

IN THE SUPREME COURT OF INDIA

CIVIL ORIGINAL JURISDICTION

WRIT PETITION (CIVIL) NO. _____ OF 2020

IN THE MATTER OF:

EARTH & ANR.

... PETITIONER

VERSUS

UNION OF INDIA & ORS.

... RESPONDENTS

IA NO. _____ of 2020

APPLICATION FOR EXEMPTION FROM FILING NOTARIZED
AFFIDAVIT, ORIGINAL SIGNED VAKALATNAMA AND
COURT FEES

PAPER BOOK

(FOR INDEX KINDLY SEE INSIDE)

Alongwith

ADVOCATE FOR THE PETITIONER : DHRUV TAMTA

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PROFORMA FOR FIRST LISTING**SECTION - PIL**

The case pertains to (Please tick/check the correct box):

- ☐ Central Act: (Title) Constitution of India, Disaster Management Act, 2005
- ☐ Section: 63 & 65 of Disaster Management Act, 2005, Article 21 of the Constitution of India
- ☐ Central Rule: (Title) N/A
- ☐ Rule No(s) : N/A
- ☐ State Act: (Title) N/A
- ☐ Section:
- ☐ State Rule: (Title) N/A
- ☐ Rule No(s): N/A
- ☐ Impugned Interim Order: (Date) : N/A
- ☐ Impugned Final Order (Date) : N/A
- ☐ High Court: (Name) N/a
- ☐ Names of Judges: N/A
- ☐ Tribunal/Authority: (Name) NA

1. Nature of matter: **Civil**

2. (a) Petitioner: EARTH

(b) e-mail ID:

(c) Mobile Phone Number:

3. (a) Respondent : UOI & Ors.

(b) e-mail ID: N/A

(c) Mobile phone number: N/A

4. (a) Main category classification: 08

(b) Sub classification: OTHERS

5. Not to be listed before: N/A

6(a) Similar disposed of matter with citation, if any, & case details:- N/A

(b) Similar pending matter with case details: N/A

7. Criminal Matters:

(a) Whether accused/convict has surrendered: Yes /No

(b) FIR No. N/A Date: N/A

(c) Police Station: N/A

(d) Sentence Awarded: N/A

(e) Period of sentence undergone including period of
Detention/Custody Undergone: N/A

8. Land Acquisition Matters: NA

(a) Date of Section 4 notification: N/A

(b) Date of Section 6 notification: N/A

(c) Date of Section 17 notification: N/A

9. Tax Matters: State the tax effect: N/A

10. Special Category (first petitioner/appellant only):

Senior citizen = 65 years SC/ST Woman/child Disabled

Legal Aid case In custody N/A

11. Vehicle Number (in case of Motor Accident Claim matters): N/A

DATE: 29.5.2020

(DHRUV TAMTA)
ADVOCATE FOR THE PETITIONER
tamtaadvocates@outlook.com

SYNOPSIS

By way of the present petition, the Petitioner is seeking protection of right to life envisaged under article 21 of the Constitution which also includes right to medical and health care.

This Hon'ble Court has already seized of several issues relating to COVID. The present writ petition has been filed for seeking a writ of mandamus against the Respondent Authorities to use the powers available to the Respondent Authorities under section 63 and 65 of the Disaster Management Act, 2005 to increase the number of ambulance/ambulance services to cater to COVID and Non- COVID patients and to improve the efficiency of the existing ambulance services due to the steady increase in the number of COVID patients and the difficulties faced by the common man seeking medical treatment amidst the lockdown to travel to hospital for the same.

That everyday its being reported in the newspaper about the death of patients due to non-availability of ambulance around the country. One such case is of a 65 year old man dying in the capital who waited for the

ambulance for more than two and half hours, which was reported on 28.5.2020 in times of India.

That this Hon'ble Court in *State of Punjab v. Ram Lubhaya Bagga*, (1998) 4 SCC 117 had observed that:

26. When we speak about a right, it correlates to a duty upon another, individual, employer, government or authority. In other words, the right of one is an obligation of another. Hence the right of a citizen to live under Article 21 casts obligation on the State. This obligation is further reinforced under Article 47, it is for the State to secure health to its citizen as its primary duty. No doubt the Government is rendering this obligation by opening government hospitals and health centres, but in order to make it meaningful, it has to be within the reach of its people, as far as possible, to reduce the queue of waiting lists, and it has to provide all facilities for which an employee looks for at another hospital. Its upkeep, maintenance and cleanliness has to be beyond aspersion. To employ the best of talents and tone up its administration to give effective contribution. Also bring in awareness in welfare of hospital staff for their dedicated service, give them periodical, medico-ethical and service-oriented training, not only at the entry point but also during the whole tenure of their service.

LIST OF DATES AND EVENTS

11.3.2020	COVID-19 was characterized as a pandemic by the World Health Organization (WHO) on 11 th March, 2020. To contain the widespread virus, a lockdown was declared from 25 th March, 2020.
25.3.2020	
	As soon as the lockdown was declared and the number of cases rose on a daily basis, several problems arose one of which was the shortage of ambulances for COVID as well as NON-COVID patients.
	On account of shortage of ambulances, the public at large started to face problems of transportation from their respective residences to the nearest health facilities.
	Various cases of deaths of COVID and NON- COVID patients due to unavailability or delay in ambulances reaching the respective places.
	Several states carrying out various measures to tackle the problem of shortage of ambulances which include BEST buses, Ola, Uber, bikes etc being converted into

	ambulances, several apps being developed for booking ambulances. However, still a lot of shortage in certain states especially in the rural areas.
	Hence this petition

IN THE SUPREME COURT OF INDIA
CIVIL ORIGINAL JURISDICTION
WRIT PETITION NO. _____ OF 2020

IN THE MATTER OF:

1. EARTH

An NGO, through its President Mr. Pravin Kalme
having its office at 301, 3rd floor, Tirupati CHSL, Opp. Mumbai
University, Main Gate, Vidyanagar Mag, (CST Road), Kalina,
Santacruz (East), Mumbai- 400 098.

2. Pravin Kalme

Aged: 47 years, Occ: Business
having his address at A/501, Kaatyayni Enclave,
Datta Mandir Road, Behind Patuck School,
Vakola, Santacruz (East), Mumbai, Maharashtra- 400055,
Phone no: 9820001206
Email: pravin3nov@gmail.com

...PETITIONERS

Versus

1. Union of India

Through its Secretary, Ministry of Health and Family
Welfare, Government of India
Room No. 309-D, Nirman Bhawan, New Delhi - 110011
Ph: 011-23063523(O) e-mail id : webmaster-mohfw@gov.in

2. National Disaster Management Authority

Through its Secretary

NDMA Bhawan, A-1, Safdarjung Enclave

New Delhi - 110029

3. National Executive Committee

Through Special Secretary, Disaster Management Division,

Ministry of Home Affairs, Government of India

3rd Floor, NDCC-II Building, Jai Singh Road,

New Delhi-110001

4. State of Maharashtra

Through its Secretary, Public Health Department,

Mantralay, Mumbai 400 032

Email Id: psec.pubhealth@maharashtra.gov.in

And through Secretary, Department of Revenue and Forest

Disaster Management, Relief and Rehabilitation,

Mantralay, Mumbai 400 032

5. State of Gujarat

Through Secretary, Health and Family Welfare Department,

7th Floor, Block 7, Sardar Patel Bhavan, Sachivalaya,

Gandhinagar, Pin code - 382010

Email Id: sechfwd@gujarat.gov.in

6. State of Tamil Nadu

Through its Secretary, Health and Family Welfare Department

Secretariat, Chennai 600009

Email Id: hfsec@tn.gov.in

7. State of Delhi

Through its Secretary, Health and Family Welfare Department

9th Level, A-Wing, IP Extension,

Delhi Secretariat, Delhi – 110002

Email Id: pshealth@nic.in

...RESPONDENTS

PETITION UNDER ARTICLE 32 OF THE CONSTITUTION OF INDIA FOR ISSUANCE OF A WRIT IN THE NATURE OF MANDAMUS DIRECTING THE RESPONDENTS TO INCREASE THE NUMBER OF AMBULANCE/AMBULANCE SERVICES TO CATER TO COVID-19 AND NON- COVID PATIENTS AND TO IMPROVE THE EFFICIENCY OF THE EXISTING AMBULANCE SERVICES DUE TO THE STEADY INCREASE IN THE NUMBER OF COVID-19 PATIENTS AND THE DIFFICULTIES FACED BY THE COMMON MAN SEEKING MEDICAL TREATMENT AMIDST THE LOCKDOWN TO TRAVEL TO HOSPITAL FOR THE SAME.

TO

THE HON'BLE CHIEF JUSTICE OF INDIA AND HIS LORDSHIP'S COMPANION JUSTICES OF THE SUPREME COURT OF INDIA

**THE HUMBLE PETITION OF THE
PETITIONER ABOVENAMED**

MOST RESPECTFULLY SHEWETH:

1. PARTICULARS OF THE CAUSE FOR WHICH THE PETITION IS MADE:

The present petition seeks a writ of mandamus against the Respondent Authorities to use the powers available to the Respondent Authorities under section 24 read with sections 63 and 65 of the Disaster Management Act, 2005 to increase the number of ambulance/ambulance services to cater to COVID-19 and Non- COVID patients and to improve the efficiency of the existing ambulance services due to the steady increase in the number of COVID-19 patients and the difficulties faced by the common man seeking medical treatment amidst the lockdown to travel to hospital for the same.

2. PARTICULARS OF THE PETITIONERS:

- 2.1 The Petitioner No.1 is a Non- Governmental Organization (hereinafter referred to as the “**said NGO**”) registered under the Bombay Public Trust Act, 1950 with the Charity Commissioner on 31st March, 2015, located in the Mumbai more specifically in the address mentioned in the cause title. The Petitioner No.1 is being represented by its President, Mr. Pravin Kalme, being the Petitioner No.2 hereinabove. The Petitioner No.1 is an NGO in Special Consultative Status with the United Nations Economic and Social Council. The

Petitioner No. 1 is an observer to the 'State Parties Convention Against Corruption' organized by the United Nations Office of Drugs and Crime and Observer to 'Experts on Public Administration' organized by the United Nations. Petitioner No. 1 aligns their work with the United Nations Development Program. Their objectives are aimed to *inter alia* (1) end poverty, (2) end hunger, (3) good health, (4) quality education, (5) gender equality, (6) clean water and sanitation, (7) renewal energy, (8) economic growth, (9) innovation and infrastructure, (10) reduce inequalities, (11) sustainable cities and communities, (12) responsible consumption, (13) climate action, (14) life below water, (15) life on Land, (16) peace and justice etc. The Petitioner No. 1 is indulged into Research and Systematic study of policies, laws and rights. The Petitioner No. 1 works at the local level in the urban and rural areas and have been associated with the grass-root level for various initiatives. The Petitioner No. 1 has been instrumental in influencing public opinion and/or policy by means of advocacy/lobbying and have been successfully able to make amendments to certain policies/laws. The Petitioner No.1 takes an initiative to educate the masses about their basic fundamental human rights and make them aware about the ethical ways through which they can oppose and fight for their rights.

