

A gateway to health

In terms of the availability of a large number of well-equipped hospitals, dedicated doctors and treatment expertise of international standards, all at a relatively low cost, Chennai is the place to be for dependable medical care.

ASHA KRISHNAKUMAR

THE Chennai Central railway station's passenger concourse has a large back-lit display listing the city's major hospitals. This is no routine public announcement but constitutes information that is crucial to thousands of people who come to Chennai seeking medical help. In fact, elsewhere in the concourse functions a telemedicine facility, which also has ECG equipment to provide emergency diagnosis in the case of passengers with heart ailments.

With its numerous multi- and super-speciality hospitals that provide diagnostic, technical and treatment expertise of international standards, Chennai is a virtual gateway to health. Patients come from all over the world, in some cases with medical conditions that are considered elsewhere to be too complicated for treatment or too risky for surgery. Of course, for the thousands of people who come from outside the country the relatively low cost is an added attraction.

Some nine lakh patients are admitted every year to the nearly 500 hospitals

and nursing homes in Chennai. More than five lakh patients come from outside Tamil Nadu. The majority of the patients from outside Tamil Nadu come to the corporate and multi-speciality hospitals such as Apollo, Malar and Devaki or to the multi-speciality trust hospitals such as Sri Ramachandra Medical College and Research Institute (SRMCRI), Vijaya and Sundaram Medical Foundation.

The other major centres are: Sankara Nethralaya, the Agarwal Eye Hospital, the Eye Research Foundation and the Rajan Eye Care Hospital, the M.V. Hospital for Diabetes and Diabetes Research Centre and the M.V. Diabetes Speciality Centre; the Cancer Institute; the Madras ENT Research Foundation and the KKR ENT Hospital and Research Institute; the MIOT Hospitals and the Bone and Joint Clinic; the Kanchi Kamakoti Childs Trust Hospital.... and the Institute of Cardiovascular Diseases (Madras Medical Mission), the Heart Institute (at the Vijaya Health Centre) and the Heart Foundation (at the Vijaya Hospital).

There are also several trust and charitable multi-speciality hospitals including the Hindu Mission Hospital, the Public Health Centre, the E.V. Kalyani Multispeciality Hospital and the Voluntary Health Services that cater to patients of average means.

Among the oldest multi-speciality hospitals set up by Christian missionaries in the country are Chennai's St. Isabel's Hospital and the CSI Rainy Hospital which provide advanced treatment at a reasonable cost.

The hospitals that offer modern techniques such as liposuction (to remove fat from certain parts of the body using metal tubular instruments connected to a suction machine), hair transplantation (using the follicular micro-grafting technique), infertility clinics and cosmetic surgery (to alter the shape of facial parts such as the nose) are Hande Hospital, Apollo, SRMCRI, G.G. Hospital and the Madras Medical Mission.

Offering a range of facilities, hospitals in Chennai have done much pioneering work. They have to their credit several firsts in Asia. Among these are trans-myocardial revascularisation laser surgery (1994), magnetopexy (a surgical procedure using magnets to treat giant retinal detachments: 1988) and the Batista operation to improve the performance of the ventricle (of the heart) by reducing its size on a two year old, the youngest person in the world to undergo this type of surgery. Chennai has the only hospital in Asia where giant aneurysms are operated upon.

S. THANTHONI



The Madras Medical Mission, Chennai.

The city is justifiably proud of several medical firsts. Among them are the setting up of the country's first nuclear medical oncology department (1956), employing lymphangiography in the diagnosis of lymphoid tumours (1960); using mammog-

raphy to diagnose occult breast tumours (1965), using therapeutic endoscopy (1975), introducing hyperbaric oxygen therapy (1978), hyperthermia (1984), and the use of intra-operative electron therapy (1992) in the treatment of cancer.

