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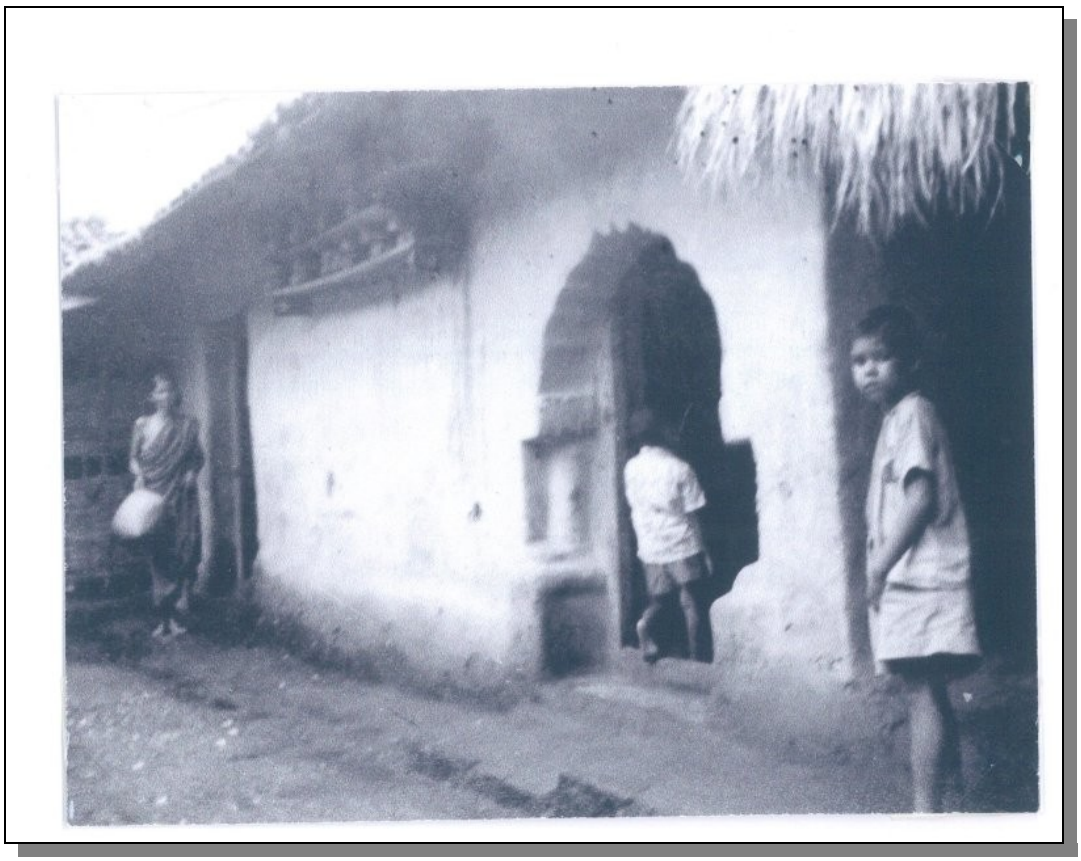
International Archives

SCI Long Term Project in Hatibari Leprosy Colony (India) 1961-1966

Archives Documentation



compiled by Philipp Rodriguez 06.April 2008

Background

Hatibari leprosy colony was in the 1960s a home for about 250 leprosy patients from Orissa which got medical care and social assistance. In 1961 two SCI volunteers went to Hatibari for a survey about possible volunteer activities. In the following years long term volunteers carried various projects to improve the medical, economical and social situation in the colony:

- reclaiming land for cultivation
- build up and improving workshops like shoe making
- introducing and improving therapy
- teaching in local village nearby Hatibari

From 1961 till 1966 the assistance given by the volunteers catalysed improvements in cooperation with the staff in the colony with new concepts and by lessening the common stigma in the surrounding villages.

Resources in SCI Archives

32401 SCI Sri Lanka (1959 - 1971)

32401.1 Origin, Constitution, Minutes of Annual General Assemblies and Committee Meetings, Reports, Financial statements. (1959 - 1971)

32401.2 Correspondence. (1959 - 1971)

20000 SCI Services

20612.1 India [...] (1961)

20633.2 India [...] (1963)

20641.2 India [...] (1964)

20651.1 India [...] (1965)

60503 Photos in India (1956 - 1990)

60503.2 Hatibari 1966

Photos

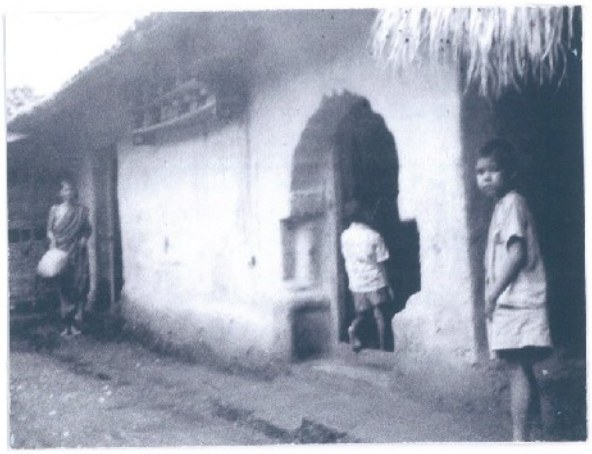


Photo 1: Farm Entrance (1966)

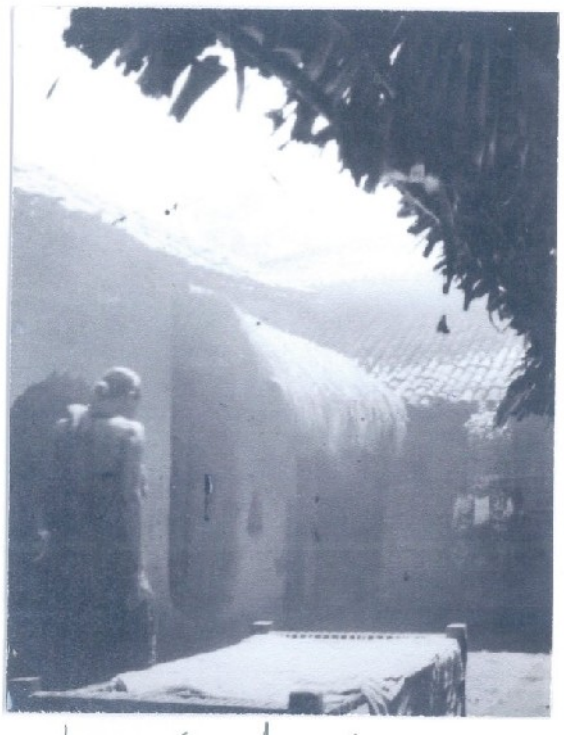


Photo 2: Farm court (1966)

Photo 3: Country house (1966)

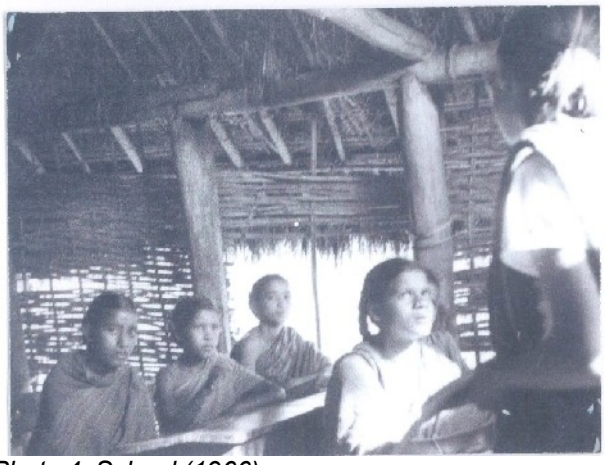


Photo 4: School (1966)

Photo 5: Jeep of Dr.Roy

Photo 6: Hatibari Music Club (1966)

Photo 7: Theatre club

Photo 8: Theatre Club

Documents

About Hatibari Project, from Hans Kammerer, SCI Volunteer 1961

Dr. Issac Santra, a leprosy specialist from Sambalpur, has fouded the leprosy centre here about 10 years back. The place, a territory of 560 acres was chosen by the doctor and was given by the Gouvernement of Orissa State for the purpose of a leprosy centre. It is the bigest area for a institution of this kind in whole India. First the doctor has built with his patients the "Health Home", a clinic where he treats the patients. Attached to this clinic are two wards, akind of little hospital. The doctor started also to build houses for the patients and the staff. All together there are now 56 buildings, among them two, where he established some crafts, blacksmith, carpenters, weaving. All this houses are not build together like a village but they are distributed over the whole area, wich makes communication slow and difficulte. There are also 4 wells for drinkingwater and irrigation. 2 big tanks are also build for irrigation of the reclaimed land. 50 acres have been reclaimed so far. Beside the big tanks, some little one's have been built in the last years. For cultivation of the land, the doctor bought 10 pairs of bullocks. They cultivate the fields in Hatibari after the same methods like they do in the villages, with wooden ploughs.

The leprosy colony did not give me a very good impression, when I saw it for the first time. The clinic was dirty, in and outside the house and many of the other houses loock in this way. Many of the houses are ~~writ~~ in bad condition and need to be repaired.

Now I'm allready here fore some weeks. In this time I got the following opinion about the institution here: First, I think we have to see it from the medical point of view and secondly from the economical point of view.

The medical side: At the moment there are about 200 patients under treatment. I think this is a little number when we think about the thousends of lepers in the area around. I think the institution should start to give training to rural leprosy workers who sta afterwards in the villages and check up all the leprosy cases and treat them. Only if they have a survey over the whole area, and if they treat all cases, even does who can not pay for the treatment, only than it will be possible to eradicate the disease from the aera. Dr. Santra has allready trained 23 rural leprosy workers, but after finishing the training, they work in there village without connection to the institution here and without any advice from a doctor. They give the treatment for money wich is there income. In this way there is now survey and now centre wich organises the fight against the disease. I'm sure that the Indian Gouvernement will give

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financial help to carry out a scheme as mentioned above, because they are interessted in eradication of leprosy. To work in this way, there must naturally be more medical personal, more doctors. Dr. Santra told me that since a long time the Gouvernement of Orissa promised to send him a doctor.and nowbody came till now. I think Dr. Santra has to ask for money to carry out such a medical scheme, a centre with a good number of leprosy workers in the villages. It will be easyer to get money and then to find the doctors himself.

The economical side: The way how the whole colony has been build so far, seems to me very unefficient. All the housses are distributed over the big area. The roads are during the rains very bad and due to the distances and the roads, communication and organisation of the whole colony is difficulte. Also it will be very colstly to improve the conveniences. water, electricity etc. For many houses the well is to far away. I think in future there should be a scheme, to build the new houses for the patients all near the clinic, so that this place may become the medical centre of the colony. The houses of the staff have been build together allready. Between this two settlements it would be logical to have a community centre, a building for meetings, commun prayers etc. The houses allready build far away should be occupaid only by cured patients who like to stay at the colony. Them should be given some land for cultivation.

Agriculture: I agree with Johannes Glauche, that Hatibari should be a kind of model farm where the villages around could come and learn better methods. But now still the opposite is the case. I think Hatibari can learn a lot from the villages in agriculture. For instance, the fields are kept better and nicer in the villages I saw. I think the agricultur- side can only be improved here properly with the help of a paid agriculturist, who leads the work and takes the responsibility over this work. Now Dr. Santra is doing everything himself, the clinic, the agriculture, the shopping buissness etc. I think it is just impossible that one person can run such a big institution without the help and the responsibility of some coworkers. It is very important now, that Dr. Santra starts now to divide the work and give some responsibility to other people, specially also, because he likes to retire in one and a half year.

The work to be done:

Repairing houses, clean around the houses and digging pits for the waste and manure pits for the kitchen waste stuff.

There are some houses to be finished, specially the childrens home, then it will be possible to separate the children from the patients.

When improving acriculture, irrigation, gardening, poultry, wells,

Document No.1 Hans Kammerer: About Hatibari Project, Volunteer Report (1961) page 2

land reclamation etc.

What the SCI volunteers can do: Naturally all the work mentioned above. But since we are only a little group and there is work at Hatibari for years, I think we have to limit our work and to do the most important work. This may be digging more channels along the fields. In September when we have the camp with 15 volunteers we shall build a big dam for a new tank for better irrigation. With this tank also the channels to the fields have to be done. After information by the Quakers in Barpali we would like to open a poultryfarm here. If Dr. Santra agrees to send two of his own people for training in this matter to Barpali, we shall help them afterwards to build the poultry.

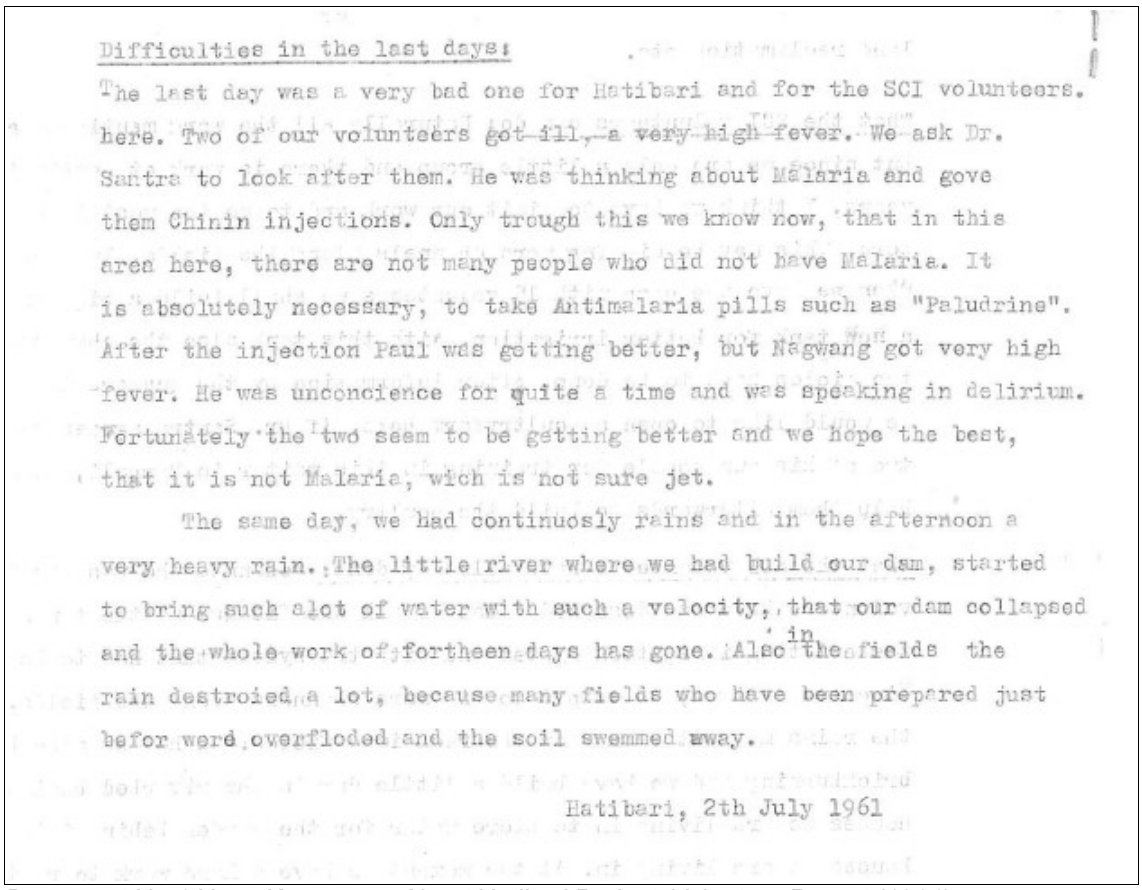
What the SCI volunteers have allready done: Johannes who was the first volunteer here has designed a map of all the fields and the tanks with the existing irrigation system and with the system that has to be built. Since we arrived, we helped to dig more channels along the fields, that the rains may not wash away the reclaimed fields. We helped also by the brickburning and we have build a little dam in the riverbed beside this houses we are living in to store water for the garden behind this two houses we are living in. At the moment we have a hard work to root out this plot of land and to make a garden out of it.

Something about the living conditions of the SCI volunteers: We are living in two new built houses and now they are arranged quite well, since the daugther of Dr. Santra came here to work with us during her holydays. Hatibari is a place in the jungle. During the rainysaison now, we have to take care a little about scorpions and also there are some mosquitos. The water for drinking we have to bring from a well about 500 yards away. Because this well is a open one, we have also to cook the water wich is the best way to be sure. Reis, dal, eggs, patatoes we can get from a shop in the village. The vegetables we have to buy from Sambalpur. Transportation to Sambalpur by bus or with Dr. Santras car, when it is working. By bus somtimes difficulties about space. The climat during the dry saison can by very hot (over 100 F) . Now it the rainy-saison the temperature is among 80 degrees.

There is work to do for years at Hatibari. But I think the most valuable thing is, if we could convince Dr. Santra to reorganise the whole institution from the top, in the way that he tools to get trained people for all the different jobs, people who will lead the work and will be responsible for the work in there part. In this way the institution will progress and the problems can be solved.

Hatibari, 30th June 1961

Document No.1 Hans Kammerer: About Hatibari Project, Volunteer Report (1961) page 3



Difficulties in the last days:

The last day was a very bad one for Hatibari and for the SCI volunteers. here. Two of our volunteers got ill, a very high fever. We ask Dr. Santra to look after them. He was thinking about Malaria and gove them Chinin injections. Only trough this we know now, that in this aren here, there are not many people who did not have Malaria. It is absolutely necessary, to take Antimalaria pills such as "Paludrine". After the injection Paul was getting better, but Nagwang got very high fever. He was unconcience for quite a time and was speaking in delirium. Fortunately the two seem to be getting better and we hope the best, that it is not Malaria, wich is not sure jet.

The same day, we had continuosly rains and in the afternoon a very heavy rain. The little river where we had build our dam, started to bring such alot of water with such a velocity, that our dam collapsed and the whole work of fortheen days has gone. Also in the fields the rain destroied a lot, because many fields who have been prepared just befor werd overfloded and the soil swemmed away.

Hatibari, 2th July 1961

Document No.1 Hans Kammerer: About Hatibari Project, Volunteer Report (1961) page 4

CIVIL INTERNATIONAL PAX INDIA

SERVICE CIVIL INTERNATIONAL—INDIA

(Consultative Status with the UNESCO)

SECRETARIATS :— *International* 7, Gartenhof Str. Zurich, Switzerland. *European* 77, Bd. Jean Jaures Clichy, Seine, France. *Asian* 64, Rohtak Road, New Delhi - 5.

RAJKUMARI AMRIT KAUR
n : B. N. BANERJEE
r : M. MUJEEB
l Secretary : A. PETERS

2, East Park Road,
NEW DELHI-5.

Nov. - Dec. 1961 2.

Report on my visit to Hatibari

This time my visit to Hatibari was not inspiring to me. When I went there, it was raining so much. The patients' condition was terrible in those delapidated houses. I heard a female patient has recently died due to no treatment. I had lots of discussions with the volunteers at night. Their main problems were :-
a) No definite plan of work b) Complete non-cooperation by the sponsor c) Value of SCI Service was not appreciated.

The Campers were very sick and dissatisfied withthe day to day behavious of the sponsor and they wanted to close the camp as soon as possible.

I had a talk with Dr. Santra, where he showed no interest at all and rather began to abuse the campers. He wanted that the campers will do according to his will and wish and contribute most of their time for his leper home without having proper food and rest. Idiologically and from practical point of view there was lot of difference with the campers and he became more and more non-cooperative. Then we decided to have a joint meeting, the minutes of which has been attached here.

To me it seems that there is lot of work to be done but nothing constructive work is possible till he is there as the overall incharge of the colony. He is not popular in his own locality and so no one come forward to help him and the campers. He behaves like a feudal king and treat the patients as slaves and give them very low wage, and bad treatment. So those patients who have no place to go, they stay there. He does not feel the necessity of voluntary work and so he treats the volunteers as his subjects. He has nothing planned programme there and that spoils quite a lot of money and energy.

The money which he spend for SCI volunteers for the first one and a half month is not acceptable. He told us to help with one person voluntarily, but charged at a very higher rate for two servants for 5 SCI volunteers- which never happens in any of our camp. He spend a lot of money towards the maintenance and travel without our notice. So the account which he showed to us is not properly kept. Then he used to give a lum sum to our volunteers per month and they have kept the account which I am going to show it to you.

Again I am so sorry to inform you that though there is lot of scope for SCI work in Hatibari but the non-cooperative nature of the sponsor has compelled us to stop our activities there for the time being, but if any time the condition improves, then we will be loved to take up the project again because there is lot of potentiality among the lepers friends there to do self- help to make them better for the days to come.

Sushil Bhattacharjee
National Secretary SCI India

Document No.2 Sushil Bhattacharjee (SCI India): Report about my visit in Hatibari (1961)

SERVICE CIVIL INTERNATIONAL—INDIA

(Consultative Status with the UNESCO)

SECRETARIATS:— International 7, Gartenhof Str. Zurich, Switzerland. European 77, Bd. Jean Jaures Clichy, Seine, France. Asian 64, Rohtak Road, New Delhi-5.

RAJKUMARI AMRIT KAUR
man : B. N. BANERJEE
urer : M. MUJEEB
onal Secretary : A. PETERS

2, East Park Road, NEW DELHI-5.

