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India's Healthcare System

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At a dilapidated railway station in Mumbai, a man with seriously thin, bow legs shuffles past our group, barely able to walk. "Rickets" my mother tells me. "A lack of vitamin D causes a softening of the bone". We all fall silent. Herman, the Orthopaedic Surgeon amongst us, says simply, "I don't think I'll ever see something as bad as that again in my whole life". Welcome to India.

I genuinely thought I was prepared for India- I'd backpacked round the world when I was 18 after all. But it's true what everyone says- nothing can prepare you for it. Not my mother, who's visited four times before. Not my university tutor, a regular visitor here. And not the charity team I'm accompanying on this, my first visit.

The first shock had been at the airport, where heavily armed guards greeted us. Having made the massive mistake of attempting to take a picture inside the airport, resulting in a reprimand from one of the guards, we were allowed to pass through the airport, past the swine flu warning signs and out into the sweltering heat.

Horns blasting, cars revving and people shouting all add to the overwhelming din of construction work. Despite 42% of the population being under the international poverty line, the Indian government have chosen to spend close to £600 million pounds on a cross city monorail in a bid to cut down on the traffic. And I don't mean a traffic jam of orderly lined cars waiting patiently for the car in front to move.

In Mumbai traffic jams seem to be a challenge to the drivers. Who can fit through a space half the size of their vehicle? Who can run the red light without causing a four car pileup? The only requirement for a roadworthy car seems to be if it moves it's good to go. Among these dilapidated vehicles are the rickshaws- three wheeled vehicles that are no more than motorised carts zooming around at alarming speeds, with no doors and apparently no consideration for safety.

At the railway station our group instantly becomes an event, with our pale skin and digital cameras, added to the fact that we are all carrying an insane amount of luggage, packed with much needed medical supplies. Because I'm not visiting India on a holiday, I'm accompanying the SVJC Trust on one of their yearly visits to Walawalkar charity hospital, Dervan, in the Ratnajiri region.

After the man with rickets, the most shocking thing is the street children. Having watched Danny Boyle's Slumdog Millionaire I thought I had some vague grasp of what this must be like, but I didn't. These really are children, barely able to walk, being quite literally dragged around by toddlers, begging for money, food, anything. There is no other way to describe them than as a pack, and it's heartbreaking to watch. All you can think is how did things get this bad? The answer is really quite simple.

In India everyone is assigned a caste on birth, similar to the class system in the UK but much more detailed and a thousand times more important. In India you cannot move from your set place in society. These children have been born onto the lowest caste and have no hope of ever escaping the crippling poverty they experience on a day to day basis.

The following week was a serious learning curve. It is probably safe to say that, having witnessed the ins and outs of an Indian hospital, I must have a stomach of steel. Watching the surgical team peel back the skin on the patient's leg and knocking the knee cap out with a hammer would turn most people's stomach, but all I can think was how severely this man's life would have been limited, had the UK team not been here to perform the surgery.

India is 148th on the world list for healthcare and although the hospital is immensely advanced for an Indian hospital, compared to UK hospitals it is extremely out dated and many of the routine practices for running a hospital are not in place, such as basic hygiene and pain relief management. However their main challenge is the mistrust of modern

Medical Practice:

Many local people, especially in the rural regions, are distrustful of modern medicine, preferring to seek help from the local witchdoctor. However it soon became clear that the staff at the hospital are immensely dedicated to their work and to the improvement of the health, education and hopefully the future of the villagers. The Medical Director, Dr Patil gives everything to the hospital, confessing that in the past two years, she has only taken three or four days off. She is constantly on the move, assessing patients, teaching nurses and planning the future of the hospital, and always in the same calm manner. In fact, Dr Patil only loses her cool once throughout the whole visit, when a wealthy patient refuses to pay for his treatment and then proceeds to imply the staff are not doing a worthy job. It is clear that Dr Patil, understandably, takes any insults against her beloved hospital to heart.

India is often described as two different worlds surviving alongside each other. The rich cultural society lives alongside the desperately poor communities who have few provisions and even fewer prospects for the future. However the people of India are simply the most welcoming, polite people I could ever hope to meet.

Despite the abject poverty they face they have a sense of calm about them that I can only dream of, and although at some points through the week I found myself thinking that the whole country just needs to be levelled and started over, in the next moment I would see one of the UK medical team dispensing advice, and young nurses scribbling furiously, desperate to absorb as much information as possible, or the medical director going without sleep to spend as much time as possible planning the future of the hospital.

The government of India may be trying to make their country into a global super-power, but it is these people who are making India into a compassionate super-power.