



Health e-Letter

*Health e-Letter
wishes its readers
a Healthy and
Happy New Year
2008*

Letter from the Editor

The Nitish Kumar government in Bihar had shown its keenness to reform the public health system soon after it took charge about two years ago. As a first measure it introduced a user fee at the Patna Medical College Hospital to generate revenue. A few months after this move I visited the hospital to check any visible signs of improvement.

The infrastructure was as decrepit as it was two decades ago. There were no signs of even minimal effort to clean the hospital. Its walls, the wards and the entire premises were filthy. Spit and paan stains were all over. Despite the blistering summer heat, ceiling fans were not working. And just as well, for they were covered with layers of dust and any movement would send the dirt flying around.

Relatives of patients cooked and slept on the floor close to the bedside of their admitted kin. Pigs and stray dogs moved around freely. The scene in the blood bank was chilling. Blood bottles lay around on unclean wooden tables which could well be harbouring colonies of germs. There was no one to restrict movement into what should ideally have been sterile premises. In short, even minimum standards of hygiene and infection control were not in place.

Just observing these conditions, it was quite clear that the hospital had reduced itself to becoming a dumping ground for those who could not afford a better place. Predictably, the attitude carried on in the behaviour of doctors, nurses and even wards boys towards the patients. Clearly, the patients could hardly complain. Even if they did, would anyone listen to them? Now, our story from

Patna tells us that the Bihar government, miffed by the frequent reports in the media on the irregularities at PMCH, has issued a public order to keep journalists at arms length.

This is a move that hurts the poor of Bihar for whom the Nitish Kumar government claims to stand for. As our story tells us, when doctors misbehave with poor patients or nurses are not found on duty or free medicines are not given to the needy, their only way of getting heard is through the media.

Finally, as we wish our readers a Happy 2008, we would like to urge them to break silence when they spot mismanagement and raw behaviour at public hospitals. Unless we demand better services we will not get them. The only ones to have benefited from this gradual deterioration of public health services are the private players.

Our story from Gurgaon Civil Hospital, where our reporter spent time, is about your and our experiences when we go to any of these centres. We do not protest as we do not expect anything better. And as journalists we do not look at it as news anymore. It is time to change these mindsets. We are trying. I hope you do so too.

Kalpana Jain
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If public health is a mess, gag the Press

By Kumar Jitendra Jyoti

Patna: Can't improve the public health system? Just blindfold the media. At least this is what the Nitish Kumar government in Bihar believes would help put a lid on reports on irregularities in the health system appearing in the media. The state's premier medical institution, the Patna Medical College Hospital (PMCH), recently issued an edict which disallows the entry of the Press into its disarrayed premises.

"Journalists not allowed," says a board placed prominently in the main hall of the PMCH. To ensure that this order is not defied by the Press, the PMCH has even trained its security guards on how to "identify" journalists. Security guards here have been given details on what a journalist could look like and what possible equipment he could be carrying.

Questions to the state health minister Chandrabhushan Rai on this order have drawn a blank. However, hospital president OP Chaudhary says the presence of journalists in the premises creates problems, adding that at times reporters enter operation theatres, which could harm a patient's health. Dr Chaudhary may be right. But this is not the real reason for the present ban on entry of journalists. It is clearly to cover unpalatable facts of the hospital.

Insiders say the main fear within PMCH with media reporting is that people would learn about doctors missing from duty; resident doctors going off to sleep while on emergency duty; no nurse being present in the ward when critical patient care was required; patients being asked to buy medicines from outside even though the hospital's medical store had enough stocks; no doctor being present to attend to a serious accident victim and medical agents being allowed to move freely in the emergency ward.

These insiders point out that the list of irregularities is endless: complex surgical procedures are carried out without the presence of senior doctors; relatives of critical patients need to plead with doctors to attend to them; junior doctors get aggressive with hapless relatives; doctors strike work at the slightest pretext and when cases of gross negligence are reported by the media, they get vindictive.

The guards here are now very alert to the presence of a snooping journalist. The first question that a doctor asks on seeing a media person is "who allowed you in?" The guards have to face the ire of these doctors if a journalist has managed to give them a slip.

