CHC SILVER JUBILEE-ALUMNI WORKSHOP 2008

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Objective:
The objective of this workshop was to bring together alumni from various batches of the Fellowship Scheme to share their 'Community Health Journeys', on the occasion of CHC's Silver Jubilee. It was a chance to enhance our learning through collective reflections of various SOCHARA members and associates. The workshop was also an occasion for nurturing our collectivity and broadening our perspectives on how the 'social paradigm' has shaped community health action from our experiences. Community health work has taken various dimensions in the current context of macro policies of globalisation, liberalisation and privatisation; the seemingly endless identity conflicts – caste, class, religion and gender; and the potential of engaging with the State. In this workshop, we have discussed and shared practical examples of community health work in the context of such challenges and understood the communities' struggles of resistance and resilience that enable their right to health

Introduction:
The workshop began with a brief round of introduction of all the attendees which included SOCHARA members, CHFS fellows and the CHLP fellows of the current batch.

The first round was from the four co-initiators of CHC

Dr. Thelma was the first speaker of the "Sharing and Reflection" Session. She initiated her sharing by explaining how the late 70's and early 80's, was a period when a lot of projects in the field of public health were initiated. The formation of groups like Medico Friend's Circle (MFC) and studies like the Delphi Study with CHAI opened her eyes to the vast differences between community work and research and also how power was a player is "Health Politics". Dr. Thelma explained how her PhD on the T.B. policy in

India from the London School of Medicine and Tropical Hygiene helped her gain exposure in policy engagement and community empowerment. And she was appreciative of the fact that the opportunities to study in a renowned institute helped her gain exposure and understand many facets that may not have been easily possible in India. She explained that the concept of evolving the fellowship program was an innovative method to create a critical mass of activists and practitioners. She expressed her gratefulness to the CHC staff who helped both Ravi and herself in finding the time and space to evolve CPHE.

Mr. Gopinath one of the co-initiators of CHC along with Ravi, Thelma and Krishna started his sharing on how he did not have any interest in Community Health to begin with, though was working at St. Johns Medical College. But, his discussions with Dr. Ravi helped him think in an alternative style and he too took the risk of leaving St. Johns along with Ravi and Thelma. Over the years, he said CHC helped him focus and he went on to specialize in Personnel Management. In CHC, he played the role of shaping up its administration department .He ended his sharing by expressing how indebted he was to his teacher General Mahadevan .He concluded by stating that his journey with the organization still continues, though he is no longer a staff member at CHC

Mr. Krishna started his reflection with how he had known Dr. Ravi from his childhood. He initially joined CHC as an office assistant and later on developed an interest in art for the purpose of health communication. He explained how he attended several art courses and has now become a media specialist. Krishna was grateful that he was able to pursue the vocation through his experience in CHC, he has also attributed his time there is helping in his own self-transformation process.

At the completion of his sharing, Dr. Ravi was quick to add that none of the co-initiators had any form of specialization prior to coming into CHC. He cited Krishna's as an example of an individual who taught the co-initiators that it was necessary to focus on an individual's strengths rather than his weaknesses. This alone would encourage him or her to bloom. The CHC co-initiators are very happy that Krishna was able to find his niche and successful in his profession today.

Fr. Claude

Fr. Claude was one of the earliest supporters of CHC. He saw both Ravi and Thelma had a very unique approach and had their ideas set in a very different path as compared to their peers.Fr explained how he was thrust into the field of community work in the 1970's.This was a period when India was entering a revolution period and young people were all arising to do something for their country. He mentioned that two life altering experiences in his life were

1) The disaster situation of the Andhra cyclone where he witnessed a Dalit colony in Georgepet swept away.

2) Attending a pedagogical seminar Paulo Ferios in Mumbai where many revolutionary and inspirational ideas were discussed.

He mentioned that many times people questioned him as to why he had so much faith in Ravi and Thelma. His standard reply to this question was that both they were serious, persistent, determined and consistent in their beliefs and values. Fr. Claude appreciated that they had an ideology, a vision to bring about transformation and change. They targeted the weakest people. They had not changed but have grown into the change .He concluded his sharing stating that he believed that all beings were divine and the spirit of CHC continues to spread.

