

Health care in India and USA

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India spends US\$ 18.7 billion in the formal sector on health care for a population of about 1.1 billion people¹. This translates to about US\$ 17 per capita. Naturally, the overall standard of health care for the majority of people is poor and so is the health of the people. The problems of care surrounding childbirth and maternal health, malnutrition in children, all kinds of infectious diseases and infestations are rampant mostly among rural and urban poor who constitute the majority of the population. Hence vigorous and proactive preventive health programmes are urgently needed.

Indian health care in transition

Studies also indicate that lifestyle-related diseases such as high blood pressure, heart disease, cancer and diabetes are fast becoming common, not only among the 300 million or more emerging Indian upper middle and the upper classes, but also among the rural class. This is not unusual; as countries develop economically, infectious diseases and malnutrition of one kind (under-nutrition) are gradually replaced by chronic diseases and malnutrition of another kind (overweight and obese). This has been observed again and again in many parts of the world and is known as 'epidemiological transition'. India is not only undergoing major economic transformation, but is also undergoing epidemiologic transition.

Building more hospitals is not the solution

While India is trying to cope with malnutrition and infectious diseases for which we need better basic health services for the vast majority, in this age of globalization, state-of-the-art hospitals are emerging all over in big cities in India and a small percentage of the upper and middle classes – those who can afford it – are receiving excellent medical care. According to recent statistics, 150,000 patients from other countries, including USA and European countries, also travelled to India for treatment, spending about US\$ 333 million in medical tourism¹. How-

ever, building state-of-the-art hospitals and care of the sick alone do not make the people of a nation healthy, as is evident in case of the United States, as cited below.

Spending on medical care alone has not solved the US health problems

USA spends US\$ 2.2 trillion a year on health care for a population of a little over 300 million people, which turns out to be about US\$ 7000 per capita. At this cost, the medical care in USA, for those who can afford, is undoubtedly one of the best in the world. However, not all Americans can afford this costly system. An estimated 47 million people do not have health insurance and another estimated 16 million are under-insured. That is, almost one in every five Americans who cannot get the excellent medical care, which is available literally next door.

Is the United States population healthy?

Setting aside those 63 million Americans (on proportional basis this translates to about 230 million people in India) not able to afford adequate medical care, can we say that the majority of Americans are healthy? Some of the statistics for the early 2000s mentioned below does not support this.

An estimated 50 million Americans have hypertension or high blood pressure, but a third of them do not know that they have it and only 27% of Americans with diagnosed high blood pressure are being treated adequately for it². High blood pressure is a major cause of stroke, heart attack and kidney disease. Another 45 million are estimated to have pre-hypertension – low grade of high blood pressure – which also increases the risk of other illnesses and premature deaths, and surprisingly only few have even heard about it³.

According to a 2005 survey, there were 25.6 million non-institutionalized American adults with diagnosed heart disease and 5.2 million who had stroke, 28 million had chronic lung disease, 16

million had cancer and 18 million had diabetes⁴. Around the same time, about 38 million adults had kidney diseases and about 40 million were pre-diabetic^{5,3}.

These are estimates put together by scientists. When we add all these numbers, it is more than the total adult population of the US. But that is not all; these are some of the more serious diseases which kill many people and those that survive lead a compromised quality of life for the rest of the years they live. But there are still other diseases that though are not direct causes of deaths grossly reduce the quality of life.

Seventy million adults, that is, one in three adults, have some form of degenerative joint diseases, mostly osteoarthritis. Ten million people have osteoporosis³. Fifty million people suffer from allergic rhinitis⁶, 20 million from asthma⁷ and 30–40 million people have chronic sinus infections⁸. Eight million people have age-related macular degeneration of the eye. Little more than 3 million people have weak blood – anaemia. Thirty million people suffer from migraine⁹ and 19 million people suffer from depression¹⁰. Four million people have Alzheimer's disease¹¹. Chronic pain afflicts an estimated 50 million people¹². This is another 294 million people who are unhealthy. And the list goes on...

Of course, infectious diseases, which we consider a thing of the past, are still around. More than 68 million people are infected with sexually transmitted diseases alone and another 15 million cases occur each year¹³. Each year 1.7 million cases of healthcare-associated infections also occur and 99,000 die of them¹⁴. And this is only a partial list of infectious diseases.

What about those hidden dangers

We also have those conditions that may not qualify, according to some, as diseases; nevertheless they are precursors to diseases and their existence cannot be considered as a healthy state of the body.

If we accept this definition, then we will have to count many more conditions in defining the state of health of our people.

We will have to include in our statistics, 34 million people who have less than normal bone density (osteopenia), 37 million people who have high cholesterol, and another 68 million who have borderline high cholesterol³. We will have to include 32.5 million people who have some degree of hearing loss¹⁵ and 3.4 million people over the age of 40 who are visually impaired, and one million of whom are totally blind. We will also have to include estimated 50–70 million people who have sleep disorders¹⁶. We cannot forget 25% of Americans who are obese and 35% that are overweight – both symptoms of malnutrition⁴. Once again, this is roughly twice the adult population of the US, waiting in line to move into clinically sick categories, if not checked.

