

Devastating flood in Balochistan

ANGER IN BALOCHISTAN

June 30th 2007: A massive flood came in after the banks of Koch Kaur swelled and vast area of Balochistan was in devastation. Entire villages were wiped out and crops were destroyed. Because of this flood, 800,000 lives were affected. The rudimentary health care facilities present were unable to cope with this calamity.

The most common ailment is diarrheal illness mainly because of contaminated water supply. More than half of the flood stricken populations have some kind of gastrointestinal problem. One of the physicians working with Pakistan Medical Association stated that the decomposing carcasses of dead animals are further contaminating the water supply.

Mosquitoes breed in standing still water and a wide variety of illnesses like salmonella; typhoid, malaria and Hepatitis A have caused devastation. Due to lack of healthcare infrastructure not much has changed despite getting help from international and Pakistani social welfare organizations. "It is beyond the reach of volunteers and social workers to provide adequate relief." stated Dr. Habib Soomro, President of Pakistan Medical Association, Karachi branch.

National Health Forum has joined hands with PMA in the relief effort.

Water Borne Diseases

MEMON MEDICAL INSTITUTE

Karachi July 14th 2007:

The Board of Trustees of Memon Medical Institute met and the Board and management team is working hard to get the hospital completed. This Medical Institute will be not-for-profit hospital, which will have all the modern facilities. This 330 bedded hospital will serve the community of Gulshan-e-Iqbal, Gulistan-e-Johar and Karachi University area.

Chairman of the Board Mr. Pir Mohammed Diwan has stated that this institute will also have Nursing school, which is being made with the affiliation of Government of Malaysia. Mr. Ejaz Saya and Dr. Mohammed Tufail, CEO and Medical Director assured that the facility will be first class.

World Memon Organization will also be helping as been agreed by chairman of the Board Haji Razzak Gandhi of ARY TV.

In Pakistan 250,000 children die each year of water-borne diseases. The government is repeating their cholera vaccine drive for the forth time, as previous efforts have been inadequate, largely due to bureaucratic bungling. It is estimated that 3.9 million people die of infectious diseases every year in the world, 3.4 million deaths occur due to water-borne diseases while 2.2 million died of diarrhea.

WHO reported that at present 1.1 billion populations in the world had no access to improved water supply and 2.4 million had no access to basic sanitation. In its 2006-2007 survey, Government of Pakistan said "only 66% of population had access to clean drinking water". Per capita water availability, in Pakistan, has decreased to 1,100 cu. m. The World Bank defines "water-stressed" as those having <1,000 cu. m.

Most of the deaths were reported under the age of five. WHO has estimated that 65 per cent deaths could be prevented by improving hygiene and sanitation.

Help will be needed from all quarters to restore life in the flood affected Balochistan.

Please support Pakistan Medical Association on ongoing basis.

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EDITOR -IN-CHIEF:

Tanveer Imam

EDITOR:

Junaid Syed

Shamim Ahmed

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Mujeeb-Ur- Rehman

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Naushad Mohiyuddin

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ARTICLE SUBMISSION:

NFH will be publishing a newsletter periodically. We encourage every reader to write articles through out the year on issues of healthcare in Pakistan and US. All article should be on Microsoft Word format. Text on email is also acceptable. Send articles to nationalforum@gmail.com Editor reserves the right to edit all the articles submitted.

For ADVERTISEMENTS;

For advertisement rates, submission and schedule; please email nationalforum@gmail.com.

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NHF newsletter, Health Beat is a bi-monthly newsletter. It is dedicated to provide health information to its readers. The views expressed are those of authors and do not necessarily represent the official position of either the editor , editorial board or the organization.

