

Death in the North West

Disease and indifference in the Guyana's hinterland



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The Barima-Waini Region

Life can be very short in the Barima-Waini Region. Located in the north west of the country, it is the fourth largest and, potentially, one of the richest regions. It covers an area of 20,339 km² or about four times the size of Trinidad and Tobago.

The Region's population is among the lowest for any region – only about 25,000 people – and is made up mainly of Arawak, Carib and Warrau indigenous communities living largely along the rivers.

The Region's rich alluvial soil supports crops of coffee, ground provisions (such as cassava, eddo and yam), bananas, beans, cabbage, corn, citrus fruit, plantain and peanuts and the economy is enriched by forestry and mining. The Region should be prosperous but, owing to administrative neglect, remains one of the poorest and least developed.

The Region's large rivers – Aruka, Barama, Barima, Kaituma and Waini – and low-lying lands are essential not only for transportation and irrigation but are also the source of drinking water. Herein lies the problem – when the water is polluted, children die especially from gastroenteritis.

Death by disease comes easy every year in this Region. The central government and regional administration are well aware of the plight of residents of riverine communities who suffer from these annual crises. They do little to prevent these predictable recurrences.

Evidence suggests that the 2013 gastroenteritis outbreak started at Canal Bank on 20th January; it then advanced to Sebai by 3rd February and Port Kaituma by 17th February. The Ministry of Health misleadingly pronounced that the gastro-enteritis outbreak “peaked” in the third week in February. This was a lie. The numbers of those afflicted by the disease continued to rise, reaching 529 cases by the third week in March.

The government suddenly declared that the situation had returned to “normal.” Reports of illness and deaths dropped off the headlines to make way for everyday crimes and the budget debate in the National Assembly. Public information on the health crisis ceased.

An annual ritual

Gastro-enteritis is dreaded by the residents of the North West. The PPPC central and regional administrations, however, seem to tolerate the appalling suffering of the population as an unavoidable annual ritual. The 2013 epidemic came in the wake of earlier outbreaks.

Dr Leslie Ramsammy, a former Minister of Health in the People's Progressive Party Civic administration, declared quite frankly and factually several years ago that “the occurrence of gastro-enteritis is seasonal, with the highest incidence occurring in December, January, February and March.” He was dead right!

Dr. Bheri Ramsaran, the Minister of Health, by mid-March 2013, attempted to assuage the panic and assure the public that the outbreak was “under control.” He claimed, unbelievably, that “The ministry has been on top of the issue even before it was highlighted by the media.” That claim appears to be at variance with the facts.

Dr Shamdeo Persaud, Chief Medical Officer, explained that there are normally 20 cases of gastro-enteritis in the North West per month. The cases recorded from January 2013, however, soared to 700.

Persaud made it clinically clear that the source of the illness was *E. coli* (i.e., *Escherichia coli*). He suggested that the presence of high levels of the bacteria in the water used by residents might be the cause of the public health crisis.

Samples of water taken from several wells and river sources all showed that they were of an “unacceptable” standard, Persaud said. “...The contamination was quite extensive. The organism identified in all of these instances is *E.coli* and there was contamination from human waste,” he said of the solar-powered wells at Sebai.

Zashada Bumbury, only two months old, was the first to die for the 2013 season on 15th February; seven-month-old Steve Adams was the second on 4th March. The third death was that of an unnamed twelve-month-old. All three children were from the North West.

Annals of indifferences

Arakaka, also in the Barima-Waini Region, experienced an outbreak which claimed seven lives in 2009. *E. Coli* was also identified in that outbreak. Moruca suffered a similar outbreak in 2009 when six residents died from what the Ministry of Health determined was *E. coli*.

There had also been several deaths at Port Kaituma as well as cases of persons seeking treatment at the Mabaruma District Hospital and at health facilities at Matthew’s Ridge.

The Ministry of Health, in April 2005, had also reported another outbreak of Acute Diarrhoeal Diseases (ADD). The Port Kaituma Hospital reported 13 cases in the first week; this quickly escalated to 33 then to 100 cases. Seventy percent of the victims were children under five years and almost half of those were under the age of one year.

Scores of residents in the North West community of Tobago Hill in the Mabaruma Sub-Region complained of suffering symptoms similar to those of tuberculosis in November 2010. Residents also sustained symptoms associated with gastro-enteritis such as vomiting and diarrhoea. A twelve-month-old child died one day after being rushed to the Mabaruma Public Hospital after experiencing vomiting and diarrhoea.

The Barima-Waini Region is sitting on a public health time bomb. People are living in dreadful conditions and are the unwilling casualties not of *force majeure*, but a lack of political will to remedy their environmental and public health problems.

One resident of Port Kaituma pointed out wisely, “Because of this gastro outbreak, they [the government] sending doctors in here; but, if they treat the water, they don’t need to send doctors and spend so much money because no one will be sick.”

Selected references

- Two die from gastro outbreak in North West District. *Guyana Times*, March 8, 2013.
- Health teams focusing on human waste disposal. *GINA*, March 9, 2013.
- Health Ministry monitoring gastro outbreak. *Guyana Times*, March 11, 2013.
- Gastro outbreak strikes 43 so far. *Guyana Times*, March 12, 2013.
- 252 stricken with gastro as outbreak worsens. *Guyana Times*, March 13, 2013.
- Outbreak in Region One. *Guyana Chronicle*, 13 March 2013.
- North West gastro outbreak under control. *Stabroek News*, March 14, 2013.
- Health Ministry intensifies response. *Kaieteur News*, March 15, 2013.
- High-level team educates Port Kaituma students. *GINA*, March 15, 2013.
- Health Ministry collaborating. *Kaieteur News*, March 16, 2013.
- Port Kaituma students enlightened. *Guyana Times*, March 17, 2013.
- Gastro outbreak cases climb to 428. *Guyana Times*, March 18, 2013.
- Health Ministry conducts extensive awareness. *Guyana Chronicle*, 18 March 2013.
- Gastro outbreak in Region One under control. *Guyana Chronicle*, 18 March 2013.
- Region One gastro cases double. *Kaieteur News*, March 20, 2013.
- Gastro outbreak. *Kaieteur News*, March 25, 2013 .
- No new case of gastro this week. *Guyana Times*, March 28, 2013.

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Brigadier David Granger is the Leader of the People's National Congress and A Partnership for National Unity and Leader of the Opposition in the National Assembly of Guyana.