



**MALAD WALL
COLLAPSE:
A STATE INDUCED
DISASTER**

*Interim findings of the
joint Fact Finding Team on
the collapse of the MCGM
wall and loss of lives,
homes of residents of
Pimpripada and Ambedkar
Nagar in Malad East,
Mumbai*

*A Joint report by Civil Society
Organisations, Volunteers &
Independent Experts*

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We would like to extend our heartfelt gratitude to the residents of Ambedkar Nagar and Pimpripada for engaging with us at a time of unimaginable grief and loss. We would also like to thank Father Warner, of St Jude Church and members of their team engaged in relief work in the area for extending their cooperation and use of their premises during the site visit conducted amidst heavy downpour. We would also especially like to thank the activists and relief workers from the various organisations who have been working daily in the affected area for providing us with regular updates and assistance.

10th July 2019



ABOUT THIS REPORT

At midnight on the 1st July, 2019, following an unremitting downpour, a 2.3km boundary wall that ran alongside Ambedkar Nagar and Pimpripada in Malad collapsed at two places on the homes of the residents. The Malad area in Mumbai received as much as 183 mm of rainfall in a short span of 3 hours between 10 pm on 30th June and 1pm on 1st July. The mayhem and confusion caused by the collapse was compounded by a sluggish relief response by the authorities. The disaster has so far claimed at least 29 lives and left about 130 injured.

This interim report throws light on the situation as of today in the area, the condition of the people affected, and the lapses in the response from the administration. It recommends a set of immediate and urgent relief measures, short term actions and long term rehabilitation. The situation as on the date of the release of the report continues to be grim and chaotic with rescue operations still on at Ambedkar Nagar. Several civil society organisations, political and community groups, St. Jude's church, benevolent donors and citizens galvanised on site following news of the large scale destruction and have been providing supplies, relief materials and immediate assistance to the affected residents.

The report has been put together by representatives of civil society organisations, independent volunteers and students. Primary sources of information include fact finding visit on July 4th with follow up visits, regular interaction with affected residents and interviews of 21 people admitted in Bharat Ratna Dr. B R Ambedkar Municipal General (Shatabdi) Hospital in Kandivali and HBT Trauma Care hospital in Jogeshwari.

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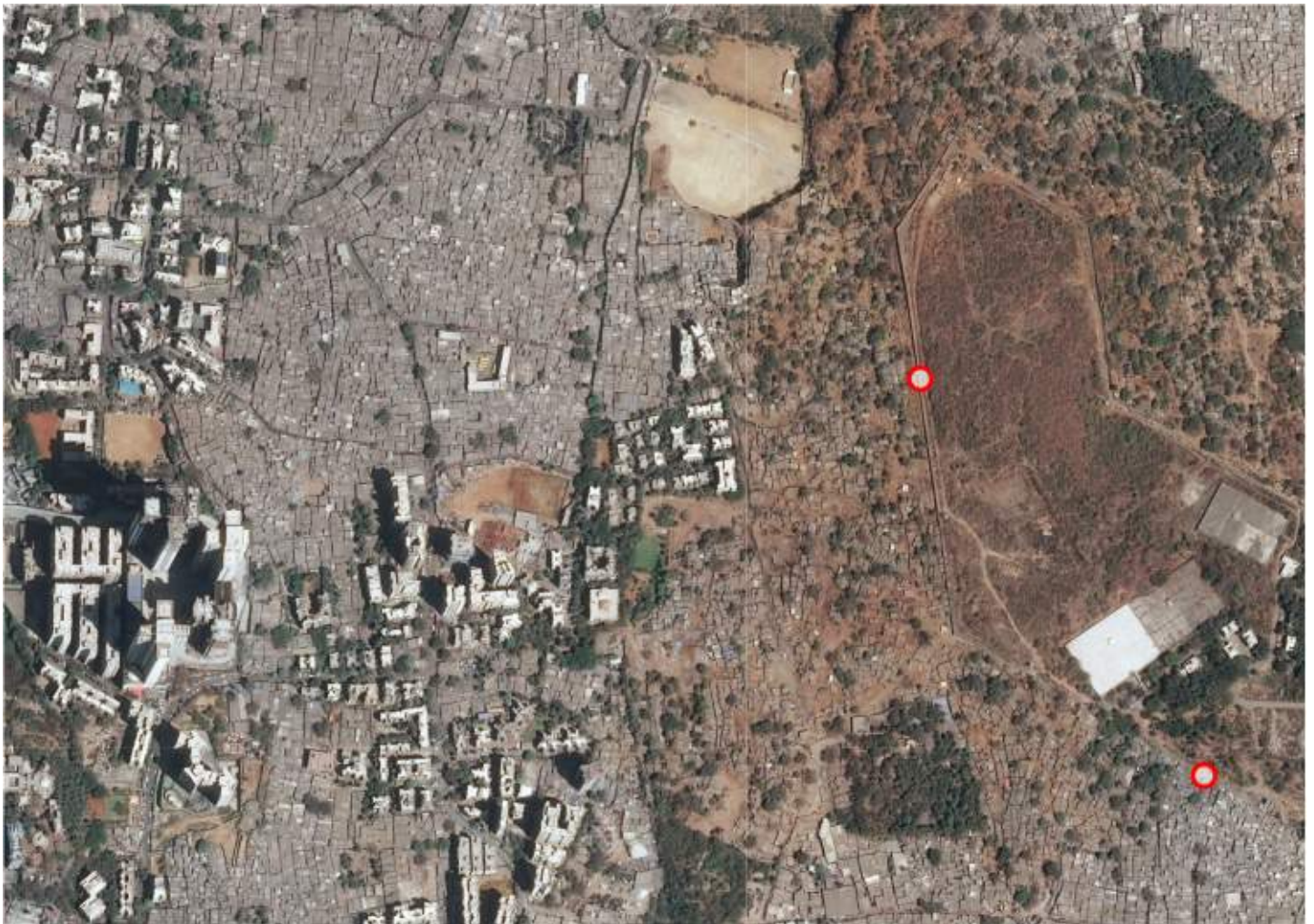
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1.0 BACKGROUND

