

AKHBAR : SINAR HARIAN

MUKA SURAT : 12

RUANGAN : NASIONAL

Perjuang isu kekurangan klinik kesihatan

Isu kesesakan lalu lintas bagaikan tiada jalan penyelesaian, malah semakin teruk sejak kebelakangan ini. Ramai yang mengadu terpaksa menempuh kesesakan berjam-jam untuk pergi dan balik walaupun tinggal serta bekerja dalam daerah sama.

Bagi Ahli Parlimen Shah Alam, **AZLI YUSOF**, isu berkenaan perlu menjadi agenda wakil rakyat yang dibincangkan secara serius agar rakyat tidak lagi terbeban

dengan kemelut tersebut.

Selain itu, Azli juga melihat kekurangan klinik kesihatan di Shah Alam menjadi agenda penting beliau bagi memastikan penduduk di daerah itu mendapat perkhidmatan kesihatan lebih baik.

Ikuti wawancara eksklusif wartawan *Sinar Harian*, **DIANA AZIS** bersama Azli menerusi ruangan Agenda YB di pejabatnya di Shah Alam baru-baru ini.



ILUSTRASI OLEH : SYED MOHD BADRIL HISHAM/EPC

SINAR HARIAN: Setelah diberi mandat oleh rakyat Shah Alam, tumpuan selepas ini terarah kepada persidangan Dewan Rakyat dan penggal ini merupakan pengalaman pertama bagi Yang Berhormat (YB). Apakah isu yang akan YB bawa dan suarakan nanti?

AZLI: Saya akan bawa isu kesesakan lalu lintas yang melibatkan bukan hanya di Shah Alam, tetapi semua tempat, mesti ada jalan penyelesaian yang bersepadu. Dari segi cara untuk menangani isu kesesakan, mesti ada tindakan yang berani daripada kerajaan, mungkin tidak popular tetapi berani dilakukan.

Ia dipanggil sebagai sistem tag kenderaan yang bermaksud, kalau nak kurangkan bilangan kenderaan (dan) pelbagai cara sudah dilakukan namun gagal, maka mungkin boleh dicadangkan untuk tidak membenarkan (kenderaan) masuk ke bandar.

Cadangan ini perlu disertakan dengan infrastruktur yang lengkap dan sistem ini boleh dilaksanakan dengan cara, kenderaan ditanamkan dengan warna contoh merah, hanya dibenarkan masuk ke bandar pada hari-hari tertentu, atau waktu tertentu.

Secara tidak langsung boleh mengurangkan (kenderaan) waktu puncak, jika tidak semua orang akan berada di ja-

AGENDA YB

lan raya pada waktu yang sama.

Sistem ini berjaya dilakukan di banyak negara seperti Singapura dan Filipina pula baharu sahaja laksanakan, dan mereka berjaya mengurangkan masalah kesesakan lalu lintas.

Selain kesesakan lalu lintas, saya juga akan bawa isu kekurangan klinik kesihatan, yang mana di Shah Alam hanya ada dua iaitu di Seksyen 7 dan Seksyen 19.

Mereka yang tidak berkemampuan contohnya dari luar kawasan seperti Sri Muda (Seksyen 25) dan Denai Alam, akan pergi ke sana (Seksyen 7 dan 9) dan berlaku kesesakan di dua klinik ini. Maka saya lihat isu ini adalah keperluan mendesak dan saya fikir ia boleh dilaksanakan dalam waktu singkat, berbanding menambah satu lagi hospital di daerah ini. Klinik lebih cepat untuk dibangunkan.

Saya akan cadangkan penambahan klinik kesihatan di kawasan Bukit Jelutong, Denai Alam dan Taman Bukit Subang kerana penduduk di kawasan ini terpaksa ke Petaling Jaya untuk dapatkan rawatan di klinik kesihatan terdekat.

Selapas hampir dua bulan menjalankan amanah sebagai Ahli Parlimen Shah Alam, apa yang akan difokuskan untuk rakyat di bandar raya ini?

Semasa kempen Pilihan Raya Umum ke-15 (PRU15), agenda dan tawaran saya adalah untuk menangani kos sara hidup, banjir dan kesesakan lalu lintas khususnya di persimpangan lampu isyarat TTDI dan 199. Selain itu isu kekurangan sekolah juga menjadi perjuangan saya untuk Shah Alam.

