

Editorial

Friday, September 6, 2019

The sick education system should be blamed for Babysana's dead

So, who actually 'killed' Babysana Chanu? Well, the answer would be prejudiced as the case is still going on in the court, but it appears the public knew it already. Not getting into details about the legal terms and procedures for the final outcome and circumstantial evidence leading to the tragic death of the little innocent girl, one is certain that Babysana has left this universe, exposing us to the very kind of sick society we all have inherited.

The ultimate question is - what was Babysana's fault and why she had to die so early in her life, when she might not even fully realize the meaning of life? Certainly, she alone could answer the question, which again won't be possible for sure. But the fact of the matter is she is dead.

Now, we can look at two different hypotheses, not essentially the death of the girl. The private schools, which are mushrooming like anything in the state, and the second, a government which does nothing at all, but photo-ops for blinding the masses.

Many of us depended to private school due to reason best known by every responsibility citizen of the state and thus the first one be excused. Nevertheless, overall ninety per cent of all the private schools in the state do not follow the actual guidelines of the Central Board of Secondary Education or the central nodal agency for school education. This may be in terms of teaching facilities, student welfare and management of schools among many others. For a state like Manipur, which has no 'proper regulation and guideline' for establishing or running a school either in private or with government funds, one can have their say if you have the money and the right connections with the powers that be. And ultimately who suffers - the students, the teachers and the society.

The second: the government is the problem. Over the years, government funded schools are not able to produce a single credible student in examinations, also conducted by itself. There could be various reasons - one is that the state government hasn't given any importance to the education sector and is still clueless where sector is heading to. The next is almost every decision initiated by the state government on education has been based on 'adhocism'.

Few weeks ago, the media reported about the launching of a scheme called 'School Phagathanssi' mission. One wonders what was the actual goal of the scheme: to improve infrastructure of the schools or the education system or both? May be yes. The next day it was full stop. And lastly, Manipur has no true public leader to lead the masses from the front. Of course, we've plenty if you talk about politicians.

Nelson Mandela, the great African leader, said, "Education is the most powerful weapon, which you can use to change the world." Truly, education is the key to everything in a society from establishing gender equality, to reducing poverty, to creating a sustainable planet, to preventing needless deaths and illness, and to fostering peace.

Last month, one had the opportunity to meet the state education minister, Th Radheshyam, who came to participate in a programme conducted by the Delhi government on education. When asked him about the state of the education system in the state, he frankly confided - it's very bad, but is 'trying'. Except the salaries for the teachers, his department has no money to launch any innovative and creative activities either for the teachers or students, which is the most important sector after all. In fact, hundreds of teachers get retired every year, but there is no recruitment for nearly 30 years in Manipur.

Coming to Babysana, her case could be either suicide or homicide, but her death is the symptom of a broken and sick society, which we all have to accept. The little girl was killed by you and me.

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By Swagata Yadavar
&
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His eyes puffy, his spirits low as he lay on a hospital bed with tubes running out of his body to a dialysis machine that purified his poisoned blood and sent it back, shawl vendor Niya Wani contemplated how much longer he could afford his treatment.

Till August 26, 2019, Wani's dialysis was free of cost at the 50-bed Khyber Hospital, one of Srinagar's leading private medical institutes. He is a 'golden card' holder under the prime minister's key medical-costs reimbursement programme, the Ayushman Bharat Pradhan Mantri Jan Aroga Yojana (national health protection scheme), which - until August 2019 - reported the best use nationally in Jammu and Kashmir.

Started in September 2018, Ayushman Bharat provides free health services costing up to Rs 5 lakh to over 100 million Indian families who live below the official poverty line. Wani was one of those - until last week, when the hospital suspended free treatment because it could not register and process claims on the internet, which has been blocked by the government for 31 days now.

Wani was not alone in the 20-bed dialysis centre. Almost all the other patients we met were golden card holders: rickshaw drivers, labourers and other daily wage earners struggling to get dialysis now that Ayushman Bharat services were down. Even though they needed dialysis, some patients were going to discontinue the treatment because they could not afford it.

On humanitarian grounds, the Khyber Hospital allowed free services for golden card holders until August 26, 2019, believing the internet would be restored. But with current unpaid bills running to Rs 22 lakh and Rs 60 lakh yet to be received from the central government, hospital authorities said they had now stopped free treatment for Ayushman Bharat beneficiaries.

Wani said he had to now pay Rs 2,500 per dialysis or about Rs 20,000 per month, excluding medicines. "I had to sell my wife's gold ear-rings to afford treatment," he told IndiaSpend from his hospital bed. "I got just Rs 15,000 for that pair of ear-rings. It was more than 1 tola (10 gm of gold). These goldsmiths are very smart, they are not giving loans but asking us to sell [our gold] instead."