Like most disasters, the wall collapse in Ambedkar Nagar and Pimpripada was the result of a range of factors and cannot be attributed to a single cause, such as unusually high rainfall. The wall, built to physically and visually block out the MCGM's reservoir facility from the settlement, breached in two places causing terrible devastation and loss of human life.

While the topography of the site, and the spell of intense rainfall - a regular occurrence in Mumbai and therefore not entirely unexpected - played a role in the incident, the other factors that contributed to this disaster were man-made and as this report shows, quite obviously, foreseeable and avoidable. The people who lost their lives or their homes had been promised resettlement as early as 1997. Despite the precarious conditions of the tenements, there was no assessment of

the risk of rainfall-induced events on the settlement nor were any measures undertaken to alleviate the risk; Instead, a poorly designed wall was built between the settlement and the reservoir plot without understanding the site topography and natural drainage patterns, endangering the settlement even more. "This is not the first time this has happened," a resident claimed.

The conditions that predisposed the community and the settlement to disaster are not difficult to explain. The people of this settlement have over the years been rendered increasingly vulnerable, first by leaving residents no choice but to seek shelter on a precarious site, then by ignoring the risk that the site poses to their health and safety, and subsequently by spending on infrastructure designed to keep the environment 'safe' from people,

rather than to ensure safety of settlements from climate events like this one. This increasing vulnerability made the settlement and residents prone to disasters like the one on the night of the 1st of July. Each of these stages of increasing vulnerability reveals the staggering callousness of the state and society for the city's working poor, who are first attacked as 'encroachers', then denied their rights as citizens, and finally simply walled out of sight.

1.1 LONG PENDING REHABILITATION

Pimpripada and Ambedkar Nagar are part of a larger settlement that lies on forest land - a section of the Sanjay Gandhi National Park (SGNP). Dating back to the 1990s, the settlement abuts the Malad Reservoir facility, and is spread over approximately 46 acres.¹ The settlement has been under legal scrutiny since the writ petition filed in 1995 by an environmental NGO demanding demolitions of the hutments. Another petition filed by the residents called for the consideration of the resident's right to housing and livelihood as many were there out of necessity and not out of choice. Most of the people in the community belong to economically and socially marginalised groups, predominantly Dalits and Muslims.

Thereafter, an Order dated May 7th, 1997 was passed by Chief Justice M. B. Shah and Justice F. J. Rebello of the Bombay High Court which ordered for rehabilitation of residents before demolitions:

"With respect to the slum dwellers residing within the National Park Division whose names appear on the electoral rolls prepared with reference to 1st January, 1995 or any date prior thereto and who continue to live in the same structure, it is directed that the State Government shall within 18 months from date, relocate these persons outside the

boundaries of the National Park Division, in keeping with their present policies, and thereafter demolish the structures occupied by them. Until such time electricity and water supply to the structure will also be allowed to be continued."

In a subsequent order, eligible residents were asked to pay rehabilitation fees of Rs. 7,000 (which many households have paid). Despite the May 7th, 1997 order, forceful and violent demolitions were carried out by BMC and by Forest department in 1999 and 2000.² The area has remained in a state of inaction and people are still awaiting their rightful rehabilitation.

1.2 PRECARIOUS LIVING CONDITIONS

The residents of Pimpripada and Ambedkar Nagar are from working class backgrounds. The residents are construction workers, welders, nurses and nursing assistants, hospitality staff and domestic workers among other occupations. Almost all children in the area go to schools nearby.

Despite the High Court ordering MCGM to continue provision of basic services, the settlements of Ambedkar Nagar and Pimpripada have continued to be deprived of basic amenities like water, sanitation and electricity. There is no drainage system nor pakka roads within the settlement. Electrical connections were made available only recently, but as is common in many informal settlements, residents pay much more for basic services than those living in formal settlements. The fact finding team was told by local residents that they pay between Rs 14 to Rs 17 per unit. Similarly, even water connections were made available after years of struggle only recently. The residents of the area have been, thus, coping with precarious conditions for more than two decades.

1. "Malad wall collapse: Affected families may be relocated in Mahul," *Indian Express*, 7th July 2019.

