up with a good proposal for dealing with this blight on Australian society because they have not found a way of reducing poverty and dependency among indigenous Australians living in remote communities. The health of indigenous communities is very low on the list of election issues because Aboriginal and Torres Strait Islanders, numbering <500 000, only make up 2.3% of the Australian population. Sadly, the election debate is heading once again into

familiar territory, with fear being whipped up by unscrupulous opposition parties about the unheralded arrival on our shores of boatloads of would-be asylum seekers, fleeing zones of conflict. Everyone seems to forget that all Australians—even our indigenous citizens—came here from other countries at some stage in the past.

GARRY WARNE
13 June 2010

Letter from Chennai

DRUG RACKETS

A 3-year-old girl died in Chennai in March, and it was found that one of the medicines she had consumed was past its expiry date. I have no information about whether the medicine concerned was toxic to her or whether it was ineffective and, therefore, did not save her life. In either case, cheating people in the matter of potentially life-saving therapy is tantamount to murder. The police and health authorities initiated action, but things really got moving when the Chief Minister stepped in and declared that no leniency would be shown to the culprits, who should be sentenced to life imprisonment or a fine of Rs 10 lakh. The fine is a flea bite for someone who has probably made crores of rupees in this racket, and I believe a prison sentence should be mandatory. Twenty-five teams were constituted to track the movement of spurious drugs all over the state and to apprehend the guilty. Thereafter, almost every day we have been reading stories about a fresh racket and the arrest of yet more people. It is a sad commentary on the state of affairs in Tamil Nadu that whenever such an event occurs, one begins to wonder why the authorities have woken up. What is the motive? Is there a special reason to go after a particular person or organization? If it is so easy to detect these rackets and arrest the criminals, why have we not been doing it all along instead of waiting for a high-profile death?

One of the accusations was that the underworld had a regular practice of repackaging time-expired drugs and marketing them. The Pharmaceutical Manufacturers' Association of Tamil Nadu and the Retail Medical Shop Owners' Association said this could not happen because all retail pharmacies had to return drugs to the stockists 3 months before the date of expiry. The stockists, in turn, return them to the manufacturers, who take steps to destroy the medicines so that there is no risk of the drug being marketed. What is more, the manufacturers refund the price of the expired drugs, so that there is no incentive to anyone to cheat on the deal. Be that as it may, there is no doubt that such drugs do find their way into the market at times, so there must be some who subvert the system, though why someone would take the trouble and the risk and harm the public if he can get his money back from the manufacturer is beyond comprehension.

In April 2009, a racket in spurious Primolut N was uncovered in Chennai, and investigations have been in progress ever since. Perhaps the recent publicity revitalized the investigating team. In the course of their enquiries, they found another racket, this time in Renerve. Tamil Nadu's Director of Drugs Control stated that

drug inspectors had found boxes of capsules with the expiry date erased and fresh expiry dates printed. A number of people were arrested. Some of them ran pharmacies where the drug was found and one was a stockist. A sessions judge denied bail to some of the accused, saying the crimes were of too heinous a nature. Spurious drugs were recovered from a godown in the city. Had these been sold for the marked price, they would have fetched ₹2 crore.

Meanwhile, one of the accused said that doctors, too, were implicated in this illegal trade, since some of them ran dispensaries and sold these drugs to their own patients. Apparently no doctors were named. The plot thickened as a sweeper in a government hospital was arrested for having stolen medicines from the hospital and sold them to the racketeers.

Where will this end? *The Times of India* reported that 500 cases are pending in the courts, some for 15 years. The Health Secretary said he had requested the government to set up a fast-track court to try the accused. He clearly has a strong argument. A person selling spurious drugs is no less a terrorist and a mass murderer than is Kasab. I clearly remember a case in 1970, when a manufacturer of an antipyretic and antitussive syrup in Thane ran out of propylene glycol and used ethylene glycol instead. This is a highly nephrotoxic substance and a number of children who were given the syrup for harmless upper respiratory infections went into renal failure. In those days dialysis facilities were hardly available in Chennai, and scores of children died. The case ran on for several years and, after everyone had lost interest in it, the manufacturers were fined some trifling amount.

The Health Secretary stated that the state had a severe shortage of drug inspectors. Only a few days ago, 20 inspectors were recruited to fill vacancies. But why were these posts vacant in the first place? Surely an efficient government should have advertised the vacancies in time and filled them as soon as the then incumbents retired or moved on to higher posts. Besides, if the existing staff could do all this work, unearth so many illegal activities and ferret out so many criminals, why did it hibernate till the public and the press got so agitated?