On the one hand, the Bihar government is talking about transparency at every level of governance and educating people on right to Information Act. On the other, it has taken upon itself to gag the fourth estate of the democracy.

There is no dearth of good doctors at the PMCH. Patients who come here have complete faith in the ability of the doctors. However, people here have not been able to understand this new step taken by the hospital to cover the mess within. In the world's largest democracy lowering the boom on journalists can never be justified.

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REPORTER'S DIARY

Nineteenth century hospital conditions in a 21st century city

*Gurgaon may popularly be known as the Singapore of India thanks to its glitzy malls and hip youngsters flaunting the latest fashion labels. But when it comes to the public health system, the city could take a few lessons from the island nation. Our reporter **Manoj Ojha** spent time looking at the Gurgaon Civil Hospital, which gets a patient load of about 800 to 900 every day. The hospital was recently in news following allegations of turning away a pregnant woman*

who was in labour. The woman had to deliver her baby in the parking lot of the hospital. The new born was unable to survive the ordeal and subsequently died. Here is what our reporter saw:

Away from the glitz of the malls and five-star-like private hospitals, modernity has not even begun to touch any part of this Civil Hospital. Absenteeism, rude behaviour, malfunctioning equipment, referring patients to private laboratories and chaos characterize this hospital as much as any other public hospital across the country. Top officials are evasive and the next man proficient in shifting responsibility.

I started off by trying to meet the chief medical officer S S Dalal. He asked me to meet the medical superintendent, Dr D S Dhankar. However, the medical superintendent was not in his office. He finally turned up for work at 11 a.m. but did not meet me. I searched for the Information Officer, who is also responsible for taking RTI (Right to Information) applications. But he too was not available in his office.

As I waited, I noticed a man with a fractured right leg and hand trying to get a receipt so that he could get his X-ray taken. The hospital ward boy who was carrying his receipt was not traceable. I overstepped my journalistic role and reached across to help him. When the ward boy did not turn up for about an hour, we approached the head nurse of the ward where the man was admitted. She paid no heed to our complaint until she learnt that I was from the media.

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When we did reach the X-ray lab, the technician said a snag had developed and nothing could be done about it. The patient was rudely told to go to a private lab. "If you are in a hurry, you can go to a private lab." Eventually, the patient had to do so.

I returned the next day again to meet Dr. Dhankar. I reached his office at 10:30 in the morning, but was told that he was not there. I sauntered off to the pathological laboratory of the hospital. Chaos reigned here. The lab assistant, Vandana, who was to reach office at 9 am, had not arrived until 10:40 a.m. "She always does that," said a staff member tersely.

Finally I was able to meet Dr Dhankar. He refused to comment on the incident of a pregnant women being turned away. "I was on leave at that point of time, so I won't be able to comment on it." When asked why the X-ray machine was not functioning, Dr Dhankar said there was no problem at all. On hearing that patients were being referred to private centres, he said, "There was some problem with power supply, but it has been rectified."

As I conversed with Dr. Dhankar, two young women came into his chamber. One among them was sobbing and wanted to lodge a complaint against an ENT OPD doctor. "The doctor in the OPD was rude," she said. "My ear started paining when the doctor put something in it. When I complained, he said if I could not bear the pain why did I visit the hospital." Quite clearly, he was not interested in hearing them out. Instead of taking more humiliation the two women walked off saying "all government officials behave rudely."

I also prodded Dr Dhankar on absenteeism in the hospital. For instance, I enquired why lab assistant Vandana was not in her office. I was asked to talk to Dr Rajora, in-charge of path lab. I decided to test this out as well. But Dr Rajora too was not in his office. A staff member said, "He will reach by 1:00 p.m." When I asked whether Vandana has come, he replied, "She came and took leave for today."

I finally decided to leave with no real answers coming to my queries and patients struggling to find medical care in one of the fastest developing cities. As I was coming out of the hospital I witnessed chaos outside the ultrasound lab. Women who had queued up outside the lab were complaining that they had been waiting over an hour but the technician had gone off after locking up the ultrasound lab. There was no one around who could listen to them and offer an explanation.

As for taking an action on a complaint, it seemed next to impossible.