Chennai's list of other firsts include the country's first cryo-surgery for the eye (1966), successful kidney transplant (1985), successful heart and heart lung transplant (1995), successful lung transplant; 1997), successful umbilical cord blood transplant (which involves the use of blood in the placental or umbilical cord which contains the life-saving progressive tissue needed in bone marrow transplants

1997), stereotactic radio surgery (a non-invasive technique to deliver radiation doses accurately to the affected part of the brain), and an arterial switch operation on a 10-hour-old infant.

ALL this has happened in the private sector, though the foundation for quality medical care in Chennai was laid over time by government hospitals, of which there are 24 in the city, including multi-speciality and super-speciality hospitals. Most of these now have state-of-the-art diagnostic and treatment facilities, but are short of funds to maintain them. While the Union and State governments are responsible for providing universal access to health care, their resources are limited.

In a paper, "Healthcare Budgets in a Changing Political Economy" published in the *Economic and Political Weekly*, health researcher Ravi Duggal says that the government's revenue expenditure on health in Tamil Nadu declined from 7.7 per cent of the total revenue expenditure in the mid-1980s to 5.7 per cent in the mid-1990s. According to the paper, the percentage of expenditure on Medicare of the total health expenditure came down from 41 to 36 in the same period.

According to another paper, "From Philanthropy to Human Right - A Perspective for Activism in the Field of Health Care," presented by Dr. Amar Jesani at a seminar organised by the Mumbai-based Indira Gandhi Institute for Development Research, the government spent Rs.64 per head in 1991 (including expenditure on water supply),

while the people spent Rs.200-250 per capita. The out-of-pocket expenditure on medical care incurred by people today is around Rs.450 per person a year, while government spending has declined.

Government hospitals frequently face a shortage of emergency drugs, IV (intravenous) fluids and even needles and cotton. Water supply is inadequate and of poor quality.

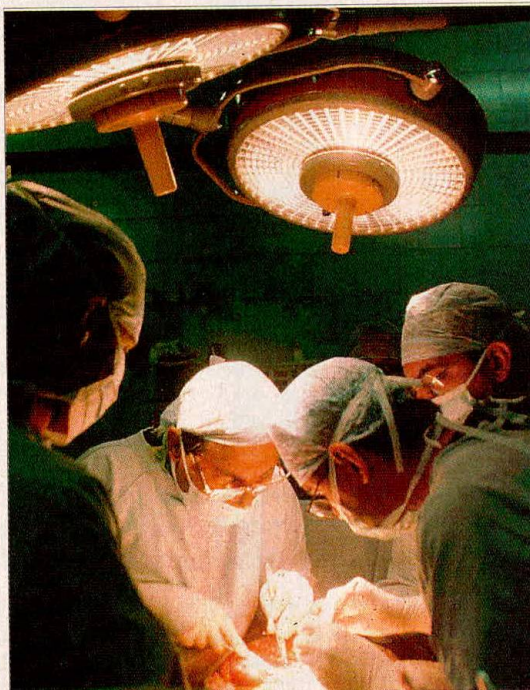
There is a chronic shortage of medical and non-medical staff. For instance, more than 8,000 out-patients and 2,000

the Institute of Mental Health, play a crucial role, catering as they do to the overwhelming majority of the poor.

Seeing an opportunity the private sector stepped in, and thanks to the abundant talent available, has reached commanding heights today. Perhaps aware of its own limitations and the need to attract more investments in the medical field, the State government offered subsidies, soft loans, duty exemption and so on to private investors. The requirement of governmental sanction or approval to start a hospital was withdrawn. Thus private sector investment in the medical field, which was marginal until the mid-1970s, grew rapidly. Today some 50 per cent of hospital beds and 40 per cent of doctors are in the private sector in Chennai, compared to 21 per cent and 29 per cent respectively in Tamil Nadu as a whole and 35 per cent and 30 per cent respectively in the country. While most of the private hospitals have their own investigative facilities with the latest equipment and modern laboratories, there are also a number of exclusive laboratories, blood banks and scanning centres that offer high-quality, reliable diagnostic facilities.

