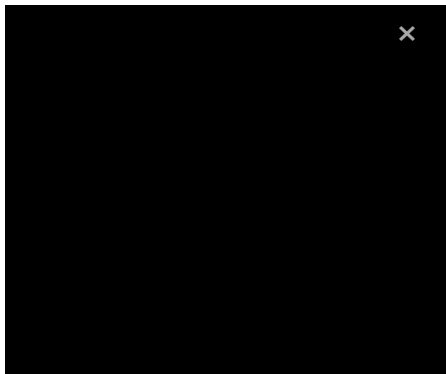




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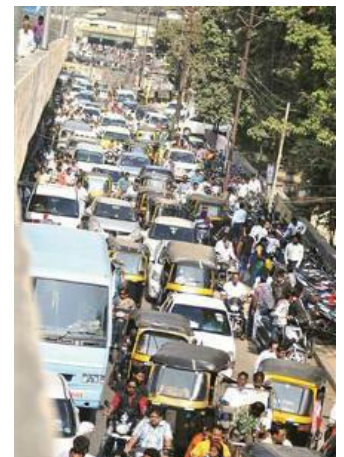
India's streets are getting meaner

Padmaparna Ghosh, TNN | Sep 7, 2014, 06.45AM IST

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A plane crash every day would make people sit up and take notice but 380 road deaths daily go ignored. Sunday Times finds out why Indian roads continue to kill more people than AIDS.

It was a hole in the road that left a hollow in his heart. Manoj Wadhwa, 33, recounts the details of the night of February 10 as if it were yesterday. He has undoubtedly replayed it in his mind a million times. Wadhwa, a telecom engineer, was coming back from a dinner with his wife and three-year-old son. It was a stretch of a road from Ballabhgarh to Faridabad he had passed a thousand times and each time he made a mental note of the potholes. But this time, his motorbike fell into one, and threw all three of them on the road. Another vehicle ran over his wife's legs and his son died on the spot.



A plane crash every day would make people sit up and take notice but 380 road deaths daily go ignored.

"She can walk but not properly, and can't stand for very long," says Wadhwa from a hospital, where his wife is undergoing her 23rd operation. After the accident, he didn't touch his bike for four months and even today, he says, every time he takes it out, it drives a stake of fear through his heart. "We should have just taken a taxi that night. I will wish that forever," he says.

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Taking a cab that night would have reduced the Wadhwa family's vulnerability on the road but not completely. Living in a country with the highest number of accident fatalities (1,37,572 in 2013) in the world, and a city which has the highest number of road accident deaths within that, no one is low-risk. More alarming than the sheer number of accidents is their severity (persons killed per 100 accidents) -which steadily rose from 21.2 to 28.3 between 2003 and 2013. The magnitude of the problem -380 deaths a day -is equivalent to a jumbo jet crash. It kills more people than AIDS (according to a UN report, HIV caused about 1,30,000 deaths in India in 2013).

If it's not reported, it didn't happen

Experts and reports, however, say, the scale of the problem is understated. Piyush Tewari,

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founder of SaveLIFE Foundation (SLF), a Delhi-based NGO focused on road safety emergency care, says, "How reliable are these numbers? Published reports from WHO and the World Bank establish that India under-reports for various reasons. We don't conduct correct crash investigations or analyze the results. Say, a driver was returning home and his bike went into a ditch, and he got run over by a truck driving in the correct lane at 40 kmph. The truck driver got jailed but should he?" A 2010 Global Burden of Disease Report of the World Bank stated that India's under reporting of road accidents may be as much as 111%. Even Union road transport and highways minister **Nitin Gadkari** recently said he doesn't trust the official data on road accidents, and actual figures could be much higher.

Erroneous reporting also happens in the case of delayed deaths post accidents. "For instance, if someone dies of an accident-related injury three weeks after the incident, the police or hospital report might not even mention it. Globally, road accident fatality has a time period of 30 days of accident; not so in India," says Aditi Bhat, director, policy & research, SLF. The government is drafting a new bill, to be introduced in the winter session, to replace the 1988 Motor Vehicles Act (MVA).

Crime but no punishment

No matter where you are in India, driving is a breath-holding, multi-mirror involving, potentially life-threatening affair. Too many vehicles, poorly designed roads, adrenaline-fuelled driving styles, and widespread mobile phone use all add to the chaos. But at the bottom of it are two primary issues -licensing and enforcement, both responsible for who gets to drive and how we drive.