Tumpuan juga terarah kepada golongan muda berkaitan jaminan perlindungan keselamatan dan sediakan peluang pekerjaan. Oleh itu sudah tentu fokus saya untuk memastikan semua tawaran itu diperjuangkan sebaiknya.

Sebagai langkah awal, saya sudah bertemu dengan Exco Infrastruktur dan Pertanian negeri, Izhom Hashim untuk mengetahui tentang rancangan mitigasi banjir melibatkan kawasan Shah Alam.

Alhamdulillah, semuanya dalam perancangan dan sebahagiannya dalam pelaksanaan atas inisiatif kerajaan negeri contohnya melalui usaha Gerbang Maritim Selangor (SMG) yang melibatkan mendalam dan melebarkan sungai sepanjang 56 kilometer (km) bermula dari Mid Valley hingga muara Sungai Klang.

Bagaimana YB melihat projek berkenaan dapat membantu penduduk tempatan khususnya di Shah Alam?

Projek ini melibatkan proses mendalamkan sungai sedalam tiga meter dan secara tidak langsung, mampu menampung sehingga 40 peratus tadahan air. Selain itu, akan diletakkan ban di kawasan rendah bagi menghalang limpahan air.

Ketika ini sudah ada pemaju yang dikenalpasti dan kini sedang dalam kelulusan kebenaran merancang di Seksyen 24, berhadapan Sri Muda. Ini lebih kepada projek jangka panjang kerana melibatkan jarak 56 km.

Dari sudut jangka pendek, telah dilaksanakan pelan mitigasi banjir yang dinamakan Pelan Tindakan Banjir Shah Alam atau *Shah Alam Sustainable Urban Drainage Master Plan (SASUD)* dengan kerjasama Majlis Bandaraya Shah Alam (MBSA).

Mereka adakan kolam-kolam takungan untuk mengalirkan aliran air bila berlaku banjir dan pam keluar ke Sungai Klang.

Projek ini sudah dilaksanakan di peringkat pertama termasuk di Sri Muda dan Seksyen 13.

Selain banjir, isu kos sara hidup serta penyediaan peluang pekerjaan terutamanya kepada golongan muda turut menjadi

tumpuan YB. Bagaimana YB mainkan peranan dalam isu ini?

Bagi kos sara hidup, kita perlu pastikan harga barangan keperluan harian terkawal dan ini tidak boleh lakukan secara sendiri, kerajaan Persekutuan perlu memainkan peranan. Perdana Menteri, Datuk Seri Anwar Ibrahim juga sudah maklumkan bahawa keutamaan kerajaan adalah untuk menangani isu berkenaan.

Di peringkat Pihak Berkuasa Tempatan (PBT), untuk anak muda kita cuba usahakan sebuah hab perniagaan kerana mereka cenderung ke arah tersebut, dibuat (perniagaan) secara dalam talian, jadi kita nak sediakan ruang untuk mereka mulakan perniagaan.

Sebagai langkah permulaan, saya telah bertemu dengan Datuk Bandar Shah Alam, Dr Nor Fuad Abdul Hamid dua minggu lalu dan maklumkan hal ini.

Saya mohon kerjasama MBSA untuk bantu Exco Perumahan, Kesejahteraan Bandar dan Pembangunan Usahawan untuk wujudkan hab itu.

MBSA boleh sediakan premis, kerajaan negeri pula boleh sediakan fasiliti, kemudahan, insentif dan sebagainya.

Alhamdulillah, respons daripada Nor Fuad amat positif dan insya-ALLAH perkara ini akan ada kemajuan dan saya akan follow-up dari masa ke semasa.

Di samping itu, misi saya untuk memudahkan urusan peselena penjaja juga akan diteruskan selain tumpuan terhadap kemudahan perkhidmatan di kawasan utara Shah Alam yang rata-rata penduduknya adalah golongan pertengahan M40.

Pilihan Raya Negeri (PRN) Selangor dijangka berlangsung beberapa bulan lagi. Boleh YB kongsi apa persediaan untuk membantu calon-calon Pakatan Harapan (PH) yang bertanding?

Saya harap bakal calon kena turun padang, lakukan kerja dari sekarang. Dekati rakyat dan maklumkan apa inisiatif kerajaan negeri untuk membantu mereka. Sebagai sebahagian daripada PH, sudah pasti saya akan bersama jentera parti untuk berkempen nanti.