Besides hospitals and diagnostic facilities, Chennai has a number of non-profit, service-oriented private facilities such as Sneha (a suicide prevention centre), the T.T. Ranganathan Clinical Research Foundation (working on substance abuse rehabilitation), and Banyan (a home for mentally ill women) to offer help to the depressed and the mentally-ill; Saraswati Kendra, the Kaleidoscope Learning Centre and the Madras Dyslexia Association to help children with development and learning disabilities; the Spastics Society of Tamil Nadu and the Schizophrenia Research Foundation (to care for and treat people with mental disability); CanStop of Sundaram Medical Foundation and Sanctuary of the Cancer Institute (to provide emotional support and counsel cancer patients) and YRGCare. There are a number of non-governmental organisations that offer treatment, care and support to HIV/AIDS patients.

While all this was possible because hospitals and diagnostic units could be set up with relative ease, the trend has a



A kidney transplant procedure in progress at the Apollo Hospital, Chennai.

in-patients are treated at Chennai's Government General Hospital every day, but its staff strength is not adequate to cater to even a fourth of these numbers. This leads to problems of corruption and harassment. Although treatment is free for patients with a monthly income of less than Rs.500, poor patients going to government hospitals complain of harassment by sections of the staff at various stages, starting with the income level assessment counters. Yet, with all the problems, the government hospitals, including multi-speciality hospitals such as the General Hospital, the Kilpauk Medical College Hospital and the Stanley Hospital and super-speciality hospitals such as the Kasturba Gandhi Hospital for Women and Children, the Government Ophthalmic Hospital and

An early start

ASHA KRISHNAKUMAR

WHAT was perhaps the country's first hospital was set up over 300 years ago in Chennapatna, now Chennai. It was Governor Edward Winter who set up that hospital at Fort. St. George, for the British residents.

By 1679, the services offered by the two-bed hospital were so much in demand that a two-storeyed building was built close to the original structure. In 1690, Governor Elihu Yale inaugurated a bigger hospital, built at a cost of 2,500 pagodas (about Rs.65,000 in today's terms) on James Street within the Fort.

In 1761, a decision was apparently taken to build a permanent hospital. But it was nearly a decade before action would be taken on this decision. On October 15, 1772, the hospital was inaugurated where the Government General Hospital stands today. This structure grew into a sprawling complex with several buildings and departments added to it over time. Its main block, which is now being pulled down to make way for two new blocks, dates back to 1835.

However, the hospital became truly a "general hospital" only in 1842, when

Indians were admitted as in-patients. In 1889 it became a full-fledged civilian facility. Major reconstruction was undertaken in 1928. By the 1930s, it had come to be regarded as one of the best hospitals in Asia. According to S.

Muthiah, historian of the Madras Presidency, this reputation was in large measure due to the setting up in 1835 of the Madras Medical School. Among the teachers were doyens of medicine such as Dr. Rangachari, Dr. M.R. Guruswami (their statues stand on the campus of the Madras Medical College today) and Dr. Lakshmanaswami Mudaliar, who studied medicine abroad and returned to serve the country. The institution was granted the status of a medical college 15 years later, after which it grew from strength to strength under the guidance of some of the best minds in the field in the country.

As the population grew and with it the types of diseases, the demand for

healthcare increased. Hospitals, dispensaries and primary health centres were set up all over the State to meet the demand, particularly for the poor who could not afford to pay for diagnosis, care or treatment. But the base is provided by the 300-year-old facility now simply called the GH, which has state-of-the-art facilities to treat and

care for a wide range of diseases – from heart and renal ailments to cancer to HIV infection. The country's first bone bank is to be set up at the GH soon.

According to 2002 figures, the State has 326 hospitals, 208 dispensaries, 208 primary health centres and 1,410 health sub-centres, including 11 mobile medical units and one leprosy unit.

