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LAW animated WORLD

A world law fortnightly published from Hyderabad, India.

Editor: I. Mallikarjuna Sharma

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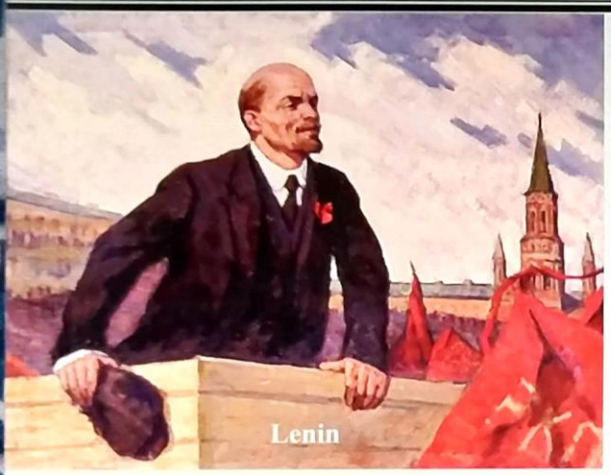
Lenin


Trotsky addressing Red Army 1920


Stalin


Meeting of a Committee of Poor Peasants 1920


Death of the Commissar 1928 (Kuzma Petrov-Vodkin)


Uprising (1924-25) Kliment Redko


Entry of Red Army into Krasnoyarsk in 1920 (Nikolai Nikonov 1923)


The revolutionary assault

DOWN WITH CAPITALIST GLOBALIZATON! LONG LIVE SOCIALISM!

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RIGHT TO LIFE: MOTHER V. THE UNBORN

The sad death of Savita Halappanavar in Ireland due to the stubbon refusal of the 'Catholic' medical staff to allow her an abortion even though a miscarriage was detected, has sparked off indignant protests not only in Ireland but the world over against such callous cruelty of an obscurantist government in this modern age and also focused the need to reconcile the conflicting rights to life of the living mother and the unborn child. The Irish Constitution guarantees the right to life of the unborn child too and Irish law outlaws any abortion by any *person* resident in Ireland. The only exception as pronounced by the Irish Supreme Court in a 1992 decision {reported in this issue at pp. 55-114} is when the mother faces a real and substantial risk of death in the course of pregnancy. Savita's case falls squarely under this exception but since there are no definite guidelines as per enacted statute, which lacuna was strongly censured by both the Irish Supreme Court and the European Court of Human Rights, the religiously orthodox could inflict such irreversible loss on Savita's family. In the end the mother was also thrown out with the baby! This calls for a wide debate over the rights to life of the born versus the unborn, so to put it. It is commendable that the right of the unborn child is constitutionally declared and protected but at the same time it should be harmonized with the equally important right of preservation of mother's life too. True, not just Christianity, but even Hinduism, Buddhism and other oriental religions condemn abortion which is termed as '*Bhruunahatya*' (foetus murder) in Hindu scriptures and ranked with five great sins. But even here, there is an exception of preserving the mother's life. The 'Catholic' outrage in Ireland can be seen as a sort of over-reaction to the modern uncaring selfish capitalist culture which spurs and promotes the wild proft-and-enjoy desires of the individual even at the cost of society. The promiscuity generated/ tolerated allows irresponsible females aided by likeminded males not to care for their progeny even, which otherwise they would cherish to have and bring up. In a society with social ownership of the basic means of production and with careful social planning, the welfare of all children, legitimate or illegitimate, could be looked after well by the society itself and not left to individual whim and fancy. In such a humane socialism, any need for *bhruuna hatyas* just for the sake of hedonistic/base selfish desires may not arise since the society itself would take over all the obligations in regard to the child with no stigma to the mother. ♣♣♣

WORKERS' HEALTH MOVEMENT OF CHATTISGARH

- Dr. Punyabrata Gun*

Twenty-one years have passed by after the murder of Shankar Guha Niyogi in 1991, but the health movement he led, still remains a lighthouse for the peoples' health movement in India.

