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INSTITUTIONALIZING ILL-HEALTH: CORRUPTION AND HEALTH CARE IN INDIA

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Introduction

India is credited to have some of the most ancient and most effective systems of medicine like Ayurveda, Unani and Siddha.[1] The assumption that Indians in general enjoyed better health is supported by the fact that even when the rest of the world suffered from deadly plagues and other fatal diseases during the middle ages and before[2] India was spared from them. However, the fact that the country has not been able to maintain such good standards is again illustrated by the emergence of deadly diseases, including plagues,[3] dengue, chikungunya, and so on, that are eradicated in most other parts of the world, especially the developed nations.

Health care is paid serious attention in most countries in their developmental planning, though the improvements in health vary hugely among nations. While the developed nations have managed to eradicate most of the common infectious diseases like malaria, cholera, tuberculosis, etc., India still faces major challenges, both in the reduction in prevalence of these diseases, and in making health care accessible to the masses.

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[1] These systems form part of what is traditionally known as the AYUSH system of medicines which also includes Yoga and Homoeopathy.

[2] See: "Bubonic Plague" in *Wikipedia* at: http://en.wikipedia.org/wiki/ Bubonic_plague.

[3] For a detailed history of plagues in India, see, I. J. Catanach, "The 'Globalization' of Disease? India and the Plague," *Journal of World History*, 12, no. 1 (Spring 2001) 132. See also, John T. J, "Emerging & Re-emerging Bacterial Pathogens in India," *Indian Journal of Medical Research* 103 (1996) 4-18; and T. D. Chugh, "Emerging and Re-Emerging Bacterial Diseases in India," *Journal of Biosciences* 33, no. 4 (Nov. 2008) 550.

At the time of the independence in 1947, India had millions living "in conditions of appalling deprivation - in conditions of hunger, ill-health and avoidable disease, illiteracy and homelessness …."[4] Even after over 60 years of planned development of the nation, one still wonders if the country has made any substantial changes in these areas, especially in areas of poverty reduction and improvements in health care.[5]

If one is to go by statistics, India is an emerging economic giant in the world[6] with an average growth rate of 9% per annum[7] nearly for the last one decade. It has the largest population of young, well educated work-force in the world, about 28% of its population, adding to this tremendous growth.[8] Medical industry is one of the areas that has witnessed a booming growth rate. In the field of medicine India produces about 30,922 graduate doctors per year in its nearly 270 medical colleges and at least four times more qualified nurses in its numerous nursing schools.[9]

In the field of drug production, India manufactures around 50% of all the world's generic drugs, because of which the country today is nicknamed the "pharmacy of the developing world."[10] According to government sources,

> The Indian Pharmaceutical industry has been witnessing phenomenal growth in recent years, driven by rising consumption levels in the country and strong demand from export markets…The industry now produces bulk drugs belonging to all major therapeutic groups. Internationally recognized as amongst the lowest-cost-producers of drugs, India holds

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[4] The Editor, "Persistent Deprivation," *Frontline* 14, no. 16 (9-22 August 1997), *http://www.flonnet.com/fl1416/14160420.htm*.

[5] See The Editor, "Persistent Deprivation."

[6] See Progressive Policy Institute, "World's Fastest Growing Economies" (13 November 2002), http://www.ppionline.org/ppi_ci.cfm?knlgAreaID=108&subsecID=900003&contentID=251010.

[7] Vince Galloro, "For-Profits Feel Global Warming: In Countries from India to South Africa, For-Profit Hospital Companies are Playing a Growing Role in Healthcare Delivery," *Modern Healthcare*, 38, no. 9 (March 2008) 28.

[8] See Daniel Gallas, "Inequality Threat to Indian Power," *BBC News*, March 30, 2009, http://news.bbc.co.uk/go/pr/fr/-/2/hi/business/7972170.stm.

[9] See S.P. Kalantri, "Getting Doctors to the Villages: Will Compulsion Work?" *Indian Journal of Medical Ethics* 4, no. 4 (Oct.-Dec. 2007) 152. See also Sanjit Bagchi, "Growth Generates Health Care Challenges in Booming India," *Canadian Medical Association Journal* (*CMAJ*) 178, no. 8 (April 8, 2008) 981- 983. According to Kalantri there were 683,582 registered doctors in 2007.

[10] See Actionaid, *Challenge to Generic Drug Production Fails*, http://www.actionaid.org/main.aspx?PageID=857.

> fourth position in terms of volume and thirteenth position in terms of value of production in pharmaceuticals.[11]

The booming health industry has made India a favoured destination for health tourists from the world over. Despite these facts, what remains to haunt the nation is the fact that millions of the country's own citizens are dying of malnutrition and ill-health. Neither the remarkable economic growth nor the developments in the health and pharmaceutical sector has been translated into better health for all in the country. The country is still grappling with the problem of access to basic health care for majority of its people.

