

CHATTISGARH

## Looking Back at Shaheed Hospital

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After the murder of Shankar Guha Niyogi in 1991, newspapers were flooded with reports of Shaheed Hospital and Shramik Swasthya Andolan. Doctors and health workers in many parts of India, particularly in West Bengal, followed the lead given by the Shaheed Hospital after that. Now, once again people are expressing interest about Shaheed Hospital. The reason is that the person convicted for life under black laws by the Raipur district court on 29th December 2010, is an honourable staff who had been associated with the hospital from 14th May 2001 to 20th May 2009—doctor and human rights activist Dr Binayak Sen.

Dalli Rajahara is a town of small mines in Chhattisgarh. The town owes its name to the two iron ore mines Dalli and Rajahara. The iron ore taken out from the mines is sent to the Bhilai Steel Plant. Mine workers were generally drawn from the ranks of agricultural labourers and poor peasants, who came to this town escaping a calamity which struck in the decade of 60s. They were all contract workers. One group used to break rocks using a hammer and the other used to load these rocks into waiting trucks. Before the day break, the trucks of the contractor used to ferry the men-women workers from their shanties to the mines, who returned back only after darkness of the night engulfed their homes. Kids never got to see their parents. In return, they got a pittance as wages only to be further eaten by the two unions as contributions: INTUC and AITUC.

After the massive drubbing of Indira Congress in the parliamentary elections of 1977, iron ore mine workers freed themselves from the clutches of these two central unions and formed a new trade union—CMMS—Chhattisgarh Mines Shramik Sangh. Illiterate workers were looking for an honest leader. They met Shankar Guha Niyogi, just released from jail, who had been arrested under MISA during the Emergency. They had heard of him as a leader of Koyarzyte mines workers. They called him and he responded to their call. A strong movement to protect the economic rights of the workers was born. To break the movement, the police arrested Shankar Guha Niyogi on 2nd of June. Workers responded by organizing a protest demonstration to get their leader released. The police fired on the agitating workers, 11 people, including a woman worker and a child were martyred. But under the growing pressure of the workers' movement, the management surrendered, and Niyogi was released; workers were also given their withheld bonus payments.

In 1977, Kusum Bai, co-president of the Shramik Sangh, tragically lost her life during child birth due to the negligence of doctors and nurses of the local hospital. Ten thousand workers

stood firm in their protest in front of the hospital. But not one of them indulged in arson, not one assaulted any doctor or nurse; they took, instead, a novel oath. They vowed to construct a *Matrisadan* for themselves, for no mother should die for want of healthcare during child birth.

This dream turned into a reality in 1979. Shramik Sangh had adopted a policy, in contrast to the narrow economism of traditional trade unions to think and work for the holistic development of workers. The kind of trade unions people usually encounter, are concerned only about one third of workers' lives, the 8 hours that they spend at the workplace. The programmes of such unions do not have space for issues other than pay hike, bonus, preparing replies to the chargesheets. Shramik Sangh started thinking about all these issues in a novel way. In 1979, Shramik Sangh had taken up the policy to work in 97 different departments. Apart from building the worker-peasant joint front, working towards liberation from casteism, fighting for women's liberation, and defending a democratic culture, it also took up the issue of public health.

What led Chhattisgarh Mines Shramik Sangh (CMSS) to take up the creative work of constructing a hospital? To answer this question, one has to understand CMSS policy of "struggle and creation". On the one hand, struggle for social change, and on the other, small creative constructive work, the two mutually reinforcing each other. Among these constructive work are building and supporting schools, hospitals, engineering workshops, to name only a few. Going through these constructive works, there was a small attempt to translate the workers' imagination into reality, of creating fragments of the future society, free from the exploitation of human by human. These were the sources of inspiration for people in their bitter struggles.

### ACHIEVEMENTS AND WEAKNESSES

The movement centered around Shaheed Hospital can be said to be an experiment. There are many novelties, achievements, and some weaknesses of this experiment :

1. The public health movement of Rajahara was essentially a movement by revolutionary intellectuals under the leadership of a workers' union. Initially the movement started without the presence of any doctors or intellectuals. It began by taking up the campaigns for liquor prohibition, cleanliness, etc. Doctors arrived only in 1979—Dr Binayak Sen, Dr Ashish Kundu, Dr Pabitra Guha were the first to come. Dr Saibal Jana started his contributions in 1982. These doctors conducted educational meetings in the workers' colonies, at the workplace, i.e., at the mines. To run the health movement, a health committee was formed with more than one hundred elected representatives of workers in 1981. On 26th January 1982, a small dispensary, Shaheed Dispensary, was started near the union office. The work for hospital construction was started besides this dispensary. This was named Shaheed (Martyr's) Hospital in the memory of the martyrs of 1977. This was inaugurated on the Martyrs' Day in 1983. The leading workers of the organisation were associated in all works of the hospital - running the propaganda work on health issues, running the dispensary, construction of hospital, or running the hospital.

