

Messages from Friends

Journals of this kind require the humanpower and clientele support, in ways other than funds. And in a country like India, it has to be groups in 10 to 15 locations supporting the central idea of the journals, but going their own ways in understanding current local realities. How do you get such 'friends' of the RJH ? That dialectical mode needs to be reinvented, where Gandhiji and the Naxalites left it. It would be flattering to re-launch the journal with such an ambitious co-objective, in which endeavour count on the support of this retired person living in Delhi.

New Delhi

R Srinivasan

I am so pleased to learn that RJH is going to be published once again. ...I dream of a society which results out of integrated and sustainable development where medicine is redundant because health will have become inevitable.

Kozhikode

Mundol Abdullah

We are glad to learn that RJH will make its appearance soon. It is a welcome step as there are very few journals at present focusing on interdisciplinary approach to social sciences and health.

Wardha

S N M Kopparty

I am happy to learn that you are restarting RJH. I hope you will be able to publish it for a considerable time despite the odds at play in our society.

Nellore

M S P Rao

(On this page we will publish letters to us as well as circulars meant for a larger readership. We invite you to write. Keeping in mind the space limitation, please keep communications brief.—Ed.)

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Atomised Approach

The new approach to the control of tuberculosis is yet another techno-managerial fix.

THE recent resurgence of communicable diseases for long thought to have been brought under control, is an expected outcome of a combination of factors: falling living standards due to decreasing real wages, freezing of employment opportunities, dipping nutrition levels, breakdown of sanitary measures and debilitated public health services under the auspices of adjustment policies. However, a morbid population in the long run is economically unproductive and provides, eventually, a mass base for coalescing people's demands and protests. And that is not exactly part of the blueprint of the institutions which are prompting third world countries to adopt new economic policies. The World Bank for instance, has responded in a typical fashion; it has constructed social safety net programmes and fashioned 'new' approaches to disease-control, which seek to resolve in a techno-managerial fashion, problems which are rooted in the larger socio-economic situation. The revised strategy for tuberculosis control, termed directly observed treatment (DOT) proposed in consultation with the World Health Organisation is one such international prescription.

This new strategy, which derives its urgency from the AIDS/HIV epidemic, is being popularised and enforced in various quarters since 1992. It has a strengthened leadership from a central unit, standardised short course regimens under direct supervision for all patients (but especially those confirmed as sputum positive cases), regular supply of all essential anti-tuberculosis drugs and diagnostic material and a monitoring system for programme supervision and evaluation following WHO guidelines. The ultimate objective of the revised strategy is to cure 85 per cent of newly confirmed sputum positive cases and detect 70 per cent of existing cases by 2000 AD.

Mehsana district in Gujarat, one municipal ward in Bombay and one chest clinic area in Delhi are three venues in which pilot projects are being run with funds from a previously underutilised SIDA grant. The larger project for the World Bank will be established in the states of Gujarat, Kerala, Himachal Pradesh, Bihar, West Bengal; in metropolitan cities like Bangalore, Bombay, Calcutta, Delhi, Hyderabad, Madras as well as Bhopal, Jaipur, Lucknow and Pune, which are cities of intermediate size. This will be financed by a loan from the World Bank to the tune of US \$ 20 million.

It is a matter of concern that the India's tuberculosis control programme whose excellent design grew out of sociological, epidemiological and technological insights, is being overturned without adequate justification. The programme, which is integrated with the general health services, was