The situation at Hatibari when I left the project, 6th. Sept. 1961, and my opinion about it. Hans Kammerer - SCI volunteer.

Dufing the period from 15th, May till now continuously 4-5 volunteers have been working in the project.

About the volunteers work

1 Manual work - Helping the patients by brickmaking. For some time ploughing the fields together with the patients. Then building ridges and channels under lead of Dr. Santra. Building a dam in a riverbed, a work which was started by Dr. Santra and finished by the volunteers(During heavy rains, the dam broke and was washed away). Digging a big channel together with 6 patients to protect 5 fields, after the idea of the volunteers. Reclaiming and preparing a plot of land behind the houses where we are liging in, for a vegetable garder Lebellling and preparing land for a vegetable garden. 30x30 yards, for the tpatiens and building a fence around it with the help of the patiens.

2. Organisational work and affangement made by the volunteers. We arranged for the doctor to get rice crops from Barpali (He did not havr enough and could not get any in the area of Sambalpore). I got a good variety of vegetable seeds from Switzerland for the gardens of the institutions. A. K. Sahu, an other volunteer, arranged to get vegetable seeds from Barpali, as much as to cover one acre. He himself a Block developement officer, contacted the local BDO who is responsible for Hatibari and arranged that htings in this direction are moving forward. He helpt the doctor to get several thousands of littel fishes to put into the tank. within a year they will grove to a big size and give valuable food. We arranged an oppurtunit for the lepers colony to send two people to the Government poultry farm at Barpali to learn efficent poultry farming. (This oppurtunity was not taken up the by the doctor). We contacte missionaries and the principal of the college at Sambalpore to get local volunteers and to create good will towards the lepers colony. We contacted planned and by accident several government and private personalities and informed them about the situation, the work and the difficulties at Hatibari. Trough the American Friends Society at Barpali we arranged a contact with a personality of a weavers cooperation who is ready to give advise and help the weavers at Hatibari.

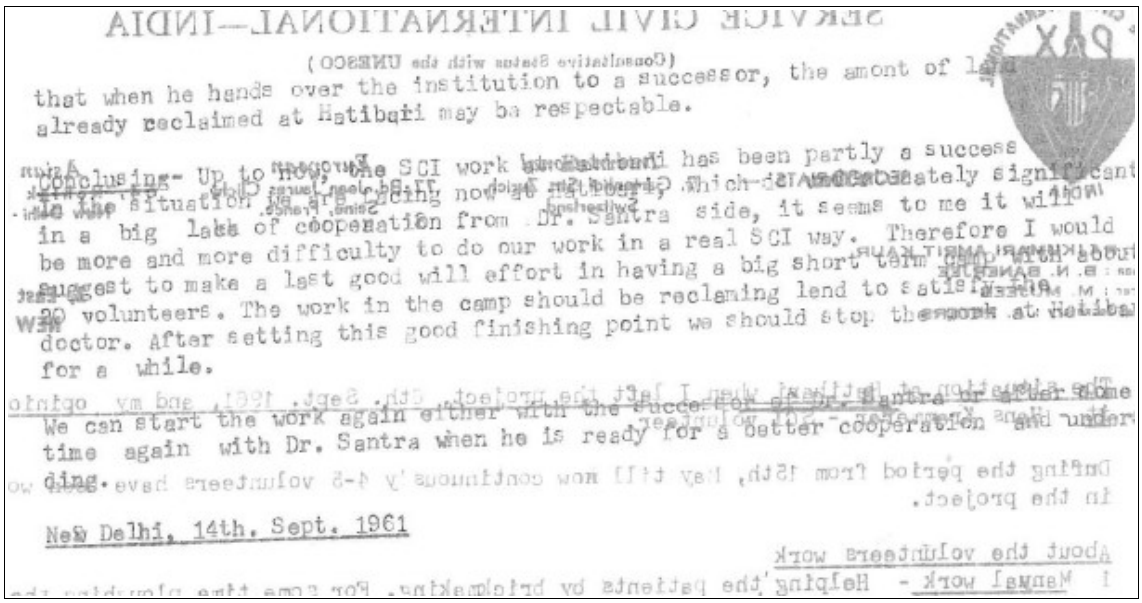
About Dr. Sabtra

Dr. Santra is not satisfied with the work, specially the manual work, doneb y the volunteers. His arguments are ,that the patients are working more than the volunteers. The volunteers are working 6 days a week and 6 hours a day. The patients work 7 days a week and 10 hours a day. We made several efforts to get into a good cooperation with Dr. Santra which seems to us very essential. We discussed several times some of the problems and the work with him and it was possible to come to an agreement . But while trying to put the theories into practive, he did not keep this agreement we made and did not cooperate with us and was usually not ready to solve the problem in a democratic way. So we can say there is a great lack of cooperation. That is the maindifficulties we are facing in Hatibari.

Dr. Santra is a very self centred man. He is grow n up in the age of colonialism and work still in this manner and has not yet found the way to democratic and cooperative method.

Dr. Santra told us, that he willretire in one year. His idea about the work is therefore to reclaim as much land as possible in this year, tha

Document No.3 Hans Kammerer: The situation at Hatibari when I left the project ... (1961) page 1



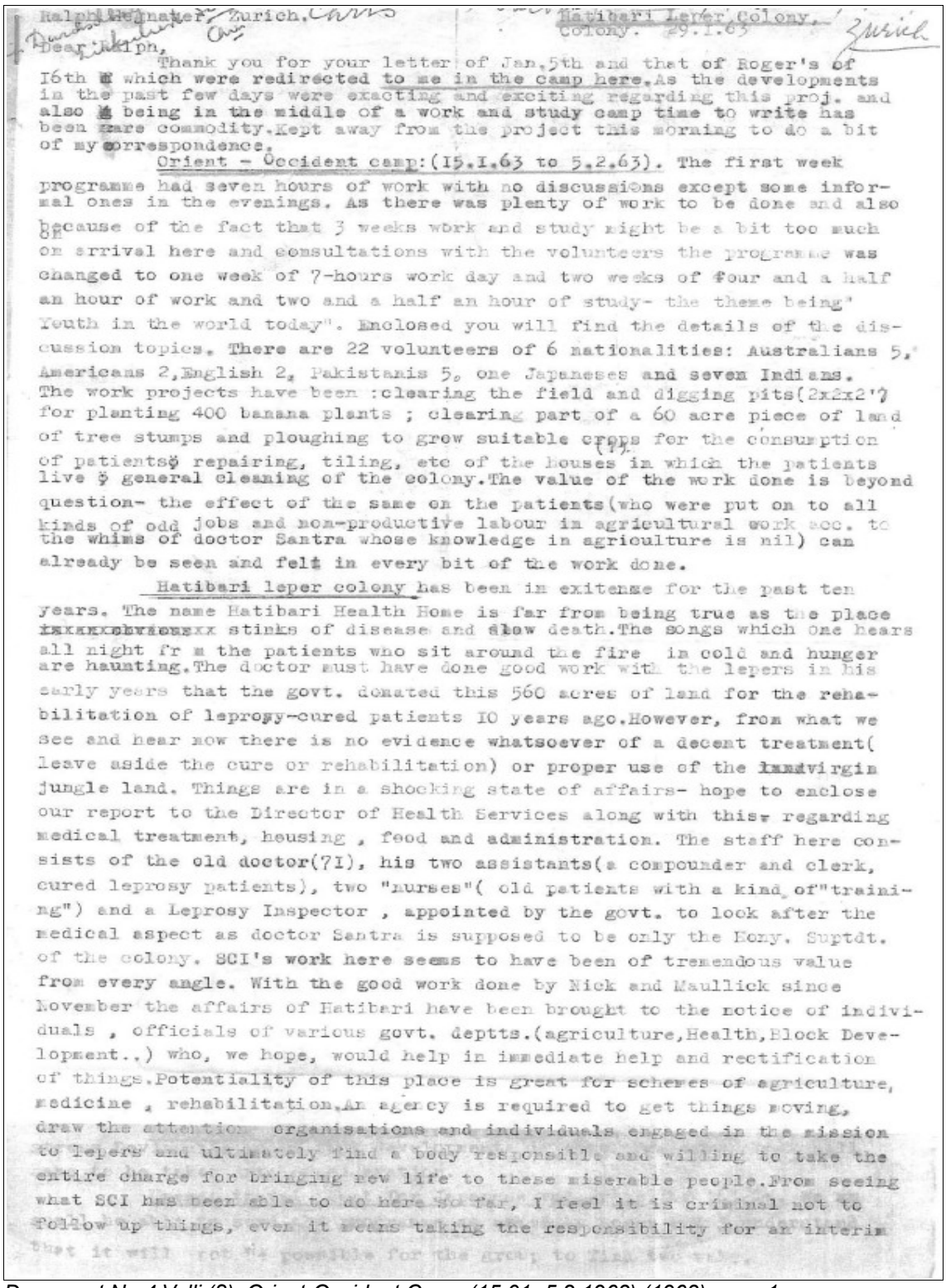
that when he hands over the institution to a successor, the amont of land already reclaimed at Hatibari may be respectable.

Concluding- Up to now, the SCI work in Hatibari has been partly a success in a big lack of cooperation from Dr. Santra side, it seems to me it will be more and more difficulty to do our work in a real SCI way. Therefore I would suggest to make a last good will effort in having a big short term work camp with about 20 volunteers. The work in the camp should be reclaming land to satisfy the doctor. After setting this good finishing point we should stop the work at Hatibari for a while.

We can start the work again either with the successor of Dr. Santra or after some time again with Dr. Santra when he is ready for a better cooperation and understanding.

New Delhi, 14th. Sept. 1961

Document No.3 Hans Kammerer: The situation at Hatibari when I left the project ... (1961) page 2



Ralph Wegnater, Zurich.

Hatibari Leper Colony.
Colony. 29.1.63

Zurich

Dear Ralph,

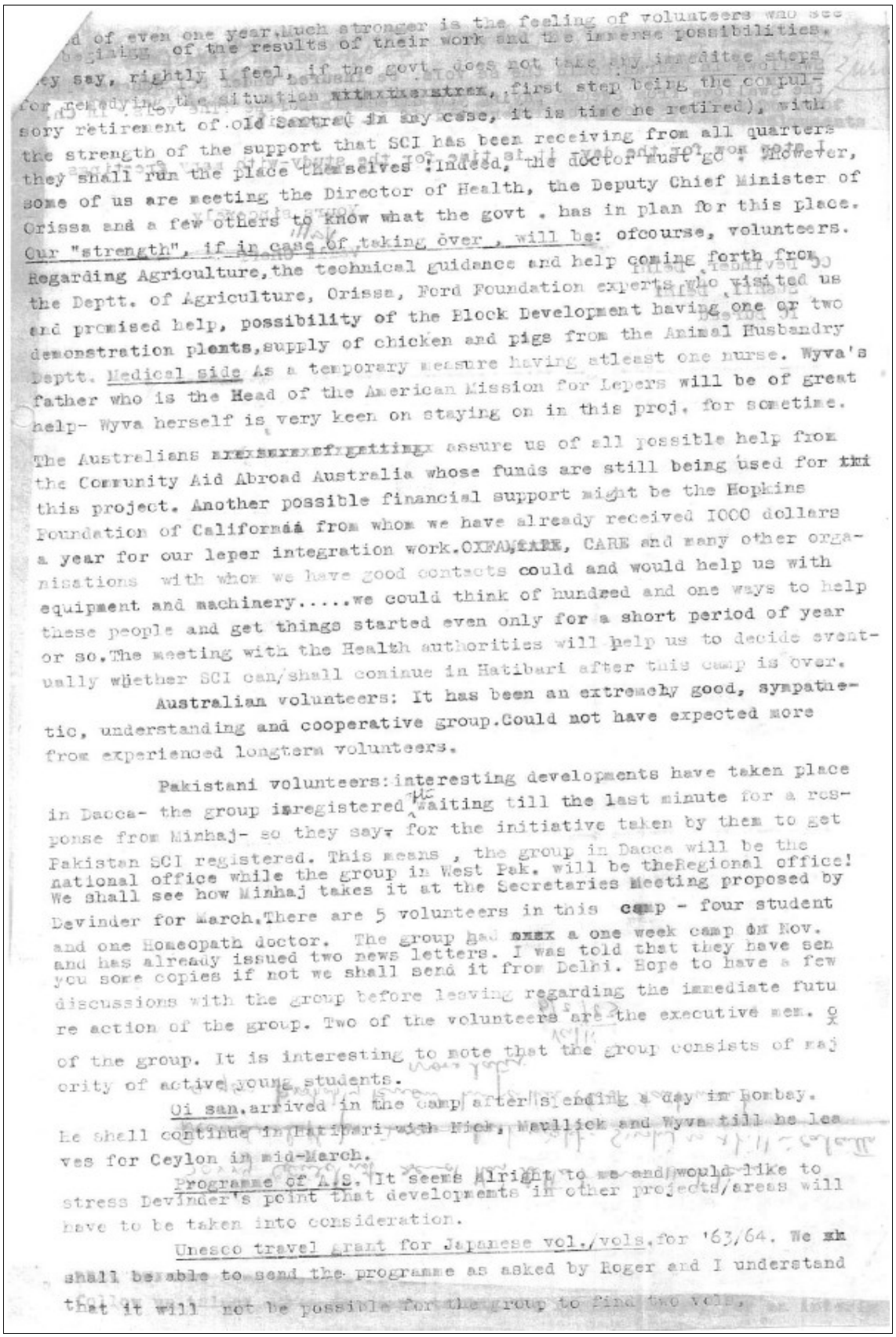
Thank you for your letter of Jan.5th and that of Roger's of I6th which were redirected to me in the camp here. As the developments in the past few days were exacting and exciting regarding this proj. and also being in the middle of a work and study camp time to write has been rare commodity. Kept away from the project this morning to do a bit of my correspondence.

Orient - Occident camp: (15.1.63 to 5.2.63). The first week programme had seven hours of work with no discussions except some informal ones in the evenings. As there was plenty of work to be done and also because of the fact that 3 weeks work and study might be a bit too much on arrival here and consultations with the volunteers the programme was changed to one week of 7-hours work day and two weeks of four and a half an hour of work and two and a half an hour of study- the theme being 'Youth in the world today". Enclosed you will find the details of the discussion topics. There are 22 volunteers of 6 nationalities: Australians 5, Americans 2, English 2, Pakistanis 5, one Japaneses and seven Indians. The work projects have been :clearing the field and digging pits(2x2x2') for planting 400 banana plants ; clearing part of a 60 acre piece of land of tree stumps and ploughing to grow suitable crops for the consumption of patients, repairing, tiling, etc of the houses in which the patients live & general cleaning of the colony. The value of the work done is beyond question- the effect of the same on the patients(who were put on to all kinds of odd jobs and non-productive labour in agricultural work acc. to the whims of doctor Santra whose knowledge in agriculture is nil) can already be seen and felt in every bit of the work done.

(1).

Hatibari leper colony has been in exitenge for the past ten years. The name Hatibari Health Home is far from being true as the place stinks of disease and slow death. The songs which one hears all night fr m the patients who sit around the fire in cold and hunger are haunting. The doctor must have done good work with the lepers in his early years that the govt. donated this 560 acres of land for the rehabilitation of leprosy-cured patients IO years ago. However, from what we see and hear now there is no evidence whatsoever of a decent treatment(leave aside the cure or rehabilitation) or proper use of the virgin jungle land. Things are in a shocking state of affairs- hope to enclose our report to the Director of Health Services along with this regarding medical treatment, housing , food and administration. The staff here consists of the old doctor(7I), his two assistants(a compounder and clerk, cured leprosy patients), two "nurses"(old patients with a kind of"training") and a Leprosy Inspector , appointed by the govt. to look after the medical aspect as doctor Santra is supposed to be only the Hony. Suptdt. of the colony. SCI's work here seems to have been of tremendous value from every angle. With the good work done by Nick and Maullick since November the affairs of Hatibari have been brought to the notice of individuals , officials of various govt. deptts.(agriculture, Health, Block Development..) who, we hope, would help in immediate help and rectification of things. Potentiality of this place is great for schemes of agriculture, medicine , rehabilitation. An agency is required to get things moving, draw the attention organisations and individuals engaged in the mission to lepers and ultimately find a body responsible and willing to take the entire charge for bringing new life to these miserable people. From seeing what SCI has been able to do here so far, I feel it is criminal not to follow up things, even it means taking the responsibility for an interim

Document No.4 Valli (?): Orient-Occident Camp (15.01.-5.2.1963) (1963) page 1



d of even one year. Much stronger is the feeling of volunteers who see beginning of the results of their work and the immense possibilities. ey say, rightly I feel, if the govt. does not take any immediate steps for remedying the situation ~~xxxxxxxxxxx~~, first step being the compulsory retirement of old Sarpas (in any case, it is time he retired), with the strength of the support that SCI has been receiving from all quarters they shall run the place themselves ! Indeed, the doctor must go ! However, some of us are meeting the Director of Health, the Deputy Chief Minister of Orissa and a few others to know what the govt . has in plan for this place. Our "strength", if in case of taking over , will be: ofcourse, volunteers. Regarding Agriculture, the technical guidance and help coming forth from the Deptt. of Agriculture, Orissa, Ford Foundation experts who visited us and promised help, possibility of the Block Development having one or two demonstration plants, supply of chicken and pigs from the Animal Husbandry Deptt. Medical side As a temporary measure having atleast one nurse. Wyva's father who is the Head of the American Mission for Lepers will be of great help- Wyva herself is very keen on staying on in this proj. for sometime.

The Australians ~~xxxxxxxxxxx~~ assure us of all possible help from the Community Aid Abroad Australia whose funds are still being used for ~~thi~~ this project. Another possible financial support might be the Hopkins Foundation of California from whom we have already received 1000 dollars a year for our leper integration work. OXFAM, ~~xxx~~, CARE and many other organisations with whom we have good contacts could and would help us with equipment and machinery.....we could think of hundred and one ways to help these people and get things started even only for a short period of year or so. The meeting with the Health authorities will help us to decide eventually whether SCI can/shall continue in Hatibari after this camp is over.

Australian volunteers: It has been an extremely good, sympathetic, understanding and cooperative group. Could not have expected more from experienced longterm volunteers.

Pakistani volunteers: interesting developments have taken place in Dacca- the group ~~is~~registered ~~xxxxxxxxxxx~~ waiting till the last minute for a response from Minhaj- so they say- for the initiative taken by them to get Pakistan SCI registered. This means , the group in Dacca will be the national office while the group in West Pak. will be the Regional office! We shall see how Minhaj takes it at the Secretaries Meeting proposed by Devinder for March. There are 5 volunteers in this camp - four student and one Homeopath doctor. The group had ~~xxxx~~ a one week camp in Nov. and has already issued two news letters. I was told that they have sen you some copies if not we shall send it from Delhi. Hope to have a few discussions with the group before leaving regarding the immediate futu re action of the group. Two of the volunteers are the executive mem. of the group. It is interesting to note that the group consists of maj ority of active young students.

Oi san, arrived in the camp after spending a day in bombay. He shall continue in Haripari with Rick, Mallick and Wyva till he lea ves for Ceylon in mid-March.

Programme of A.S. It seems alright to us and would like to stress Devinder's point that developments in other projects/areas will have to be taken into consideration.

Unesco travel grant for Japanese vol./vols. for '63/64. We ~~xx~~ shall be able to send the programme as asked by Roger and I understand that it will not be possible for the group to find two vols.

Document No.4 Valli (?): Orient-Occident Camp (15.01.-5.2.1963) (1963) page 2

SCI INDIA LONG TERM PROJECT AT HATIBARI HEALTH HOME, ORISSA

Introduction - Hatibari health home is home for about 250 leprocy patients mostly from Orissa. Most of them are non paying patients, who stay in the colony and get medical care free but those who can work (8 hours a day) can get food. Those who are paid pa tients they take their food in a hotel run by private people a nd get trea tment by paying Rs. 30 per month to the Superintendant. All these inhabitants live in primitive conditions in a 520 acre jungle land, a portion of which has been cleared by the inhabitants. The patients came and started cleaning the jungles for their habitation. Money and materials came from the Govt. of Orissa and Govt. of India, Central Sovial Welfare Board, Hind Kusth Nivaran Sangh, Mission to Lepe rs, National Christian Council and so on. The Dr. started his clinic withsome assistnats and two nurses. Gradually more help came and the staff also became big some of the cured patients used tohelp in the agricultural supervision work and also in the clinic,

HOW SCI ENTERED IN THE SCENE - April I, 1961, was the day when we we got some grant through the good offices of Pierre opliger from the Community Aid Abroad, Australia. We send a team of SCI volunteers who stayed there for six months and build a 6x25 dam to check the erosion of the soil, reclaimed 5 acres of land, did agricultural work in the clear areas, started vegetable gardening, repairing of huts and so on. They had also occaisonal visits frm the patients and they organised recreation programmes and won the heart of the patients. Dr. Santra assured all help at the begining but slowly created obstructions in our wokk, by changing projects too frequently, withdrawing the patients with whom we worked and in the long run it became physically impossible for the volunteers to stay on there. So we had to close down the project knowing quite well the scopes of our work there.