2. "Crushed Homes, Lost Lives: Story of the Demolitions in the Sanjay Gandhi National Park," Indian Peoples Human Rights Tribunal on SGNP demolitions. Nivarra Hakk, 2000.



2.0 WHAT HAPPENED ON THE NIGHT OF 1ST JULY?

2.1 THE INCIDENT

On the night of 1st July, 2019, at around 11:45 pm, the 2.3 km long boundary wall constructed by MCGM to protect the reservoir breached and collapsed at two points, in Ambedkar Nagar and Pimpripada, a few hundred meters apart.

N.D (58) recalls going out of his home in Pimpripada just as water began accumulating around the tenements to ascertain the source, only to find water overflowing from the wall. He ran back screaming at the top of his voice. Just as he reached his home, he recalls, the wall collapsed. His wife was thrown out from inside the home due to the force of the water, but managed to find her husband's hand just in the nick of time, saving herself from being swept away.

S. S (28), a nurse from Ambedkar Nagar lost her sister (22) and father (50). Her brother U.S narrates trying desperately to hold on to his wife's arm, his other hand clutching at his one year old with all his life as the water swept them away. When S.S, who was on duty at the time, managed to get in touch with her brother, he no longer knew where his wife was. She recalls him saying "I have given up, S.S. I have given up.." repeatedly and crying. Her sister-in-law was found later in the evening, in the OPD of HBT Trauma care severely injured. Having lost her mobile phone, she had managed to get in touch with a relative who informed S.S.

The reasons for the wall collapse and details of the aftermath have been

enumerated in Section 3 of this report. The devastation on site shows that the testimonies of N.D and other residents seemed accurate, as most of the houses were washed away in the deluge rather than crushed. The devastation on site is an indication of the massive volume of water that had collected behind the concrete barrier.

2.2 RESPONSE TO THE EMERGENCY

The Mumbai fire brigade reportedly received a call at 12.14 am from a resident, followed by another call 5 minutes later; the police control room was also contacted at around the same time. While the fire brigade claims that they were at the spot by 2 am, many locals maintain that adequate help did not show up until the early hours of the morning, with some teams arriving as late as 9 am. According to a resident, the fire brigade responded to his call by saying they would get back in five minutes after verifying the authenticity of his claim but never did. Another team of residents told us of how they personally had to go to Jogeshwari to drag an emergency fire brigade van to the region.

There are similarly conflicting opinions about when the ambulances arrived, with some suggesting that they arrived somewhat in time (“within half an hour”) and others claiming they reached the site as late as 3 am. We should note here that the closest public hospital, Dr. B. R. Ambedkar (Shatabdi) Municipal General, is over 6 km away. In any case, the ambulance could not come up the hill due to the inundation and the unpaved road which existed before had been completely washed away, and could only park itself in Jamrusi Nagar, which on a good day, is a five-minute walk from Ambedkar Nagar.

Most of the residents we spoke to described arriving at hospitals in rickshaws and their friends’ bikes. In the

absence of the fire brigade, it meant that the residents had to carry the children, the elderly and the injured through the water and sludge to the ambulance.

S.K, a 23-year-old from Ambedkar Nagar found rickshaws unwilling or unable to take him to Sanjeevani/S M Hayyat hospitals. He was denied admission at both places. He is currently undergoing treatment in Dr. B. R. Ambedkar (Shatabdi) Municipal General Hospital. A similar incident is narrated in an Indian Express article³ where resident A.K’s daughter is denied admission at both Sanjeevani and S M Hayyat for her condition was “too critical to treat”. Upon reaching Shatabdi, his daughter was declared dead.

Survivors shared that it was help received from neighboring residents that actually ensured people got out and reached hospitals. If there was a more timely response from the concerned authorities, more lives could have been saved.

A.K, lost his 17 month old daughter in the deluge. They were sleeping when the water hit them and had to conduct a search operation for 45 mins with the help of other locals only to find their daughter stuck near a tree down the slope. The residents informed how they brought out torches and used phone lights to search for bodies and excavate the dead using their bare hands, many facing injuries in the process. They claimed that no authorities had arrived on site at night and they were left to their own resources to search for their family, friends, and neighbors, and carry the dead and injured to the hospitals.

Across respondents, the fear of not having a home once discharged was visible. More than the compensation, the demand for housing seemed to be their primary concern. The absence of any solid announcement on the part of government worries most of them. Many raised the question of “where will we go from here?”.

3. Tabassum Barnagarwala "Mumbai wall collapse: 10 minors among dead Pulled out: 2 sisters, arms wrapping each other; 4-yr-old boy clinging to his father", *Indian Express*, 3rd July 2019



3.0 THE AFTERMATH

3.1 LOSS OF LIFE AND PROPERTY

Death Toll: 29 people were killed due to the collapse or due to the resulting flood.⁴ Locals claim that the number could be even higher as many families are still in hospital and it is not clear since several people are still missing / unaccounted for.

Injured: Around 130 have been reported injured at the time of writing this report.⁵ Residents have suffered a range of injuries from contusions, abrasions, lacerations fractures, joint dislocations and concussions to internal injuries, resulting in acute body pain, swelling, bruises, stitches, fatigue, chills and shock. “Anxiety, pain and panic are common words [heard during evaluation by counsellors]”, said an article in the Times Of India.⁶

Property Loss: Around 140 – 160 houses were completely destroyed in Ambedkar Nagar;⁷ the number is around 65 in Pimpripada.⁸ Around 80 – 95 houses (both areas included) were flooded and sustained extensive damage to property. Residents, however, estimate the numbers to be significantly higher in both cases.

