

Editorial

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India, the largest democracy in the world, is once again going for its general elections. (A total of around 675 million voters!) At the time of elections we often say that the 'future of the people' is in their hands. To a great extent it is true. That is the strength of a democracy. It is a moment of conscientious choice or decision on the part of the people to take seriously the future governance of their country. This means that they are in a position to make a conscientious decision.

What happens when an artificial and glossy picture is projected all over, spending millions of rupees from the State exchequer, with mind-boggling slogans such as 'India shining', 'India Super Power', 'With the poor' or similar jingles and thus try to brain-wash people's minds? What happens when there are door-to-door campaigns or 'rathiyatras' with so much fanfare, with the sole objective of arousing communal and religious sentiments of the vulnerable people for political mileage? This hinders the simple and illiterate masses of this vast continent to make a free decision. One should never forget that 28% of those who have the right to vote are illiterate, and 38% of them live below the poverty line. For them, which party or coalition comes to power at the centre is not their prime concern, but who will respond to their daily struggle for bread and survival.

It is here that the media plays a major role to empower the voter rather than succumb to the election euphoria. At present media attention seems mainly focused on the lacunae and ramifications of EC's order based on Rule 7 (3) of Cable and TV Network (Regulation) Act, 1995, banning political ads in television in view of polls. It is here that the NGOs and leaders of communities should exercise their professed commitment for the real concerns of the people. [This is the time when they can be the voice of the voiceless and bargain for their rights to education, employment, and above all their health.](#) This is the moment to make the party alliances to guarantee the allocation of higher percentage of GDP towards health and education.

The Harvard economist Jeffrey Sachs observes that India's future development hinges crucially on investment in health. And yet India has made no attempt to raise the less than 1 per cent of GDP that it spends on public health. At 0.9 per cent, India is way below the 6 per cent of GDP recommended by the Organisation of Economic Cooperation and Development (OECD). Sachs goes on to say, "It is a paradox that while democracy is more likely to allow poor people better access to health, many dictatorships are doing far better than India." (George Paul, *Health for All*, The Hindu, Feb. 28, 04). The largest democracy in the world will be the greatest blessing if people are empowered, lest, the 'India shining' and the 'feeling good' will be in few pockets in the major metros and for the politicians who come to power.

There is indeed a steady and gradual growth in the healthcare sector in the country in the last 50 years. But, together with this growth, which we should be proud of, there are two

major issues that call for special attention and concern of the nation: [one, the non-affordability of the health care facilities by a vast majority](#), [second, the non-equity in the distribution of health personnel and facility](#).

In this context, it is significant to note what Jean Drèze writes: “Recent health facility surveys conducted by the International Institute for Population Sciences (Mumbai) give a chilling picture of the state of health centers around the country. To illustrate, only 69 per cent of Primary Health Centers (PHCs) have at least one bed, 20 per cent have a telephone, and 12 percent enjoy “regular maintenance”. These are national averages, and the corresponding figures for the poorer States are much worse. In Bihar, for instance, a large majority of PHCs make do without luxuries such as electricity, a weighing machine or even a toilet. It is worth remembering that a PHC is supposed to be a facility of major importance, serving a population of 30,000 or so.” (*Health checkup*, The Hindu, March 12, 2004)

[Bishop Bernard Moras](#), in the introduction, mentions that 85% of the Catholic health facilities are in the rural areas. This option to be with the un-reached and the marginalized reflects the Church’s true commitment to the Master. This implies lots of challenges too. For an effective presence in these areas, we need to adopt more community- based interventions, with right strategies of service and management. [Cardinal Telesphore Toppo](#), [Bishop Percival Fernandez](#) and [Sr. Dr. Liza Ignatius](#) write on various perspectives of healthcare management.

The Time Magazine of November 2003 had carried a special report on the mental-health crisis in Asia. It summed up, saying, “Stigmatized, abandoned, often locked up, Asia’s mentally ill are left to inhabit a living hell!” In India, multiple programmes were initiated basing on various reports and policies like the Bhore Committee Report (1946), Mental Health Act (1987), the study report of Independent Commission on Health in India (ICHI) which was released by Shri Atal Behari Vajpayee on May 13, 1998, and the recent National Health Policy, etc. But still a huge population of the mentally challenged is thrown into a deplorable condition. As a nation, we need to go deeper into this reality. [Cardinal Ivan Dias](#), writing on the topic “Depression”, voices as a true pastor of the Church, as he says, “[Pastoral care of the depressed is a must today: it must enter every home, parish, community, diocese and society at large.](#)” [Fr. Thomas Felix, cmi](#), shares his experience of 30 years with mentally challenged children, as he says, (they are) *‘not less than you’!*

The fact that India’s name appears in the list of the countries where a “second wave” of HIV is predicted, calls for our special attention. [Dr. G.D. Ravindran](#) explains the Anti retroviral therapy, which is “a hope for the hopeless”. [Dr. Robert Vitillo](#) touches the delicate topic such as ‘Pre-marital testing for HIV’. As a fruit of collaboration of the CBCI Commission for Health with Indira Gandhi National Open University, after initiating a successful study programme on “HIV and Family Education”, a Bachelor Degree in Social Work will be launched by IGNOU from July 2004. [Dr. Gracious Thomas](#)’s article offers details of this course. This is yet another example of the fruit of networking and collaboration. Let us be *‘united for the health of the people of the nation’!*

