

Building-blocks

Community Health Cell, Bangalore



**An occasional newsletter by Fellows
in community health and development**

Volume 2, January 2005

Dear friends,

This newsletter comes at a time, when the world is still trying to cope with the disaster that struck in the form of *tsunami*, a few days ago. The number of deaths has crossed 1,50,000 and we are still counting. In India the figures are 10,000 dead and 5,000 missing. This does not take into account the number of people who have been bereaved, orphaned, rendered homeless, destitute, etc. These figures also don't say anything about all those who have lost all their possessions or means of livelihood. These figures are hard to estimate, but are way above the number of those killed.

The Government has launched massive rescue and relief operations, actively supported by national and local NGOs, and other civil society organisations. CHC has also been involved in the operations. In addition to conducting orientation for teams who are going for relief work, two teams facilitated by CHC have already left for the affected areas. One CHC team member, Rajendran was in Chennai from the very beginning and is now supporting teams in Nagapattinam district. Requests are pouring in everyday from individuals and agencies for support in their relief work.

One of the present interns, Dr. Vinay motivated his friends and they have gone as a team of nine members to Nagapattinam. He and the team are based in Sirikazhil village, and they work in Maduvaimedu, Kottaimedu and seven other villages of Nagapattinam. The second team, consisting of 19 members, including Chander of CHC has left for Cuddalore. Dr. Mathew, a past fellow, has facilitated two relief teams – one team consisting of seven volunteers went to Nagapattinam, while another team consisting of 14 volunteers went to Nagercoil. CHC conducted the orientation for these teams.

CHC is planning on continuing its support to the disaster-affected areas for a longer period, so that the work which has been started, does not stop abruptly after the rescue and relief phase. Public memory is short-lived and so is the media interest. After a few days, new issues will dominate the news and the affected people will be forgotten like the victims of other disasters. This should not happen. Only sustained efforts by all, and community-oriented measures will yield any long-term benefits.

All disasters help in initiating debates and discussions on disaster-preparedness. It is now time for us to rake it up again. Despite the lack of seemingly planned and systematic approach to the *tsunami* rescue and relief operations, the Government response has been greatly appreciated this time. It is now time for us to consolidate the work done and experiences gained, to come up with a systematic disaster-preparedness plan. That will be a small tribute to those who lost their lives in this disaster.

- Naveen I. Thomas

A visit to Andiwadi

As a part of their ongoing rural health development program, CHC was invited by Rural Health Development Cell (RHDC) of a private factory to visit Andiwadi village (Tamil Nadu) to have a direct dialogue with expecting and new mothers of the village. To understand about the ICDS project in the area, we decided to visit one of the ICDS centers also.

I joined Chander from CHC on the visit. We had a preparatory discussion with Dr. Thelma before embarking on the visit. We first met Dr. Rajan Babu, the Chief-Medical-Officer & person-in-charge of RHDC of the factory, with whom we discussed a few technical matters. Later, we visited the ICDS project in Kothagondapalli and had a brief encounter with the staff and children. Lastly, we visited Andiwadi village along with three officers of RHDC, where we had a very satisfying dialogue with expecting & nursing mothers of the above mentioned villages.

The outcome of the visit was that data pertinent for future action in RHDC for Andiwadi and Kothagondapalli villages was collected. We were partly successful in establishing a meaningful working relationship with anganwadi workers & mothers. We also



had a very stimulating & informative discussion with the expecting & nursing mothers of both villages.

Though we were partly successful in carrying out the

objectives of the visit in general, we felt there is a need for defining exactly the nature, scope & terms of collaboration at the earliest; to have a meaningful & fruitful partnership.

- Vinay V.

Note: Subsequently the TVS factory sent a letter to CHC, specifying their requirements and requesting a formal collaboration.

(Vinay is currently working in a relief camp in the tsunami hit areas of Tamil Nadu).

From darkness to light

Out of the many HIV positive persons I had met David's story and life touched me deeply.

David was working in Mumbai several years ago. He was one who would not care for anyone and the tough guy that he was, he had never imagined that he would fall prey to the HIV virus.

He has been infected for the past sixteen years but is still healthy and yet to start off on anti-viral therapy. He works as a positive speaker with an NGO. David helps those who are ostracized by their family and friends due to their HIV +ve status. Recently he got married to a HIV +ve widow. After telling me about his work in helping people who were discriminated because of their HIV status, he summed up his life as follows,

"I lived one part of my life in darkness and another in light. When I was HIV-ve I wouldn't bother about anybody. I never cared for anything. It was the time when I lived in darkness. But today when I get up in the morning, I look into the mirror and tell myself, 'David, see God has given you a day, be good and do good for others, you may not get another day for yourself'. At night before going to bed, I look into the mirror again and say, 'so David, the night has come. You don't know what will happen to night to you, hence don't worry about anything. Just go to sleep'. Today I am in the light. Now I read my scriptures and it makes so much sense for me. I am much more a human today than when I was HIV -ve".

As I listened to these words I realized that my eyes were filling up with tears. Here was someone who could have been so negative about being infected with HIV, but instead he was not only positive about himself but took it as his life mission to help others who were like him.



- Sunil George

(Sunil is currently working in rural Kenya. He completed his fellowship in December 2004).

(In this column, we introduce people, places and institutions where the fellows have visited/ worked in.)