This is what bothers me most of all. The rules are clearly laid down, but they are violated with impunity all the time. The most glaring example is that of building codes and licences. One can conceal illicit drugs or alcohol in godowns, but one cannot hide the fact that one is constructing an extra floor on a building, or extending the floor area beyond the permitted bounds. Why do we always allow the structure to come up and then, most often,

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condone the illegal extension as a 'one-time exception to the rule'? Why is it that only rarely does a conscientious official turn up and set about demolishing illegal constructions, and why then is he immediately transferred to some innocuous post? Apparently what is needed is that the public and press should keep up sustained pressure on the government, but both have a short attention span.

'SPECIAL FEATURES' IN THE NEWSPAPERS

The Hindu of 13 May 2010 carried an 8-page 'special feature', entitled 'Four years in Fort St George', marking the completion of 4 years in office of the present government. There were interviews with politicians and government servants, and articles by reporters of The Hindu. Four pages consisted of advertisements and one of these pages carried the headline 'Kalaignar's government in four years. Appreciation pours! Achievement soars!' and listed the government's achievements. Maybe the paper was genuinely appreciative of what the government has done, but I presume that the advertisements were paid for. Is it necessary to spend government money on publicity, instead of spending that money for the good of the public? For good measure, in the same issue of the paper, there was also a full-page advertisement listing, in small print, the 'major achievements of the BSP government in Uttar Pradesh during the last 3 years', with a relatively small photograph of 'Ms Mayawati, Hon'ble Chief Minister, Uttar Pradesh'. Uttar Pradesh recently declared that it has no money to implement some of the rural health schemes suggested by the Central government.

One of the articles lauded the Chief Minister's Insurance Scheme as the jewel in the crown of Tamil Nadu's welfare programmes. It quoted the Health Minister as saying that so far, 88 025 persons had been operated upon, Rs 250 crore had been spent and a total of Rs 1242 crore was to be spent in 2 years. And all this went to the private sector. I will never understand why this sum is not being spent on government hospitals.

PREVENTION OF MALARIA

Our authorities have done nothing about the prevention of malaria since the National Malaria Eradication Programme 'died' some decades ago. I will not dispute the issue if one of you says it is still working, but clearly it is no longer visible, and malaria is rampant in Chennai and in all of Tamil Nadu. In my childhood, Corporation workers used to visit all the houses and look for sites where mosquitoes might breed. The sites would be treated appropriately. Fish would be introduced where required to eat mosquito larvae, or we would be told to drain any pool of stagnant water, or we

would be asked to cover our water tanks properly. There is no sign of such activity now.

However, the Corporation has announced that it will launch a scheme to provide mosquito nets free of charge to all people below the poverty line. I remember reading that the WHO is providing medicated mosquito nets to people in Africa, and these have proved very effective against mosquito-borne diseases. Those of us who can afford it use gadgets and creams to safeguard ourselves against mosquito bites, but since these are beyond the reach of the poor, the idea of providing mosquito nets seems to be an excellent one. I hope the result is a drop in the number of patients with chikungunya, dengue and malaria.

IS THE CHENNAI CORPORATION GUILTY?

Professor A. Veeraraghavan, of the transportation engineering division of Chennai's Indian Institute of Technology, was interviewed by *The Hindu* and his views on traffic accidents were published in the issue of 18 May 2010. He analysed the 579 deaths from traffic accidents in the city last year, and said that 15% were caused by improper speed breakers on the roads. The Indian Roads Congress (IRC), he said, had laid down specifications: road humps, as he called them, were discouraged by the IRC guidelines. If they were constructed, the central height should be not more than 10 cm, the shape should be parabolic and the width at least 3.5 metres. They should be illuminated with solar cat's eye reflectors to make them clearly visible. Signs coated with reflective paint should be placed 40 metres ahead and should mention the recommended speed at which the vehicle should cross the speed breaker. I am not aware of a single speed breaker in Chennai that fulfils these requirements.

The Additional Commissioner of Police (traffic) was quoted as saying that speed breakers should not be constructed without police permission, but most of the speed breakers in the city are put up by the Corporation wherever an accident occurs. There is a short but busy stretch of road near my house, barely 100 metres long, that has 4 speed breakers. Some of the speed breakers in the city are like vicious, sharp spines across the road that can break an axle. A friend of mine had a disc prolapse when his car went over one of them at normal speed. This is a better fate than that of a number of two-wheeler riders who get thrown off their vehicles when they hit an unmarked speed breaker without warning and and get killed or maimed. Yet the Corporation continues to build speed breakers with reckless abandon and complete disregard for public safety. Is this any less reprehensible than trafficking in spurious drugs?

M. K. MANI