Since August 5, 2019, when India's parliament passed legislation to abrogate Article 370 of the Indian constitution – introduced in 1949 as a condition for Jammu and Kashmir to join India – deployed an additional 38,000 troops and suspended telephone and internet services in the Kashmir valley, a healthcare crisis is increasingly evident.

Ayushman Bharat patients cannot access free services. The private and government hospitals we visited were half empty. MRI machines could not get software updates. Many drugs were in short supply, and with courier services suspended, those who could afford to were making journeys to Jammu, Chandigarh or Delhi to fetch medicines. Surgeries were postponed or curtailed. Doctors were idle. Patients in need of life-saving procedures may have died, but there is no way of knowing because of the continuing mobile and internet blackout.

On September 4, 2019, a month since the communications blockade, Srinagar's district magistrate and development commissioner Shahid Choudhary retweeted the official Twitter handle of the state's

information and public relations department that said: "100% of landline exchanges to be operationalized; Remaining 19 exchanges being opened tonight". Mobiles are being "restored gradually" and "already buzzing in Kupwara", Choudhary added. He also said surgical procedures in hospital were normal and medicines available.

Much of this had not happened when this story was written on September 5, 2019.

At the Khyber Hospital, Wani told us how he earned Rs 500 per day during tourist season and how he had no income since August 2019 when shops and businesses in the Valley were shut down, an unofficial civil strike to protest against the government's decision to abrogate Article 370 and downgrade Jammu and Kashmir from a state to a union territory.

"My three children will have to stop their studies," said Wani. "There is no money even to buy rice or vegetables now."

"Why are poor Kashmiris not able to avail benefits of Ayushman Bharat when all other Indians can?" asked Wani.

'We don't know how many died'

Before August 5, 2019, the Khyber Hospital averaged 30-40 angioplasties – procedures to treat blocked blood vessels in the heart. Last month only about 10 angioplasties were conducted, said a senior cardiologist, not willing to be identified for fear of being persecuted. Most officials in government hospitals, hospital owners and doctors told IndiaSpend that they had been instructed by the government not to speak to the media.

"See, heart attacks still happen, they don't stop. In fact there could be more because of the [additional] stress," said the senior cardiologist. "What has happened now is that patients are not able to reach to the hospital. This particularly happened in the first three weeks following the clampdown. Many may have died, but there is no way to know."

Even at the Shri Maharaja Hari Singh (SMHS) Hospital, one of Srinagar's top two government hospitals, doctors said neither could patients with scheduled surgeries reach the hospital nor could the hospital administration contact them.

Many hospital employees living away from the premises could not make it to work because of security barriers. Many surgeons we spoke to decided to not operate on "high-risk cases" because there was no way for the resident doctors to contact senior consultants in case of emergency.

Hospitals have started using ambulances to ferry hospital staff to and from work because in some areas private vehicles are not allowed to proceed. Routes are present, but during emergencies, without mobile phones, it is difficult to reach doctors.

The government has claimed that landlines have been restored in some parts of the Valley, especially in government offices and police stations. However, there was no working landline at SMHS Hospital when IndiaSpend visited on September 4, 2019, even though it had been officially restored on September 1, 2019. Hospital staff said the mobile phone of the head of the hospital, Parvaiz Ahmad Shah, who also heads four other hospitals in Srinagar, was working.

IndiaSpend tried to meet Shah three times at his office, but he refused to meet us or offer comment.

At the directorate of health services, many landlines were not working on September 4, 2019. Only the mobile phones of the health director and district chief medical officers had been restored. Other emergency staff in Srinagar and other district hospitals did not have access to

mobile phones or landlines, IndiaSpend has learnt.

Patients hitch rides, borrow vehicles

Most patients in rural Kashmir depend on tertiary hospitals in Srinagar for their health needs. With communication services down, heightened security checks and no public transport, patients from rural areas cannot easily reach the city. We met patients who hitched rides, borrowed vehicles from neighbours and relatives, and spent a lot of money to reach the hospitals.

Altaf Ahmad Sheikh, 45, who had piles, was taken to SMHS hospital by his son on a motorcycle from Tahab-Pulwama, 60 km south of Srinagar. "We could have come in a bus if the situation was normal," Ahmad said, adding that doctors told him to revisit the hospital in October for a surgery.

Another patient, Abdul Subhan Lone, said he paid a neighbour Rs 200 for fuel to get a drop to the highway from his village of Pipiyora in Tangamarg. "From there, I hitched a ride in three vehicles to get here," Lone said.

Doctors at hospitals in Srinagar told IndiaSpend they were deferring surgeries, except emergencies and deliveries. Out-patient department data indicate how services have been affected.