WHAT WE EXPERIENCED OUT OF IT - a) the amount of work we can do among the leprocy patients in the integration work. b) the various drawbacks of the administration and their unplanned action for the development of the colony. c) we determined to go back to Hatibari to bring into notice of others for the overall development of th e colony and its administration. d) we decided to carry on our activities in the medical and agricultural field taking specific projects with a small team of technically skilled and non skilled volunteers.

SECOND PHASE OF OUR WORK - a) We send an advanced party which surveyed the wh[illegible] agricultural area and made a plan for the development of agriculture there which will lead to self sufficiency of the patients. This plan shows the various types of soil there and gives direction of planting different kind of crops and also shows the rriga-tion plan for implementiation of the project. b) The volunteers also dug latrines to prevent unhyginic conditions of the colony and to save the patients from infectio[illegible] of the ulsers. The patients are used in going to the jungles but gradually they are ahnaging their habits. c) A few houses (I00 x 50) ha d been retiled as well as well as mud plastered. d) re arrangement of the clinic had been done . The patients get their treatment now in the clinci, before they were getting it on the field in he most unhyginic conditions. Re arrangement of the ward with IO beds had been done. The dstilling apparatus had been mended and the Dr. had transfered the key to ofhe the stwe to our nurse

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continued .....two.

used during the khariff season. f) Fileds had been cultivated and prepared ready f or groundnute(IO acres), papayas (IO acres) , Vegetables(I3 acres). I5o plantains had been already planted and 300 more would be planted in future. 3 more acres of laand would be cultivated for vegetable gardening. g) feeding programmes with 5 hungry patients were started and now the number s has come to I4. h) We have already conacted the government and other officials to rectify the pa st inefficiency and now the govt. has taken keen interest in our work and on hatbari project on the whle. Dr - Santra has retired and the govt- has hand over the responsibility to run the institution on the Hind Kusth Nivaran Sangh, which is a semi governmental organisation in Orissa.

OUR TEAM OF VOLUNTEERS - The project ha s been started this time by Nichlas Bond (English) -geography student and Soumendrakishore Moulik (India), Engineer and Town and country planner. These volunteers stayed on for 6 weeks andthen to assist them in their planned programme we send Miss Wyva Hazelbla d(American), Sociologist and Valeri Hagger (British) Nurse and also later on Mitsoe Oi (japanese) - Agriculturist We had a short term camp during the last January and February and we send 5 Australian volunteers from the Community Aid Abroad, 5 Pakistanis from SCI E. Pakistan, and one Indian Animal husbundary expart. We will be sending soon an architect, nurse an d some other volunteers to assist the present team of volunteers in their work.

FUTURE OF T IS PROJECT - The way Hatibari is going on these days and the amount of coopera tion we are getting from the different sources, it will be one of our biggest long term project ever run by SCI in this part of the world. This project will not only help in the improvement of the habitants ofthe colony but at the same time it will develop the community as such. We are also trying to open up our activities in the local village by initiating medical and self help work.

WHAT WE NEED - We need urgently the following things to cope with our present plan of work in Hatibari.

a) Medicine for running the clinic in the project.

b) Money for the maintenance of the volunteers. We need Rs. 200 per month.

c) Long term volunteers having some knowledge in agriculture , nursing and youth work.

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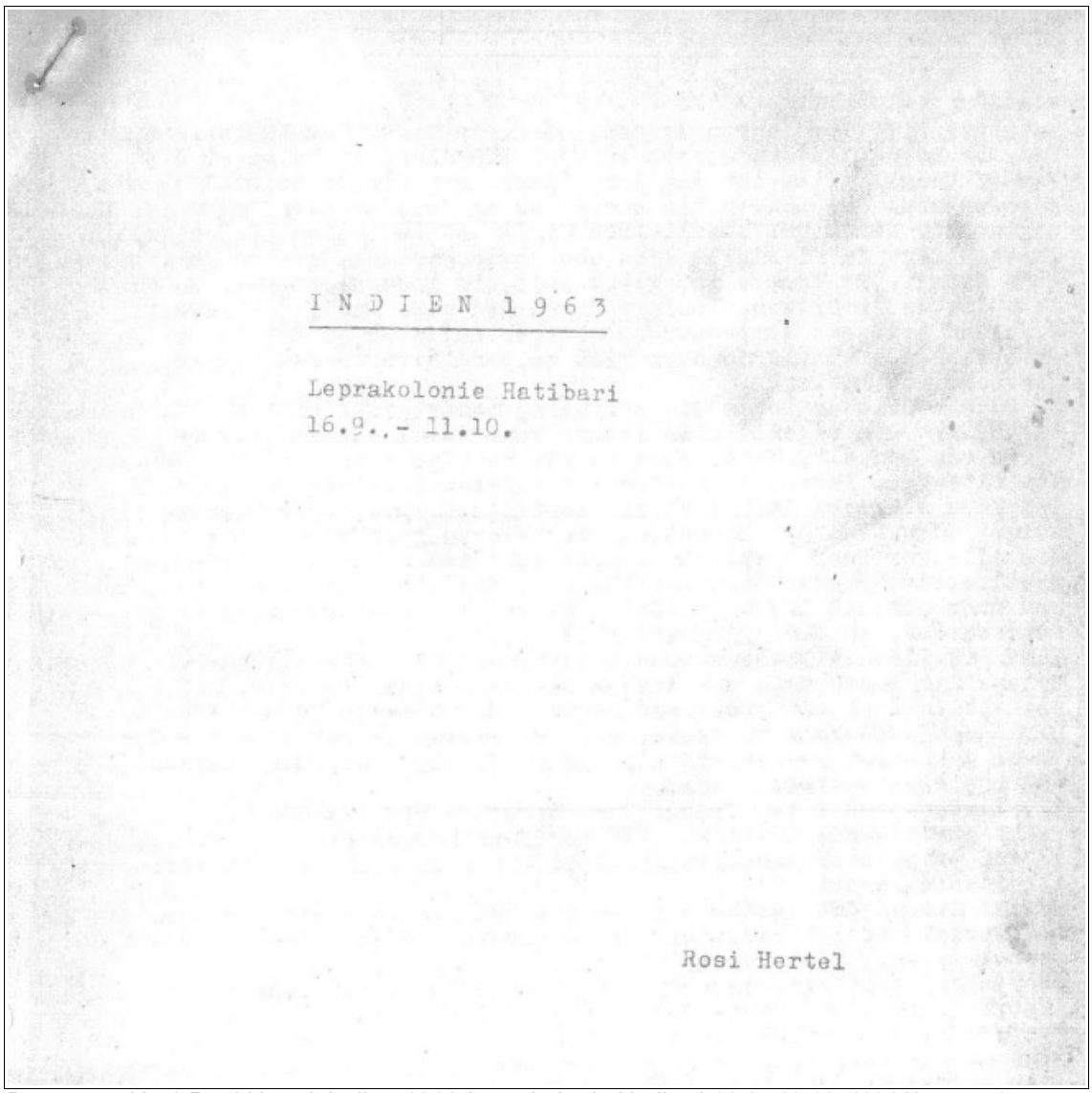
I N D I E N 1 9 6 3

Leprakolonie Hatibari
16.9.- 11.10.

Rosi Hertel

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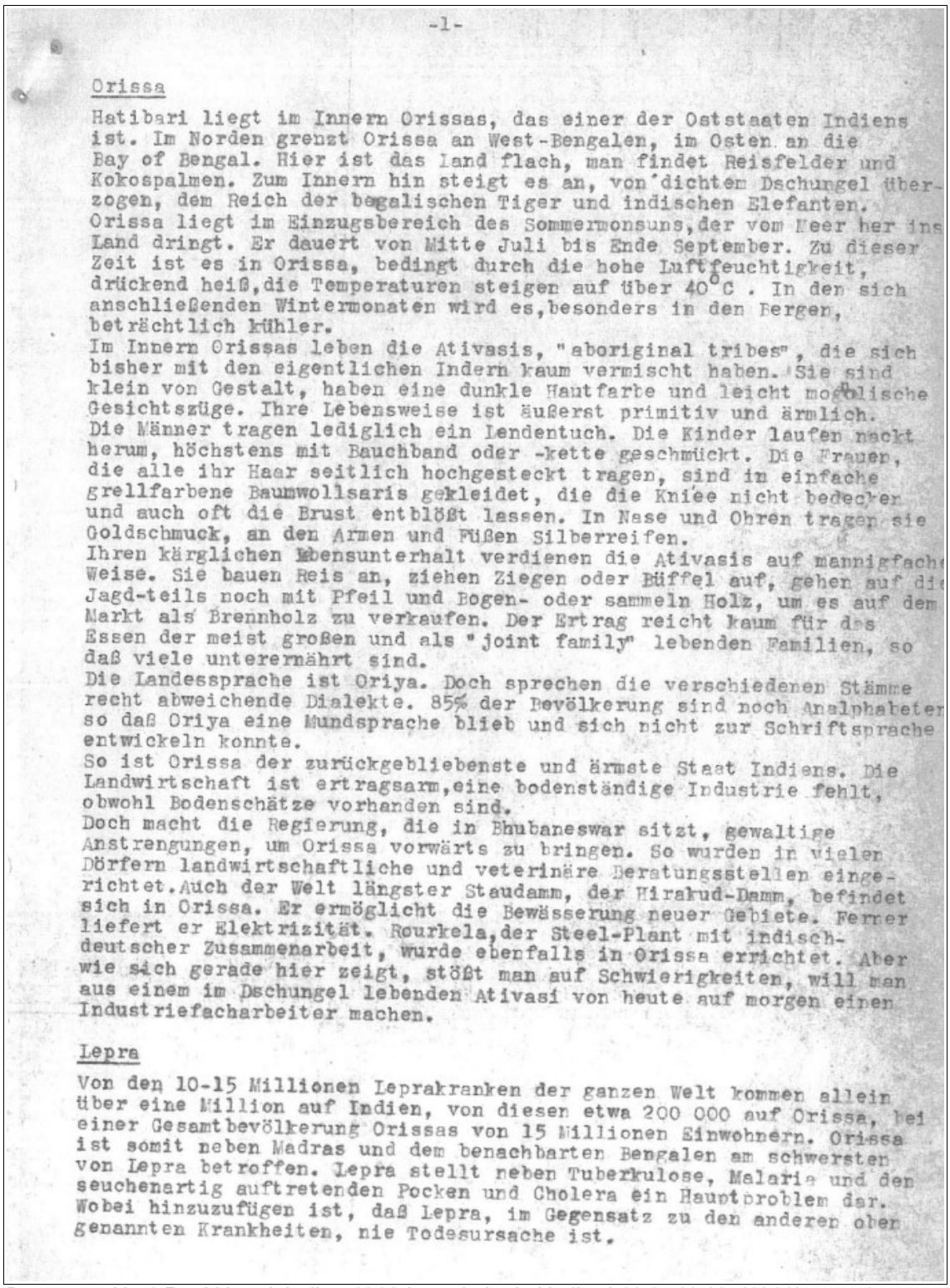

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Orissa

Hatibari liegt im Innern Orissas, das einer der Oststaaten Indiens ist. Im Norden grenzt Orissa an West-Bengalen, im Osten an die Bay of Bengal. Hier ist das Land flach, man findet Reisfelder und Kokospalmen. Zum Innern hin steigt es an, von dichten Dschungel überzogen, dem Reich der bengalischen Tiger und indischen Elefanten. Orissa liegt im Einzugsbereich des Sommermonsuns, der vom Meer her ins Land dringt. Er dauert von Mitte Juli bis Ende September. Zu dieser Zeit ist es in Orissa, bedingt durch die hohe Luftfeuchtigkeit, drückend heiß, die Temperaturen steigen auf über 40° C . In den sich anschließenden Wintermonaten wird es, besonders in den Bergen, beträchtlich kühler.
Im Innern Orissas leben die Ativasis, "aboriginal tribes", die sich bisher mit den eigentlichen Indern kaum vermischt haben. Sie sind klein von Gestalt, haben eine dunkle Hautfarbe und leicht mongolische Gesichtszüge. Ihre Lebensweise ist äußerst primitiv und ärmlich. Die Männer tragen lediglich ein Lendentuch. Die Kinder laufen nackt herum, höchstens mit Bauchband oder -kette geschmückt. Die Frauen, die alle ihr Haar seitlich hochgesteckt tragen, sind in einfache grellfarbene Baumwollsaris gekleidet, die die Kniee nicht bedecken und auch oft die Brust entblößt lassen. In Nase und Ohren tragen sie Goldschmuck, an den Armen und Füßen Silberreifen.
Ihren kärglichen Lebensunterhalt verdienen die Ativasis auf mannigfache Weise. Sie bauen Reis an, ziehen Ziegen oder Büffel auf, gehen auf die Jagd-teils noch mit Pfeil und Bogen- oder sammeln Holz, um es auf dem Markt als Brennholz zu verkaufen. Der Ertrag reicht kaum für das Essen der meist großen und als "joint family" lebenden Familien, so daß viele unterernährt sind.
Die Landessprache ist Oriya. Doch sprechen die verschiedenen Stämme recht abweichende Dialekte. 85% der Bevölkerung sind noch Analphabeten so daß Oriya eine Mundsprache blieb und sich nicht zur Schriftsprache entwickeln konnte.
So ist Orissa der zurückgebliebenste und ärmste Staat Indiens. Die Landwirtschaft ist ertragsarm, eine bodenständige Industrie fehlt, obwohl Bodenschätze vorhanden sind.
Doch macht die Regierung, die in Bhubaneswar sitzt, gewaltige Anstrengungen, um Orissa vorwärts zu bringen. So wurden in vielen Dörfern landwirtschaftliche und veterinäre Beratungsstellen eingerichtet. Auch der Welt längster Staudamm, der Hirakud-Damm, befindet sich in Orissa. Er ermöglicht die Bewässerung neuer Gebiete. Ferner liefert er Elektrizität. Rourkela, der Steel-Plant mit indisch-deutscher Zusammenarbeit, wurde ebenfalls in Orissa errichtet. Aber wie sich gerade hier zeigt, stößt man auf Schwierigkeiten, will man aus einem im Dschungel lebenden Ativasi von heute auf morgen einen Industriefacharbeiter machen.

Lepra

Von den 10-15 Millionen Leprakranken der ganzen Welt kommen allein über eine Million auf Indien, von diesen etwa 200 000 auf Orissa, bei einer Gesamtbevölkerung Orissas von 15 Millionen Einwohnern. Orissa ist somit neben Madras und dem benachbarten Bengalen am schwersten von Lepra betroffen. Lepra stellt neben Tuberkulose, Malaria und den seuchenartig auftretenden Pocken und Cholera ein Hauptproblem dar. Wobei hinzuzufügen ist, daß Lepra, im Gegensatz zu den anderen oben genannten Krankheiten, nie Todesursache ist.

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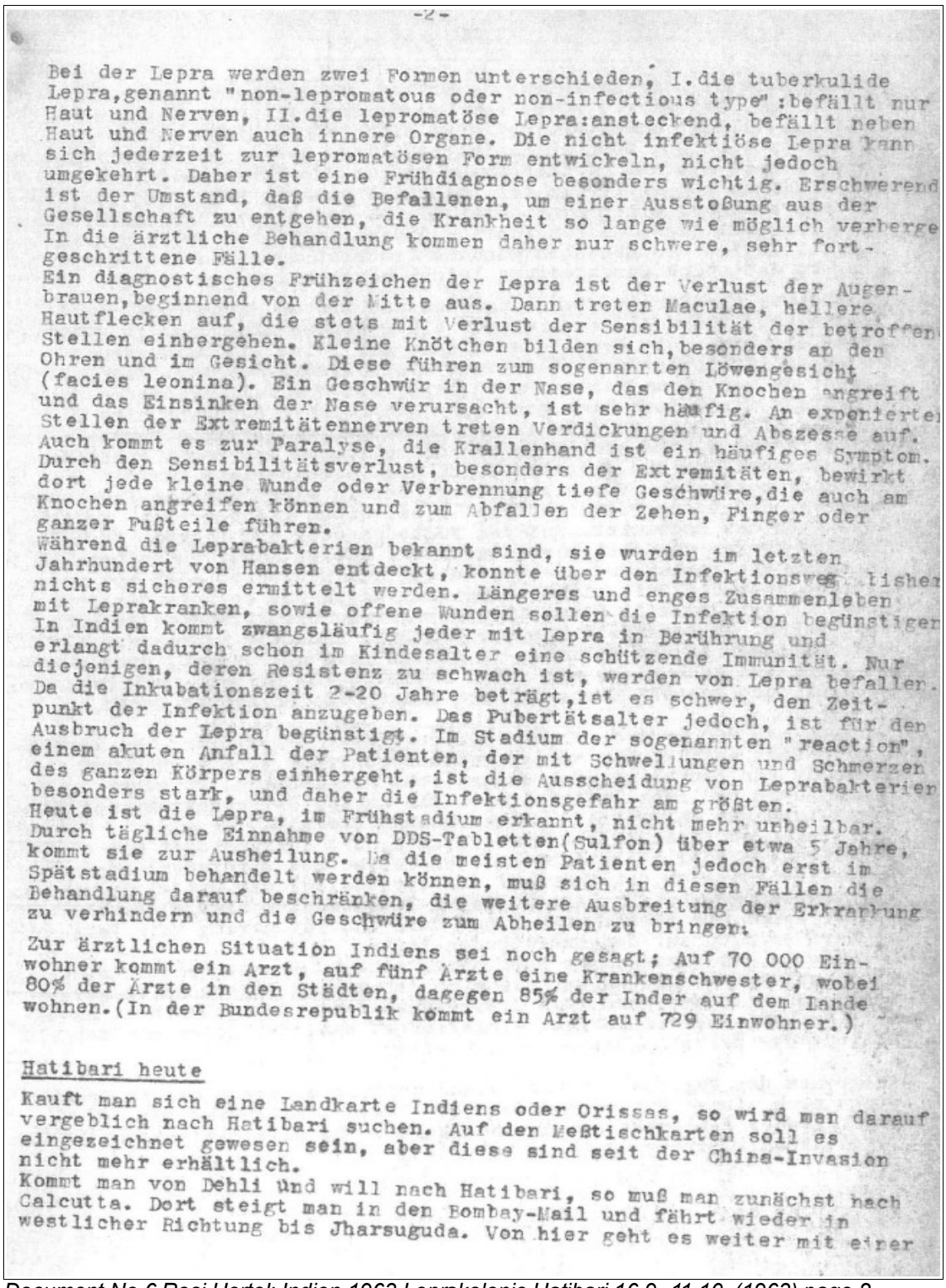

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Bei der Lepra werden zwei Formen unterschieden, I.die tuberkulide Lepra,genannt "non-lepromatous oder non-infectious type":befällt nur Haut und Nerven, II.die lepromatöse Lepra:ansteckend, befällt neben Haut und Nerven auch innere Organe. Die nicht infektiöse Lepra kann sich jederzeit zur lepromatösen Form entwickeln, nicht jedoch umgekehrt. Daher ist eine Frühdiagnose besonders wichtig. Erschwerend ist der Umstand, daß die Befallenen, um einer Ausstoßung aus der Gesellschaft zu entgehen, die Krankheit so lange wie möglich verberge In die ärztliche Behandlung kommen daher nur schwere, sehr fortgeschrittene Fälle.
Ein diagnostisches Frühzeichen der Lepra ist der Verlust der Augenbrauen,beginnend von der Mitte aus. Dann treten Maculae, hellere Hautflecken auf, die stets mit Verlust der Sensibilität der betroffen Stellen einhergehen. Kleine Knötchen bilden sich,besonders an den Ohren und im Gesicht. Diese führen zum sogenannten Löwengesicht (facies leonina). Ein Geschwür in der Nase, das den Knochen angreift und das Einsinken der Nase verursacht, ist sehr häufig. An exponierte Stellen der Extremitätennerven treten Verdickungen und Abszesse auf. Auch kommt es zur Paralyse, die Krallenhand ist ein häufiges Symptom. Durch den Sensibilitätsverlust, besonders der Extremitäten, bewirkt dort jede kleine Wunde oder Verbrennung tiefe Geschwüre,die auch am Knochen angreifen können und zum Abfallen der Zehen, Finger oder ganzer Fußteile führen.
Während die Leprabakterien bekannt sind, sie wurden im letzten Jahrhundert von Hansen entdeckt, konnte über den Infektionsweg bisher nichts sicheres ermittelt werden. Längeres und enges Zusammenleben mit Leprakranken, sowie offene Wunden sollen die Infektion begünstigen In Indien kommt zwangsläufig jeder mit Lepra in Berührung und erlangt dadurch schon im Kindesalter eine schützende Immunität. Nur diejenigen, deren Resistenz zu schwach ist, werden von Lepra befallen. Da die Inkubationszeit 2-20 Jahre beträgt,ist es schwer, den Zeitpunkt der Infektion anzugeben. Das Pubertätsalter jedoch, ist für den Ausbruch der Lepra begünstigt. Im Stadium der sogenannten "reaction", einem akuten Anfall der Patienten, der mit Schwellungen und Schmerzen des ganzen Körpers einhergeht, ist die Ausscheidung von Leprabakterien besonders stark, und daher die Infektionsgefahr am größten.
Heute ist die Lepra, im Frühstadium erkannt, nicht mehr unheilbar. Durch tägliche Einnahme von DDS-Tabletten(Sulfon) über etwa 5 Jahre, kommt sie zur Ausheilung. Da die meisten Patienten jedoch erst im Spätstadium behandelt werden können, muß sich in diesen Fällen die Behandlung darauf beschränken, die weitere Ausbreitung der Erkrankung zu verhindern und die Geschwüre zum Abheilen zu bringen.