2. The construction of Shaheed Hospital was carried out entirely with local support. As workers won economic struggles, they started collecting contributions, and kept on pooling funds to construct, initially, a 15-bed hospital. That was expanded into a 40-bed double storeyed hospital; later, it was even equipped with a modern operation theatre. After that many more equipment, and ambulances, etc., were also purchased. The main form of outside support has been doctors and trained nurses, which this health movement could not generate locally. All the doctors and nurses were the product of the revolutionary student movement in West Bengal. But despite this fact, this movement does not have any caste or nationality-based discrimination.

CMSS did not have easy alternatives to draw on. Like other currently popular health models, many proposals and offers of governmental and non-governmental support, or even foreign assistance, came their way. But CMSS consciously resisted these proposals, as outside economic assistance means direct or indirect outside control. Shaheed Hospital, indeed, was a programme "by the labouring masses for the labouring masses."

3. In the initial days of this health movement, there was a dilemma among doctors and health workers about whether to go for curative healthcare or to promote preventative healthcare. Some were opposed to the construction of hospital because they were apprehensive that construction of the hospital would hinder the broader health campaign. It was only experience that proved the point that running a dispensary or a hospital does not hinder efforts at disseminating consciousness about health, but instead complements this work.

The health movement, through the work of popular healthcare, increased the confidence of the people. In opposition to the locally prevalent health-related superstitions and unscientific methods of the profit hungry quacks, the faith of the people in scientific healthcare practices were instilled only through these healthcare programmes. In the beginning of the decade of the 1980s, the World Health Organisation published the first list of administerable drugs. Neighbouring Bangladesh banned all inadmissible and harmful drugs. In many places in India, movements sprang up favouring, *yuktipurna healthcare*—for instance, Paschim Banga Drug Action Forum in West Bengal, and then All India Drug Action Network on a national level. Shaheed Hospital became the first laboratory of real experiments on the substance of this campaign.

4. The health movement of Rajahara eventually became a part of the lives and consciousness of the working people. The significant achievement of this movement is that it established that all kinds of health-related problems are fundamentally socio-economic and cultural in nature, and that resistance to most of the diseases is not possible without changing the socio-economic structure. It also demonstrated that even a partial success on health issues is not possible without being a part of the larger movement. To understand this very important point, one can look at an example. Among the many health-related problems of poor countries stomach diseases (or diarrhoea) are extremely prevalent and can often be fatal. In India, for instance, diarrhoea is the second most fatal disease. It has been observed that

children who are victims of malnutrition generally suffer from stomach diseases. Bacteria of the disease basically spreads through contaminated drinking water, and to some extent, through stale food, or food kept in the open. The people crammed into small houses are the ones mostly suffering from this disease. Stomach diseases essentially become fatal because of dehydration of the body. The knowledge about the use of a rehydrating mixture of salt and sugar in water can enable anyone to resist and cure it. The developed countries having controlled the occurrence of stomach diseases, could do so only by making clean drinking water available, as also clean and fresh food, education, nutritious diet, and syrups, i.e., through wider social change. Many health institutions, usually governmental ones, emphasise curing stomach diseases only through drugs. Some reformist health institutions, mainly voluntary organisations, suggest drinking boiled water and syrups to take care of stomach diseases. But what they do not realise is that obtaining wood and coal as fuel to boil water can itself be a gigantic task when one is struggling to get enough money to fill one's stomach. Usually issues regarding availability of fresh food, clean surrounding, etc. do not figure in their campaigns. It is interesting to see how the Rajahara health movement addressed these problems: from the very beginning a campaign about socio-economic reasons and usefulness of drugs was taken up; Shramik Sangh has forced the administration to install hand-pumps to ensure availability of drinking water. The simple truth is that the extent to which these stomach diseases were controlled was directly correlated with the increasing economic, educational and environmental progress made through incessant struggles by the workers in Rajahara.

5. The activists of Rajahara health movement look at their programme in the following manner:
  - (a) Shaheed Hospital and the programme of propagation of scientific healthcare system: Shaheed Hospital, through all stages of its development, has been struggling to take scientific healthcare system to all levels of society. In the beginning, it had to face opposition from a large section of the Shramik Sangh when it was not administering non-necessary vitamin, calcium, etc., and injections. In this region people had a fetish for injections. By propagating home-made remedies in place of improper drugs, for example, drugs for stomach diseases versus home-made salt-sugar solution (ORS), cough syrup versus steam inhalation, analgin for fever versus wiping the body with cold water, and by practising these in the hospital, people were assured of efficacy of these methods. Under no circumstances, drugs other than those on the WHO'S list of administerable drugs are used in this hospital. If necessary, some mixed drugs are used in the prescribed amount. Instead of using brand names of medicines, generic names are used.
  - (b) Shaheed Hospital, a medium of people's education: This health programme also carried out work of people's education. In the beginning, during the campaigns in colonies and villages, during interactions of indoor or outdoor patients with doctors or health workers, posters, poster exhibitions, slides, magic, wall magazines, and health related booklets of 'Public Health Education Series' were used.