According to SLF research, while an RTO is recommended to issue about 40-110 licenses a day, the Andheri (Mumbai) RTO issues about 1100 a day, highlighting the lack of resources to process applications. About 11 million new licenses are issued every year in India while there are 120-125 million drivers on road.

"You can get a license home delivered without ever taking a test, you can carry multiple licenses (drivers often have several state licenses and even if one is confiscated they can keep driving because there is no central database). Basically, anyone and everyone can drive. Some are actually learning while on the road with a valid license," says Tewari. Road safety advocates recommend a biometric-based system that is centrally linked to a database and ensures that every driver has only one licence.

The more obvious problem that drives bad conduct on the roads is lax enforcement of existing rules. Any major junction in a metro might be experiencing thousands of violations daily but there aren't enough personnel to track them, nor are there technology-based solutions. The current MVA also does not contain provisions for accruing penalty points on licenses on repeat violations or cancellation of licenses -often a norm in developed countries.

"Contact-based intervention (traffic cops fining drivers on spot) is extremely corruption-prone, which also leads to blatant rulebreaking. Camera-based interventions lead to better behaviour because they can't get away with it," says Tewari.

Penalties for driving offences in India are laughable. The MVA has outdated suggestions on penalties, several of which have not been updated since 1988. The penalty for driving without a license, for instance, is Rs 500 or 3 months imprisonment, or both, while driving under the influence of drugs or alcohol is Rs 2,000 (you'd pay more for a round of drinks) or 6 month imprisonment, or both, for first offense.

The problem begins even before a potential driver gets a license. There is no clarity or certification for drivers' training, no curriculum standard or training manuals. One good example of technology-driven training is Gujarat that has 18 adaptive driving ranges, which throw different levels of traffic situations and problems at the driver.

Designed to kill

Wadhwa blamed his accident on the potholed road and he complained to the NHAI (incidentally, national highways account for almost one-third of all accidents). While taking cognizance of the state of the road, they replied saying they are not sure whether he slipped because of sewer water on the road or the pothole.

While road design or engineering might be the reason for a large share of accidents, road contractors or agencies are never held accountable. Arnab Bandopadhyay, senior transport

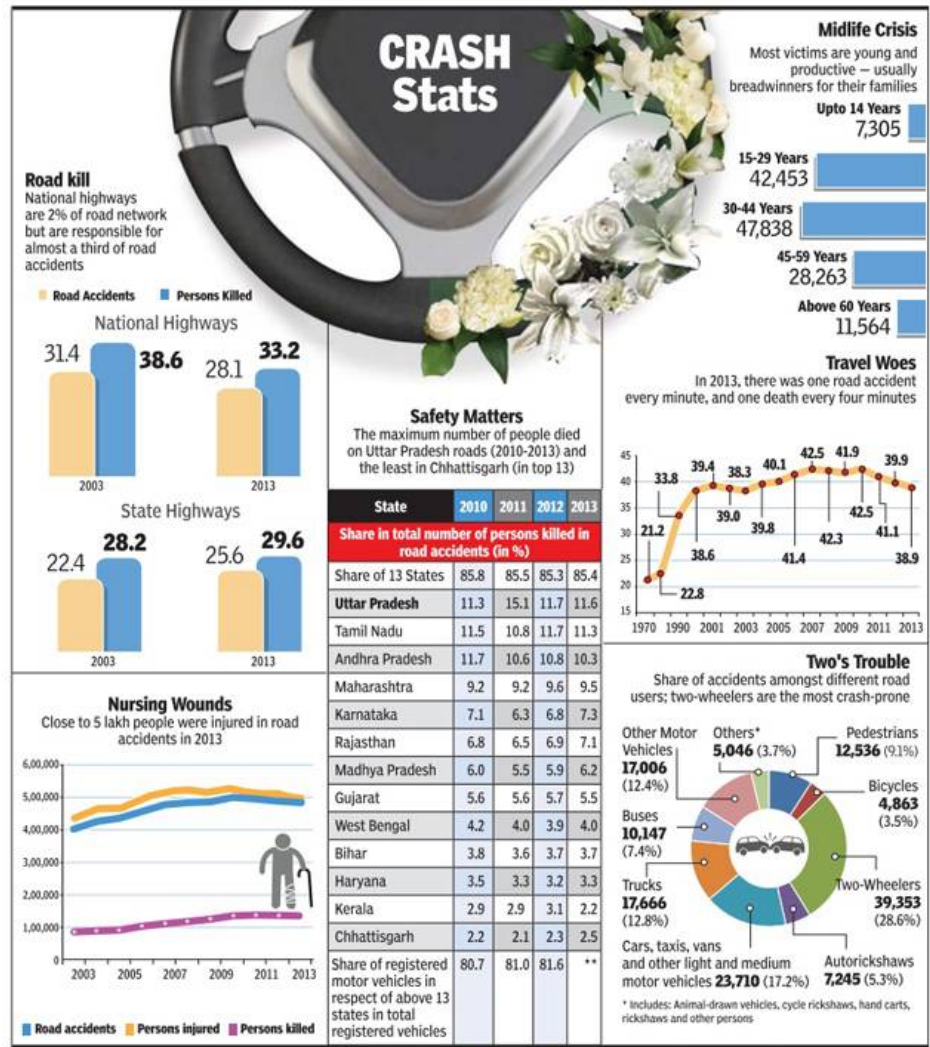
engineer, World Bank, says, "India has extremely mixed nature of traffic but there is no segregation on basis of use. The left lane is used both by the most vulnerable, the cyclists and the pedestrians, and the biggest motorized vehicles, buses, which is a huge design conflict." From footpath encroachments to unregulated speed bumps to bad design, roads in India push the most vulnerable further to the edge. Almost 11% of road deaths are of pedestrians and cyclists. In Delhi, 44% of victims are pedestrians.

