



# Health e-Letter

## Letter from the Editor

During the mid eighties when law enforcement agencies, policy makers and doctors knew little of HIV, it was common to hear about positive people being isolated, humiliated and denied treatment. Good interventions and effective awareness programmes have ensured that life with HIV is not so bleak. But the fact that abuse, neglect and stigma continue to fester in various small pockets shows there are many challenges ahead. Educating medical professionals is one of them.

Five years ago, when Ashok Pillai, founder of the positive movement in India, was gasping for breath, he was denied the support of a ventilator. More recently, a vocal member of the positive group in Lucknow was refused admission by at least three private hospitals. This issue of Health e-Letter includes a story on Ramdeen, who was denied admission to the biggest public health hospital in Bihar, the PMCH, only because he was HIV positive.

Why do doctors react so negatively when it comes to HIV? Being middle-class, some of it does come from a judgmental attitude towards what they perceive as moral lapses. In all these years, much of the middle-class has not become any more forgiving, sensitive or caring towards those living with HIV. Coupled with this is the fact most doctors do not go through any formal training on HIV/AIDS that may help them overcome their fears. And let us also not overlook the fact that gloves and masks may not always be available in government hospitals.

Whatever it may be, discrimination by doctors cannot be justified. Their condemnation helps perpetuate the stigma. It immediately provides

justification for a family that may not want to take care of a person with HIV.

Feelings of guilt, remorse and fear tend to snowball as a result for those living with HIV. It is, therefore, not surprising that people with HIV, at times, kill themselves.

There is an urgent need to take a relook at doctors' training programmes. At the same time, counseling needs to be improved as well. The manner in which a person diagnosed with HIV receives the news often determines his responses.

In public hospitals counselors are often in a rush to attend to all the persons waiting in the queue. Quality of counseling cannot be expected to be maintained under such pressures of time. The problem then becomes both understaffing and lack of sufficient training among all counselors.

This brings us back to the state of the public health system. Much of what we face today is due to its neglect over the years. In this issue you will read about the heart surgery department of a prestigious medical college in Lucknow. With no doctor to run the department, plastic surgeons would be called in to fill the vacuum during summer vacations. We also have a story on the acute shortage of psychiatrists even though stress-related problems are on an upward spiral and another on the neglect of kala-azar in Bihar, which remains largely a poor man's disease.

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Health e-Letter

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## Fear of HIV makes doctors forget the Hippocratic oath

By Kumar Jitendra Jyoti and Manoj Pratap

*Patna:* The campaigns to inform and educate people on HIV have had almost no impact when it comes to this capital city of Bihar. At the biggest public hospital in the state, the Patna Medical College Hospital (PMCH), the doctors - theoretically the most educated - are turning away patients with HIV-related illnesses.

Forty-five-year-old Ramdeen (name changed) was forced to spend several days outside the hospital after doctors at PMCH refused to admit him due to his HIV positive status.

Ramdeen was referred to the PMCH by a district hospital from the Bihar town of Begusarai. Instead of admitting him, doctors at the Surgical Emergency Ward redirected him to the Antiretroviral Treatment Centre.

With no where else to go, Ramdeen was forced to find a place under a tree near the main gate of the Indira Gandhi Emergency department of PMCH. For five days his family pleaded with the doctors to take Ramdeen in but they would not relent.

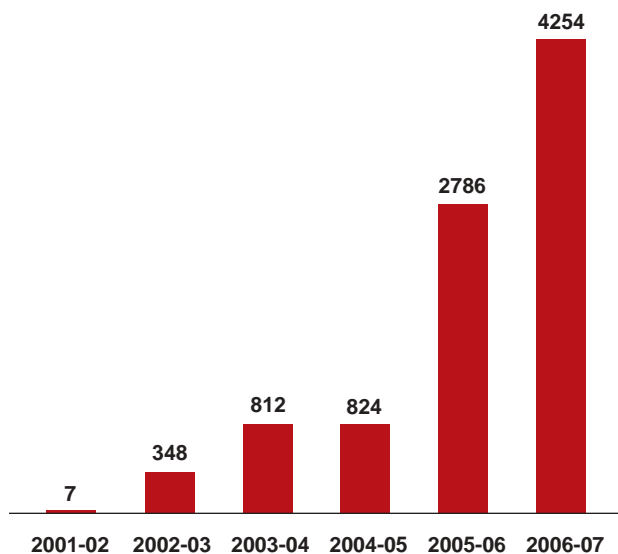
Ramdeen was fortunate. His condition attracted media attention. The Bihar Network of Positive People also swung into action. Activism and media efforts forced the superintendent of PMCH, Dr. Anil Kumar Pandey, to intervene. Pushed by the media, he even promised to punish those responsible for the negligence. He claimed he was clueless about the case.