Dalam kesibukan bertugas, Azli (kiri) turut meluangkan masa mendekati golongan muda di kawasan Parlimen Shah Alam.

AKHBAR : SINAR HARIAN

MUKA SURAT : 16

RUANGAN : SUARA SINAR

BERSAMA MERAK JALANAN

Perkhidmatan hospital kerajaan sudah setaraf hospital swasta

BARU-BARU ini anak Merak Jalanan yang berusia 13 tahun patah tangan ketika sedang bermain luncur ais atau lebih dikenali sebagai *ice skating*.

Akibat terjatuh, tulang radius dan ulna pada tangan kirinya patah sehingga perlu menjalani pembedahan memasang besi bagi meluruskan kembali kedua-dua tulang berkenaan.

Alhamdulillah, anak Merak Jalanan berjaya menjalani pembedahan sehari selepas dimasukkan ke wad biarpun diletakkan dalam senarai menunggu.

Secara keseluruhan, dia dimasukkan ke wad selama enam hari lima malam sebelum dibenarkan pulang ke rumah.

Beberapa anak Merak Jalanan sebelum ini termasuk yang baru patah tangan ini juga pernah mendapatkan rawatan di hospital swasta. Maka Merak Jalanan membuat perbandingan perkhidmatan kedua-dua jenis hospital ini.

Apa yang boleh dikatakan, perkhidmatan hospital kerajaan kini tiada bezanya dengan hospital swasta, malah tidak salah jika dikatakan doktor-doktor

kerajaan ada yang lebih pakar daripada doktor di hospital swasta.

Jururawat di Wad Ortopedik 7E Hospital Serdang, Selangor iaitu tempat anak Merak Jalanan menjalani rawatan juga memberi layanan yang baik. Tidak pernah sekalipun mendengar mereka meninggikan suara dengan pesakit.

Jururawat di situ bukan saja mengambil berat terhadap pesakit, malah ada antaranya mengenali penjaga pesakit dengan baik seperti seorang jururawat yang berasal dari Jitra, Kedah.

Kualiti makanan disediakan juga tidak jauh beza dengan hospital swasta, malah pesakit diberi makanan empat kali sehari.

Yang paling penting, kos rawatan yang dikenakan di hospital kerajaan adalah amat rendah.

Kos sebenar merawat anak Merak Jalanan ialah RM4,737, namun hanya perlu membayar sekitar RM82. Begitu pun tiada sebarang bayaran dikenakan kerana anak Merak Jalanan masih bersekolah. Terima kasih semua doktor dan jururawat Hospital Serdang.

AKHBAR : NEW STRAITS TIMES

MUKA SURAT : 7

RUANGAN : NATION/NEWS

JOINT MEDICAL TEAM

FIRST 'AWAKE' BRAIN SURGERY PERFORMED IN SABAH

50-year-old woman conscious during 6-hour surgery to treat multiple tumors

OLIVIA MIWIL
KOTA KINABALU
news@nst.com.my

DOCTORS at Queen Elizabeth Hospital 2 here have performed the first awake craniotomy in the state, said state health director Datuk Dr Rose Nani Mudin.

She said the six-hour surgery was performed on Jan 12 by a team from the hospital and Universiti Malaysia Sabah (UMS).

Those involved were the hospital's neurosurgeons Dr M. Sofan Zenian and Dr Hezry Abu Hasan, together with UMS neurosurgical anaesthesiologist Dr Yeap Boon Tat and Sungai Buloh Hospital senior neurosurgical consultant Dr Liew Boon Seng.

Dr Rose said the patient was a 50-year-old woman who suffered from headaches since October last year, which affected her quality of life as the symptoms had worsened.

She was diagnosed at Duchess of Kent Hospital in Sandakan



The joint medical team who performed the first 'awake craniotomy' at Queen Elizabeth Hospital 2 in Kota Kinabalu on Jan 12. PIC COURTESY OF SABAH HEALTH DEPARTMENT.

with multiple tumors on the left side of the brain called meningioma.

"The decision to perform brain surgery using the 'awake craniotomy' technique was intended to treat and enable the patient to lead a better quality of life.

"In awake craniotomy, the pa-

tient is conscious throughout the operation.

"The brain surgeon will constantly monitor the level of consciousness and brain 'alertness' throughout this surgery," she said, adding that the procedure was to assess other possible side effects.