- 2.2 The Petitioner No.1 has been actively involved in carrying out various projects like the Police Mitra Maharashtra, Corruption Free Maharashtra, Newsletter "EARTH", My rights, My power, Plastic free campaign. The Petitioner No.1 NGO has received a consultative status by the United Nations Economic and Social Council in the year 2019 for its excellent work since its inception.
- 2.3 The Petitioner No. 2 is the President of the Petitioner No.1, having his residential address as mentioned in the cause title. The Petitioner No.2 is involved in social work since 2015 and is running the Petitioner No.1 NGO since its inception. The Petitioner No.2 has strived hard at working since the inception of the Petitioner No.1 aiming mostly at removal of corruption and fighting for the rights of the common man. The Petitioner No.2 is a law abiding and a concerned citizen of this country.
- 2.4 The contact number of the Petitioner No.2 is +91-9820001206 and the e-mail address is pravin3nov@gmail.com. The PAN detail of the Petitioner is AGKPK6915G and its annual income is Rs. 8,500,000 per annum.
- 2.5 That the Petitioners do not have any personal interest in this case and that this petition is being filed only in public interest. The petitioner has no private motive or oblique reason in filing this petition.

- 2.2 That the present petition is being filed by way of Public Interest Litigation and the Petitioners do not have any personal interest in the matter. The petition is being filed in the interest of the public whose rights are being affected due to the shortage of ambulances all over the country.
- 2.3 That this petition is filed out of the funds of the petitioners. This petition is filed on the basis of information that have been verified by the petitioners on the basis of his personal knowledge as well as information obtained by the petitioners from various sources.
- 2.4 That there are no civil or criminal cases against the Petitioner No.1 or No.2.

3. PARTICULARS OF THE RESPONDENTS:

- 3.1 Respondent No.1 is the Union of India through the Ministry of Health and Family Welfare. Respondent No.1 is the Central Ministry for coordination of response relating to epidemics and biological diseases under the National Disaster Management Plan, May 2016 and to Act as a Nodal Agency for that purpose. Respondent No.1 is to Act as the communicator and coordinator with the State Disaster Management authority and Executive Committees.
- 3.2 The Respondent No.2 is the Authority constituted under section 3 of the Disaster Management Act, 2005. Respondent No.3 is the Committee constituted under Section 8 of the Disaster Management Act, 2005 to prepare a disaster

management plan and to execute and implement the same for the purpose of mitigation.

3.3 The Respondents No. 4, 5, 6, and 7 are the States of Maharashtra, Gujarat, Tamil Nadu and Delhi respectively through their respective health and family welfare departments.

4. FACTS IN BRIEF, CONSTITUTING THE CAUSE:

4.1 The Petitioners states that COVID-19 was characterized as a pandemic by the World Health Organization (WHO) on 11th March, 2020. The Petitioner further states that COVID-19 was declared as a national disaster under the Disaster Management Act, 2005 on 14th March, 2020 by the Ministry of Home Affairs and was declared as an epidemic under the Epidemic Act, 1897 on 11th March, 2020 by the Central Government. In order to curb the spread of COVID-19, a nationwide lockdown was declared by the Respondent No .2 on 24th March, 2020. The Respondent No. 2 has issued an order on 24th March, 2020 under section 6 (2) (i) of the Disaster Management Act, 2005 directing Ministries/Departments of Government of India and State Governments, State Authorities to take measures for ensuring social distancing so as to prevent the spread of COVID-19 in the country which would be effective from 25th March, 2020 for a period of twenty one days and necessary guidelines in this regard to be issued

under section 10 (2) (1) of the Disaster Management Act by the Respondent No. 3.

4.2 The Petitioners states that, thereafter, from time to time, the Respondent No. 2 has issued orders extending the lockdown in order to control the spread of COVID-19.

4.3 The Petitioners states that the present Public Interest Litigation is being filed by the Petitioners abovenamed for the purpose of requisitioning more ambulances for enabling the transportation of COVID-19 as well as NON- COVID patients as there is an acute shortage of ambulances in the entire country which has come forward through a number of incidents reported in various newspapers. The Petitioner submits that the newspaper reports shows that one of the most essential requirement at the time of the present epidemic is the smooth functioning of the healthcare system. The present Public Interest Litigation pertains to the ongoing incidents of casualties arising out of shortage of ambulances/ ambulance services and mismanagement of ambulance services throughout the country. Although the newspaper reports mentioned herein below are not exhaustive, it is pertinent to note that casualties have been reported across the states of Maharashtra, Gujarat, Madhya Pradesh, Delhi, Karnataka, Kerala, Tamil Nadu etc. Therefore, these are not isolated incidents but have become frequent over the past few months and needs urgent attention and correction. Some of the

incidents recorded in various newspaper reports that give rise to this petition are as follows

- a. A copy of newspaper article titled *"65 year old dies waiting for an ambulance"* dated 28th May, 2020 reported in Hindustan times is attached herewith and marked as **Annexure "P-1"** [Pg 33 to 44].
- b. A copy of newspaper article titled *"Large number of distress calls over unavailability of ambulances: civic data"* dated 24th May, 2020 reported in The Indian Express is attached herewith and marked as **Annexure "P-2"** [Pg 45 to 48].
- c. A copy of newspaper article titled *"3rd Mumbai doctor dies of covid; wife says took 5 hours to get bed"* dated 23rd May, 2020 reported in Hindustan Times is attached herewith and marked as **Annexure "P-3"** [Pg 49 to 50].
- d. A copy of newspaper article titled *"Caught on camera: with no ambulance to rescue, seriously ill watchman dies by roadside in Mumbai"* dated 22nd May, 2020 reported in Times Now is attached herewith and marked as **Annexure "P-4"** [Pg 51 to 52].
- e. A copy of newspaper article titled *"Kalyan: No ambulance for 16 hours, patient walks 3 km to hospital"* dated 22nd May, 2020 reported in The Times of India is attached herewith and marked as **Annexure "P-5"** [Pg 53].

- f. A copy of newspaper article titled *“Three held after ‘Ambulance Cartel’ takes a life”* dated 21st May, 2020 reported in The Hindu is attached herewith and marked as **Annexure “P-6”** [Pg 54]
- g. A copy of newspaper article titled *“Mumbai: Ambulance fares go through roof on PPE pretext”* dated 14th May, 2020 reported in The Times of India is attached herewith and marked as **Annexure “P-7”** [Pg 55 to 56].
- h. A copy of newspaper article titled *“Delay in ambulance service continue, wait time several hours in Mumbai”* dated 9th May, 2020 reported in The Indian Express is attached herewith and marked as **Annexure “P-8”** [Pg 57 to 60].
- i. A copy of newspaper article titled *“Mumbai: Man loses dad, ends up with a 16 lakh bill at private hospital”* dated 4th May, 2020 reported in The Times of India attached herewith and marked as **Annexure “P-9”** [Pg 61 to 62].
- j. A copy of newspaper article titled *“Here’s how ambulance difficulties are killing non-covid patients”* dated 1th May, 2020 reported in Deccan Chronical is attached herewith and marked as **Annexure “P-10”** [Pg 63 to 66].
- k. A copy of newspaper article titled *“Hospital didn’t have bed, ambulance refused oxygen facility: Family’s ordeal after doctor succumbs to covid-19”* dated 25th April, 2020

reported in Hindustan Times is attached herewith and marked as **Annexure “P-11”** [Pg 67 to 68].

- l. A copy of newspaper article titled *“Mumbai: Ambulances in overdrive as the cases rise and transportation shut”* dated 21th April, 2020 reported in The Times of India is attached herewith and marked as **Annexure “P-12”** [Pg 69 to 70].
- m. A copy of newspaper article titled *“Man awaiting ambulance dies, another waits 12 hours”* dated 19th April, 2020 reported in Mumbai Mirror is attached herewith and marked as **Annexure “P-13”** [Pg 71 to 72].
- n. A copy of newspaper article titled *“Coronavirus: Man die out of Indore hospital, family alleges hospital refused ambulance”* dated 15th April, 2020 reported in Scroll.in is attached herewith and marked as **Annexure “P-14”** [Pg 73 to 75].
- o. A copy of newspaper article titled *“Indore: Dead Covid-19 suspect taken to hospital on scooter”* dated 15th April, 2020 reported in The Times of India is attached herewith and marked as **Annexure “P-15”** [Pg 76 to 77].
- p. A copy of newspaper article titled *“Bengal ambulance pool after drivers refuse”* dated 15th March, 2020 reported in The Telegraph is attached herewith and marked as **Annexure “P-16”** [Pg 78 to 81].

4.4 The Petitioners state that as the number of cases of COVID-19 patients are rising on a daily basis, the number of COVID-19 patients pan India as on 25th May, 2020 being 1,39,993. However, the Petitioners states that the number of ambulances provided for the transportation of COVID-19 and NON-COVID patients have drastically fallen short, making it very difficult for a person to seek medical treatment during the prevalent lockdown. On account of the seriousness of the situation, the Respondent No. 1, Directorate General of Health Services have prepared a Standard Operating Procedure (SOP) dated 29th March, 2020 for transporting a suspect/confirmed case of COVID-19. Hereto is a copy of the Standard Operating Procedure (SOP) annexed and marked as **Annexure-“P17”** [Pg 82 to 93]. The purpose of the SOP is to lay down the procedure for guiding and training the ambulance drivers and technicians in transporting the COVID-19 patients. It is also for monitoring the functioning of the ambulances. As per the SOP, there are two types of ambulances that are functioning all over the country being ALS (Advanced Life Support) and BLS (Basic Life Support) wherein ALS functions with the ventilator and BLS functions without ventilator. The SOP further states that the states may independently empanel other ambulances having basic equipment like that of BLS and use the ambulances for transportation of COVID-19 patients provided that every state adopting the same shall have to strictly adhere to cleaning and

decontamination protocols given in the guidance note which is clearly laid down in the SOP. The Petitioner submit that even though a clear provision for the empanelment of ambulances has been given in the SOP, the states have failed to fill in the gaps of the ambulances.

- 4.5 Several cases have been reported all over the country regarding the shortage of ambulances and the price hike by the drivers of the ambulance. That a few cases were reported in the state of Madhya Pradesh in the month of April, 2020 wherein two such suspected COVID-19 patients were denied ambulance facilities. On account of denial to provide ambulance services to the two patients for transporting them to the nearest health facility, they were forced to travel on a two wheelers due to which both the patients died on the way to the health facility and were declared 'brought dead' by the hospital. That two such similar cases were reported in Mumbai one of which was a suspected COVID-19 patient who had to wait for more than 12 hours for an ambulance to arrive at his residence. Another case was a 55-year-old man from Kamathipura in Mumbai who was suspected of having COVID who passed away after no ambulance arrived to ferry him to the hospital. The rise in the number of COVID-19 cases and shortage of ambulances have also led to four patients who

were suspected of COVID-19 having been taken in the same ambulance to the hospital. The Petitioners states that another incident involving an API attached to Shahu Nagar Police Station, Mumbai Police, could not get ambulance for half an hour raising a concern that it has been difficult even for a police officer to get an ambulance. A copy of newspaper article titled *“No ambulance, no help from govt proved fatal for Mumbai cop Amol Kulkarni: Journalist alleges maltreatment of front line warriors in coronavirus-hit Maharashtra”* dated 18th May, 2020 reported in OpIndia is attached herewith and marked as **Annexure “P-18” [Pg 94 to 95]**.

4.6 The Petitioners states that apart from the shortage of the ambulances, the ambulances which are available have also been quoting and charging exorbitant rates under the pretext of covering the cost of Personal Protective Equipment (PPE) kits which are highly essential to be worn by every health care worker, drivers and Emergency Medical Technician (EMT) in order to protect themselves from spreading of the virus. The average price quoted by the ambulances in Mumbai was Rs.8,000/- for a distance of just 4 km which included the expenses incurred by the drivers and EMT towards buying PPE kits.

