Tuberculosis in Mumbai

a photo reportage by
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Winner of the 2009 Images to Stop Tuberculosis Award
Rhemat Shek lies on the floor of her mother’s home in Rafik Nagar, a neighborhood next to a garbage dump in Mumbai. Her son, Sana Jameer, and mother, Husna Bano, sit behind her. Rhemat and her husband came to Mumbai to be closer to a DOTs center so she could receive medicine, but they say they may soon return home, interrupting Rhemat’s treatment, so her husband can continue to work. She is currently so weak that she is often unable to sit up for more than 10 minutes at a time.
A man sits in traffic on the streets of Mumbai. Poor hygiene and nutrition are risk factors that can make people more susceptible to developing active TB.
Men crowd in to a commuter train leading from the poor suburbs to downtown Mumbai. Crowded environments are one of the risk factors in concentrated urban environments, making it much easier for TB to be passed from one person to another. It is estimated that nearly 1 in 3 people in India are infected with the bacteria that can cause active TB.
A doctor visits a patient at the Group of TB Hospitals in Mumbai during the daily rounds.
Workers at a local garbage dump, who scavenge for trash that they can sell, try to put out a fire so they can continue working. Local NGOs say that there is a huge problem with TB among the workers in the dumping ground, as well as the families that live near it, owing it poor nutrition and hygiene, which can make them more susceptible to developing active TB.
Rajeshree Bamsode, a lab worker with a local NGO, stands in a small makeshift lab where she examines patient sputum samples.
Vanita Chaudhary takes her daily medication with other TB patients at the Mahatma Nagar DOTS Center run by Maharashtra Janavikas Kendra, a local NGO.
People walk in front of a small pharmacy in Jari Mari, a poor slum in Mumbai. The health services in the slums are incredibly inadequate, as there are many doctors who are not properly trained and patients often resort to shopping for prescriptions or purchasing inappropriate medicines over the counter.
A young girl walks through the Rafik Nagar slum, one of the areas in which Lok Seva Sangam, a local NGO, has set up free TB health clinics. People in the slums are often too poor to pay for proper health care, let alone the transportation to get them to the hospitals or clinics. Because of this, the local health clinics are very important to ensure a patient is able to complete their treatment.
Nurses prepare an injection for a patient at the Group of TB Hospitals in Mumbai, India.
Men rest after a long day working in a tailoring shop. The men are migrants, coming from all over India, and do not have the money to rent rooms to stay in. They work about 16 hours a day sewing clothing together and then sleep together in the workshop. Lok Seva Sangam, a local NGO working on TB, gives educational talks to workers like these, teaching them about the potential risk of living together in such a small, cramped space.
The inhabitants of these buildings were asked to leave their homes in the slums, where they were squatting, and move to an apartment building where they now have a title to their apartment. Still, life in these buildings presents problems and obstacles to TB patients. Overcrowding is still a problem as are the socioeconomic factors that can lead to other risks, like poor nutrition and hygiene. The elevators in these buildings often are not maintained, making it difficult for very sick or elderly patients to get up and down the stairs to go to the health clinic and get their medicines.
Reshma Khavle, 16, has had TB for 4 months. She sleeps on the floor in a small apartment that she shares with her grandmother and other family members. She feels very sick and rarely gets up or leaves the apartment.
A girl waits in the doorway as patients receive their medicine at the Lomboni DOTS Center, run by a local NGO. The patients are required to come to the center 3 times a week and take their medication in front of a community health worker. It is very important that the patient takes every dose on time. If a patient intermittently takes the medicine, or stops treatment, it is possible to develop Multi Drug Resistant TB (MDR TB), a much more costly and difficult strain of the disease to treat.
A patient sleeps at the Group of TB Hospitals in Mumbai. This man is placed against the outer walls of the ward, which is where the nurses place the most serious cases.
Boys stand in front of an apartment building of resettled people from the nearby slums. There are new settlements like these going up all the time, presenting local NGOs with new obstacles, like tracking patients who move and gaining trust in the new communities.
A young man stands in Ashok Nagar, a slum neighborhood that is far from the city center. It can be very difficult and costly for TB patients who live in the far away slums to get to a health clinic to receive their daily medicines. Transportation to a clinic may only cost twenty cents a day, but that can represent nearly 10% of a patient’s salary. Some patients will simply stop going to the health clinics in order to save the transportation money, or in order to not miss work.
People peer inside a DOTS Center as they walk by in the late afternoon. There is still social stigma attached to having TB in India, and many patients are afraid that their neighbors will find out they have the disease. Single women fear that if people know they have TB it will be impossible to marry, and parents worry about how their children would be treated.
Mohammad Haroon Khan takes his daily medicine while Hanifa Hussain Sayed, a community health worker with a local NGO, watches at the Padel Nagar DOTS center.
Reshma Shaik is a community DOTS provider with Lok Seva Sangam, a local NGO that offers a variety of TB services to patients in the slums.
A man receives a chest X-Ray during the admission process at the Group of TB Hospitals in Mumbai.
Orderlies at the Group of TB Hospitals in Mumbai remove a recently deceased patient as another patient sits on his bed.
A patient receives a daily injection at the Group of TB Hospitals in Mumbai.
A patient at the Group of TB Hospitals in Mumbai lays on his bed as a crow sits perched next to him. Later that day the patient was moved to a different bed where he could receive oxygen. He died early the next morning.
The mother of a patient cries next to the body of her son at the Group of TB Hospitals. She found out her son had died when she arrived for her daily visit that morning.
A patient at the Group of TB Hospitals in Mumbai draws a portrait of a nurse's daughter.