

# Community Health Learning Programme 2008



Source: Community Health Cell

## A Report on the Community Health Learning Experience

Lakshmi Premkumar

COMMUNITY HEALTH CELL

Sudha WR Sub RB-3

CHLP-2008-6/FR33

114

EJTRD

Community Health Learning Programme

June 2008 to February 2009

## REPORT

Lakshmi Premkumar

Intern, Community Health Cell



## Overview of CHC Fellowship

I joined the CHC Fellowship in May 2008 with little idea of what the fellowship held for me. I was told it was a space for all involved individuals to learn and grow during the 9 month long internship.

I had worked for a year with a grass root farmer's organisation, Gonor West Agriculturist's Development Union, in Mettur providing support in terms of research, legal and scientific input. Details on Mettur have been provided in the objectives section.

An important aspect of our work was monitoring and following through environmental incidents such as gas leaks, effluent spills, and illegal toxic dumps. Monitoring helped to keep these incidents in check and put in a system of documentation. Considering the impacts of severe pollution on health and the fact that in such scenarios health impacts go undocumented a health monitoring system needed to be in place. To seek inputs and explore possibilities of initiating a health monitoring system, I took up the Community Health Cell's internship learning program. I planned to continue my responsibilities with the work in Mettur during the period of the fellowship program.

The following is an account of my experience and learning during the five months that I was part of the fellowship. For reasons explained below I discontinued from the program after five months

Orientation Program - I attended the month long orientation program along with 8 other individuals in May 2008 in Bangalore. The orientation program dealt with diverse issues both within and outside the parameters of the health system. Discussing matters of health in relation to factors such as caste, gender, class, economy, trade, neo-liberal policies, and culture made it possible to understand the diverse issues within a context. The program attempted to provide a broad framework of intertwined disciplines.

Learning from the Orientation:

Learning, as I say it, means

- Information that helped construct/break down perspectives.
  - Simple, yet concrete, ideas to which I was opened up to.
  - Perspectives which I gained as a result of the discussions held.
  - Introspection as a result of new information, ideas and perspectives.
- 
- I found the classes on understanding local and cultural practices in health exceptionally useful as it opened me up to break down the superiority that allopathy practices had held in my mind.
  - I was able to understand, to a fair extent, the Health System of India, i.e. the various planes of decision making and execution that make up the system and the parameters used to assess and measure the effectiveness of the health system in various states.
  - The Field Trips to Southern and Northern Karnataka were remarkable and motivating. Many of the experiences were first-time and first-hand. With prior briefing about the

day's plan, all of us headed out with an eye for detail and returned with varied observations and experiences to share with the rest. The time was spent visiting various organisations, alternate employment projects, community programs, mining sites, PHCs, Sub-centers, Balwadis, etc. Discussions in the evenings and the next morning help reiterate the purpose of our visits.

- The ongoing struggles by women in Jagruthi Mahila Sangattan in Potnal, their attempts at breaking gender barriers, and their fight for basic rights both in their homes and in their villages was inspiring. The path for achieving the same caused \_\_\_\_\_
- The mines in Hospet reflected the stark reality of mindless industrialisation and its negative impacts on both the working class communities and the environment, breaking the myth that progress is linked with capitalism.
- I also found the visit to PHCs interesting. For one, it was the first time I was even attempting to see the health system, its failures and successes, for what it really was, instead of dismissing it with the waive of the hand for its many shortcomings.
- Also as a class, we discussed a range of topics and concepts that interested me and those I learnt from, such as drug control and use, corporatisation or privatisation of health care, shock doctrine, collective consciousness.

## Learning Objectives

After the month long orientation program, I drafted out my learning objectives along with my mentor, Rakhai Gaitonde's assistance, for the nine month internship program. The following are the objectives I set.

- To understand how issues of community health and environmental health are dealt by the communities, through community based modules especially in struggles/campaigns/ movements. To understand community perspectives on environmental health and issues of participation, accountability, etc, within communities. How are these different from 'expert' perspectives and how these differences effect the implementation of programs / campaigns?
- To understand the role of women from communities who are working on the issue of health in their community.
  - How are such groups formed? What is the need for such groups?
  - Did the interest on Community health come from the women?
  - What are their primary objectives on health?
  - What are the dynamics of such a working group?
- Evolving a group of women in Mettur who would work on issues of Community Health and Environmental Health. I visualize this collective to be more than a group of women who will be able to take care of basic health needs of the community.
  - This group will receive basic health training in relation to the kind of problems they face in their community as a result of Industrial pollution.

- Will understand the linkages between industrial pollution, the health problems they face and the other consequences there on.
- Will see an agenda of making the public health system in Mettur more accountable and provide better services
- Will monitor and document the health problems in their communities.
- Will also have an agenda of mobilizing other women from their community to participate in their struggle for a clean environment, better health services.

## WHY METTUR?

Mettur is a town (taluk) in Salem District of Tamilnadu. River Kaveri, the life line of north and central Tamilnadu, enters the south Indian state through Mettur. The Mettur Dam which forms the Stanley Reservoir, built in 1934, is a major source of drinking water. Once an agricultural and fishing area, Mettur now hosts a number of Chemical industries.