4.7 In adherence to the SOP, various states have adopted innovative ways to tackle the shortage of the ambulances and to ensure that the health care system functions smoothly by

transporting needy people from their respective residences to the nearest facility available, thereby, trying to put an end to long hours of waiting by people in need of medical treatment.

4.8 The Petitioners states that amongst the highest number of cases in India, Gujarat ranks third with 13,664 number of COVID-19 positive patients as of 25th May, 2020. One of the measures undertaken by the city of Vadodara, Gujarat is by providing a retro-fitted MG (Morris Garages) Hector ambulance to the healthcare authorities in Vadodara. This initiative has been undertaken by Ahmedabad-based Natraj Motor Body Builders which has converted the interior of the MG Hector has been reengineered to facilitate the placement of an imported auto-loading stretcher and a jump seat for the attendant. The ambulances also include oxygen system with cylinder, fire extinguisher, the medicine cabinet with five parameter monitor, inverter with battery and sockets and medical equipment. Hereto is the said news report published in Times Now on 30th April, 2020 annexed and marked as **Annexure-“P-19”** [Pg 96 to 97]. The Petitioner states that such initiatives can also be taken by various automobile companies by providing their vehicles for transportation of COVID-19 as well as NON-COVID patients at the time of such an epidemic.

4.9 The Petitioners states that GVK EMRI (Emergency Management and Research Institute) is a pioneer in Emergency Management Services in India which had

launched the 108 emergency response service on August 15, 2005, in Hyderabad. GVK EMRI is currently operational in 17 States and union Territories. At the time of such a pandemic, 108 ambulances are playing a very important role. One of the best examples of the 108 ambulance utilization was carried out by the State of Kerala where, as on 25th April, 2020, as many as 12,531 suspected COVID-19 patients from across the states have been transported through its free ambulance service network named 'Kanivu 108'. There are more than 1,400 employees from across the state working in this ambulance network which includes nurses (625), drivers (625), call centre staff (100) and support staff (50). Around 316 free ambulance services are present in all districts. Hereto is the said news report published in The New Indian Express on 25th April, 2020 annexed and marked as **Annexure- "P-20"** [Pg 98 to 99]. The Petitioners submit that the World Health Organisation's (WHO) has set a benchmark of at least one ambulance (emergency response) per 1 lakh population in the plains and estimate the required number of ambulances based on mid-year population projection published in National Crime Records Bureau reports. It has to be noted that this benchmark refers to the number of ambulances in the centralized emergency response system like 108 in some states and not the total number of ambulances available in the country, which includes private ones as well. It has to be further noted that this data does not take into account the

severity of a pandemic like COVID-19 wherein the ratio of ambulances to population would change drastically. The 108 ambulances play a very important role to fight such a pandemic, however, many states are facing the shortage of 108 ambulances as these ambulances are used to transport COVID-19 patients, NON- COVID patients as well as dead bodies from the hospitals. Due to the rising cases, the demand for ambulances have increased and in many cases, people suffering from other diseases have also failed to get an ambulance during an emergency. As on 9th May, 2020, the Maharashtra Emergency Medical Service (MEMS), which runs the 108 toll free helpline, has allocated 66 ambulances for COVID-19 patients and 30 ambulances for others. Across Maharashtra, MEMS has committed 305 ambulances on COVID-19 duty. The average waiting time taken by the ambulances to reach the respective locations and then to transport the patients to the nearest health care facility is around three to six hours which includes dropping the patients, sanitizing the ambulance, the drivers wearing the PPE kits etc. Hereto is the said news report published in the Indian Express dated 9th May, 2020 annexed and marked as **Annexure- "P-21"** [Pg 100 to 101].

Due to such difficulties, it is the need of the hour to increase the number of 108 ambulances in all the states which should include even private vehicles used as ambulance especially for NON-COVID patients who can do with BLS

(without ventilator) ambulances . A very positive approach has been adopted by the State of Andhra Pradesh towards strengthening of healthcare by deciding to launch 1,060 new 108 ambulances on July 1, 2020. Hereto is the said news report published in the Indian Express dated 14th May, 2020 annexed and marked as **Annexure “P-22”** [Pg 102 to 103]. The Petitioners state that the petitioners are appreciative of the efforts and initiative taken by various State Governments and other authorities in dealing with the shortage of ambulances, however, the petitioners are of the strong opinion the issue regarding the shortage of ambulances cannot be effectively dealt with unless private vehicles are requisitioned by the Respondent No.2 and State Executive Committees of various States to fulfil the said shortage.

- 4.10 The Petitioners states that a Hyderabad-based startup StanPlus aims to provide end-to-end medical response solutions for ambulance services for both emergency and non-emergency and after-life support sectors. It has partnered with over 25 hospitals in cities like Hyderabad, Bengaluru, Mumbai, and Kochi for medical responses, resulting in all the emergency calls from hospitals being answered by Stan Plus. The startup claims to have managed emergency responses for 10,000 patients across these cities, and further plans to expand its operations to support more than 50,000 people in the next six months. Stan Plus has a fleet of over 350 ambulances, which

are equipped with advanced life support systems, basic life support systems, cardiac machines, and other patient care systems. Hereto is the said news report published in the Daily Hunt annexed and marked as **Annexure “P-23”** [Pg 104 to 105]. The Petitioners states that a similar initiative must be undertaken by the Respondents by establishing ‘operation centres’ in order to centralize the data with regards to the hospitals and the medical services provided by the different hospitals, whether dedicated for COVID-19 or NON-COVID patients, and ambulance services so that such data is readily available to any person in need of medical treatment and more importantly to avoid loss of life or limb due to the uncertainty in getting proper medical treatment in time.

- 4.11 The Petitioners states that the Government of Haryana in collaboration with Ola started enabling emergency medical trips on its platform. The Petitioners submit that this new category within the app has been designed to provide convenient, reliable and safe transport to riders who need to access a hospital for medical purposes. This service will be for medical trips that are NON-COVID and do not require an ambulance. For this, OLA has identified over 100 hospitals, which have been mapped on its app. Such a similar approach has been adopted by Bangalore as well and needs to be adopted by all metropolitan cities to reduce the burden on other ambulance services where service providers like Ola or Uber exists. It is also pertinent to note that the example of Ola

having identified 100 hospitals and mapping the same of their app is proof to the fact that such technology is readily available and the Respondent must make optimum utilization of the same.

4.12 The Petitioners further submit that one of the most effective measures to tackle the shortage of ambulance and the supporting staff has been undertaken by the State of Tamil Nadu by appointment of district coordinators who have been given the responsibility to coordinate with the government hospitals and primary health centers in finding ambulances for the patients at the earliest. The Petitioners submit that this is another example of the efficient functioning of the healthcare system by centralizing the booking ambulances. However, the Petitioners are of the opinion that it would be more efficient in establishing an 'operation center' in every district with access to centralized data about hospitals, in particular availability of beds and physicians along with the data regarding ambulances/ambulance services to ensure smooth and efficient functioning of the health care system thus avoiding any unnecessary casualties and panic.

4.13 The Petitioners states that the Respondent No. 3 has wide powers bestowed upon it with regards to requisition of private vehicles for mitigation of any disaster. The Petitioners submit that at a time when the country is facing a shortage of ambulances it is imperative that the Respondent No. 3 uses the

power bestowed upon it under section 65 of the Disaster Management Act, 2005. Section 65 of the Disaster Management Act, 2005 is reproduced as under:

65. Power of requisition of resources, provisions, vehicles, etc., for rescue operations, etc. —

(1) If it appears to the National Executive Committee, State Executive Committee or District Authority or any officer as may be authorised by it in this behalf that —

(a) any resources with any authority or person are needed for the purpose of prompt response;

(b) any premises are needed or likely to be needed for the purpose of rescue operations; or

(c) any vehicle is needed or is likely to be needed for the purposes of transport of resources from disaster affected areas or transport of resources to the affected area or transport in connection with rescue, rehabilitation or reconstruction, such authority may, by order in writing, requisition such resources or premises or such vehicle, as the case may be, and may make such further orders as may appear to it to be necessary or expedient in connection with the requisitioning.

(2) Whenever any resource, premises or vehicle is requisitioned under sub-section (1), the period of such requisition shall not extend beyond the period for which such resource, premises or vehicle is required for any of the purposes mentioned in that sub-section.

(3) *In this section, –*

(a) *“resources” includes men and material resources;*

(b) *“services” includes facilities;*

(c) *“premises” means any land, building or part of a building and includes a hut, shed or other structure or any part thereof;*

(d) *“vehicle” means any vehicle used or capable of being used for the purpose of transport, whether propelled by mechanical power or otherwise.*

4.15 The Petitioner further states that the Respondent No. 3 under section 63 of the Disaster Management Act, 2005 has powers to request officers and authority of the Union and State Governments to make themselves available to perform functions in connection with mitigation of the disaster. Section 63 is reproduced herein below:

63. Powers to be made available for rescue operations. –

Any officer or authority of the Union or a State, when requested by the National Executive Committee, any State Executive Committee or District Authority or any person authorised by such Committee or Authority in this behalf, shall make available to that Committee or authority or person, such officers and employees as requested for, to perform any of the functions in connection with the prevention of disaster or mitigation or rescue or relief work.

The Petitioners submit that it is imperative that the Respondent No.3 uses the powers available under the Disaster Management Act, 2005 as there is also shortage of human resources.

4.16 The Petitioners, therefore, submit that it is necessary that a centralized mechanism/'operation centers' be set up to increase the number of ambulances, by requisitioning all private ambulances available and registered under all the Road Transport Office and also by converting public transport vehicles into ambulances and by bringing all the ambulances/ambulance services under one roof making them accessible to the common man in need of any medical treatment through a dedicated helpline/mobile app thereby increasing the efficiency and co-ordination of the healthcare system. Further the Petitioner submits that a uniform rate should be fixed for the ambulances per km and detailed guidelines must be prepare for the ambulance/ambulance services with advisories for the staff in ambulance with respect to use of health safety equipment like PPE Kits, etc and provisions should be made to equip the ambulances to be used for COVID-19 patients with ventilators, oxygen cylinders, etc. so that unnecessary casualties can be avoided and no panic is spread among the people in need for medical treatment.

5. That it is submitted that the Petitioner has not filed similar petition either before this Hon'ble Court or before any other Court.
6. That it is submitted that the Petitioner has not approached any of the authorities for the said cause.

PRAYER

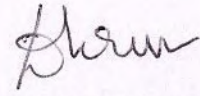
In the above premises, it is prayed that this Hon'ble Court may be pleased:

- a) to issue a writ/order/direction in the nature of mandamus directing the Respondent No. 3 to utilize the powers available under sections 65 of the Disaster Management Act, 2005 to requisition private vehicles such as all the private ambulances registered with all the Road Transport Offices along with vehicles used for public transport in order to satisfy the increasing demand of ambulances for COVID-19 as well as NON-COVID patients.
- b) to issue a writ/order/direction in the nature of mandamus directing the Respondent No. 3 to utilize the powers available under sections 63 of the Disaster Management Act, 2005 by requesting officers and authority of the Union and State Governments to make themselves available to perform functions in connection with mitigation of the disaster.

