

Absolute transparency vital in every health emergency

BHARAT DOGRA

Transparency is always important, but this virtue becomes even more important in times of crisis. The close involvement and active, willing mobilisation of people needed in national and international crisis situations is best obtained in a system of transparency where people are well-informed and trust the information available to them.

In a crisis spawned by spread of infectious diseases, it is important to avoid panic and rumors. If people have ready access to information which they have good reason to trust, then it becomes easier to adopt rational and best possible options untainted by scare-mongering and hype. The possibilities of achieving unity of people and avoiding harmful discrimination towards some sections also increases. The likelihood of the best possible decisions being taken increases when there is no cover of needless secrecy. On the other hand, when facts are deliberately covered up or hidden from people the possibility of unscrupulous persons and forces trying to benefit in selfish and greedy ways from crisis situations increases.

Unfortunately, the past record of fighting infectious diseases at a global level has been rather disturbing when seen from this perspective. This became particularly so at the time of the spread of the H1N1 swine flu disease in 2009-10. When news of behind-the-scenes manipulations to profit from a crisis situation grew, the prestigious British Medical Journal or BMJ published an expose and several strong citizen groups came forward to demand greater transparency.

The Social Health and Family Affairs Committee of the Parliamentary Assembly, Council of Europe published an important report titled 'The Handling of the H1N1 Pandemic—More Transparency Needed'. The report said, "The Parliament Assembly is alarmed about the way in which the H1N1 influenza pandemic has been handled, not only by the World Health Organization (WHO), but also by the competent health authorities at the level of the European Union and at the national level. It is particularly troubled by some of the consequences of decisions taken and advice given, leading to distortion of priorities of public health services across Europe, waste of large sums of public



money and also unjustified scares and fears about health risks faced by the European public at large."

Further, the note said, "The Assembly notes that grave shortcomings have been identified regarding the transparency of decision-making processes relating to the pandemic which have generated concerns about the possible influences of the pharmaceutical industry on some of the major decisions relating to the pandemic. The Assembly fears that this lack of transparency and accountability will result in a plummet in confidence on the advice given by major health institutions. This may prove disastrous in the case of the next disease of pandemic scope which may turn out to be much more serious than the H1N1 Pandemic."

The text of a resolution passed in the Council of Europe Parliament said, "In order to promote their patented drugs and vaccines against flu pharmaceutical companies influenced scientists and official agencies responsible for public health stan-

dards, to alarm governments worldwide and make them squander tight health resources for inefficient vaccine strategies and needlessly expose millions of healthy people to the risks of an unknown amount of side-effects of inefficiently tested vaccine."

Michael Fumento, Director of the Independent Journalism Project, wrote in the Forbes website an article provocatively titled 'Why the WHO Faked A Pandemic' (5 February 2010). He pointed out that the fatality rate of the swine flu had turned out to be milder than ordinary seasonal flu, but a pandemic had been declared with undue haste. He wrote, "this wasn't merely overcautiousness, or simple misjudgment. The pandemic declaration and all the Klaxon-ringing since (then) reflect sheer dishonesty motivated not by medical concerns but political ones."

Fumento also quoted the director of the WHO Collaborating Center for Epidemiology in Munster, Germany as stating that we are witnessing a gigantic misallocation of resources (\$18 bil-

lion so far) in terms of public health.

In fact, to their credit some of the WHO top officials came at least halfway in acknowledging some of the problems and tried to make amends. On 12 April 2010 Reuters released a report written by Stephanie Nebehay titled 'WHO admits shortcomings in handling flu pandemic.' This report said that the WHO has conceded shortcomings in its handling of the H1N1 swine flu pandemic. This report quoted Keiji Fukuda, described as the WHO's top influenza expert, as stating that the UN agency's six-phase system for declaring a pandemic had shown confusion about the flu bug which was ultimately not as deadly as earlier feared. This top expert said, "The reality is there is a huge amount of uncertainty (in a pandemic). I think we did not convey the uncertainty. That was interpreted by many as a non-transparent process."