India's neighbouring countries like China and Sri Lanka that had been worse off than India a few decades ago are today far ahead in health status. Today, India while on the one hand, has world class, super-specialty hospitals with the most sophisticated technology needed in health care as well as highly qualified medical professionals, on the other hand, it also has the least equipped and maintained health care centres, and the highest number of people without access to basic health care. As F. D. Dastur says,

> "Incredible India" is a land of contrasts. This is nowhere more evident than in health care today. On the one hand we boast of brilliant doctors who practice state of the art medicine using the latest technology. On the other we have in our hospitals and nursing homes ayabhais, ward boys, and servants who barely understand the rudiments of hygiene and sanitation.[12]

The painful fact is that the poor health of the people is not because the country does not have well articulated health policies and programs, skills or personnel but a host of maladies – structural, administrative, social and political - plagues the Indian health care sector. These include corruption, profiteering, medical malpractices, poor use of funds, vertical approaches, poor infrastructure, lack of supervision, lack of transparency, lack of political will and vision, prejudices, etc. Even though much can be written on each of these issues,[13] I concentrate here on just one of these maladies, i.e., corruption. My attempt here is to reflect on some of the serious

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[11] See M. K. Bhat, *International Trade and Financial Environment* (New Delhi: Ane Books Pvt. Ltd., 2010) 163. See also Ministry of External Affairs, Government of India, "Drugs and Pharmaceuticals," *Industry and Service*, http://www.indiainbusiness.nic.in/industry-infrastructure/industrial-sectors/drug-pharma.htm.

[12] See F.D. Dastur, "Quality and Safety in Indian Hospitals," *The Journal of the Association of Physicians of India* 56 (Feb. 2008) 85. Ayabhais are nurse assistants.

[13] The division among these are not clear-cut, since many of the issues are inter-linked and non-exclusive. Therefore, the division among them is only for practical purposes.

ethical issues arising from the disturbing, wide-spread malady of corruption in health care in India. At first, I shall show how despite India's immense resources – human and technological, huge resource allocations, and well-meaning policies, corruption has crippled the health care system and the health of the people, especially of the poor who depend on public health care system. Then I shall deal with the consequences of corruption in health care and, lastly, I shall deal with some of the serious ethical implications of corruption in health care in and for the country and for its people.

Corruption in Health Care in India

Considering what has been going on during the last few years, as I shall explain, it can be said that corruption is the ugliest malady in the whole health care system in India. In fact, corruption is endemic to the whole public service system, including the judiciary.[14] Corruption is ingrained into the health care system. It takes place in numerous ways and at various levels. Starting with the decision on the place where health care centres are established, on tenders for construction of health care centres and procurement of materials, to the last work done in a health care centre, of sweeping and cleaning, everything is decided on the basis of who can be influenced, often with a bribe, and who can pay/bribe. There is corruption in the appointments of employees – doctors, nurses and other staff, in the procurement of equipments, medicines and vaccines, in the licensing of drugs manufacturing units, in allocation of funds for public health related programs, etc. There are numerous cases of corruption and lack of public accountability on the part of the government and the drug licensing authorities.[15]

One of the latest corruption scandals, was the government's decision to close down three leading public sector vaccine-manufacturing units that helped the country to fight some of most common diseases that affected children like diphtheria, pertussis, tetanus, poliomyelitis, typhoid and childhood tuberculosis. The three units were the 103-year-old Central Research Institute (CRI), Kasauli, in Himachal Pradesh; the 100-year-old Pasteur Institute of India (PII),

[14]There are numerous articles and narrations of occasions of corruption, even at the highest levels of administration and justice in the country. Just for one, see one latest admission of it by the Prime Minister of India in Emma Hartley, "Corruption Retarding India's Growth, Says Indian PM," *Telegraph*, Sept. 3, 2009, http://www.telegraph.co.uk/expat/6133572/Corruption-retarding-Indias-growth-says-Indian-PM.html.

[15] See R. Ramachandran, "Vaccine Worries," *Frontline* 25, no. 07 (Mar. 29-Apr. 11, 2008), http://www.flonnet.com/fl2507/stories/20080411250700400.htm.

Coonoor, in Tamil Nadu; and the 60-year-old BCG Vaccine Laboratory (BCGVL) in Chennai. These three historical institutions were under the Ministry of Health and Family Welfare (MoH&FW).[16]

On January 15, 2008, the production licenses of these three units were cancelled, and they were ordered to suspend production forthwith by the then Drug Controller General of India (DCGI), M. Venkateswarlu. The reason for this action had nothing to do with the quality of the vaccines, but the infrastructure available at these plants, like low ceiling at the work place (which according to good manufacturing standards (GMP) should be 12 feet high), poor record keeping and so on. They had to meet GMP in order to qualify for WHO's pre-qualification standards, which is primarily meant for exports. The government had planned to set up a "Vaccine Park" to replace these three institutions, but in the future. In the meanwhile, the government gave contracts to produce these vaccines to a private company, which was originally specialized in rubber products, but was in the process of setting up a vaccine unit. Moreover, the country imported vaccines from China, from a company that did not have WHO-GMP certificate. Besides, the DCGI, M. Venkateswarlu, himself was the head of another vaccine producing firm, which did not fulfil the GMP criterion. Yet, no action was taken against it, and production was allowed to continue in the plant.[17] All these show that what the governments do in the name of development and modernization are not always for the benefit of the people, but to meet the interests of those who are in power, to fill their own coffers, and those of the multinationals and the moneyed.