- c) to issue a writ/order/direction in the nature of mandamus directing the Respondent No. 1, 2 and 3 to facilitate in the development of a centralized system and for the establishment of 'operation centers' in every district for booking appointments, admission in hospitals and/or for availing ambulance services for both COVID-19 and NON-COVID patients.
- d) to issue a writ/order/direction in the nature of mandamus directing the Respondent No. 1, 2 and 3 to fix the rates chargeable by ambulances per km and to prepare detailed guidelines for the ambulance/ambulance services with advisories for the staff in ambulance with respect to use of health safety equipment like PPE Kits, etc and to equip the ambulances to be used for COVID-19 patients with ventilators, oxygen cylinders, etc.
- e) to pass such other orders and further orders as may be deemed necessary on the facts and in the circumstances of the case

FOR WHICH ACT OF KINDNESS, THE PETITIONER SHALL
AS INDUTY BOUND, EVER PRAY

FILED BY:



[DHRUV TAMTA]

ADVOCATE FOR THE PETITIONER

FILED ON : 29.05.2020

Settled by: Kay Legal & Associates LLP

IN THE SUPREME COURT OF INDIA
CIVIL ORIGINAL JURISDICTION
WRIT PETITION NO. _____ OF 2020

IN THE MATTER OF:

EARTH & ANOTHER

... PETITIONER

VERSUS

UNION OF INDIA & ORS.

...RESPONDENTS

AFFIDAVIT

I, Mr. Pravin Kalme S/o. Narayan Kalme, aged about 47 yrs., R/o. A/501, Kaatyayni Enclave, Datta Mandir Road, Behind Patuck School, Vakola, Santacruz (East), Mumbai, Maharashtra- 400 055, do hereby solemnly affirm and declare as under:-

1. That I am the President of the Petitioner and duly authorized to represent in the above noted matter and as such, am well conversant with the facts and records of the case and hence competent to swear this affidavit.
2. That I have read and understood the contents of the accompanying Writ Petition (Para No.1 to 6 and Pages 1 to 27 List of Dates (Pages B to E and I.A's are true and

7. That I have not filed any other writ petition praying for the same relief and that I have no other remedy except to approach this Hon`ble Court for the said relief.



DEPONENT

VERIFICATION:

I hereby verify that the contents of my above affidavit are true and correct to my knowledge, belief and information derived from the records of this case. No part of it is false and nothing relevant has been concealed therein.

Verified at New Delhi on this 27th day of May, 2020



DEPONENT

correct to the best of my knowledge and belief and nothing has been concealed therefrom.

3. That all the annexures are true copies of their respective originals.
4. That I do not have any personal interest in this case and that this writ petition is being filed only in public interest. The petitioner has no private motive or oblique reason in filing this petition.
5. That I am filing this writ Petition on my own volition and not on behalf of any class of persons, society or association. I shall be liable to pay costs as ordered by this Hon`ble Court in the event if it is found that this petition is filed for any personal gain and oblique motive.
6. That this petition is filed out of my own funds. This petition is filed on the basis of information that have been verified in my personal knowledge as well as information obtained by me from various sources.

Disaster Management Act, 2005

63. Powers to be made available for rescue operations. – Any officer or authority of the Union or a State, when requested by the National Executive Committee, any State Executive Committee or District Authority or any person authorised by such Committee or Authority in this behalf, shall make available to that Committee or authority or person, such officers and employees as requested for, to perform any of the functions in connection with the prevention of disaster or mitigation or rescue or relief work.

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(c) any vehicle is needed or is likely to be needed for the purposes of transport of resources from disaster affected areas or transport of resources to the affected area or transport in connection with rescue, rehabilitation or reconstruction,

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(2) Whenever any resource, premises or vehicle is requisitioned under sub-section (1), the period of such requisition shall not extend beyond the period for which such resource, premises or vehicle is required for any of the purposes mentioned in that sub-section.

(3) In this section, —

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(c) “premises” means any land, building or part of a building and includes a hut, shed or other structure or any part thereof;

(d) “vehicle” means any vehicle used or capable of being used for the purpose of transport, whether propelled by mechanical power or otherwise.

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Home / Delhi News / 65-yr-old unconscious man in south Delhi market fails to get help for over 3 hours, dies

65-yr-old unconscious man in south Delhi market fails to get help for over 3 hours, dies

Onlookers refused to approach him due to fear of contracting Covid-19. A police official, who stepped in to move the man to a hospital, said he died during treatment.

DELHI Updated: May 28, 2020 07:42 IST



HT Correspondent

Hindustan Times, New Delhi



People out in a market near Jama Masjid (Amal KS/HT photo for representation)

A 65-year-old man, who used to work as an attendant at [All India Institute of Medical Sciences](#) until last year, did not get any help for over three hours after falling unconscious at south Delhi's Yusuf Sarai market. He died later in the day at a hospital.

Onlookers refused to approach him due to fear of contracting [Covid-19](#). A police official, who stepped in to move the man to a hospital, said he died during treatment.

A senior police officer said it is unclear whether the elderly man was suffering from Covid-19.

[Click here for full Covid-19 coverage](#)



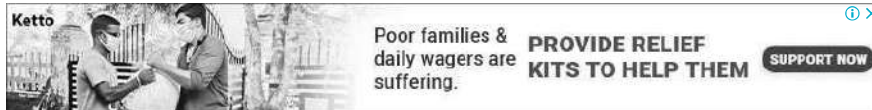
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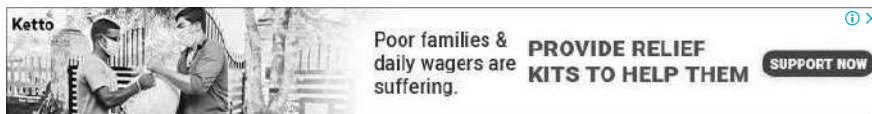
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Akshay Kumar



The man, who was later identified as a resident of Kotla Mubarakpur, was found lying unconscious at the market by some passersby around 10.30am on Wednesday. “For nearly three hours, no one helped him. They were afraid to approach him as they feared he was infected with Coronavirus,” said the first police official, on the condition of anonymity.

At 1.39pm, a passerby called the police control room to inform about the man. “The beat police officer reached the spot and called three ambulances to help the man reach a hospital,” said Atul Kumar Thakur, deputy commissioner of police (south).

“One of our constables hurriedly arranged a [personal protective equipment](#) (PPE) kit, wore it and moved the unconscious man into the ambulance,” Thakur said.



The first police official said that the unconscious man was first taken to a nearby hospital, but when the ambulance driver advised that he wouldn't get admission there, he was taken to Lal Bahadur Shastri Hospital in east Delhi.

“Around 7pm, the hospital authorities alerted us that the man died,” said the first official.

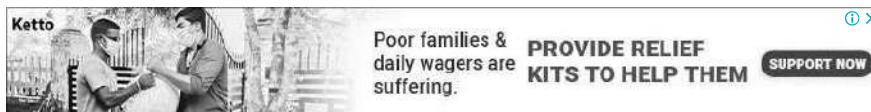
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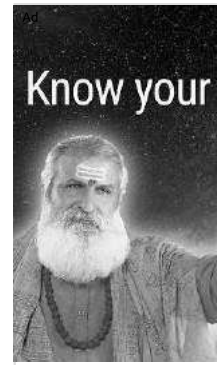
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[Home](#) / [India News](#) / Delhi farmer buys plane tickets to send 10 workers to their homes in Bihar

Delhi farmer buys plane tickets to send 10 workers to their homes in Bihar

The workers said they can't believe they are going to their home - not walking or cycling thousands of kilometres, or scrambling for a seat on a bus or train - but on a plane.

INDIA Updated: May 28, 2020 10:28 IST



hindustantimes.com | Edited by: Amit Chaturvedi
Hindustan Times, New
Delhi



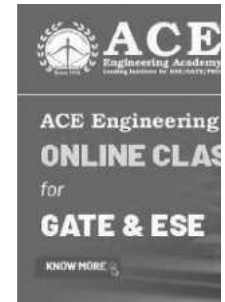
The 10 migrant workers at the Indira Gandhi International airport in Delhi before catching flight to Patna. (ANI photo)

A farmer in Delhi sent 10 of his workers home on a flight to their home state Bihar on Thursday.

Pappan Gehlot, a mushroom farmer, paid for their flight tickets because the migrant workers have toiled for him for the last 20 years.

"We tried to book trains tickets but were unable to do it. Then we thought these people have been working with us for over 20 years, their journey should be safe. So we got them medically examined and arranged flight tickets for them," Pappu's brother Niranjana Gehlot told news agency ANI.

The workers said their dream came true. "I had never thought I will get to sit in an aeroplane, our employer made the arrangements for us," said one of the workers as he arrived at the Indira Gandhi International Airport to board the 6 am flight to Patna on Thursday.



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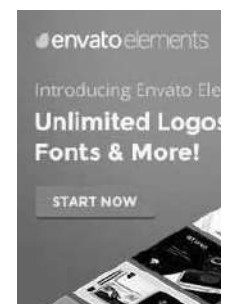
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The workers said they can't believe they are going to their villages in Samastipur - not walking or cycling thousands of kilometres, or scrambling for a seat on a bus or train - but on a plane.

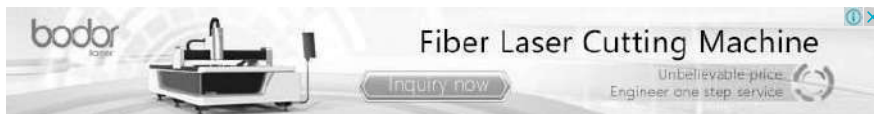
"I never imagined in my life that I will be traveling in a plane. I don't have words to express my happiness. But I am also little bit nervous about what I have to do when we reach the airport tomorrow," Lakhinder Ram, who will be returning with his son, told news agency PTI.

Ram, 50, who has been working for Gehlot for 27 years, said the farmer has been taking care of their food and accommodation since the lockdown began on March 25.

Gehlot has a mushroom farm in Delhi's Tigipur village. He bought the tickets worth Rs 68,000 and also gave each worker Rs 3,000 so they don't face any problems when they reach their home state.

Gehlot said that he has been doing mushroom farming since 1993 which has a season between august and March.

These workers wanted to go to their village in the first week of April, but couldn't because of the lockdown.



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Tablighi Jamaat: Delhi Police files 35 charge sheets against 376 foreigners

Twenty charge sheets against 82 foreigners from 20 countries were filed before a court on Tuesday and 15 charge sheets against 294 foreign nationals from 14 countries were filed on Wednesday.

INDIA Updated: May 28, 2020 09:20 IST



Press Trust of India | Posted by: Harshit Sabarwal
New
Delhi



The 294 foreigners charge-sheeted on Wednesday belonged to Malaysia, Thailand, Bangladesh, Nepal, Sri Lanka and several African nations. (PTI file photo)

The Delhi Police has filed total 35 charge sheets against 376 foreign nationals from 34 countries for attending a religious congregation at Nizamuddin Markaz here in violation of visa conditions and indulging in missionary activities amid the Covid-19 outbreak in the country, officials said on Wednesday.

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Twenty charge sheets against 82 foreigners from 20 countries were filed before a court on Tuesday and 15 charge sheets against 294 foreign nationals from 14 countries were filed on Wednesday.

According to the charge sheets, all the foreign nationals have been booked for violating visa rules, violating government guidelines issued in the wake of coronavirus pandemic and regulations regarding the Epidemic Diseases Act, Disaster Management Act and prohibitory orders under Section 144 of Code of Criminal Procedure.