NATIONAL HEALTH FORUM
PO BOX 240093
BALLWIN, MO 63024

EDITORIAL

I take great pride in presenting the first edition of national health forum newsletter. This is a collaborative effort of a group of physicians who would like to bring to the readers the plight of present day healthcare system in Pakistan. In this and coming issues we will try to tackle all spheres of modern day medicine that are either present or absent from Pakistan's healthcare system. It is also the goal of this forum to help healthcare related charities in Pakistan to convey their message. We will try to focus on those charitable organizations that are already engaged in providing healthcare services but lack the ability to convey their message to the expatriates from Pakistan living in north America. There are multiple organizations that are engaged in providing real healthcare services without regard for any personal or political aspirations. It is our aim to bring these individuals and organizations to the limelight so that other grass root groups are encouraged. This forum will also strive hard to start a dialogue between medical universities and institutions of higher learning in Pakistan and Pakistani physicians living in North America. This step will help us in passing on professional knowledge and expertise to Pakistani healthcare institutions.

I hope this newsletter will help enhance the understanding of healthcare problems facing Pakistan. I request those who are interested in contributing material to the magazine to contact the editorial committee. Your valuable input will be appreciated.

CERVICAL CANCER:

Today, a coalition of civil society and global health organizations is launching the Global Call to Stop Cervical Cancer. The Global Call is a new movement to mobilize action to put an end to cervical cancer – a disease that kills 250,000 women each year. Cervical cancer is preventable – but most women in developing countries do not have access to new life-saving technologies. We seek to ensure that new vaccines, diagnostics and treatments for cervical cancer rapidly reach women and girls around the world. Please join this effort by signing the Global Call yourself or on behalf of your organization. Your voice can make a difference.

Add your voice to the Global Call. Please visit www.cervicalcanceraction.com today to sign the Global Call to Stop Cervical Cancer and learn more.

MATERNAL HEALTH IN PAKISTAN

By: Shershah Syed, MB BS

Every hour we lose three women in Pakistan, and more than 70 women die everyday because of pregnancy related complications. In total 30,000 women (ages 12-40) die every year due to these preventable complications.

Though the medical complications are to blame for the deaths of many women, the major factors in deaths of pregnant women are the delays in consultation, problems with transportation, and not recognizing complications after delivery or need of termination of pregnancy, and above all transfer of patient to emergency obstetrical care to secondary and tertiary care centers. Pakistan has a maternal mortality rate of 350-400 per hundred thousand pregnancies while other countries have much less even in third world and developing countries.

Hypertension, hemorrhages, and infection are the three major causes of women's death in Pakistan. Most of them are poor and living in rural areas or in city slums such as Orangi in Karachi or parts of Gwal Mandi in Lahore..

In addition to the many women who die every year due to pregnancy related reasons, there are another 375,000 women who suffer from pregnancy associated complications like chronic inflammatory disease, chronic dyspareunia, infertility, loss of uterus, Sheehan Syndrome and, worst of all, Vesico-vaginal fistula and recto-vaginal fistula. Unfortunately, help is not available to these women and their families.

Pakistan is a country where seventy percent of the basic health units, and sixty percent of the rural health centers are not functional, where primary and basic health care are not available to majority of the population, and where the prevalence of Hepatitis B, Hepatitis C, and HIV infection is increasing despite massive funding from WHO, UNICEF, Bill Gates Foundation, World Banks, and other international agencies.

But what is Pakistan Authorities are doing to help? Not much, providing maternal health care, primary health care and emergency health care for all is not the priority of the government. Health care in Pakistan will only improve if the government decides to change the present situation by producing an army of nurses, midwives and paramedics. At the moment we are producing one nurse for eight doctors instead of one doctor for fifteen nurses. Massive amounts of resources are given to projects such as liver transplant programs, conversion of medical colleges to medical universities, and the establishment of genetics labs. It is clear that the government's priority is helping vested interest groups rather than the poor citizens of Pakistan.

To reduce maternal mortality and to improve women's health, there need's to be revolutionary changes in the healthcare system of Pakistan. The people in power and authorities have one thing in common; they are not interested in improving the condition of the people living in poverty, ignorance, and illiteracy. The country does not need atomic bombs, missile programs, submarines, F-16's, half-baked Ph D's, organ transplant programs, and massive construction projects in the name of medical universities; however, we need to provide clean drinking water for all, construct a sanitation system and establish primary health care. Our policy should uphold the philosophy of prevention is better than cure. Until the realization of the present situation is done Pakistani population will continue to suffer.