Healing in the Poisonous Fort



Bissumcuttack is a town of scenic beauty and historical interest. It stands at 114 feet above the sea level, close to the picturesque Niamgiris range. The name Bissumcuttack is derived from "Bhisma Kotta" which means "poisonous fort". According to old reports, the place probably got the name because of its reputation of fatal malaria. Miles and miles of hills and forest with rivers and perennial springs surround the town.

This town has 7 schools and a small college. There are 2 banks, a police station and government community health centre. The literacy rate is estimated at around 17 %. Infant mortality rate is probably about 140 per thousand live births. Between 1981 and 1991, the population decreased by 8.2 % in the tribal community. Deaths outnumbered births among the tribals. Many villages are inaccessible by any vehicles. The quantum of needs in this area is large. Health for all is distant, nebulous, undreamed-of concept.

The Christian Hospital at Bissumcuttack is a multidisciplinary mission hospital of the Jeypore Evangelical Lutheran Church. It also has a community health project called 'Mitra'.

The Christian Hospital at Bissumcuttack now encompasses a wide spectrum of activities ranging from community-based primary health care to complicated surgeries and ultra-sonography. Its training encompasses nurses training to night school for adult literacy.

The hospital began two score and ten years ago in the early 1950's when a private practitioner in Denmark by name of Dr. Elizabeth Madsen felt the urge and the inner calling to step off his ordinary life for some time and do something more than the ordinary. Dr. Elizabeth was born in a pastor's family in Copenhagen in the year 1913. After graduating in medicine in 1941, she spent her next few years equipping herself to move into general practice. All long she did not like the idea of working in a hospital and had always imagined herself reaching out to the patients at their home and in their own surroundings. Hence after studying medicine, surgery and psychiatry, she established her practice in Aalborg in North Deutschland and devoted herself to work in that community from 1945 – 1950.

It was during the last year of her practice that she came to be associated with the Christian scout movement and became the leader of the group. At one of her meetings, she choose to speak on India. She looked at various references to learn about India. She learned most about India from Rev Anderson's writings. She saw and felt the need to work in India and soon after started her journey to India. She came to the area in 1954 wanting to be a village doctor. She began with village clinics. But the lack of health care facilities forced her to take inpatients. One hut became two and soon a hospital was born. Today the hospital is 150 bedded hospital. The hospital has been serving the health needs of the peoples for over 50 years now. It has been described as an oasis in the dry desert.

- **Amen Kaushal**

(Amen is an intern, currently placed at Christian Hospital at Bissumcuttack)

The journey continues ...

There was a phase in my life where I could see only hopelessness and misery around me. Pessimism was my predominant expression. Is the society beyond redemption? That was the question, which resounded in my mind very often. I was getting disillusioned by the consumerist trend, which was gradually taking over the medical profession.

But somewhere along my life I started encountering people who instead of cursing darkness, were trying to light a lamp. Even though they were a few, they were making a difference in the society. Coming in touch with them was a pleasant surprise for me. It gave me enthusiasm to move out of my pessimism and to begin the journey, which led me into the world of community Health. These people whom I encountered helped me to make a gradual transition from the world of hospital to community-based projects to people's movements – the coming together of those lights that were making a difference in the society.

This write up may not have many of the characteristics of a scientific work. It was a deliberate choice from my part to write it this way. Probably it can be considered as an expression of, my own transition from a purely scientific world to a human world.

Earlier I mentioned that this fellowship was a significant stage in my journey. Does it mean that I have ended this journey? No! It will continue. We (fellows of 2004) have already started working on ways of being in touch with each other, in order to make our contribution towards a just society. I hope that more and more youngsters may get opportunities like this. Our journey will continue along with the millions of the poor and the exploited as long as there is gross injustice, exploitation and misery.

- **Mathew Abraham**

(Excerpts from Mathew's reflections. He is currently completing his theological studies at Bangalore.)

The more I learn, the less I know

On looking back, I believe that the fellowship programme provided a fertile ground for learning from different perspectives, and from different levels. It helped me get a macro as well as a micro view of community health. The work culture promotes innovation and allows everyone to express oneself. The problems faced is discussed with everyone so that the team spirit is alive, and group learning occurs.

Every journey comes to an end – only to convey that a new journey is awaiting to take you through another fascinating phase of life. So is my expedition coming to an end through Community Health Cell, a genial place where I met like-minded people, where I got an opportunity to unleash into the field of community health, a place where I could introspect and be myself!

*As I travel along, with the years gliding by
Adding to the richness of my experiences
Making me realize how less I know
With more and more that I discover about
this wonderful world.*

- **Neeta**

(Excerpts from Neeta's reflections. Neeta completed her fellowship in December 2004 and is currently in Mumbai.)

This Newsletter has been edited by Naveen I. Thomas of Community Health Cell (CHC). The community health fellowship and this newsletter is currently supported by Sir Ratan Tata Trust (SRTT), Mumbai. The previous issue of the newsletter is available on the SRTT (<http://www.srtt.org/>) and CHC (<http://www.sochara.org>) websites. For further details contact: CHC, # 367, Jakkasandra, I Main, I Block, Koramangala, Bangalore – 560034, Ph: 080-25525372, 25531518. E-mail: chc@sochara.org

OBITUARY

Dr. Varghese Benjamin (82 years) passed away on 18th December 2004. He was a most unassuming pioneer in community health, with a prophetic vision much ahead of his time. He was a friend, philosopher and guide to all of us at CHC. He will be greatly missed.