Zur ärztlichen Situation Indiens sei noch gesagt; Auf 70 000 Einwohner kommt ein Arzt, auf fünf Ärzte eine Krankenschwester, wobei 80% der Ärzte in den Städten, dagegen 85% der Inder auf dem Lande wohnen.(In der Bundesrepublik kommt ein Arzt auf 729 Einwohner.)

Hatibari heute

Kauft man sich eine Landkarte Indiens oder Orissas, so wird man darauf vergeblich nach Hatibari suchen. Auf den Meßtischkarten soll es eingezeichnet gewesen sein, aber diese sind seit der China-Invasion nicht mehr erhältlich.
Kommt man von Dehli und will nach Hatibari, so muß man zunächst nach Calcutta. Dort steigt man in den Bombay-Mail und fährt wieder in westlicher Richtung bis Jharsuguda. Von hier geht es weiter mit einer

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Schmalspurbahn nach Sambalpur in Orissa, wo man sich einem Bus anvertraut. Der Fahrer wird, nach vorheriger Bitte am Wegweiser nach Hatibari-Village anhalten. Man darf sich jedoch nicht nach dem Wegweiser richten, denn in Hatibari-Village wohnen normale Eingeborene. Sondern geht man auf der Landstraße weiter, so führt bald linkerhand ein sandiger Weg mitten in den Dschungel hinein. Folgt man ihm, so muß man zunächst einen Fluß durchqueren, der allerdings zur Monsunzeit reißende Wassermassen führt und dann zu weiten Umwegen zwingt. Bis zum Beginn des nächsten Monsuns trocknet er allmählich wieder aus, so daß seine Durchquerung leicht möglich ist.

Nach einem 5km langen Marsch tauchen die ersten Hütten auf, kurze Zeit später befindet man sich auf einer weiten Lichtung. Im Hintergrund sieht man die bewaldeten Höcker der Berge. Im Vordergrund fällt ein frisch geweißtes Gebäude mit Säulenvorbau auf. Die Auffahrt trennt es von einem weiten Rasenplatz, der von weiß blühenden Büschen eingefaßt wird. Doch hier gebe man sich keiner Täuschung hin. Es handelt sich nicht um eine in den Dschungel versprengte herrschaftliche Villa, sondern, wie sich bald herausstellt, um das recht schäbige Krankenhaus. Der Säulenvorbau dient als Verbandsplatz für die "outdoor patients". Von hier gelangt man in einen dunklen Raum, der dadurch, daß beide Türen geöffnet sind, etwas Licht erhält. Es ist das Reich der Schwester. Auf dem Fußboden oder auf Säcken, denn die Vorräte werden zunächst hier abgeladen, hocken immer Patienten. Entweder sie warten auf die Behandlung der Schwester oder sie vertreiben sich die Zeit mit Brettspielen -doch nur solange der Arzt nicht da ist. Er will keine "leprosy-germes" verstreuende Patienten hier sehen. Er behandelt nur vor der Tür. Doch die Schwester, die alle Medikamente und Spritzen in diesem Raum aufbewahrt, drückt ein Auge zu. Sie kann nicht mit jeder Tablette von drinnen nach draussen laufen. Auch besteht draussen kein Schutz vor Sonne und Regen.

Verläßt man den Raum durch die Tür gegenüber dem Eingang, so kommt man in einen Hof. An das vorige Gebäude schließt sich rechts und links je ein Flügel an, das eigentliche Krankenhaus. Zwischen Grundmauern und Dach befindet sich ein weiter Zwischenraum, so daß Vögel, Wind und Regen keine unbekannten Gäste sind.
Der linke Bau, auch er hat eine Veranda, ist vollgestopft mit einfachen Metallbetten oder selbstfabrizierten "cots" mit Bindfadenbespannung. Natürlich ist auch der Raum auf der Veranda für die Unterbringung der Kranken genutzt. Im ganzen liegen 16 Patienten hier, alles akute Fälle. Kommt ein Schwerkranker neu dazu und ist gerade kein Bett frei, so darf er sich auf den Erdfußboden legen.
Der rechte Bau wird gerade erst hergerichtet. Bisher wohnten dort nicht-stationäre Patienten, die sich jetzt eine eigene Hütte gebaut haben. So wird der Raum fürs Krankenhaus frei. Davor befindet sich das "Hotel", das ein Patient eingerichtet hat, der gegen ein Entgeld etliche der privaten Patienten beköstigt.

Folgt man dem Weg, aus dem Hof heraus weiter, so sieht man in Front links noch einige Hütten und dann die "mess". Hier wird für den Großteil der Patienten gemeinsam gekocht, für alle diejenigen, die vom Staat ernährt werden.

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Drei Mahlzeiten pro Tag gibt es. Jeder holt sich sein Essen in einem Metallgeschirr ab.Manche verspeisen es gleich unter dem nächsten Baum -in Indien wird bekanntlich mit den Fingern gegessen-,andere nehmen es mit in ihre Hütte. Die Hauptnahrung ist Reis, pro Tag und Person 500g. Dazu gibt es mittags und abends je drei Chapatis, Flade aus Gerstenmehl und Wasser,außerdem tagtäglich Dull, eine Soße aus Linsen und Zwiebeln und, falls in der Kolonie gerade geerntet wurde, einen Löffel Gemüse und Chillis. Etwa alle 14 Tage verirrte sich auch einmal ein Ei oder ein paar Chicken-Knochen ins Essen. Früh morgens gibt es einen süßen Milchbrei, mit Milchpulver angerichtet. Denn obwohl es in Hatibari etwa 200 Kühe gibt, ist Milch eine Raritat, da die Kühe, die sich frei in den Feldern herumtreiben, selbst fast bis zum Skelett abgemagert sind. So kommt die Kalorienzahl der Patienten auf eien Wert, der unter unserem Nachkriegswert liegt: besonders Fett, Eiweiß und Vitamine fehlen.

Geht man nun weiter durch einige kümmerliche Reisfelder und busch-bestandenes unbebautes Land, so kommt man nach 2km zum SCI-Lager: Zunächst ein Zaun, um die Kühe fern zu halten, dann sicherlich einige vollbehängte Wäscheleinen und schließlich zwei sich gegenüber liegend Häuser, dahinter ein Garten mit Papayabäumen, vielen Zinnien und auch Rosen, zumindestens nach dem Monsun. Der Platz zwischen den beid Häusern ist der Aufenthalts- und Eßraum, ausgestattet mit einer wackeligen Bank, einem vielbegehrten richtigen Stuhl mit Lehne, einigen Hockern und einem aus Kisten fabrizierten Tisch, darüber ein Vogelkäfig mit Insassen, drumherum einige Hunde der typischen wüstenfarbenen Lagerrasse. Abends wird das ganze durch den trauten Schein ein trüben Petroleumlampe erhellt.
In den beiden Gebäuden, richtigen Steinhäusern, jedoch mit Grasdach, befinden sich je zwei Räume. Drei sind von den Jungen okkupiert, der vierte von den Mädchen. Ihr Raum ist mit einem luxuriösen roten Teppich -eine Spende- ausgelegt und bietet Platz für drei "cots". Sind einmal vier Mädchen da, so schläft eine draussen oder geht auf Nachtwache. Obwohl es keine Moskitos gibt, schläft man besser unter einem Moskitonetz. Denn von dem Grasdach fällt so manches kleine Getier herunter, auch Eidechsen, Skorpione,und Schlangen huschen mit Vorliebe in der Nacht durch den Raum. Doch die größte Plage sind die Wanzen, die sich in der Strickbespannung der "cots" verbergen und einen in der Nacht überfallen.
Das eine Haus hat außerdem einen Vorbau aus Palmmatten, die Küche. Hier sorgen zwei Leprapatienten auf eingeborenenart für das leibliche Wohl der SCI-Leute. D.h., sie bereiten Reis, Dull, Ladyfingers und Chapatis, alles natürlich "hot".
Dann gibt es noch eine zementierte Ecke hinter dem Haus. Dort befindet sich ein gemauerter Tank, der, so eine gute Seele ihn vorher gefüllt hat, fließendes Wasser liefert. Hier erfreuen sich die Freiwilligen mindestens zweimal am Tag in Kauerstellung der sogenannten indischen Schöpfdusche. Gleich dahinter fällt das Gelände steil ab zum Fluß. Bei Hochandrang am Duschplatz dient auch dieser zum Baden. Jeder hat da seine besonders tiefe Stelle ausfindig gemacht.
Gewöhnlich wird jedoch nur das Geschirr im Fluß gewaschen, und schon mancher Teller(alles Blechgeschirr) hat auf diesem Weg das Weite gesucht. Als Rei oder Pril wird Sand oder Schlamm und die Faaern einer Kokosschale und Gras verwendet.
Außerdem gibt es auf dem SCI-Grundstück noch eine von den ersten Freiwilligen gebaute Latrine. Und wenn einer nach indischer Art mit einem kleinen Wassertöpfchen durch die Gegend zieht, dann weiß man Bescheid.

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Folgt man dem Weg, der am SCI-Lager vorbei führt, so gelangt man am Gemüsegarten, etlichen Hütten, einem Zuckerrohrfeld vorbei zu einem Platz mit recht ordentlichen Häusern. Hier wohnen die Gesunden, d.h., der Compounder, der Clerc und früher Dr. Santra. Dann, am Wohnhaus der jungen Frauen vorbei -Zusammenleben der Geschlechter ist wegen der erhöhten Ansteckungsgefahr für Lepra und Geschlechtskrankheiten verboten- kommt man zu einem Gelände, das gerade gerodet wird. Die Bäume werden gefällt, die Wurzeln ausgegraben und alles von einem Trecker weggeschafft. Aus den Zweigen wird gleich ein Zaun um das Feld gemacht. Dann wird mit dem vom Schreiner-auch ein Patient- gefertigten hölzernen Pflug das Land umgepflügt, schließlich geebnet. Dazu werden hinter drei oder vier Ochsen Bretter gespannt, auf die sich einige Männer hocken und sich so übers Feld ziehen lassen. Auf dem Land daneben, das im Frühjar gerodet worden war, sind Chilly, Ladyfinger und Bananenstauden, die jetzt zum ersten Mal blühen, angepflanzt woden.
Dann führt der Weg an einem Grund- und Regenwassertank entlang, der in den trockenen Monaten das Wasser für die tiefer liegenden Reisfelder liefern soll. Auch ist jetzt ein Schöpfarm gebaut worden, der das Wasser in einen schmalen Kanal hebt. Er führt zu einem zweiten Gemüsegarten in der Nähe des Krankenhauses, meist ist er jedoch verstopft.

Beendet man nun den Rundgang in Richtung aufs Krankenhaus, so kommt man zu zwei Mais- und einem Erdnußfeld. Über den Feldern erblickt man "watch-huts", daneben Feuer, die Tag und Nacht lodern. Seit der Mais fast reif ist, werden die Felder ständig bewacht. Tagsüber sind die Wächter Patienten, die aufpassen, daß niemand vorzeitig erntet. Doch erst in der Nacht wird es spannend.
Dann kommen zwei vom SCI-Lager herübergestapft, ausgerüstet mit langen Stiefeln, um vor Schlangenbissen geschützt zu sein, einer Laterne oder starken Taschenlampe, wenn es geregnet hatte, auch mit einigen trockenen Wurzeln, um das ausgegangene Feuer wieder in Gang zu bringen ferner als Proviant mit einigen alten kalten Chapatis und vielleicht außerdem einem Schachspiel. Für die Zwei beginnt damit die "night-duty". Zunächst werden die Feuer wieder in Schwung gebracht. ~~Einer~~
Einer greift sich eine bereitstehende Blechtrommel, einen ehemaligen Kanister, und während er darauf aus Leibeskräften herumschlägt, vollführt der andere ein ohrenbetäubendes Geheul. Dabei umschreiten sie die Maisfelder, leuchten hinein und auch auf das Erdnußfeld hinüber. Der Sinn des Ganzen: Schakale und Elefanten fernzuhalten. Ein Elefant war es übrigens, der zur Einführung der "night-duty" zwang (Hatibari heißt auf Oriya Elefanten-Heim). Denn eines nachts hatte er sich aus dem Dschungel in die Maisfelder begeben. Scheints aus Neugierde, denn er zerstampfte zwar einiges, aber gefressen hatte er nichts. Anders die Schakale, die, sobald es dunkelt, sich in heulender Herde in die Felder schlagen und sich dort ausgiebig laben.
Diese Prozedur wiederholen die SCI-ler einige Male während der Nacht. Zwischendurch klettern sie die Leitern zu den über den Feldern schwebenden "watch-huts" hoch und legen sich dort hin, essen, spielen Schach oder diskutieren. Man soll jedoch auch dort ober schlafen können. Die Patienten konnte man nicht zur "night-duty" heranziehen, da sie in der Nacht eine solche Angst vor dem nahen Dschungel haben, daß sie davon laufen.
Der Weg von diesen Feldern schließlich führt zurück zum Krankenhaus, vorbei an einigen unvollendeten Ziegelhäusern und Hütten. Hier wohnen auch der Schreiner und der Schneider.

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Die meisten Hütten sind Lehmbauten. Aus Bambus und anderem Holz wird ein Grundgeflecht für die Wände gemacht, dann wird Lehm ausgegraben, mit Wasser vermengt, mit den Füßen durchgestampft und gegen das Geflecht geklatscht. Nach dem Trocknen wird sozusagen der Putz von außen, die Tapete von innen aufgetragen. Dazu -diese Arbeit wird nur von Frauen ausgeführt- wird Kuhdung mit Lehm gemischt und ganz glatt von beiden Seiten aufgestrichen. Fenster kennt man nicht. Zur Lüftung und als Rauchabzug wird ein breiter Spalt zwischen Grundwänden und Dach gelassen. Auf die Holzsparren des Dachs wird gebündeltes Dschungelgras gelegt. Dies zu schneiden, ist wieder eine Aufgabe der Frauen. So eine Hütte, ungefähr 8qm groß, hat zwei Räume, darinnen wohnen je zwei Personen. Das eizige Mobiliar stellen die "cots" und ein kleiner selbstgebauter Lehmofen dar. Beim Schneider aber wohnen unter seinem Bett außerdem noch ein ganzer Schwung Kücken. Manche Patienten haben sich vor ihrer Hütte einen Garten angelegt, in dem "creepers" mit gurken- und kürbisartigen Früchten wachsen und hochgezogen gleichzeitig Schatten bieten. Ein ganz Gewitzter hat eine schöne Hütte mit Garten und Zaun drumherum gebaut und sie an einen anderen Patiente vermietet. Er selbst wohnt im Freien unter einem Blätterdach.
So sieht es heute in Hatibari aus.

Gesagt sei noch, daß die Leprapatienten, obwohl sie schwerkrank und unterernährt, von einer kindlichen und naiven Fröhlichkeit sind. Depressive Phasen gehen schnell vorbei. Die Ativasis finden immer einen Grund zum Singen, Tanzen und Feiern, bei der Vielzahl der Götter gibt es stets einen, der gerade an diesem Tag besonders verehrt werden muß. So kann man in Hatibari Nächt für Nacht die Trommeln und den Gesang der Patienten hören.
Dem Fremden gegenüber sind die Leprapatienten zunächst jedoch sehr scheu und zurückhaltend, und man glaubt manchmal, daß sie einem feindlich gesinnt seinen. Doch dieses Stadium ist schnell überwunden, bald schon schmücken sie auch den Neuankömmling mit Blütengirlanden und schenken ihm immer wider aufs neue Blumen. Man darf nicht vergessen, daß die meisten Patienten, bevor sie nach Hatibari kamen, niemals ihr Dorf verlassen, geschweige denn Weiße gesehen hatten.

Geschichte Hatibaris

Im Jahre 1950, drei Jahre nach der Unabhängigkeitserklärung Indiens, startete der pensionierte Dr.Santra aus privater Initiative die Leprakolonie in Hatibari. Er hatte Erfahrung mit Lepra, 20 Jahre lang war er Leprosy Officer in Indien gewesen.
Da zu dieser Zeit in Indien von der neuen Regierung noch wenig für die Leprakranken getan werden konnte, unterstützte diese jedoch private Pläne zur Hilfe der K ranken. Dr.Santra hatte die Idee, mitten im Dschungel eine Kolonie zu errichten. Die Regierung gab ihm das Land: 560 acres Dschungel (ca.225ha)in der Nähe Sambalpurs. Die damals noch private Lepraorganisation "Hindu Kusht Nivaran Sangh" unterstützte ihn ebenfalls durch Geldmittel. So konnte für die ersten 10 Patienten teils mit ihrer Hilfe ein kleiner Fleck Dschungel gerodet, ein Wassertank angelegt und Ziegelhäuser errichtet werden. Ferner wurden Hydnocarpus-Oil und Eisentabletten zur Verfügung gestellt. Hydnocarpus-Oil wurde in der ersten Hälfte dieses Jahrhunderts zur Leprabekämpfung angewendet. Es wird in die hellen Maculae injiziert und bewirkt eine Verdünklung der Haut. Wie sich herausgestellt hat, greift es aber die Lepra keineswegs an. Jedoch noch heute verlangen die Patienten danach, da sie glauben, daß sie geheilt seien, wenn die Haut wieder dunkel ist.

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Schnell weitete sich die Kolonie aus, bald waren es 80 Patienten. Die Regierung, die "Hindu Kusht Nivaran Sangh", das Red Cross India und der Social Welfare Board kamen für die Patienten mit 14 Rupien pro Person und Monat auf (1Rupie=0,87DM). Zu seiner Hilfe hatte Dr.Santra einen Clerc, einen Compouder (Mittelding zwischen Apotheker und Medizinmann) hinzubekommen. Ferner halfen ihm zwei Patientinnen. Um der Öffentlichkeit zu beweisen,daß es nicht gefährlich ist, mit Leprakranken zusammenzuleben, hatte sich Dr.Santra selbst Leprabakterien injiziert. Überhaupt stand sein Projekt einzigartig da. Denn in Indien gilt noch heute -teils aus Unkenntnis, teils aus Aberglauben- Lepra als die schändlichste und gefährlichste Krankheit. Gleich welcher sozialen Schicht der Betoffene angehört, er wird ausgestoßen und muß so meist als Bettler sein Leben fristen.
Durch die Einmaligkeit seines Projektes und Berichten darüber auf einer Weltreise hatte Dr.Santra internationale Anerkennung gefunden. Private Spenden trafen ein. Verschiedene Missionen schickten Milchpulver, Medikamente. Das Central Social welfare Board gab 10 000Rps für den Bau eines weiteren Gebäudes, die Regierung sandte einen Traktor für die Landwirtschaft. Denn der Plan war es, die Leprakolonie in Hatibari selbsttragend zu machen. Dazu sollte Land gerodet und in Felder verwandelt werden. Schreiner, Schneider, Weber usw. sollten ausgebildet werden, um jeglichen Bedarf der Kolonie selbst decken zu können.

Aber Dr.Santra war unterdessen stark gealtert. Der fast 70jährige hatte die Übersicht nicht mehr und verlor sein gutes Ziel aus den Augen. Die Spendengelder verschwanden in seiner Tasche, die Patienten wurden ohne ärztliche Behandlung gelassen. Auch Schwerkranke, mit offenen Geschwüren an Händen und Füßen, wurden gezwungen, in den Feldern zu arbeiten. Denn nur wer arbeitete, bekam seine Hydnocarpus-Oil-Spritze; diese wurden gleich auf dem Feld verpaßt, um die Kontrolle zu behalten. Neue Geschwüre waren die Folge dieser Behandlungsweise. Jedoch wer Geld hatte, konnte die Medikamente, obwohl es Sperden waren, zum drei-, oder vierfachen des Apothekenpreises vom Compounder kaufen.
Doch Hatibari lag so entlegen im Dschungel, daß sich außer den Leprakranken nie jemand dorthinaus verirrte. Und so blieb auch der neue Zustand in Hatibari zunächst unbekannt.