BMJ teamed up with an organization of investigative journalists to publish an expose of the conflict of interest of key scientists advising the WHO on

planning for an influenza pandemic doing paid work for the pharmaceutical firms that stood to gain from this guidance. Later the BMJ editor wrote that the expose had led to the WHO initiating some badly-needed reforms. "In fact, the WHO endorsed the article's central argument which was that its handling of conflict of interest needs to be improved. Last year (WHO top boss) Margaret Chen commenced an independent review into the WHO's handling of the pandemic led by Harvey Fineberg. Its findings were published in May. Far from discrediting the BMJ article, the report echoes the article's concerns."

While some steps towards increasing transparency were taken when huge problems were uncovered, transparency related problems remain a serious concern even today in matters relating to global and national responses to outbreaks of infectious diseases.

The writer was formerly Convener of National Campaign for People's Right to Information.

100 YEARS AGO

OCCASIONAL NOTE

It is a somewhat novel thought that "of the many Indian politicians of note to be found in the various legislative councils a very large number have grown old in local self-government. Political activity in India is certainly in its third generation, while political activity in Burma is a thing of yesterday." Such, however, was the picture drawn for the benefit of the Burma Legislative Council by Sir Reginald Craddock when he addressed the members last week on the general subject of the reforms. On the face of it, the description calls up visions of grave and responsible senators, deeply versed in the lore of administration, devoting their time and talents ungrudgingly to holding up the hands of a tired bureaucracy, and benefiting the country and the Government no less than themselves. If that is the picture conjured up for the legislators at Maymyo by Sir Reginald Craddock's winged words, it would be almost a pity to disillusionise them. It is true, of course, as the Lieutenant-Governor of Burma proceeded to point out, that he was speaking comparatively, and that by contrast with the inexperience of Burma the Indian politician may easily be a very Solon in wisdom, an Aristides in conduct and character and - the most likely comparison of all, perhaps - a Demosthenes in eloquence. Those who have come in contact with her people can easily imagine her attaining in time at least as lofty a political stature as India has yet achieved.

NEWS ITEMS

CONGESTION IN TEA

With reference to the Indian Tea Association's circular containing a summary of the proceedings of a meeting held in Calcutta, at which correspondence with the London Tea Association in reference to the regulation of sales, restriction of exportation, and possibility of establishing a minimum price to cover increased cost of production were considered, enquiries made here show that Ceylon Chamber of Commerce and the Ceylon Tea Traders' Association, have not been approached. Surprise is expressed in Colombo that this has not been done, as the Indian Association admit it is essential that Ceylon should also regulate sales and restrict exportation of tea if the scheme is to be a success. It is thought, perhaps, the Indian Associations are waiting a reply from London to their last cable on the subject before requesting Ceylons co-operation.

INCOME TAX FRAUD

Through false income tax returns, a City merchant, Albert Maurice Reigate, has defrauded the revenue of pound 5,000. He was sentenced to six months' imprisonment in the second division and ordered to pay the costs of the prosecution at the Old Bailey. Sir Richard Muir, for the prosecution, said Reigate was the son of Siegmund Reichenheim, who carried on business under the style of S. Reichenheim and Son, manufacturers' agents, of Edmond-place, Aldersgate, until 1916. Shortly before that date the defendant changed his name from Reichenheim to Reigate, and the father retired from business. Counsel gave figures, extending over six and a half years, showing that profits had been returned as pound 13,967, whereas the real profits were pound 31,561, a deficiency of pound 17,594.

FRENCH OFFICER INSULTED IN BERLIN

There was a scene of extraordinary violence at the Adlon Hotel when the assault on Captain Klein and another French officer took place. Prince Joachim Albrecht of Prussia, a cousin of the ex-Kaiser, observed two French officers and ordered the orchestra to play Deutschland ueber alles. The Frenchmen remained seated, whereupon the Prince and his party showered a volley of abuse on them and threw champagne bottles and other missiles. Captain Klein was badly maltreated and Joachim's party was ultimately turned out by the hotel staff, who on the following day refused to serve Joachim's party and threatened to strike unless the party left. It is anticipated that the French Government will take up the question of assault.