Dr Rose said awake craniotomy had been practised in other countries since 2000, and that Malaysia started performing it in 2010 at Universiti Sains Malaysia Hospital, Kuala Lumpur Hospital, Sungai Buloh Hospital and Sultanah Aminah Hospital.

AKHBAR : THE STAR

MUKA SURAT : 4

RUANGAN : NATION

Dengue cases set to spike

Data shows a higher trend this year, warns Health DG

By RAGANANTHINI
VETHASALAM
raga@thestar.com.my

PETALING JAYA: Dengue cases are on the rise and expected to peak this year, with the possibility of the case count surpassing last year's 66,000 – which was about 151% higher than in 2021.

Health director-general Tan Sri Dr Noor Hisham Abdullah said the number of cases was expected to surge in 2023.

"Based on national data, the dengue trend is observed to follow a cyclical pattern with a dengue epidemic being reported every four to five years," he told *The Star*.

Dengue epidemics were observed in 2014 and 2019, with an average of 2,300 cases per week and 2,500 cases per week reported, respectively.

"Dengue is rising as part of its cyclical trend, and it is anticipated to peak in 2023," he added.

Dr Noor Hisham said there was a 150.7% increase in dengue cases between 2021 and 2022 and a 180% jump in deaths in that period.

Malaysia reported 66,102 dengue cases and 56 deaths in 2022 compared with 26,365 cases and 20 deaths in 2021.

"Similarly, the rising dengue

"Climatic change is another factor ... during the hot season, Aedes mosquitoes become more active and bite more humans, thus increasing the spread of the dengue virus."

Tan Sri Dr Noor Hisham Abdullah

trend this year is also observed in other countries in the region.

"The rising number of dengue cases is partly contributed to by the change in the dominant circulating dengue serotype or the 'serotype shift', which is a well-known reason for the occurrence of the dengue surge," he added.

The "serotype" refers to a distinct variation within a species of virus.

Many states, such as Selangor and Sabah, were reporting a drastic hike in dengue cases late last year, as were countries in the region such as Vietnam and Laos.

Based on observations, dengue cases will usually increase in four to six months after a serotype shift due to the lack of immunity in the

community towards the new dominant circulating serotype.

"From the ministry's surveillance monitoring, there was a shift of circulating dengue virus serotype from DEN 3 to DEN 4 since June 2021. Since then, the DEN 4 serotype has been the dominant circulating virus serotype in the environment," said Dr Noor Hisham.

He said other contributing factors were littering and poor environmental cleanliness, especially with containers being a suitable breeding ground for Aedes mosquitoes.

"Climatic change is another important factor, especially with alternating rain and hot seasons.

"During the rainy season, man-made containers or natural places,

for example the leaves of plants that retain water, create potential places for the Aedes mosquito to breed.

"On the other hand, during the hot season, Aedes mosquitoes become more active and bite more humans, thus increasing the spread of the dengue virus," he said.

Dr Noor Hisham said as more dengue cases were anticipated this year, the ministry expected commitment and cooperation from the community, local authorities, the private sector, non-governmental organisations and local volunteers in managing potential mosquito breeding places, especially in residential areas and public facilities.

He urged the community to adopt preventive practices, such as spending time to search and destroy any potential mosquito breeding spots inside and outside of their premises, carrying out cleaning activities regularly to keep the environment free from mosquitoes, and using mosquito repellent when outdoors or aerosol or mosquito netting to avoid getting bitten by mosquitoes.

Dr Noor Hisham also advised that larvicide be added to water retention containers that could not be emptied regularly.

He also urged those with fever to seek early treatment at the nearest health facility.

Experts: Dengue tends to increase during El Nino years

PETALING JAYA: The weather will be hotter and drier this year – making it ideal for the Aedes mosquito and the dengue fever it spreads, say experts.

Historically, they said, climate played a part in dengue transmission and higher cases were expected in 2023.

"Usually, there will be one peak in June or July and a smaller one in January or February," said National Antarctica Research Centre climatologist Prof Datuk Dr Azizan Abu Samah.

"Since dengue is endemic, the environment, especially tempera-

ture, is correlated to the Aedes population. That is, an increase in temperature sees an increase in Aedes mosquitoes."

He added that high-density areas such as Cheras were Aedes hotspots.

"Normally, dengue cases increase during El Nino years. Since we are going to El Nino-Southern Oscillation (ENSO) neutral for 2023, dengue cases are expected to increase compared with 2021 and 2022, which overall, were cooler years.