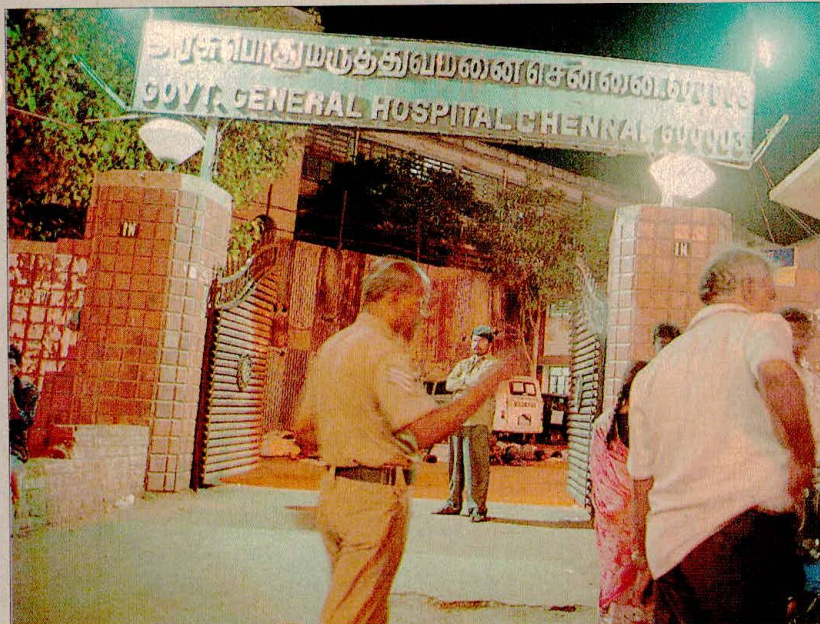
There are 50,000 beds available, some 11,000 of them in Chennai. Of the nearly 10,000 government doctors in the State, nearly two-fifths are in the city.

The growth of the Madras Presidency after Independence and the financial crunch that followed the reorganisation of States, affected all government hospitals, in particular the GH. The Madras Medical College managed to retain its reputation as a top-ranking institution, thanks mainly to the excellent teachers it had, such as Dr. B. Ramamurthi and Dr. Krishnamoorthi Srinivas (neurology), Dr. T.J. Cheria (cardiology) and Dr. K.V. Thiruvengadam (general medicine).

Starved of adequate space and faced with staff shortages and infrastructure constraints, the General Hospital today is a pale shadow of what it was in the inter-War years. The main reason for this situation is the falling allocation of funds. Hardly 1.7 per cent of the State domestic product goes to healthcare, much below the World Health Organisation-recommended level of 6 per cent.

But despite its shortcomings, the GH continues to serve lakhs of poor patients – from all over and even outside the State, with the aid of modern technology. ■

The Madras Medical College managed to retain its reputation as a top-ranking institution, thanks mainly to the excellent teachers it had.



Outside the Government General Hospital, Chennai.

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flip side too. Tamil Nadu Governor P. Ramamohan Rao, recently observed that "medicine has become commercialised". Says Dr. C.V. Krishna Rao, a gastroenterologist: "All one needs to set up a hospital is a couple of beds, nothing more." This, according to the Federation of Consumer Organisations in Tamil Nadu, has led to unethical practices and a proliferation of quacks. Several nursing homes do not even have sterile operation theatres. Many do not have the facility to match blood sources from blood banks. There is, according to R. Desikan of the Federation of Consumer Organisations a need for the government to monitor healthcare services closely.

Several private organisations that provide high-quality services fault the government for the poor infrastructure. Says Dr. K.M. Cherian, Director, Madras Medical Mission: "With the money I spend just to get clean water to the hospital at least five heart operations can be performed free of cost every year." Dr. D. Rout, neurologist at the SRMCRI, wants an efficient system to be put in place to rush trauma patients to hospital. Even if it does not become possible to save a victim, this, according to Dr. R. Ravichandran, Director, Madras Institute of Nephrology, Vijaya Hospital, can save a number of lives indirectly by facilitating the harvesting of organs for transplantation.

