services by voluntary organisations to those in need, which is universally regarded as a humanitarian activity to be respected and allowed even in war zones and conflict situations, is today being hampered by *Salwa Judum*, an organisation supported by the Government of Chhattisgarh in Dantewada. Both MSF and VCA health workers had indicated to us the serious restrictions being placed on them by the *Salwa Judum*. This appears to be a process of preventing independent agencies from providing humanitarian health services in case of MSF, and to ‘silence’ independent voices pointing out the health rights and human rights violations in the case of VCA. *In this situation it is imperative for all health professionals and justice-minded citizens to demand that adequate health services must be provided to all sections of the population in Dantewada, and that independent humanitarian agencies be allowed to provide services and carry out their activities without any kind of pressure, intimidation or hindrance.*

h. The denial of health services, as well as creating impediments in their provision, needs to be viewed also in the light of the *Code of Medical Neutrality in Armed Conflict* which is based on rules and principles set forth in the four Geneva Conventions of 1949 and their two additional protocols of 1977, and applies to all situations of international and internal armed conflict. It states, among other sections, that:
“2. Medical workers shall be respected, protected, and assisted in the performance of their medical duties.
3. The sick and wounded shall be treated regardless of their affiliations and with no distinction on any grounds other than medical ones.
4. Medical workers shall not be punished for providing ethical medical care, regardless of the persons benefiting from it, or for refusing to perform unethical medical treatment. …
6. Medical workers shall have access to those in need of medical care, especially in areas where civilian medical services have been disrupted. Similarly, people in need of medical care shall have access to such services.”

SUGGESTIONS AND FURTHER STEPS

As mentioned earlier on, our visit, limited in both time and geographic scope, was of a preliminary nature. Our impressions may be viewed in the light of this limitation. Despite such limitations, we have attempted to focus on certain findings that were consistently reported by a range of informants.

Based on these, we feel that, as has already been recommended by previous reports, the so-called salwa judum ‘relief camps’ should be wound up, and people must be allowed to return to their villages as soon as possible. Large scale government support to violent and unaccountable processes like Salwa Judum seem to us to lack any justification. Instead there is a need to promote a just social and political resolution of the existing conflict; violent interventions are only leading to further violence and displacement, whose victims continue to be the poor adivasis of Dantewada.

Secondly, all the concerned state agencies must immediately restore and/or provide, regular supply of rations, and regular functioning of the anganwadis and health services for all the people in the area, irrespective of whether they are in salwa judum camps, or in so-called ‘naxal-affected’ villages. The district administration should also take strictest possible measures to ensure that the salwa judum members do not prevent or intimidate health workers from providing health services in the area, especially in the ‘naxal-affected’ villages. Although we did not come across any reported cases of harassment or intimidation of health-workers by the Maoists, still it is desirable that the CPI (Maoist) give a public assurance that the public health workers will be allowed to function without any fear in areas under their influence.

Meanwhile, there is a need for a more detailed and representative public health study, covering more camps and villages, extended over an adequate period of time. While planning such a study we would need to keep in mind the difficulties of conducting an ‘objective’ study and gathering ‘complete’ information given the atmosphere of intimidation within the camps, and the pressure from the Salwa Judum to not visit villages on the ‘other side’. We are hopeful that in addition to the small group that visited Dantewada this time, a larger group of Community Health and Public Health workers would volunteer to come forward for such a task. We also hope that such a team would again receive cooperation from the district administration and the health department to enable a further, independent study.
ACKNOWLEDGEMENTS

Needless to say, this visit would have been a daunting, if not impossible, task without the support of several people from Chhattisgarh, especially those from Dantewada district. We would like to thank Mr Himanshu and other staff and workers of Vanwasi Chetana Ashram, Kanwalnar, for taking time off from their work for discussions with us, as well as for the hospitality extended to the team members. Thanks are due also to the Co-ordinator, MSF, for patiently responding to our queries. We also thank the Secretary, Health, Government of Chhattisgarh and the other public health officials and staff from Dantewada for their co-operation. Lastly, we acknowledge the residents of the camps and villages for coming forward and talking to us, in spite of the extremely harsh circumstances of their life today.