BC/BE Psychiatrist needed in St. Louis Area. Attractive package. Send resume to ELDER PSYCH CARE at 3535 Jefferson Ave, #104, St. Louis, MO 63118

PHYSICIAN: Position available at Naseem A. Shekhani MD, PC Saint Louis, MO. Send resume to Naseem Shekhani at 2325 Dougherty Road #203, St. Louis, MO 63122.

RISING DRUG ADDICTION IN PAKISTAN

By: Tanveer M. Imam, M.D.



The problem of drug addiction while rare in the 1970s reached its peak in the 1990s and the new millennium. Its pinnacle correlates with that of the Afghan war. It is speculated that the enormous profits generated from drug trade helped fund the proxy war that was fought from Pakistani soil against Soviet invasion of Afghanistan. Poppy cultivation has been present in Pakistan for over 2 centuries, but the possibility of enormous profits caused exponential rise in its cultivation in the mid 1980s.

The socio-economic burden Pakistan and the region had to pay is reflected in the rising crime and drug addiction among the populace. The growing rate of drug addiction in Pakistan is one of the highest in the world. National survey on drug abuse show that the number of drug addicts has grown over 200% over two decades. The major drug addiction is opium and its derivative heroine. According to United Nations Office on Drug & Crime (UNODC), drugs in the region are mostly ingested or smoked. However recent information coming out from drug rehabilitation centers across the country point to a rising trend in intravenous drug use (IDU). Drug addicts and homeless lying beside main thoroughways of the town have become common sight lately.

The rising drug addiction not only inflates crime but is an additional burden on public health. Depression, psychosis and social withdrawal are accompanied by a variety of

medical illnesses in the victim. Dissemination of hepatitis B and C virus has already reached epidemic proportions. Acute bacterial endocarditis, ischemic strokes, atherosclerosis and renal disease are some of the many afflictions among the addicts which are burdening the already dilapidated healthcare system. A great concern among health care workers is the possibility of outbreak of HIV due to increasing IDU and needle sharing.

We need a multi-prong strategy to combat this menace. A massive campaign is needed in terms of public awareness of the problem. Drug addiction, which is now encompassing children and women as well, has to be taken as a disease process and should not be criminalized. While governments of the region, in collaboration with United Nations, need to act against cultivation and trafficking of drugs, stress should also be on rehabilitation and treatment of the victims. Drug and alcohol rehabilitation centers should be funded and doctors and nurses should be trained in the field. Pharmacies and prescription practices should be regulated and forcefully implemented. Easy access to narcotics such as “Duragesic” tablets which is dissolved in water for injection use by addicts is prime example for the need of stringent regulation on prescriptions.

Drug addiction cannot and should not be taken in isolation. It is a reflection of hopelessness, despair, lack of education, lack of health care and joblessness in the society. It is our moral, social and professional duty to prioritize our goals. We can do it, if we have the will.

CENTER POINTE HOSITAL
ST. CHARLES,(St. Louis) , Missouri
Position available: for BC/BE Child and Adolescent Psychiatrist. Please call Jean Campbell or Dr. Azfar Malik at (636)-441-7300

HEALTH CARE IN PAKISTAN



By: Shamim Ahmed, M.D.

Health care in Pakistan faces multiple challenges, which is compounded by lack of imagination, ill planning, scarcity of resources and inept administration.

Rising population, increased birth rate, lack of birth control, rising/emerging infectious disease, rising health care cost and diminishing resources are amongst the various issues that Pakistan health care is facing.

While advances in medicine and science is responsible for about half the observed improvement in health care indices in the developed countries, it is the other half measures which remains unrecognized or underappreciated by developing nation, which includes proper implementation of smart public health policies, visionary macro economic interventions and improved education.

Infectious disease is a heavy burden to Pakistan's healthcare, which results from lack of environmental sanitation, safe drinking water, under nutrition, poor living condition and limited access to preventive and curative health services. Implementation of targeted intervention will certainly result in improved outcome. Vaccination is time tested intervention, which is cost effective and have predictable results. It has resulted in eradicating various infectious diseases which used to take a heavy toll on humanity. Recent report of Polio resurgence in Pakistan very disturbing, however even more disturbing is the news of few religious groups trying to prevent polio vaccination.