Im April 1961 jedoch änderte sich das. Die Tochter von Dr.Santra, SCI-Mitglied, rief den SCI nach Hatibari zu Hilfe. Vier Freiwillige, darunter auch sie, sollten für 6 Monate nach Hatibari kommen. Die Arbeit bestand in der Konstruktion eines Dammes für den Tank und im Roden eines neuen Dschungelgebietes. Das Projekt wurde von der australischen Community Aid Abroad finanziert. Es kam jedoch zu Mißverständnissen bezüglich Recht und Aufgabe des ScI zwischen diesem und Dr.Santra. Das Projekt mußte im Oktober 1961 fallen gelassen werden.
Im November 1962 wurde der SCI jedoch von neuem von Dr.Santra nach Hatibari eingeladen. Diesmal grenzte man die Aufgabenbereiche klar ab. Maulic, Inder, Bachelor of Agricultural Engineering, und Nic, Engländer Geograph, traffen in Hatibari ein. Ihr Projekt war es, eine "survey-map" von der Kolonie und eine Evaluation anzufertigen. Dazu wurde das Land vermessen, Bodenproben genommen etc. und danach ein landwirtschaftlicher Bebauungsplan aufgestellt. So war z.B. in Hatibari Reis angebaut worden, obwohl der Boden ungeeignet ist, und man mehr Körner gesät als geerntet hatte. Außerdem bauten die beiden die hier bisher unbekannten Latrinen.(Die Eingeboreren konnten jedoch bis heute noch nicht zu deren Benutzung bewegt werden.)
Anfang 1963 fand in der Leprakolonie ein dreiwöchiges Oriert-Occident-

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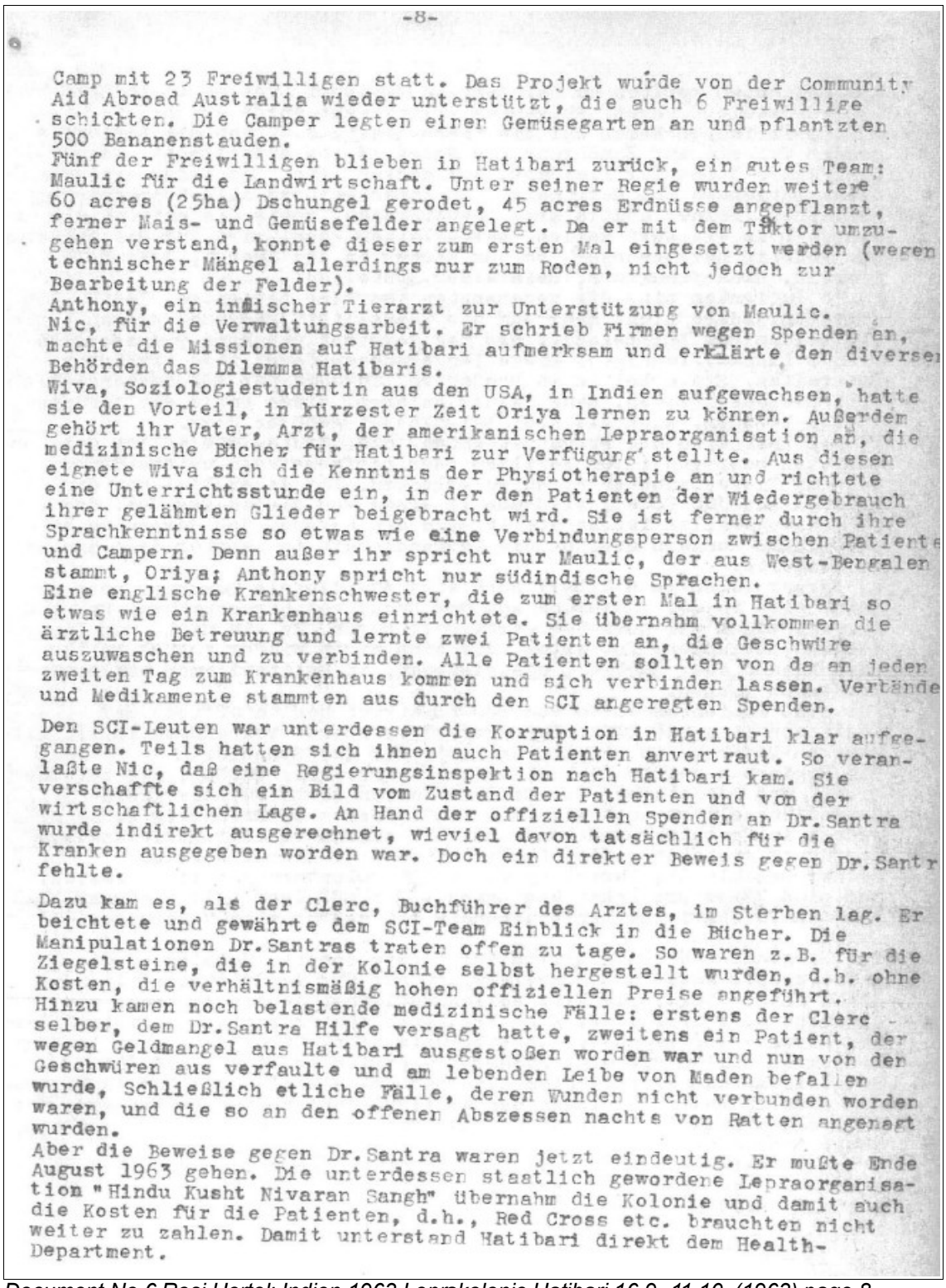

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Camp mit 23 Freiwilligen statt. Das Projekt wurde von der Community Aid Abroad Australia wieder unterstützt, die auch 6 Freiwillige schickten. Die Camper legten einen Gemüsegarten an und pflantzten 500 Bananenstauden.
Fünf der Freiwilligen blieben in Hatibari zurück, ein gutes Team: Maulic für die Landwirtschaft. Unter seiner Regie wurden weitere 60 acres (25ha) Dschungel gerodet, 45 acres Erdnüsse angepflanzt, ferner Mais- und Gemüsefelder angelegt. Da er mit dem Traktor umzugehen verstand, konnte dieser zum ersten Mal eingesetzt werden (wegen technischer Mängel allerdings nur zum Roden, nicht jedoch zur Bearbeitung der Felder).
Anthony, ein indischer Tierarzt zur Unterstützung von Maulic.
Nic, für die Verwaltungsarbeit. Er schrieb Firmen wegen Spenden an, machte die Missionen auf Hatibari aufmerksam und erklärte den diversen Behörden das Dilemma Hatibaris.
Wiva, Soziologiestudentin aus den USA, in Indien aufgewachsen, hatte sie den Vorteil, in kürzester Zeit Oriya lernen zu können. Außerdem gehört ihr Vater, Arzt, der amerikanischen Lepraorganisation an, die medizinische Bücher für Hatibari zur Verfügung stellte. Aus diesen eignete Wiva sich die Kenntnis der Physiotherapie an und richtete eine Unterrichtsstunde ein, in der den Patienten der Wiedergebrauch ihrer gelähmten Glieder beigebracht wird. Sie ist ferner durch ihre Sprachkenntnisse so etwas wie eine Verbindungsperson zwischen Patienten und Campern. Denn außer ihr spricht nur Maulic, der aus West-Bengalen stammt, Oriya; Anthony spricht nur südindische Sprachen.
Eine englische Krankenschwester, die zum ersten Mal in Hatibari so etwas wie ein Krankenhaus einrichtete. Sie übernahm vollkommen die ärztliche Betreuung und lernte zwei Patienten an, die Geschwüre auszuwaschen und zu verbinden. Alle Patienten sollten von da an jeden zweiten Tag zum Krankenhaus kommen und sich verbinden lassen. Verbände und Medikamente stammten aus durch den SCI angeregten Spenden.

Den SCI-Leuten war unterdessen die Korruption in Hatibari klar aufgegangen. Teils hatten sich ihnen auch Patienten anvertraut. So veranlaßte Nic, daß eine Regierungsinspektion nach Hatibari kam. Sie verschaffte sich ein Bild vom Zustand der Patienten und von der wirtschaftlichen Lage. An Hand der offiziellen Spenden an Dr. Santra wurde indirekt ausgerechnet, wieviel davon tatsächlich für die Kranken ausgegeben worden war. Doch ein direkter Beweis gegen Dr. Santra fehlte.

Dazu kam es, als der Clerc, Buchführer des Arztes, im Sterben lag. Er beichtete und gewährte dem SCI-Team Einblick in die Bücher. Die Manipulationen Dr. Santras traten offen zu tage. So waren z.B. für die Ziegelsteine, die in der Kolonie selbst hergestellt wurden, d.h. ohne Kosten, die verhältnismäßig hohen offiziellen Preise angeführt.
Hinzu kamen noch belastende medizinische Fälle: erstens der Clerc selber, dem Dr. Santra Hilfe versagt hatte, zweitens ein Patient, der wegen Geldmangel aus Hatibari ausgestoßen worden war und nun von den Geschwüren aus verfaulte und am lebenden Leibe von Maden befallen wurde, Schließlich etliche Fälle, deren Wunden nicht verbunden worden waren, und die so an den offenen Abszessen nachts von Ratten angenagt wurden.
Aber die Beweise gegen Dr. Santra waren jetzt eindeutig. Er mußte Ende August 1963 gehen. Die unterdessen staatlich gewordene Lepraorganisation "Hindu Kusht Nivaran Sangh" übernahm die Kolonie und damit auch die Kosten für die Patienten, d.h., Red Cross etc. brauchten nicht weiter zu zahlen. Damit unterstand Hatibari direkt dem Health-Department.

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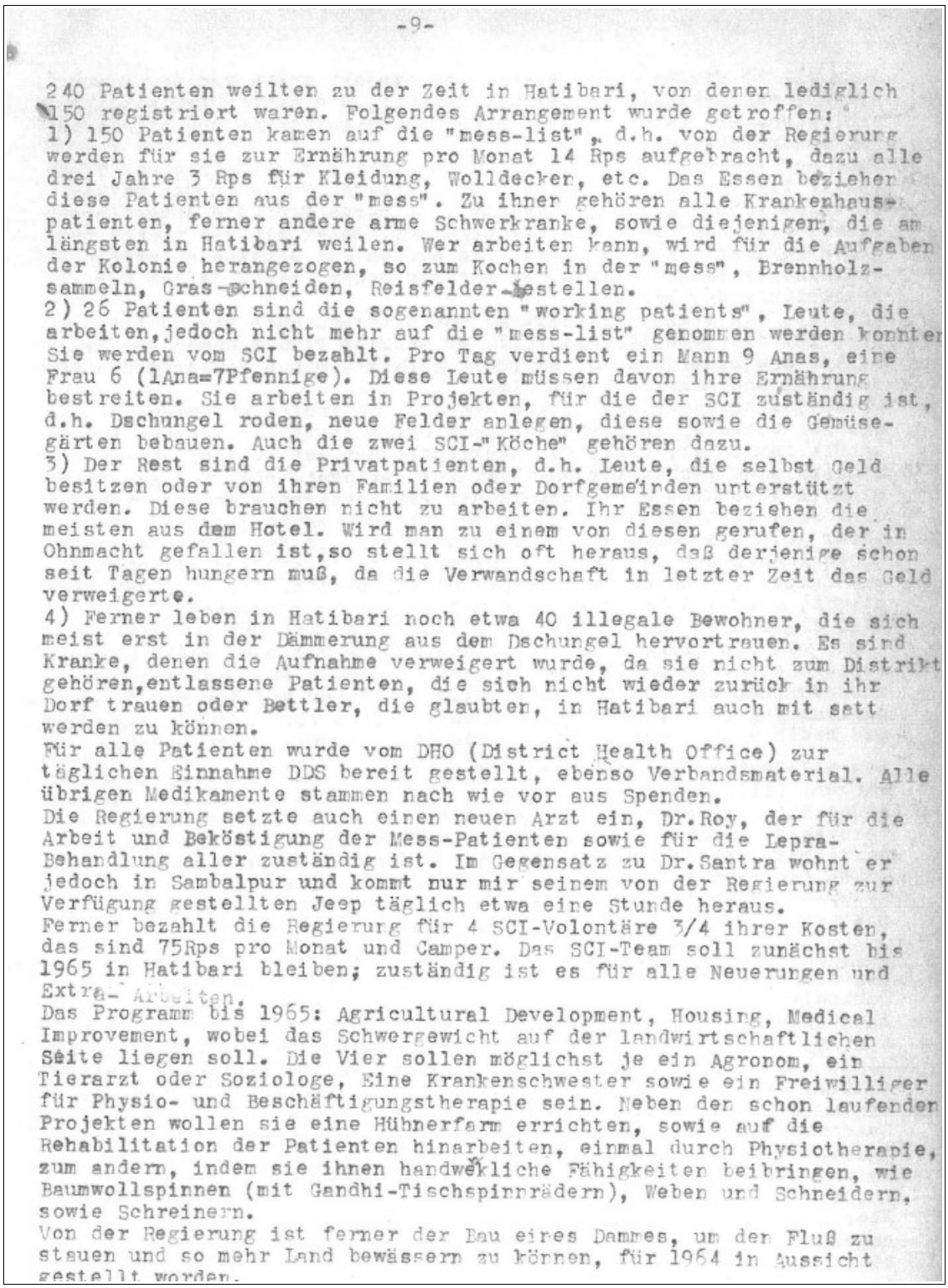

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240 Patienten weilten zu der Zeit in Hatibari, von denen lediglich 150 registriert waren. Folgendes Arrangement wurde getroffen:
1) 150 Patienten kamen auf die "mess-list", d.h. von der Regierung werden für sie zur Ernährung pro Monat 14 Rps aufgebracht, dazu alle drei Jahre 3 Rps für Kleidung, Wolldecken, etc. Das Essen beziehen diese Patienten aus der "mess". Zu ihner gehören alle Krankenhaus-patienten, ferner andere arme Schwerkranke, sowie diejenigen, die am längsten in Hatibari weilen. Wer arbeiten kann, wird für die Aufgaben der Kolonie herangezogen, so zum Kochen in der "mess", Brennholz-sammeln, Gras-schneiden, Reisfelder-bestellen.
2) 26 Patienten sind die sogenannten "working patients", Leute, die arbeiten, jedoch nicht mehr auf die "mess-list" genommen werden konnten. Sie werden vom SCI bezahlt. Pro Tag verdient ein Mann 9 Anas, eine Frau 6 (1Ana=7Pfennige). Diese Leute müssen davon ihre Ernährung bestreiten. Sie arbeiten in Projekten, für die der SCI zuständig ist, d.h. Dschungel roden, neue Felder anlegen, diese sowie die Gemüse-gärten bebauen. Auch die zwei SCI-"Köche" gehören dazu.
3) Der Rest sind die Privatpatienten, d.h. Leute, die selbst Geld besitzen oder von ihren Familien oder Dorfgemeinden unterstützt werden. Diese brauchen nicht zu arbeiten. Ihr Essen beziehen die meisten aus dem Hotel. Wird man zu einem von diesen gerufen, der in Ohnmacht gefallen ist, so stellt sich oft heraus, daß derjenige schon seit Tagen hungern muß, da die Verwandschaft in letzter Zeit das Geld verweigerte.
4) Ferner leben in Hatibari noch etwa 40 illegale Bewohner, die sich meist erst in der Dämmerung aus dem Dschungel hervortrauen. Es sind Kranke, denen die Aufnahme verweigert wurde, da sie nicht zum Distrikt gehören, entlassene Patienten, die sich nicht wieder zurück in ihr Dorf trauen oder Bettler, die glaubten, in Hatibari auch mit satt werden zu können.
Für alle Patienten wurde vom DHO (District Health Office) zur täglichen Einnahme DDS bereit gestellt, ebenso Verbandsmaterial. Alle übrigen Medikamente stammen nach wie vor aus Spenden.
Die Regierung setzte auch einen neuen Arzt ein, Dr. Roy, der für die Arbeit und Beköstigung der Mess-Patienten sowie für die Lepra-Behandlung aller zuständig ist. Im Gegensatz zu Dr. Santra wohnt er jedoch in Sambalpur und kommt nur mir seinem von der Regierung zur Verfügung gestellten Jeep täglich etwa eine Stunde heraus.
Ferner bezahlt die Regierung für 4 SCI-Volontäre 3/4 ihrer Kosten, das sind 75Rps pro Monat und Camper. Das SCI-Team soll zunächst bis 1965 in Hatibari bleiben; zuständig ist es für alle Neuerungen und Extra-Arbeiten.
Das Programm bis 1965: Agricultural Development, Housing, Medical Improvement, wobei das Schwergewicht auf der landwirtschaftlichen Seite liegen soll. Die Vier sollen möglichst je ein Agronom, ein Tierarzt oder Soziologe, Eine Krankenschwester sowie ein Freiwilliger für Physio- und Beschäftigungstherapie sein. Neben den schon laufenden Projekten wollen sie eine Hühnerfarm errichten, sowie auf die Rehabilitation der Patienten hinarbeiten, einmal durch Physiotherapie, zum andern, indem sie ihnen handwerkliche Fähigkeiten beibringen, wie Baumwollspinnen (mit Gandhi-Tischspinnrädern), Weben und Schneidern, sowie Schreinern.
Von der Regierung ist ferner der Bau eines Dammes, um den Fluß zu stauen und so mehr Land bewässern zu können, für 1964 in Aussicht gestellt worden.

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Die Übernahme der Leprakolonie durch die Regierung stellt für Hatibari einen neuen Anfang dar. Doch eine Frage blieb ungeklärt. Die Regierung will künftig folgenden Plan zur Lösung des Lepraproble einschlagen. Da Lepra heute erstens nicht mehr unheilbar und zweitens bei entsprechender Lebensweise durchaus nicht so infektiös wie früher angenommen, sollen die Kranken in ihren Gemeinden verbleiben und nicht länger in Kolonien untergebracht werden. Lediglich die Patiente die sich gerade im Stadium der "reaction" befinden, sollen für kurze Zeit in Leprakrankenhäusern stationär aufgenommen werden. Denn es hat sich herausgestellt, daß Lepröse, die für fünf oder auch nur zwei Jahre in einer Leprakolonie zugebracht haben, wenn sie -weitgehend geheilt- wieder entlassen, von ihren Familien und Gemeinden verleugne werden. D.h.,die Familie hatte weitergelebt, als ob der Betroffene nie existiert hätte. So sind diejenigen von neuem ausgestoßen. Und es kommt nicht selten vor, daß sich ein solcher Verzweifelter selbst verstümmelt, um wieder in die Leprakolonie aufgenommen zu werden. Von vornherein wird ~~wird~~ es auf Schwierigkeiten stoßen, einen Patienten aus der Kolonie zu entlassen, da die Leprakranken sich in einer Kolonie unter gleichen wissen, d.h.,sie fühlen sich nicht zurückgesetzt. Doch das ist ein weiterer Grund, keine neuen Leprakolonien einzurichten. Denn es besteht praktisch keine Möglichkeit, die Kranke später wieder in die Gesellschaft einzugliedern. Die Kolonien würden sich ausweiten und zu kleinen Staaten innerhalb des Staates werden. Daher sieht die Regierung zunächst in den Dörfern und Städten eine Aufklärungskampagne über Lepra vor. Der Bevölkerung soll klar gemacht werden, daß Lepröse Kranke und vor allem Menschen wie andere auch seien. Sie sollen im Dorf wohnen bleiben, jedoch zur Verringerung der Infektionsgefahr in getrennten Räumen, und sich ihr Essen selbst zube reiten, aber wie andere auf den Feldern arbeiten. Ärztliche Ambulanze sind vorgesehen, die mit Fahrzeugen ausgerüstet, die Tour durch etlic Dörfer machen und die Leprakranken betreuen sollen.
D ie schon vorhandenen Leprakolonien lassen sich zwar nicht von heute auf morgen auflösen, doch will man sie nach und nach nur auf das Krankenhaus reduzieren.

Dem widerspricht zur Zeit die Tendenz des SCI, nämlich Hatibari selbst tragend machen zu wollen. Es herrscht zwar eine akute Not in Hatibari -aber wo in Indien herrscht sie nicht- doch ist es eine gewisse Kurzsichtigkeit, soviel Initiative, Arbeit und Geld in Hatibari einzusetzen, obwohl bekannt ist, daß derartige Kolonien schon bald verschwinden sollen.
Dies macht sich auch in der Zusammenarbeit mit dem neuen Arzt, Dr.Roy, der die Regierungstendenz vertritt, bemerkbar. Er läßt den SCI zwar weiterarbeiten, aber nur solange dessen Pläne kein Geld kosten. Auch setzt er sich lediglich für die Leprabehandlung der Patienten ein, obwohl diese außerdem noch an hundert anderen Krankheiten leiden. Seine Theorie: Bei jedem Volk gibt es in der Aufstiegsperiode einen Teil, der leiden muß. Daher, wenn ein Leprakranker an einer anderen Krankheit stirbt, so bedeutet dies, ein Leprafall für Indien weniger. Man darf deshalb nicht glauben, daß sich die indische Leprakampagne auf den Leprapatienten beziehe, d.h.,aus humanitären Gefühlen für den Leprösen heraus komme, vielmehr geht es darum, das aufstrebende Indien von einem Übel zu befreien, das dem Aufstieg entgegensteht.