But where all the facilities are available, medical care becomes expensive and beyond the reach of the poor and the middle-class, except in cases where employers meet medical expenses or there is a medical insurance facility. But health insurance comes at a price that is beyond the reach of many people. According to Desikan, it is important to cover the medical expenses of the poor and the needy under some scheme or the other. Chennai has shown the way in this. The Voluntary Health Services was started in the 1970s to reach medical care to the poor living in the peripheral areas of Chennai by means of an insurance scheme with affordable premia. This, according to Desikan, has benefited thousands of poor in and around Chennai and is worth replicating.

Chennai's healthcare facilities may have some problems that are common to any city in India, but undoubtedly these are some of the best in Asia. Much of its strength is derived from the vision, dedication, hard work and enterprise of a large number of doctors. ■

Accent on preventive care

Diabetes, hypertension, heart ailments, renal disease... a growing list of medical problems have their roots in the way people live their lives. On what is on offer in Chennai to help cope with the situation.

ASHA KRISHNAKUMAR

THE state of a person's health is often directly related to that person's lifestyle. With more and more people aping the Western food culture, which involves stuff high in saturated salt, fat and calories but low on fibre, vitamins and proteins, obesity is on the rise. This, in turn, is leading to a higher incidence of hypertension and diabetes than before.

While a third of the population of India is obese, over half the people suffer from hypertension, often leading to ailments of the heart, the kidney and the eye. Diabetes and hypertension are the primary causes of kidney disease and blindness. The World Health Organisation (WHO) has predicted

that going by the current trend India will become the "diabetes capital of the world" by 2025. It has also declared the country to be one with a fast-growing rate of heart disease. If in the 1950s 1 to 3 per cent of the population had hypertension, recent studies show that the figure has risen to 25-40 per cent, particularly in the urban areas. It is the most serious risk factor behind cardiovascular diseases.

While in 1980 coronary artery bypass grafting accounted for less than 10 per cent of all cardiac surgical procedures in India, today the figure is over 60 per cent. Every year, some 25,000 coronary bypass surgeries and 12,000 percutaneous transluminal coronary angioplasty procedures are carried out. In 1999-2000, valve replacements

were done in 6,607 cases and surgical procedures to correct congenital heart defects were carried out in 6,750 cases. As many as 42,000 open heart surgeries were performed in 1999-2000.

For all these ailments Chennai offers some of the best diagnostic treatment facilities. Patients come here even from Western countries. It offers facilities of international standards at an affordable cost. The 87-year-old American, Brennan Benard Emerson, who was recently operated upon (to replace the mitral valve with a bio-prosthetic valve) at a city hospital, says: "As against \$40,000 in the U.S., the cost of surgery, along with four weeks' stay in the hospital, including medical expenses, was less than \$8,000 in Chennai." Apart from open heart surgery, angioplasty and valve replacement procedures, hospitals in Chennai perform athe-



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rectomy and coil embolisation to treat AV malformation to interrupt anomalous vascular channels and collateral vessels in the case of acquired and congenital heart diseases. Balloon valvuloplasty and angioplasty are procedures routinely done in cases involving rheumatic mitral stenosis, pulmonary stenosis, congenital and degenerative aortic stenosis, peripheral pulmonary stenosis and coarctation of the aorta.

Arterial switch operations, pulmonary atresia and single stage correction of intracardiac anomalies along with repair of arch obstructions, beating heart surgery, complex multi-valvular surgery, repair of cardiac aneurysms, redo surgeries and the Ross Procedure are all routinely performed here. Certain hospitals specialise in non-invasive diology.

Among the doyens of cardiology in the country is Dr. T.J. Cherian, who now offers consultations at Devaki Hospital. Among the surgeons who specialise in the treatment of cardio-thoracic diseases in Chennai are Dr. K.M. Cherian at the Madras Medical Mission, Dr. V.V. Bashi at the MIOT Hospitals, Dr. K.R. Balakrishnan at the Sri Ramachandra Medical College and Research Institute, Dr. Solomon Victor at the Heart Institute in the Vijaya Health Centre complex, Dr. M.R. Girinath at the Apollo Hospitals and Dr. K.N. Reddy at the Heart

Foundation at the Vijaya Hospital.

