



A Doctor's Experiments in Bihar
The Story of an Inspiring Struggle to Transform Maternal and Child Healthcare



[A] scintillating account of [Taru Jindal's] experience and of the highs and lows that come with the challenge of improving a mismanaged medical system. An inspiring book. —KAVERY NAMBIAN

Dr Taru Jindal
Foreword by Dr Prakash Amte



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The subtitle does not err. This is an account of a thirty-year-old doctor from Lokmanya Tilak Sion Hospital, Mumbai, with a postgraduate qualification in obstetrics and gynaecology, deciding to travel to Motihari, and later Masarhi, in Bihar in an attempt at helping improve existing healthcare for women and children. Motihari was the district headquarters of East Champaran and you would be quite right if you recalled its connection with Mahatma Gandhi.

Such a choice by a person with myriad opportunities for advancement in academia or for laying the foundation for a monetary fortune is, in itself, inspiring. But this was just the start. As we progress through the book, we learnt of odds overcome, misgivings allayed, aspersions and insults turned into applause and slow but progressive achievement of her goals.

Most of all, we come to admire a person who having achieved one goal, looks around, witnesses other deficiencies in the care of the downtrodden in the neighbourhood and proceeds to take steps to rectify them.

Drs Mandakini and Prakash Amte – themselves pioneers in caring for tribals and the dispossessed – in their foreword tell us that Jindal's descriptions of existing healthcare in Bihar 'are vivid and mind-numbing'.

So why did she travel to Bihar? You will find the answers on pages 19–26. I

quote just one sentence from this section. 'I really, really wanted to serve in areas which needed me more than Mumbai did.' This compulsion was not new. As a fifteen-year-old, her teacher, Beena Thambi, taught her to ask 'Why?' (p. 229). During her final year as an undergraduate student, she had the urge 'to shout from the top of my building, *'Work with women... and you shall change the nation'* (p. 227). As a fresh medical graduate, she spent time at SEARCH, Abhay Bang's institution in Gadchiroli. (p. 209). It was also obvious in the manner in which, as a resident doctor, appalled at cots without mattresses on which mothers-to-be lay for 14 or more hours of labour pain, she obtained donations from friends to buy mattresses for them (pp. 194–195).

Part 1 of the book deals with her life and work in Motihari.

The book opens with the vivid description of a delivery in what was termed the labour room of the Motihari District Hospital. Let me just quote a few sentences from this description. 'Blood and water were puddled all over the floor... The ... delivery cots were half-broken, rusted and stained... there was a dog nosing away at the remnants of pieces of placenta ... The stench was unbearable and the only fan in the room was still...' and I have not even started quoting from her description of what was done to the mother delivering the child. If this is not shocking enough, read her descriptions of the operation theatre and the blatant disregard of doctors, nurses and others to principles such as sterility, hygiene and disposal of medical waste and of the malpractices in vogue (chapter 6). After experiences such as these most of us would turn away in disgust and leave. What did Jindal feel? 'This too was my country.'

She travelled with her husband Dharav to Motihari on 30 August 2014. (We learn more on Dharav in later chapters.) At the District Hospital, forty to fifty deliveries were conducted daily with a total of two hemostats, one pair of scissors and one needle holder. Five infant warmers, three oxygen concentrators were available but did not function. No Ambu bag was available. The autoclave and the boiler for used instruments were coated in layers of dust. At night there was no illumination for any operation. Procedures on the mother and the newborn in distress under these conditions can only

occasion disbelief in our minds. This was despite the fact that instruments and equipment desperately needed in the wards, labour room and operation theatre were available in their original cartons locked within the store room! (chapter 12).

Her initial encounters with the officials at this hospital and the woman doctor in the outpatient's clinic are vividly described. (Jindal calls her a lady but I feel this is an error on her part.) Doctors on duty seldom reported for rounds or conducting deliveries, especially if these were complicated, as they were busy with their private practices. 'It would have been a gross understatement to call it just *inefficient* healthcare. It was dangerous.' Her first day ended with her restless, numb and drained. Under these circumstances, most of us would have searched for the first available means for returning to Mumbai. In fact, she did experience such despair (chapters 7 and 8) but found encouragement and solace in her dialogues with her mentors – Nobhojit Roy and Ravikant Singh. Besides, she was built of sterner stuff. Her mentor told me: 'I found her made of solid steel.'