While on the one hand governments enforce international standards, as in this case, on the other hand, we see governments completely

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[16] "For years these three institutes have met the bulk of the requirement of primary vaccines for the national immunization programme. Launched in 1978, the national programme, called the Expanded Programme of Immunisation (EPI), aims to protect children against six "vaccine-preventable diseases", namely diphtheria, pertussis, tetanus, poliomyelitis, typhoid and childhood tuberculosis. In 1985, targeting universal coverage of children in the country, this programme was renamed the Universal Immunisation Programme (UIP). Under the UIP, …vaccines include the Bacillus Calmette-Guerin (BCG) vaccine to prevent childhood TB, the triple diphtheria-pertussis-tetanus (DPT) vaccine, the oral polio vaccine (OPV) and the measles vaccine. Besides these vaccines and others belonging to the DTP group, such as diphtheria-tetanus (DT) toxoid and tetanus toxoid (TT) vaccines, these units produce non-UIP vaccines such as the anti-rabies vaccine (ARV) for animals and humans, the typhoid vaccine and, most importantly, the yellow fever vaccine. They also produce sera, including the anti-snake-bite serum. The Kasauli institute is, in fact, the only unit in the South-East Asian region to produce the yellow fever vaccine." For the full story, see R. Ramachandran, "Vaccine Worries."

[17] R. Ramachandran, "Vaccine Worries."

ignoring or flouting basic standards. For another example, a team of Canadian health experts tell us how the Indian government was involved in medical malpractice and/or corruption in collusion with the World Bank in the execution of malaria eradication program in India a few years ago.[18] According to the WHO's revised recommendations of 2003, chloroquine tablets are not to be used to treat falciparum malaria if the treatment failure exceeds 15%. However, the team found that on six occasions in 2004 the World Bank approved the purchase of over 100 million chloroquine tablets worth Rs 1.8 million for its projects in India, knowing that the medication would be used to treat drug-resistant falciparum malaria. Not only the World Bank, but also the government of India approved such measures. Even after WHO and other bodies repeatedly informed the government that chloroquine is not effective in the treatment of falciparum malaria in India, just because the World bank was funding the program, India went ahead with the purchase of huge amounts of the ineffective chloroquine tablets, which develops drug-resistant strains of malaria.[19] "Millions of patients having falciparum malaria received such treatment inappropriately. Both money and lives are needlessly wasted by these decisions."[20]

Corruption is an inalienable factor in the country where money is involved, especially when there are international players, because greater funds are available to siphon off from and to fill personal coffers. This is amply clear not only in this Malaria Eradication Program but also in other programs like the HIV/AIDS vaccine trial conducted in Pune. Regulatory rules are easily flouted by government agencies themselves, when there are personal benefits for the agents involved. For another example, in February 2005, in a combined venture of the Indian Council of Medical Research (ICMR), the International AIDS Vaccine Initiative (IAVI) and the National AIDS Control Organization (NACO), a trial of a genetically engineered vaccine was undertaken at Pune's National AIDS Research Institute (NARI). The program was inaugurated by the then Union Health Minister, Anbumani Ramadoss, and Union Science and Technology Minister, Kapil Sibal. 14 days into the trial, another company that was conducting the same trial in Europe informed the

[18] For details, see Amir Attaran, Karen I. Barnes et al., "The World Bank: False Financial and Statistical Accounts and Medical Malpractice in Malaria Treatment," *The Lancet* 368, no. 9531 (July 15, 2006) 247-252.

[19] For details see, R. Ramachandran, "Malaria Malpractice," *Frontline* 23, no. 12 (June 17-30, 2006).