Industrialisation in Mettur began as early as 1936, and today according to the Tamilnadu Pollution Control Board there are 71 industries (many, if not most being chemical manufacturing units) operating in the area.

Most of the industries are clustered around three Panchayats - P.N. Patti, Veerakalpuur and Gonur. The combined population of these Panchayats is 55,855. Since the early 1960s, local communities have reported incidents of pollution and pollution induced damage to agriculture and the health of livestock as well as humans. Over the last five decades, villagers have filed numerous complaints and several agencies, both private and governmental, have analysed water and soil and have found them to be contaminated by high dosages of toxic chemicals.

Much of the damage done to Mettur's environment may well be irreversible. The Tamilnadu Pollution Control Board and the District Administration have failed miserably in administering their duties. The Police and the District Administration continue to dismiss local concerns about pollution as a law and order issue, and continue to view complainants as extremists and trouble-makers. It is in such a context that Gonur West Agriculturist's Development Union, a local body of farmers, decided to organize themselves and fight the case against pollution both in courts and on the streets. I have been working along with this organization since 2007.

Evidence at hand indicates the extensive nature of damage already caused. The fact that the environment is contaminated by a range of complex and highly toxic and persistent chemicals, including mercury, organochlorines and potential dioxins and furans qualifies categorization of Mettur as a Toxic Hotspot. While this has huge environmental consequences, there also is likely to be major detrimental effects on human health.



In the view of the authorities, lack of evidence or information amounts to a lack of a problem. Therefore there is a need to gather and document environmental and health impacts. Consequently Community Health Monitoring program in Mettur was proposed in 2007.

## WHY WOMEN??

- From our experience in working with communities, we observed that women were in most cases twice burdened as compared to the men. They are the ones who stay the longest in the polluted environment while the men go out to a different environment for work. Women are always the care takers of sick children and family members. This being the case we saw more long standing anger in the women about the levels of pollution and the spread of ill health, which would push them to work towards fighting for better living conditions.
- Also, Mettur being a rural area, meant that women were not a part of the process of struggle against the industries. They are merely used by the men as a show of strength for solidarity, when huge numbers are required. Given the numerous restrictions that women have, it was necessary to organize the women and get them involved in the process. We felt that, health, being a problem dealt primarily by women, would be a point on which they can be organized.

## My limitation during the fellowship:

I discontinued from the fellowship during the second phase as I was unable to meet the requirements and commitments of the fellowship alongside the already existing responsibilities of my work in Mettur. I was unable to blend the objectives set in the course of this fellowship into a work plan, though the objectives themselves were essentially drawn from the campaign in Mettur. The time lines set for the objectives and the need to achieve a few step in those directions at every point conflicted with the pressing needs of the campaign.

However I present here the outcomes from the experience of pursuing the objectives in Mettur for a period of three months.

- Community Health Monitoring – In September 2008, I initiated discussions with women in villages in Gonur and Veerakkal Pudur Pachayat around the issue of pollution and its impacts on environment, health and livelihood. These focus group discussions were organised by members of Self Help Groups. However, after a couple of meetings it was evident that though health was a major problem, it was not an organising tool. The people of Mettur were passive recipients to the slow poisoning effects that the chemicals had on their and their children's lives. The problem was not new and nor did it hit them at any one point at a magnitude causing immense immediate damage. It was simply one of the many problems, that have slowly and steadily, crept into their lives.
- Lack of trust – The need to fight for their rights and the feeling of being wronged by the Government and the corporations were expressed by many women during the discussions. On the flip side, given that the situation has existed for more than 3 decades the women are apprehensive of all groups, primarily from within the community, that sprout up in an effort to organise the villagers to fight the polluting companies. In the past, many if not most groups, after garnering initial support from the community members, amassed personal gratification from the company and reduced the struggle to a mere sum of money. The company and its henchmen, among the communities, used this weakness to rubbish all efforts to mobilize by other villagers.
- As discussions continued, lack of adequate water was identified as a critical problem in both panchayats. Work on fighting for supply of water started within the Gonur West Agriculturist's Development Union. In a span of 3 months, they equipped 5 villages with regular water supply.
- The primary fallout of this experience for me lies in my understanding of working towards political change. I have come to believe, that despite work such as monitoring of environment and health being essential, it does not serve as a tool of organising. Such work will serve its purpose, within such a framework of a struggle, only if it is supplementary to a larger political organising effort. The reason why I am wary of Community Environmental Monitoring or Community Health Monitoring exercise serving as an organising tool, is because the experience raises a question as to "what is one organising towards?" Is it for better health care,

is it for a clean environment, or is it for the company to shut down? It is difficult to achieve the larger vision i.e., organising the community to fight for their right to control their economy and resources if it is planned as a fallout of a focused monitoring exercise.

-----



*Community Health Learning Programme is the second phase  
of the Community Health Fellowship Scheme (2003-2007)  
and is supported by  
the Sir Ratan Tata Trust, Mumbai*



COMMUNITY HEALTH CELL (FUNCTIONAL UNIT OF SOCHARA)  
85/2, 1ST MAIN, MARUTHI NAGARA, MADIWALA,  
BENGALURU - 560068

TEL: +91-80-25531518/25525372 EMAIL: CHINTERNSHIP@SOCHARA.ORG

WEBSITE: WWW.SOCHARA.ORG