As we progress through succeeding chapters we learn of her basic tactics. 'It was essential that I refrain from expressing my true feelings. I was not here for verbal combat but to assist the system in doing what it was designed to do.' 'I could not afford to start my journey with ... a cynical attitude' (p. 28). 'I had to gain their trust and assure them that I was not there to threaten or expose anyone.' When dealing with senior doctors at the District Hospital who saw her as 'a kid', would not do their duty and tried to defend their faulty and negligent practices, 'I had to recognize their seniority and in the same breath assert my technical capabilities' (p. 29). She realized that in many instances, there were reasons for aberrations and anomalous behaviour and practices. She decided to explore these and do her best to enable change for the better (p. 52). She kept in mind all the time Gandhiji's statement that every person had a divine spark within. The obvious corollary: find that spark and build on it (p. 51). Example being always more effective than precept, she invoked Gandhiji's principle of *shram dan*. Wielding a *jhadoo*, detergent and wearing a mask, she started cleaning the operation theatre, labour room and

eventually the entire hospital (chapter 14). Her deep faith in Gandhiji's teachings stood her in good stead all through her stay (p. 142).

Chapters 9 onwards describe her strategies for change and how she put them into practice. There are innumerable lessons for all of us there. The manner in which she built a team, enlisted all personnel in the hospital into improving it and finally, with administrative help, disciplining the errant doctors are described in detail.

She also learnt how to deal with senior administrators and the need to measure the consequences of her words before they were uttered. Chapters 22–26 show how enlightened administrators in the civil service helped enable improvement and spearhead change.

She emphasized a finding described by others with similar intent. 'To our surprise, the ones who showed the maximum cooperation were the sweepers' (p. 67). The educated nurses and doctors felt they knew everything and favoured the *status quo*.

She also had to change the attitude of the people for whom this hospital had been created and develop confidence in them of its bonafides and capabilities. Chapter 16 describes a dramatic event that went a long way in bringing patients to the hospital.

She worked with ASHAs (accredited social health activists), understand the reason they diverted women coming to the hospital to private hospitals and show them the improvements in the hospital that made this unnecessary (chapter 15, see especially pp. 75–76).

She did not always succeed. Chapter 18 describing 'a sister is transferred' is an example. 'I realized why people say that corruption is crippling our system.'

I must confess to being intrigued as I read Jindal's experiences in Motihari. Is the town really so backward that its district hospital was in such a sorry state? Were the obstetricians and gynecologists actually third rate? I searched Google for obstetricians in Motihari. I encountered a series of entries, including lists of 'top 10 gynecologists', 'best obstetrician doctors', 'best gynecologists in Motihari' and, of course, named entries. Details on each doctor, hospital or nursing home in which the doctor works, mobile telephone numbers and how an appointment can be sought are readily available. This is identical to what Google offers when a

similar request is made for any city in India. So, it was not the quality of doctors.

As in most parts of India, it was their attitude to jobs they had taken up to serve in the public sector hospital. They enlarged their private practices by ensuring third rate facilities in the district hospital and then guiding patients to their private clinics and hospitals.

Jindal came independently to the conclusion reached decades ago in the state of Bihar. 'As long as private practice by government doctors is allowed, government hospitals will continue to suffer like this' (p. 124). Those with long memories will recall the start of this tradition in this very state and how public hospitals soon ground to a halt. When the government of the day tried to withdraw permission to practice, there was a general uproar by medical practitioners in the state and the government was forced to backtrack. The consequences have only worsened over time. Since we are unable or unwilling to learn lessons, other states in the country have followed the Bihar precedent with similar disastrous results.