The Madras Medical Mission (MMM) that set up the Institute of Cardio Vascular Diseases in June 1987 and does over 2,000 diagnostic and 3,000 interventional procedures every year, performed the country's first successful heart transplant in the private sector in 1995. It was the first in Asia to do TMR (transmyocardial revascularisation) laser surgery; it has performed over 200 such procedures. MMM specialises in the arterial switch operation; this procedure was done on a four-year-old, the youngest to undergo it in India.

The Vijaya Heart Foundation, that charges nominally for surgery, is well-equipped and offers comprehensive rehabilitation and preventive cardiology services.

ANOTHER disease is on the rise, owing mainly to the changing lifestyle and eating habits – diabetes. A diabetic is two to four times more prone to heart disease and 30 times more prone to kidney disease than others. Seventy per cent of diabetics suffer mild to severe nerve damage and vision impairment. According to the International Diabetes Federation, India has over 33 million diabetics, the largest number for any one country. The figure is expected to double in the next 10 years.

Chennai has a number of diabetes man-

agement centres. The M.V. Hospital for Diabetes and Diabetes Research Centre (MVHR), the M.V. Diabetes Speciality Centre (MVSC) and the Dr. V. Seshiah Diabetic Care and Research Institute are major facilities. The MVHR is one of the oldest such hospitals in the country. Started in 1954 by Dr. M. Viswanathan as a general hospital, it became a specialised centre in 1972. Over one lakh diabetics have been treated here. One of its features is that it focusses on diagnosing early those foot, eye and kidney diseases that are rooted in diabetes. It has a well-structured diabetes education programme. It was the first in Asia to start an exclusive department for the primary prevention of diabetes. After Dr. Viswanathan's passing in 1996, Dr. Vijay Viswanathan and Dr. A. Ramachandran are the directors of the Centre.

Dr. V. Mohan, who was initially with the MVHR, started the M.V. Diabetes Speciality Centre in 1991. More than 45,000 patients from within and outside the country are treated at the MVSC every year. The hospital has a full-fledged eye unit to treat diabetic retinopathy, a heart clinic, a foot unit and an impotency clinic.

According to Dr. S. Balaji of Apollo Hospitals and Dr. Madhuri S. Balaji of the Dr. V. Seshiah Diabetes Care and Research Institute, the alarming rate of increase in the



The Sri Ramachandra Medical College and Research Institute.

V. GANESAN



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incidence of diabetes can be halted only by primary prevention methods; lifestyle changes will not prevent the disease, they will only postpone its onset. Maternal hyperglycemia, they say, has a direct effect on the insulin secretion function in the foetus. Thus, it is important to control gestation diabetes (diabetes during pregnancy), the risk of which for Indian women is 11.3 times higher compared to women in the West. Thus, they conclude that taking care of pregnant women with abnormal glucose tolerance is the only way to prevent India from becoming "the diabetes capital of the world".

A serious fallout of diabetes is end stage renal disease (ESRD) or kidney failure. Every year, over a lakh of people in India are diagnosed to have ESRD, necessitating a kidney transplant or continual dialysis. With hardly 650 dialysis units – equipment that performs the work of the kidney – in the country, ESRD patients often turn to Chennai for kidney transplants. The city has a thriving trade in kidneys. Of course the city has an excellent set of doctors who specialise in the management of renal problems and perform kidney transplants. The nephrologists in Chennai include Dr. M.K. Mani (Apollo) Dr. Sunil Shroff (SRMCRI), Dr. Amarlorpavanathan (Government General Hospital), Dr. R. Ravichandran (Vijaya Hospital), Dr. K.C. Reddy (Devaki Hospital) and Dr. Georgi Abraham (SRMCRI).