The Background

Dalli Rajhara is a small town of iron-ore mines in Durg district of Chhattisgarh. The town owes its name to two iron ore mines – Dalli and Rajhara. 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 famine which struck in the mid-60s. Most of them were contractual workers. Some of them, the raising workers, used to break rocks using hammers and the others, the transport workers, 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. Most of the kids never got to see their parents. In return, the workers got a pittance as wages, only to be further eaten by the two unions (INTUC and AITUC) as subscriptions.

In 1977, the workers were aggrieved of an unjust bonus agreement, signed by the two unions with the BSP management. 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 to lead them. 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 the miners of the nearby Danitola quarzite mines. They approached him and he responded to their call. A strong movement to protect the economic rights of the workers was born. The workers won the bonus movement. Next was the movement demanding allowance for house-making. To break the movement, the police arrested Shankar Guha Niyogi at the night 2nd of June, 1977. Workers responded by organizing a protest gherao 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 given their withheld house-making allowances.

In 1979, Kusum Bai, a vice-president of CMSS, tragically lost her life during child birth due to the negligence of doctors and nurses of the local BSP 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 maternity home for themselves, for no mother should die for want of healthcare during child birth.**

This dream started to be turned into a reality in 1979. **Shramik Sangh had adopted a policy, in contrast to the narrow economism of traditional trade unionism, to think and work for the holistic development of workers.** The kind of trade unions we 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 charge-sheets. CMSS started thinking about all these issues in a novel way. In 1979, Shramik Sangh had taken up the policy to work in 17 different departments. Apart from building the worker-peasant joint

* Dr. PB Gun has already been introduced to our readers. Emphases in bold ours - IMS.

front, working towards liberation of oppressed Chhattisgarhi nationality, fighting for women's liberation, and defending a democratic culture, etc. it also **took up the issue of public health.**

The Policy of *Sangharsh aur Nirman*

We usually think of trade unions as the weapon of a movement; so 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 "*Sangharsh aur Nirman* (struggle and construction)"**. 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 works were building and supporting schools, hospital, 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 round Shaheed Hospital can be said to be an experiment. There are many novelties, achievements, and some weaknesses of this experiment. Let us look at them one by one.

Achievements

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 1981 – Dr. Binayak Sen and Dr. Ashish Kundu were the first to come.** Dr. Pabitra Guha joined 4 months later. Dr. Saibal Jana joined 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 hundred elected representatives of workers in 1981. **On 26 January 1982, a small dispensary, Shaheed Dispensary, was started in the garage of the union office.** The work for hospital construction was started besides this dispensary. This was named **Shaheed (Martyrs') 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-storied 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.**

   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 funding means direct or indirect outside control*. Shaheed Hospital,** indeed, **was a programme "by the toilers for the toilers."**
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 public 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 irrational and harmful drugs. In many places in India, movements sprang up favouring rational healthcare – for instance, Drug Action Forum,WB 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 rational therapy campaign.**

4. **The health movement of Rajhara 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 prevention 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 social movement.** To understand this very important point, we can look at an example.

Among the many health-related problems of poor countries, diarrhoeal diseases are extremely prevalent and can often be fatal. **In our country,** for instance, **diarrhoea is the second most fatal disease.** It has been observed that **children who are victims of malnutrition generally suffer from diarrhoea.** Micro-organisms causing the disease basically spread 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. **Diarrhoeal diseases essentially become fatal because of dehydration of the body. The knowledge about the use of a oral rehydrating mixture of salt and sugar in water can enable anyone to prevent and cure the dehydartion.** The **developed countries controlled the occurrence of diarrhoeal diseases only by making clean drinking water available, as also better sewerage system, better housing for the people, clean and fresh food, education, i.e., *through wider social change*.** Many health institutions, usually governmental ones, emphasise curing diarrhoeal diseases only through drugs. Some reformist health institutions, mainly voluntary organisations, suggest drinking boiled water and ORS to take care of diarrhoeal 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.