They have also been booked for offences under sections 188 (disobedience to order duly promulgated by public servant), 269 (negligent act likely to spread infection of disease dangerous to life), 270 (malignant act likely to spread infection of disease dangerous to life) and 271 (disobedience to quarantine rule) of the Indian Penal Code and relevant sections of the Foreigners Act.

The Centre has cancelled their visas and blacklisted them.

The 294 foreigners charge-sheeted on Wednesday belonged to Malaysia, Thailand, Bangladesh, Nepal, Sri Lanka and several African nations.

Out of the 82 foreigners chargesheeted earlier, four of the accused were from Afghanistan, seven each from Brazil and China, five from the US, two each from Australia, Kazakhstan, Morocco and the UK, one each from Ukraine, Egypt, Russia, Jordan, France, Tunisia, Belgium, eight from Algeria, 10 from Saudi Arabia, 14 from Fiji and six each from Sudan and Philippines.

A large congregation organised by the Tablighi Jamaat in the Nizamuddin area of the national capital in March had emerged as a major hotspot of coronavirus in the country. Some of the participants, who were later tested positive for coronavirus, had travelled to their home states across the length and breadth of the country. More than 900 foreign nationals who are accused in the case belong to 34 different countries and charge sheets are being prepared country-wise, under sections of the Foreigners Act, Epidemic Diseases Act, Disaster Management Act and relevant sections of the IPC.

On Tuesday, the police had submitted a status report in the Delhi High Court.

In the status report, the Delhi Police had said that in order to substantiate the legitimacy of their visit to India, the passports of 723 accused foreigners and ID cards of 23 accused Nepal nationals have been taken into possession.

Over 150 accused foreign nationals were unable to provide their passports. Efforts were being made to account for all the passports in this regard, the report stated.

The punishment for various offences under penal provisions ranges from six months to eight years of imprisonment.

An FIR was registered against Tablighi Jamaat leader Maulana Saad Kandhalvi and six others on March 31 on a complaint of the Station House Officer of Nizamuddin.

Kandhalvi was later booked for culpable homicide not amounting to murder after some of the attendees of the religious congregation died due to Covid-19, police said.

Many Tablighi members and their contacts have been quarantined in the country after the Centre and the state governments conducted a “mega operation” to identify them.

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CBI books rice mill, 3 directors in ₹100-cr cheating cases

Directors Shyam Lal, Parveen Kumar and Suresh Kumar allegedly obtained credit facilities from the SBI's commercial branch in Haryana's Karnal by misrepresentation of facts, a Central Bureau of Investigation (CBI) spokesperson said.

DELHI Updated: May 28, 2020 01:36 IST



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The CBI has booked Karnal-based Shakti Basmati Rice Pvt Ltd and its three directors for allegedly cheating the State Bank of India (SBI) to the tune of over Rs 100 crore, officials said on Wednesday.

Directors Shyam Lal, Parveen Kumar and Suresh Kumar allegedly obtained credit facilities from the SBI's commercial branch in Haryana's Karnal by misrepresentation of facts, a Central Bureau of Investigation (CBI) spokesperson said.

The company, which manufactured grain mill products (rice), allegedly diverted the loan amount for introduction of share capital, inflated the sale and purchase figures, and devalued stocks to show losses to justify diversion of funds by selling stock out of books, the officials said.

The company allegedly failed to repay the loan amount resulting in the loss of Rs 100.46 crore to the bank. The agency has also booked unnamed public servants in the case, the officials said.

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Covid-19 toll may go up as hospital reports 53 previous deaths

The national capital on Wednesday recorded 792 fresh Covid-19 cases, the steepest single-day rise, taking the overall infections to 15,257.

DELHI Updated: May 28, 2020 01:15 IST



Anonna Dutt
Hindustan Times, New Delhi



The official death toll rose to 303, but the figure did not include the fatalities newly reported by the Safdarjung hospital. (Yogendra Kumar/HT PHOTO)

The number of deaths reported due to the coronavirus disease (Covid-19) in Delhi may see a spike, with the Safdarjung hospital on Wednesday informing the Capital's audit committee about 53 deaths that occurred between February 1 and May 16, according to officials.

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The national capital on Wednesday recorded 792 fresh Covid-19 cases, the steepest single-day rise, taking the overall infections to 15,257. The official death toll rose to 303, but the figure did not include the fatalities newly reported by the Safdarjung hospital.

“The 53 deaths were reported from the hospital between February 1 and May 16... We report the progress of every case, including deaths, to the health ministry every day, twice a day,” said Dr Balvinder Singh, medical superintendent of the hospital, which is run by the central government.

The Delhi government said the hospital reported the big jump in deaths only on Wednesday. “The Delhi government had issued strict orders to all hospitals to submit their death summaries to the death audit committee within 24 hours. We have even sent reminders to all hospitals for compliance of the same. All our Delhi government hospitals are submitting their reports to the committee daily,” a spokesperson of the Delhi government said.

“It (the hospital) had reported only four deaths till now. The government is seriously looking at why this delay has happened,” the spokesperson added.

On May 10, Delhi’s chief secretary, Vijay Dev, ordered all designated Covid-19 hospitals to report the deaths each day by 5pm. But the hospitals have been lax in reporting them along with the requisite documentation.

A senior official from Delhi’s health department confirmed that the deaths were yet to be added to Delhi’s official death toll. “This (the lag in reporting) is the reason there have been delays in adding the deaths to the daily bulletin. The government adds the numbers as soon as the death review committee gets the files – case sheets, investigations, death summary – and determines it indeed is a Covid-19 death,” the official said on condition of anonymity.

If the 49 deaths – four fatalities from the Safdarjung hospital have already been added to the official tally – were approved by the Delhi audit committee, the official figure on Wednesday would have stood at 352, taking the case fatality rate to 2.3%, up from the current 2%.

The case fatality rate is crucial in helping governments assess their response to the disease and in determining the course of action in terms of preparedness and effectiveness of the health care system.

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Large number of distress calls over unavailability of ambulances: Civic data | Cities News, The Indian Express



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Large number of distress calls over unavailability of ambulances: Civic data

The civic body had, on April 24, launched the helpline 1916 to address queries related to Covid-19. Apart from these queries, the helpline also answered queries related to food supply for the needy, travel-related information in the city and civic complaints.

Written by **Laxman Singh** | Mumbai | Published: May 24, 2020 12:29:44 am



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Data shows that for guidance on Covid-19, with the help of doctors, the helpline has received 14,253 calls, and on other queries it received 25,539 calls. (File)

AN ANALYSIS of the call data on its [Covid-19](#) helpline by the Brihanmumbai Municipal Corporation has shown that amid the outbreak, citizens have made a large number of distress calls over non-availability of ambulance services across the city. The helpline receives about 400 calls daily from those in need of ambulances for ferrying either suspected patients or confirmed Covid-19 patients to hospitals from home.

According to the civic data, more than 2,000 calls that the BMC call centre receives daily are in connection with ambulance services, bed availability, doctors' guidance and other queries such as civic complaints and travel information. The helpline receives an average of about 2,400 calls per day, and has, in 29 days, received 69,404 calls.

The data also shows that the BMC call centre has received a maximum of 32,642 distress calls related to ambulance requirement and bed availability in hospitals, during this time period.


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Earlier, when the helpline number had started, there were 48 staff members along with three to four doctors. However, last week one of the staff members tested positive for the virus.

“In other calls, people complained about food requirements, travel-related permission; many people ask if they are at any risk of being infected if a positive case is detected in their building. Many complain that vegetable markets are not opening. Some call and ask as to when the lockdown will get over. Also, we get civic complaints like drainage blocks, toilet cleaning, garbage collection,” said another official from the disaster management cell



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The civic body had, on April 24, launched the helpline 1916 to address queries related to Covid-19. Apart from these queries, the helpline also answered queries related to food supply for the needy, travel-related information in the city and civic complaints.

“The shortage of ambulances has hit people hard as they struggle to get it on time. Many times they have to wait five to six hours as the demand has increased. Also, absence of autorickshaws and taxis has put a lot of load on ambulances to carry patients to hospitals even if they are stable,” an official from the BMC said.

The gap between demand and availability of beds across hospitals in the city is also reflected in the data. The BMC helpline has received 21,309 calls related to inquiries over bed availability in hospitals in these 29 days. For both ambulance requirement and bed availability, disaster management cell employees, who handle the helpline, on a daily average, get 1,125 calls. Since the beginning of the outbreak, many people have alleged that their family members died as they did not get an ambulance on time.

Bandra corporator Asif Zakeria of the Congress said he got a lot of calls on not receiving ambulance services in case of an emergency. Officials said under normal circumstances, the same disaster management cell staff gets about 500 to 600 calls on the helpline, which was functioning before the Covid-19 outbreak and was dedicated to only civic complaints.

Data shows that for guidance on Covid-19, with the help of doctors, the helpline has received 14,253 calls, and on other queries it received 25,539 calls.

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3rd Mumbai doctor dies of Covid; wife says took 5 hrs to get bed - mumbai news - Hindustan Times

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3rd Mumbai doctor dies of Covid; wife says took 5 hrs to get bed

MUMBAI Updated: May 23, 2020 00:18 IST

Rupsa Chakraborty

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leader:
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trending

A general physician (GP) from Chembur died of Covid-19 on Thursday. He is the third doctor to die of the infection in the city and the second from the M ward, which is one of the red zones in the city. The case has highlighted the urgent need for a policy that ensures the safety of doctors practicing in containment zones. His wife, who is also a doctor, said that when the GP was in serious need of hospitalisation, the couple received no help from the helpline run by the Brihanmumbai Municipal Corporation (BMC).

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3rd Mumbai doctor dies of Covid; wife says took 5 hrs to get bed - mumbai news - Hindustan Times

On May 11, the GP, who ran a clinic in Chembur, developed a mild fever. He immediately shut down his clinic. After a blood test indicated the presence of the virus that causes Covid-19, he sent his swab samples to test for Covid-19 on May 14.

By the afternoon of May 15, the results hadn't come in, but the GP had developed weakness and his oxygen saturation was below 88%. Other doctor friends recommended hospitalisation. According to his wife, the couple struggled from 3pm to 8pm to get him admitted. The BMC-run helpline (1916) was of no help. "First, they said there was one bed in Nair Hospital. When I agreed to admit him there, another attendant informed us there was no bed. They couldn't give us any bed in Mumbai," said his wife.

The couple also inquired with private hospitals, but to no avail. Ultimately, another doctor arranged for a bed in SRV Hospital. The next obstacle was finding an ambulance, which wasn't immediately available. "It was a horrible experience. Despite being a doctor, I never thought that I would face this situation. I had read about unavailability of beds in hospitals but until you experience it, you don't understand that it is real," said his wife.

When they were finally able to admit the GP on May 15, he was rushed to the intensive care unit. He succumbed to the infection on Thursday, at around 7.30pm.

His wife remembered how he had insisted on keeping his clinic open as long as it was safe to do so. "He would say, 'It is our duty...we can't increase the burden on the corporation,'" said his wife. "I would often tease him saying that because of him, I would get infected but never did I know that the same virus would kill my husband," she said. He is survived by his wife and his mother, who have quarantined themselves at home, and a son who lives in the United States of America.