[20] Amir Attaran, Karen I. Barnes et al., "The World Bank: False Financial and Statistical Accounts, 250.

group that this study had not elicited any significant immune response and thereby the Phase 1 Trial, meant to evaluate safety, failed. Ironically, India wanted to go ahead with this trial against the existing policy in the country that "a molecule or a vaccine developed in a foreign country could never be tested in India for a Phase-I trial until the host country where the molecule was invented had undertaken a full fledged Phase-II trial." Therefore, an excuse was made that "there was a health emergency and the need was to arrest the galloping epidemic of AIDS." The test was done, but "Given the confidentiality clause of the trial, no independent verification has been possible on how the Indian volunteers fared physically and/or psychologically in the Pune trial.[21]

This 193.7 million-dollar project was one of the five mega projects backed and overseen by the World Bank and undertaken in India that came under the microscope following revelations of fraud and corruption in 2005. The other projects in India were the 114-million-dollar Malaria Control Project we saw early, the 82.1-million-dollar Orissa Health Systems Development Project, the 124.8-million-dollar Tuberculosis Control Project, and the 54-million-dollar Food and Drug Capacity Building Project.[22] The agents involved in the scandal were banks, government staff, private companies, and non-governmental organizations (NGOs). Investigations revealed malpractices of bid rigging, large-scale procurement fraud, corruption and shoddy auditing.[23]

In 2007, the World Bank barred two Indian pharmaceutical companies from doing business with it, alleging they had engaged in "collusive practices" in a bank-financed reproductive and child health project. According to the bank, India's National AIDS Control Organisation has terminated contracts with 163 NGOs (out of 952), who were engaged in malpractices. Most of these NGOs engaged in malpractices were the so-called "MONGOS" or "My Own NGOs" "made up of individuals or families who set up bogus groups for no purpose beyond collecting money from donors."[24] Unfortunately the number of these groups has grown in India by leaps and bounds.

The mother of all scams and corrupt practices in health care came to light this year during investigations into the deaths of three senior

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[21] For more details see, Sunil K. Pandya, "Stem Cell Transplantation in India: Tall Claims, Questionable Ethics," *Indian Journal of Medical Ethics* 5, no. 1 (Jan-Mar. 2008) 17.

[22] Abid Aslam, "World Bank, India Confront Corruption," *Inter-press News: Journalism and Communication for Global Change*, Washington, Jan. 13, 2008, http://ipsnews.net/news.asp?idnews=40771.

[23] Abid Aslam, "World Bank, India Confront Corruption."

[24] Abid Aslam, "World Bank, India Confront Corruption."

doctors and health care administrators, one after another in a short span of time, in Lucknow, Uttar Pradesh (UP). The first one to die, Dr. Vinod Arya, was gunned down on 27 October 2010 while he was on his morning walk by two men on a motorbike. Six months later, on 2 April, his successor Dr. B.P. Singh, a cardiologist, was shot to death while out on a predawn stroll. The ballistic report showed that both Arya and Singh were killed by the same gun. A third government doctor, accused of conspiring to murder the first two, was found dead in jail on 22 June under mysterious circumstances, lying in a pool of blood with deep cuts all over his body.

The one thing all three of them had in common was that all three had at one point been the chief medical officer, in charge of spending this city's portion of the nearly $2 billion that flowed into the state as part of a nationwide push to improve the health of the people of the state, the poorest in India.[25]

"The murders resulted from a virulent combination of fast money, scant oversight and a notoriously graft-addled state political leadership. The last doctor to die, relatives say, was preparing to name names in a widening scandal,"[26] many of whom where influential politicians from the ruling party. According to reports, the state government has the dubious recognition of being "a criminal enterprise."[27] As one of the officers said, when huge amounts are given to such governments violence is a natural outcome."A huge amount of money is involved, so a huge amount of crime is taking place."[28]

NGOs, private nursing homes and doctors, all have siphoned off crores of taxpayers' money intended for the rural poor over the past few years.[29] In the words of Ashis Khetan (*Tehelka*), "India is

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[25] Lydia Polgreen, "Health Officials at Risk as India's Graft Thrives," *The New York Times*, Sept. 19, 2011, http://www.nytimes.com/2011/09/18/world/asia/graft-poisons-uttar-pradeshs-health-system-in-india.html? See also Ashish Khetan (ed.), "Where did Rs 8,500 cr of UP's Health Funds Go?" *Tehelka* 8, no. 33 (Aug. 20, 2011), http://www.tehelka.com/story_main50.asp?filename=Ne200811COVERSTORY.asp.

[26] Lydia Polgreen, "Health Officials at Risk as India's Graft Thrives."

[27] Lydia Polgreen, "Health Officials at Risk as India's Graft Thrives."

[28] "The UP government has received about Rs 8,570 crore from the Centre. The funds were meant to provide free and quality healthcare to rural masses with special emphasis on women, children and the elderly. Free medical care for pregnant women, immunization of infants and treatment of those suffering from debilitating diseases like tuberculosis were among the several programmes covered under the scheme." However very little of it was utilized well for the benefit of the people. See Ashish Khetan (ed.), "Where did Rs 8,500 cr of UP's Health Funds Go?" See also Lydia Polgreen, "Health Officials at Risk as India's Graft Thrives."