Education: Children’s education has naturally been one of the first items to be set aside in this period of uncertainty. Parents who can, have sent their children away to the safety of their relatives’ houses far away.

“She’s missing school but she’s safe,” one parent told us. “I spent 2000 rupees on her textbooks and they were all washed away. We’ll have to manage somehow...I need to speak to her teachers.”

Livelihood: For individuals working in the informal sector, every day without work, either as a result of a temporary disability or a worry that they would miss the rehabilitation surveyors or a reason such as “I don’t have any clothes to wear outside” has dealt a pernicious blow to their lives and put their livelihood at threat. The affected residents are faced with a severe economic crisis, having lost all their documents and possessions. As a consequence, a sense of despondency has set in most households.

4. Jyoti Shelar, "Another death takes Malad wall collapse toll to 29", *The Hindu*, 10th July 2019. Also see "Malad wall collapse: Body of 22-year-old missing girl found near Versova beach", *Indian Express*, 8th July 2019.

5. "Malad wall collapse: Body of 22-year-old missing girl found near Versova beach", *Indian Express*, 8th July 2019.

6. *Ibid.*

7. CPD-PHS Survey

8. "Malad wall collapse: Relocate families in Kandivali, not Mahul, suggests NGO", *Indian Express*, 9th July 2019

S.J, a 24 year old construction worker who made Rs 15,000 a month says he is worried for his wife and one year old child. Having fractured his leg trying to save a neighbour, he has been told he cannot walk for another two months. Neither does he have a home nor an income at this point of time. He does not know where his family is staying now. He had met them for a short while on the day but had been too afraid to ask the question. By the time he could muster the courage, the doctors had sent his wife and child away, saying that “it was not safe for them there, as they could contact infections from other patients (sic)”.

3.2 CONCERNS AND FEARS

Caretakers of those injured in hospitals reported being completely dependent on relatives, well-wishers, civil society relief workers for food, clothes and transportation. We came across multiple instances of individuals, even entire families who had been discharged but had not signed the discharge papers for they did not have a home to go to. The ones who were undergoing treatment and who did not have a similar support system they could turn to, admitted being clueless as to where they would go once discharged.

While the treatment in Shatabdi and HBT Trauma Care have been free of cost, ten of the injured admitted in Shatabdi claimed they were required to procure medicines from outside. The recovery and rebuilding of lives outside of the hospital still remains a source of anguish for the affected residents. Most respondents reported being satisfied with the services at the two hospitals.

Those staying in Ambedkar Nagar and Pimpripada fear the consequences of another torrential downpour. Even at the time of the site visit, the area was facing heavy downpour. Residents, even those with serious medical concerns, admitted not being able to leave the house / site for fear they would lose out on their claim to rehabilitation, should the government

come for a survey. Many also reported staying back on the site of destruction amidst continuing downpour out of fear of vandalism of what remains of their belongings.

T.K, (30) and his grandmother avail treatment in Shatabdi for injuries, cared for by T.K's wife. T.K's mother, who suffered multiple bruises stays back at their half demolished house, waiting in case the authorities arrive. His children stay with some neighbours. T.K is a peon at a private school in Malwani and his family is currently surviving on money lent by his friends and relatives from his native village. Destroyed in the flood was all of their jewellery, the Rs 50,000 cash they were saving for constructing a new room, along with their mobile phones, TV and fridge, and most clothes.

The more fortunate families, who found themselves safe and their homes relatively habitable at the end of the disaster still face an uphill battle. Electricity services, which had previously been erratic (not to mention unaffordable) are now almost completely disrupted in many homes. There is also the added risk of water-borne and vector borne diseases like leptospirosis or malaria; while the risk existed even before the floods owing to open drains, general lack of sanitation and stagnant water, it is much more serious at this point in time. While MCGM has subsequently started providing medicines as a precautionary measure,⁹ rehabilitation is the only real solution to address the concerns of the community.

Under these circumstances, the issue of rehabilitation at a place of safety and comfort becomes one of paramount importance. The State, however, has so far not gone beyond providing assurances and disturbingly, has been considering the Mahul SRA (PAP)¹⁰ township, a place which the NGT has declared ‘unfit for human habitation’, for their resettlement.

9. "Mumbai: Four days after disaster struck, risk of leptospirosis high in Kurar", Indian Express, 6th July 2019.

10. The Mahul township is built under the Slum Rehabilitation Authority's scheme for Project Affected Persons (PAPs). See CSA. "Mahul PAP Township: Conditions of Housing, Neighbourhood Planning and Quality of Community Services." Mumbai: Collective for Spatial Alternatives, 2017.



