Broken limbs, broken lives: Ethnography of a hospital ward in Bangladesh

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The victim of a road traffic accident was taken to the ward by his relatives. He had a head injury and was only semi-conscious. His leg was crushed and he was vomiting. The ward boy, Rahim Ali, put the patient on the table of the mini-operating theatre. The doctor briefly checked the patient and asked Rahim Ali to clean up the vomit and wash the injury of the patient. Rahim Ali cleaned the smelly vomit from the floor and started washing the injury site with antiseptic.

The doctor returned after a while and asked Rahim Ali to drive the visitors out of the ward in preparation for the professor’s round. Rahim Ali was also in charge of the gate that day. He came out of the mini-OT and grabbed the stick kept beside the collapsible gate. With the stick in his hand, he started shouting at all the visitors present in the ward to get out at once. Some went out immediately, but some delayed. Rahim Ali tapped his stick on the hip of one relative who was dallying; the relative left. He scolded a number of other relatives and grabbed one of them by scruff of their neck. When everyone had finally left, he closed the collapsible gate and sat beside it on a wooden stool. He kept the key in his hand. The relatives crowded near the collapsible gate. Rahim Ali shouted at them to keep away from the gate. As one doctor approached the gate from the outside of the ward, Rahim Ali got up from the stool and opened the gate for the doctor. One relative approached him while the gate was still partway open. He said: ‘My father had a serious accident yesterday. He was unconscious yesterday, but today he is much more lucid’. Rahim Ali replied: ‘Everybody has had a serious accident here. Don’t talk to me, and keep away from the gate.’ The person continued: ‘He is very close to that window. Can I just stand in the corridor beside the window in case he needs something? I won’t go inside the ward.’ Rahim Ali said: ‘Stop making noise. If anything is needed we will tell you. Now move away. Otherwise I will use my stick.’ The man moved away.

Rahim Ali sat in front of the gate for the duration of the professor’s round. He rejected a number of similar requests from relatives of other patients. After the round, the professor left the ward but the gate remained closed for another hour. The requests of the relatives to enter intensified, but Rahim Ali kept the gate locked. After some time, he called the person who had first requested to be let in. He opened the door for him, and told him not to leave the ward before meeting him. Similarly, he allowed a few other relatives in and asked them to wait near the patient’s bed until he came. The relatives who were allowed to enter earlier later told me that they all paid Rahim Ali bakshees. A
little over an hour after all the senior doctors had left the ward, Rahim Ali left his post, and left the gate wide open for all the relatives to enter.

Once his duty was over, Rahim Ali went downstairs to the lobby. It was election time for the Class IV employees’ union. There were posters and banners of the candidates everywhere. I saw other ward boys and cleaners in the lobby. They were in a festive mood. The doctors and patients were complaining about the banners and posters all over the walls and stairwells, but neither the ward boys nor the cleaners nor the gatekeepers seemed to be listening to their complaints. There were speeches by the ward boys, cleaners and gatekeepers in favour of various candidates. Later Rahim Ali told me: ‘This election is an important event for us. People can see that we might be doing small jobs in this hospital but we are powerful’.

In this chapter, I will describe the roles and the concerns of the lower level hospital staff. I will show how despite their role as inferior staff in the ward, they are indispensable to both the patients and doctors and how they became influential through exploiting the power of their position.

The small jobs

There are fourteen lower-level supporting staff in the ward. There are eight ward boys, one aya (the female counterpart of ward boys), four cleaners (two male and two female) and one gatekeeper. In addition to them there are two unofficial ward boys, about whom more will be written later. The lower level supporting staff are generally referred as Class IV employees (Choturtho sreenir kormochari), as categorised by the government public service commission, which differentiate them from officers including doctors and nursing supervisors, who are Class I and Class II employees.

I had conversations with most of the lower level supporting staff, but with some I had more frequent interaction. For example, I often spoke with the ward boy Rahim Ali, a bald-headed bearded man of about fifty. It is bit odd to call a man of fifty years a ‘boy’, but there is still no Bangla word in use for the term ‘ward boy’ which was introduced by the British during the colonial period. He has been working in the hospital for twenty-five years. His father was a poor farmer and he needed a job to support his family. He got the job through a relative who had some influence in lower level staff recruitment in the hospital. He has seven years of schooling, but did not receive any training after joining the hospital as a ward boy. He learned things through assisting others.