Other doctors say this case highlights the challenges faced by medical professionals during the pandemic. Dr Amit Thadhani, a surgeon and a friend of the deceased doctor, said GPs from small clinics should not be forced to practice if the conditions in their clinics make them vulnerable to the infection. "BMC is threatening the doctors that if they don't practice, their license will be cancelled. But to practice in the hotspots, they require more precautions. It is extremely precarious to work in PPE and dispose of them properly in small clinics," he said.

Dr Ninad Salunke of the non-governmental organisation Apnalaya said, "It is essential for the doctors practising in these red zones to take prophylaxis drugs and focus more on their immunity. Also, the corporation needs to come up with a policy for doctors in containment zones to ensure their safety."

Despite repeated tries, Mahesh Narvekar, chief officer, disaster management cell, BMC, could not be reached for comment.

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Caught on camera: With no ambulance to rescue, sick watchman dies by roadside in Mumbai

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Caught on camera: With no ambulance to rescue, seriously ill watchman dies by roadside in Mumbai

Mumbai News



Mirror Now Digital

Updated May 22, 2020 | 21:52 IST

BJP leader Kirit Somaiya has shared the video of the tragic incident. The incident took place in Dahisar area of Mumbai in Maharashtra.



KEY HIGHLIGHTS

The incident took place at Shanti Nagar near Dahisar in Mumbai in Maharashtra on Friday

BJP leader Kirit Somaiya has tweeted the video of the incident.

In the video, the man could be seen convulsing as he sat on the ground.

Mumbai: In a heart-wrenching incident, a watchman, who was seriously ill, died by the roadside as no ambulance arrived to take the man to a hospital.

The incident took place at Shanti Nagar near Dahisar in Mumbai in Maharashtra on Friday. BJP leader Kirit Somaiya has tweeted the video of the incident.

In the video, the man could be seen convulsing as he sat on the ground. There was no sign of the ambulance in the area.

As no medical help arrived till 11.30 am, the man was shivering and breathing heavily. According to the BJP leader, both police officials and BMC were informed about the man's condition but no ambulance arrived on time.

The man finally died at around 3.30 pm. Kirit Somaiya claimed in his tweet that the police have acknowledged the incident.

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Caught on camera: With no ambulance to rescue, sick watchman dies by roadside in Mumbai



Kirit Somaiya
@KiritSomaiya

2 more person (watchman) died on road at shanti nagar, Dahisar Due to unavailability of AMBULANCE, medical treatment Today 11.30 am watchman was breathing heavily, Police BMC were informed Ambulance did not arrived He died 3.30pm BMC, Police confirmed Incident @BJP4Maharashtra



5,116 8:37 PM - May 22, 2020

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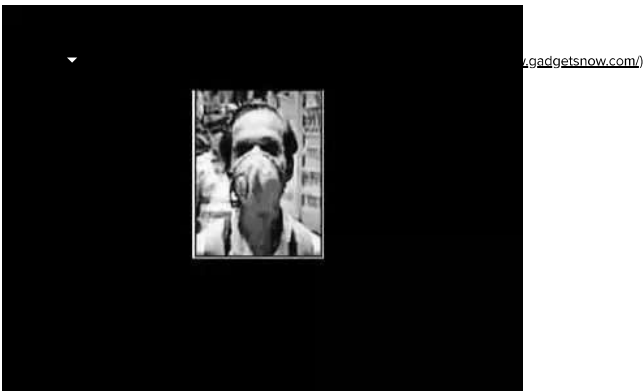
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The patient is employed as a ward boy at Wadia hospital in Parel

KALYAN: After waiting for over 16 hours for the Kalyan-Dombivli Municipal Corporation to send an [ambulance](https://timesofindia.indiatimes.com/topic/ambulance) to take him hospital, a [Covid-19 patient](https://timesofindia.indiatimes.com/topic/Covid-19-patient) from Dombivli (in picture) walked 3km to reach the civic-run [Shastri Nagar](https://timesofindia.indiatimes.com/topic/Shastri-Nagar) Hospital, where he was made to wait another three hours before doctors referred him to Tata Amantra Health Covid-19 Centre in [Bhiwandi](https://timesofindia.indiatimes.com/topic/Bhiwandi). The patient is employed as a ward boy at Wadia hospital in [Parel](https://timesofindia.indiatimes.com/topic/Parel).

In another incident, KDMC health officials took a Covid-19 patient in a car to hospital as the ambulance did not turn up for six hours.

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The Dombivli patient told TOI that after he got his test report on Wednesday at 5pm, he got a call from KDMC that an ambulance would take him to hospital. When it didn't arrive till 8am the next day, he sought activist Bala Mahatre's help. Mahatre said: "When I called the hospital, they said no ambulance was available and asked me to bring the patient."

When asked about the ambulance unavailability, a senior KDMC official said that of the 10 vehicles provided by the state, four have 'broken down' and three each have been allotted to Shastri Nagar and [Rukminibai](https://timesofindia.indiatimes.com/topic/Rukminibai) hospitals. "We'll demand more ambulances from the RTO."

(https://timesofindia.indiatimes.com/city/mumbai/kalyan-no-ambulance-for-16-hours-patient-walks-3km-to-hospital/articleshow/75882877.cms) (https://timesofindia.indiatimes.com/city/mumbai/kdmc-officers-to-relieve-doctors-of-administrative-work/articleshow/75882769.cms) (https://timesofindia.indiatimes.com/city/mumbai/11/articleshow/75882672.cms) (https://timesofindia.indiatimes.com/city/mumbai/defend-ban-on-taxis-insist-people-are-look-for-gourmet-food/articleshow/75882672.cms)

5/24/2020

Three held after 'ambulance cartel' takes a patient's life - The Hindu

ANDHRA PRADESH

Three held after 'ambulance cartel' takes a patient's life

SPECIAL CORRESPONDENT

TIRUPATI, MAY 21, 2020 00:01 IST

UPDATED: MAY 21, 2020 00:01 IST

Three persons were taken into custody on Wednesday after a private ambulance driver was roughed up by a local cartel of ambulance drivers at SVR Ruia Government General Hospital the previous day.

A 75-year-old patient was admitted to Ruia on complaint of paralysis and as his condition worsened, his family members decided to take him home on Tuesday.

According to the police, the ambulance driver, who was part of the cartel, reportedly demanded ₹8,500 for the short travel, for which another driver charged ₹3,500. The 15 to 20 ambulances that are always “unofficially” parked in front of the hospital not only prevented the entry of the ‘outsider’, but also allegedly roughed up the driver. As the tiff continued for 40 minutes, the patient died on the road, causing outrage among the public.

“I came to know of the incident after the drivers staged a dharna,” Ruia Superintendent S. Bharathi told the media here on Wednesday.

Superintendent of Police (Tirupati Urban) Avula Ramesh Reddy announced that three persons had been picked up for questioning and warned the drivers not to play with lives in the name of their livelihood. He suggested introduction of prepaid ambulance services and extension of RTC buses up to Maternity and Ruia hospitals to solve the issue.

A letter from the Editor

Dear reader,

We have been keeping you up-to-date with information on the developments in India and the world that have a bearing on our health and wellbeing, our lives and livelihoods, during these difficult times. To enable wide dissemination of news that is in public interest, we have increased the number of articles that can be read free, and extended free trial periods. However, we have a request for those who can afford to subscribe: please do. As we fight disinformation and misinformation, and keep apace with the happenings, we need to commit greater resources to news gathering operations. We promise to deliver quality journalism that stays away from vested interest and political propaganda.

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5/24/2020

Mumbai: Ambulance fares go through roof on PPE pretext - Times of India

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THE TIMES OF INDIA

Mumbai: Ambulance fares go through roof on PPE pretext

TNN | May 14, 2020, 08.58 AM IST



MUMBAI: When a 32-year-old Covid-19 patient from Powai needed to travel 4km from a hospital to a nearby quarantine centre, the ambulance operator quoted a staggering Rs 8,000. After waiting for hours, he gave in. The operator claims the charge is to cover the cost of personal protective equipment (PPE) kits.

This is a common story in the city now. "There are not enough ambulances in the city and both Covid and non-Covid patients are being inconvenienced. Operators are demanding up to Rs 20,000 to ferry Covid patients sometimes. The state must look into this," said Samajwadi Party MLA Rais Shaikh. A senior hospital head told TOI that in one instance, a family paid Rs 25,000 to shift a patient from one hospital to another on

oxygen support.

Three days ago, the Powai man, four of whose seven family members have tested positive, was discharged from Hiranandani Hospital and sent to a step-down facility in an MMRDA building nearby. As the hospital's ambulances were occupied, he dialled the BMC helpline, which said its ambulances were reserved for symptomatic patients. Helpless, he started dialling private operators. "Most refused as I was a Covid patient. One agreed but demanded Rs 8,000. I initially refused, but called him anyway since I couldn't wait any longer," he said. The man, who works as a medical representative, said the government must cap ambulance costs.

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Mumbai: Ambulance fares go through roof on PPE pretext - Times of India

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A BMC official said BEST buses have been pressed into service to ferry asymptomatic patients or those heading to quarantine centres to cut ambulance wait time.

A family from Madanpura faced a similar ordeal when an ambulance driver demanded Rs 15,000 to ferry them from Breach Candy Hospital to KEM Hospital in Parel. "At the Breach Candy counter, we were told the ambulance charges were Rs 3,500, but as we walked towards the ambulance, the driver and the attendant demanded Rs 15,000, saying they would need the money for PPE kits," he said. The family finally took her in a car.

When TOI spoke to a few ambulance operators on Wednesday, most quoted a price of Rs 8,000-8,500. Star Care Cardiac Ambulance said the cost includes two PPE kits for the driver and attendant. "A single PPE kit comes for Rs 2,500. We also have to spend on sanitising the vehicle," said the staffer, insisting that the booking must be done quickly as there was a huge demand.

Dr Ashish Yadav, who manages the 108 state-funded ambulance service in Mumbai, said out of their 93 ambulances in the city, 60 are for Covid patients. "We have ferried about 12,000 people so far, but there is too much demand. The reliability on ambulances is more as there is no public transport," he said.

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Delay in ambulance services continue, wait time several hours in Mumbai | Cities News, The Indian Express



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Delay in ambulance services continue, wait time several hours in Mumbai

Currently, the Maharashtra Emergency Ambulance Service (MEMS), which runs the 108 toll free helpline, has allocated 66 ambulances for COVID-19 patients and 30 ambulances for others.

Written by [Laxman Singh](#) , [Tabassum Barnagarwala](#) | Mumbai | Published: May 9, 2020 1:43:30 am



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Across Maharashtra, MEMS has committed 305 ambulances on COVID-19 duty. (Representational)

A shortage of ambulances is delaying response time in attending to [COVID-19](#) patients and those suffering from other illnesses in Mumbai.

Currently, the Maharashtra Emergency Ambulance Service (MEMS), which runs the 108 toll free helpline, has allocated 66 ambulances for COVID-19 patients and 30 ambulances for others. Across Maharashtra, MEMS has committed 305 ambulances on COVID-19 duty.

While a death audit committee report – survey conducted by BMC – had advised that an ambulance be stationed near slum settlements for transporting critical and patients suffering from breathlessness in Mumbai, the recommendation is yet to be implemented. Patients and civic representatives said waiting time for an ambulance is anywhere between three to six hours.



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“To pick up a COVID-19 patient, the driver has to wear PPE. After dropping the patient, the entire ambulance has to be sanitised. The whole process of wearing and removing PPE and of cleaning ambulance can take two to three hours. This results in a longer waiting time,” said Alpa Jadhav, the corporator representing Andheri West.