[29] Ashish Khetan (ed.), "Where did Rs 8,500 cr of UP's Health Funds Go?"

enduring what seems like a never-ending season of scams."[30] The recent revelations from UP shows how it is not the ordinary and lower rung officials who are primarily involved in the wide spread corruption and scams, the "micro aspects of corruption," but that they start at the highest levels of the government, starting with the state's Chief Minister, Mayawati, and then her officials. Many legislators from within her party have been implicated in criminal wrong doings,[31] and she herself is under investigation for a curious fifty-fold rise in her self-declared personal wealth in just a few years.[32]

Although the magnitude of corruption and scams in health sector in UP is hugely disproportionate compared to what happens in most other states, every state and government is involved in corruption, as the common man/woman's experience would say, invariably in any government run hospital. One has to pay his/her way through from the ayah to the medical practitioner.

What is disheartening is the attitude of the governments in general, but mainly at the central level. It is true that in India health is primarily a state subject/issue. However, the central government has the overall responsibility to monitor the funds it disburses to the states, to ask for accountability. We have already seen the fraud and corruption uncovered by the World Bank in 2008 in five of its Indian health projects. The Government of India was fast in condemning the fraud and promised to do its best to prevent corruption and to award

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[30] "The modus operandi was simple. Names and addresses of villagers over 60 years of age were gleaned from electoral lists and then added in the register of patients who got free eye surgery under the National Rural Health Mission (NRHM). There are as many real beneficiaries as fictitious names. In some places, bogus names outnumber those of real patients. This inflated list of patients was then sent to the state Family Welfare Department and bills were cleared after every signing authority had taken his/her cut. For every eye operation, the government paid Rs 750 to private hospitals. Each private hospital contracted under NRHM has performed, mostly on paper, 3,000-5,000 eye surgeries every year in Lucknow district alone. The numbers of such eye surgeries performed by private hospitals and clinics are even higher in the other 71 districts of the state. In addition to the surgeries, medicine and other disposables were provided free of cost. The excess medical supplies thus procured by private hospitals for the imaginary patients were then sold in the market." See Ashish Khetan (ed.), "Where did Rs 8,500 cr of UP's Health Funds Go?"

[31] See PTI, "Opposition Conspired to Push Criminals into BSP: Mayawati," *Times of India*, May 2, 2010, http://articles.timesofindia.indiatimes.com/ 2010-05-02/india/28310543_1_bsp-criminal-elements-criminal-antecedents.

[32] See NDTV Correspondent, "Supreme Court Slams CBI over Mayawati's Disproportionate Assets Case," *NDTV News*, September 27, 2010, http://www.ndtv.com/article/india/supreme-court-slams-cbi-over-mayawatis-disproportionate-assets-case-55091.

"exemplary punishment" for all those found culpable. However, months later the government had to be told to follow up its promise and take action to tackle the ingrained corruption in the health sector.[33] Probably, the most disheartening fact is that even after siphoning off billions, hardly can a senior bureaucrat or politician be expected to be convicted. "Some small fish will suffer, but never the big ones."[34]

Consequences of Corruption on Society and Health: An Ethical Reflection

> A study by Transparency International India found that government hospitals were the most corrupt basic government service, and that 27 percent of survey respondents—statistically representing about 30 million households—reported paying bribes at government hospitals in exchange for medicines, inpatient admission, and medical consultation and treatment. The Indian press has reported that counterfeit drugs also are a widespread problem, and that effective enforcement is lacking.[35]

The effects of corruption on health are manifested in numerous ways. Christopher Potter beautifully presents them pictorially: since the telephone line man was not bribed, the phones do not work and the woman with an obstructed labour can't call an ambulance and she dies; spurious and adulterated drugs proliferate because high level politicians protect companies that produce them; the medical staff is under-experienced/unqualified, because they bribed their way to pass exams; hospital buildings collapse because of building violations; licenses to service providers were issued inappropriately; doctors do not attend places of work despite drawing huge salaries because of private practices; drugs and equipments meant for health care centres do not reach them because they are either diverted to private clinics owned by the doctors, or are sold outside; ambulances and other vehicles are misappropriated by officials and doctors; health outreach programs do not function because staff are not paid or reimbursed and the amount meant for them is embezzled or misappropriated by officials or they demand favours for moving files

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[33] Kristen Elisabeth Solberg, "India's Health Sector Responds to New Corruption Charges," *The Lancet* 371, no. 9611 (February 9, 2008) 464, http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(08)60220-2/fulltext.

[34] Lydia Polgreen, "Health Officials at Risk as India's Graft Thrives."

