Health e-Letter

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Letter from the Editor

Not many doctors are joining teaching hospitals, long considered to be jobs for the brightest. Lucknow's prestigious Chhatrapati Shahuji Maharaj Medical University is unable to find specialists to fill vacant posts. The dialysis machine has been lying idle as there are no nephrologists. Concerns over a similar fate awaiting other departments may not be too off the mark as many doctors seem to be waiting only for the right opportunity to move out.

Last month I met some senior faculty members at this medical university who were sitting on a protest outside the medical superintendent's office. These senior faculty members, in their three-piece suits, were squatting on wooden divans at the entrance of the medical superintendent's office. White satin curtains, tied around the pillars at the entrance, helped shield them partially from public view. But it exposed something far more serious --the fault lines of a health system coping with fast-paced change.

Rapid privatization has changed the entire dynamics of the health system. Teaching hospitals were structured to advance medicine, treat complex diseases and train the finest brains. Corporate hospitals of the 21st century offering astronomical amounts as salaries, fabulous perks and facilities for research have disturbed that arrangement.

Teachers and doctors at CSMMU are demanding that they be allowed to do private practice outside their work hours. In theory, it may appear to be a feasible option. But in practice, it may lead to unforeseen problems. Predictably, teaching itself would be the first casualty as faculty members juggle their time between one institution and another. The risk of the practice rapidly degenerating into unethical use of public hospitals for building private clientele is also high.

King Edwards Memorial hospital in Mumbai was similarly coerced into allowing private practice after several of its departments were derecognized by the Medical Council of India for lack of staff. Insiders know that the system since then has become more corrupt. Unethical practices go unchecked. Some faculty members leave for their private practice even before their work hours are over; some ask their patients to see them in their private clinics and some are working at more than one centre.

Is this the direction we want our teaching hospitals to go in? Medical education at all these state-run colleges is highly subsidized. Will these be reduced to training doctors and medical personnel for the corporate hospitals? Moreover, what would be the quality of future doctors trained in colleges where the idealism of ethical medical practice would only remain as a value from the past?

Read our issue for more information on the public health system and send in your views.

Kalpana Jain
Editor
Health e-Letter

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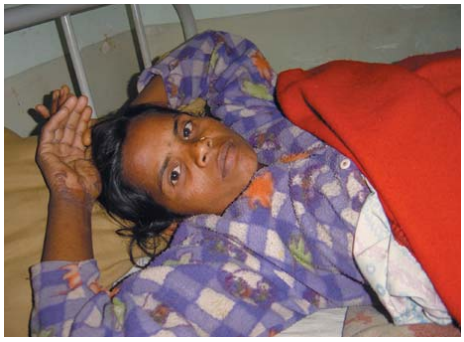
Celenta's story: Government schemes do little to change attitudes

By Kalpana Jain

Lucknow: Kanwal Singh is a brick kiln labourer whose work comes to a stop only when the kilns close down during the harsh summer months. In February last year, Kanwal Singh decided to take his wife to a government facility for her fifth delivery. Since then, he has not gone back to work.

With his few belongings sold off and his house mortgaged to a money lender, Kanwal Singh spent every penny he could gather in taking his wife Celenta from one hospital to another to find treatment for the complications that followed the delivery. Only when a non government organization Sahyog came to their rescue, did Celenta get some relief.

She was brought to the Chhatrapati Shahuji Maharaj Medical University in Lucknow and operated on February 5 for a vesico-vaginal fistula, a condition in which a hole gets created between the vaginal wall and the bladder. Doctors say this complication could be caused by an injury to the bladder, inappropriate stitch placement, or injury to the tissues.



A year later, road to recovery

"I thought my life was over. I would smell or urine all through the day. If I did not bathe for a day I would itch all over," says Celenta from her hospital bed as she watches her children playing in the urology department at this Medical University.

All of Celenta's four children were born at her house in Purkazi village in Muzaffarnagar district of UP. For the fifth delivery, a cash award under the Janini Suraksha Yojana (Safe motherhood scheme) a component of the ambitious National Rural Health Mission, motivated her to go to a hospital.

The scheme promises a cash award of Rs 1,000 to poor women who come for delivery to government facilities in urban areas and Rs 1,400 in rural areas. In addition, women are provided free medicines, advice and post natal care. The aim of the scheme is to bring down the maternal mortality rate.

However, for Celenta and Kanwal Singh this scheme went horribly wrong. The staff at the government-run primary health centre (PHC) was inefficient and rude, says Celenta . There was no doctor and the auxillary nurse midwife (ANM) helped her with the delivery. "The ANM hit me hard on my stomach during the delivery. I told her also that she should be gentle. She said she knew her job well," she adds.