This is not the first case, however. The superintendent and other senior government officials could not provide satisfactory answers to questions on the attitude of doctors in the PMCH towards positive people. Dr. Pandey assured action against those who discriminate against people living with HIV/AIDS. He said this case, too, would be investigated.

It is worth mentioning that in the past no action has been taken against any doctor. None has been reprimanded either.

People living with HIV are subjected to stigma and discrimination all over. Consistent work by non governmental organizations may have lessened the stigma in some places, but it exists almost everywhere. At the PMCH,

HIV/AIDS CASES IN BIHAR



### BIHAR AIDS ALERT

The Sentinel Surveillance Report for 2006-07 for Bihar shows an alarming rise in HIV infections.

HIV is spreading to newer areas in Bihar. Ten districts where no HIV case was detected earlier are now showing a high prevalence. These districts include areas such as Banka, Lakhisarai, Madhepura and Rohtas.

East Champaran and West Champaran districts near the Indo-Nepal border appear to be the worst-hit, according to the report.

**People living with HIV are subjected to stigma and discrimination all over. Consistent work by non governmental organizations may have lessened the stigma in some places, but it exists almost everywhere. At the PMCH, discrimination is so pronounced that doctors do not feel the need to explain why a patient was denied admission.**

discrimination is so pronounced that doctors do not feel the need to explain why a patient was denied admission. One can only imagine what it would be like in the interiors and smaller hospitals if such is the attitude in the capital city. The attitudes of doctors in Bihar are reminiscent of the early days of the epidemic in the high prevalence states in the country.

Central and state governments as well as international NGOs have spent millions of dollars to spread awareness amongst common citizens, media persons and doctors and the sad reality is that positive patients are still being turned away.

## Counseling is the way to a positive life

By Shivani Parihast

*New Delhi:* Eight years ago Vimla Devi was diagnosed HIV positive. It was almost like a death sentence: her husband died and her in-laws ill-treated her. Thanks to good interventions she not only survived but learnt to live. She contested Panchayati Raj elections and won unopposed. Today she is a ward representative.

Rajnish Singh, President of the Bihar Network of Positive People, recollects how Vimla gradually gained confidence once her regular counseling began. It helped her come out of depression and fortified her mentally to look ahead.

However, there is much to be desired at the counseling centres. "Most Voluntary Counseling and Testing Centres (VCTC) in Bihar do not even have a separate room for counseling women. They come to us disappointed with the counseling at hospitals," says Rajnish as he recounts how he counseled his wife.

The government is planning to revamp the VCTCs. Under the third phase of the National AIDS control programme (NACP-III) voluntary counseling and testing centres will be known as Integrated Counselling and Testing Centres (ICTC).

The approach of ICTCs will be more comprehensive and they will look at treatment, adherence to drug regimen, helping pregnant, positive women access treatment and also link up with the tuberculosis treatment programme.

The new approach was to be implemented with the official launch of NACP -III from April 1, 2007. However, that has now been deferred until July 1. By the end of NACP-III NACO plans to set up 4,995 ICTCs across the country.

VCTCs were started in 1997 at 77 blood banks across the country.

Initially, they were started mostly for anonymous testing of samples.

Later they became places for testing and counseling. But as they did not provide any linkages with the other programmes, their role was limited.

NGOs are hoping that the revamping will not just improve services but also take it to the villages. The chief executive officer of Freedom Foundation, a care and treatment centre, Dr. Ashok Rau, voicing some concerns says

VCTCs are not functioning the way they were meant to. They were promoted to enable people to go for testing. A large number of people may go for a pre testing counseling but may not go back for a follow up counseling which is critical. Moreover, VCTCs themselves suffer from a shortage of trained counselors.

Officials at the Delhi State AIDS Control Society (DSACS) say people often do not want to go for HIV testing and counseling out of a fear of being seen by people known to them. Hence the idea of integrating HIV/AIDS with other programmes was conceived. In NACP-III there will be between 52 and 54 ICT centres in Delhi alone.