[35] See, *e.g.*, Buma Shrivastava and Narayana Kumar, "Fake Drugs a Real Problem in City, India," *Hindustan Times*, pages 1 and 15 (May 1, 2007), http://www.hindustantimes.com/Fake-drugs-a-real-problem-in-city-India/Article1-219590.aspx. See also Department of Institutional Integrity, World Bank, *Detailed Implementation Review, India Health Sector 2006-2007*, 36, http://siteresources.worldbank.org/INTDOII/Resources/WB250_Vol1_Web_011508.pdf.

authorizing projects and programs; health care centres are filthy and unhygienic because no accountability is demanded from those responsible; power cuts compromise safety systems in hospitals because politicians never tackle electricity theft and alternative systems are not provided or maintained because the funds meant for them are siphoned off; government or externally funded programmes are neglected as senior District health officials are busy recouping the cost of buying their posts; irrational and over prescription of drugs by doctors due to lack of accountability and incentives from unscrupulous pharmaceutical companies; bribes are demanded from patients by everyone from the watchman to the doctor; etc.[36]

It is the poor, who have no access to the expensive private hospitals, and are condemned to depend on the government services, who are affected by all these malpractices. Therefore, as Potter points out, in "India that has developed nuclear weapons, and is even talking of putting people on the Moon, there is still polio, somewhere a child dies every minute of every day from diarrhoea and every 6 minutes a woman dies from pregnancy related causes."[37] Because of the high degree of poverty, an inelastic demand of health care services, the vulnerable position of patients, the patients' trust in the system, especially in health care professionals that they are above suspicion, and the lack of information regarding various types of services available in the field, health care services becomes the best breeding ground for corruption.

It destabilizes society in many ways. Since corruption channelizes public resources meant for the maintenance of the health of all into private coffers, it "reduces the resources effectively available for health, lowers the quality, equity and effectiveness of health care services, decreases the volume and increases the cost of provided services."[38] Corruption nibbles ultimately on the health of the people. It has a corrosive effect on public health.

Specific Ethical Applications

In health care, the effect of corruption on society can be looked at from various angles. I shall look at it from the points of view of

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[36] Christopher Potter, "Corruption mars India's healthcare system" (published by India Rejuvenation Initiative: A Forum of Probity in Public Life), August 1, 2010, http://www.iri.org.in/articles/article1.pdf.

[37] Christopher Potter, "Corruption mars India's healthcare system."

[38] Transparency International, "Corruption in the Health Sector," 2009, http://www.u4.no/themes/health/causesandconsequences.cfm.

common good, participation, care for the poor and justice and human rights.

1. Corruption in Health Care and Common Good

Corruption is among the worst curses in society. It deprives people of their legitimate rights to public service and to a dignified life. It is an affront to human dignity. It breeds on the helplessness of some and their dependence on some others. It is a systematic exploitation of the vulnerable. It denies equality of human beings and the common brotherhood and sisterhood of all people. It exacerbates the division between the haves and have-nots. While the poor will have little or no access to an acceptable level of health care their contribution to the common good and wellbeing of society too will remain minimum at best. It makes some, especially the vulnerable, means of personal gratification of some others, especially of the rich and the influential.

A high level of corruption breeds a culture of suspicion and distrust. In extreme cases, social cohesion breaks down, and it becomes difficult to persuade people to work together for the common good. Corruption encourages and rewards selfishness and denigrates collective action. It discourages participation in civil society and elevates self-interest as a guide to conduct and success in life. It leads to the marginalization of the poor and the strengthening of their sense of social exclusion.

The promotion of the common good, while it involves the protection of everyone, pays greater attention to the poor so that they can achieve an adequate or acceptable level of health through sufficient health care provisions. Corruption derails this process and the poor are sacrificed at the altar of selfishness of the affluent and influential.

2. Corruption in Health Care and People's Participation

Corruption by its very nature stifles participation, especially participation of the poor and target groups. In fact, corruption can thrive only when participation of the people, especially the target groups is shunted out. Participation on the other hand, ensures justice and welfare of all without discriminations of any sort. Poverty and ill-health which thrive on each other close people up in themselves out of extreme helplessness. They inhibit people from participation. The more corruption breeds, the more people lose opportunities to seek health care, educate their children, claim social assistance, get paid, and attempt to access justice or police protection. Since they are already marginalized their participation in decision making as well as implementation of health related or welfare oriented schemes or projects are diminished.

Welfare programs for the poor can be effective only when the target groups are involved in the decision making process. It is they themselves who are the best judges of their needs, the right process of implementing projects and programs for their own benefit. They themselves are also the best judges for evaluating completed programs and suggest remedies if needed. However, corruption impedes all such participation of the people. If a program like the NRHM has not picked up sufficient momentum in the country, the reason is primarily the lack of involvement of the people concerned. It is not that mechanisms are not established/drawn officially on paper for community participation in health care decision making. Mechanisms have been on paper like the Village Health Sanitation Committees (VHSCs), patient welfare societies, hospital development committees and so on. However, according to health care activists in the country, to make these committees functional there is a need for the right coordination, information sharing, capacity-building, and empowerment-training which are lacking in the country.[39] While participation ensures all these and root-out corruption, corruption does the opposite. Participation, based on the principles of equality and brother/sisterhood, is an essential element in rooting-out corruption.