Lack of education, gender inequality and explosive population growth contribute to increasing burden of disease. Promoting healthy lifestyle from early life is a no cost intervention which can be incorporated in the school curricula. Media can play important role in educating people of benefits of healthy life style. Maternal education, access to prenatal care,

education of safe sex practices, information and access to contraception will improve child and maternal mortality and help reduce soaring population growth.

Expenditure on health care by the Government continues to be low and viewed not as investment to the future of the nation but as a dead loss. Almost any where poor suffer poor health and very poor suffer appallingly, Pakistan is no exception. Change in mindset of policy makers is certainly needed. Rising GDP does not necessarily means improved social outcomes of a society. Macro economic interventions that results in providing opportunities for all, distribution of wealth amongst various segments of society, promote education and innovation is certainly needed.

While Pakistan has to play its role the League of Nations, particularly the wealthy and developed nations need also participate and play their part. Addressing global issues such as reducing global warming, emission of green house gas, poverty and hunger, making low cost medication and vaccine available to the poor, reducing world conflicts will all play a very important role. Health of a nation while is a local issue also have a global ramification.

BECAUSE I AM GIRL

Plan International has just launched a new report '**Because I am a Girl: The State of the World's Girls 2007**' which is the first in a series of annual reports examining the rights of girls throughout their childhood, adolescence and as young women. The report provides a comprehensive examination of the situation of the world's girls. Subsequent reports in the series will focus on specific violations of girls' rights and the mechanisms for securing them.

Plan is one of the largest child-centered community development organizations in the world. It has programs in 65 countries and works on projects and initiatives that address the causes of poverty and its consequences for children's lives. Plan works with children, their families and communities to build a world where children are safe, healthy and capable of realizing their full potential. Read the report www.becauseiamagirl.org.

CHILD LABOUR: OUR CARPETS OR OUR CHILDREN

By Mehr Nigar, MD

1994, Iqbal Masih, a thin frail 11 year old boy addresses the middle school in Quincy, Massachusetts and talks about the child bonded labour in Pakistan. Only a few years ago, Iqbal had freed himself from the chains of the carpet mafia, in Kasur, Pakistan. Iqbal was 7 when, frustrated by poverty, his parents had sold him for \$12 to the mafia of carpet industry. One day Iqbal, aged 8, attended a meeting arranged by Bonded Labour Liberation Front (BLLF) and decided not to go back to the carpet factory. He then helped free thousands of bonded children by giving them a hope of better life. The International community supported Iqbal.



Next year, 1995, Iqbal was murdered. His death is still a mystery. Few claim it to be an accident, most suspect that he was a liability for the carpet industry and therefore killed. The news motivated students at Broad Meadows School in Quincy, Massachusetts to start a \$12 campaign to collect funds to start a school near Iqbal's home town in Kasur, Pakistan.



The carpet industry accounts for about 2.5 % of total Pakistani exports. US imports carpets from Pakistan worth \$ 70-80 million annually. This industry thrives on exploitation of the tiny hands, health and lives of little children. It is wrongly claimed by the carpet industry that only children can make smaller and tighter knots and therefore high quality carpets. International Labour organization (ILO) study in 2004 found that 40% of workers in Pakistan carpet industry are under the age of 15. Children not only receive much less pay for the services but are also exposed to physical, sexual and psychological abuse at work place. Wool from the carpet has shown to cause much greater incidence of respiratory complaints in these children. Working

16 hours a days on the looms without enough breaks leads to skeletal deformities. Malnutrition and crowded workplaces have lead to greater incidence of Tuberculosis in these kids.

The worst offender in this industry is the system of bonded labour. Interest rates charged by carpet mafia are more than 20% and due to low daily salary the chances of paying these debts are next to impossible. The argument of the carpet Mafia, supported covertly by the State is that if these current workplaces are abolished (i.e. foreign exports of these carpets are regulated/banned to the end of removal of children from the workplace) the children will be forced to work in even more dangerous situations and industries. ***What then is the solution?*** The State needs to show its will in monitoring all work environments and make sure that existing anti-bonded labour, and child labour laws are implemented. Safer alternatives even within the carpet industry are present including the possibility of letting a family take a loom home and work on it (after school, in the case of children) after some sort of training on the use.