Abdul Quuddus is another ward boy. He is in his thirties and has a secondary school certificate. His parents did not have the ability to continue to pay for his study, so he was forced to look for a job. After remaining unemployed for many years, he found this job through a proper interview.
process. Unlike other ward boys, Abdul Quddus wears clean and relatively
good quality clothing. The ward boys do not have a uniform, but Abdul
Quddus always wears a *safari*, a certain kind of shirt usually worn by upper
class people. Through his dress, he distinguishes himself from the other ward
boys. He is the sole ward boy responsible for bringing medicine from the store
and is thus referred to as ‘medicine boy’. He also holds a position in the Class
IV employees’ union.

Ward boys help with the day-to-day functioning of the ward by doing
small supporting jobs that are crucial for the ward to run smoothly. I already
mentioned that most of them have little education, around five to eight years of
schooling, and usually do not have any formal training for their job in the
hospital. The tasks that they have learned to perform on the job are vital. Ward
boys bring patients to the ward from the outdoor or the emergency with a
trolley. They put patients in the beds that have been assigned to them by the
doctor or the nurse. Sometimes they do the primary washing and dressing of
the patients as ordered by the doctors or before the doctor comes. They also
help the doctors during dressing or plastering. They help nurses by holding the
patients when they administer injections. They take the patients to different
departments to which they have been referred, such as the X-ray or pathology
department. Ward boys take the patients to the operation theatre and help with
positioning of the patient on the operation table. They shave the intimate parts
of the body before an operation is done. They serve as couriers, carrying
patients’ files and doctors’ messages to different departments. There is one
particular ward boy who is responsible for bringing medicines from the
medicine store of the hospital and carrying instruments to the autoclave room
for disinfecting. Ward boys sometimes carry out the duty of gatekeepers as
well.

As they bring the patients from the outdoor patient’s consulting room
or the emergency department to the ward, ward boys are the first contact point
that patients and their relatives have with the ward. They are the initial
socialising agents for the patients. It is from them that they learn about how the
hospital and the ward function and even the condition of their health (as
mentioned before, doctors and nurses hardly pass any information to the
patients). Moreover, the poor patients also feel socially closer to the lower level
staff of the hospital than they do to the doctors or nurses. As the ward boys at
least have access to the nurses, they sometimes manage to get some medical
information about patients from them. Patients know their operation date in
advance or about any changes in their treatment plan through the ward boys.
However, on many occasions, ward boys give vague or even false answers to
the patients to maintain his prestige among them. One day I saw a ward boy
holding up an X-ray plate and explaining to the patient: ‘Can’t you see your
bone has broken into four pieces? Each piece will take one month to heal. That is how it works.'

There is a post called MLSS (Member of Lower Subordinate Staff Service), a name given by the British to the lowest rank in an office hierarchy. This holder of this position usually works as gatekeeper. But as it is not possible for one person to maintain the two important entries of the ward, the ward boys do the gatekeeping as well. The ward boys also provide various informal services to doctors like serving tea, fetching a pack of cigarettes and so on. Aya do the same activities of ward boys, but in the female section.

There are two ward boys who are not officially appointed, but work as ward boys with the consent of other staff and the professor. They live on informal payments by the patients. Akbar Hossain, is one such unofficial ward boy. He is a gentle, well-behaved man in his thirties.

Gonesh, a cleaner, is in his mid-forties and has been working in the hospital for more than twenty years. He is from a lower-caste Hindu family. His father was also a cleaner in the Government municipality office. Cleaners are responsible for sweeping and mopping the floors, and cleaning the toilets and basins. They usually do it twice a day, every morning and evening. The cleaners sluice and clean the operating theatre after surgery and rinse blood-stained linen, surgeons vest, caps and masks for the washer men. They also carry all the linen of the ward to the central laundry and then bring clean linen back. In addition to these duties, the cleaners also do many of the activities of the ward boys mentioned above.

All of these lower level supporting staff are also involved in maintaining the discipline of the ward. They control the access of the visitors and relatives of the patients inside the ward. They are responsible for keeping the ward free of visitors outside the visiting hours, and they usually do so through various abusive means.