Other than training counselors, doctors too need to be sensitized. "This is a critical area," says Dr Rau. "We need to sensitise them. Training doctors for a few days is not enough. What may also happen is that the doctors who come for such trainings may not even go back to treating people with HIV/AIDS," he adds.

President of UP Network of Positive People, Naresh Yadav, and President of Bihar Network of Positive People, Rajnish Singh, favour peer counseling as it is more effective. Yadav wants peer counseling to be encouraged as those being counseled can relate to the counselor. He compares it to a torch for a person in a dark room, which helps one find one's way in the dark.

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### VCTCs

**The Voluntary Counseling and Testing services were started in 1997 with 77 centres.**

**Under the third phase of the programme, the National AIDS Control Organisation plans to increase the number of centres to 4,995.**

**At present there are only 1,500 trained counselors.**

## UP health mess: Now plastic surgeons to run heart department

By Sudhir Mishra

*Lucknow:* BSS Bhatnagar has recently been diagnosed with a heart problem. He urgently needs an open heart surgery. In the private hospitals in the city it would cost him over Rs 1.5 lakh. Only at the government-funded King George Medical University could the surgery be done at a subsidized cost of Rs 30,000 and by the finest surgeons.

The only problem is this: Bhatnagar cannot afford to go to a private hospital and at the King George Medical University's Cardio Vascular Thoracic Surgery (CVTS) department there is no surgeon. Almost all have left the KGMU for lucrative jobs in the private sector. The one remaining surgeon, who is also the head of a depleted department, is proceeding on his annual vacation. Between June 9 and June 16, the department will be in the care of plastic surgeons.

For quite sometime now the CVTS centre has been functioning with only one doctor - Professor Shekhar Tandon. The waiting list is long for the few surgeries that do get performed in the department. Only five surgeries are

performed by this department every month. When Professor Tandon goes on vacation next month, even those few surgeries will come to a halt. Patients like Mr. Bhatnagar may have no choice but to spend a whopping out-of-pocket amount at a private heart care centre.

Two months ago, an assistant professor at KGMU, SK Singh, went on leave. But he did not come back. Initially, he went to Australia; then for a few days he joined the Sanjay Gandhi Post Graduate Institute, Lucknow, and finally he joined a private hospital.

When Professor Tandon goes on his vacation not only do the surgeries stop but services at the out patient department get suspended, as well. The OPD too will be temporarily taken over by the plastic surgery department.

Some time back this department enjoyed a prestigious reputation as it had the finest surgeons on its rolls. In fact, surgeons trained here command immense respect at several centres across the country. The first team to perform open heart surgeries was from this centre during the early seventies. Under the leadership of a well-known heart surgeon, Professor KN Sinha, the team took on various challenges.

KGMU's former dean, Professor Mahendra Bhandari, is upset over the state of the department. He feels sooner or later it will have to close down. No competent cardiac surgeon would work for the paltry pay package and the near-absent infrastructure that the hospital provides. Most doctors are willing to forego good salaries

and perks if they are valued and get satisfaction from what they are doing. Neither seems to be there. However, at Apollo or Escorts Hospitals, cardiac surgeons from hospitals like KGMU are valued for their vast and varied experience.

This crisis seems to be hitting a nasty patch in several public health institutions across the country. A rapid rise of the private health system combined with a complete neglect of the public health system is fuelling this trend. Competent doctors who suffered oppressive environments, lack of research facilities and low pay packets are now leaving in huge numbers for swanky private centres. Despite there being few insurance options, people are being pushed into dipping into their hard-earned savings to seek treatment at these expensive private hospitals.

Various other departments at KGMU also experience a similar crisis during summer months. There are 223 professors in the 32 departments of KGMU. During the months of May and June the administration ensures that half of the doctors can avail leave from May 1 to June 7 and the other half can make use of it from June 9 to July 15. Even so, four departments would be left with one professor each. Fifteen other departments will have four or fewer professors. This not only affects the OPD services and operations, but also the teaching arrangement.

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## A handful of psychiatrists for a billion plus population

By Manish Srivastava

*Lucknow:* There is a serious shortage of trained mental health doctors in the country: There is only one psychiatrist for every 35,000 citizens.

What is disturbing than the inadequate numbers is that no one is paying attention to it. A study conducted by Lucknow's King George Medical University (KGMU) reveals there are only 3,600 psychiatrists in the country for 12 crore people suffering from different mental health problems.