Sweden, which has a superb safety record (three deaths per 1,00,000), has done it by prioritizing safety over speed. "We are obsessed with 8-10 lanes, gradually chipping away at road space from cyclists and pedestrians. In India, road design forces you to buy a car, whereas it should prioritize walking, cycling and public transport," says Anumita Roychowdhury, executive director, Centre for Science and Environment.

Even in terms of vehicle safety, India doesn't mandate global practices such as use of airbags or ABS (anti-lock braking system) yet. "Seatbelts, ABS, airbags and electronic stability control are key vehicle safety features. ABS has become a global practice in accident reduction," says road safety expert Rohit Baluja. But there's movement on that front with ABS becoming mandatory for commercial vehicles from October 1. A roadmap for mandatory installation of airbags is also underway.

Start with national highways

But change is possible. Bandopadhyay points at the example of Australia that brought down its fatality rate from as high as 30 per 1,00,000 people to 6.06 in 2013. He says, "In Australia too, it was a very fragmented issue -between the police, enforcement, transport department, infrastructure agencies, public works, hospitals, even industry. But they created an independent authority, improved inter-departmental coordination, and monitoring was improved. We can start small. India's national highways constitute about 2% of road network (70,000 km) but are responsible for a third of accidents and fatalities. A focused intervention can work wonders."



Surviving er

By: Shobita Dhar

Even the most basic emergency protocol is not in place in many Indian hospitals or road accident victims, getting admission F and treatment in emergency wards of the hospital is no less traumatic. A White Paper on `Developing Trauma Sciences and Injury Care in India' published this year in International Journal of Critical Illness & Injury Science notes: "District hospitals often lack trained staff, adequate infrastructure, and supply of consumables. Triage is rarely practiced, as there are no dedicated trauma surgeons and very few designated trauma centres in India."

At government hospitals emergency rooms (ERs) are overburdened and doctors overworked. Dr Rajesh H Garg, in his 2012 paper on the state of medical emergency services in India, writes that in government hospitals emergency care is handled by junior residents with little experience. Sometimes doctors of preand para-clinic disciplines (histology, haematology etc) are asked to attend to emergency patients.

Private hospitals fare no better. Many of them refuse to treat accident victims fearing medicolegal complications, and an increase in mortality figures. This is in complete disregard of a landmark Supreme Court ruling which notes that every doctor is duty bound to immediately attend to and protect the lives of injured victims brought before herhim.

Dr Talat Halim, director emergency and trauma services at Fortis Memorial Research Institute, Gurgaon says that the most basic and good emergency care should focus on airway, breathing and circulation. "If these three systems get immediate attention, the patient will survive the next crucial one hour and then be ready to receive specialized care. In ER doctors need to do the most in the least amount of time," says Dr Halim adding that in the absence of standardized emergency

care guidelines in India doctors in the ER often end up wasting time diagnosing the patient.

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