

FROM THE PRESS

Kerala bans endosulfan after 500 deaths over 20 years

The Kerala government has imposed a complete ban on the use of the pesticide endosulfan, which is alleged to have led to congenital deformities and even deaths in the state's Kasargod district. Endosulfan was used extensively as an aerial spray, including over the state's own cashew plantations. Aerial spraying in Kasargod was discontinued from 2004 under orders from the Pollution Control Board, Kerala. However, when tests in 2008-10 revealed the presence of the pesticide in water samples, aerial spraying was banned across the state.

The battle against endosulfan began in the early 1980s, when reports surfaced of calves born with deformed limbs. Congenital deformities were also recorded among children born in Kasargod district. Dr Y S Mohan Kumar, a local medical practitioner, was one of the first to draw the government's attention towards this phenomenon. Dr Kumar feels strongly about the negligent attitude of the authorities who are still debating on whether it is truly endosulfan which has caused these congenital abnormalities. "The dead -- about 500 in the last count -- were luckier," he says.

Kerala is the only state to ban the use of endosulfan. The Union government has said it will not impose an all-India ban without consulting other states where the pesticide is used in large quantities.

A study by the National Institute of Occupational Health found a link between endosulfan use and neuro-behavioural disorders and congenital malformations. This study was submitted to the Human Rights Commission in 2002 but the central government refused to accept its findings. In November this year, it decided to undertake a fresh review of the effects of the pesticide.

Eminent agricultural scientist MS Swaminathan has supported the ban on endosulfan. He has said that regardless of whether studies conducted actually establish a link between the pesticide and the health problems of the people of Kasargod, the ban should stay. Dr Swaminathan recommended the adoption of the "precautionary principle" in this case, as it involved the health of human beings. "It's always better to go on the safer side. That is my philosophy, particularly when it involves the health of the people."

Press Trust of India, Govt to review pesticide endosulfan's usage issue afresh. *MSN News*, November 26, 2010. <http://news.in.msn.com/business/article.aspx?cp-documentid=4631766> Ananthakrishnan G, The chemical curse?. *Times of India*, November 21, 2010. Principal Correspondent, Swaminathan compliments Kerala for ban on Endosulfan. *The Hindu*, November 25, 2010. PTI, Ban to have national implications: Ramesh. *The Hindu*, November 17, 2010.

Russia: custody death raises questions about prison health

An investigation into the death of jailed Russian lawyer Sergei Magnitsky has brought to public attention the condition of the prison health system in that country. The gross medical neglect and subhuman conditions in Moscow's pre-trial detention centres were exposed in a report on Magnitsky's death by the Moscow Public Oversight Commission (ONK).

Magnitsky was arrested on fraud charges said to be in direct retaliation by the government for his work with an international investment fund, Hermitage Capital; the Fund had passed on evidence about corrupt officials to the Russian media. He was found dead in his prison cell in September 2009. According to the ONK report, prison doctors had examined Magnitsky three days before his death, but left him to die, unattended. In April 2009, Vera Trifonova, a real estate agent, also accused of fraud, died in the same prison.

As Lev Ponomaryov, a human rights activist, puts it, "The problem is that doctors are also men in epaulettes (officers), at the end of the day, they do what the head of the prison says, even if that means a cover up."

The Magnitsky death has brought international attention and pressure on Russia, and President Dimitri Medvedev has fired 20 top managers in the prison system. However, the question remains of whether this translates into an actual overhaul of the prison health system.

Prison deaths are the proverbial tip of the iceberg. The high incidence of HIV in Russian prisons is also alarming. Mikhail Volik of the Moscow office of AIDS Foundation East West, a Dutch NGO involved in WHO's "Health in Prisons" programme, says, "Despite inmates accounting for more than 10% of the countrywide epidemic, only 1% of the federal AIDS budget is dedicated to care for inmates."

While the ONK report has raised many issues concerning the prison health system, Commission member Zoya Svetova has stated that there have been several attempts by military veterans to seize control of the commission and bring it under government influence.

Tom Parfitt, Crime and unjust punishment in Russia. *The Lancet*, November 27, 2010.

Haiti: Post-quake cholera epidemic exposes inadequate public health system

1,200 people died of cholera in Haiti following the earthquake which hit the country in 2010. Those are the official figures; the real figures are believed to be much higher. Cholera can be treated using oral rehydration salts, but the already inadequate health system and poor sanitation in Haiti has been further crippled by the earthquake.

Ironically, the outbreak of cholera was not at the relief camp near Port au Prince, the area worst affected by the earthquake. It was in an area north of the capital. Further, DNA tests matched the cholera bacterium to a South Asian strain, which led to the UN peacekeeping troops being blamed for introducing the disease. This led to protests against the troops, and worsened the existing difficulties in providing healthcare for those affected by cholera.

Aid agencies and health workers have been trying to cope with the outbreak by training community health workers, and creating strong public awareness campaigns about prevention and treatment. However, these efforts need to be supported by providing better sanitation and potable water to curb such outbreaks.

