

MALARIA: A KILLER DISEASE OF THE POOR

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In April 2002 I spent a night at Kodma, about 15 km from Sahibgunj, in Jharkhand. The Sona Santal Samiti is a people's organisation animated by the Jesuits in this area. The Santals and the nomadic Paharias are the two major Adivasi communities in this region. Regrettably, they are the most exploited by the non-Adivasis, particularly by the moneylenders.

The entire area is rich in resources, with minerals like coal, iron ore, bauxite, etc. Coal is extracted and transported day and night in trucks and wagons to ensure an uninterrupted power supply to the people of Delhi, Punjab and Mumbai. But the people of Kodma do not have electricity. They live in utter darkness. *Poverty, illiteracy and lack of basic necessities like drinking water and sanitation force the Adivasis to fight their survival battle everyday.* **Death owing to malaria is ever present.**

Manju Hansda Is No More.

On the day I stayed at Kodma, a woman came around 11 pm with a two-year-old baby, crying for help. Teresa Murmu, in-charge of a small dispensary, woke up and lit the kerosene lamp. After the preliminary examination, Teresa uttered: "The child is affected by *falciparum* malaria." As she was preparing some medicine, the mother narrated her agonising story.

"I took my child Manju to treat her for fever to a private nursing home in Sahibgunj four days ago. As long as I was able to pay the medical bills, the doctor gave some medicines and kept my child alive. Once the in-charge realised that I had no more money, I was asked to leave the hospital. The condition of my child became worse. I ran to the government hospital. The doctor told me that it was too late and that there was no point in remaining in the hospital. Since we had no

money and it was already late, we decided to walk the 15 km stretch up to Kodma."

Teresa did not have much academic training. But she was highly respected in the region, for she had saved hundreds of people affected by malaria, especially sick persons with *plasmodium falciparum*, a deadly variety of malaria. This time it was too late. With little hope, Teresa continued to treat the child. At 2 am the child died. The flame of the hurricane lamp was reduced and kept near the dead baby. The father and mother sat near the body, their eyes fixed on the lovely face of the child. Early in the morning when the cock crowed, the parents took the body home for burial.

No Malaria According to the Legislative Assembly

The following morning, I spoke with the elders about the extent of malaria in that region and its impact on Adivasis. Members from different villages had many painful stories to narrate. Mr. Marandi for example lamented that their repeated requests to the government officials to control the mosquito menace did not yield any results. He explained that the Jharkhandies had much hope when the new Jharkhand state was carved out of Bihar in 2000. Yet the situation of the Adivasis did not improve.

Asha Tudu, a young woman, narrated another heartbreaking event. During the question hour, some members of the State Legislative Assembly in Ranchi raised concerns regarding the devastating spread of malaria in the state, killing thousands of people, particularly children. They also pointed out that innocent lives were lost because of poor health facilities in rural areas. In response to the queries, the then Chief Minister, Mr. Babulal Marandi, stated: "There are no malaria deaths in my state and these allegations are baseless and politically motivated." This statement came as a rude shock to many and they approached some civil society groups to conduct a study and expose the real conditions of Adivasis.

Are Adivasis Less Human?

A few groups swung into action and collected data to counter the ignorant statement of the Chief Minister. The case history of 51 persons affected by malaria was presented in the Assembly the following week. Without even sympathising with the families of the diseased,

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the Chief Minister gave a one-line response, “We will send DDT”. Dichloro-Diphenyl-Trichloroethane is a synthetic pesticide popularly known as DDT. If it is sprinkled properly and regularly, the mosquito menace and hence malaria can be controlled, if not completely eradicated.

To everyone’s surprise, the DDT bags reached the Block development office within three weeks. The bags remained stored up for about three months since the State neither allotted money nor gave any direction. Then, when the DDT became somewhat ineffective, some money was allotted to spray the pesticide.

These events raise several questions. Nowadays, governments, world institutions and philanthropic organisations are ready to spend millions of dollars to combat HIV/AIDS and cancer. This is needed, but many are forgetting that thousands of people still die of malaria in India. *Why does malaria control take a backseat? Is it because malaria has mainly become a killer disease of the poor?* Malaria is controlled in many places, but it remains rampant in Jharkhand, Chhattisgarh, MP and Orissa, wherein large numbers of Adivasis are living. The states seem indifferent to this reality. **Are the lives of Adivasis less precious in any way?”**

Recently I came across the book “They Come Back Singing”, written by Gary Smith, a Jesuit who worked in Uganda for six years among the Sudanese refugees. Next to war, it is to malaria that thousands of refugees fall prey. The World Health Organisation states: “Malaria is both preventable and curable. A child dies of malaria every 30 seconds, and more than one million people die of malaria every year, mostly infants, young children and pregnant women, most of them in Africa.” **But who is listening?**

The Indian Response

At Alma Ata in 1978, India and other WHO members pledged ‘Health for All’ by the year 2000. In 1979, India ratified the International Covenant for Economic, Social and Cultural Rights (ICESCR). Art 12 of this covenant mentions that the state is obliged to achieve the highest attainable standard of health. But the health situation in general and particularly the condition of Adivasis, Dalits and other marginalised groups remain dismal.

India acknowledges that malaria has come back. The 2002 National Health Policy for example says: “Out of the communicable diseases which have persisted over time, the incidence of malaria staged a resurgence in the 1980s before stabilising at a fairly high prevalence level during the 1990s. Over the years, an increasing level of insecticide-resistance has developed in the malarial vectors in many parts of the country, while the incidence of the more deadly P-Falciparum Malaria has risen to about 50% in the country as a whole” (#1.5). The Policy envisaged to make an estimate of people affected by malaria by 2005. The study is still to take off.

During the last decade and half, the public health system has been collapsing in India. The private sector has seen a robust growth over the ruins of the public health system. The Supreme Court of India through various judgements has expanded the scope and meaning of Art 21, namely **the right to life, to include the basics of life, including health.** We must re-emphasise that **health care is a public and social good and that the state has to play a proactive role in fulfilling its pledge of ‘Health for All’.** For this, the state must respect, protect and fulfill the essential elements of healthcare. *The eradication of malaria will significantly contribute to ensure health for the poor.*