But with hardly 2,500 kidney transplant procedures being performed each year, managing the condition of renal failure patients, supporting them and ensuring preventive care, have become important tasks. In Chennai, there are institutions such as the Mohan Foundation and the Tamil Nadu Kidney Research Foundation that work on this. The former has created a support group for patients, physicians and the public and promotes a multi-organ cadaver programme set up by Dr. Sunil Shroff. The latter foundation set up by Dr. Georgi Abraham, provides financial assistance to the poor for dialysis, transplants, investigations and life-supporting medicines. Dr. M.K. Mani focusses on preventive care. His group at Apollo has adopted the Chennai suburb of Sunkuvarchathiram, and has been screening the over 25,000 people there for diabetes and hypertension since 1996. With both these diseases under control at Sunkuvarchathiram, nobody has had a kidney problem there in the last seven years. Such preventive measures, says Dr. Mani, is what India needs as it cannot afford to provide dialysis or transplant facilities to all those who will otherwise need them.

Diabetes affects the eyes also. Over 60 per cent of diabetics end up with retinopathy and lose their sight.

Among the well known eye care centres are Sankara Nethralaya (under Dr. S.S. Badrinath, offers consultations and treatment to over 1,000 patients a day; 30 per cent of them free of cost); Agarwal's Eye Clinic (headed by Dr. R.S. Agarwal, it has a vision analyser for mentally challenged persons and for children who cannot express themselves); Rajan's Eye Clinic (under Dr. N. Rajan, specialises in squint and glaucoma); and the Eye Research Foundation in Vijaya Hospital (Dr. Babu Rajendran here pioneered the use of lasers to treat eye diseases).

Some of the modern procedures and facilities available at these centres are sutureless cataract surgery, automatic visual field analyser, excimer and lasik laser, fundus fluorescein angiography, laser photocoagulation, paediatric ophthalmology and eye bank.

While Chennai has excellent facilities and professionals to treat diseases caused by lifestyle changes, the importance of preventive healthcare cannot be over-stated. For this, there is a need to map the population, conduct epidemiological studies and concentrate on preventive measures. ■

Coping with a deadly duo

Chennai has systems in place to cope with the challenges posed by HIV-AIDS and cancer.

ASHA KRISHNAKUMAR

THERE is life after cancer and HIV infection. To give patients and their families this hope is the mission of many of Chennai's doctors.

There was a time when cancer was seen as a terminal disease. But thanks to sustained research and development efforts in pharmacology and diagnostics and interventional advances, most cases of cancer are curable now, especially if they are detected early. The Cancer Institute in Chennai functioning under the guidance of Dr. V. Shanta, a pioneer in the treatment of cancer in Asia, has achieved a 75 per cent cure rate, including in the case of paediatric leukaemia. Dr. Shanta in fact says that there can be a hundred per cent cure if the disease is detected and treated early.

However, there has been a significant increase in the incidence of the disease: the numbers have doubled in the past decade. In India, about 10 lakh people develop cancer every year, half of them because of tobacco use. Tobacco use leads to oral (mouth), pharyngeal (throat), laryngeal (voice box), oesophageal (food passage) and lung cancers.

It is estimated that just by curbing tobacco use the share of oral cancer in the incidence of all of forms of cancers can be reduced from 29 per cent to 4 per cent.

The Cancer Institute, which caters mainly to the weaker sections, has state-of-the-art facilities. Apart from radiation therapy, chemotherapy and surgery, it offers facilities for intra-operational radiation and 3-D conformal therapy. Multimodal therapy for the sake of organ conservation, and optimisation methods to salvage limbs, apart from surgical programmes, including of the brain, are the strengths of the Institute. Its bone marrow and paediatric oncology departments are among the best in the country. The Hereditary Clinic, a first in the country, studies the genetics of the disease. Its tobacco cessation clinic is one of its kind in India. In 1969 it was along with the Cancer Institute that the World Health Organisation set up the first international Cancer Control Programme in the developing world.

At the Institute the emphasis is on preventive oncology, which has two components – prevention and early de-

tection. The Cancer Institute seeks to be sensitive to the patient's emotional needs, for which it has a specialised support group, named Sanctuary.