For those with HIV, medicines have come but food is the issue

By Manoj Pratap

Muzaffarpur: Eighteen-month-old Sukomal, two- and- half- year-old Sanjay and three-year-old Guddi have been brought by their old grandparents to the antiretroviral therapy (ART) center at Muzaffarpur for their medicines. While the drugs come for free for this old couple, procuring food for their grandchildren is the real issue.

"We find it hard to earn one square meal," says the couple who lost their son and daughter-in-law to the infection. Asked if the children had been put into a school, they questioned "how can we send them to school?" and went on to narrate their story of extreme poverty and about their constant worries. Their biggest worry is providing food for these growing children.

This couple is not the only one struggling for food and survival. Sheela who hails from Madhubani, lost her husband five years ago. She is HIV positive. So is her seven-year-old son. They have to travel a long distance to reach the ART center. "We don't have any source of income," she said. "But to reach the ART centre we have to spend 200 rupees."

More than HIV, it is hunger that scares her too. "Doctors say we have to consume nutritious food, but we even can't manage simple food," she adds.

Figures reveal that HIV is spread rapidly in northern Bihar. This reporter found 760 HIV positive persons registered at the Muzaffarpur ART center alone. Worrying, the numbers are increasing every month. Over 16,000 people are living with HIV in Bihar. Thirty six per cent of these are women.

According to the Bihar Network of Positive Peoples (BNP+), a majority of HIV positive people comes from low socio-economic strata of society. A study of the academic status of 700 persons visiting the ART centre found that

"We find it hard to earn one square meal," says the couple who lost their son and daughter-in-law to the infection. Asked if the children had been put into a school, they questioned "how can we send them to school?" and went on to narrate their story of extreme poverty and about their constant worries. Their biggest worry is providing food for these growing children.

ACADEMIC PROFILE OF VISITORS AT ART CENTRE

12	were graduates
28	had studied till intermediate level
147	had studied till class ten
120	had studied till class eight
151	could only read
278	were illiterate

278 were illiterate and 151 could only read. Only 120 had studied up to class eight, while 145 had studied till class ten. About 28 of them had studied till intermediate level and only about a dozen had completed their graduation.

Dr Sunil Kumar, a doctor at the ART center says the main reason for the increase in the number of HIV positive cases in north Bihar is poverty and illiteracy. Kumar believes HIV is more of a social problem in Bihar.

Resistance to first line drugs is fast emerging as another problem. BNP+ president Rajnish Singh says that around 40 people need second line drug in the state. However, HIV positive people in Bihar will need to wait to receive the second line drugs.

Bihar State Aids Control Society project director H N Jha says those who have their names in the below poverty line (BPL) card may get free second line drugs. However, as NACO has so far not given any information to BSACS, the programme may get delayed, adds Jha.

Let us stop being negative about HIV positive

By Shekhar Deshmukh

Mumbai: Why is it that HIV/AIDS invariably evokes a picture of pain, sorrow and sadness? What have we achieved after over 20 years of awareness campaigns and intense research? Once again on World AIDS Day this year the

examples highlighted by experts and policymakers portrayed a picture of misery and death.

Let me share with you the story of an HIV positive woman who did struggle initially, but eventually learnt to take life and its problems head-on. She hasn't looked back since then and in fact has become a role model for the others.

Savita Lange who resides in Aalandi village, 30 kilometers from Pune, dreamt of joining the police. However, an early marriage dashed all her hopes. Her marriage too brought her no happiness. Her spouse gambled and fell ill frequently. Predictably, her home environment was disturbed. Savita thought a baby would help bring some joy into her home.

When she got pregnant, she visited a doctor and got her routine tests done. One of the test revealed that she was HIV positive. This news shattered her physical as well as mental strength.

Her hemoglobin touched a low of two points and her CD4 dropped drastically. She got acutely depressed. At the same time her husband's health also started deteriorating. She did her best to take care of him.

In such a state Savita delivered her baby. Her husband passed away when the baby was four-year-old. Savita was always too scared to get her baby tested while her husband was alive. But, she decided to face the results and took the baby for an HIV test. Fortunately, Savita's baby was not positive. This gave her a new lease of life. Savita Lange instantly decided to put her negativity aside and live life to its fullest.