Dr.Mohan Issac

Dr. Mohan Issac, the SOCHARA president was pleased to note that the attendees of the alumni workshop were a mixed crowd. He remarked that all of them were co-travelers on similar yet different paths. He reflected on how his family was apprehensive with his decisions to take up Psychiatry as his post graduation specialization and how his mother was very upset with his decision to work with mentally ill patients in a rural area of Bellary. But his commitment and faith never let him down and the lessons he learnt from the community experience have been invaluable for him.
His observations of CHC as an organization at this point in time were:

1. CHC has been able to bring changes in people's personalities.
2. They have been a group of innovators, motivational agents and a mentoring point.
3. They have all been risk takers.
4. It is a group that believed that well –taken paths are not challenging.
5. The importance in vision and faith in the work that they did.

He also pointed out that typically any organization, especially the non-profit sector would define their growth in the following ways
1. Creating an endowment
2. Building a huge infrastructure
3. Associations with bigger entities as an institutional back-up
4. Translating success as a big number on the pay-roll

Dr. Mohan expressed his happiness at that way CHC has grown and expanded over the years, he believes that an all round growth has been achieved with our foray into local, national and international movements. He is personally satisfied that we have been able to achieve great heights without dilution of our values and vision. He mentioned that his current assignment with the University of Western Australia allows him to remain associated with CHC ,thus he is still able to be an active member in the organization's activities.

Dr. Mani Kalliath

Described himself as a co-traveller in CHC. He shared how he was a confused and rebellious individual in his youth and had difficulty forming a sense of direction. It was during this phase that he met Dr. Ravi who helped him look into communities and alternative health paradigms. Over a period of time, his interest in Community Mental health grew and he chose to remain in the field as it gave him a well defined focus as opposed to a CHC's generalist philosophy. He stressed on the importance of having an

organization like CHC. There may be many committed NGO's, there was clearly a lack of all of them heading in the same direction and an organization like CHC ,he felt would help define and set a common goal.

Sr. Aquinas:
Started her journey into community health around 12 years back as a disillusioned doctor at St. Johns medical hospital. She was surprised to see that conventional medical care only catered to the ailments and diseases of the affluent, whilst the diseases like T.B- those of the common man were very often neglected. She recalls crossing paths with Dr. Thelma because of their common interest in T.B and was then introduced to CHC.

Admist a lot of chaos and confusion in her mind, Sr Aquinas took a bold step to move beyond the boundaries of clinical medicine and work with marginalized communities. Her first project was with a Tibetan colony in Kodehalli. She eventually got involved with the National Tuberculosis Programme and the success rate in this mission encouraged her to get more involved with communities. Sr notes that it was during her work with rural communities she realized that health was not an isolated issue, there was the issue of basic needs like food, livelihood and non-formal education that needed to be tackled before even addressing health matters. As Sr.Aquinas reflected on her journey, she said she has faced a lot of opposition from the religious hierarchy who felt threatened by her non-conventional mode of functioning. Looking back, she does mention the frustration in not seeing any visible efforts of her work with communities, but she still feels that the journey has been enriching and fullfiling, she is happy that she now has the credibility to encourage people onto field work. She expressed her gratefulness to CHC for their invaluable guidance, and was very appreciative that CHC has been instrumental in guiding many young professionals into the field of community health.

Fr. John started with his "Community Journey" as a social work graduate. He was offered the CHAI leadership , and one of the conditions he laid down in front of the board at that point was that Rural Health had to be incorporated as a component in their work. He recollected how he came down to Bangalore to meet Dr. C.M. Franics ,who he hoped would give him clarity on how community health functioned .It was at this juncture that he met Ravi and Thelma and was introduced to CHC. They all got together to define Community Health as a concept for CHAI .After close to six months of discussions, Fr.John says they were able to emerge with a clearer idea and understood that community health was about people's empowerment and political action .The task was now to explain this complex idea to the CHAI board and member organizations. This he said ,was implemented by holding many dissemination workshops ,where CHC took an active part.