When IndiaSpend visited Sheikh Ul Alam Hospital, a private hospital in Srinagar, it was deserted. The out-patient department (OPD) was empty and a display board said that only three patients were admitted in the 20-bed facility. The hospital usually receives 350 patients every day in its OPD but has received only 50 each day since August 5. Instead of 300 surgeries every month, it had done only 50 in August.

This is because even if patients come to the hospital, its doctors now refer patients to a government hospital, which have an anaesthetist and surgeon present at all times. Finding doctors during emergencies without a phone is a risk the hospital is not willing to take. The internet shutdown affects medical equipment.

At the Shafe Diagnostic Centre, a public-private partnership at the Bone and Joint Hospital, the MRI machine—one of three in government hospitals here—suffers glitches, but it is not getting its software updates and company technicians have not been able to find out what is wrong.

In normal circumstances when a problem is evident, the diagnostic centre sends photos of the MRI machine's screen to the company through WhatsApp. The problem is usually "promptly resolved", staff at the diagnostic centre said.

Drug shortages, refrigeration problems

Ishitaq Lone, 54, was perspiring when we met him at a chemist shop in the city. Asked if he could find medicines, he grew angry.

"I have been searching for these medicines for the last one week. I have visited at least 20-25 shops," he shouted. The drugs he was looking for are commonly prescribed for diabetes—Glized, Innomet and Janumet.

Lone, his mother and his father are diabetics. His medicine stock, bought on August 4, 2019, had run out. Without his oral diabetes medicines, he was taking increased insulin doses to manage his disease.

"Already, our blood glucose tests have shown higher than usual levels, I do not want to check it again because it will stress me out," said Lone, who was planning to go to Jammu to buy these medicines.

The drugs Lone required are currently unavailable, confirmed Farooq Ahmad, a chemist. "Since the last 10 days, there has been a shortage of diabetes drugs and insulin," he said.

Distributors cannot reach their

main drug suppliers and are finding it difficult to convince truck drivers to bring the drugs to Kashmir because of security concerns. "I finally brought the drugs in my own car from Chandigarh, but I had to pay a Rs 5,500 challan (fine) because it is not allowed," said Ishwaq Ahmad, a distributor.

Medicines in particularly short supply are ones that need to be refrigerated and delivered within 24 hours, such as vaccines, insulin and some cancer formulations. "This is because courier companies have refused to operate in Kashmir," said Mushtaq Ahmed Pukhta, distributor and office bearer for the Jammu & Kashmir Chemists and Distributors Association. If the current situation persists, there will be a definite shortage of these drugs, he added.

Distributors had complained to Kashmir's drug controller 10 days ago, said Pukhta, but nothing had been done yet.

Cancer patients look for medicines

There had been no change in the number of chemotherapy patients receiving treatment at a Srinagar private hospital, whose officials requested that it not be named. "That's because our patients cannot afford to delay treatment," said Uroosa Fayaz, junior resident doctor. "If they even miss one cycle, they have to repeat the whole thing again."

The communication blockade has added their difficulties. Chemotherapy drugs, ordered when a patient needs them, are not easy to find. In one case, the hospital intervened, calling the medical supplier.

Fayaz spoke about a cancer patient who needed an immunotherapy drug, which a relative had to get from Delhi. It took one week. "It was very challenging to organise the drug especially because there are no phones or internet working," Fayaz said, noting that even a "few days' delay" can be too much.

An oncologist at a government hospital, speaking on condition of anonymity, said she sent biopsy samples to pathology labs in Delhi but their results never came after August 5, 2019. She performed biopsies again for patients who returned, in local path labs, but many patients did not return. Patients who were not diagnosed and did not begin treatment will now possibly return in two or three months, during which time the cancer may have progressed.

The oncology department in the government hospital, which normally sees 200 patients a month, only got 50 patients in August 2019.

Fullstop to Ayushman Bharat

There were 613,697 families – 29% of all families in the erstwhile Jammu and Kashmir – eligible for Ayushman Bharat. Till May 2019, 1.1 million e-cards had been generated and 13,000 claims worth Rs 8.7 crore submitted, according to the Ayushman Bharat website. The state had one of the best rates of utilisation of the scheme.

Hospitals treated patients cashless and free of cost by verifying card-holder details from the Ayushman Bharat website and waiting for "pre-authorisation", after which the hospital got paid depending on the disease package chosen. This is required to be done within seven days.

Without the internet, hospitals have not been able to log on to the Ayushman Bharat website, so they have been turning away patients.

On August 28, 2019, the nodal agency for the scheme in Kashmir issued a circular that under the "exceptional circumstances", the documents could be uploaded even after the seven-day period.

(To be Contd.)

Ground Report: Healthcare Crisis in J&K Grows; Ayushman Bharat Suspended