4.0 THE CAUSES OF THE DISASTER

4.1 GROSS DELAY IN REHABILITATION

Firstly, as shown earlier in the report, the residents of Pimpripada and Ambedkar Nagar should have been rehabilitated by as early as 1999. Had this been done, the houses would not have existed on the site in the first place and it is the negligence and inaction by the State Government and Forest Department that have failed to fulfill their responsibilities of rehabilitation as per the Order dated May 7th 1997. There have been multiple attempts by residents to demand for their rehabilitation but their efforts have been in vain. Residents showed the fact finding team, receipts of the rehabilitation fees that were paid by them, almost twelve years ago. *The State Government is actually in*

contempt of the orders of the Court.

4.2 POOR PLANNING AND WALL DESIGN

The MCGM's water reservoir facility is located on a hill approximately between 70 to 80 meters above Mean Sea Level, and the settlement of Pimpripada and Ambedkar Nagar lie downhill from the facility, on a slope between 60 to 30 meters. At the lowest end of the settlement lies a natural drain, that goes around the hill, moves north to south along through the settlement, and then turns west to eventually join the Malad Creek.

The diagram [pg.13] above shows the topography of the site (10 meter contour intervals), the alignment of the boundary

wall (red line) and the existing drains on site (blue lines). The direction of the natural flow of water is indicated by the small arrows. A narrow road abuts and runs along the length of the wall inside of the plot. The location of the two points where the wall breached are indicated by the black circle. During our visit to the affected site, we observed that the road abutting the wall sloped on both sides towards the point where the wall breached (shown in dotted arrows). This led to the runoff water collecting behind the wall exerting pressure which it wasn't designed to withstand.

During the rain, the storm runoff due to the topography of the site was blocked by the constructed boundary wall, and the existing drainage outlets proved quite insufficient. The wall built around the reservoir was meant to be a visual and physical barrier, not a retaining wall. The difference between a retaining wall and a compound wall is that unlike the former, the latter is not designed to resist lateral pressure of the soil when the ground level is changed on different sides of the wall.

To make matters worse, the wall was poorly designed, in that it did not have any outlets or holes to allow surface runoff - which would have released the pressure of water that logged behind it. The only outlet for water was a culvert under the asphalt, which was most likely clogged by the vegetation that was washed away and carried by the flow. Finally, the water that percolated into the soil where the water logging took place, softening the soil below the asphalt, that in turn ended up weakening the foundation and pressuring the wall even more.

4.3 THE TRUE PURPOSE OF THE WALL?

On examination, it emerges that the wall was built without taking into consideration the topography of the site, and the extent of storm runoff and drainage during heavy rain. To build a road on the periphery of the reservoir facility, a retaining wall (typically widening at the base with deep foundations) ought to have been constructed, that would withstand the lateral soil pressure. In addition to the culvert, storm water outlets should have been provided at the road level to prevent water logging. If the protection of the



property from informal settlements was the purpose of the wall, a mesh wire fence mounted on a retaining wall would have served both purposes (allowing road construction as well as protecting the property).

The separation wall was built as an imposed barrier between the settlement and the MCGM plot, and like all similar walls built in cities around the world, it is a symptom of a divided city, and the embodiment of apathy and contempt towards an excluded population. The fact that these rather elementary aspects discussed above were not considered suggests that the true purpose of the wall was not to protect the residents of the settlements below from landslides and floods, not simply to build a road for the reservoir facility, not even to prevent occupation of public land by squatters, but to rid the land and its facilities above from the sight and presence of the poor. *The 4 meter high concrete wall was a device to shut out of sight and contain the dwellers, and little else; it has been built as infrastructure of containment, not protection.* As a result of these exclusionary objectives, the wall that was built paid little attention to the site conditions, design details and structural requirements.

4.4 DISASTER MANAGEMENT AND RELIEF PLANNING

With a population of 1.24 crore in Greater Mumbai, the city is one of the most populated cities in the world. Being prone to natural disasters such as floods, cyclones, earthquakes and other such calamities, a disaster event in the city can lead to enormous loss of lives, homes and property. Mumbai continues to face flood events and consequent loss of lives and property annually due to the poor infrastructure, development, flood management and preparedness by the state and local authorities. In the deluge that wrecked the city in 2005, hundreds lost their lives, with most affected being

slum residents.¹¹ In spite of the serious threat posed on account of floods in Mumbai each year, the lack of preparedness on the part of the local authorities and non-implementation of disaster management plan, is a telling tale of the state apathy and culpability in cases such as this.

From the interactions with the residents during the site visit, the fact finding team noted that no warnings had been issued by the local authorities to the affected residents prior to the floods. Moreover, even after reporting of the incident, the emergency services were not activated and provided effectively, leaving the affected residents to their own resources. Even the ambulance services and fire department were not equipped to access the area and commence relief and rescue work in a timely manner. The local authorities failed to provide supplies and make interim arrangements of amenities to the affected residents. Medical camps were put in place by the MCGM at Ambedkar Nagar only on day 2.¹² The camp is operational for 12 hours every day and is manned by a female doctor and two community health workers. Its primary purpose is to provide first aid and to undertake surveillance for leptospirosis.