Fr. John explained that one of his memorable achievements prior to leaving CHAI was that ,he was able to convince the association to change the name from Catholic **Hospital** Associations of India to Catholic **Health** Association of India ,despite stiff opposition and resistance. Fr. ended on the note that the CHAI is strongly advocating herbal and home remedies and was very happy to share that three member institutions were totally managing on ayurveda and alternative medicine therapies.

Ravi's Sociological Comment: In the CHAI circles, previously big hospitals like St.Martha's, Holy Cross etc were known as son-in laws and the smaller community based centers were the daughter- in- laws. With the change in name from Hospital to Health, the bigger establishments felt the roles were reversed.

S.J. Chander calls himself a product of CHC and is very privileged to be part of an organization like this .His journey started when Ravi took him into CHC after completion of a diploma in Community Health. He fondly remembered the good old days when CHC was a smaller intimate group. It was Ravi , who felt that he should build up his cadre as a resource person and encouraged him to work and study with rural, urban poor and tribal communities. He praised the organization for allowing research, training and working togo hand in hand. His experience of working with an eminent personality like Dr. Shiradi who was a great motivational speaker is also worth mentioning. He has since then worked with various organization, namely APD-(Association of People with Disabilities),was and continues to be a part of the PHM movement and mentioned that he was currently involved with the Anti-Tobacco Campaign. Chander explained that he chose to join Institute of Public Health,Bangalore in June 2007 to work and experience a different ideology-that of engaging with the state to bring about change.
He concluded his reflection by stating that he has never felt he was not a part of CHC and it was the alternate health paradigm that inspired him to work in community health with a different approach.

Dr. Ravi Narayan saga with CHC was an intertwined personal and personal journey and it would be difficult to separate the two. He belong to a refugee family who settled down in Delhi after the partition and came down to St.Johns to do his medicine. .The East-Pakistan partition was a life altering experience, recalled Dr.Ravi.It was here that he realized that he knew very little about medicine and also that people when left to their own devices knew about survival and how to survive ,it was in fact the educated classes who had to learn from them. This experience changed his outlook and disillusioned him about hospital medicine.

After his return to Bangalore, he worked with a Corporation hospital in an urban slum area and developed an interest in Public Health. After his post-graduation in Community Medicine from AIIMS, Delhi, Dr. Ravi joined St. Johns and was associated in various projects like setting up the Malur Cooperative and designing the Community Health Worker's Training mainly for non-doctors in rural areas .He described how Anant Phadke was instrumental in introducing Social Analysis into mainstream and how he paved the way for the formation of a "though current" called Medico Friends Circle. Towards the late 70's ,early 80's ,he said that there were many community health professionals who all felt that they lacked a place in India where they could all get-together and discuss common issues and problems. It was suggested that a centre of Community Health Practice be set-up. It could be a community of Community health initiatives within a larger political and social context. The whole thing started out as a meeting place. The idea of CHC as a society of professionals thus evolved. CHC thus started as a coffee club culture, listening to the stories of realities, praxis of experiences.

Dr. Ravi stated that his two big milestones for 2008 has been

1. The launching and functioning of the WHO commission on social determinants

2. The fact that WHO has recognized the importance of Primary Health Care .

Dr. Ravi expressed his keenness in noting that civil society movements were collective voices.

Dr. Aziz briefed the workshop attendees about the impact of globalization on health. He started the discussion with the definitions of liberalization, privatization and globalization. He explained how the economic crisis in the 90's lead to inflation and budget deficits and why India was forced to borrow petro- dollars from institutions like World Bank and IMF who laid down stringent conditions- called SAP(Structural Adjustment Policies) for the purpose of debt recovery .One of the clauses that were enforced were reduced spending on social sectors like health. India had until this point adopted the NEHRUVIAN GROWTH MODEL which consisted of reforms like
1. Public sector participation
2. Protection of domestic industry against foreign players
3. Tarrif imposition on imported goods.
The borrowing from these international bodies induced us to switch from the Nehruvian model to LPG (liberalization , privatization and globalization) model. This in turn led to an market scenario which lead to an exploitation of people. Many domestic industries became vulnerable when the markets were flooded with foreign goods which were cheaper and the cut on social budgets affected the common masses. All these newly introduced measures only benefited the rich who became even wealthier. Though it cannot be denied that we have been achieving growth ,the benefits do not seem to be reaching the poorer sections and our poverty levels is currently 29% and in 1989,prior to the liberalization reforms ,poverty stood at 28%.So we need to ask ourselves if opening up our economy has changed the scenario…..