"There must be long-term commitment on behalf of the international community, not just for the control of the outbreak, but for reversing the extremely poor water and sanitary conditions that existed long before the outbreak," said Jon Andrus, deputy director of the Pan American Health Organisation. "Unless safe water and waste management can be provided, cholera will continue despite everyone's incredibly hard work to prevent and treat new cases," he added.

It must be remembered that diarrhoeal diseases were among the leading causes of death in children under 5 years of age in the region, even before the earthquake. The earthquake has merely drawn the attention of the international community to the health and sanitation system, or the lack thereof. However, international aid is not a magic wand, in this case at least. "If you want public health, you have to have a public health system," said the chief medical director of Partners in Health, Joia Mukherjee. She was particularly critical of the "the NGO-ification of aid," and argued for an increased investment on the part of the government.

Barbara Fraser, Haiti still gripped by cholera as election looms. *The Lancet*, November 27, 2010

India makes gains in the battle against HIV

India seems to have made progress, over the last 10 years, in combating HIV/AIDS, according to the recent UNAIDS report. "India reduced HIV/AIDS by 50% while its pharmaceutical companies played a major role in care and treatment by supplying 86% of the first-line drugs to the poorest countries," said UNAIDS' executive director, Mr Michel Sidibe, praising India and Indian drug companies for their role in combating AIDS.

However, Mr Sidibe also warned that current efforts and the necessary funding must continue if we are to curb this disease. The performance of other developing countries, especially in poorer African countries has been promising, too. However, the Sub-Saharan African countries are struggling to control the epidemic, with 69% of all new infections taking place there.

Though general access to life-saving drugs has improved over the last few years, these drugs are still not available to a large number of HIV positive people. In India, which provides 86% of

first-line drugs to the poorest countries, 600,000 people with HIV are living without any access to these drugs.

The recent statement by the Vatican has been a step in the right direction, "The Pope's latest announcement on condoms will have significant impact on HIV prevention," said Mr Sidibe. The use of condoms was a religious taboo for Catholics the world over.

In India, the bulk of funding for the disease comes from international donors. Hence, a financial crisis, like the one witnessed last year, has direct implications for the spread of the disease and access to drugs. The government needs to make substantial budgetary allocations to curb and combat HIV/AIDS in order to continue the progress it has made over the last 10 years.

PTI, India made significant improvement in tackling HIV. *The Hindu*, November 23, 2010.

Sensitising the justice system

The international campaign group Human Rights Watch has called upon the Indian government to ban the invasive "finger test" for rape victims. This "test" is carried out to determine whether the victim is "habituated" to sexual intercourse, and the results are generally used by the defence lawyers as evidence in court. Not only is the finger test humiliating and traumatic for rape victims, it also tends to influence the course of judicial decisions on something that is "hypothetical and opinionative" in the words of the Supreme Court.

The finger test involves insertion of a doctor's fingers in the woman's vagina to determine the "laxity" of the vagina. The Human Rights Watch report points out that this test is antiquated and scientifically baseless, but is often used by defence lawyers largely to question the woman's character and whether the sexual act was really non-consensual. This problem is further compounded by doctors testifying in court on the basis of a finger test, turning unscientific statements into forensic medical evidence.

This report comes at a time when the government is reviewing its laws and guidelines relating to sexual violence. Aruna Kashyap, a researcher at Human Rights Watch, draws attention to how crucial it is to draw up national guidelines that standardise forensic medical examinations, and specify what constitutes evidence. This would serve to raise awareness and sensitise doctors, the police, lawyers, and judges to the rights of raped women.

Zosia Kmietowicz, Ban "degrading" finger test after rape in India, say activists. *BMJ*, September 11, 2010.

Counselling techniques for children with HIV

Lokmanya Tilak Municipal General Hospital, Mumbai, has launched an initiative to counsel HIV positive children using art and storytelling. This will explain their health condition and the necessary treatment to them in a way that is compatible with their level of understanding and maturity. "HIV-infected

children start becoming curious about their condition at the young age of five. It is not possible to tell them about their disease right away at that age. However, making them aware indirectly without mentioning HIV, as per their maturity at that age, can help them comply with the medication and treatment properly," said Dr Mamta Manglani, chief of the regional paediatric anti-retroviral therapy (ART) centre at LTMG Hospital. The paediatric ART centre at LTMG Hospital is one of the seven in the country and has seen a spurt in the number of cases over the last few years. The centre provides ART free of cost to all the patients enrolled.

The logic behind this initiative is that if children are aware of why are they receiving medication, and understand the gravity of the disease, they will not be careless with medication and other associated treatment. A module for training counsellors is

being designed by a panel of experts from the Mumbai District AIDS Control Society, the National Aids Control Organisation, the Clinton Foundation and SNDT University.

A typical session includes the counsellor narrating a story about the disease to the children, and the children drawing or narrating stories to display their understanding. Such an initiative will also ensure that children receive the correct information and do not depend on rumours and myths surrounding the disease to understand their health condition.

Sonal Shukla, Drawings, stories to help counsel HIV-infected kids. *Hindustan Times*, December 1, 2010.

**Compiled by Supriya Bandekar
supriyabandekar@gmail.com**

BODHI

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