Meanwhile the Disaster Management Unit (DMU) under the MCGM, which was set up in 1999 has faced severe flak for being practically ineffective in the face of disasters. The DMU, which was meant to be a single point source for all disaster management issues of Greater Mumbai did not show any preparedness and readiness in the affected area or otherwise for a disaster of this scale. The DMU did not put in place any preparatory measures in conjunction with its local field unit at the reservoir site in the case of any eventuality. According to residents there were no early warning systems about potential risks and threats in case of a torrential downpour. Monday reportedly received the second

11. <http://www.indiaenvironmentportal.org.in/files/Mumbai-Marooned.pdf>

12. "Mumbai: Four days after disaster struck, risk of leptospirosis high in Kurar", Indian Express, 6th July 2019.

highest rainfall in the city's history but the residents received no alerts and no plans were shared for early / timely evacuation of the residents to save lives. Emergency services and supplies were neither kept on stand by nor provided in a timely manner or at all in the face of this eventuality. During the fact finding, it became evident that residents at both Pimpripada and Ambedkar Nagar were not aware of the emergency helpline number of the MCGM despite the fact that this was not the first time that the settlements had experienced severe flooding. Some residents recalled how six years ago the area experienced heavy flooding during the monsoons.

Moreover, a key function of the DMU is to provide emergency food and water supplies in case of emergencies; no intervention of this kind was made. Residents had to fend for themselves and rely on each other for essential support at a when the community was dealing with an unprecedented crisis.

Another critical function of the DMU is to also make available temporary shelter for affected individuals and families. This was also not done. Times of India reports family members of the admitted sleeping in the corridors of hospitals and in municipal schools that have been opened temporarily.¹³ Notwithstanding this, MCGM intends to relocate these citizens to the Mahul PAP township.

Although the Maharashtra State Disaster Management Plan¹⁴ was formulated and released finally in 2016, the implementation of the same looks like a distant reality. The Plan is based on the guidelines of the National Disaster Management Authority (NDMA) constituted under the Disaster Management Act, 2005, and provides for Disaster Wise Action Plan for Floods in Chapter 10. As per the Plan, the State Emergency Operations Centre (SEOC) is required to be activated at the very first indication / prediction of heavy rainfall /

floods. The SEOC and the departments assigned responsibility under the Plan are required to show their preparedness by ensuring that all control rooms are on readiness position level, manpower, equipment and critical supplies are in standby position, ensure food, water etc. are sufficiently arranged in affected areas, ensure timely alerting and evacuation of people and provision of basic facilities in temporary shelters etc. Meanwhile, the Greater Mumbai District Disaster Management Plan¹⁵ was also prepared in 2018, with the MCGM as the implementation body.

The MCGM also released the Flood Preparedness Guidelines¹⁶ earlier this year, in which Slums in Malad have been identified as being vulnerable to flooding. Under these Guidelines, the MCGM is required to issue alerts, operationalize level of activation based on nature and severity of the incident upon receiving emergency calls, initiate search and rescue operations in a timely manner and provide relief, shelter, housing and utility services and energy supplies, ensure public health and sanitation etc. However the Plans, even as they are found to be inadequate, suffer from non-implementation owing to which the state and local authorities have clearly failed to prevent such a mass tragedy and provide timely and adequate assistance and relief in the face of this disaster.

13. Sumitra Debroy, "No home left, Malad victims stay in hospitall", Times of India, 8th July 2019.

14. https://rfd.maharashtra.gov.in/sites/default/files/DM%20Plan%20final_State.pdf

15. <http://dm.mcg.gov.in/draft-dmplan>

16. MCGM, "Flood Preparedness Guidelines 2019", Municipal Corporation of Greater Mumbai.

Greater Mumbai Disaster Management Authority (GMDMA), “these authorities are not functional or are not functioning with the seriousness they were expected to.”¹⁷ The bench noted that the authorities had met exactly once in the year, and no more and said that the meetings were “nothing but farce”.

As was pointed out in section 4.1, the land around the walls at the breach points sloped at both sides, leading to accumulation of water which eventually led to the calamity. Considering that the wall abuts a water reservoir and that the neighbourhoods it blocks are located on a hill slope, MCGM’s negligence in following its own disaster management plan in identifying the region as vulnerable and taking precautionary measures becomes all the more difficult to explain.

