

Letter from Chennai

FAMILY PLANNING FOR MOSQUITOES

The corporation of Chennai has thus far followed a policy of peaceful coexistence with mosquitoes. Mosquitoes thrive in our city and bring us malaria, dengue and other unpronounceable pathogens, and the authorities do nothing about them. We the citizens try everything we can, coils and creams, fanciful ultrasound mosquito repellents, but we get bitten all the same. Our poor drainage leads to water stagnation everywhere, and Chennai is a mosquito paradise.

Acknowledging its impotence, the corporation decided to outsource mosquito control to the private sector. The solution seems to have been inspired by the family planning programme. We will breed mosquitoes in glass houses of 20 feet by 100 feet, presumably the plinth area. We are not told how tall they will be but they are expected to grow one lakh of mosquitoes each, of which 40% will be male. The females will be drawn away using male pheromones and then killed. The remaining males will be sterilized by exposing them to gamma radiation and then introduced in areas with high density of mosquitoes, which, I think, will be all of Chennai. They will compete with normal males and mate with the females who will then produce eggs that cannot hatch.

Since nothing else has worked, why not try this? I am all for it. At least our methods are politically correct, and maybe we humans will also get the idea.

NEW HORRORS

A familiar sight in Chennai is a state transport bus tilting alarmingly to one side because of large numbers of extracorporeal passengers, if I may so label the masses of young men who hang on to the window grills with a precarious foothold on the steps at the entrance to the bus. We are constantly in fear that some of them will fall off, particularly if we are driving just behind the bus. Every now and then a letter or a photograph appears in a newspaper with an exhortation to the authorities to enforce discipline and prevent this form of travel. *The Times of India* reported that in 2005 there were 30 fatalities among footboard travellers. In 2007, buses with automatic doors were introduced, and the mortality fell to 13 in 2009. However, the maintenance of these doors was none too good, and few of them work nowadays, so the mortality went up to 21 in 2010 and to 28 in 2012.

A few days ago our worst fears were realized. One bus, laden to the full inside and outside, overtook a lorry. Something went wrong with the driver's calculations, and four young men were crushed between the two vehicles, and died. There was an uproar immediately as the public criticised all parties concerned, the Metropolitan Transport Corporation (MTC) for not having automatic doors that would enclose the steps and prevent people from hanging on and from falling out, the young men for showing off by riding the footboards, and the police for being mute spectators. The MTC vowed to repair all the doors and make sure no one hung on to the outside, and to instruct its staff to ensure there were no extramural passengers.

Naturally, the young men who hang outside came in for much criticism. However, a number of them raised their voices in protest; the protestors included some young women. Here are some of their remarks reported in the press. We have to get to

school or college or office at a particular time or else we lose our attendance or have our salaries docked. That makes it essential that we catch the bus at a particular time, and there are too few buses, and all of them are full by the time they reach our bus stop. If we wait for the next bus, we cannot make our attendance for the day. We cannot afford the autorickshaws whose drivers fleece us with no regulation by the authorities, and we have no alternative but to hang on and hope we do not fall off. What we need is far more buses on the routes at peak times.

This is so self-evident that there is no scope for discussion. Should not the MTC provide this service? But it does not have the buses, and it does not have the money to buy them.

The Times of India gave us some more revealing information. The government's own assessment is that we need 5000 buses, but we have only 3609. Bengaluru, on the other hand, with its population 7 lakh (700 000) fewer than Chennai, has 6200 buses. Why do we not buy more buses? The answer is simple. Bus fares are heavily subsidized, and every bus loses money on every trip. There is no money to buy more buses, or to keep those we have in good working condition. Why not then declare this a public service at government expense, like the public hospitals, and spend whatever it takes without bothering about the income? The populist policies of our major parties, and their competition in election promises, mean that we provide people with television sets, free cable services and free electricity, mixers and other goodies, but have no money to run hospitals or bus services efficiently. When will the public realize that these services are more valuable than all those knick-knacks? When will we elect a government based on the quality of the services it gives us, not on ephemeral gifts?

And this brings me back to my favourite grouse. We allocated crores of rupees paying for below poverty line people to have kidney transplants at corporate hospitals, but will not spend a fraction of that to prevent renal failure and other complications of diabetes and hypertension. It needs a person more distinguished than I to state that these policies are faulty. Dr Jan Breman, Professor Emeritus of the University of Amsterdam, a social scientist, delivered a lecture in Chennai under the auspices of the Media Development Foundation and the Asian College of Journalism. He was speaking about some programmes in Gujarat, but his words are no less applicable to our Chief Minister's health insurance scheme. I quote from a report in *The Hindu*: 'Professor Breman illustrated how difficult it was for the poor to fulfil eligibility criteria, and even once that had been accomplished, how much more of a hassle it was to secure the entitlement... eventually, it led to a reinforcement of dependency on the more powerful.'