Ambulance shortage has also resulted in delays in taking away bodies from hospitals. On April 26, as the Muslim community observed the second fast of Ramzan, a family waited for seven hours for an ambulance in St George’s hospital to carry their 63-year-old mother to the cemetery. The senior citizen died at 2.45 am due to COVID-19. After the hospital failed to provide an ambulance, the family started contacting different hospitals for an ambulance. A private ambulance was finally arranged around 3.30 pm.

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“We cannot use our own ambulances due to infection concerns. Whenever there is a death, each time we have to wait for BMC to send a vehicle,” said medical superintendent Dr Akash Khobragade. The hospital came across three cases where families had to wait for over five hours for an ambulance.



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an affidavit submitted by the BMC to the Bombay High Court on April 25, it has explained Audio
earmarked 60 civic ambulances for COVID-19 patients, and 30 for others.

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This has had its own impact. Vasudeo Natekar, who suffered from a heart ailment, died as he waited for an ambulance earlier this week. Pralhad Worlikar of Worli Koliwada Boat Owners Association said that at Worli Koliwada, a hotspot with a population of 80,000, non-COVID patients were not getting as much attention.

“Due to COVID-19, the demand for an ambulance has increased and in many cases, people suffering from other diseases, fail to get an ambulance. The BMC had promised a dedicated ambulance but it is yet to arrived,” Worlikar said.

In another case in the slum, on April 13, Dilip Navrat (50) died at home after waiting for an ambulance for more than six hours. According to a neighbour, the family called 108 and other helplines but to no avail. “He was unwell and on April 13 afternoon, suffered an epilepsy attack. Local doctors asked to get him admitted. The ambulance operator said that all the ambulances were busy in handling COVID-19 patients. By the time ambulance came, Navrat had lost his life,” a neighbour said.

On Thursday, a man named Sachin Gawane raised the issue on Twitter and tagged Tourism Minister Aaditya Thackeray. In reply to the tweet, Aaditya, the Worli MLA, agreed that there is shortage of ambulances and they are trying to resolve the issue.

A senior BMC official said an ambulance was arranged for Koliwada but they could not find a driver for it. “Nobody is ready to ferry COVID-19 patients. We have even offered them higher salary.”



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Mumbai: Man loses dad, ends up with Rs 16 lakh bill at private hospital - Times of India

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Mumbai: Man loses dad, ends up with Rs 16 lakh bill at private hospital

TNN | May 4, 2020, 02:59 AM IST



MUMBAI: Not only did a Santa Cruz resident lose his 74-year-old father to Covid-19-related complications, but he was also left with a bill of Rs 16 lakh for his father's 15-day ICU stay in a city hospital.

"I don't think any middle-class person can afford treatment worth Rs 1 lakh per day. The bill has come as a huge shock to us," said his son, who doesn't want to be named.

Manpreet Sohal, the director of Nanavati Hospital, Juhu, where the patient passed away on April 15, denied the family's allegations of overcharging. "The patient was brought to us in a very critical condition with multiple co-morbidities and multi-organ failure on March 31. Despite best clinical measures, he passed away," he added.

With several families complaining of profiteering by private hospitals for Covid-related treatment, the state public health department last week issued a notification capping treatment charges for uninsured patients seeking treatment in private hospitals for both Covid and non-Covid ailments.

The deceased patient's son said the bulk of the charges – Rs 8.6 lakh – were for medicine and consumables, while another Rs 2.8 lakh were "Covid charges". "The authorities have capped certain charges, but hospitals seem to be charging arbitrarily", he alleged. While his father was in hospital, the family was under quarantine and couldn't leave their home. The man is angry he was not given any indication by the hospital about the expenses they would incur.

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Mumbai: Man loses dad, ends up with Rs 16 lakh bill at private hospital - Times of India

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“Communication with the hospital has been on phone and via email. I paid Rs 60,000 at the time of admission. A day later, I was informed that my father would have to put on dialysis and on ventilator. I gave consent electronically,” he said.

He said a couple of days before admission his father’s blood test results showed his blood serum creatinine (an indirect measure of kidney function) was normal. “Thereafter, the bill kept rising. I paid Rs 3.4 lakh and a couple of days later I received a call from the accounts department informing me that if I did not pay, they would stop treatment,” he said.

The hospital arranged to send his father’s body via ambulance to the crematorium, but he had to pay Rs 8,000 for the ambulance.

Nanavati’s Sohal said the patient had undergone a heart surgery earlier. After being admitted, he developed acute respiratory failure and needed ventilator support. “He also needed high-end Continuous Renal Replacement Therapy for kidney failure for seven days,” he added.

“The average bill of any patient with such complications and criticality would be Rs 1 lakh-plus per day in any hospital providing tertiary-care services. The bill amount is in line with standard charges for the duration and quality of clinical services extended to the patient,” Sohal added.

5/25/2020

Here's how ambulance difficulties are killing non-Covid-19 patients

☰ e-Paper (<http://epaper.deccanchronicle.com/states.aspx>) Sunday Chronicle (sunday-chronicle)



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Here's how ambulance difficulties are killing non-Covid-19 patients


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Corporate Insolvency Resolution Process
(corporate-insolvency-resolution-process)

People are hesitating to call an ambulance in time due to fear of coronavirus, and due to the drivers' hesitation. (DC Photo by SSR)

Hyderabad: The Covid-19 pandemic is having some unforeseen effects on non-Covid-19 patients, a survey has found.

Carried out by emergency specialists in private hospitals, the survey found that in 15 top hospitals in Hyderabad reported a 45 per cent increase in the number of 'brought dead' non-Covid-19 patients in April. The number was 157 in March and surged to 229 in April. In fact, seven of the hospitals had 70 such cases in March and 127 in April, an increase of 80 per cent.

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The doctors discerned two reasons feeding this phenomenon: there is fear of going to hospitals as they may be hotspots of Covid-19; and there are difficulties in getting ambulances these days.

Even if an ambulance does turn up, there is a delay in getting to hospital as the drivers have first to screen for coronavirus markers--fever, cough and breathlessness. But then breathlessness can not only be because of Covid-19 but also due to lower functioning of heart, kidneys, or panic and anxiety attacks and severe shock to the body.

Dr Sateesh Kumar Kailasam, director of Medicovert Institute of Emergency Medicine, said we are in a vastly changed situation. "Earlier, people knew the symptoms and came in early. This helped doctors in containing paralytic attacks, brain strokes and heart attacks within the golden hour. Now it is different. It is very disturbing as lives are being lost due to fear."

Simply put, Covid-19 has expanded the time between distress signal and medical attention for non-Covid-19 patients. In one case recently, a 32-year-old male software engineer felt a tingling sensation for three days at a stretch but did not consult a doctor. His family took him to a hospital only after he had suffered a paralytic stroke.

Then, a 45-year-old male with low sugar levels consulted a doctor on the phone but did not call back for an update, and suffered a major heart attack three days later.

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132,674

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↑ 1,249

Recovered

54,729

↑ 320

Deaths

3,899

↑ 31

(<https://www.deccanchronicle.com/nation/current-affairs/220420/death-toll-due-to-covid-19-touches-653-cases-rise-to-20455.html>)

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Here's how ambulance difficulties are killing non-Covid-19 patients

DECCAN CHRONICLE. | KANIZA GARARI (/byline/kaniza-garari-1)

Published May 1, 2020, 8:47 pm IST
Updated May 1, 2020, 8:52 pm IST

1 5

Fear of Covid-19 and ambulance drivers' reluctance are adding to non-Covid fatalities



5/25/2020

Here's how ambulance difficulties are killing non-Covid-19 patients

In consultations with family members, doctors have found that reluctance on the part of ambulance drivers to rush to patients, police questioning and fear of the virus are all making them wait rather than act.


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Dr A Sai Ravishanker, a senior interventional cardiologist at Continental Hospitals, said, "Fear of Covid-19 is justified but it does not mean that people must not seek help. Telemedicine consultations are possible. The survival of patients prone to strokes who come late will require high intervention in terms of medicines, longer hospital stay and higher costs. We are seeing a reverse cycle now where there is a major delay and that is a worry."

Earlier, every gastric pain was considered a heart attack and people rushed to hospitals but the reverse is being observed now.

In the suburbs of Hyderabad, people used to rush to hospital after thorn pricks, bee stings and insect bites but now would rather not. This can aggravate such 'minor' cases, leading to sepsis and shock deaths. A thorn prick led to sepsis in the case of a 20-year-old woman as she was brought in too late and the infection had spread.

These are preventable deaths. Losing patients to preventable diseases is worrying the medical community and they have urged the government to create confidence by educating ambulance drivers to ferry those with medical conditions to hospitals without delay.

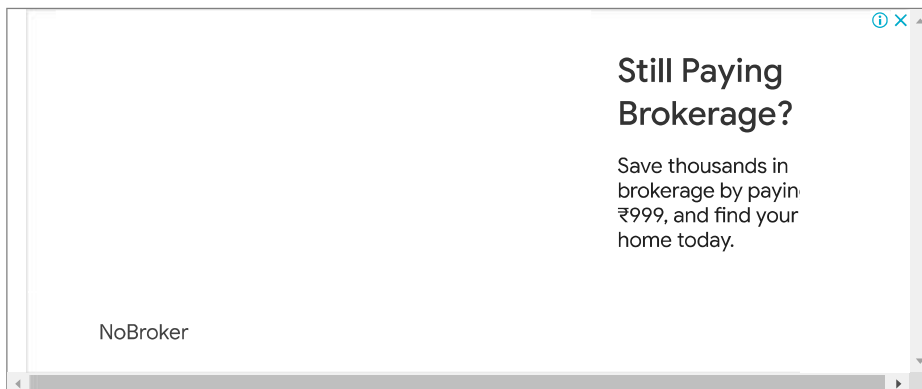
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Tags: golden hour (/content/tags/golden-hour), ambulance difficulties (/content/tags/ambulance-difficulties), non-covid-19 (/content/tags/non-covid-19), hyderabad hospitals (/content/tags/hyderabad-hospitals)

Location: India (/location/india), Telangana (/location/india/telangana), Hyderabad (/location/india/telangana/hyderabad)

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Hospital didn't have bed, ambulance refused oxygen facility: Family's ordeal after doctor succumbs to Covid-19

MUMBAI Updated: Apr 25, 2020 00:26 IST

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The family of a 36-year-old general physician from Shivaji Nagar who contracted Covid-19 struggled for 24 hours to get him admitted to a hospital.

Many hospitals refused to admit him due to unavailability of beds or lack of treatment facilities for the novel coronavirus. Even ambulances refused to ferry the physician.

After the ordeal, the doctor succumbed to his infection on Thursday night after undergoing

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Unlike hundreds of other private practitioners, he didn't close down his clinic and attended to his patients daily at Shivajinagar. But on April 14, he developed diarrhoea. He didn't have any coronavirus symptoms like fever, cold or dry cough. He self-medicated but as his condition deteriorated, the family called the civic-run Kasturba Gandhi Hospital which refused to admit him due to lack of beds.

They were on their way to Sir JJ hospital when the physician, in a semi-conscious state, asked to give him oxygen immediately. Soon, they diverted the ambulance and shifted him to Lokmanya Tilak Municipal General Hospital, Sion.

"They admitted my brother but the hospital didn't have any designated bed in the Intensive Care Unit for Covid-19 patients. Then we called Kohinoor Hospital which also didn't have a Covid facility. Finally KJ Somaiya Hospital agreed to admit him," said his 30-year-old brother, who is also a general physician.

