



# Health e-Letter

## Letter from the Editor

It's around 10.30 a.m. and people have just begun preparing their stoves to cook breakfast. I narrowly miss soiling my shoes with human excreta as I step aside for a trolley of dirty laundry. Picking my way through a corridor with leaking ceiling, I hold breath to keep out the stench of the sordid surroundings.

If it were any other public place, much of this would pass notice. But this is Lucknow's prestigious Chhatrapati Shahuji Maharaj Medical University, earlier known as King George Medical College, spread across 100,000 square metres and designed by a famous architect, Sir Swinton Jacob. The Institution was built in 1914 on the lines of the medical centres in Europe and was meant to be the 'best in the East'.

But that was the past. And this is the present. The best doctors have left, medical equipment is mostly obsolete and infection control non-existent. It has become the last resort of the destitute instead of being at the frontiers of medical care and research.

Dr Shekhar Tandon, a skilled heart surgeon who decided to forego the luxuries of private practice to serve the poor, is the only one left in the cardiovascular surgery department of the hospital. As he walks me to his OPD, the surge of patients waiting to meet him cannot be missed. The OPD chamber could not be more distressing. Spiders have networked web designs on the bare iron grills placed above the narrow entrance to the room. There is no door or curtain. "I cannot examine patients here, especially women," says Tandon in a matter-of-fact tone.

So he does what he can. He calls the

patients in one by one and gives them medical advice and even certificates to help them get access to the chief minister or Prime Minister relief fund. "Do you have any connections? Can you approach the local MLA?" he asks Babbu, who needs a valve replacement. Babbu is fortunate. He has managed to get Rs 70,000 from the CM's relief fund. He tracked the MLA for a year but finally managed to get the money.

For the next patient, Ashok Kumari, there seems to be no such hope. She urgently needs replacement of two valves. It will cost Rs 1.25 lakh, Tandon tells her. "I have no money," she pleads. "I can't do anything for you. In this hospital you cannot get more help. I can give you more certificates," he tells her patiently. Ashok Kumari has received Rs 30,000 from the chief minister's relief fund. But that is not enough. If she does not use the money within two months it will be returned. Tandon makes another certificate so she could plead with a member of Parliament for assistance from the PM's relief fund. Will 30-year-old Ashok Kumari have a chance to live? Tandon and his juniors shake their heads as they call the next patient.

This is a snapshot of the public health system in India. Should we stand and watch? Tell us what you feel.

**Kalpana Jain**  
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## Quacks exploit HIV positive as government looks on

By Shekhar Deshmukh

**Sangli:** Lack of regulations and deficiencies in the public health system is making quacks thrive in this high AIDS prevalence district of Maharashtra. An increasing number of people are falling for claims of a magic cure even as several others are landing in critical condition in hospitals following the "cures."

"Every month I see at least four to five patients who come to the hospital in failing health after being treated by these quacks," says the chief medical social officer of Sangli Civil Hospital Dr. Uday Jagdal. An estimated 150 people living with HIV from across the state come to this hospital everyday for treatment.

In this Sangli-Kolhapur belt of western Maharashtra, where prevalence rate could be as high as two to seven per cent, one can see numerous advertisements and posters of these self claimed doctors who promise to cure HIV with their "special medicines". Such posters can be seen in all public places--railway station, bus stand, roadside, public toilets and other crowded public places.

In Mandangad village in Kolhapur district, people living with HIV prefer to go to these quacks rather than a doctor in a government hospital or a VCTC center. In this village one quack boasts of a patient list of 400 who visit him regularly to get their medicines. Two other 'doctors' claim to have a clientele of 250 and 100 patients respectively.

This region has the largest number of HIV/AIDS cases because of large-scale migration of people. As those migrating for jobs to cities are largely illiterate and unskilled workers their awareness of HIV and its prevention is poor. Social practices such as the devdasi system, in which girls are married to a deity, are also prevalent here. These girls eventually get trapped in flesh trade.

Activists at the Verla Project, a non government organisation, running an AIDS awareness campaign amongst migrant workers in the district, say it is hard to rid people off their faith in these quacks as they trust them completely. Director of Verla Project, Dr. Jai Kulkarni says, these quacks use photographs in which they are posing with public leaders and ministers to get credibility.

Project coordinator of Mooknayak, an NGO that works with men who have sex with men in Sangli, Santosh Kamble says, "These advertisements have made our task more difficult. Even those who do not have money buy to meal fall into the trap of the attractive advertisements."