3. Corruption in health Care and the Poor

Corruption is among the biggest crimes against the poor. It perpetuates and exacerbates poverty in a variety of ways. It diverts resources and benefits away from the poor towards the rich distorting developmental priorities. It encourages investment in capital intensive projects to have access to more money as bribes and rewards for colluding with the perpetrators of illegal and unjust practices, leaving little resources for basic health care, poverty alleviation programs, education and the like that benefit the poor more. Corruption hinders balanced growth that benefit the society as a whole, especially leaving the least advantaged far behind to fend for themselves and reducing opportunities for them to escape poverty and ill-health. It deprives the poor of their political, social and legal rights and entitlements curtailing all prospects of a better life. Eradicating poverty requires some sort of economic stability and investment in basic services like education and health. However, corruption threatens these services.[40]

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[39] See Thelma Narayan, "The National Rural Health Mission: Towards Realizing People's Health Rights," *Health Action* 21, no. 7 (July 2008) 5.

[40] See "Causes & consequences of corruption," http://www.u4.no/helpdesk/faq/faqs1.cfm.

It has both direct impact on the lives of the poor, like restricting their access to basic services (food, water, electricity, etc.) and basic health care, and indirect impact like diverting public funds away from them to the benefit of the socio-economically higher classes. While corruption affects most people negatively, it affects the poor more, since they are more vulnerable both in terms of being easy targets of extortion, bribery, double-standards in service provisions as well as in terms of being hit hard by the negative and harsh consequences of corruption on country's overall development.

Corruption also perpetuates unequal distribution of public resources and unequal access to services like health, education and jobs. It not only snatches away people's rights but the long term effects remain with them, especially among the poor in the form of anger and frustration because of a sense of being voiceless and powerless to resist corruption and maltreatment. The poor are even afraid of complaining because they fear that they might lose public services altogether.

When Mayawati and her coterie swindled off nearly Rs. 8,500 crores meant for health care services of the whopping 200 million people of UP, enough to form the fifth largest nation in the world, of whom majority fall under the poverty line, it was poverty and ill-health that they institutionalized and it was the lives of the poor that they criminally neglected. It is the same state where children feed on mud, when they are hungry, since their parents cannot feed them in their abject poverty.[41] It is, again, a state that lacks in its health centres even the most basic necessities like washing soaps for hands that deliver babies, crucial medical supplies, like oral rehydration salts for children with diarrhoea.[42]

Today, with the advent of the "capability theory" (Amartya Sen), the notion of poverty has broadened from a narrow income-based definition to a more inclusive notion of 'capability' poverty which addresses also issues of health, social status, literacy and so on. Corruption has direct effect on all these aspects and, therefore, directly on poverty. Corruption leaves the most vulnerable, especially the poorer and marginalized groups unprotected. Since corruption derails access to an equitable share in health care, education,

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[41] See, Chris Morris, Diet of Mud and Despair in Indian Village," *BBC News*, May 15, 2010, http://news.bbc.co.uk/2/hi/south_asia/8682558.stm. Or see, Kenneth John and Samar Halarnkar, "Not Enough Food, So Children Learn to Eat Mud," *Hindustan Times*, April 5, 2010, http://www.hindustantimes.com/Not-enough-food-so-children-learn-to-eat-mud/Article1-527187.aspx.

[42] Lydia Polgreen, "Health Officials at Risk as India's Graft Thrives."

employment opportunities and other public services, it is the poor who suffer most. It undermines all social safety nets and even deters the poor from seeking basic entitlements and public services.

4. Corruption, Human Rights and Justice

Corruption in any form constitutes a violation of human rights and, therefore, governments who are complicit in corruption fail in their duty to protect and promote human rights. Corruption not only violates human rights but also institutionalizes violations. While human rights are based on the principle of equality of human beings, corruption denies this right to be treated and accepted as equals. It is a "pernicious form of discrimination." Therefore,

> the struggle for human rights and the struggle against corruption are intimately and inextricably linked… Corrupt governments do not respect human rights. Human rights are, by definition, general and universal while corruption, by definition, concerns the few and the particular.[43]

Corruption, again, by its very nature is an abdication of justice. It rewards the one who can influence the system with money or power or both. It has no concern for justice or any code of ethics. It creates a libertarian attitude among all the players in the sector, everyone involved in the sector, including watchmen, cleaners and Ayas, doctors, contractors, suppliers and so on.

Since corruption diverts funds from health services to other more lucrative fields for siphoning off, health care establishments are deprived of both personnel and facilities. Studies show that in some areas over half the positions for physicians and nurses are vacant, nearly half of the personnel remain absent, facilities for treatment, equipment and medicines are lacking. Since corruption breeds irresponsibility and unaccountability, absenteeism becomes rampant. A study of primary health care workers in one of the states in the country found "absenteeism rates in clinics averaging 35-55% of the time, while nurses assigned to outreach in villages were present in the villages only 12% of the time."[44] In the urban areas public health care providers set up their own private practice and remain absent from public health institutions. These are blatant violations of justice and human rights.