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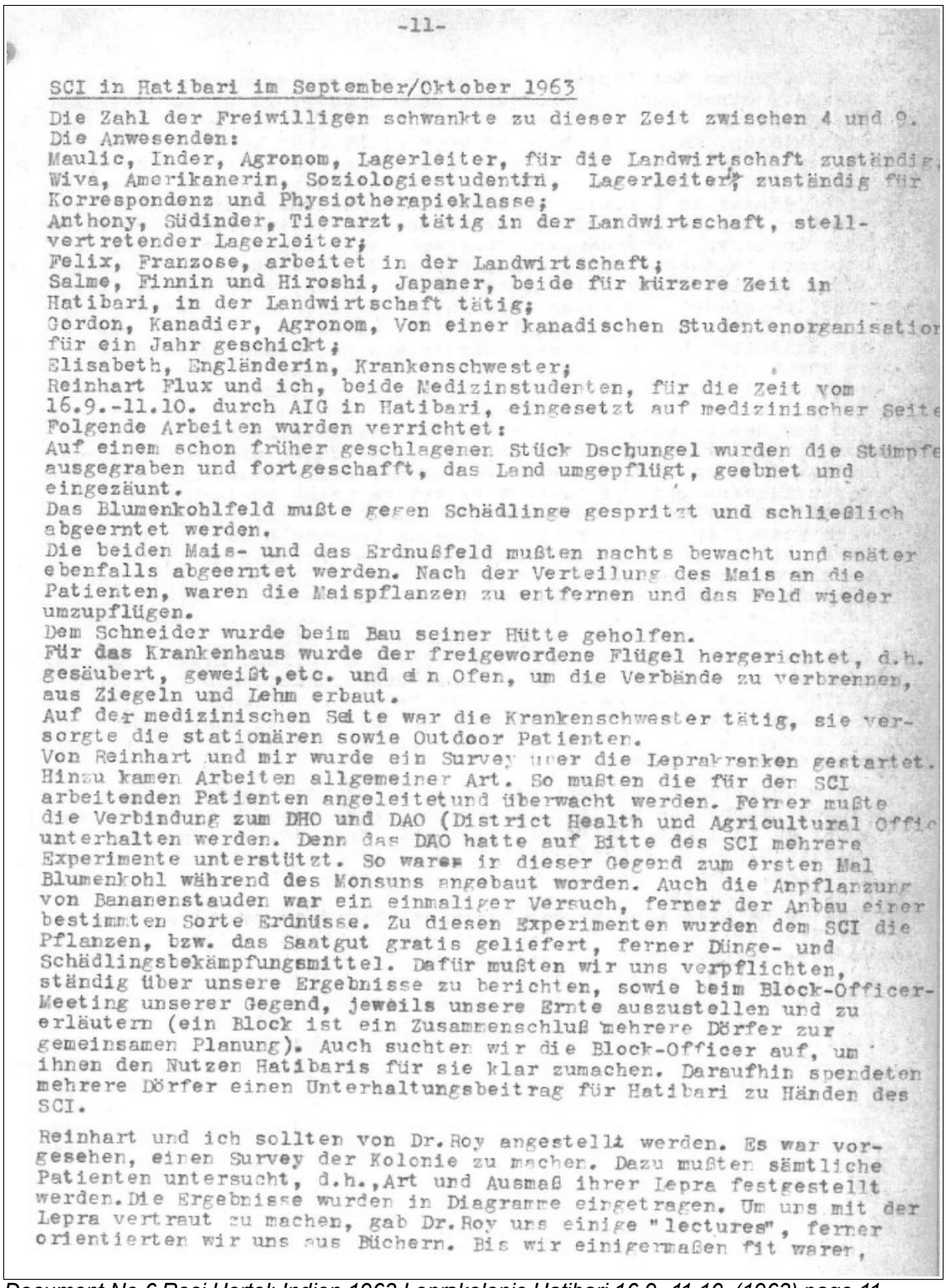

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SCI in Hatibari im September/Oktober 1963

Die Zahl der Freiwilligen schwankte zu dieser Zeit zwischen 4 und 9.
Die Anwesenden:
Maulic, Inder, Agronom, Lagerleiter, für die Landwirtschaft zuständig,
Wiva, Amerikanerin, Soziologiestudentin, Lagerleiterin, zuständig für Korrespondenz und Physiotherapieklasse;
Anthony, Südinder, Tierarzt, tätig in der Landwirtschaft, stellvertretender Lagerleiter;
Felix, Franzose, arbeitet in der Landwirtschaft;
Salme, Finnin und Hiroshi, Japaner, beide für kürzere Zeit in Hatibari, in der Landwirtschaft tätig;
Gordon, Kanadier, Agronom, Von einer kanadischen Studentenorganisation für ein Jahr geschickt;
Elisabeth, Engländerin, Krankenschwester;
Reinhart Flux und ich, beide Medizinstudenten, für die Zeit vom 16.9.-11.10. durch AIG in Hatibari, eingesetzt auf medizinischer Seite
Folgende Arbeiten wurden verrichtet:
Auf einem schon früher geschlagenen Stück Dschungel wurden die Stümpfe ausgegraben und fortgeschafft, das Land umgepflügt, geebnet und eingezäunt.
Das Blumenkohlfeld mußte gegen Schädlinge gespritzt und schließlich abgeerntet werden.
Die beiden Mais- und das Erdnußfeld mußten nachts bewacht und später ebenfalls abgeerntet werden. Nach der Verteilung des Mais an die Patienten, waren die Maispflanzen zu entfernen und das Feld wieder umzupflügen.
Dem Schneider wurde beim Bau seiner Hütte geholfen.
Für das Krankenhaus wurde der freigewordene Flügel hergerichtet, d.h. gesäubert, geweißt, etc. und ein Ofen, um die Verbände zu verbrennen, aus Ziegeln und Lehm erbaut.
Auf der medizinischen Seite war die Krankenschwester tätig, sie versorgte die stationären sowie Outdoor Patienten.
Von Reinhart und mir wurde ein Survey über die Leprakranken gestartet. Hinzu kamen Arbeiten allgemeiner Art. So mußten die für der SCI arbeitenden Patienten angeleitetund überwacht werden. Ferner mußte die Verbindung zum DHO und DAO (District Health und Agricultural Offic unterhalten werden. Denn das DAO hatte auf Bitte des SCI mehrere Experimente unterstützt. So waren in dieser Gegend zum ersten Mal Blumenkohl während des Monsuns angebaut worden. Auch die Anpflanzung von Bananenstauden war ein einmaliger Versuch, ferner der Anbau einer bestimmten Sorte Erdnüsse. Zu diesen Experimenten wurden dem SCI die Pflanzen, bzw. das Saatgut gratis geliefert, ferner Dünge- und Schädlingsbekämpfungsmittel. Dafür mußten wir uns verpflichten, ständig über unsere Ergebnisse zu berichten, sowie beim Block-Officer-Meeting unserer Gegend, jeweils unsere Ernte auszustellen und zu erläutern (ein Block ist ein Zusammenschluß mehrere Dörfer zur gemeinsamen Planung). Auch suchten wir die Block-Officer auf, um ihnen den Nutzen Hatibaris für sie klar zumachen. Daraufhin spendeten mehrere Dörfer einen Unterhaltungsbeitrag für Hatibari zu Händen des SCI.

Reinhart und ich sollten von Dr. Roy angestellt werden. Es war vorgesehen, einen Survey der Kolonie zu machen. Dazu mußten sämtliche Patienten untersucht, d.h., Art und Ausmaß ihrer Lepra festgestellt werden. Die Ergebnisse wurden in Diagramme eingetragen. Um uns mit der Lepra vertraut zu machen, gab Dr. Roy uns einige "lectures", ferner orientierten wir uns aus Büchern. Bis wir einigermaßen fit waren,

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um mit den Diagrammen beginnen zu können, halfen wie den andern bei der Landwirtschaft oder beim Hausbau; ich unterstützte außerdem Elisabeth bei ihrer Krankenhausarbeit. Doch schließlich starteten wir unseren Survey, nachdem wir zunächst genügend Diagramme gezeichne hatten. Später sollten die Ergebnisse in von der Regierung gelieferte vorgedruckte Zeichnungen übertragen werden. Natürlich stießen wir auf etliche Schwierigkeiten. Die größte war das Sprachproblem. Nur zwei der Patienten sprachen einigermaßen englisch. Der eine, genannt Gentleman, war Privatpatient und zu fein, um irgendwelche Arbeit ständig zu verrichten. Der andere, Nissakru, diente schon Elisabeth als Übersetzer, und sie konnte ihn kaum entbehren. So ließ ich mir von ihm die gängigen Fragen in Oriya übersetzen, und wir begannen auf eigene Faust. Auch hatte sich bei den Patienten bald unsere Untersuchungsmethode herumgesprochen, und sie stellten sich nicht mehr so störrisch an. Ferner war Nissakru stets in der Nähe und sehr hilfsbereit, wenn es Mißverständnisse gab. Die Patienten drängten sich zu unserer Untersuchung, wie sie überhaupt dankbar waren, wenn sich ihnen jemand widmete. Besonders die Sensibilitätsprüfungen waren für sie wie für uns gleichermaßen erheiternd. Schwierig dagegen war es, sie dazu zu bewegen, unsere Fragen lediglich mit ja oder nein zu beantworten. Denn ja und nein verstanden wir in Oriya, nicht dagegen den Redeschwall, der meist losbrach. Allein die Personalien aufzunehmen, brachte einige Überraschungen. Geburtsdaten sind sowieso nicht bekannt. Doch auch Altersangaben schwankten von einem Tag auf den anderen oft um 10 Jahre.
Wir konnten jedoch unsere Diagramme vor unserer Abreise nicht fertigstellen. Salme versuchten wir mit unserer Methode vertraut zu machen, doch glaube ich nicht, daß es ihr möglich war, unsere Arbeit fortzusetzen.

Für die in der Landwirtschaft Beschäftigten galt folgender Tagesplan: Früh wurde von 6.15 bis 11 Uhr gearbeitet, d.h., um 6 Uhr mußte man losgehen, da das SCI-Lager etwas abseits lag. Die Arbeitszeit wurde um 9 Uhr durch eine kurze Frühstückspause unterbrochen. Am Nachmittag begann die Arbeit um 3 Uhr und reichte bis zur Dämmerung gegen 5 1/2. Wer Nachtwache hatte, ging abends um 9 fort und blieb bis 6 Uhr früh. Er brauchte dann am Nachmittag vorher und am Vormittag nachher nicht zu arbeiten.
So versuchten wir pro Tag 7 Stunden zu arbeiten. Abends kam noch der Papierkram hinzu. Doch waren dies keine starren Regeln. Alle waren freiwillig hier, jeder wollte helfen, jeder fühlte sich für Hatibari verantwortlich. Selbst sonntags wurde oft gearbeitet.
Für Elisabeth und uns beide, die wir im Krankenhaus arbeiteten, sah der Tageslauf etwas anders aus. Wir gingen erst um 1/2 9 Uhr zum Krankenhaus hinunter, da bis dahin die Patienten aßen und saubergemacht wurde. Schluß sollte um 12 Uhr sein. Doch wurde es oft 2 Uhr, ehe wir wieder zurückkamen, da häufig so viele Outdoor Patients auf Behandlung warteten und außerdem oft noch Kranke in entlegener Hütten besucht werden mußten. Abends war dann noch von 5-7 im Krankenhaus zu arbeiten.

Am Samstagabend fand stets ein House-Meeting statt, ferner während der Woche nachmittags oft eine Unterredung mit Dr. Roy. Anfangs war die Stimmung im Lager recht gespannt. Maulic und Wiva, die beiden Lagerleiter standen gegen den Rest der Gruppe. Ihnen wurde vorgeworfen, zu autoritär zu herrschen. Sie dagegen meinten, die andern würden sich nicht für die Allgemeinbelange interessieren. So kam es tatsächlich zu einem kleinen Fiasko, als die beiden Ende September in Ferien gingen. Keiner von uns war in die Buchführung, Wirtschaft, etc. eingeführt.

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Doch die Schwierigkeit wurde schnell überwunden. Anthony als neuer Lagerleiter war zuständig für die Landwirtschaft, Felix für die Buchführung, Salme für die Hauswirtschaft und Elisabeth fürs Krankenhaus. Wir waren jetzt eine recht harmonische Gruppe, von erfreulicher Ungezwungenheit und Offenheit. Auch die Beziehung zu Dr. Roy besserte sich, der bislang sich von Maulic angegriffen fühlte, da dieser schon länger als er selber in Hatibari weilte und demgemäß natürlich die Situation in Hatibari besser kannte und diese Tatsache auch ausspielte

S o war es auch Dr. Roy, der uns darauf aufmerksam machte, als Anfang Oktober Winoba Bave nach Orissa kam und im Hochland nördlich von Sambalpur von Dorf zu Dorf wanderte. Eine Gruppe von uns fuhr mit ihm in einem geländegängigen Sanitätswagen fünf Stunden lang auf schmalen Straßen und sandigen Wegen in die Berge, bis wir zu dem Dorf kamen, in dem Winoba am Morgen eingetroffen war. Winoba Bave ist ein Schüler und Anhänger Gandhis. Er lebt genau nach dessen Vorbild. Vor etwa 10 Jahren rief er die sogenannte Landschenkungsbewegung ins Leben, der er noch heute dient. Dazu zieht er zu Fuß durchs ganze Land und spricht in den Dörfern. Er fordert die Einwohner auf, 1/20 ihres Landes für die Besitzlosen zur Verfügung zu stellen. Er hofft, den Gemeinschaftssinn der Bevölkerung anzuregen. Sein Erfolg ist gewaltig. In Orissa z.B. gehören etwa 2000 ganze Dörfer seiner Bewegung an. Ein Dorf wird Mitglied, wenn sich 50% der Einwohner zur Landabgabe bereitfinden.
Uns wurde erlaubt, an der Meditationsstunde Winobas, während der er genau wie Gandhi sein Spinnrad betätigt, teilzunehmen. Dann bat er uns zu einem privaten Gespräch zu sich. Wir erzählten ihm von Hatibari und versuchten, ihn zu einem Besuch dorthin zu bewegen. Denn da Winoba als Heiliger, zumindestens als Erleuchteter gilt, hätte sein Besuch den Patienten in Hatibari neue Zuversicht eingeflößt. Da Winoba aber seine Marschroute seit langem festgelegt hatte, war es ihm nicht möglich, unserer Bitte nachzukommen. Doch versprach er uns, in Sambalpur für Hatibari zu sprechen. Anschließend führten wir noch einige Gespräche mit Winobas Anhängern. Von ihnen ließen wir uns auch den Gebrauch der Gandhi-Spinnräder erläutern, da wir diese ja in Hatibari einführen wollten.
Am nächsten Morgen um 3 Uhr früh schlossen wir uns der Wanderung Winobas an. Bei Sonnenaufgang war das nächste Dorf nach 11km langem Weg erreicht. Am Nachmittag trennten wir uns dann von Winoba. Unterwegs besichtigten wir noch ein Leprakrankenhaus und erreichten schließlich spät abends Hatibari wieder.

Eine Woche danach kam dann der Abreisetermin für Reinhart und mich. Auf unserem Weg nach Calcutta machten wir in Rourkela Station. Wir hatten schon vorher mit einem deutschen Architekten und Pater Verbindung aufgenommen. Diese arrangierten für uns eine Zusammenkunft einer Gruppe Deutscher. Vor dieser hielten wir einen Vortrag über Hatibari, mit der Absicht, die Deutschen für Hatibari zu interessieren. Eine Gruppe beschloß daraufhin für die nächste Woche, mit einem Jeep dorthin zu fahren, um selbst Kleider- und Geldspenden übergeben zu können. Auch hatten sie einen Weihnachtsbasar zu Gunsten Hatibaris vorbereitet.

Damit war unser Wirken in und für Hatibari beendet.

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Stellungnahme

1). Als erstes muß in einer ausführlichen Diskussion zwischen dem SCI und Dr.Roy oder dem DHO geklärt werden, welche Absicht die Regierung mit Leprakolonien des Types Hatibari hat. Es erscheint wenig sinnvoll, daß der SCI sich gerade dem "agricultural development" und "housing" widmet, wenn die Regierungstendenz auf eine Reduzierung der Kolonie bis auf das Krankenhaus hinausläuft (siehe auch S.10).
Im Staate Madras z.B. wurde folgender Weg eingeschlagen: Von einem Zentrum aus werden etwa 850 Dörfer mit einer Bevölkerung von 700 000 Einwohnern betreut. Auf diese kommen ca. 2000 Leprakranke, für die ein Krankenhaus mit 50 Betten ausreicht. In dieses werden lediglich Kranke im Stadium der "reaction" aufgenommen, oder Fälle, deren durch eine Operation der Wiedergebrauch ihrer Glieder ermöglicht werden kann. Vier Ärzte, darunter ein orthopädischer Chirurg, sind für den ganzen Bezirk zuständig. Ihnen zur Seite stehen 40 Paramedical Workers (in einjährigen Kursen geschulte Inder), die die Bevölkerung stets aufs neue wieder untersuchen. In 50 Orten kommen die Kranken einmal wöchentlich zusammen. In regelmäßigem Turnus wohnt diesen Sprechstunden ein Arzt bei.
Dies ist ein Programm, daß rein kräftemäßig nicht vom SCI getragen werden kann. Doch muß es einleuchten, daß solche Projekte voraussehender sind als das in Hatibari. Es stellt sich jedoch die Frage, ob der SCI nicht auf eine entsprechende Umwandlung Hatibaris unterstützen könnte. Dazu müßte er sein Schwergewicht von der Landwirtschaft auf die Rehabilitation der Kranken verlegen. Darüber wurde in Hatibari zwar diskutiert, jedoch wenig in dieser Richtung unternommen. Eine Rehabilitation schließt ein: Physiotherapie, um den Kranken den Wiedergebrauch ihrer gelähmten Glieder zu ermöglichen, Schulung in handwerklichen Fertigkeiten -hierzu muß den Patienten beigebracht werden, alles zu vermeiden, was zu den gefürchteten Geschwüren führt- ferner aus diesem Grund für die Patienten Handwerkszeuge, Eßgeschirre und Sandalen so umkonsturiert werden, daß sie ihre durch die Krankheit gefühllosen Gliedmaßen nicht verletzen oder verbrennen.
Eine solche Rehabilitationsarbeit müßte sich auf den umliegenden Distrikt ausweiten, so daß sich von vornherein eine Aufnahme in die Kolonie erübrigte, andererseits die Betroffenen nicht darauf angewiesen wären, ihren Lebensunterhalt durch Betteln zu erwerben.

2) Der SCI in Indien übernimmt unter anderem auch von der Regierung vorgesehene Projekte, die sie aber an private oder halbstaatliche Organisationen zur Durchführung weitergibt (aus Kräfte-, Geldmangel...)
Ein Grund besteht auch darin, daß die Regierung die privaten Organisationen unter Kontrolle halten möchte. So wurden auch Gelder, die früher dem SCI von der Regierung zur Unterstützung gegeben wurden, gestrichen. Diese Gelder kommen jetzt lediglich den staatlichen Organisationen wie BSS (Bharat Sevak Samaj) zugute.
Daher fragt es sich, ob der SCI überhaupt Regierungsprojekte übernehmen und nicht vielmehr an Stellen eingreifen sollte, die von der Regierung übergangen werden, um solange dort zu arbeiten, bis eine offizielle Stelle sie übernimmt.

3) Weiter muß man sich gerade in Indien klar machen, daß guter Wille allein nicht genügt, wenn nicht das entsprechende Geld dahinter steht. Firmen, Privatpersonen, etc. können zwar um Spenden gebeten werden, doch wird es sich in den meisten Fällen um einmalige Donationen handeln. Die Freiwilligen in den einzelnen Projekten werden ihr möglichstes tun, Geld für ihre Arbeit aufzutreiben. Doch woher die Kraft nehmen, wenn selbst das Geld aus Dehli für die Ernährung der Camper ausbleibt?

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Von Shanti Cottage, dem Slum-Entwicklungsprojekt in Madras, das vom SCI gemeinsam mit den Swallows, einer schwedischen Organisation, betrieben wird, folgendes: Es war festgelegt worden, daß sich für sämtliche Vorhaben die beiden Organisationen die Kosten teilen sollte Ende 1963 jedoch blieben die Zahlungen des SCI für einige Monate aus (unter anderem war zu dieser Zeit gerade der Betrag von einigen Tause Rupien für den Bau eines Community- Centers fällig). Es kam dahin, daß sich der Projektleiter, ein Inder vom SCI, nicht mehr getraute, einen Vorschlag einzubringen, da die Swallows voll für die Kosten hätten aufkommen müssen.

4) Auf der anderen Seite sind die Manipulationen des SCI in Dehli nicht ganz verständlich. Erstens scheint dort stets Geld vorhanden zu sein, um in einem entlegenen Dorf irgendeine Komiteesitzung einzuberufen. Wie überhaupt der Verwaltungsapparat in keinem Verhältnis zu den wirklichen Projekten zu stehen zu scheint. Aber dieses Phaenomen findet man in ganz Indien besonders ausgeprägt.
Zum andern ist nicht erkennbar, nach welchen Gesichtspunkten der SCI die Camper im ganzen Land herumdirigiert. Es scheint einleuchtend, daß ein Freiwilliger, der sich nach etwa 2 Monaten gerade in ein Projekt eingearbeitet hat, nun in diesem seine Initiative, seine Pläne und sein Können entfalten möchte. Dann wird ihn aber sicherlich ein Ruf aus Dehli ereilen, der ihn zu einem neuen Projekt, in dem sofortige Hilfe nottut, abkommandiert. Wobei sich meist herausstellt, daß der Freiwillige für diese Arbeit gar keine Qualifikation hat oder das Projekt inzwischen verschoben werden mußte. Die Politik des SCI ist es, keinen für eine angemessene Zeit in einem Lager zu lassen, aus Angst, daß derjenige zu viele eigene Pläne entwickeln und damit dem SCI in Dehli entrücken könnte.
Dies ist auch der Fall in Hatibari. Maulic und Wiva, die beiden Lagerleiter, hatten sich hervorragend eingearbeitet. Sie sind jetzt mit der Lage und Entwicklung in Hatibari vollkommen vertraut, sind auch bei allen zuständigen Behörden von Sambalpur bis Bhubaneswar eingeführt und sprecher außerdem beide Oriya. Hinzu kommt die fachlich Qualifikation Maulics (Agronom). Doch die beiden hatten zuviel eigene Initiative entwickelt und zuviel Verantwortung auf sich genommen (den Vorwürfen aus Dehli zufolge). So waren von ihnen Pläne ausgeführt worden und lediglich anschließend wurde Dehli informiert. Der Grund: Dehli hatte vorher aus Unkenntnis der Situation in Hatibari seine Zustimmung zu wichtigen Vorhaben verweigert.
E in weiterer Vorwurf des SCI gegen Maulic: Ihm war das Gruppenleben im Lager im Grunde genommen gleichgültig. Deshalb traten heftige Spannungen innerhalb des Camps auf.
Doch hier erhebt sich nun die Frage, was ist wichtiger, die tatsächliche Hilfe oderein harmonisches Gruppenleben und ein gehorsames Verhalten Dehli gegenüber? Wäre Maulic zu ersetzen gewesen, durch jemanden mit den gleichen Fähigkeiten und dazu noch Verständnis für "social relation", dann müßte man einer Wechsel voll zustimmen. Aber dem SCI war es nicht möglich, einen Freiwilligen mit diesen Eigenschaften zu stellen.