"The peak tends to follow the weather temperature cycle, not the rain cycle," added Prof Azizan.

El Nino will bring about drier and warmer weather.

Public health advocate Datuk Dr Zainal Ariffin agreed that the weather affected dengue transmission – therefore, higher cases were expected this year.

On how one can learn from the Covid-19 pandemic to manage dengue, which is endemic in several countries, he said this could be done through intensive health education, especially in hotspots.

Screening for dengue fever at hospitals and clinics was another way, he added.

Dr Zainal said regular checks at

Aedes breeding grounds in housing and industrial sites were also important.

According to World Health Organisation (WHO) modelling, there is an estimated average of 390 million dengue virus infections per year, of which about 96 million are severe infections.

In terms of the number of actual cases reported, WHO said the number had increased over eight-fold in the last two decades, from 505,430 cases in 2000 to more than 2.4 million in 2010 and 5.2 million in 2019.

It also said 3.9 billion people were at risk of infection.

AKHBAR : THE SUN

MUKA SURAT : 1

RUANGAN :-

Healthcare review

BY NURIN ABDULLAH
newsdesk@thesundaily.com

PETALING JAYA: The provision of healthcare for Orang Asli communities, which make up just 0.8% of the population, needs urgent re-evaluation, said two NGOs that interact with them.

This is because the communities face significant health-related challenges that could be prevented with proper care.

They say indigenous communities lack access to healthcare, specifically those living in rural and remote areas, who risk worsening health issues and even death.

Centre for Orang Asli Concerns coordinator Colin Nicholas said a lack of nutrition is the primary problem.

"When a person is unable to have access to proper nutrition, the immune system is weakened and therefore, the person is more susceptible to diseases than those with proper nutrition. Extensive deforestation is also among the chief causes that have affected the food source of Orang Asli."

He said the lack of reach and benefits felt from the healthcare system is making the indigenous people doubt its efficiency.

"We must have more dedicated and sympathetic healthcare workers treating them. By doing so, the Orang Asli will be able to build their trust in the system."

Common diseases affecting the indigenous people are malaria, dengue, tuberculosis and leprosy, due in part to a lack of proper infrastructure, such as facilities for clean water.

➤ Rural and remote Orang Asli communities at risk of worsening health issues and death if remedial action not taken

"They are unable to find a clean source of water, which can lead to dehydration, bad hygiene and unsanitary cooking and food preparation. Children are also dying at a rapid rate from easily treatable diseases," he said.

"Parents are disinterested in sending their sick children to clinics to get proper treatment due to several reasons. They have no access to proper roads that would allow them to reach the clinics safely. Illegal logging and deforestation make it even harder for them to travel to public health facilities."

"Some groups still rely on traditional treatment and shamans, as they have little to no faith in modern medicine and treatment."

Colin added that the life expectancy of an indigenous individual is eight to nine years shorter than the average person with access to proper healthcare.

He suggests the "DRsforALL" initiative to train volunteers from Orang Asli communities be strengthened.

"This initiative serves to provide the indigenous communities with a first line of defence in terms of healthcare."

"As some clinics and hospitals are hours away, its volunteers could provide crucial care and

treatment on-site," he said.

DRsforALL, established six years ago in collaboration with the Health Ministry, provides monthly visits by a mobile medical clinic for remote Orang Asli communities.

Its founder Dr Steven K.W. Chow said it aims to provide proper healthcare for indigenous people.

Approximately 5,500 individuals have benefited from the initiative. It provides basic and specialist medical care, regular deworming programmes and health education targeted specifically at women and children.

Ecotourism and Conservation Society Malaysia (Ecomy) CEO Andrew Sebastian said Orang Asli communities are so fragmented that access becomes an issue unless they are moved to proper living areas.

"There is a general mistrust between Orang Asli communities and the Health Ministry, and then there is the reliance of some communities on traditional medication and treatment over modern medicine."

He said it gets more difficult to deliver healthcare to nomadic communities such as the Batek people.

Ecomy has provided various services for



Orang Asli such as building houses, communal lavatories, clean water supply and other corporate social responsibility programmes.

"Orang Asli face more than just improper healthcare, they also suffer from lack of access to clean water, loss of livelihood and displacement," he said, while expressing hope that more allocation, thought and planning go into ensuring the welfare of indigenous communities.