Corruption has become so much a part of life in health care centres that authors Sudarshan and Prasanth say,

> Interestingly, corruption insinuates itself into the natural cycle of life and ironically the lifecycle approach to corruption is what is seen in our

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[43] "Causes & consequences of corruption," http://www.u4.no/helpdesk/faq/ faqs1.cfm.

[44] David H. Peters and Muraleedharan, V.M., "Regulating India's Health Services: To What End? What Future?" *Social Science and Medicine* 66, no. 10 (March 2008) 2140.

> country today: it is present at birth, when a relative must pay Rs. 200/- extra to see the newborn, and it is also present at death, when a bribe must be paid for the postmortem.[45]

The saddest part of it all is to see or hear of poverty stricken mothers selling their own babies or children to pay bribes to doctors who deliver the babies in government hospitals.[46]

There are numerous cases of corruption in the private sector too such as multinational companies bribing government health care officials for acquiring contracts, commissions and incentives given to doctors for prescribing specific drugs or tests, and special 'cuts' for prescribing expensive diagnostic investigations like CT scans and MRIs. There are even cases of laboratories running a few tests on patients and then filling in normal values for many other tests which are not conducted, and then collecting charges for those tests.[47]

Conclusion

Tackling problems of ill-health and common diseases that kill people, especially the poor, in thousands does not need sophisticated and expensive technology, a better polio vaccine or oral re-hydration salts. As has been pointed out, the biggest killer today is corruption and in order to save these millions the only medicine is to tackle corruption. We will be wasting our time, resources and energy in massive health projects and programmes, training courses, buildings, mass distribution of drugs and vaccines, unless we have tackled corruption which undermines all these efforts.[48]

Corruption cannot be controlled unless and until there are strong mechanisms of auditing and monitoring individuals and institutions, an honest, non-corrupt police force and an efficient and non-corrupt judicial system. In the absence of any of these elements, the prospects for detecting corruption, accumulating evidence, and securing convictions will be poor. It is rightly said that the absence of anti-corruption laws and its enforcement are often a symptom of a wider breakdown in the rule of law and of an effective government.[49]

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[45] David H. Peters and Muraleedharan, V.M., "Regulating India's Health Services."

[46] See Uma Sudhir, "Newborn Sold for Rs 6000 to Pay Bribe," *NDTV News*, Feb. 24, 2009, http://www.ndtv.com/convergence/ndtv/StoryPrint.aspx?ID=NEWEN20090084694&ch=633711159758557500.

[47] For details, see H. Sudarshan and N. S. Prashanth, "Governance and Partnership in Community Health: The Karuna Trust Experience," *Health Action* 21, no. 12 (Dec. 2008) 44.

[48] Christopher Potter, "Corruption mars India's healthcare system."

[49] "Causes & consequences of corruption."

Even though we can attribute many issues as causes of diseases and ill health of the millions in India, a deeper analysis of the situation will show that the ultimate causes of this situation is political and economic – greed for power and wealth. There is no other solution to the maladies in health care than the "political medicine,"[50] motivation and will power of the government to eradicate corruption from public life bring change for the betterment for all.

The political will and motivation to change the situation is lacking not only in the sates, but at the centre as well. It is a clear indication that everyone is hand in glove with everyone else in power for personal gains.[51] After having lost thousands of crores to corruption in various states of the country, especially the least developed ones like UP, Bihar and Orissa, one wonders if the NRHM probe would go the same way as that of the Bihar fodder scam and the Taj Corridor scam. As someone said,

> one thing is for sure. There won't be any remedy for the lakhs of poor who either died or became invalid because of lack of access to health facilities. And the taxpayers' money — your and my money — which was meant for the poor but has been instead pocketed by the politicians and bureaucrats, will never come back.[52]

The need today is an effective and honest judicial and an administrative system that practices and demands transparency. Political patronage and nepotism should have no role in administering justice. While RTI has done much good to the country, much more needs to be done to make the whole administrative system transparent. Digitalizing operations, enquiries, complaints and consumer redressals have their positive effects. Computerizing court operations (e.g. maintenance of court files) wherever appropriate is another important and helpful step in this regard. Improving the quality of media coverage of the judicial system, with greater access to those court files and records to the public is another step that needs to be addressed.

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[50] Milan Vaishnav, Centre for Global Development: Independent research & practical ideas for global prosperity, "Corruption in India's Health Sector: Let's Look at the Bigger Picture," *Global health Policy*, September 19, 2011, http://blogs.cgdev.org/globalhealth/2011/09/corruption-in-india%E2%80%99s-health-sector-let%E2%80%99s-look-at-the-bigger-picture.php.

[51] In order to understand the apathy on the part of the central government to act against erring parties, see Ashish Khetan, ed., "Where did Rs 8,500 cr of UP's Health Funds Go?"

[52] Ashish Khetan, ed., "Where did Rs 8,500 cr of UP's Health Funds Go?"