_Bakshees_

For any service provided by these lower level staff the patients are supposed to pay _bakshees_. _Bakshees_, which can be translated as either tips or bribes, are an open secret in the ward. Wards boys, cleaners and gatekeepers are the lowest paid staff in the hospital and they augment their income through demanding _bakshees_ from patients. The money transaction is not done openly; it is usually done outside the ward in the busy corridor and lobby or beside the bed during the crowded visiting hours, so that these transaction activities are not overtly noticeable.
The ward boy is paid *bakshees* for bringing the patient from the outdoor or the emergency departments to the ward, taking them to radiology and other departments when they are referred there and taking them outside the hospital after discharge. Rates for this range from 10 to 50 taka.

Patients also need to pay small sums to the gatekeeper so that relatives are able to stay closer to their relatives, at least on the veranda parallel to the ward during the round, if not inside the ward itself. Moreover, passes are issued for one visitor per patient, but usually several family members want to meet the patient and the gatekeeper allows the extra visitors through, provided they offer him a small payment. Some also pay the gatekeeper so that he will permit them to stay in the ward a little longer than the normal visiting hour. His charges vary, but range from 10 to 30 taka.

Paying the cleaner is a must if one wants to have any service from him. The patients often need assistance when they use the toilet. In most cases, assistance is given by the relatives. But relatives are not allowed to stay during the entire day, and moreover, some patients do not have any caretakers to help them, so they need assistance from the cleaner. Cleaners are relatively cheaper, and cost only 5 or 10 taka, depending on the job. Helping with urination is 5 taka, and while assisting with defecation is 10 taka.

**Arm of the boss**

Doctors and nurses delegate the responsibility of maintaining the discipline of the ward to the ward boys and the gatekeepers. Removing the visitors from the ward during the round and after the visiting hour is a big task, which is mainly performed by the ward boys and the gatekeepers. They drive away the relatives of the patients through verbal and physical attacks, including scolding, slapping and beating. This sort of behaviour is sanctioned by the doctors and nurses, who allow the ward boys and gatekeepers to use any means necessary to get the relatives out of the ward. I have heard a doctor say to the ward boy: ‘Hit that chap with your stick and throw him out of here.’

Emboldened by the authorization of the doctors, these lower staff become even more cruel to the relatives. Patients expressed their deep distress over the malicious behaviour of the supporting staff. One patient described to me how one ward boy pushed his elderly mother so hard that she fell down on the floor. Another patient complained that the ward boy always address the patients as ‘*tui*’ not ‘*apni*’, irrespective of the social status of the patient. (In Bengali, *tui* is the less formal address, and *apni* is the more formal one. People usually address a stranger as ‘*apni*’, while ‘*tui*’ is used by seniors to address juniors, by higher social class persons to address someone from lower class or used inappropriately to humiliate someone.) A patient who is a day labourer said: ‘This ward boy is just a labourer like me. But he behaves as if a big
A relatively better off businessman said: 'These wretched cleaners and ward boys would never have dared to enter in my house or to talk with me, but now I am such an unfortunate that they are even scolding me.'

A different story

There are exceptions. I was surprised to observe that there were two particular ward boys who rarely scolded the patients and maintained quite good behaviour. Later I discovered that they were not official ward boys; they are unofficially allowed to work as ward boys. As there is serious shortage of supporting staff the doctors permit them to help the other ward boys; the other ward boys are happy to have helping hands. They do not receive any salary from the government, but live off the bakshees of the patients. The more they can please the patients, the more they earn. They must share their earnings with the official ward boys, and keep the ward boys, nurses and doctors happy, too. If they are not pleased, they can forbid them to work at any moment. Thus, the existence of the unofficial ward boys depends on the mercy of the staff members and the patients. Their precarious position made them behave nicely with the patients. In fact, they are the only staff members from whom the patients do not receive any humiliation. It was also fascinating for me to know that these unofficial ward boys were once attending relatives of long-term patients. Their experience with caring for their relatives enabled them to become familiar and knowledgeable about the ward and helped them to get the job. As one of the unofficial ward boy Akbar Hossain told his story:

One of my uncles had a road accident and was admitted in the hospital for many days. His two sons were busy with their business, so they asked me to stay with my uncle. I didn't have a job, therefore I agreed. I do not have good school education, and could not find ways to earn money. I was quite helpless at that time. I took care of my uncle in the hospital. My cousins used to come; they also gave me money. I could have food in the hospital. My uncle stayed in the hospital for three months. I spent the whole day in the hospital. The hospital turned out to be a familiar place for me. Different activities of the ward became familiar to me. I almost became part of the ward and was known to everyone. In the later part of my uncle's stay when he became a little better, I also started to help other patients. Some patients did not have any attendants, I helped them and they gave me little tips for that. Moreover, the hospital ward boys were busy with other work, while I was always present in the ward, so I could attend any patient who needed help. When my uncle was discharged I thought because I had
no job outside, I should stay in the hospital and continue doing this job. Here I know the place and also can earn some money. I asked the hospital ward boys; they did not object. They talked with the doctors and doctors permitted me to work. It's already eight years since I started working here.

However, the unofficial ward boys are unhappy about their vulnerable position; they are the lowest of the lowest in the staff hierarchy. As another unofficial ward boy Kutub said:

Sir, we are the orphans of the hospital. There is no one to look after us. If we make some slight mistake all the other staff scold us. Ward boys, nurses and doctors, everyone threatens us to dismiss from the job. As we are not official employees, we are not members of the association of the Class IV employees. Therefore there is no one to fight for us.

I came to know that the unofficial ward boys have to give half of their daily earnings to the official ward boys. As a result, they earn a very small amount of money. They do not have any timetable for work. The longer they stay in the ward, the more they earn. Sometimes, when they have not earned enough, they stay in the ward for 24 hours at a stretch. After spending a whole week in the hospital, they go home to their family.

Kutub told me that he is angry about his exploitation by the official ward boys. All the other wards in the Chittagong Medical College hospital and in other hospitals of Bangladesh have this category of unofficial employees and similar kind of practice exits there. A few years back, a number of unofficial ward boys and ayas from hospitals from all over the country gathered in front of the national press club and organized a symbolic hunger strike against this exploitation by the official Class IV employees. Sen (1997) reported about this hunger strike and described how it failed because of the powerful Class IV employee association in Bangladeshi hospitals.

**An evil network**

Many of the Class IV employees have a hidden network with pharmacies and commercial drug sellers around the hospital. The drug shops buy the medicines and other materials that the Class IV employees have stolen from the hospital, which they then sell to the patients for more than they paid the ward boys for them. The fact that the lower level staff steal hospital supplies, such as medicine and food, is also an open secret, much like the practice of taking bakshees. The ward boy who is responsible for bringing medicine from the central drug storage in the hospital lifts some medicines on the way. All ward
boys steal medicines from the bunch bought by the relatives from an outside shop that are then handed over to the ward boy prior to surgery. (I have mentioned one such case during the operation of a patient in the previous chapter.) In addition, ward boys take those medicines and other surgical items that remain unused after the operation or after the patient is discharged. Sometimes they are caught red-handed. One doctor told me how he caught a ward boy in the operation theatre when he was putting some unused leucoplast and catgut (used for suturing) in his pocket. The ward boy apologised and gave them back. One day during the last week of my fieldwork, a stack of medicine and other surgical items was found in an abandoned locker kept in the toilet. Nobody admitted responsibly. It was, however, clear to everyone that these items were stolen by the ward boys and were kept there for future removal. Administratively, the professor cannot take any action against the ward boys, so he sent all the items with a letter of complaint to the hospital administrator to take further action.

The professor later told me that this is not the first time that they found such stolen items hidden away. In some previous cases, the guilty ward boy or aya was transferred to a hospital in another city. But since the eighties, the government rule has changed and the posts of all supporting staff have become non-transferable. Therefore, at best, the hospital administration can transfer them to another ward, where the ward boys will likely start doing the same thieving. Doctors said that after carrying out duties in their newly assigned ward for a while, the ward boys manage to get a transfer back to the orthopaedic ward by bribing the ward master, who is in charge of deploying the ward boys to different wards. Ward boys are very keen to work in the orthopaedic ward. The professor told me:

Do you know that my ward is the most lucrative ward for the ward boys, cleaners and ayas? The orthopaedic ward is hard work but the money is spinning. As there are always a number of emergency operations, there is always a flow of medicine and surgical items bought either by the patients or given by the hospital. As a result there is better chance of pilfering. Moreover, orthopaedic patients are the most vulnerable ones who need assistance in almost every step. In other wards, the patients come to the hospital well prepared: they bring their clothes, shoes, even their cosmetics. While in the orthopaedic ward, patients come straight from the road, blood-soaked. They need someone to help them in every step. Ward boys take the opportunity. Where there are more chances of providing assistance, there are more chances of claiming money for the service.
The lower level staff of many Bangladeshi hospitals are also part of a network with private clinics around the hospital. It has also been reported that some doctors and administrative personnel of the hospital are involved in this criminal network. They work as brokers for the private clinics; they take patients from the hospital to the private clinics through various fraudulent schemes. For this, they get a commission from the clinics. This practice varies by hospital. In one of the large tertiary-level hospitals in another city, I have seen a big billboard warning ‘Beware of the clinic frauds’. In Chittagong Medical College Hospital the practice is limited. It is restricted particularly in the orthopaedic ward because, the doctors said, of the strict professor. A sensational series of reports in a leading national daily the reporter illustrated various crimes within the big hospitals of Bangladesh (Shafi 2000).

Hand in hand

When I asked why strong action could not be taken against all the misdeeds of these lower level staff, everyone mentioned the influential role of the Class IV employees union. The union is there to protect the interest of Class IV employees, and thus the union actually acts to safeguard their members from accusations of these crimes. Whenever any action has been taken against them, the association protests it, and threatens to stop working. They have gone on strike a number of times. They are also protected by the pharmacies and the owners of the private clinics, as these Class IV employees serve their business. One ward boy told me that they also have indirect protection from some big doctors and even the police. Doctors who are owners of private clinics benefit from the ward boys’ brokerage. The union bribes the police to keep them away from investigating lower staff criminal networks. A couple of months before starting my fieldwork, the director of the hospital terminated a ward boy from his job who was caught stealing a whole packet of drugs from the store. However, the action could not be punished, as the Class IV employees union declared a cessation of work and demanded his reinstatement. The director had to compromise.

Directors of government hospitals are army personnel. They are temporarily deployed to take charge of the administration of the hospitals; it is believed that they are better equipped to maintain discipline. However, the army personnel hospital director of another medical college hospital, whom I met in an informal gathering, told me:

Being an army person I am a misfit there. I am a bird of a different feather. In the army, we work under a strict chain of command. Here, no command works. The Class IV employees’ union is very powerful. Many doctors, police, even political leader are behind them. What can
I do? Whenever I want to take any action the union calls a strike. When all the ward boys, *ayas*, cleaners stop working, the hospital collapses. Without them we are handicapped. Most of the time I therefore have no alternative but to overlook complaints about them to avoid hassle.

This chapter opened with a scene from the festive elections of the Class IV employees’ union. The election is crucial for them, as the strength of their network will depend on the organising and controlling capacity of the newly elected members. The election festival is also a way to demonstrate their power in the hospital. Besides these elections, there are other signs of the union’s power: The union has an office in the hospital building and there is a restaurant inside the hospital campus specially meant for Class IV employees, where lower level staff from different wards meet and socialize. I also came to know that it is an unwritten law that the lower level staff donate a certain amount of their extra income (e.g. money garnered from baksees, selling stolen pharmaceuticals, brokerage) to the union fund. The elected members of the union control that fund. The leader of the union, the representative of the lower level staff is a powerful and very rich person. *Prothom Alo*, a daily newspaper reported how a chairman of a government hospital’s Class IV employees’ union became a millionaire thorough the various crimes of the employees (October 22, 2000).

**Hearing them speak**

Rahim Ali, the senior ward boy who also sometimes works as a gatekeeper, is usually very ill-behaved toward the patients and their relatives. He scolds and slaps the relatives whenever he gets a chance. For these reasons, the patients dislike him more than almost any of the other staff member. One patient told me once: ‘I wish I could slap him one day.’

In the last phase of my fieldwork I asked Rahim Ali: ‘How do you like your job?’ Rahim Ali made a funny gesture. He bowed down and showed me his bald head. He then told me:

> Look at my head. There is not a single hair left. I lost all my hair because of this job. This is a terribly bad job. One cannot be a normal man anymore if he stands at this gate and fight all the day with this crowd. If you give me another job, I will quit this one immediately.