Take the case of Uttar Pradesh with a population of 16 crores. The estimated number of people suffering psychiatric illnesses is 1.75 crores. But the total number of psychiatrists in the state is only 196. President of the Indian Psychiatry Society Dr. J K Trivedi, says two percent of these 1.75 crore people are suffering from serious ailments such as schizophrenia, epilepsy, manic depression, psychosis and mania. They need qualified psychiatrists. About ten percent of people suffer from depression, anxiety and obsessive compulsive disorders and need to be under the care of trained doctors.

The Indian Psychiatry Society has already brought it to the notice of the government. The Society has urged the government to include psychiatry teaching in undergraduate medical studies curriculum. However, the proposal has been pending with the government for almost a year with no response.

Dr. PK Dalal, at the department of psychiatry of KGMU, says only limited seats are available for training in psychiatry which is responsible for a handful of professionals in this field. He says the King George Medical University is the only place that has a department for psychiatry where there are six seats for M.D. (Psychiatry).

The medical college in Agra and Banaras Hindu University have only two seats each. On an average, about six psychiatrists come out of the medical colleges every year in UP. The result is patient overload on the doctors, who cannot devote the time they require. At the Out Patient Psychiatric Department at KGMU, around 100 to 150 patients come every day. In a month about 3500 patients visit the department.

These few psychiatrists are also concentrated in metropolitan cities. Smaller cities and towns have at most one psychiatrist to treat minor or major mental health problems, even when the problems are spread across the country, in both urban as well as rural areas. In UP's capital, Lucknow, for instance, there are 60 qualified practitioners and 27 in neighboring Agra. Cities such as Jhansi, Kanpur, Allahabad and Gorakhpur have one psychiatrist each in their medical colleges. King George Medical College in Lucknow is the exception with eight psychiatrists.

Not that the Central government is unaware of the acute scarcity. A study conducted by the National Macroeconomics Commission, headed by noted economist Jeffrey Sachs revealed that an estimated 67 million were in need of mental health services for major mental disorders during the year 2001. In addition, an estimated 21 million and 10 million would require services for common mental disorders and alcohol dependency respectively.

Some argue that India is a traditional society where people visit religious and traditional healers for general and mental health related problems. However, wherever modern health services are available, people do come forward.

The issue, which has been neglected for so long, is not likely to be solved in a day, say doctors. The problem is that psychiatry as a course of study can be taken up only by students going for post graduation. And there, too, the number of seats is limited.

People suffering from psychiatric illness	Psychiatrists Available
ALL INDIA	
12 crore	3600
UTTAR PRADESH	
1.75 crore	196

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## In the poor pockets of Bihar is anyone counting kala-azar?

By Kumar Jitendra Jyoti

No celebrity has ever lent its face to this disease, confined largely to Bihar with its spread perpetuated by malnutrition, poverty, illiteracy and poor housing. So any controversy about its numbers does not attract much attention. Nevertheless, former Union health minister C.P. Thakur, a medical scientist with years of research on kala-azar has claimed that the numbers on the disease are grossly under-reported.

As with HIV and all other public health statistics, numbers are collected only from government-run centres. Dr. Thakur has pointed out that the kala-azar cases in the endemic areas of Bihar were at least twice the reported annual figure of 50,000. Private hospitals and practitioners are getting an equal number of cases, says Dr. Thakur, who was awarded a Padmashree for his ground-breaking work on kala-azar earlier.

Not that much has been spoken on the issue despite the countless deaths and lack of availability of treatment. The state government has chosen to be quiet.

Here are some facts from the files of the Indian Council of Medical Research, whose scientists have been relentless in pursuing the cases:

Ninety per cent of all cases in India are reported from Bihar. A few cases do get reported from the neighboring states of West Bengal and Uttar Pradesh. But Bihar alone has reported as many as 200,000 deaths from kala-azar since 1977. Less than 10 per cent of the patients manage to get treatment.

Ninety percent of the 5 lakh new cases of kala-azar globally occur in 4 countries: India, Bangladesh, Brazil and Sudan. Almost 33 districts out of the 38 districts in Bihar suffer from kala-azar. Of these, 19 have been badly hit by the disease. An estimated 10,000 succumb every year.

Bihar seems to have the climate conducive for the breeding of the sand fly, the vector that transmits the disease. The flies survive on the sap in banana and bamboo groves and the decomposed cow dung heaps. They make their home in the straw thatches of houses. Poverty of course plays a major role. Medical Director of the International Health Organisation, Dr. Diwakar Tejasvi, says sand flies find breeding places mostly in unsanitary environments, which is where the poor and marginalized find a place to live. IHO is a Boston-based non-profit organization working on health and development programmes.