Health in the context of identity politics

Jenifer Liang works with the ANT(Action North Eastern Trust), Bongaingaon, Assam. Her presentation centered around health in an insurgency affected area in North –Eastern India. She started her discussion giving a brief description of the seven states in the north-eastern parts of the country. The chronic insurgency has been that of the Nagas.

In lower Assam where Jenifer works was an area affected by the Bodo (a small tribal community) struggle , fraught with tension and this has led to a complete breakdown of the healthcare system. The persistent health problems in this area include loss of life- both civilians and security personnel. Additionally, because of the high level of militarization, widespread psychosis is also seen. Local medical institutes are often shut due to threats of extortion and kidnapping. Many staff members often use insurgency as an excuse not to report to work, hence absenteeism is also very common.

High levels of corruption, HIV and drug trafficking are rampant in this area. Unemployment has caused a mass exodus of young people. Under such extreme conditions, they also indulge in risk taking behaviors very quickly. Women are often targets of violence.The militant groups are often against health programs like pulse polio, family planning. There are also around one lakh IDPs-Internally Displaced persons as a result of the Bodo-Sandli conflict.these persons are still waiting to be rehabilitated and have very minimal access to healthcare.

To sum up the matter, the whole situation is politically very sensitive, the social system has become very lopsided. It has been observed that the majority groups manage to retain a stronghold and the minorities get isolated. Hence, an overall reluctance to share ideas and thoughts is seen. No new community models have evolved over the past few years and fighting for health as a right is very complicated and multi-dimensional issue.

Manjusha, an ex-fellow is an MSW graduate from Maharashtra. She described her experiences of working in integrated rural and health development programs in drought prone areas of Maharashtra. She discussed the context of gender and caste politics in the context of health. It was initially very difficult to make inroads into many of the rural communities who were caught up in poverty, illiteracy , gender imbalance and many other social issues. When the team first started working on watershed development, they had to work by the government rules which insisted that all developmental work would have to incorporate community participation. This idea was not initially well accepted by the people.

Manjusha's role was basically to work on community participation, organization and women empowerment. She recalled how she used to spend hours in various households discussing various issues and trying to secure their cooperation in the projects, but tangible outcomes were never seen. But the overall experience opened Manjusha's eyes to the extent of caste divide in the villages and how it remained a barrier to development and progress. Over a period of time, she was able to organize the women in self -help groups and the men into farmers groups. The villagers were attracted to the groups once they understood its money-making potential for e. g. in the first few years, men from the upper castes would not allow their women to get involved in the SHG's which they thought purely belonged to the lower castes, but the financial gains eventually prompted them to push their women into form groups as well. These groups eventually became information dissemination sessions where issues like governance, panchayati raj, women's rights, health and social matters were discussed. Many men and elders in the community started feeling threatened when the women started questioning them.
Manjusha quipped how she had received many death threats, but decided she would stick on to her job since she believed strongly in her principles. Though she does not remain associated with that project any longer, she is still in touch with the villagers and was very happy to know that the community participation rates have increased and ended her presentation with how the villagers had united to make their local PHC more accountable and how they have managed to transform the same centre into a rural hospital.

Maheshwari is associated with RUSAC , Tamil Nadu narrated her experiences of being a "insider" of the "Dalit Women's Movement". RUSAC works on the principle that self-reliance is the first step to self-empowerment, that equality needs to be established and caste system should be abolished. Maheshwari pointed out that some of the major issues that dalit women like her faced were-male domination, sexual violence, domestic abuse and Sexually Transmitted Infections (STI's).Many times ,women like her were afraid to come out in the open about their problems fearing that there would be backlashes and that they would be branded as immoral women. She gave a few examples of how doctors and other personnel in medical centers took advantage of the fact that women were uneducated and ignorant. There have been cases where the doctors have not even bothered to inform the patients that they have inserted a Copper T for contraception purposes and the women have found out about it only when complications and infections arose. The doctors do not communicate and explain the consequences of tests and treatments. Since the women have no knowledge on these subjects,they have to completely rely on the doctors and have blind faith in them.She is a strong advocate of counseling centres in PHC where family planning counseling services would be offered and stressed on the importance of informed consent.