Well-being of health workers vital

VIJAYKUMAR HARBISHETTAR

Globally, the unprecedented coronavirus pandemic is demanding equally unprecedented and dedicated care from healthcare staff. That means with no previous knowledge to tackle disease on such a large scale, the authorities are facing much more than a World War-like situation.

Authorities are seeking expert consensus and issuing advisories to healthcare staff as well as to the public. Guidelines are being issued to staff working in hospitals designated for Covid patients as well as in Primary Health Centres (PHC). The structure created by the Central Health Ministry and State Health Ministries involves Tertiary Care Hospitals, District Health Office, District Hospitals or Medical Colleges, Community Health Centres at taluka level, and PHCs.

The PHCs are considered as first line care, as the name itself suggests, and each provides health care to up to 30,000 people all over India. They include ASHA (Accredited Social Health Activist) workers. ASHA workers are considered grassroot-level workers and generally are from the same community. The designated Covid hospitals include wards and Intensive Care Units, which are colour coded depending on the treatment need.

As per directives of the Health



Department, staff members of every PHC visit houses for surveillance and decide whom to test or whom to quarantine. This depends greatly on the cooperation of the general public who by law are obliged to do so. Recent incidents of violence towards healthcare staff whilst performing surveillance could undermine confidence and affect the relationship of PHC with the community.

Due to lockdown and restricted transport, some ASHA workers and community nurses are having to manage by walking in mid-day in hot summer. There is less chance of getting a break from duty, due to the workload involved, and high chance of being asked to work extra hours. The risk of getting infected with the virus is high

for the community staff as they are frequently coming in contact with potential patients, even before testing.

There have been reports of landlords asking doctors and nurses to vacate, and also of neighbourhood Housing Associations placing restrictions on them, fearing spread of infection. An added stress is that their family members are also at high risk of acquiring the virus due to contact at home.

Working continuously wearing disposable Personal Protection Equipment (PPE) inside wards is challenging, particularly in the hot summer without air conditioning. This could cause excessive sweating with a need to drink water frequently. But they try to avoid eating and drinking water and also

avoid use of rest rooms during their 6-8 hour duties, so as to not waste expensive PPE; not to leave the ward unattended and also to reduce the chance of infection during changing.

A physician colleague with firsthand experience said their team gradually learnt to resolve problems that they faced and cope by having regular team meetings. Some members including male staff started using urology pads or diapers so as to avoid using rest rooms. Using PPE with all the discomfort it entails with little prior experience of doing so, and working in isolation and spending time in quarantined areas with fear of infection are all very stressful. Staff working in the wards or Intensive Care Units (ICU) treating Covid patients are at higher risk of infection. Deaths of frontline healthcare staff due to Covid infection acquired whilst treating patients have been reported in many countries and have been repeatedly mentioned in news bulletins. This could add stress to the treating healthcare staff, and they are having to convince their apprehensive family members to let them work.

It has been thought that sudden increased viral load along with possible fatigue due to workload with less rest could be factors causing death, but the real cause is not known as of now. Staff members work for one to two weeks followed by 14 days of quarantine depending on their local protocol. If their test on approximately the