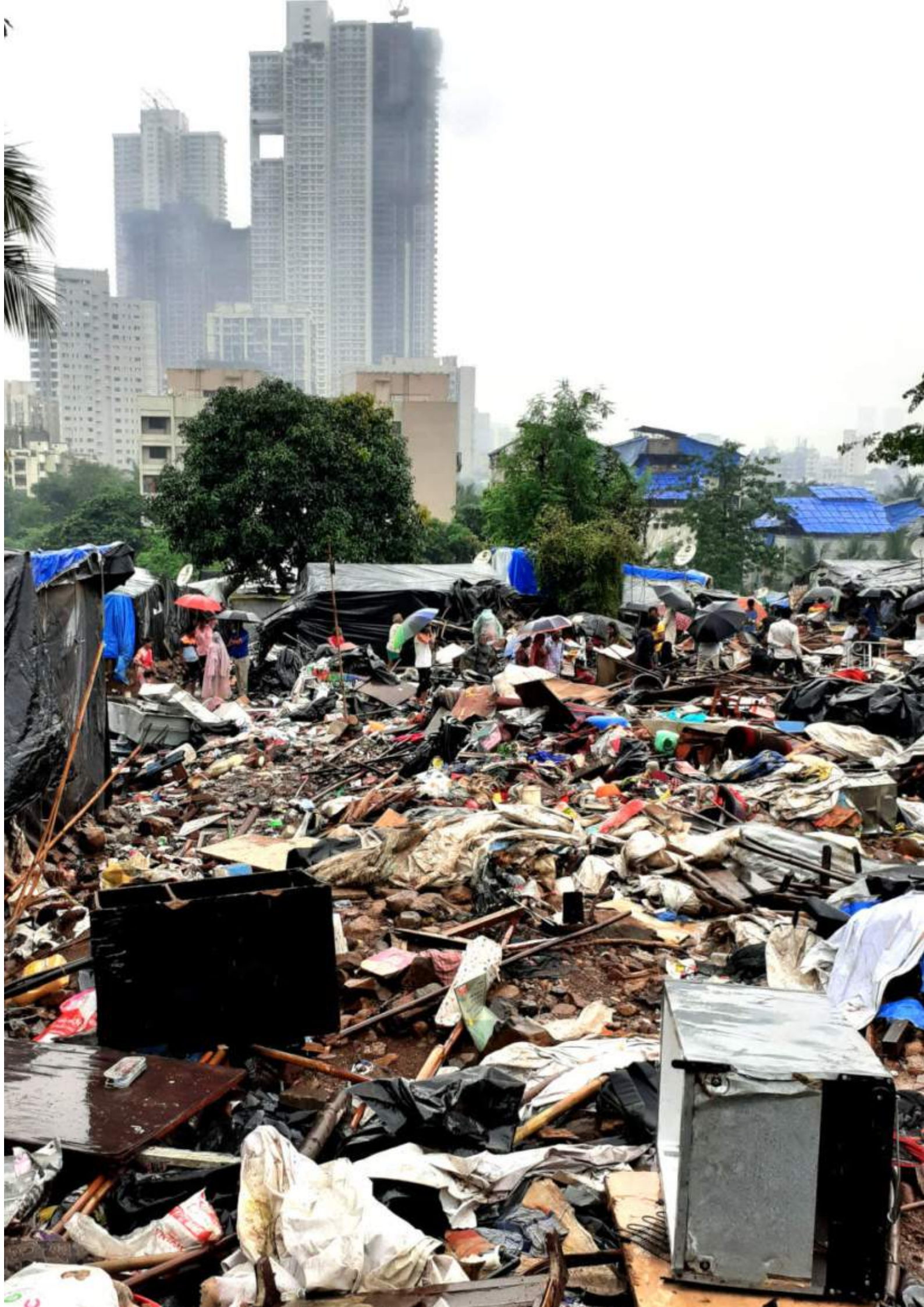
4.5 CONCLUSION: THERE IS NO SUCH THING AS A ‘NATURAL DISASTER’

It is evident from the above discussion that the responsibility for the loss of life and homes in the aftermath of the wall collapses lies squarely with various state agencies, who have over the years through their actions or inactions produced the conditions that led to the disaster. The collapse of the wall in Malad, along with the innumerable such incidents that have resulted in loss of life and devastation of homes, are not ‘natural disasters’ but socioeconomic and planning failures.

The failure to provide safe living environments to communities living in precarious conditions, the discriminatory practice of infrastructure spending on vanity projects as opposed to basic facilities, the failure to maintain essential public services, as well as the absence of any post-disaster response and recovery programs, have all contributed to the loss of human life and property. Furthermore, low-income communities who are often the victims of these disasters have fewer means at their disposal to cope with periods of extreme shock and stress during and after such incidents. Infact, the homeless do not even figure in the calculation, with many anonymous and unaccounted lives lost due to the apathy of the state to keep ready and provide temporary shelters to those without housing in a city like Mumbai, which is a site of devastation each monsoon.

To call such an event a ‘natural disaster’ is to overlook all the formative circumstances and nature of response that makes it a ‘disaster’. It is also a standard tactic adopted by the authorities to deflect attention from the failures of social policy, and blame it on ‘natural’ causes. Finally, it becomes a convenient excuse to overlook the arduous and exacting process of rebuilding lives from shock and devastation which the victims of these disasters have to piece together, often on their own.

17. “HC pulls up state for failure to implement Disaster Management Act”, Business Standard, 12th December 2018.



5.0 WHAT NEEDS TO BE DONE?

The situation calls for urgent attention from authorities. The following are the recommendations of the fact finding team:

1) Rehabilitation: The demand for rehabilitation was echoed strongly by the people of the affected areas even to the point that some residents refused relief material and said “we just want our homes”. Such an exasperated condition is due to the 2 decade long pending rehabilitation. *Hence the recommendation is for temporary and long term relief.*

a) Temporary relief: Immediate rehabilitation of all the families who lost their houses must be done to nearby PAP tenements by ensuring all basic amenities. Government must ensure that these houses are safe and fit for human habitation.

We strongly recommend against the decision being considered to shift the survivors who have been rendered homeless to Mahul. Mahul has been declared as ‘unfit for human habitation’ by the Honourable National Green Tribunal in 2015. KEM Hospital and IIT Bombay have undertaken detailed survey in Mahul and have reported lack of basic services and high incidences of a variety of health issues. They have also recommended shifting of the current residents who were forcibly rehabilitated in Mahul.