After the delivery of her daughter, Celenta was unable to control her urine. "The ANM's nails had injured my bladder," says Celenta. But the PHC did not want her to stay after they saw her condition. They asked her to leave immediately. "It was raining outside. We pleaded with them to let us stay until the rain stop. But they did not listen to us," says Kanwal Singh.

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He had to mortgage his ancestral house for a loan of Rs 50,000 from the brick kiln owner. For almost a year, Kanwal Singh carried Celenta from one hospital or another, trying to find a cure. No doctor could diagnose her condition. Her eleven-year-old daughter was pulled out of school to take care of her younger siblings.

He went to hospitals and nursing homes in Haridwar, Roorkee, Muzaffarnagar and Meerut. But none could diagnose Celenta's condition. At one nursing home they paid Rs 11,000. The next one charged them Rs 6,000. A doctor in Roorkee, after getting the tests done, told them she was unable to diagnose her. "After sometime all the money I had borrowed ran out. So I stopped going anywhere," says Kanwal Singh, standing by the bedside of Celenta.

A women's organization, Mahila Astitva Sangathan, working in the village, learnt about Celenta's plight and asked them to complain to the authorities. "They made us write to the district magistrate. An inquiry was ordered and the deputy Chief Medical Officer asked us to come. When we went there, he was very angry with us for filing a complaint. He ordered us to take it back and instead give a letter saying the baby was delivered at a private centre," says Celenta, talking in a feeble

voice after her surgery. He threatened us saying we would not get any treatment if we did not do so, she says.

By then Celenta was determined to put up a fight. She went to his superior, the Chief Medical Officer. "He listened to us. A doctor examined me and referred me to Meerut Medical College," she says. However, they realized it was not easy to get treatment despite a letter from authorities. "We were moving around with their letter but no one would read it. Finally when we met a doctor, he told us to arrange for Rs 20,000. We quietly left the place," says Kanwal Singh, who was remarkably supportive and caring. Eventually, they were referred to Sahyog who brought them to Lucknow and got the surgery done.

Wealthy Maharashtra worse than poor states on public health spending

By Shekhar Deshmukh

Mumbai: Super specialty private hospitals may have availed substantial government concessions while acquiring prime land but this has provided little relief to the poor for whom healthcare is more of a distant dream than ever before.

A report on health inequities in Maharashtra, prepared by Support for Advocacy and Training into Health Inequities (SATHI) in collaboration with the Tata Institute of Social Sciences (TISS) and CEHAT (Centre for Enquiry into Health and Allied Themes) points out disparities have increased in the past decade or so as increasing privatization of healthcare and deteriorating public health facilities have pushed health care out of the reach of the poor.

Health care costs have increased two to three times in Maharashtra, says the comprehensive report running into 130 odd pages. For instance, the average cost of inpatient care in 1995 was Rs 3,997 in rural areas and Rs 3,089 in urban areas in Maharashtra. This has gone up to Rs 6,160 in rural areas and Rs 10,114 in urban areas.

While health care costs have gone up, the state's own expenditure on health care has steadily declined. The report points out that Maharashtra has one of the lowest public health expenditure in the country at 0.5 per cent of the State Domestic Product (SDP). In 1986, the Maharashtra government spent one per cent of its SDP on public health, but this has been gradually reduced over the past two decades. The state ranks a poor 26th on the list of public health expenditure in the country.

The report points out the large gaps in the health system and also suggests steps to address them. However, senior state government officials were mostly evasive when asked to comment on the findings. State health minister Vimal Mundada needed a Marathi version of the report to understand the implications. Health secretary, Chandra Ayengar, could not be reached. Director, health department, Dr Prakash Doke, said "I did browse through the report. But I have not read it thoroughly." The vice-president of state planning board, Dr Ratnakar Mahajan said he was aware about the report, but he too had not read it till then.

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The report shows how health scenario in urban and rural areas of the state was robust and there was a genuine effort at reducing rural and urban inequities until the eighties. But since the nineties, not only did public health infrastructure stop growing, it started deteriorating too. The neglect of public health facilities forced people to go to the private sector, often selling assets for getting treatment or going into debt, it says.

"The state has stopped new investment in the public health sector and has reduced revenue health expenditure. It has allowed greater freedom for the growth of the private health sector, including provision of subsidies. Moreover, it has allowed the World Bank to dictate reforms through health system development project that introduces user fees in public hospital and mechanisms like outsourcing and privatization of public health facilities. All these are leading up to the rapid collapse of the public health system in the state," says the report.