I pointed out that people say that he behaved very rudely with them. He replied:
You have been here for some months, you have seen how unruly these people are. They will never get out of the ward, unless you force them. In this country nothing works with sweet words (misti kothay kaj hobe na). Unless we shout, they will never listen. If they are not out in time, then the professor and other doctors gets very angry with me. If I do not become rude to the patients and their relatives, then the doctors will be rude to me. But to tell you frankly, doctors are ruder to the patients than us. They behave badly with the patients and go out of the hospital with their cars. But I do not have a car to hide in. So if I become too rude they will catch me outside and beat me.

Actually it is the doctors who force us to behave rudely. They tell us to use sticks on the relatives. I know it is cruel. Moreover doctors need the relatives. One day a man was waiting in the veranda outside the ward close to the window. His mother was severely injured in a car accident. She was crying. So I allowed her son to stand outside the window so that she could see him from her bed. But when the professor saw her son, he was very angry and asked me to tell him to get out of the gate immediately. I led him out of the ward. But then, during the round, the professor needed to know something about the woman and looked for her son. [When he didn't find him,) he then again asked me to find him. I looked for him but he was already gone. Then the doctors had a problem. What can I do, I did what they wanted me to do. I have to save my job.

When I asked him about the crimes committed by the ward boys, he shifted the responsibility to others and said:

Yes, there are some ward boys who steal things from the ward and also commit other kinds of crimes. But I am not involved in these things. The small amount of extra money I earn is given by patients and their relatives. I never force anyone to give money. People give it to me if they are pleased. I need the money. I am a poor person.

Gonesh, the cleaner, spoke about his own frustrations. He said:

Sir, we do a choto [small] job, but when there is no one to do a job, we are there. We are nurses, ward boys, gatekeepers and cleaners all in one. We share everyone's job, but nobody shares our job. Cleaning the dirt is solely our responsibility. Doctors are angry when they see the ward dirty. You have seen how it becomes a bazaar during the visiting hour. Hundreds of visitors come to the ward. They throw everything on the floor. We are the only ones on duty in the morning and in the
evening. It is a huge task to sweep up this big ward alone. We also cannot keep the toilet clean. Sometimes I find it difficult to enter into the toilet. I wash it once in the morning. But how is it possible to keep it clean? So many people use it throughout the day. Sometimes there is no water supply. For the last 15 days there is no supply of bleaching powder, soap or Fenyle [an anti-septic solution]. I told the nurses and doctors. But I am still waiting for the materials. How can I do my job properly?

When I asked him about baksees, he said:

I get about 2000 taka (about 30 USD) a month. How can a family survive with that amount? I cannot feed my family even for half of the month with that money. I need some extra income. I ask it from the patients. I give them service and they pay me when they are pleased. But, still I cannot keep all this extra money with me. I have to give the lion's share of it to our employee's union. Our union leaders are rich. But I am poor as ever.

Summary and discussion

According to the Bangladesh Government Public Service Commission, ward boys, cleaners and gatekeepers are categorised as Class IV employees. They do all sorts of manual labour that is necessary for the everyday functioning of the ward. They bring patients from the outdoor or emergency departments, place them in the appropriate ward and then carry them to various departments when necessary. They assist the nurses and doctors in dressing, plastering and bandaging wounds. Sometimes they perform more minor medical tasks by themselves. They also provide some informal services to the doctors, such as bringing tea. Additionally, cleaners are responsible for keeping the ward clean. In addition to these tasks, lower level staff are the main agents for maintaining the discipline of the ward. They control the access of the relatives of patients and visitors to the ward. At the same time, they are the people to whom the patients seek help for their various day-to-day needs in the hospital. They are the socializing agents for the patients; they instruct the patients about how a hospital works.

It was mentioned earlier that the patients and visitors of the ward come mainly from lower socio-economic backgrounds and find it difficult to comprehend the rules and systems of the hospital. Moreover, they are not in a stable state of mind. As a result, the discipline of the ward is greatly hampered. The doctors want a minimum amount of discipline to carry out their job in the ward, and doctors delegate this responsibility to these lower level staff.
Empowered by the doctors’ approval of coercion, the lower level staff maintain discipline using force, which is sometimes quite cruel. They physically and verbally abuse the patients and visitors in front of the doctors. The doctors have this ‘dirty’ work done by the lower level staff, and save themselves from crossing the class boundary.