Why should we add sleep disorders and obesity in this kind of list? This is because these are signs of ill health, if not outright diseases. Scientists believe that sleep consolidates learning and memory, and supports many essential mental and physical functions. Sleep disorders lead to various other health disorders and we spend nearly 100 billion dollars on correcting sleep disorders. It is estimated that obesity is responsible for tens of thousands deaths in the US each year. Medical costs for conditions related to overweight ran to US\$ 37 billion in 2002 and obesity added another US\$ 56 billion more. That is US\$ 93 billion – almost equal to the health-related costs of smoking¹⁷. Americans spend US\$ 34 billion annually on diet products alone – from sugar-free sodas and weight-loss supplements to diet programmes, writes Sally Squires in the *Washington Post*.

The evolving concepts of health and disease

It also depends on how we define health. When I worked for the World Health Organization, we used to define health as the state of complete physical, mental, emotional, social and probably spiritual well-being, and not merely absence of disease or infirmity. If we accept this definition, then we will have to consider many other conditions which we have not yet counted. There are 6 million cases of depression and ADHD in the US and we have just started considering them into the mainstream thinking. There are other disorders, such as Social Anxiety Disorder, which

are less known outside the medical community. Experts believe that an American's risk of developing this problem in the course of a lifetime is a staggering 13% compared to 17% risk of depression and 14% for alcohol dependence¹⁸. Think of the 7 million Americans who are currently keeping themselves together with serotonin-boosting medications like Prozac and Zoloft.

So far we have been engrossed with physical and mental well-being and are overwhelmed by it. If we think beyond that and consider the emotional and social well-being, we begin to realize the enormity of tackling the health problems. Until recently, we have considered human emotions – anger, fear, greed, lust, love, compassion, hope, happiness – as immaterial, indefinable, immeasurable and even irrational. Neuroscientists from all over the world are now beginning to understand the physical and biological basis of these emotions and the role they play in causing chronic stress, which causes many of the diseases mentioned so far. With new techniques, scientists are beginning to record the response to human emotions and measure the changes at the molecular level, and thus making immeasurable and immaterial into measurable and material. We are beginning to understand the specific parts of the brain which are concerned with emotions and what happens to neurotransmitters like dopamine, norepinephrine, serotonin, and the likes and their relationship to different emotional states as well as how yoga and meditation can regulate emotions.

Rights vs responsibilities

Thus, while most of the diseases and conditions in the US mentioned above are preventable and the concept of health has changed, we are holding on to an outdated concept and system of health care, trying to manage long-term chronic diseases through a system, which according to the Institute of Medicine, was designed to deliver episodic care of acute illnesses such as infections and injuries, trying to manage health problems with a system designed to manage diseases.

Yes, health care probably is a basic human right. But with the rights come the responsibilities. Most of the chronic diseases are by and large related to our lifestyles and can be by and large pre-

vented by improving our lifestyles. We do not want to take our responsibilities of maintaining our physical, mental, emotional and social well-being through personal health care seriously, but we demand the rights for the care of our diseases by the private or public health care system fiercely. We do not exercise our responsibility of eating right, doing daily exercise, blame everybody except ourselves for our obesity, and demand adequate treatment for any disease in its aftermath. Besides many other diseases, we produce more than 185,000 most deadly cases of lung cancer every year by smoking cigarettes and expect state-of-the-art care when struck by it. The list goes on.

There needs to be a paradigm shift

With US\$ 17 per capita expenditure on health, much is left to be desired of the health care in India, but with US\$ 7000 per capita expenditure on health in the US, one in five cannot get adequate care when sick and a large proportion of the adult population is suffering from one, two or three diseases or their precursors. While the Americans are emphasizing a primarily plant-based, low-meat, less fast-food diet, the emerging upper and middle class Indians are shunning vegetarianism and running more and more to the meat counters and fast-foods. More and more Americans would like to go to gyms regularly; more and more Indians will like to give up walking to work, even when it is possible, and have motor cars. More and more Americans are embracing yoga and meditation; the people of the land which gave yoga and meditation to the world do not know anymore what they are. Most Indians are unhappy and stressed because they do not have enough to meet their basic needs; most Americans have enough but they too are unhappy and stressed because they want more.

Unless we consider addressing both the rights and the responsibilities simultaneously, be it in India or the US, so long as the broken faucets remain broken; bailing out water with the leaking baskets will not save the house from being flooded. Unless people begin to understand and take the responsibilities of their own health – physical, mental, emotional, social, and spiritual well-being – seriously, be it in India or the US, the health care sector can only treat illnesses but cannot provide health.

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