NOTES

i To give just one example: the Chhattisgarh state has entered into 53 memoranda of understanding with international and national companies; according to official reports 9,620 hectares of land is already under process of acquisition. Metals and mining operations in the state include Essar Steel, Jindal Steel and Power Ltd, South Eastern Coalfields Ltd, NMDC and others. Plans for new or expanded steel and aluminium plants in Chhattisgarh, that would require land acquisition, have been announced by SAIL, Jindal Steel, Monnet Ispat Ltd, Visa Industries Ltd, Bhushan Ltd, BALCO, a part of the Vedanta Resources Group, SKS Steel Ltd, Raipur Alloys & Steel Ltd, and some others. Essar Steel is currently trying to acquire 900 hectares for its steel plant in Dantewara, and there are reports of coercion in the concerned villages where the plant is to be located. The Tatas want 4500 acres for a steel plant at Lohandiguda in Dantewara. The Polavaram Dam will also affect a part of Konta tehsil in Dantewara. Local people are resisting all these projects on grounds of displacement and loss of forest cover. Subsidiaries of the giant global US AES Corporation are setting up a coal-based power plant in Chhattisgarh and will undertake coal mining for captive consumption. AES has been condemned for environmentally abusive projects from Uganda to Panama. Six companies, led by the international giants De Beers and Rio Tinto, are reported to be seeking the state’s diamond resources. PACL India, a company developing and building townships and housing units, has plans to purchase upto 5000 acres in various districts of Chhattisgarh during the current financial year, for different projects. Chhattisgarh, rightly, is considered to be the microcosm of today’s India. The tribal districts of Chhattisgarh, Jharkhand, Orissa, Karnataka, and Maharashtra, are the destination of US $85 billion of promised investments, mostly in steel and iron plants, and mining projects. All these require huge amounts of land, which is crucial for the survival of the tribal people.

ii As a medical doctor, Dr. Binayak Sen has been actively engaged in providing health care to the poorest, as well as in monitoring the health and nutrition status of the people of Chhattisgarh. Dr Sen helped set up and is associated with the Shaheed Hospital, Dalli-Rajhara, a pioneering effort by mine-workers to set up a health programme and hospital, owned and managed by their trade union for the benefit of the common people. Dr Sen is a very well-respected member of Jan Swasthya Sahyog, Bilaspur, a group of doctors running an effective low-cost community health programme in the poor tribal and rural areas of Bilaspur district. He was also a member of the state advisory committee set up to pilot the Mitanin Programme (a community based health worker programme) across Chhattisgarh. He also provides medical services through a weekly clinic in Baghrumnala, a remote tribal village in Dhamtari district. Dr Sen has also contributed theoretical papers to books and journals on public health. In 2004 he received the Paul Harrison award for lifetime work in medical care in the service of humanity, an award instituted by his alma mater - the Christian Medical College, Vellore, and given to its alumni. As General Secretary of the Chhattisgarh PUCL, he has helped to organize numerous fact finding campaigns into human rights violations in the state, including custodial deaths, fake encounters, hunger deaths, dysentery epidemics, and malnutrition. In recent times he has worked intensively to bring to national and international attention the large scale violence and malgovernance within the so called Salwa Judum in Dantewara. Dr Binayak was arrested after week-long public statements by the SP, Raipur that he was a naxalite. On 14th May he was asked by the City SP, Bilaspur, to come to the local police station for recording a statement. When he reached the police station he was arrested. Dr Sen’s petition for bail was rejected on July 23rd, and he continues to be in judicial custody in Raipur jail, held under various sections of two draconian laws, Chhattisgarh Special Public Security Act 2006, and the Unlawful Activities (Prevention) Act 2004.

iii PUCL was formed by the late Jaiprakash Narayan in 1976 as a broad platform for defence of civil liberties and human rights. See www.pucl.org for details.

iv Basically Salwa Judum is a policy of ‘strategic hamletting’, where existing villages in Dantewada district are being evacuated to prevent people from helping the ‘insurgents’ or ‘naxals’. Such a policy has been attempted earlier in
Vietnam, Guatemala, Nagaland, Mizoram, and other places, where it has failed 'to suppress movements'. Instead it has led to serious human rights violations (see http://cpjc.wordpress.com – appeal to the President and PM of India).

While there may be ambiguity about the origin of the *salwa judum*, however as both, the Independent Citizens’ Initiative and the all-India team report, it now receives support from the state government. It has the political backing of both, the Congress and the BJP.

According to the report of the Human Rights Forum: “……….Those driven into the camps are getting some food from the Government. Those in Khammam (AP) are suffering the worst in this regard. Many of them are starving. Those displaced into the forests lived for a season on the grain left behind by those who have gone to the camps, but now onwards they will have to live on what they can cultivate clandestinely in their own lands or the lands abandoned by the camp-dwellers, while playing hide and seek with the Salwa Judum and the police/paramilitary forces” (p 44).
ANNEXURE 1
Copy of Letter from villagers across the Indravati.