Despite their cruelty, they are also indispensable to the patients. The patients are socially closer to the lower level staff than the doctors or nurses are. Because of the clear hierarchy and the domination of the medical personnel, the patients are hardly ever able to communicate with the doctors or nurses. As a result, the lower level staff are the only hospital personnel with whom they manage to communicate. Even a patient from a higher social class depends on the lower level employees as they appear to have what Bourdieu (1977) called ‘social and cultural capital’. In this case, cultural capital is experience, connections and skills related to hospital life. Moreover, when doctors and nurses are constrained by having insufficient medicines and equipment, the ward boys, qyas and cleaners are able to offer patients and their relatives some direct manual services.

For any service provided by these lower level staff, the patients have to pay bakshees. The lower level staff take the advantage of their indispensable position for economic gain. They are the lowest paid employees of the hospital; their wages are so low that they do not cover the costs of a family. Therefore, they demand bakshees from the patients and their relatives in exchange of any kind of service offered. Andaleeb, who studied the service quality of private and public hospitals in Bangladesh wrote:

In many service sectors, even the most basic services are often difficult to obtain without bakshees. At times patients’ fate may be determined by her ability to provide bakshees (Andaleeb 2000:96).

He suggested that bakshees should be included as a crucial indicator in the assessment of hospital service quality perception in Bangladesh. However, bribery is common in other spheres of public life in Bangladesh as well. Bhadra and Bhadra even suggested legalizing bribery in Bangladesh. They mentioned that the correct translation of the term bakshees should be ‘speed money’, since without paying a substantial amount in tips, it is almost impossible to get anything done. They wrote that like in other South Asian countries, in Bangladesh:

... bribery and corruption do not surprise anybody anymore. We pay bribes to get a form, to fill it out, to submit it, and finally to get the job done. Those who do not endorse corruption by paying bribes,
traditionally called *Person with Principles*, are becoming rare these days (Bhadra & Bhadra 1997:59).

It is also observed that there are other ways of augmenting the lower level staff’s paltry income. They maintain a criminal network with the surrounding medical shops, where they sell drugs and materials that they steal from the hospital store or the patients. They steal property of the hospital and of the patients. The ward boys in particular have access to medicines and equipment as they carry the materials from one department to another or from the patients to the nurses or doctors. They take the opportunity to pilfer whenever possible. They have an illegal business with the drug selling shops, where they sell these stolen goods. In some other hospitals they also work as brokers for private clinics.

The lower level staff deposit a certain amount of their extra illegal income in the Class IV employees' union. The union protects the lower level staff from accusations and punishments of crime by calling a strike, and thus destabilizing the hospital. It is obvious that although they are the inferiors within the staff hierarchy, they are quite influential. The Class IV employees union safeguards their misdeeds. If any action is taken against them, the Class IV employees union calls a strike and destabilizes the functioning of the hospital. When the ward boys, cleaners, gatekeepers stop working, the hospital can no longer run.

The power of the lower level staff is a special feature of Bangladeshi hospitals. Observation has shown that their power comes from the fact that they are indispensable to all the other actors in the hospital. The doctors and nurses are dependent on these lower level staff for doing necessary but low-prestige tasks like carrying the patients in and out, fetching and carrying documents, cleaning the floor, bringing tea, taking care of the intimate needs of the patients and most importantly managing the crowd of the ward.

Thus, the hospital administration fails to control the crimes of these staff. The doctors overlook the ingenious activities of the lower level staff as long as they keep the hospital clean, ‘disciplined’ and keep it going by facilitating various small jobs, and as long the doctors can delegate the physical and behavioural ‘dirty’ work to them. As a result, lower level staff of Bangladeshi hospitals have become astonishingly powerful (Rahman 1999). Similar situation was observed with the sweepers of Banaras, India (Chatterjee 1979). Power, therefore seems is not only concentrated within a faceless ‘ruling class’, rather it is ‘...a relationship which was localized, dispersed, diffused and typically disguised through the social systems, operating at a micro, local and covert level through sets of specific practices’ as suggested by Foucauldians (Turner 1997:xi)
It is interesting to contrast Bangladeshi lower level hospital staff to the cleaners of hospital in Quebec, Canada, who consider themselves as 'hospital trash' and feel that they are 'invisible' to their superiors (Messing 1998). Bangladeshi cleaners, ward boys and gatekeepers are highly visible, powerful and influential.