

A VISIT TO DIGRI - THARPARKAR

Pages with reference to book, From 25 To 26

It was the month of May 1989 when I went to attend a Diabetes Camp held in Digri, a small town in the Tharparkar District. Summer was at its peak at this time of the year in the province of Sind, with temperature soaring upto 43°C. Tharparkar is part of a desert and hot winds blow during the day whereas the nights are cool and comfortable. Our journey started from Karachi early in the morning at 6.00 A.M. by road. The drive was comfortable as there was not much traffic at this time of the day. We drove past Hyderabad where we saw the stately Mehran University and then entered Mirpurkhas. Here the roads were narrower and at one intersection we had to wait for a quarter of an hour because along vehicle in trying to turn had blocked the way. As we left Mirpurkhas the roads got still narrower. We entered Digri after a drive of four hours and after having to enquire the way at three places. The Taluka Hospital could be seen from a distance though the board bearing its name had faded in the strong sunlight. During our drive through the town we had noticed multiple red banners announcing the Diabetes Camp.

About 200 individuals were already waiting anxiously to be attended to. They had collected from not only Digri but also many smaller towns and villages around. There were equal number of men and women and all of them were first subjected to a blood sugar test by the quick glucometer method so that immediate results were obtained. A consultation was then carried out.

173 patients were diagnosed diabetics with the duration of their disease varying between 3 months to 12 years. The age group was from 23 to 80 years. Some of the women did not know how old they were. All these patients were taking medication prescribed by a general practitioner quite sometime back maybe a few years. Six of them had never been subjected to a blood test and their diabetes was diagnosed on the basis of the presence of sugar in the urine.

The follow up was equally inadequate. A urine sample was tested and if it gave a negative result for glucose, the medication was stopped. It was worth noting that blood glucose testing facilities are not available in Digri. As far as the dietary restrictions were concerned, all the diabetics knew that they were forbidden to take sugar. None had a clear concept of the proper quality and quantity of the food items to be taken as they had never received instructions. Of the 173 diabetics, 35 cases were normoglycaemic, 5 had somewhat low blood glucose levels and 133 were hyperglycaemic. Two individuals were taking insulin injections and on further questioning it was noted that their technique of injection was totally wrong. One was injecting in his calf muscles and the other was taking it intradermally in the forearm. The syringes for the insulin injections were the BCG syringes which are freely available in the immunisation centres and reach the chemists shops for sale. The patients withdrew insulin in these syringes according to their desire because the marking on the syringe were not appropriate for insulin. As the work continued it was a pleasure to note that despite the hot weather all the individuals attending the camp waited very patiently for their turn. There was no hustle and bustle or pushing and fighting to be first. All appeared satisfied and expressed extreme gratitude after having had a blood sugar test and professional advice and of course a strip of their medication.

Digri is a town with a population of 30,000 and has a Taluka hospital. The hospital building is large and spread out on about 8000sq. ft. There are many rooms but most are not in use. Running water is not available in the institution and the whole place has a dreary look due to lack of maintenance. The paramedical staff is untrained and female nurses are non-existent. How are the few indoor patients looked after was a big question. One of the doctors stated that all staff of the hospital right from the doctors to the sweepers are taught to give injections so problems are not faced. The hospital is manned by 5 fresh young medical graduates who look after all the different types of cases coming in. There is only one female doctor in Digri who attends the hospital and has her own practice too. She caters to the

adjoining rural areas also by having to travel by a tractor to attend to a difficult maternity case in a far flung area with no proper roads. Senior and experienced doctors are non-existent in the Taluka Hospital. A primitive operation theatre with barely any equipment forms part of the hospital. Services of an anaesthetist are not available. 5 to 7 operations are performed every month under spinal anaesthesia by the young registrars.

An ill-equipped laboratory performs a few basic tests. Biochemistry facilities are not present and blood banking is non-existent. Despite all the lack of health facilities and difficulties in life, the people appeared happy and contented. They were at peace with no rushing or chasing of time. The diabetics continued with their medication without any monitoring. Drugs are available freely over the counter without prescriptions and with free technical advice from the so-called chemist. Late complications of diabetes were unknown to the diabetics. One blind old man, satisfied with his status, said it was the will of the Almighty. Another old lady with cataract in both eyes was aware that surgery was required, but she was patiently waiting for her son to collect enough funds to take her down to Hyderabad for the operation.

It was a touching experience. These simple and contented folks are deprived of basic health facilities which is their right. The big question comes to ones mind, why is the Taluka Hospital not provided with the necessary staff and equipment? Where do all the funds go from the health budget allocated to these institutions? Where are the instruments and machines purchased for these hospitals? Probably they disappear on the way.

All these uncomfortable and painful feelings were somewhat compensated as the day came to an end. The professional work was behind us and the weather had also started to cool down. Desert nights are known to be pleasant. We were taken around a mango farm. The many trees laden with fruit was a beautiful sight. The surroundings were peaceful and the birds were chirping their evening song. On one side grain was being thrashed. The labourers here have very long working hours and earn unimaginably meagre wages. They get chained in loans and thus keep serving the same masters for generations. One could practically consider them slaves. But that has been the tradition for centuries in this part of the world.

I returned the next morning with mixed feelings. Extreme gratitude for the hospitality, and sorrow and shame for the very primitive and scanty health facilities prevalent in the rural areas of the country. Lastly the deep admiration and appreciation of the attitude of the population who showed contentment and happiness despite the missing basic health aids in the twentieth century of today's advanced world.

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