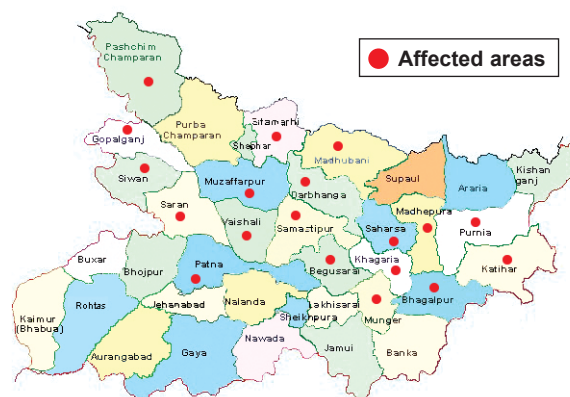
A simple fumigation with DDT can kill the sandfly. However, it requires political will and enthusiastic health officials to carry it out, none of which has been there. When DDT was sprayed under the National Malaria Eradication Programme of 1950, kala-azar was brought under control. Between 1970 and 1975 the enthusiasm ebbed. Perhaps officials felt that kala-azar would be eradicated. From 1977, cases of kala-azar started re-surfacing.

To control kala-azar, DDT fumigation should be done twice a year in the most affected areas and two grams powder must be used per square meter. In official records, the programme is shown to be implemented. But in actual facts, the fumigation has almost never been done. Even when carried out, inferior quality DDT is used, which does not produce the desired results. The condition in the affected areas is getting worse.

Government officials, while refusing to be quoted, agree that preventive

### MOST AFFECTED AREAS FOR KALA-AZAR IN BIHAR

(according to government records)



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measures are not being implemented. And while officials in the state capital agree on the need to strengthen the programme, health workers at the district level do not show any interest.

The workers who spray DDT believe that fumigation is required only in badly hit areas.

Only if the government takes it up seriously can kala-azar be eradicated by 2020 and not 2010.

## ABC of HIV for those away from home

By Manish Srivastava

*Lucknow:* After years of watching hundreds of migrant workers becoming infected with HIV, a plan to educate them has been initiated.

The plan will take off in none other than the state of Uttar Pradesh, which may have been a slow starter on checking HIV, but seems to be getting on the forefront of raising awareness among the unorganized working class.

Under the new program, workers miles away from home will be taught how to prevent themselves from getting infected within their work place. The project, initiated by the UP AIDS Control Society, will educate the workers on HIV/AIDS and other health issues.

The plan will take off from a sugar factory in Lakhimpur Khiri, a town approximately 200 kms from Lucknow. The UP AIDS Control Society will also provide information on where to go if a person wants to be tested, or the place for treatment, in case he is found to be positive.

Uttar Pradesh, which has been seen as a low prevalence state thus far, is now witnessing a sharp increase in HIV cases. Classified as "highly vulnerable", the state reported 10,896 HIV cases in 2004. Large scale migration is the main reason for the increasing number of cases in UP, says president of UP Network of Positive People, Naresh Yadav.

Over 500 workers are employed in the DSL sugar mill at Lakhimpur Khiri. They come from the neighbouring villages and cities of Sitapur, Lucknow, Hardoi, Unnao, and other places in eastern Uttar Pradesh. Away from their families for long periods of time they look for sex and often get infected.

Nodal officer for this plan of Uttar Pradesh AIDS Control Society, Mukta Sharma, says truck drivers and mill and factory workers are considered high risk groups. UPSACS estimates show that as many as 30 per cent of the mill workers may get infected due to unsafe sex while away from home.

Sharma explains that these workers will be given information on how to prevent HIV, treatment options and even how to get to hospitals and ART centres. This will be a pilot project and other industries will be covered later. AIDS awareness counselor at the mill, Neetu Vajpayee, says there is a lack of information on health issues among these factory workers.

### HIV COUNSELING

The UP AIDS Control Society is planning to get people living with HIV for counseling those who come to the Voluntary Counseling and Testing Centres. The programme will be initially introduced at six VCTCs in the state.

Positive people will also start counselling at the antiretroviral therapy (ART) centres at the Banaras Hindu University, Banaras, the King George Medical University, Lucknow and the Meerut Medical College, Meerut.