Let us see how the Rajhara health movement addressed these problems: from the very beginning a campaign about socio-economic reasons and uselessness of drugs in diarrhea was taken up; CMSS had forced the administration to install hand-pumps to ensure availability of drinking water. The **simple truth is that the extent to which these diarrhoeal diseases were controlled was directly correlated with the increasing economic, educational and environmental progress made through incessant struggles by the workers in Rajhara.**

5. The activists of Rajhara health movement look at their programme in the following manner:

(a) **Shaheed Hospital is a 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 workers' union when it was not administering un-necessary vitamin, calcium, etc., and injections. In this region people had a fetish for injections. By propagating home-made remedies in place of irrational drugs, for example, drugs for diarrhoeal 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 essential drugs were used in this hospital. Only rational fixed dose combinations were used. **Instead of using brand names of medicines, generic names were used.**

(b) **Shaheed Hospital is a medium of peoples' education: This health programme also carried out work of peoples' 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 shows, wall magazines, and health related booklets of '*Lok Swasthya Shiksha Mala* (public health education series)' were used.

Peoples' education basically used to be centered round 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 peoples' consciousness, so that instead of being dependent on others, they solve their small problems on their own, and

(iv) making people aware of the plunder and exploitation of the national-multinational drug companies.

An important part of the work of education was the **training of health workers.** The first group 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 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 flagged 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 179 hand-pumps in Rajahara and its adjoining regions in 1989.

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 goverment to establish one primary health centre in Dalli-Rajhara and seven primary health centers in Dondi-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-Rajhara 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. Dalli-Rajhara 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 surface.** Sometimes

the behavior 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 could fight this tendency.

(c) All salaried staff of the hospital were from worker-peasant families. While selecting them, their faith in the ideals of Chhattisgarh Mukti Morcha was 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 issues. This could also be tackled through participation in organizational work, apart from healthcare work.

(d) **In the running of the hospital, a contradiction between democracy and centralism went on.** The decision making committee consists of all doctors and other health workers, where are all equally capable. Here tendencies like following individual whims, not caring about operational directives, had been observed. In contrast to this tendency, sometimes frustrating levels of over-centralism was also seen. Despite all this, this health movement had 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 28 September 1991, Shankar Guha Niyogi was martyred during Bhilai workers movement. The organization 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 the organization. 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 footsteps of the Shaheed Hospital, Belur Shramjibi Hospital, Shramik-Krishak Maitri Swasthya Kendra- Chengail and Shramjibi Swasthya Udyog, Janseva Clinic-Kamarhati and Dr. Bhaskar Rao Janaswasthya Committee, Suderban Shramjibi Hospital- Sarberia 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, especially Shramajibi Swasthya Udyog, **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 training activists of mass organizations as health workers.

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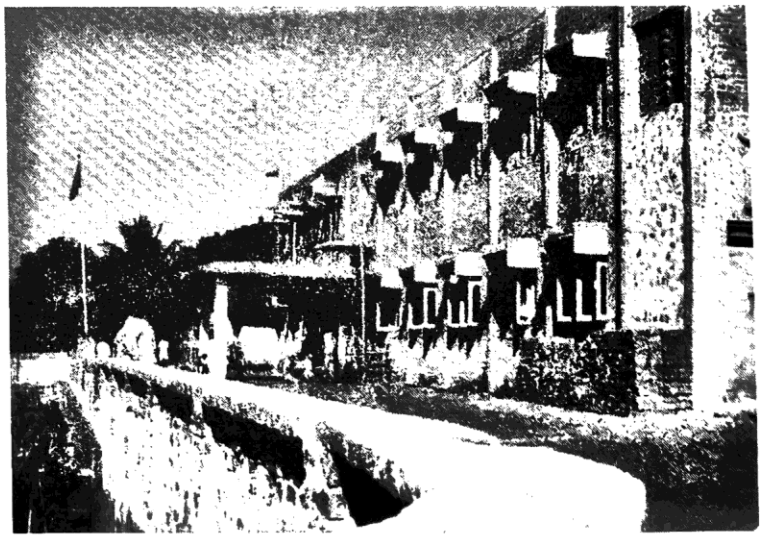

Shaheed Hospital, Dalli-Rajhara, built up entirely by contributions from the workers of Chattisgarh Mukti Morcha