Moreover, government policies have allowed an iniquitous distribution of health facilities. The report points out that 73 per cent of beds are in the urban areas of the state. There are around 140 doctors for every 100, 000 patients in the

MANY PARADOXES IN WEALTHY MAHARASHTRA

Rank of Maharastra across all states and Union territories for some health care indicators:

Doctor:population ratio	9
Per capita public health expenditure	20
Health expenditure as percentage of gov expenditure	25
TB prevalence	7
Malaria prevalence	27

urban areas, while only 24 doctors take care of same number of patients in the rural areas. Around 244 nurses attend to 100, 000 patients in the urban Maharashtra and only 64 nurses are available for same number of patients in the rural parts of the state.

Among the scheduled tribes in the state, 63 per cent babies are delivered without any professional health care, 24 per cent of scheduled tribe women and 11 per cent of scheduled caste women do not receive ante-natal care, it says.

Editor of the report, Dr Abhay Shukla said, "The widening chasm between poor and rich is having a direct impact on access to health care. Those who have resources can visit super specialty hospitals. We have recommended some steps that the government can take to address the issues." He was surprised with the government's reaction to the report

Listing some of the suggestions, Dr Shukla said: "Task groups must be formed to implement the National Rural Health Mission in accordance with the state's needs. The group must be assigned the task of examining health inequities prevailing in the state."

Dr Shukla said, "The existing health system is working for a handful of people. The government must do something to address the rural-urban disparity." "The primary health center of earthquake-prone Usmanabad district's Chincholi Village has set an example. Public health monitoring projects have also been started in Pune, Amravati, Usmanabad, and Nadurbar," he added.

Coordinator of public health monitoring projects, Dr Anant Phadke was not pleased with the government's response on the findings.

Perhaps, with Maharashtra slated to go to polls in October next year, the government prefers to remain silent on an issue that directly concerns people.

Family planning suffers in UP's vote bank politics

By Manish Srivastava

Lucknow: Uttar Pradesh, the most populous state in the country, does not seem to be interested in propagating the benefits of a small family any more. Over 90 per cent of the budget for promoting awareness has been taken away leaving little scope for the department of health and family welfare to initiate mass media and other educational campaigns.

It started off about two years ago when the UP government, led by Samajwadi Party leader, Mulayam Singh Yadav, drastically cut the family planning budget. From Rs 328.56 lakh, the family planning awareness budget was slashed to a meager Rs 5 lakh, virtually making the programme non functional.

When the political leadership changed last year and Bahujan Samaj party leader, Mayawati, took over as chief minister, no effort was made to revive this floundering programme, even as various decisions of the previous regime were reversed. In fact, the budget for family planning awareness was further slashed to Rs 2.96 lakh.

Clearly, UP's high birth rate of 30.4 is not on any political agenda. Chief minister Mayawati went a step further. She admitted in the state Assembly that the government had no plans of developing a comprehensive plan for population control. The state government's official website admits that "among all the major Indian states, Uttar Pradesh has the highest birth rate and the highest fertility rate."

Clearly, UP's high birth rate of 30.4 is not on any political agenda. Chief minister Mayawati went a step further. She admitted in the state Assembly that the government had no plans of developing a comprehensive plan for population control. The state government's official website admits that "among all the major Indian states, Uttar Pradesh has the highest birth rate and the highest fertility rate."

A dismal female literacy rate makes it only worse. "The 1981 census figures suggest that in Uttar Pradesh the crude female literacy rate among scheduled castes in the rural areas of the state in 1981 was below 18 per cent in 18 out of

STEEP CUTS

Family planning awareness budget in:

2005-06
Rs 328.56 lakh

2006-07
Rs 5 lakh -98.5%

2007-08
Rs 2.96 lakh -41.8%

Uttar Pradesh's 56 districts and below 2.5 per cent in a majority of districts," says the state's official website.

Such low levels of literacy also make it imperative on the part of the government to take information to people. Due to lack of awareness, a dwindling number of people have been turning up to avail modern birth control and spacing services provided at government centres. In the absence of political will, officials too have become indifferent towards the programme.

This reflects in the utilization of funds and reducing number of people seeking family planning services. For three consecutive years, the department failed to meet its targets and utilize the funds allocated for surgical methods such as tubectomy and vasectomy. In the financial year 2005-06, only 5.04 lakh surgical procedures were carried out against a target of 9.50 lakh. In 2006-07, the number of surgical procedures dropped to 4.50 lakh even though the target increased marginally to 9.70 lakh. In the current financial year, only 2.17 lakh surgeries were done whereas the target remained the same -- 9.70 lakh.