5) Wozu zu sagen ist, daß sich der indische SCI überhaupt mehr um die Bereitstellung von indischen Freiwilligen kümmern müßte. Was nützt ein kanadischer Agronom in Indien, der es gewohnt ist, zu Hause vom Flugzeug aus Schädlingsbekämpfungsmittel und Dünger auf die Felder zu streuen. Allerdings ist ein Fachmann immerhin besser, als all die anderen Freiwilligen aus Übersee, ohne geeignete Kenntnisse.

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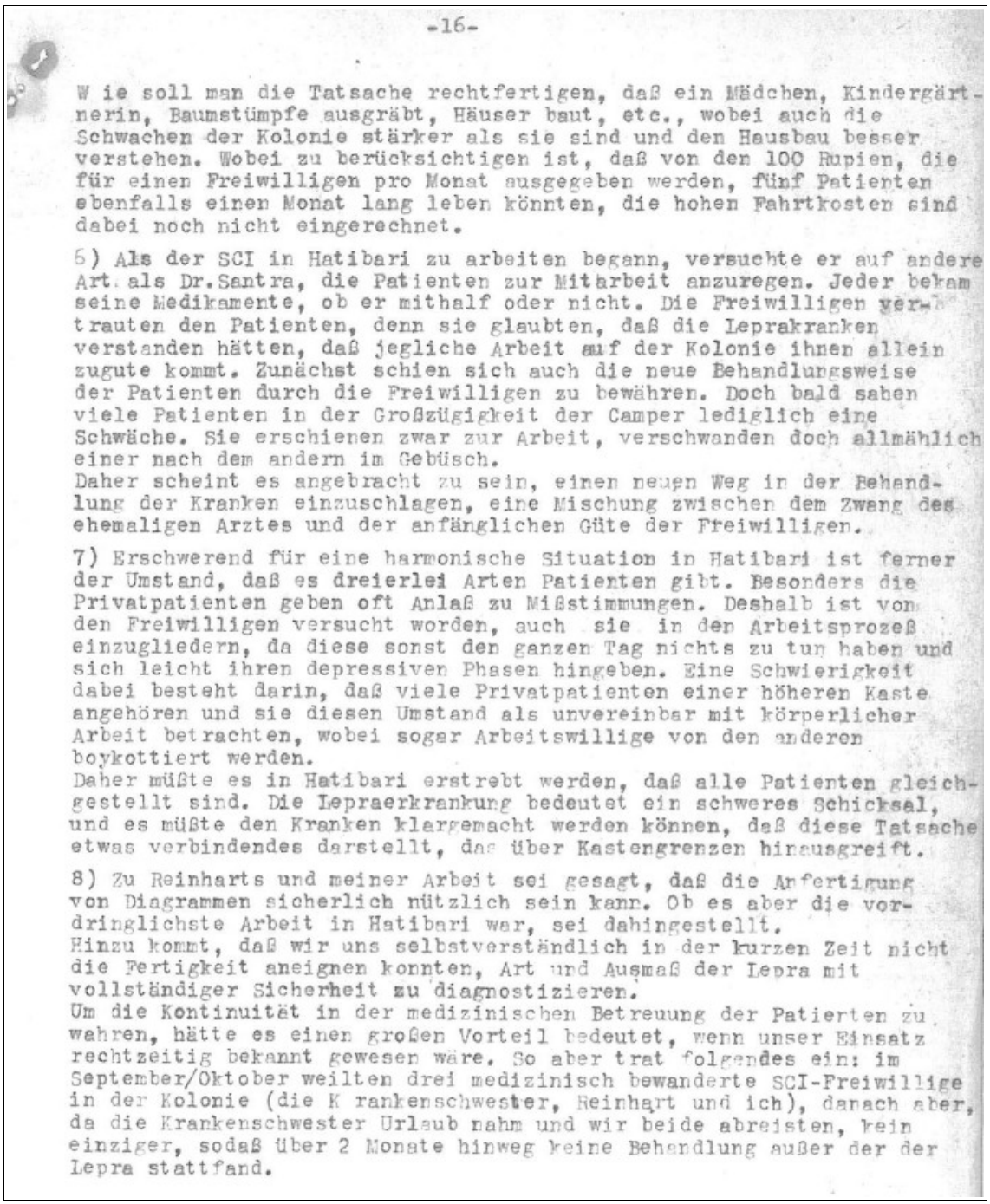

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Wie soll man die Tatsache rechtfertigen, daß ein Mädchen, Kindergärtnerin, Baumstümpfe ausgräbt, Häuser baut, etc., wobei auch die Schwachen der Kolonie stärker als sie sind und den Hausbau besser verstehen. Wobei zu berücksichtigen ist, daß von den 100 Rupien, die für einen Freiwilligen pro Monat ausgegeben werden, fünf Patienten ebenfalls einen Monat lang leben könnten, die hohen Fahrtkosten sind dabei noch nicht eingerechnet.

6) Als der SCI in Hatibari zu arbeiten begann, versuchte er auf andere Art als Dr.Santra, die Patienten zur Mitarbeit anzuregen. Jeder bekam seine Medikamente, ob er mithalf oder nicht. Die Freiwilligen vertrauten den Patienten, denn sie glaubten, daß die Leprakranken verstanden hätten, daß jegliche Arbeit auf der Kolonie ihnen allein zugute kommt. Zunächst schien sich auch die neue Behandlungsweise der Patienten durch die Freiwilligen zu bewähren. Doch bald sahen viele Patienten in der Großzügigkeit der Camper lediglich eine Schwäche. Sie erschienen zwar zur Arbeit, verschwanden doch allmählich einer nach dem andern im Gebüsch.
Daher scheint es angebracht zu sein, einen neuen Weg in der Behandlung der Kranken einzuschlagen, eine Mischung zwischen dem Zwang des ehemaligen Arztes und der anfänglichen Güte der Freiwilligen.

7) Erschwerend für eine harmonische Situation in Hatibari ist ferner der Umstand, daß es dreierlei Arten Patienten gibt. Besonders die Privatpatienten geben oft Anlaß zu Mißstimmungen. Deshalb ist von den Freiwilligen versucht worden, auch sie in den Arbeitsprozeß einzugliedern, da diese sonst den ganzen Tag nichts zu tun haben und sich leicht ihren depressiven Phasen hingeben. Eine Schwierigkeit dabei besteht darin, daß viele Privatpatienten einer höheren Kaste angehören und sie diesen Umstand als unvereinbar mit körperlicher Arbeit betrachten, wobei sogar Arbeitswillige von den anderen boykottiert werden.
Daher müßte es in Hatibari erstrebt werden, daß alle Patienten gleichgestellt sind. Die Lepraerkrankung bedeutet ein schweres Schicksal, und es müßte den Kranken klargemacht werden können, daß diese Tatsache etwas verbindendes darstellt, das über Kastengrenzen hinausgreift.

8) Zu Reinharts und meiner Arbeit sei gesagt, daß die Anfertigung von Diagrammen sicherlich nützlich sein kann. Ob es aber die vordringlichste Arbeit in Hatibari war, sei dahingestellt.
Hinzu kommt, daß wir uns selbstverständlich in der kurzen Zeit nicht die Fertigkeit aneignen konnten, Art und Ausmaß der Lepra mit vollständiger Sicherheit zu diagnostizieren.
Um die Kontinuität in der medizinischen Betreuung der Patierten zu wahren, hätte es einen großen Vorteil bedeutet, wenn unser Einsatz rechtzeitig bekannt gewesen wäre. So aber trat folgendes ein: im September/Oktober weilten drei medizinisch bewanderte SCI-Freiwillige in der Kolonie (die K rankenschwester, Reinhart und ich), danach aber, da die Krankenschwester Urlaub nahm und wir beide abreisten, kein einziger, sodaß über 2 Monate hinweg keine Behandlung außer der der Lepra stattfand.

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Leprosy Work with Service Civil International, India
Hathibari Leprosy Colony, Orissa 1963

I came to India as a Long Term Volunteer with Service Civil International towards the end of September 1962. Since then, apart from a three week period doing construction work at an asram in Gujrat, I have been working with leprosy patients.

My first experience of working in a leprosy colony was at Amravti in Maharastra where I attended a short-term workcamp for two weeks. The colony was well-established and well-organised so that materially the patients were in some ways better off then many of the surrounding villagers with regular food, medical attention, and a happy communal life. Our project was to build a library (designed by an architect volunteer) for the colony.

At first I was not satisfied with the project. It appeard to me that there were many other communities nearby in greater need of help and that building a library was rather like putting icing on an already wholesome cake. However, before the end of the camp I came to realise that the value of our presence in the colony was not to be measured only in terms of the practical help we gave but rather in terms of the effect our presence has on the minds of the patients. Leprosy, like no other disease is associated with a terrible social stigma. All of the patients living in the colony had been cast out from their homes and rejected by society at large. As well as suffering from leprosy they had all suffered deep psychological shocks! they were "lepers" outcasts, curs d by God. To them we were a sign at least that some ordinary peop_e existed who were not prejudiced by their conditions and did not mind mixing and working with them and this gave them hope.

During this project we also visited several colleges and other educational institutions in the locality to give talks to the students about the exact nature of leprosy and to try and to persuade them to come and work with us as volunteers. This educating of the general public about leprosy is a fundamental problem associated with the disease and I believe that SCI can play a great part in this work both by the example of its volunteers and by recruting new volunteers from the locality as well as by giving talks to schools and colleges. It was a great pity at Amravati that the camp did not last for a longer period and we had insufficient time to persuade local volunteers to come and work with us. This would have been the best possible education for the local population about this disease.

This then was my introduction to leprosy work with SCI. My later experiences have proved far more positive.

For the last four months I have been working in Hathibari Leprosy Colony, Orissa. I came to this colony, together with an Indian volunteer who could speak the language, as an advanced party to asses the kind of help SCI could give. We were not maintained by the institution which

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is the usual case in SCI projects but by a grant from "Community Aid Abroad Australia" designed especially for this work. We were shocked by what we found. Although the colony had been in existence for some twelve years practically nothing had been achieved in the way of housing the patients decently, giving them proper medical treatement, re-habilitating them, and making the colony agriculturally sufficient. Whatever development that had taken place had been completly haphazard and unplanned.

The colony was being run as a private institution according to the whims of the Honorary Superintendent - the doctor who had founded the colony at the age of sixty after his retirement. Whatever good intentions he may have started out with we found had long since disappeared and that things were steadily going bad to worse as senility approached. Nobody know what will happen to Hathibari and the twohundred and fifty patients once the Honorary Superintendent should die or leave the place and he himself seemed quite unconcerned.

The government had done practically nothing to help the institution exept for the initial donation of the five hundred and sixty acres of jungle land which comprises the colonys' area (the largest leprosy colony in India) and to support a mere sixty patients at the minimum rate of Rs. 14.- per person per month (Dollars 2.5o). The rest of the patients were either paying, begging or maintaining themselves with money from home. All exept a few of the better off paying patients were living at a very low standard scarcely above subsistance level. All the non-paying patients had to work nine hours a day in the fields as a condition of their receiving food and medical attention. Thus if a patient was too old or ill to work he was left to die a slow and horrible death from starvation and neglect.

Moreover, the colony was completely isolated in the middle of the jungle 16 miles from the nearest town. Visitors scarcely came and if they did, had no contacts with the patients who were consequently completely cut off from the outside world.

We soon discovered that no cooperation or help was coming forth from the Honorary Superintendent to put things to rights so we had to proce independently and along our own lines.
Our first project was to build latrines and waste-disposal pits for the entire twohundred and fifty patients of the colony. In the past twelve years of the colonys' history there had been no attempt to do this or to teach any elements of general hygiene to the patients. Most of them were consequently suffering from hookworms, dysentry and other diseases of insanitation as well as leprosy.

We worked an average of seven hours a day and after about three weeks we had practically completed this project. The waste pits were an immediate success, it was just as easy to throw rubbish into a nearby pit than to throw it everywhere all round the house. The latrines were somewhat less successful since their use involved a more radical change in habits but gradually more and more patients began to use them. However, even though all patients are still not regular users, the latrines have greatly improved the sanitary conditions of the colony since they are being used by those who are too old or infirm to take the five minutes walk to the jungle and had previously been defacating very close to their living quarters.

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Meanwhile during these first three or four weeks, we had been studying the needs of the colony and finding out about individual needs of the patients. In this work we had the advantage of very close contact with the patients who were soon "on our side" when they found us doing hard physical work like them and working for their benefit. After about one month at Hathibari we drew up a plan of action for SCI to cover the short and long-term needs of the colony.

1. To repair the worst houses before the onset of the rain.
2. To survey and map the colony and prepare
   a) an agricultural development plan designed to make the colony self-sufficient within five years
   b) a "master plan" for the future building developments and a rationalisation of the existing development within the framwork of this plan
3. To reclaim land from the jungle for agricultur and cultivate it according to proper plans.
4. To repair the tractor, acquire a plough and irrigation pumps, and initiate a planned programme of mechanised agriculture to cut down the very heavy manual work which is utterly unsuitable for most of the patients who are suffering from physical deformities and open ulcers.
5. To begin a proper program of handicraft training:
   a) to enable patients to earn money of their own and to regain some of their lost self-confidence and respect
   b) as a mean of occupational therapy to help the patients regain the use of deformed and mutilated hands
   c) to train patients in crafts that will enable them to support themselves when they leave the colony
6. To arrange a recreational programme for the patients and to help them keep in touch with the outside world.
7. To encourage as many visitors as possible from the locality to visit the colony and see the conditions and by this means mobilise the local people to help to improve the situation by giving technical guidance on our projects and working with us as volunteers.
8. To help to improve the medical conditions of the colony by providing a nurse volunteer and if possible a doctor volunteer.
9. To ensure that Hathibari should be brought under a new or reformed administration and to bring matters to the attention of the Government so that a full-scale enquiry would be carried out.

It is now three month since we drew up this plan of work for Hathibari. Already we have made considerable progress in implementing this plan despite the fact that we have been receiving neither money nor cooperation from the Superintendent of the colony who remains completely unconcerned about the welfare of the patients.

<u>Progress of work to date:</u>

1. We have surveyed and mapped the colony and on the advice of the District Agricultural Office we have prepared an agricultural development plan designed to make the colony self-sufficient within five years.
2. We have acquired an irrigation pump from the Agricultural Department and with its help have been able to plant and irrigate a large

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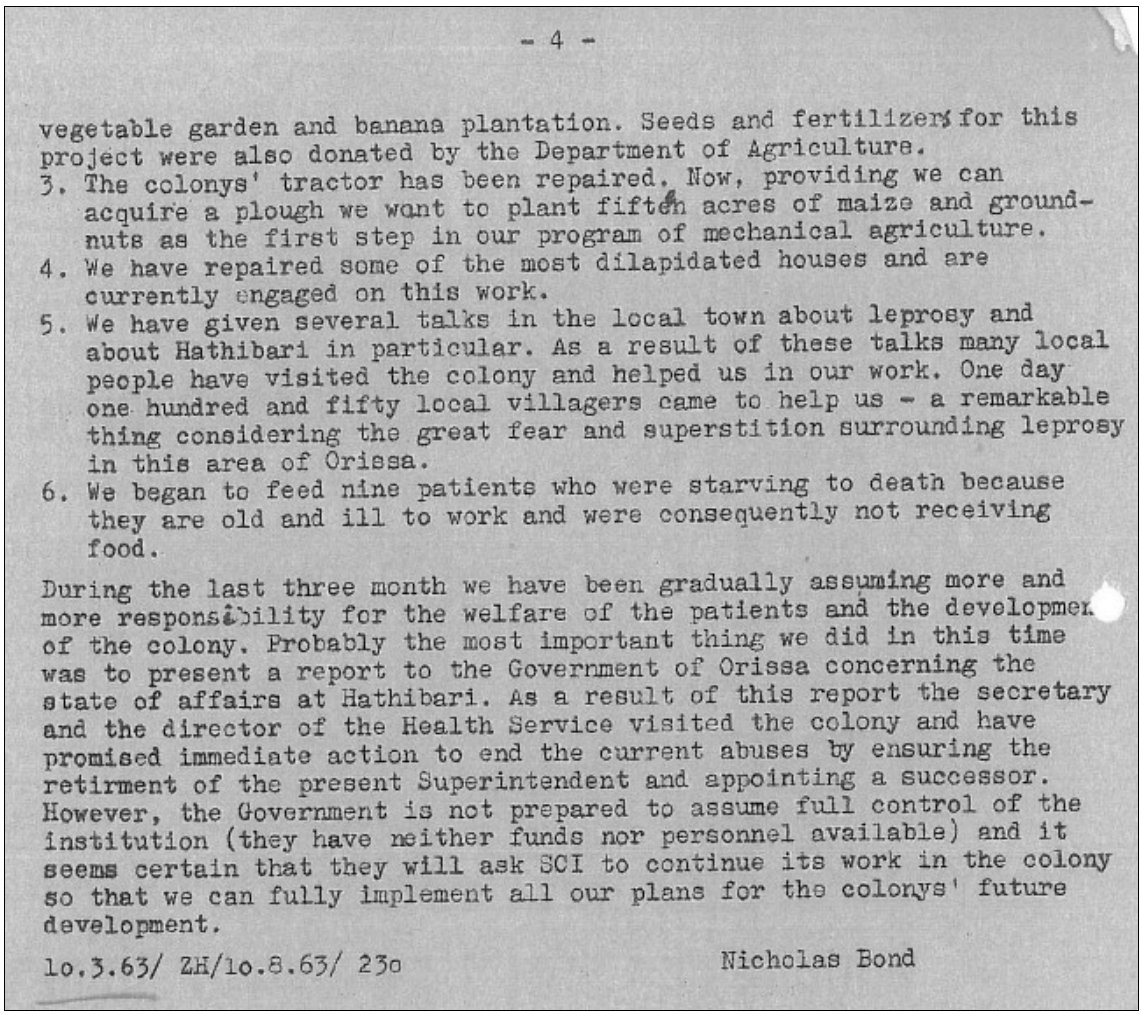

- 4 -

vegetable garden and banana plantation. Seeds and fertilizers for this project were also donated by the Department of Agriculture.

3. The colonys' tractor has been repaired. Now, providing we can acquire a plough we want to plant fifteen acres of maize and ground-nuts as the first step in our program of mechanical agriculture.
4. We have repaired some of the most dilapidated houses and are currently engaged on this work.
5. We have given several talks in the local town about leprosy and about Hathibari in particular. As a result of these talks many local people have visited the colony and helped us in our work. One day one hundred and fifty local villagers came to help us - a remarkable thing considering the great fear and superstition surrounding leprosy in this area of Orissa.
6. We began to feed nine patients who were starving to death because they are old and ill to work and were consequently not receiving food.

During the last three month we have been gradually assuming more and more responsibility for the welfare of the patients and the developmen of the colony. Probably the most important thing we did in this time was to present a report to the Government of Orissa concerning the state of affairs at Hathibari. As a result of this report the secretary and the director of the Health Service visited the colony and have promised immediate action to end the current abuses by ensuring the retirment of the present Superintendent and appointing a successor. However, the Government is not prepared to assume full control of the institution (they have neither funds nor personnel available) and it seems certain that they will ask SCI to continue its work in the colony so that we can fully implement all our plans for the colonys' future development.

lo.3.63/ ZH/lo.8.63/ 23o Nicholas Bond

Document No.7 Nicolas Bond (SCI Asian Secretariat): Leprosy work with Service Civil International, India, Hathibari Leprosy Colony, Orissa (1963) page 4

SERVICE CIVIL INTERNATIONAL

Indian Head-quarters :-
S. C. I.
2 East Park Road,
NEW DELHI-5

Hatibari Project :-
Hatibari Leprosy Colony
P. O. Hatibari
Dist. SAMBALPUR (Orissa)

International Secretary
Gartenhofstrasse 7,
Zurich 4,
Switzerland.

Agriculture Report Hatibari 1964 December 1964

Hatibari has changed a great deal in the past two years. It is now recognised that Hatibari will not be a colony whose patients will remain for their whole lives but definitely a medical Centre. This policy will of course take time to be fully operational, but some patients have been discharged and the Doctor has said he will not refuse anyone treatment who comes here. He has mentioned bringing patients from other areas where his work as State Leprosy Officer takes him.