The treatment does not come cheap. They charge a hefty sum, says Dr Jagdale, "One Vitamin B-complex injection that would cost only Rs 2 in the market, could come for as high as Rs 2,000 to Rs 3,000 at a quack's shop. Patients who are under stress and want to get cured at any cost flock to them. Moreover, unlike a public hospital they do not have to stand in a queue or get various tests done, adds Jagdale.

They are not only willing to pay the high treatment costs but also question the knowledge of medical practitioners. "Their advertisements claiming complete treatment for HIV/AIDS are so convincing for these people that they bring clippings of the ads to us and question our knowledge that there is no cure for AIDS. It becomes difficult for me to convince them," he says. Kulkarni too voices a similar opinion: "The advertisements claiming hundred per cent cure for HIV/AIDS create wrong perceptions. In fact, people do not believe us when we say that there isn't any sure shot cure for HIV."

Dr Kulkarni says it exposes the gaps in the public health system. "For people living in far-flung villages it is difficult to visit ART centers. If a quack goes to them and offers 'complete cure' then how can we blame them?" questions Dr. Kulkarni.

Dr Kulkarni says they had complained to the government about the advertisements in public places, but was helpless on the issue of advertisements appearing in newspapers.

"We complained to Maharashtra AIDS Control Society and even to the Central Council of Medicines about these bogus doctors, but we were told that nothing could be done about it. "The authorities told us India is a democracy," he adds.

The project director of MSACS, Prakash Sabde, says instead of taking action against the quacks, one should implement the AIDS awareness campaign in a more effective manner.

"We have informed the concerned authorities as we have no right to act against the bogus doctors. But what we can do and will continue to do is to make people aware that till date no complete cure of HIV/AIDS has been found," Sabde added.

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## Few men opt for family planning in populous UP

By Manish Srivastava

*Lucknow:* It is well-known that women take care of the family, but in UP the responsibility of family planning has also been left to them. So far this financial year, about 119,093 women have taken contraceptive measures as against only 677 men. In 19 districts, not a single man has come forward, while in 14 districts the number is only in double digits. Due to this, only 12.35 per cent of the total target has been achieved in the current financial year.

This is the picture of a state which comes sixth in the world in terms of population. In the 2001 census, UP's population was 16.62 crore. But if it continues to grow at its present birth rate of 30, experts say it would easily cross the 20 crore mark by 2011.

It is quite evident that the people here continue to overlook the decades-old slogan 'Hum do humare do' (Two for us two) and are still following 'hum do, humare teen-char'. (We are two but ours can be three, four....) Fertility rate in the state is a high 3.8. In urban areas, this rate is 2.95, while in rural areas it is 4.13.

The family welfare department had set up a target of getting 9.70 lakh people sterilized this year. But until November, only 1,19,770 people got it done, of which, 1,19,093 were women while rest 677 were men. This is 16.54 percent less than what was achieved last year during the same period.

Look at the abysmally low number of men who came forward: 171 in Lucknow, seven in Agra, four in Aligarh, 14 in Allahabad, 12 in Bareilly, three in Jhansi, 44 in Faizabad, three in Gorakhpur, 18 in Kanpur City, four in Rae Bareilly, 16 in Ghaziabad, 39 in Meerut, four in Gautam Budh Nagar, three in Muradabad, and 79 in Varanasi.

Not a single man came forward in Hathras, Badayun, Jalaun, Banda, Hamirpur, Chitrakut, Barabanki, Sultanpur, Gonda, Shravasti, Deoria, Basti, Sidharthanagar, Sant Kabir Nagar, Kanpur rural, Kannauj, Jyotiba, Furruckabad, Sonabhadra and Bhadohi districts. In most other districts the number remained in single digit.

Married couples are equally uninterested in other programmes of family planning scheme. Until November only 10.72 lakh women opted for IUD measures, which is just 41.08 per cent of this fiscal's target. According to NFHS-III, only 43.6 percent married people opt for family planning schemes. Close to 22 per cent cannot get its benefits due to unavailability of services.

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Despite the ailing health of the family planning programme, government and civil society can console themselves with the fact that social indices of the state are showing an improvement. A new report of the Registrar General of India shows that the birthrate in UP has dropped from last year's 30.4 to 30.1 this year. Similarly, infant mortality rate has come down to 71 as compared to last year's 73.