Society in her opinion has very strong discrimination rules about men and women.Men could choose to be unfaithful and even remarry but women had to remain calm and accept things as they were. Women are never party to the decisions on how many children they should bear .It is the men who make such decisions. All the women know is that they need to cooperate with their decisions. Being a dalit itself has many implications according to her, they were subject to more injustice and unfairness. Even with the advent of education, the situation has not changed too much. The Dalit women are not aware of their rights and entitlements and hence are more vulnerable to exploitation

The struggle against inequality and assertion to rights of human dignity is a long drawn and difficult struggle. She ended her presentation by giving an outline how RUSEC functioned as an organization to empower Dalit women both on the health and social front.

Sathyashree is associated with SANGAMA, a Bangalore based organization which works for the rights of sexual minorities. She began her presentation by defining who sexual minorities were. She also gave us a bit of the historical basis on the IPC 377 which states that homosexuality is unnatural and punishable under the law. The British and Dutch colonists had passed this law to oust the hijra communities who were controlling the land-holdings in the Mughal empire. Criminalising them would eliminate them and enable the colonists to gain access to the empire. Incidentally, today these very countries have repealed the law, whereas India is still on preliminary discussions.

It was during her fellowship with CHC, Sathyashree got an opportunity to delve into some a lot of issues and problems surrounding this group of people .In India, there is a lot of stigma associated with Homosexuality. Lesbian suicides are very common in India, Men who feel out of place with their bodies join the hijra communities. When men become effeminate, they are denied healthcare. With lesbians, the doctors typically get

into a preachy mode. Because of the stigma attached, the incidence of HIV/AIDS and STI's are very high amongst these groups .

Sathyashree stated a few statistics about the situation in Bangalore. The prevelance of HIV/AIDS status among the *Hijras* in the city is around 25-28%.There are around 27 Hamams (bath-houses) in Bangalore city . There are high rates of anal sex in these places, no condoms are used and when anal rupture happens, they do not avail any medical help as well. Very often even though it is very easy to track transsexual men, getting across to their clients is really not very easy, hence it is very difficult to contain the spread of infections.

Sathyashree concluded her presentation by saying that many times ,homosexuals are asked why they are unable to change and the majority(heterosexuals) who think they are normal point their fingers at them, but the situation is indeed sad.

Question and Answer session:

Q1.In Tamil Nadu,the prevelance of dowry was very high in the 60's.What is the current situation?Question directed to Maheshwari

Ans.The situation has worsened. Even with an increase in the literacy levels, we have not been able to wipe out this evil .A standard of 20-30 sovereigns of gold are typically given to the boys family. Cases of dowry harassment and deaths have only gone up.

Q2.How does one work to build on cultural identity in a positive manner?(Directed to Jenifer and Sathyashree

Ans. 1. Trying to create spaces to discuss neutral issue or national celebrations. A common platform to discuss matter would be a start.

2. Working with young people

3. Ensuring minority groups like transgenders are all united while demanding for their rights.

Q3. How to discuss the issue of dominant ideology in relation to cultural diversity in the situation of inequality?

Ans.We need to try and again find common platform to discuss matters .We need to respect the choice both individuals and groups. And, we need to find a way of celebrating diversity without resorting to violence.

Q4.What is the Dalit situation in the North-East?

Ans. Caste is not so much an issue as much the ethnicity. It is mostly inter-tribal issues there.

Q5.How does one work on intergrating the Hijra community and the general community?

Ans. Community programs are needed to educate everyone. It is heartening to note how they were now involved in some govt processes as well. But it is very difficult and will take a very long time to overcome the social paradigm.