An official at family welfare department confided that political parties in UP do not want to put much focus on population control. None of the previous governments have taken any interest in the programme, he said.

Director General (Medical & Health) Dr LB Prasad refused to comment on the issue.

Quack does brisk business as public health system crumbles

By Sudhir Mishra

Etonja (Lucknow): This is a success story of a quack who has been running a flourishing business barely thirty odd kilometres from the capital city of Lucknow.

Kallu Chaudhary's hospital has grown from a roadside dispensary for poor people until a few years ago, to a full-fledged structure with beds for inpatients, thanks to an ever-increasing number of patients from neighbouring states and districts who flock to this place in the hope of finding a cheaper and better cure for all kinds of medical problems.

Many come to this hospital after being exploited at government and private facilities alike. If their problem is not too serious, they may well go back cured. But many, quite unknowingly could well be risking their lives as they agree to spend months getting themselves treated for spinal injuries and complex fractures.

Specialists in Lucknow say they have had to amputate limbs of people who finally came to them after their condition worsened after the treatment at Kallu Chaudhary's hospital. Head of orthopaedics department at Chhatrapati Shahuji Maharaj Medical University, Dr V D Sharma, says at times the damage done at this place is beyond any cure. Orthopaedic surgeon Dr OP Singh agrees. He says they would get at least two patients a week whose limbs had to be amputated after treatment at Kallu Chaudhary's hospital.

While Kallu Chaudhary's expertise lies in fixing broken bones, he does not say no to anyone. He dispenses drugs for all kinds of ailments, even to women who come with gynaecological problems. The comforting words of Kallu Chaudhary perhaps work as a placebo for many of his patients.

The first thing is does when people come to his hospital after being dissatisfied with allopathic doctors, is to cut away the

Healing or Harming?

Specialists in Lucknow say they had to amputate limbs of people who came to them after their condition worsened. Head of orthopaedics department at Chhatrapati Shahuji Maharaj Medical University, Dr V D Sharma, says at times it is difficult to save the limbs because of the damage done at this place. Orthopaedic surgeon Dr OP Singh agrees. He says they would get at least two patients a week whose limbs had to be amputated after treatment at Kallu Chaudhary's hospital.

plaster cast. A pile of cut plaster cast lies on the roadside, close to his Darmarth Asthi Dispensary (Charitable bone-fixing clinic) located at Marpa village in Etonja, an indication of his utter contempt for modern medicine.

However, a closer look at several of his prescriptions reveals that he is not averse to dispensing modern drugs himself. Prescriptions from Kallu Chaudary had names of modern medicine drugs such as Rivoval, Fab plus, Votim-P and Septlin.

It is for this reason that a bustling market with at least three chemist shops has sprung up on the highway opposite his hospital. A row of provision stores to supply daily need items for people staying here have also joined the stores.

Kallu Chaudhary has made arrangement for private wards by allowing families to stay in small private hutments. Patients admitted for longer period are allowed to stay in these hutments.

Interestingly, the number of in-patients usually goes up during the summer season as people fall while plucking mangoes and various other fruits from trees. The hospital is packed as men and women with bone injuries need to spend several months at this place.

Kallu Chaudhary says his family has been curing problems such as joint pains, twisted ankles and bone injuries using herbs and oils for the last several generations. His great grandfather Baldi Chaudhary started the treatments which his three sons, Ramesh, Shyamlal and Tulsiram have also learnt to dispense. Those who recover spread the word around.

A government official Gyanchandra Shukla is confident of Kallu Chaudhary's treatment. He believes he cured his slipped disc. Chandrapal Mishra of Sultanpur's Bankepur came here after he could not get any relief from the treatment at the district hospital. Delhi's Amarpal Singh's is undergoing treatment for the last two months for a backbone injury suffered after falling from a terrace.

COUNTDOWN POLIO

Twenty-five Bihar districts in polio grip

By Manoj Pratap

Patna: Two-month-old Krishna will never experience the joy of taking her first steps. A resident of Kumar Pathi locality in Muzzafarpur, Krishna has been affected by polio. Unfortunately, she is not the only one.

Four- month-old Sonu from Bhagalpur, six-month-old Avadesh Kumar from Saharsa, six-month- old Rahul from Hayaghat are among those who have been afflicted by the polio virus recently.

