

LETTER FROM BONGAIGAON

A silent epidemic

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Every third person I know in Assam has either got his or her appendix removed or is in the process of getting it done. Every other person I know is either on injections or on tonics for a 'spoilt liver'. The textbooks make no mention of these entities but we find doctors diagnosing something called 'chronic appendicitis' that needs to be operated upon at the earliest, and 'chronic hepatitis' that needs tonics. A silent epidemic is taking its toll on the community. It is an epidemic of irrational medical practice. Those most affected are the poorest in the villages.

We help LOCOST, the Gujarat-based charitable trust that manufactures essential and generic medicines, run their Guwahati depot. After having entered the tea industry hospitals, we decided to target the bigger hospitals of Guwahati, a city that acts as a gateway to the northeast. All the medical directors we meet have heard of LOCOST and, yes, they are sure of their quality as well. But they are also sure that LOCOST medicines cannot be made available in their hospitals. 'You know the margins from sales of medicines subsidise a lot of our running costs, so how can we buy your medicines?'

The director of a charitable hospital outside the southern city of Silchar recounted his experience with a drug supplier the year before. 'We wanted a few hundred of an antibiotic injection. The drug supplier was not ready to give more than a 33% discount though I got a much better rate last time. So I decided to go to another supplier. Immediately, the first supplier drove down and offered me a Maruti car if I got the purchase okayed for Rs 50 instead of the Rs 25 that I was insisting on. It was then that I came to know of the margins and the stakes involved,' he said. Another chief executive officer—an administrator, not a doctor—of one of the leading hospitals in Guwahati recounted the spat that he had with his board of directors to stop the 19% commission they were offering doctors who referred their patients for laboratory diagnosis, or for admission. 'They would have none of it; they thought I was mad.'

Five years ago, when I used to work in Majuli, the largest inhabited river island in the world, I managed to get a

total of five disposable syringes from the three pharmacies in its head village. Doctors would drive through muddy village roads to reach their patients. Their prescriptions may have been far from perfect but they would not charge more than Rs 100 for the entire effort of travel, diagnosis, prescription and a two-to-three-day course of medicine.

Today, I meet villagers who are ready to sell their land to take their patient straight to Vellore without even consulting an MBBS doctor in the nearby town. 'The doctors here are no good' for the many patients who travel every day to Vellore, Chennai or Hyderabad. The going is good for Apollo Hospitals; reportedly, they have an Assamese interpreter at the reception. They had all but set up a hospital in Guwahati, until their plans were thwarted—reportedly by the lethal combination of local doctors and militants.

The epidemic has moved swiftly and silently and although everyone is aware of it, it has shocked and awed the mild-mannered Assamese and tribal populations into numbness. Couple it with the age-old problem of poor governance and the round-the-clock imposition of Section 144 under the Armed Forces Special Powers Act, and one understands why no non-governmental organisation voices its concerns.

We in the northeast are good importers. We import vegetables, fruit and mustard oil. Until two years ago, even our rice was imported. The UK can afford only a limited number of computerised tomography scans, but we have started importing them freely. The rotten ethics is the newest import that has entered the personal and social life of the traditional society. My friend Sabu insists that the increasing import of ultrasonograms is for sex-selective abortion, even if people like me feel that traditional societies, such as those in the northeast, treat their women much better. But one ceases to be shocked any longer. Liberation armies are here in plenty. Can we hope that one of them will take a stand to call off these imports? Or must the epidemic be allowed to spread unchecked?