At Somaiya hospital, the physician was immediately admitted to a Covid-specific ICU. But soon, his creatinine level increased to 7 and needed immediate dialysis as his kidneys were getting affected. The hospital, however, didn't have dialysis facility for coronavirus patients.

Dr VA Sabnis, dean of KJ Somaiya hospital confirmed that the hospital doesn't have dialysis facility for covid patients. He said, "I am not aware of this case."

It was around 11pm on April 15, when they were referred to Raheja Hospital. But even after waiting for six hours, they couldn't find a cardiac ambulance to ferry the patient.

"I called the 108 ambulance service which said that the driver will take 85 minutes to reach Sion from CST. Then with the help of other doctors, we managed to get a private ambulance for Rs 3,000 but it refused to give CPAP (an oxygen supplying procedure with air pressure)," said the brother. Ultimately, they had to take the patient in a general ambulance on normal oxygen support.

Dr Dnyaneshwar Shelke, the chief operating officer of 'MEMS- Dial 108', said that he will inquire into the matter. "We have 30 ambulances for Covid-19 patients. I will have to inquire into the matter and see who was on duty on that night," he said.

They reached Raheja Hospital around 5.30 am on April 16. The hospital started his dialysis but he developed Acute respiratory distress syndrome (ARDS) and succumbed.

"He didn't have any comorbid issues and wore safety kits sincerely while treating patients. I had asked him to close down the clinic but for the well being of his patients, he didn't," said his brother. "Despite coming from a doctor's family, we had to struggle so much to get him admitted. I wonder about the condition of other patients," he added.

Dr Ramesh Bharmal, director of major hospitals (KEM, Sion, Nair and Cooper), said, "We are

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Mumbai: Ambulances in overdrive as cases rise and transport shut - Times of India

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THE TIMES OF INDIA

Mumbai: Ambulances in overdrive as cases rise and transport shut

TNN | Apr 21, 2020, 02.24 PM IST



Mumbai: As the city grapples with a rise in the number of Covid-19 cases and transport remains shut, it is becoming difficult for Mumbaikars to reach hospitals for medical emergencies as ambulances are in short supply.

For instance, for a corona positive Nagpada resident in need of dialysis, neighbours and politicians scouted for an ambulance for over 20 hours on Friday. Also, Dharavi resident Farooqui Sohrab (25), said that his family of nine was squeezed into one ambulance to be taken for testing a week ago. "At least a dozen of us, including neighbours, were in that vehicle," he said.

The 108 ambulance service has dedicated 60 of its fleet of 93 vehicles to Covid-related work. These ambulances are used to ferry suspected Covid-19 patients for tests and back, and to take recovered patients home. Each trip takes 4-8 hours. "Once we get a request, we have to co-ordinate with ward officers to find which hospital can take the patient in. This takes 2 hours. At the hospital, the admission takes up to 4 hours at times, so the ambulance waits till then. Sanitisation of the ambulance takes 30 minutes," said Dr Ashish Yadav, zonal manager for the 108 ambulance service in Mumbai.

Private ambulance services too are seeing a surge in demand since the lockdown began. "We aren't allowed to ferry Covid-19 patients, but we get many calls from those who aren't aware of. But, with no public transport available we are now getting double the calls. Our vehicles run overtime and breakdowns take longer to fix with no mechanic or spare parts easily available,"

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Mumbai: Ambulances in overdrive as cases rise and transport shut - Times of India

said an ambulance driver. He recently drove to Uttar Pradesh to take a cancer patient home but has decided not to travel to other states. "There is no provision for food on the way," he said.

Some ambulances are used to carry samples for testing. "With the rise in demand, we are prioritising patients over sending samples," said Dr Vidya Thakur, medical superintendent of the BMC-run Rajawadi Hospital in Ghatkopar.

5/25/2020

Man awaiting ambulance dies, another waits 12 hrs

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Mumbai Mirror

Man awaiting ambulance dies, another waits 12 hrs

By [Shruti Ganapatye](#), Mumbai Mirror | Apr 19, 2020, 06.45 AM IST*A BMC official said 30 BEST buses are being turned into makeshift ambulances (Photo by Sachin Haralkar)**There are only 60 ambulances dedicated to ferrying Covid-19 patients and the bodies of those who died of the disease. In a city the size of Mumbai, this shortage is starting to tell.*

With only 60 ambulances dedicated to transporting Covid-19 patients and bodies of patients across the city, the shortage is starting to have a real impact. On Friday night, a 55-year-old man from Kamathipura suspected of having Covid-19 died after no ambulance turned up to take him to a hospital for five hours. In nearby Nagpada, a Covid-19 patient who needed dialysis urgently had to wait more than 12 hours for an ambulance on Saturday.

The 55-year-old man was diabetic and had been admitted to a private hospital with high sugar. His neighbour told Mirror, "He was released from the hospital but was still not feeling well. Doctors told him to get tested for Covid-19, which he did on Saturday morning.

However, by afternoon he was feeling uneasy and had difficulty breathing."

The neighbour said he called for an ambulance around 6 pm but couldn't reach any of the help lines. "We called a local politician for help. He also tried to arrange for an ambulance but [the man] died at 11 pm. When he was dying, he understood that no ambulance was going to come," he added.

In the Nagpada case, a 41-yearold man who had already missed three dialysis tested positive for Covid-19 on Friday. That night, he managed to get an ambulance and was taken to a municipal hospital at Grant Road. However, the hospital refused to admit him and sent him back home.

With his family in quarantine and no one to help him except for a lone relative, he resumed his search for an ambulance at 5 am on Saturday. By then he was feeling unwell and his legs were swollen. His relative said, "We waited for an ambulance from 5 am and finally one arrived at 5.30 pm. But it was only after a local politician intervened that his wait ended. He has been admitted to SevenHills hospital."

A BMC official, who did not wish to be named, admitted there had been delays in sending ambulances to patients. He said they are now trying to get BEST buses converted into makeshift ambulances. “We have 60 ambulances across Mumbai dedicated to corona patients.

But when we realised this would not be enough, we asked BEST for help. We are getting 30 small buses converted into ambulances.”

The official added, “Sometimes there are delays because shifting patients to hospitals or quarantine centres takes time. We have assigned ambulances ward-wise and are trying to resolve the problem.”

Congress MLA Amin Patel said the shortage of ambulances was so severe that he recently had to send four Covid-19 patients to hospital in a single ambulance. He added, “I felt sorry for the man from Kamathipura who died waiting for an ambulance. I am ready to donate 10 ambulances to the BMC and have raised funds for this. But there are no ambulances available on the market. The BMC should take possession of private ambulances in this crisis.”

Sanket Surve of Ekvira Mauli Ambulance Services said the owners of private ambulances are refusing to transport Covid-19 patients as they do not have the required personal protective equipment (PPE) or the money to buy it. He added, “Also, there is a protocol involved [in transporting Covid-19 patients], which includes immediately disinfecting the ambulance. For this we need the support of hospitals. Hence we are refusing to transport Covid-19 patients.”

Samajwadi Party MLA Rais Sheikh said that each ward has only one or two ambulances. “I have been noticing the difficulties Covid-19 patients are facing just to get admitted. Ambulances do not come on time and the Nagpada case is a shocking example of this,” he said.

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COVID-19 ALERT

Coronavirus: Man dies outside Indore hospital, family alleges hospital refused ambulance

A relative claimed the victim collapsed on the two-wheeler while being taken to the hospital.

Scroll Staff

Apr 15, 2020 · 06:11 pm



Representative image. | Prashant Waydande/Reuters

The family of a 60-year-old man in [Madhya Pradesh's Indore](#) city have alleged that they were forced to carry the suspected coronavirus patient on a two-wheeler after the hospital refused to provide an ambulance, NDTV reported on Wednesday. He died outside the hospital.

Pandu Chandane, a resident of Indore's Badwali Chowki, had trouble breathing and visited the hospital on Monday. His brother claimed that the staff at the hospital only prescribed some medicines and sent him home. However, his condition worsened the following day but the hospital allegedly refused to

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send an ambulance. The family took him to state-run Maharaja Yeshwantrao Hospital on a two-wheeler, but Chandane was declared dead on arrival at the hospital.

A relative identified as [Rahul](#) said the victim collapsed after some time on the two-wheeler itself, according to *Hindustan Times*.

Pravin Jadia, Indore chief medical and health officer, denied the family's allegations. "The man had gone to the hospital on Monday and returned home that day," he said. "On Tuesday, he was first taken to a private hospital, from where he was referred to MY Hospital. But when he reached there, he was declared brought dead. There was no question of denial of treatment."

Meanwhile, state Congress president Kamal Nath's media coordinator Narendra Saluja asked Chief Minister Shivraj Singh Chouhan if this was the state of health services in Madhya Pradesh and how many people would die like this. "The government should take action against the responsible persons," he said.

Congress leader and former Union minister Arun Yadav urged Chouhan to pay more attention to the health crisis. "Shivraj Singh-ji, you can praise yourself as much as you want," he said. "But please see this video from your city of dreams –Indore – in which this patient went running after three hospitals, still didn't get an ambulance and got only 'death'! His body was taken to hospital on a scooty."

Madhya Pradesh BJP spokesperson Rajneesh Agrawal accused the Congress of "jumping the gun before getting details". "Any death is unfortunate," he added. "The government will look into this matter."



Narendra Saluja
@NarendraSaluja

शिवराज जी , यह है आपकी स्वास्थ्य सेवाओं की स्थिति
इंदौर में एक मरीज़ को एम्बुलेंस नहीं मिली तो उसका भाई अपनी एक्टिवा
पर ही मरीज़ को लेकर अस्पताल पहुँचा , जहाँ उसकी मृत्यु हो गयी।
आखिर कितने लोग मौत के आगोश में समायेंगे ?

5/25/2020

Scroll - Coronavirus: Man dies outside Indore hospital family alleges hospital refused ambulance

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The incident came at a time when the BJP government in the state has been criticised for failing to appoint either a health minister or a home minister at the time of a pandemic. [Kamal Nath](#) had on April 12 accused the Centre of delaying the countrywide lockdown to contain the coronavirus outbreak so that a Bharatiya Janata Party-led government could be formed in the state.

The state has over 900 coronavirus cases with 53 deaths, according to the [health ministry data](#).

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Indore: Dead Covid-19 suspect taken to hospital on scooter - Times of India

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THE TIMES OF INDIA

Indore: Dead Covid-19 suspect taken to hospital on scooter

TNN | Apr 15, 2020, 10.40 AM IST



INDORE: In locked down Indore, a man was forced to carry the body of his 55-year-old brother - a covid-19 suspect - on his scooter for 10km because a private hospital refused to spare an ambulance.

The video of the man driving into the OPD of MY Hospital, with the corpse sandwiched between him and the victim's wife went viral. A relative identified the man as a resident of Badwali Chowki, Ahilya Paltan, one of Indore's containment zones. He had visited MY Hospital's flu OPD on Monday but was given some medicines and sent home, allege his family members.

"On Tuesday, he was taken to a private hospital when his condition worsened but he was declared dead there," the relative said. The family says they pleaded for an ambulance but were turned away. Hapless, they propped up the dead man on the scooter and took him to MY Hospital.

MY Hospital superintendent PS Thakur said, "We have received the information of the body being carried on a two-wheeler. The man had died before reaching the hospital. We have asked the chief medical and health officer to collect swab samples of his family members."

5/25/2020

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