Despite the tall claims made by the Bihar government on polio eradication, the real picture is grim. Of the total 38 districts in the state, 25 have been affected by the virus. In February alone the number of polio-affected children was 89. Another ten cases were added in March.

Despite the tall claims made by the Bihar government on polio eradication, the number of children affected by polio virus has shown a steep increase this year. Last year, between January to February only 11 polio cases had been reported. This year there has been an eightfold increase in the number.

Officials involved with the eradication programme had claimed that cases would be controlled by the beginning of this year. However, polio numbers show no signs of reducing. Of the total 38 districts in the state, 25 have been affected by the virus. In February alone the number of polio-afflicted children was 89. Another ten cases were added in March.

Samastipur district tops the list with 15 new polio cases, followed by Darbhanga with 10, Muzzafarpur and Madhubani with seven each, Saharsa with six, districts of Purnia, Vaishali and Khagaria reporting five new cases each, Nalanda four, Sitamarhi, East Champaran, Begusarai three each, Patna, Nawada and Madhepura reporting two each and districts of Supol, Saran, Munger, Lakhisarai, Katihar, Jamui, West Champaran,

NEW POLIO CASES

Samastipur	15
Darbhanga	10
Muzzafarpur	7
Madhubani	7
Saharsa	6
Purnia	5
Vaishali	5
Khagaria	5
Nalanda	4
Sitamarhi	3
East Champaran	3
Begusarai	3
Patna	2
Nawada	2
Madhepura	2
Supol	1
Saran	1
Munger	1
Lakhisarai	1
Katihar	1
Jamui	1
West Champaran	1
Bhagalpur	1
Aurangabad	1
Araria	1

Bhagalpur, Aurangabad and Araria reporting one case each.

Experts say even if one child is affected by polio virus, hundreds of others become vulnerable. The possibility of spread in such areas increases several times. Officials are optimistic of reducing number after the March 30 round of polio vaccination.

The question, however, remains why polio has not been wiped out from India, as it has been in several other countries. The answer perhaps lies not in the quality of vaccines but in the execution of the eradication drive. Concerns have been expressed about the efficacy of cold chain. State Health Minister Chandramohan Rai had raised some concerns at a national meeting on polio.

Experts divided as edible GM brinjal gets ready for your dinner

By Manoj Ojha

New Delhi: Even as India is all set for the commercial production of its first genetically modified food crop, brinjal, top experts remain divided on the long-term health implications of GM foods. Field trials of GM brinjal started in August 2007. It is expected to be commercialised by 2009.

This brinjal has the same Cry1Ac gene from Bacillus thuringiensis as Bt cotton, which makes it tolerant to fruit and shoot borer pests. Activist Vandana Shiva, who has done considerable work in the area says, "They take a toxin-producing gene from a bacterium called Bt and put it into the crops. The crops and plants start producing this toxin in every cell of the plant at every moment. This is supposed to be an alternative to pesticides. You are producing toxins all the time which are going into our food."

However, father of Green Revolution in India, M S Swaminathan, who has been a strong supporter of GM food, says "When we can have genetically modified drugs, why can't we have genetically modified crops?" Till date, there is no substantial evidence of any adverse effect of these crops so "how can we launch this debate?" he questions.

Activist Vandana Shiva, who has done considerable work in the area says, "They take a toxin-producing gene from a bacterium called Bt and put it into the crops. The crops and plants start producing this toxin in every cell of the plant at every moment. This is supposed to be an alternative to pesticides. You are producing toxins all the time which are going into our food."

Shiva refuses to accept this argument. "When we produce medicine using genes, the medicine itself does not get modified. It would be wrong to compare genetic medicines with genetically modified crops," she says. GM crops have several health- related effects, she adds.

Moreover, says Shiva, genetic medicines are produced in a closed environment. In the case of GM crops, the scenario is altogether different. They are grown in open environment and there are chances of cross pollination. "In case of genetic medicine we do not eat the GM product, but in case of crops, we will have to take the end product," she adds.

Recently, the environment watchdog Greenpeace sought access to data from toxicity and allergenicity studies that was submitted by Maharashtra Hybrid Seeds Co Ltd (Mahyco) a subsidiary of multinational Monsanto to the department of biotechnology. Greenpeace has sought access to data under the Right to Information Act. Swaminathan agrees that the government should make the process transparent. Details of field trials must be made public. He suggested that an independent and autonomous biotechnology regulatory authority should be constituted to address issues pertaining to GM crops.

Swaminathan, who holds the UNESCO chair on Ecotechnology, also said that initially people were against fertilizer and pesticide, but without their help the first Green Revolution would have been difficult.