Authorities hope to reduce the infant mortality rate to 35 by 2012 and maternal mortality rate to 100/1,00,000 (currently it is 517). They also hope to reduce fertility rate to 2.8 and achieve 100 percent vaccination of children

### NUMBER OF MEN WHO CAME FOR VASECTOMY

Lucknow	171
Varanasi	79
Faizabad	44
Meerut	39
Kanpur City	18
Ghaziabad	16
Allahabad	14
Bareilly	12
Agra	7
Aligarh	4
Rae Bareilly	4
Gautam Budh Nagar	4
Jhansi	3
Gorakhpur	3
Muradabad	3

## Deadly measles comes back in immunized children

By Manoj Ojha

*New Delhi:* If you thought that a one-time immunization against the highly infectious viral infection, measles, is enough to provide your child immunity for a lifetime, then think again. A more virulent form of measles is coming

back to infect children who were immunized when they were eight to nine months old.

Experts in the health ministry are talking to medical scientists to decide on the appropriate age of a booster dose. Doctors who have been looking at this trickle of measles cases in adolescents support the move and say the immunity wears off after eight to 12 years.

The National Technical Advisory Group on Immunisation (NTAGI) is looking into the aspect of the appropriate age for second dose, confirms executive director of International Clinical Epidemiology Network, Dr N.K. Arora. The measles vaccination programme was started in the late eighties. And it is only now that doctors are seeing measles reemerging among young people.

The measles vaccine is given around nine months even though children are susceptible to the virus from six months onwards. This is a considered scientific decision, explains Dr Arora. "Lot of infection occurs between six to nine months," says Dr Arora. "But if we give early vaccination the long-lasting effect is jeopardized. And we cannot afford to delay it too much even though the most appropriate age for vaccination is 15 months. We have to strike a balance," he says.

He stresses that re-vaccination needs to be done between eight to nine years. However, cost issues and coverage complications have been the hindrance in introducing it. A second dose of vaccination has almost eradicated the virus from the US. In India, even vaccinated children would be susceptible as the number of those who are not vaccinated still remains very high. Around 10.5 million children have not been immunized for measles in India.

Chairman of National Technical Advisory Board on Immunization Dr T John Jacob supports this opinion. "India is the only country in South-East Asian region

that does not have a second opportunity built into the national immunization programme." There is no second thought about having a second vaccination drive in our country, he added.

Dr. Jacob, however, questioned whether a uniform policy is appropriate for a country like India. States such as Kerala, Tamil Nadu, Andhra Pradesh, Karnataka, and to some extent West Bengal, Gujarat, Haryana, Punjab have good coverage. But in lower coverage states, the second opportunity might be the first opportunity, he says. In such states sickness and death due to measles needs to be brought down.

Worldwide, the measles initiative was launched in 2001 to reduce the number of deaths by measles. Within five years, 360 million children around the world were vaccinated. However, in South Asia measles continues to claim a large number of lives. Around 1,78,000 people, mostly from India and Pakistan, died of measles in South Asia last year.

Measles is a highly contagious viral illness spread by droplets from coughing and sneezing. Symptoms are similar to most viral illnesses - sore throat, runny nose, cough, and fever. Distinguishing features are the red, itchy rash that appears and may last up to a week.

## LOW IMMUNISATION COVERAGE

**Despite the substantial improvements in immunisation coverage, measles vaccination remains poor in India. Of all vaccines, the lowest coverage is for measles and the three doses of DPT against diphtheria, pertussis, and tetanus. Only 59 per cent of all children received the measles vaccination and 55 per cent all three doses of the DPT vaccine.**

Source: NFHS III

**The National Technical Advisory Group on Immunisation (NTAGI) is looking into the appropriate age for second dose of measles vaccination.**

### THE NUMBERS STORY

Children, who have not been immunized for measles in India

**Around 10.5 million**

Children vaccinated within five years around the world

**360 million**

People, died of measles in South Asia last year, mostly from India and Pakistan

**1,78,000**

## PMCH remains out of bounds for media

By Jitendra Jyoti

**Patna:** There seems to be no end to the controversy following the ban on media entry at Bihar's biggest government hospital, the Patna Medical College Hospital (PMCH). Arguments between hospital guards and media persons, who

visit the hospital to find out the problems of poor and helpless patients, are common.

The media believes that the government wants to hide serious issues of functioning of PMCH. State health minister Chandramohan Rai has been supporting the ban by not withdrawing the order. Although Rai says the ban is not meant to check the entry of the media but of some people who have been meddling in the functioning of PMCH.

