Anatomy of neglect

STAYING ALIVE: DISPATCHES FROM THE MARGINS
By Ramani Atkuri,
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Discussions on public health often get reduced to parameters and data. The farther one travels from Indian cities, however, healthcare begins to resemble a daily negotiation with poverty, deprivation, distance, bureaucracy, and entrenched social prejudices. In *Staying Alive*, Ramani Atkuri, who has worked as a public health physician in rural and tribal regions of India for decades, lays bare the intricacies of such negotiations in that neglected landscape. Drawing on years of clinical practice and fieldwork across some of India's most underserved regions, especially in Madhya Pradesh, Odisha and Chhattisgarh, she reconstructs public health through the lives of the people who inhabit the margins.

Each chapter opens with a telling case: a 35-year-old woman with leprosy in a Jan Swasthya Sahyog clinic in Ganiyari; a pregnant woman in a remote settlement is wrongly administered oxytocin injections, leading to the deaths of both the mother and the child; an undernourished child; a man presumed by his wife to be heavily intoxicated but later diagnosed with a snakebite; the author's own battle with malaria contracted while on duty; villages where the nearest health facility remains inaccessible during the monsoons — these are far from decorative anecdotes. They become entry points into larger discussions on maternal health, malnutrition, tuberculosis, environmental degradation, flawed environmental policies that lead to forced displacement and chronic neglect of primary healthcare. The movement from the personal to the political seems like a conscious strategy to draw attention to "the differential access to good healthcare for rural people" as well as an attempt to "redress the imbalance by whatever small measure one can".

Atkuri is not a detached observer. Her writing bears the confidence of someone who has walked difficult terrains, worked alongside frontline

health workers, and listened patiently to people whose lives rarely enter policy debates. She also introduces readers to the extraordinary resilience of ASHA nurses, community volunteers and ordinary villagers who improvise solutions when the State falls short, as it does often. In the chapter, "Saving Sombari Sabar", the painstaking efforts required to ensure institutional deliveries reveal how distance, transport and social norms become as formidable as disease itself. Throughout the book, Atkuri returns to the government's inadequate spending on health — roughly 1.84% of GDP — despite India's high disease burden, contrasting it with the defence budget which is 50 times larger.

One of the book's achievements lies in what it does to the urban readers' imagination. For readers accustomed to healthcare being available on demand, these dispatches expose how profoundly geography and privilege determines health outcomes. The perks of calling an ambulance, consulting a specialist or purchasing medicines within minutes appear fortuitous when set against the challenges of disadvantaged communities that must weigh the cost of treatment against the loss of a day's wages. But the discomfort that the book generates is productive and never accusatory. It refuses to search for miracle solutions; instead it harps on strengthening primary healthcare, improving nutrition, investing in frontline workers and, importantly, recognising "the structural violence" in health.

Shaoli Pramanik