With this context, if the affected people of Pimpripada and Ambedkar Nagar are shifted to Mahul even temporarily, this will be a gross violation of their right to life and will worsen their condition further.

Moreover, as per the response received through RTI dated 22nd February, 2019, 510 houses are lying vacant which can be very well be used for rehabilitation of the affected residents of this wall collapse disaster. These vacant houses are specially

meant for rehabilitation of people residing in slum areas. The nearest such building is in Kandivali West (PTC Buildings) which is the best possible and practical solution to bring much needed relief to the affected residents. It is pertinent that all such decisions be taken by the state government, forest department and MCGM, in consultation with the affected residents.

b) Long term rehabilitation: A time-bound investigation and accountability check be put in place to find out what has caused this inexplicable delay in rehabilitation despite a clear timeline directed by the High Court. The process for rehabilitating all eligible residents be started immediately and without any further delay.

2) Compensation: The State Government was quick to announce a compensation of Rs five lakh to the families of the deceased (with articles pointing out specifically that it was an ‘ex-gratia’ payment) and has reportedly asked MCGM to pitch in a similar amount.¹⁸ Each family is to receive 5 lakhs, irrespective of the number of deceased. To the best of our knowledge, eleven respondents have reported receiving Rs. 4 lakhs as a ‘first instalment’ with the remaining 1 lakh to be received after the relevant documents are verified. The Chief Minister announced on 9th June that a sum of Rs. 50,000/- will be given to the seriously injured. It remains to be seen what constitutes seriously injured¹⁹ and whether the compensation would be adequate to meet the needs of those suffering temporary/permanent disabilities. It appears that a pittance of Rs. 5000/- has been disbursed as compensation by the Tahsildar’s office to some residents for loss of homes.

S.J, a 24 year old construction worker who made Rs 15,000 a month says he is worried for his wife and one year old child. Having fractured his leg trying to save a neighbour, he has been

18. "Mumbai rains: Death toll rises to 23 in Malad wall collapse", The New Indian Express, 3rd July 2019.

19. "Chief Minister Fadnavis announced Malad accident seriously injured Financial aid of Rs 50,000", Maharashtra Today, 8th July 2019.

told he cannot walk for another two months. Neither does he have a home nor an income at this point of time. He does not know where his family is staying now. He had met them for a short while on the day but had been too afraid to ask the question. By the time he could muster the courage, the doctors had sent his wife and child away, saying that "it was not safe for them there, as they could contact infections from other patients (sic)".

It is recommended that adequate cash compensation be given to the families of the injured, homeless and those who have suffered loss of property so as to enable them to take care of medical expenses, living expenses, schooling of their children and cover their economic loss. It is pertinent that compensation to the eligible residents not be delayed on account of unnecessary paperwork and formalities, thereby increasing the hardships of the already affected residents.

3) Recovery of documents: Local police beat chowkis should be set up temporarily set up on site so as to enable all the affected persons to report their loss of important documents and to provide support and assistance for recovery / reissuance of documents.

4) Medical Support: The Government is duty-bound to ensure that the short term and long term medical needs of the affected community are entirely taken care of. The Government must consider setting up enabling schemes to provide for those affected residents suffering disability and long term medical conditions, to ensure them a life of dignity and self-reliance.

5) Mental Health Support/ Psychological First Aid: It has been well recognised fact that people in emergencies suffer from severe psychological stress and are at a high risk of developing anxiety and depression.²⁰ It is recommended that once the basic physical needs are met,

counselling services be extended to the affected similar to the initiative undertaken in Odisha after Cyclone Fani.²¹

6) Inquiry and investigation into disaster preparedness by MCGM and culpability of the state authorities and perpetrators in this incident: It is clearly the gross actions of commission and omission and negligence of the state authorities and other responsible persons that have resulted in such a mass-scale tragedy, and loss of at least 29 lives. Starting from the State Government and Forest Department, which failed to provide timely rehabilitation, to the MCGM which built the disastrous wall, the contractor for the faults in construction and design, and all other arms of the local and state authorities, including the Fire, Police, Water, Health, PWD and other departments which failed to provide timely relief and assistance to the affected residents and ensure preparedness for such an eventuality, each share responsibility for aggravating this not-so-natural disaster. It is pertinent that strict action be taken under law against those responsible.

Finally, it must be ensured that such a disaster is not repeated again. Too many lives have been lost and disrupted on account of the failure of the state and local authorities to provide safe living environments to Mumbai residents. It is about time that a serious effort be made to ensure that the authorities are equipped in advance to deal with situations of flooding and other calamities, that there is proper preparedness and readiness to tackle such situations effectively, that flood management and disaster planning is executed in a thoughtful and genuine manner, and that the urban poor, who are living in precarious conditions, are given priority and provided safe housing and living conditions.

20. WHO, "Lets Talk Depression: Supporting people in emergencies", World Health Organization, 2017.

21. Debabrata Mohanty, "A month later, cyclone Fani still plays havoc with survivors' mental health", Hindustan Times, 12th June 2019.