During this period she came in contact with Dr Neelam Gorhe, founder of Stri Aadhar Kendra, a centre to help women. Gorhe's centre decided to bear the costs of Savita's medicines and help her pick up the pieces.

Savita filed an application for loan under prime minister employment scheme to start a tailoring business. She ran from pillar to post to get her application approved. She met several bank officials and district administration authorities but each one turned her away saying no loans could be given to people with HIV.

One day she managed to meet the district collector of Pune and apprised him of her difficulties. Looking at her level of confidence, the collector called a meeting of district industry center officials and directed them to immediately grant loan to her.

Savita then started her small tailoring business in which a few women were employed. After some time she also formed a self-help-group (SHG) to help other women in establishing their small business. She felt encouraged after the deputy commissioner of Pune visited her tailoring shop and appreciated her efforts.

Savita's eight-year-old daughter Dhyanda is now in class eight.

Dhyanda also goes for judo-karate and music classes. "I want Dhyanda to go for higher studies," says the proud mother.

One day this reporter got a phone call from Savita. She said, as she was not receiving good income from her tailoring business, she had handed it over to other women and was planning to start a beauty parlor. "I have also applied for a loan to buy an auto-rickshaw," she said.

Savita's mother has been diagnosed with cancer, but she says that she can very well take care of her mother and her daughter's academic career. "I want to donate 10,000 rupees to the Stri Aadhar kendra that helped me, so that someone could get the desired help."

Today's Savita is full of zeal and is an inspiration for others. Last year, after reading Savita's story in a Marathi Magazine, an NRI couple sent a cheque of Rs 50,000 for her.

When we talk about taboos and social stigma attached with HIV, let us not ignore the fact that there are people such as the NRI couple who want to bring about desired changes in the society.



Savita Lange: On the move

Savita's mother has been diagnosed with cancer, but she says that she can very well take care of her mother and her daughter's academic career. "I want to donate 10,000 rupees to the Stri Aadhar kendra that helped me, so that someone could get the desired help." Today's Savita is full of zeal and is an inspiration for others. Last year, after reading Savita's story in a Marathi Magazine, an NRI couple sent a cheque of Rs 50,000 for her.

Millions siphoned off in drug purchase scam

By Sudhir Mishra

Lucknow: Here's another story of rot in the public health system: while the poor may not get free medicines in government hospitals, senior doctors managing these hospitals in Uttar Pradesh have siphoned off millions from the tax-payers' money by procuring drugs at inflated costs and pocketing the profits.

The state's Economic Offence Wing (EOW) has found that several doctors incharge of procurements at some hospitals were using fake diversion letters from reputed companies to procure the medicines locally at a much-inflated price.

The EOW has send its report to the concerned departments in which it has held these doctors responsible for misusing their post to procure medicines at three times of their prices. Doctors at government hospitals in Barabanki and Hardoi have already been booked in connection with this case.

On May 16 last year, cases were registered in 11 districts and then the state government asked the EOW to investigate the 40 million-rupees-scam. According to an investigating official, rules and regulations in medicines procurement were grossly flouted between 2001 and 2004. For example, a medicine, whose actual cost was one rupee, was available at cost Rs 3.50.

"Chief medical officers (CMO), chief medical superintendents (CMS) and other retired officers are involved in this scam," he added. He went on to say that the home department of the state government has received the report from the EOW. The department will shortly book the cases against the accused.

What are the rules to procure government medicines? The medicines, which are distributed free of cost at the government hospitals, must be procured from UP Drugs and Pharmaceutical Limited (UPDPL), a state owned company.

Medicines that are not available with the UPDPL are procured via 'local purchase', but it must not exceed 15 per cent of the total budget and at any given time medicines worth Rs 15,000 can be purchased. The drug purchase committee has to give a nod for 'local purchase'. For community and primary health centers, permission is needed from the CMO, whereas for district hospitals the chief medical superintendent needs to give an approval.

However, lured by commissions from medicines' purchase, CMO and CMS purchased 50 per cent of medicines through 'local purchase'. The known procedure of inviting tenders was not followed. Instead, medicines were procured on the basis of quotation. The accused purchased all medicines within a gap of fifteen days.