Expatriates can take active interest in this issue. US department of labour has commissioned a 3.5 million research study to collect data to understand the magnitude of problem of bonded labour in carpet industry in Pakistan, India and Nepal. These studies should be supported. We should actively engage with compassionate Senators like Tom Harkins of Iowa who have shown keen interest in ending bonded labour in Pakistan.

It should be our collective responsibility to end child labour and exploitation in Pakistan.



RELIGIOUS RIGHT IMPEDES POLIO VACCINATION

By: Muhammad Asif, MB BS

According to World Health Organization (WHO), Pakistan is one of the only four countries in the world where wild polio virus (WPV) is endemic. The others being Afghanistan, India and Nigeria. In 2006, 39 cases of polio were reported from various parts of the country, the majority was from NWFP and Southwestern Baluchistan. This was 30% higher incidence than what was reported in 2005. There is a great concern over the failure to eradicate the infection despite a \$196 million annual joint campaign by WHO and Pakistani government. According to Pakistani health ministry more than 160,000 children are deemed vulnerable to polio.

According to Rizwan Ali, campaign manager with WHO in Peshawar, there has been 24,000 refusals in January 2007. A variety of reasons have been put forward by families and a vast majority is due to misconception spread by local clerics that polio vaccination is part of western agenda against Islam and these drops can lead to infertility and hence is a secret drive for birth control. "I must tell my brothers and sisters that finding a cure for an epidemic before it's outbreak is against Islamic law," Maulana Fazlullah, a conservative religious leader in the Swat district of NWFP, was quoted as saying in the local media. He also added that according to Sharia, one should avoid going to areas where an epidemic has broken out, but those who succumb to it will be counted as martyrs.

The crux of the campaign is fighting against this disinformation. Melissa Corkum, the spokesperson for UNICEF in Islamabad commented that polio vaccine is safe and has been used to eradicate polio in other Muslim countries like Saudi Arabia and Indonesia. Her comments followed a three day vaccination campaign supported by WHO and UNICEF which targets 14.5 million children in 49 high-risk districts. Efforts are being launched to involve Muslim and community leaders, social workers, health department workers and others to counter negative propaganda against polio vaccination.

FILM REVIEW

"SICKO"

Written and directed by Michael Moore; edited by Christopher Seward, Dan Sweitlik and Geoffrey Richman; produced by Moore and Meghan O'Hara; released by Lionsgate and the Weinstein Company. **RATING *******

There is a parameter set out in the elite circles under which debate is allowed on issues of public policy. It is not only deemed unnecessary but faintly ridiculous to question these boundaries. Michael Moore in his recently released movie "Sicko" has not only questioned these parameters but successfully broken the shackles which has locked our minds. "Socialized medicine", which is propagated as government intrusion in our private lives and usurping of our freedom to choose, has been brought into the domain of mainstream debate. This film compares and contrasts the healthcare system of United States with that of Canada, United Kingdom, France and Cuba.

After a brief mention of millions of uninsured patients, Moore cleverly targets those who indeed have medical insurance in the U.S.A. With examples, albeit anecdotal, he elucidates the inadequacy, corruption and the unholy connivance of the governmental bureaucracy with "Big Pharma" and insurance companies to deny care to suffering patients for the sake of profiteering.

The real eye opener for the cinemagoers was the other half of the movie where he examines socialized medicine practiced in Western Europe, Canada and Cuba. We have been at the receiving end of a great propaganda campaign without knowing it. Neither are there long waiting lists for patients with life threatening conditions, nor their doctors are underpaid and lack incentives.

An interview with that old lion of Labor party Tony Benn, was indeed enlightening. Benn reads from a pamphlet announcing the creation of the British National Health Service in 1948, and explains that socialized medicine is not to be taken as a charity or governmental paternalism but as a triumph of socialized democracy. It is rooted in the British society as much as the right of women to vote.. No one should question it!

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