The Institute's financial needs are great. A novel fund-raising campaign, "iruvadhu varai iruvadhu" (20 till 20) is under way. The idea is to collect Rs.20 from each person who can afford the sum to raise Rs.20 crores. Says Dr. Shanta: "This is not just about collecting money, but a way of creating awareness and generating hope and positive action among people about cancer."

Besides the Cancer Institute, the multi-speciality hospitals involved in oncological diagnosis and treatment are Apollo Speciality Hospital, Sri Ramachandra Medical College and Research Institute and the Rai Memorial Hospital.

THE scourge of HIV/AIDS has replaced cancer as the biggest medical concern. The first case of HIV (human immunodeficiency virus) infection in the country was detected at the Madras Medical College Hospital by Dr. Suniti Solomon. Since then, this Professor of Microbiology has been actively working on the clinical aspects of the disease, including in the areas of research, training and management.

In 1993, Dr. Suniti Solomon set up a charitable trust, YRCare. Apart from creating awareness about AIDS (Acquired Immune Deficiency Syndrome) and training AIDS prevention educators, the centre provides medical care to economically disadvantaged HIV patients. It is one of the few centres in the country that is equipped and willing to admit readily patients who are HIV-positive.

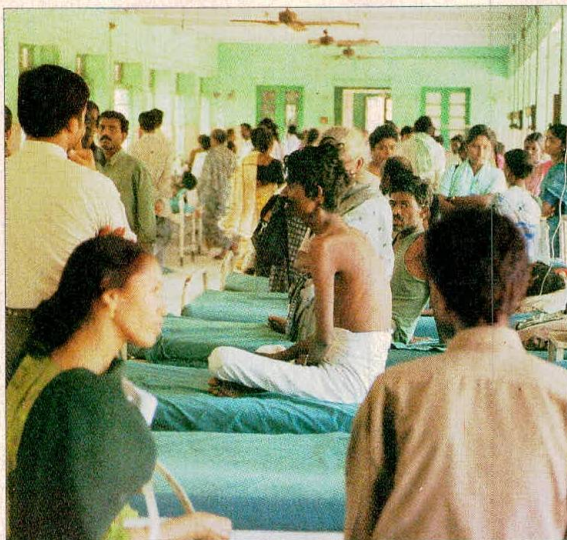
The centre now functions on the prem-



The main new block of the Cancer Institute, Adyar.

ises of Voluntary Health Services, with a 16-bed in-patient facility, and also has the country's first intensive-care unit for such patients, apart from creating a consortium of consultants to treat HIV-infected persons.

According to WHO estimates, India has the largest number of HIV-infected persons for any country and over half of all HIV-positive persons in South-East Asia. Tamil Nadu, with a third of the country's identified HIV-infected persons, woke up to the problem early and created the country's first AIDS prevention agency, the Tamil Nadu State AIDS Control Society (TANSACS). Realising the role of the community in the task, district-level societies were formed under the District Collectors. The government also involved in the task non-governmental organisations – most of them trusts and charity organisations, realising that they could constitute the most effective route



AIDS patients under treatment at the Government Hospital for Thoracic Medicine in Tambaram, Chennai.

to reach the people.

TANSACS, along with the AIDS Prevention and Control Programme (APAC) which is housed at the Voluntary Health Services and is funded by USAID, the United States Agency for International Development, finances

over 70 such NGOs in the State. Among the better-known NGOs working in the field in Chennai are the South India AIDS Action Programme (started in 1988), the Community Health Education Society (1997) and the Indian Community Welfare Organisation (1994). The Government Hospital for Thoracic Medicine, located at Tambaram on the outskirts of Chennai, handles the largest number of HIV-positive in-patients in any one medical facility in Asia. Started some decades ago as a sanatorium for tuberculosis patients, the hospital has become a sanctuary for the HIV-positive, particularly those from the poorer sections. About 50 per cent of its 1,000 in-patients are HIV-positive.

Providing a link with life is what Chennai's well-equipped hospitals, doctors and other medical professionals and NGOs do for the lakhs of people who come to the city with hopes of a cure for their ills. ■

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