People's education basically used to be centered around the following subjects:

(i) exposing health-related superstitions and forms of harmful customs, (ii) unmasking the unscientific healthcare systems of the profit-hungry quacks, (iii) taking medical knowledge to the people by making medical science a part of people's consciousness, so that instead of being dependent on others, they solve their small problems on their own, and (iv) making people aware of the loot and exploitation of the national-multinational drug companies. An important part of the work of education is the training of health workers. The first round of trained personnel were the mine workers, whose main task was generating awareness campaigns. Even then they were capable of solving simple health problems in their colonies. Later on, work to create a wing like 'barefoot doctors' was started by training the children of the workers. Besides, there was a seven month training programme for hospital health workers, in which basically children of the worker or peasant families were educated.

(c) Weapon of their struggle: The health programme repeatedly stood in solidarity with the labouring people by taking responsibility for the complete healthcare of the families of persons involved in the red-green coloured movements of the Chhattisgarh Mukti Morcha, or of those on strike. The campaign regarding the right to drinking water and the movement to ensure this right, has already been narrated. It was because of this movement that the management of the Bhilai Steel Plant and the government were forced to install 79 hand-pumps in Rajahara and its adjoining regions.

There was no government hospital in Dalli Rajahara earlier. The services of the hospital of Bhilai Steel Plant was also inadequate. The unexpected popularity of the workers' hospital forced the government to establish one more hospital in Rajahara and seven primary health centers in Danti Lohara assembly constituency. This compelled the steel plant to construct a hospital with over 100 beds. Apart from this, when the movement launched its struggle against superstitions and harmful customs, the struggle against feudal values also aligned with it. In the struggle against the exploitation of multinationals in the pharmaceutical industry, the anti-imperialist struggle also merged with it.

Some problems of Dalli Rajahara health movement :

(a) In the primary stage, people faced problem of language and system for articulating their health problems were inadequate. By undertaking different experiments, examining them, learning from the mistakes, some of these problems were overcome.

Generally the people who prepared health campaign materials and doctors, although well-wishers of the masses, were detached from them, preparing these campaign materials while staying in big towns and cities, or worse, following foreign health institutions. They did not have any parameter to judge their efforts to make this material comprehensible to the masses. Rajahara health movement could surmount this obstacle only by knowing the 'pulse of the people'.

- (b) Shaheed Hospital is a workers' hospital. It is run mainly by the workers. When workers turn managers then some problems also surface. Sometimes the behaviour of these managing workers with the salaried staff of the hospital is exactly similar to what they face at their respective workplaces from the managers. Only an incessant political and ideological struggle can fight this tendency.
- (c) All salaried staff of the hospital are from worker-peasant families. While selecting them, their faith in the ideals of Chhattisgarh Mukti Morcha is gauged. Despite this, some of them reflect the mentality of merely a paid staff of any hospital. Resolution of this problem is possible through regular discussion around politics of health, issues of general political nature and contemporary developments. This can also be tackled through participation in organisational work, apart from healthcare work.
- (d) In the running of the hospital, a contradiction lingers on regarding lack of democracy and centralisation. The decision making committee consists of doctors and other health workers, where are all equally capable. Here tendencies like following individual whims, not caring about operationalising directives, have been observed. In contrast to this tendency, sometimes frustrating levels of over-centralisation is also seen. Despite all this, this health movement has withstood all the tests of an experimental system of democratic centralism.
- (e) Another gigantic problem was a lack of doctors-intellectuals. Chhattisgarh has not been able to give this movement idealist doctors. This health movement could not address this lacuna. It is only with the development of a revolutionary student-youth movement can this problem be fully solved. On 28th September 1991, Shankar Guha Niyogi was martyred during Bhilai workers' movement. The organisation has been conducting ideological struggle on questions like class struggle versus class collaboration, democracy versus centralism, after that. While a leader of the Chhattisgarh Mukti Morcha and some doctors of Shaheed Hospital were expelled, some have left the hospital frustrated. The health programme was also affected by the breaking up of organisation. The hospital grew in size but its ideals were defeated. New doctors came, not fired by any idealist thinking, but just to spend some time before joining a government job or availing postgraduate admission. There is no sense of responsibility towards reasoned medical care among them. Some even got involved in corrupt practices. Old doctors and health workers also failed in carrying out ideological battles alongside treating their patients.

It can be said, in lieu of a conclusion, that the Chhattisgarh workers' health movement has not lost, neither has it been decimated. Following the initiative of the Shaheed Hospital, Belur Shramjeevi Hospital, Chengayil Shramik-Krishak Maitri Swasthya Kendra and Shramjeevi Swasthya Udyog, Kamarhati Jasewa Clinic and Dr Bhaskar Rao Janswasthya Committee, Sarvedier Suderban Shramjeevi Hospital are working in West Bengal. But they have not had the opportunity, like the Shaheed Hospital, to work as part of a broader social movement. Despite all the limitations, they are attempting new experiments involving the ideals and experiences of Shaheed Hospital. They are trying to convey the message of Shaheed Hospital

in the adjoining states of Tripura, Jharkhand, Bihar, Uttar Pradesh, Madhya Pradesh by preparing activists of the mass organisation as health workers. □□□