"Some people were interfering in the functioning of the hospital in the name of media". This step was taken to stop "the interference", he says. "People in the media too were going in a wrong direction," he said while sermonizing the media "not to become puppets" in someone's hands. Rai wants the media to look at the improvements that have been made in PMCH, instead of pointing out the deficiencies.

He, of course, refused to clarify why doctors were objecting to media presence in the hospital. But he advised the media to walk into the campus of the PMCH after taking the necessary permission from hospital authorities.

Journalists are willing to do this as well but they say getting permission is not that simple. The hospital administration gets involved in granting this permission and it becomes next to impossible, say journalists. The health correspondent of a popular daily, Rajnish Ranjan, says it is almost impossible to get permission. "It is not possible that the news waits on one side of the boundary and reporters on the other to get the permission of the hospital director," he adds.

Anil Jha, another journalist on health beat says the government needs to withdraw the order. PMCH does not have the required authority to grant permission to journalists. Spokesman for the Shramjivi Patraakar Union of Bihar, Prem Kumar, says this is an assault on the freedom of the Press. Journalists are planning to come together to raise their voice against this step.

Some insiders say the move was meant to check the entry of an NGO that was questioning various deficiencies at the PMCH. As no one could check the entry of this NGO on valid grounds, the government came up with this plan. The PMCH administration agreed and a 'no entry' order was issued for the media.

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## **AIDS money makes little difference to peoples' lives**

**By Manoj Pratap**

*Patna:* It may have happened rather slowly but people here have learnt to live with HIV/AIDS. Awareness about this infection too has increased in the past few years. However, a closer look shows that despite the crores being spent on AIDS programmes, they have had little or no impact on improving peoples' lives.

In impoverished districts of north Bihar, besides the medicine, the affected population also needs food. Whether it is Suhaila Khatun from Muzaffarpur, Rashmi Devi or Sunita Devi, they all need work to feed and take care of their children. All of them have lost their husband and are taking ART. But due to unemployment they are on the verge of starvation.

The will to work is so strong that Rashmi Devi is running a make-shift paan shop. She says her husband left her as soon as he came to know about his infection. It has been eighteen months since she last saw him. Rashmi Devi, had studied till Class X and hoped to find some work. No one has come to her help. The condition of the infected



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The scenario is no different in other districts such as East Champaran, Sitamarhi and others. Most of the infected come from underprivileged classes with no regular source of income. Earlier, they managed to earn a living by migrating seasonally to another state where they could find work. But after the infection that too has not been possible.

According to the manager of the Anti retroviral treatment (ART) centre at Patna Medical College, says most people coming to the centre are migrant labourers who got the

infection while in another city. Dr Das says that he has referred several patients taking anti retroviral to other ART centres across the country so they could take care of their medicines even if they were in another city.

## **ICMR to create databank on learning disabilities**

**By Sudhir Mishra**

*Lucknow:* Dyslexia, which was the theme of Aamir Khan's latest movie Taare Zameen Par, is a learning disability which results from differences in how the brain processes written and or verbal language. But this is not the only learning problem which can bother their parents. There are several other disabilities which affect many children but in the absence of reliable data it remains unclear how many children in India suffer from them.

The Indian Council for Medical Research (ICMR) has now initiated a study to build a data bank on children suffering from various learning disabilities. Professor in pediatrics department of Lucknow medical university, Dr Rashmi Kumar, has started studying the problem. In the project, Dr Kumar will prepare a databank of the children and also try to find out the early symptoms of these problems. Dr

Kumar says the number of children suffering from various learning disabilities could be quite high in UP.

The main reason for this is the lack of care at the time of birth, she says. Many deliveries are handled by traditional birth attendants and women in the family. Many a times during the birth process the baby may be deprived of oxygen for the first three minutes which could lead to neurological deficiencies. This is common in pre-term babies.

In such conditions a child's brain gets affected. This can lead to various problems such as cerebral paralysis, autism (a condition in which a child does not speak properly), learning disorders and epilepsy. If these problems are identified at an early stage then further damage can be prevented through treatment and better management of lifestyle.

For instance, she says children with dyslexia cannot cope with mathematics. These children do not like numbers and equations and may want to stay away from it. Usually subjects taught to these children do not match up with their brain. Although dyslexia is the result of a neurological difference, it is not an intellectual disability. Dyslexia occurs at all levels of intelligence, average, above average, and highly gifted.

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