Rae Bareli CMO Dr. J P Yadav, Farukhabad CMO Dr. Dayaprakash, Muradabad CMO Dr. R K Dhawan and Jhansi CMO Dr. Dayashankar are among the accused

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Fast food and no play make Aniket a fat boy

By Manish Srivastava

Lucknow: Thirteen-year-old Aniket had to go for a physical fitness test at Lari Cardiology Centre. There would have been nothing unusual about it except that Aniket had developed breathing problems and even a short run would leave him gasping. Doctors found his blood pressure to be as high as 140/100 and his weight of 70 kg way above normal.

Four years ago Aniket was not so obese. Watching TV, playing on computers and eating fast foods resulted in a rapid weight gain. Aniket is not the only one suffering from childhood obesity. An increasingly sedentary lifestyle combined with wrong eating habits is resulting in obesity and related problems among children. Ten per cent of school-going children in Lucknow are suffering from obesity, shows a recent survey conducted by the head of

gastroenterology department at the Sanjay Gandhi Post-Graduate Ayurvedic Institute (SGPGI) Dr G Chaudhary.

Senior cardiologist at the Chatrapati Sahuji Maharaj Medical University, Dr RK Saran, confirming the findings of the survey with his own experience, says the number of children coming to him with obesity and high blood pressure has gone up. Six years ago he hardly saw anyone below 30 years with high blood pressure. Now, an ever-increasing number of children and adolescents come to him with obesity-related problems. Fast foods with a high calorific value are the chief culprits, he says.

"People don't have time to eat a proper meal, so they have turned to fast foods, which can be cooked quickly," he says. Regular Indian food such as dal, rice, vegetables and chappati has been replaced by spicy and fried Chinese and Italian cuisines such as pizzas, fried rice, noodles and burgers. This excess energy intake is resulting in high blood pressure and related problems.

The World Health Organisation says childhood obesity has already taken epidemic proportions in some countries and on the increase in many others. An estimated 22 million children under five are estimated to be overweight worldwide. According to the US Surgeon General, the number of overweight children has doubled and the number of overweight adolescents has trebled since 1980 in the US. The prevalence of obese children aged 6-to-11 years has more than doubled since the 1960s. Obesity prevalence in youths aged 12-17 has increased dramatically from five per cent to 13 per cent in boys and from five per cent to nine per cent in girls between 1966-70 and 1988-91 in the US. The problem is

global and is increasingly extending into the developing world.

While such comprehensive nationwide data is not available for India yet, experts agree it is on the increase in most cities. Dr Suryakant from the pulmonary medicine department at SGPGI also believes that fast foods are the real culprits and they cause more harm than just provide extra, empty calories. They do not provide the body with ideal food ingredients. An ideal food should have fat, carbohydrate and protein in equal quantities. However, a person would mostly get fat from these foods.

Such foods are high on salt, which is harmful for the heart, he says. In addition, they could also contain chemicals in the form of additives. "This increases the risk of developing allergies." His advice is that highly sensitive people should avoid having such foods. Additives and colours increase the risk of asthma as well.

He feels that such fast foods could also increase the risk of insulin resistance syndrome or syndrome X. This results in increased insulin and fat in blood of children. This could also lead to diabetes and vascular disorders.

Moreover, says a former head of department of medicine at Chatrapati Sahuji Maharaj Medical University, Dr CG Aggarwal, Indians have a genetic predisposition towards fat accumulation. A gene known as "Thrifty Gene" is said to be responsible for this. When Indians intake excess energy, it starts accumulating as fat around the belly.

GROWING OBESITY

Children under 5

Estimated 22 million children are overweight worldwide

Children aged 6-11

The prevalence of obesity in this age group has more than doubled since 1960s

Youths aged 12-17

Obesity in this age group has grown from 5 per cent to 13 per cent in boys and from 5 per cent to 9 per cent in girls between 1966-70 and 1988-91 in the US

An increasingly sedentary lifestyle combined with wrong eating habits is resulting in obesity and related problems among children. Ten per cent of school-going children in Lucknow are suffering from obesity, shows a recent survey conducted by the head of gastroenterology department at the Sanjay Gandhi Post-Graduate Ayurvedic Institute (SGPGI) Dr G Chaudhary.