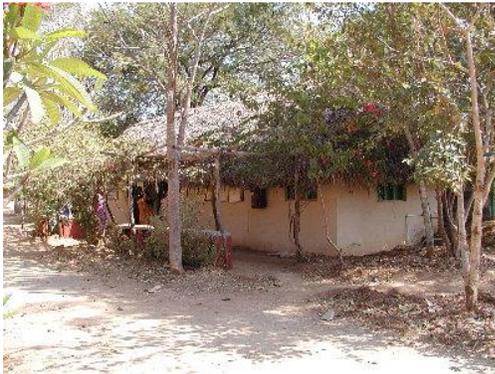


Report on Tribal Health Initiative

- Sridhar Subramanian, March 10, 2003

It is truly inspiring to find people who live their calling. Such are the lives of the "Sittilingi Doctors" who are sometimes called "Githa" a co-mingling of the names Regi George and Lalitha. They met each other in medical school in Allepey, Kerala, went to Gandhigram and decided to spend their lives in service. Regi went in the early 90's to Maharashtra and saw the plight of the tribals (or Adivasis), the most under-represented and oppressed segment of India's peoples. He looked around in the southern part of India and settled on Sittilingi, a forest reserve between Dharmapuri and Salem, where about 10,000 tribals live in about 20 villages.

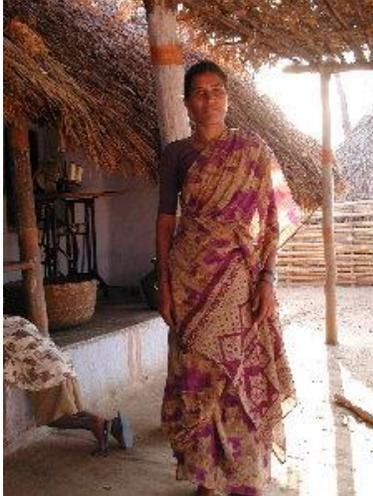


When he first came to Sittilingi, Lalitha was pregnant, so he came by himself. He stayed in a hut on encroached land (the Government does not sell forest reserve land) for 4 months, not at first using his medical skills. His idea was to educate them about health. But then, he realized that education was not possible before they were healthy.

In 1993, they both moved to Sittilingi and "constructed" the hospital - a thatched hut structure (as shown to the left) with Outpatient, Operating Room and Lab all in the same area. He was trained as an anaesthesiologist, and she as a gynaecologist.

Sittilingi took me 6 hours to get to from Coimbatore. From Salem, it takes 3 hrs, 2 hours by bus to Thumbal and 1 hour by jeep over some very rough roads. The jolting of the jeep bounced my body so much I had to keep my arms to my sides to minimize it. It must have been even worse in 1993 when the doctors came here. The jeep belonged to the hospital, and I chatted with the driver on the way there. He told me that although he earned much less working as a driver in the villages than in the city, the quality of life and the feeling that he was part of something great made the difference.

The doctors wanted to make the health activities sustainable; so they educated young women from the villages to be the "Health workers" (who wore blue sarees) and work in the hospital itself. The senior women from the villages were trained to be the "Health Auxiliaries" (or HA) and they could independently handle minor problems like diarrhoea, and provide education on basic things like the handling of water. The doctors have set up a system of visiting the villages on certain days, performing surgeries in the hospital on other days. Tuesdays are surgery days. Fridays and Saturdays are field visit days (to visit the 20 odd surrounding villages).



On my way back, at the end of the day, I visited one such HA. Her name was Papathi (pictured on the left). She and her husband who is a tailor live in a hut with their children. Her son, a boy of about 6 was playing at the entrance. They offered me lemonade, which I accepted without hesitation, but sipped with trepidation (years of living in the U.S. have sapped my resistance to Indian bacteria!). She told me that she takes care of her village, and she was full of enthusiasm for what she did. She was very shy of being photographed, but agreed anyway.

Hospital visits cost Rs 8 (about 16 cents) for tribals and Rs 12 (about 24 cents) for non-tribals. If the tribals can't afford it, they're told to come anyway and a fund, set up for their care, is used up. Mostly the fund is made up of contributions from a group called "Friends of Sittilingi", which is comprised of Indians around the country who send small sums like Rs 100. If a tribal is cared for from the fund's money, a member of the fund is chosen as the beneficiary, and is sent a receipt for the care of the tribal. Neat, I thought.

When I came to the hospital, Regi took me for lunch -- a communal affair. Lunch is the same for staff and doctors (we wash the dishes after we finish, and stack them up to dry). We help ourselves to the food, and sit on the veranda and talk. Dr. Ravi, a recent graduate from Bangalore is staying at the hospital for a year. He performed a delivery with Lalitha a few hours after lunch.

Prakash, another staff member who joined us for lunch, had a government job before he left it to join the hospital. I ask Regi what his long-term vision is for his work. He tells me that he and Lalitha want to improve the lives of the tribals in all respects. Health is just the "metric" they use, since it is after all how they were trained, and in terms of priority as well, a measure of good health is necessary before starting other programs like education.

In the 10 years of their stay in Sittilingi, they have achieved considerable success in health aspects and gained the trust of the tribals. So, now they're branching out into two other projects -- ecology and education. Prakash is going to help them with ecology. He is a bearded chap with glasses. He was an activist with NBA and has met Medha Patkar. (When we had tea at a little after 4pm, he joined us and spoke about the uselessness of the dams and the disruption of lives and the environment.) He would teach them how to take care of the environment without using chemicals. Fertilizers often times, convert a subsistence economy into a cash economy with very little reward to the tribals, and potentially large risks. A bad year can mean debts, which can only be paid off by working as migrant workers in the city.

After lunch, Regi and I spoke about what CVI could do. He invited me to his home -- a cozy place with a thatched veranda where we sat. He needs CVI's help for the Education project -- which he estimated would cost around \$10,000/year. He wants to have a youth camp once a year, and a resource center for educational activities like science, and computers, etc.



We walked around the campus after lunch, and he showed me the new hospital with separate rooms for Lab, Outpatient, Delivery room and even a neo-natal room (see below, for which CVI donated money for the equipment). We walked in just after a delivery. I was surprised that the hospital was so calm amidst a delivery. The mother, I was told, had tried a few times to deliver her babies herself, and had failed. The staff had persuaded her to come to the hospital for this delivery, and thankfully she had agreed.



Whatever we donate to this establishment, I couldn't help feeling that it would be worth it. I felt sure that the money would be used well and uplift the lot of the villagers. Of course, what will happen when the kids get their education is open to question. Would they feel inclined to continue their parents' traditional lives of subsistence agriculture (of "Raghi", "Kambu" etc) and enjoy the simple life? I think not. Most likely they would end up working in the city. From the perspective of a city dweller, I couldn't help in some sense envying the simple life they led and had mixed feelings in whether living and working in the city was a good thing. Of course, choice is what they would have, and perhaps some of them would end up coming back. We talked about this, and speculated on the possibility that perhaps one day the villages would be empty and the doctors not needed any more. I suspect the doctors wouldn't mind that one bit, they would probably just pack their bags and head off to the countless other tribal areas that would welcome them.