Hard work got the district hospital humming and satisfied patients became the norm. She then turned her attention to the primary health centres (PHCs) as referrals to the district hospital were commonly made from them. 'Most PHCs were working with one or two unsterilised delivery sets, a couple of rusty delivery tables at the most, dysfunctional warmers and dirty blades for cutting the umbilical cord. Biomedical waste was thrown out of the windows...' As in the district hospital, in one PHC she found twelve unused autoclaves in the store-room! With the help of the District Magistrate and the use of a lot of personal elbow grease, eventually, as she graphically puts it, the PHCs caught fire (chapter 26). Chapters 28 and 29 describe her feelings at the end of her term in Motihari as she reviewed the improvements her team and she had been able to effect for the benefit of the poor patients.

Part 2 deals with Masarhi.

On her return from Motihari she joined her husband and was appointed Assistant Professor at Sevagram Medical College, Wardha but within three months decided to return to Bihar where there was much unfinished work.

At this stage, 152 pages into her account, we are introduced to her husband,

Dharav. (You will get to know him on pp. 152–155.)

Bihar, however, had to wait as the ravages of an earthquake in Nepal made her parent organization, *Doctors for you*, request her to travel there and help as a gynaecologist in Nuwakot district. This segment of her narrative has its own revelations – and this word in aptly used. I shall leave you to learn for yourself her astonishment at the marked superiority of the Nepalese public health nurses over those in India (pp. 156–165).

After her stint in Nuwakot, she was asked to go to Nuwahari. It lies 25 km from Patna but it could well have been 250 km away as non-existent roads and lack of other services kept it in the markedly backward category. The question staring her agency and her in the face was 'What happens to the women and children who never reach a hospital?' This time one of the sources of her inspiration was Dashrath Manjhi. (Read about him on p. 170.)

Her description of life among the untouchables in this village is heart-rending (See specially pp. 173–175 and chapters 7–8).

As in part 1, we read with admiration of the unorthodox and innovative methods Jindal used to effect change for the better. Here is an example. To provide the untouchable families access to fresh vegetables, she embarked on *bhoodan* (as taught by Vinoba Bhave), obtained land and started a vegetable farm.

We also get to know Badrinath and other unqualified persons practicing medicine and preferred by the local villagers to Jindal and her group. (See specially chapter 12.)

She also illustrates vividly the need to understand the thought processes of these tradition-bound and unschooled, poor, villagers in chapters 16 and 17. Taking 4 ml blood from patients for tests antagonized the entire village against her clinic, which they then boycotted. Even after she had saved a baby who was dying *in utero*, the family, instead of applauding her skill, criticized her in their community so that 'it was a dry season for us for the next two months', no patients turning up for treatment. Chapter 18 has an astonishing account of government inspectors accusing her of working for a profit-making organization.

Jindal confirms what is oft rumoured. Interviewing a candidate for training, she was surprised at numerous and varied

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certificates showing superlative performances. One such showed that he had obtained 98% in a test on infectious disease. She asked him to tell her something on such diseases. 'Madam, I don't want to lie to you. All of these certificates have been purchased' (p. 255). As it turned out, this honest boy was one of her most successful trainees.

The final section of the book deals with her attempt at eliminating malnutrition in infants and children. There was no understanding in the community of the concept of optimal nutrition during the first 1000 days of the child's life. Chapter 12 shows the resistance she encountered at all levels (including nurses and doctors) when she attempted introducing the technique of making the newborn do 'the breast crawl' immediately after birth.

Pages 280–283 describe the serious illness that forced her to stop her work in Bihar. Her therapy continues even now.

Jindal is a natural story-teller. I found the narrative well designed, flowing smoothly and successfully keeping us riveted to the book. She has mastered the art of building up interest before narrating other facts. We learn about the reasons for her decision to work in Bihar only in chapter 4.

Some chapters have at their start pithy and relevant quotations. The chapter headed 'Why Bihar?' has this from Mary Lyon: 'When you have to choose your field of labour, choose where no one else is willing to go.' Chapter 27 confirms what Jindal proved again and again in Bihar: 'Physicians are the natural attorneys of the poor' (Rudolph Virchow).

Drs Amte reinforce Jindal's plea: If every young doctor gives at least a year of their lives to helping improve health-care in our villages, the India of Gandhi-ji's dreams may not be far away. Rightly, they prescribe this volume as required reading for every Indian medical student, resident doctor and young medical consultants. I can only say, 'Amen!'

I do hope that the second edition – and this book will go at least that far – will have a much-needed index.

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