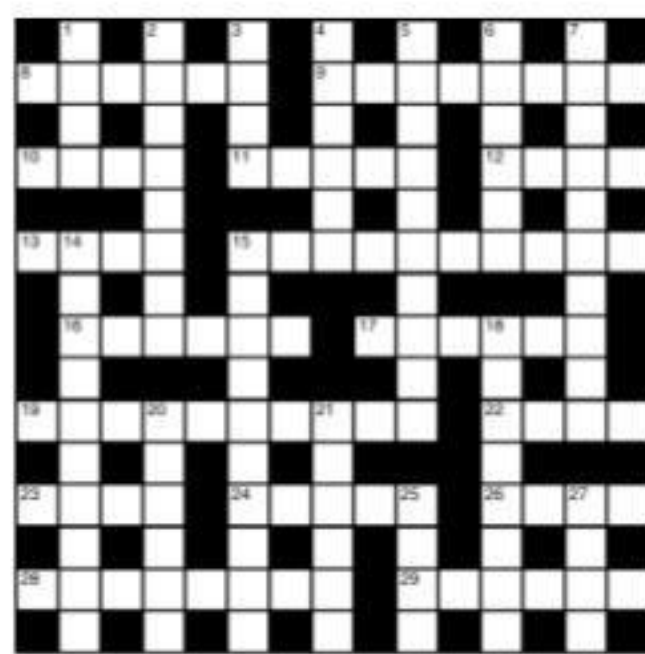
twelfth day is negative in quarantine, then some of them get up to a week off and get to meet their family including children. The experience is totally new as these were never part of work during their medical or nursing training. In designated Covid hospitals, working with the PPE on itself requires physical and mental effort. In addition to all the difficulties experienced whilst performing duties, reports of the exponential spread of the virus and increasing number of Covid-related deaths can cause exhaustion, loss of motivation and optimism. Seeing no future or break from this work cycle, some healthcare staff could be assailed by thoughts of death.

Since the experience may be psychologically traumatic, some may experience post-traumatic stress. Suitable supporting systems must be put in place based on feedback from staff members who have already completed a few rounds of Covid hospital duty. The morale, confidence and motivation of healthcare members must be maintained. We do not want these dedicated staff members to experience burnout as there seems a long way to go. Staff require mentoring from those with experience and support from their supervising authority and family members to carry on. Members of public also have a duty to adhere to all the directives of local authorities keeping in mind the risks being taken by these frontline warriors.

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CROSSWORD

NO 27931



YESTERDAY'S SOLUTION



ACROSS

- 8 Son tries topiary tool (6)
- 9 Company brought in the French package, backing green marketing (3-5)
- 10 Mostly ingenious and right? Almost right (4)
- 11 The way to divertise of flooding power products (5)
- 12 Family member taken aback about a prejudice (4)
- 13 Stuck together, ditching leader that's no longer fresh (4)
- 15 Fish of the most

- important kind I start to collect - in aspiration (10)
- 16 Primate going to prison gets a snack (6)
- 17 Do you see good work on newspaper taking an extra day?(6)
- 19 Court activity, developing in earnest, ensnaring Earl at last (4,6)
- 22 Caught short, going in toilet that's cracked (4)
- 23 Cross when receiving money in increasingly commercialised event?(4)

- 24 Nearly everyone has an unfortunate collection of photos(5)
- 26 Part of Germany: sport here always ignoring English (4)
- 28 The writer's spiteful comments about the City may be foolish (8)
- 29 Holy man left in endless poverty is to stay snug (6)

DOWN

- 1 Go by bike, covering length - yay! (4)
- 2 Battle-axe? King and I protected by tough one (8)

- 3 Foundation without roof, with no further amendment (2,2)
- 4 Hurry up in support for job security (6)
- 5 We will accept love - something nasty rejects it - sad state of affairs? (10)
- 6 One doctor in Australia is good for the foot (6)
- 7 Support with a tilt is condemned initially according to law (10)
- 14 Organised parents come across oddly, abandoning academy for master

- (6,4)
- 15 Who might stage Iris, Mascagni's foremost opera, possibly (10)
- 18 Daughter with sherry - feeling like drowning her sorrows? (8)
- 20 Queen not working, making tutoring not so important (6)
- 21 Saboteur losing heart, becoming more high-minded (6)
- 25 United in support of fellows making food offering (4)
- 27 Vulgar upset after disposing of second quantity of beer (4)

NOTE: Figures in parentheses denote the number of letters in the words required. (By arrangement with The Independent, London)