A rather cynical explanation I have heard from one public health administrator is that we are not spending much on the programme since the number of transplants is limited. If we run the annual screening programme you recommend, we will pick up far more people with diabetes and hypertension and then it will be our responsibility to treat them all, and that will cost more than the few transplants we do. That suggests that he feels no responsibility for all the patients who die in renal failure or with strokes or myocardial infarction, and suffer with all the other complications of these diseases. What is the public health department for?

OPENNESS IN GOVERNMENT

I have been critical of the government most of the time, so it comes as a relief that there is something I can commend the Tamil Nadu government for, and that most strongly. I was looking to find some aspect of government spending on health, and came across the 'Performance Budget 2012–2013' of the Health and Family Welfare Department of the Government of Tamil Nadu. (Anyone interested should go to http://www.tn.gov.in/policynotes/performance_budget/PB_health_fw.pdf.)

With 11 chapters headed Medical Education, Medical and Rural Health Services, Public Health and Preventive Medicine, Family Welfare Programme, Food Safety and Drug Control Administration, Indian Medicine and Homoeopathy, Tamil Nadu Health Systems Project, State Health Society, Tamil Nadu State AIDS Control Society, Tamil Nadu Medical Services Corporation, and Tamil Nadu State Health Transport Department, this 148-page document gives interesting details of the working of the health department and what it costs. It would be naïve to expect a genuine report of the effectiveness of all the schemes and programmes, but the cost of each programme, the numbers treated at each of the hospitals in the state, statistics of all the infectious diseases in the state (including the rise in incidence of some of them), and a lot more are covered in detail. My only disappointment was that there was only one paragraph on the Chief Minister's Comprehensive Health Insurance Scheme. I recommend this publication to anyone who is interested in government spending on health.

DEATH IN THE SEWERS

In 2008, the Madras High Court prohibited manual cleaning of sewers of the city. Metrowater was supposed to have purchased a number of mechanical devices, sewer cleaning rods, mechanical grab bucket and drag bucket machines, and hydraulically operated desilting machines to keep our sewers patent. Their fate remains a mystery, and the cleaning continues to be done by manual workers, unprotected by any safety gear. In September 2012, a contract worker entered a manhole and was overwhelmed by poisonous gas. The junior engineer made a valiant attempt to save him, but he too succumbed to the gas, and both died.

What respect government institutions have for the law and courts? All around us, we see authority flouting the rulings of our learned judges. If that is the way our rulers behave, how can we expect common citizens to be law abiding?

NO (MENTION OF) SUGAR, PLEASE

I have patients with diabetes from all over India. A common feature in some 80% of them is that they faithfully give me a list of all their complaints and diseases, with one exception. They will tell me of the polyuria, nocturia, oedema, dyspnoea, and more, but they will not volunteer the information that they have diabetes. I have to extract that part of their history with a leading question. Have any of you found the same behaviour among your patients who have diabetes? Is this a subconscious feeling of guilt, that their neglect of their diabetes is responsible for their present condition?

M.K. MANI

Letter from Glasgow

TWO WOMEN

Scotland has many links with Ireland, including those developed by the hundreds of thousands of migrants who came from the Emerald Isle to Scotland in the 19th and 20th centuries. These Irish immigrants settled particularly in west central Scotland, centred on Glasgow, with its need for labour in the heavy industries. So the environmental culture I have grown up in Glasgow has been Indian (as part of the Indian diaspora we spoke Punjabi at home), Scottish, British and Irish (as a result of the influence of the Irish diaspora in Scotland). I also have to declare a personal link with Ireland as my wife has Irish ancestry, so I am lucky in having the benefit of exposure to a multitude of cultures.

I want to talk about two women, both citizens of the Republic of India, and what happened to them—one in Ireland and the other in India. What happened to these two women troubles me greatly given the bonds that I have with both the countries, and because both events impinge on public health.

What is troubling me? In the case of Ireland it is the death of Savita Halappanvar, an Indian living in Ireland,¹ and in the case

of India it is the rape and torture of the Indian physiotherapy student who was assaulted together with her boyfriend when they were picked up by a vehicle which they mistook for a public bus in Delhi.²

As a consequence of my links to Ireland, I have visited it many times and it was on a visit to Ireland for a long weekend to renew my acquaintance with Dublin that I chanced upon a demonstration in the centre of Dublin. It was Saturday, 17 November 2012 and I was standing close to Molly Malone's statue in Grafton Street, just up the road from the entrance to Trinity College, Dublin. It soon became apparent what the huge demonstration was about—the thousands of people of different ages, colours, backgrounds and of both genders were demonstrating for a change in the law on abortion in the Republic of Ireland following the tragic death of Savita Halappanvar, in Galway on 28 October 2012. The demonstrators were calling for women's right to abortion to be recognized, a situation they argued would have prevented Savita's death. Savita had been refused a termination while she was miscarrying because, according to her husband, Praveen, they were told by the hospital that since a foetal heartbeat was still