The position of the Agricultural side, is no longer that of enabling the colony to be self-sufficient but more and more as a means of re-habilitation. Most of the patients have been employed in agriculture in their villages. Assuming some patients will be able to return to their families they should be enabled to carry on with agriculture with implements modified to their disabilities with a better knowledge of modern techniques.

Arriving at Hatibari on October 8th I was fortunate in that Gordon Banta (the Canadian Volunteer) did not plan to leave for a month. Gordon has been

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able to tell me in his own words what he has done and what has been planed. There have been so many influences here that some things are very difficult to trace or understand properly.

Our agricultural budget prepared for the coming year is briefly as follows :-

Paddy lowland	10 acres	Potato	1 acre
Paddy upland	1½ acres	Onion	1 acre
Sugar Cane	2 acres	Sweet Potato	1 acre
Red Gram	1 acre	Sag	¼ acre
Green Gram	3 acres	Raddish	¼ acre
Bi:i:	1 acre	Turnips, Carot, Beet	½ acre
Field Pea (undersown)	10 acres	Jute	1 acre
Maize	4 acres	Soya Bean	1 acre
Groundnut	5 acres	Mustard	1 acre
Papya	3,000 plants	Dasnya	½ acre
Soya bean	½ acre	Bhindi	2¼ acres
Chillies	2 acres	Brinjal	1 acre
Tomatoes	1 acre	Cauleflower	1 acre

Total cost of Crops	Rs.	5,945·68
Purchases	Rs.	4,261·00
Total expenditure		10,206·68
Total Income	Rs.	16,881·00
Of this Sold on Market	Rs.	8,633·00
Consumed by patients	Rs.	8,248·00

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This budget has been approved by the District Agricultural Officer and I have been told to go ahead The Block Development Officer criticized our budget saying that the cash returns were not high enough, as the Government has spent so much money on Hatibari he would like to see the costs decrease and a proportion sales increase. However it must be remembered that present agricultural programm is only in its second year and that a lot of expenditure still included capital Investment such as a trailer and cultivators for the tractors.

The Agricultural work is going along quite well all the Paddy is now harvested and is being thrashed. It has yet to be weighed but seems to have yielded quite well. Most of the groundnuts are now harvested apart from two fields which require seamping again. We have been unlucky here as the tractor we borrowed broke down and as the agricultural department is short of tractors we are having trouble borrowing one.

We have planted a half acre of Potatoes and a half acre of onions in the S.C.I. garden and are aiming to plant more tomatoes and brinjal and Sag. to keep the patients diet supplemented with vegetables during this Rhabi season.

The poultry unit for which we obtained the birds on the 27th October has had some difficulties. The Indian strain of Raniket used to innoculate the

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birds proved too virulent and several died through this. Feather pecking has also been a trouble and we have lost birds, the equipment for debeaking just isn't available. They have now just recovered from a bought of Coccidiosis and are doing well. Of the original 150, 150 remain. These will be split into two groups, one group of 75 hens and 19 cocks providing hatching eggs the other group eggs for the patients.

A patient has been trained as poultry man and is doing well other patients take interest in the unit.

I spent three days in Sambalpur sleeping in the agricultural workshop from the 1st of December. The colonies tractor, a Russian two cylinder bought by Dr. Sant burnt out a clutch plate and two bearings and had laid in the garage where Gordon dismantled it for 8 months. The parts when obtained were the wrong ones and had to be modified. It is now ready to run apart from two ball bearings which appear to have been lost. We are hoping that the parts do not prove as difficult to find as the last.

Gordon has always tried to make the patients think and act for themselves and to do the jobs for themselves with some supervision. This technique has produced good results and the majority of patients take a pride in their work. It does however find prove difficult to expound S.C.I. policy of working physically with the people when there are 200 engaged on numerous jobs which need checking at least once per day. This lead to some frustration on my part initially because I wholeheart

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agree with the view that working together physically brings good personal and international. Also the work supervisors unlike a foreman at home is not expected to dirty his hands and often doesn't know how to do the job being supervised. I have met a lot of friction when I brandished a sickle with the patients during paddy harvest or used an axe while removing tree roots. This has been a real personal problem but I feel that I can only compromise. My first duty is to serve as a manager, cum-adviser cum tractor driver as this gives the greatest benefit. But as a practical person I often wish I could don a loincloth for a week and feel the sweat on my brow from honest work.

Relations with the doctors have been good compared with the past. Although he has prevented work that I have organised for no apparent reason on some occasions.

The irrigation dam started last year should be completed by May and we will have some use of it, this year. Complete used will not be until late '55-56 as it is not full of water. It will irrigate 44 acres of land where we are going to grow vegetable for the Sambalpur market.

We had a visit from Pierre Obliger and Mr. Sherman from Swiss Aid Abroad on the 7th of November. They viewed the colony and have promised a grant towards our major rebuilding programme, consisting of rehousing all the patients in a central block and rebuilding the hospital.

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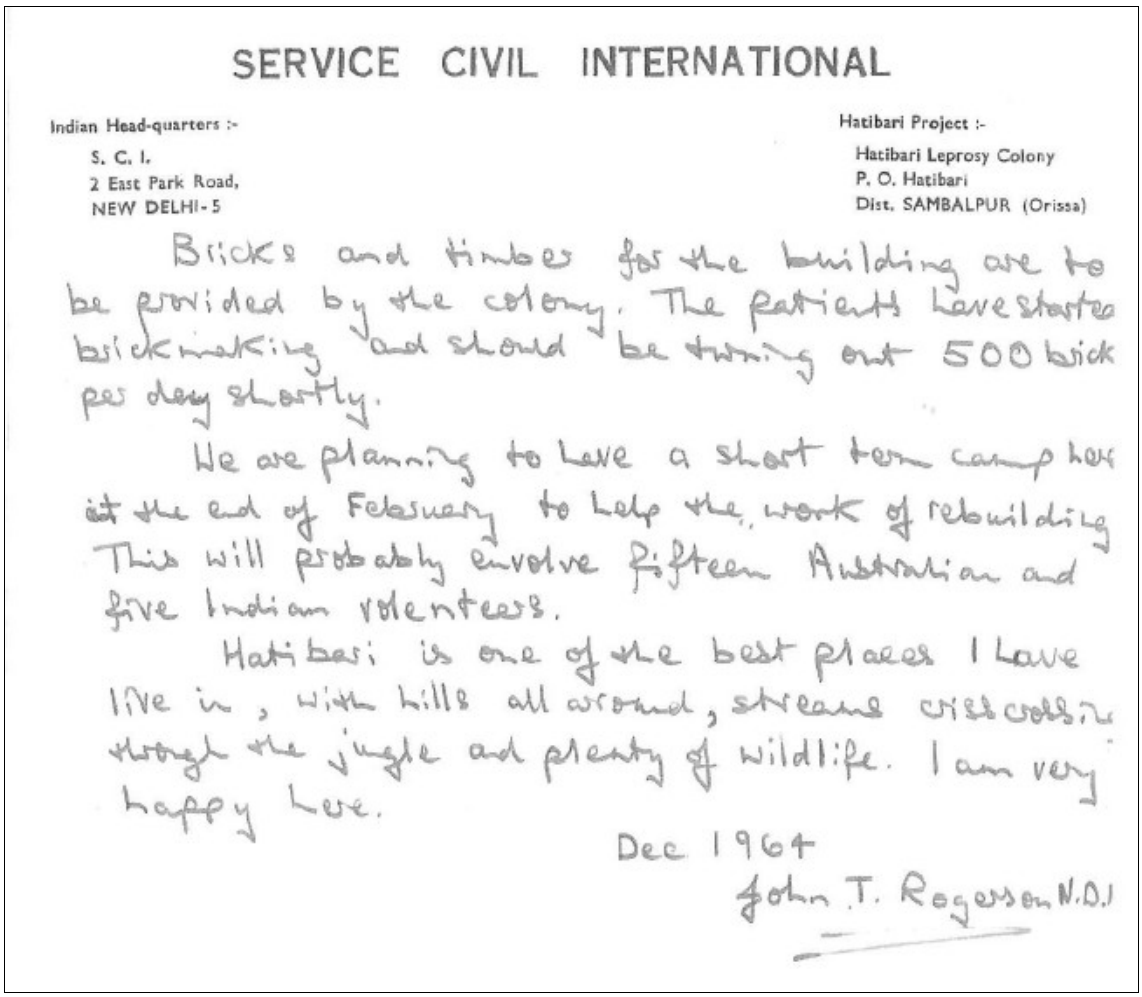

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Bricks and timber for the building are to be provided by the colony. The patients have started brickmaking and should be turning out 500 brick per day shortly.

We are planning to have a short term camp here at the end of February to help the work of rebuilding. This will probably involve fifteen Australian and five Indian volenteers.

Hatibari is one of the best places I have live in, with hills all around, streams criss crossing through the jungle and plenty of wildlife. I am very happy here.

Dec 1964

John T. Rogerson N.D.I

Document No.8 John T.Rogerson: Agriculture Report Hatibari 1964 (1964) page 6

INTERNATIONAL VOLUNTARY SERVICE

L.T.V. REPORT FROM DOROTHY MEFFEN, HATIBARI LEPROSY COLONY, ORISSA, INDIA

Work here has been somewhat reduced this month for various reasons - the main one being that we are waiting for the patients to finish some particular jobs. I myself am waiting for them to finish a building which will be the new shoemaking centre and until this is finished we cannot buy the equipment to start work. The carpenters have been engaged on this for six months now and should have finished two months ago. This attitude to work is a big problem - they will just sit all day if there was no supervision.

There is better all round care for them now than ever before. There is basic medical care, physiotherapy and most important, an improved medical diet. Before we could understand their lack of interest in the colony because of their inadequate diet and the fact that improvements were very slow but now that things are happening one would expect them to realise that success depends on their co-operation.

One attitude expressed by one patient was that why should he work on projects from which he will reap no benefit because he may be discharged any day because of the better medical treatment. Maybe it is because of the past when so many things were given to them by S.C.I. and other organisations as charity and they still think that this will be so if they make no effort themselves.

And so our attitude now is definitely 'help them to help themselves'. There are few agricultural projects but they must maintain them and the individual patients are being made responsible.

There are donated clothes but they are remaking them into Indian styled clothing.

There will be shoes for them but they will be made here.

There is physiotherapy but the care and prevention of injury depends on them and not on the 'magic' ointments and oil.

This is the apathy that everyone in community development in India is encountering but I sometimes feel that Hatibari is doing the wrong thing in engaging all the patients in agriculture which is extremely unsuitable work for leprosy patients, and that it would be better to let them live on the R 13 per month food allowance and engage them instead in light industries and craft work. Hatibari is unique in that all its patients are doing agriculture.

I mentioned in my last report about the coming Board meeting at which it was to be decided about the policy and aims of Hatibari. This was held at the beginning of the month and it was decided that Hatibari is first and foremost a hospital and the aim is to have a rapid turnover of patients rather than a welfare home with more or less a constant number of patients as it has been until now.

I have been going into Sambalpore (the nearest town) a lot just recently for quotations for shoemaking and weaving and this always entails staying there overnight in the Dharamsala. Most of us welcome this because we can have a different diet for the day and usually head straight for the mango stall or the cafe selling the most westernised food. The food situation has improved a lot though recently because the monsoon has started and more vegetables are available and because Sushil has allowed us two rupees a day for food instead of the 1.50 as before.

However we are buying some yarn to weave bandage cloth and if economical we will produce it for the colony at the same time as training patients in the techniques of weaving so they will have a skill when they are discharged.

Last month I started teaching Class 6 in English so now I have two hours' teaching per day over in the village. Sushil has just written about the possibility of holding a short term camp there in October or November to finish the school which was started by S.C.I. volunteers last February. If the villagers agree there will be an influx of volunteers in a few weeks - especially German volunteers.

Document No.9 Dorothy Meffen (IVS): L.T.V.Report from Dorothy Meffen, Hatibari Leprosy Colony, Orissa, India (1964) page 1

1965

BUDGET TO MAINTAIN A TEAM OF SCI VOLUNTEERS AT HATIBARI FOR A YEAR

(FOUR LONG-TERM VOLUNTEERS)

	Rs.	NOTE
Maintenance of 4 volunteers at Rs. 2 per volunteer per day:	2,880	(3)
Pocket money of 4 volunteers at Rs. 30 per volunteer per month:	1,440	(2)
Travel of volunteers at an average monthly rate of Rs. 50 for the whole team	600	(4)
Holiday Allowance at the rate of Rs. 75 each six months, for each volunteer	600	
Project Expenses at an average rate of Rs.50 per month for the whole team	600	(5)
Contingencies, for the year	250	(6)
Administrative expenses of the SCI secretariat in New Delhi, for the year	600	
TOTAL	6,970	

NOTES.

1. The figures given in the budget are based on the last three years' experience of SCI maintaining a team on the project, sometimes as small an group as two volunteers, and sometimes five or six. Last years' prices are used as a base in most cases. (see below)

2. Pocket money rates for all SCI volunteers in India have been raised by 5 Rs. per month to 30 Rs. per month, and the rate may be increased again during the next two years.

3. Maintenance has recently been raised from Rs. 1.50 per day to Rs. 2 per day, for all SCI volunteers in India. Maintenance covers the three or four simple meals provided each day (cereals, vegetables, meat and eggs (rarely), fat and oil, sugar, tea and milk).

4. Travel covers travel by volunteers to Sambalpur, the nearest town (17 miles away), to Bhubneswar, the Govt. H.Q., for getting medical and other supplies from the C.D. Ministry; it ought to cover travel to leprosy eradication seminars organised by the Hind Kusht Nivaran Sangh (the volunteers attended one last November in Madras, which was made possible because of the 50% rail travel concession given to SCI volunteers in India). In certain cases it might be used to cover volunteers' travel to New Delhi to report to the secretariat and the Central Govt. Health Ministry (the latter particularly to support applications for assistance with first-hand reports: the fieldworkers' presence at some of these interviews makes a marked difference in getting positive actions and decisions).

5. Project expenses cover many minor items: nominal allowance for the cook who also does the household chores, repairs to pressure lamps, kerosene for same, repairs to the only bicycle, replacement of utensils, postage, etc.

Document No.10 SCI India / SCI Asian Secretariat: Budget to maintain a team of SCI volunteers at Hatibari for a year (1965) page 1

6. Contingencies which have occurred once or twice in the past, and for which we should make some allowance, include the replacement of a wornout 'charpoi', maintenance of a short-term volunteer called in to do a special task, helping a particularly poor patient on humanitarian grounds, buying bandages when they are urgently needed and there are none in stock. On such projects as this, there are more than enough unforeseen situations calling for expenditure above the usual budget, and the need is often very serious.

Contributions from local sources

Accommodation is provided for the volunteers in a three-roomed cottage. A jeep is sometimes available for urgent tasks, although not always, as it is under the control of the Doctor, who lives in Sambalpur and comes to Hatibari every day.
Medical supplies and equipment come through the Ministry of Health; they are considered barely adequate by our LTVs but the situation had definitely improved since the reorganisation of the administration.
Saplings for banana groves, seeds for kitchen gardens, etc., come through the Ministry of Community Development, which also provides poultry feed at a subsidised rate.
The local Rotarians in Sambalpur have given support from time to time, and it is likely that their support will now be regular.
The neighbouring villagers of Khairmail have contributed Rs. 45 per month over eleven months for one LTV who has taught in their primary school for two or three hours each day (as a result of a short-term camp there two years ago, building the school). This is significant in more ways than one: it is a village free of leprosy and where prejudice against the leprosy-afflicted might be expected to be very high, and to extend to volunteers working with the lepers. Also, the villagers' income in money terms would not be more than Rs 250 annally in this part of India, on average.

Budget planning

Oxfam is asked to help over three years: 1965, 1966 and 1967, a period during which we foresee that we shall be involved in the work at Hatibari, and know the kind of tasks we shall undertake.
There is hope that the local Board which took over the project will become self-sufficient, but it is too soon to give a definite indication of when that will come about. There is probably not much likelihood of the full costs being met locally by the end of 1967.
Our activities during this period will include medical care, agriculture and land reclamation, poultry farming and kitchen gardening, hut building and vocational training, on a similar basis to that done in the past.

Reports and accounts

The volunteers send in their reports and statements of accounts monthly to the Indian branch secretariat. These could be incorporated into the three-monthly report for Oxfam, with an audited statement of accounts on the utilisation of funds at the end of the year.

Budget prepared by the Indian SCI Sectt.,
with notes from Devinder Das Chopra,
former Asian Secretary of SCI.

Document No.10 SCI India / SCI Asian Secretariat: Budget to maintain a team of SCI volunteers at Hatibari for a year (1965) page 2

Service Civil International - India

...

Central Council Meeting
27 - 28 February 1965

Working Paper No. 5

Recommendations on Hatibari Project

While considering the various recommendations for the future of a project like Hatibari it should be borne in mind that a thorough study of many vital questions (e.g. to what extent SCI can be involved in projects like Hatibari or Cherian Nagar which may require a life time for any "results" to be achieved? How many longterm projects can SCI-India run with its present resources an organisation like SCI really 'qualified' to undertake longterm community development projects.....) regarding longterm projects in general should be made as early as possible by all concerned particularly those of us in India having been responsible for as many as four LTPs at one time.

Major contribution of SCI's work in Hatibari Colony in the first two years has been that as a result of the work of the vols, a new widely based administration both of officials and non-officials from the Sambalpur area has been formed. Following this vols concentrated on agriculture and have been able to do impressive work in this field. Nurse vols helped periodically in the medical programme assisting Dr. Roy who is the medical superintendent as well as the administrative in-charge of the place. An occupational therapist also joined the team almost a year ago.

The present team is composed of an agriculturist, occupational therapist and a nurse. The projects consist of agricultural work in the field, poultry farming, medical programme, 'occupational therapy' (shoe making and bandage weaving) etc. Apart from this one vol. has also been teaching in the village of Chairmal in a primary school.

Hatibari will have to be seen by us from two angles. 1. In the entire and wider context of the potentialities of the place and its role in the field of leprosy work - should it be a permanent rehabilitation centre or more oriented to do giving medical aid to a large number of leprosy patients from all over Orissa, etc. We and the vols. can only have our thinking on this but practically speaking, with our present resources we can offer nothing for a decision to be made one way or the other. 2. In the context of the limited role that SCI/its vols have been able to play during the past four years to study the various means and ways and to take immediate steps to make the programme of SCI in Hatibari effective and efficient. It is in the latter context the following recommendations are made:

To begin with, I would like to remind ourselves that we can play only a very limited role with our present resources and also being conditioned by the factor that SCI-India has many other responsibilities. Seeing the project in its wider context and not realising the above factors many a time we end up in frustration.

1. It seems, from our experience and the results already seen of the work of the vols. that SCI has definite contributions to make during the coming two/three years, if not more. This might change only if there are any drastic changes in the entire set up of the colony for one reason or another.

Bearing this in mind, to continue the work during 1965-66 with a team with a team of vols having the same skills as now (agriculturist, nurse, occupational therapist).

...2

Document No.11 Valli Seshan (SCI India): Central Council Meeting: Recommendations on Hatibari Project (1965) page 1

2. All efforts to be made to find an Indian vol to work with the team, if necessary by paying a small honorarium. There should be no further delay.

3. Definite provision for funds for vols' maintenance - two months of the year have already gone with no indication as to from where the funds will be coming even for the current year.

4. Vols with special skills when they are engaged in particular projects, if found necessary, finding funds for the same from the Centre.

5. Definite targets for the work of the skilled vols to be prepared with the help of the outgoing team much before the new team arrives in the project. Thus apart from giving advance information to the vols selected, it would also help in making a budget for the projects for which funds will have to be raised.

6. Visits of the National Sec/Cttee members to be planned, at regular intervals and for a longer duration of stay in the project, to be able to really study the situation, advise the volunteers, to report back to the committee for further action etc. Atleast three visits for a year should be planned - April, August and December for this year?

7. It is absolutely essential to organise as many shortterm camps as possible both in Hatibari and the neighbouring villages.

8. Vols, specially those who have taken the leadership of the project should visit Delhi to meet the various committee members, discuss about their experience, give their recommendations for the future after their service period is over.

9. SCI should try to interest agencies like FAO, WHO, Ford Foundations etc. in this project.

These recommendations are made with the hope that they would stimulate discussions for arriving at definite decisions at the Central Council and serious efforts will be made for their implementation.

Valli Seshan
8.2.65

Abbildung 1: Document No.11 Valli Seshan (SCI India): Central Council Meeting: Recommendations on Hatibari Project (1965) page 2

Evaluation Report of Long Term Service in Hatibari Leprosy Colony

Almost two years ago I left for India to work. I thought as an occupational therapist but having no foresight of the variety of jobs that I would be doing (and even more so of the things that I was asked to do). Not of the time I was working in Hatibari Leprosy Colony but also taught English in a village school. After eighteen months in Hatibari I left to live and work completely in the village. This report will be an evaluation of both jobs but mainly of Hatibari.

Hatibari Leprosy Colony has been an S.C.I. project since 1962 and had just been taken over by the Orissan State Government one year previous to my arrival. Conditions were somewhat primitive and the services provided very limited-poor diet, little medicine etc. Food for the patients was the most immediate need and therefore an S.C.I. agriculturist had developed the agriculture quite extensively. This has continued since under various agriculturists and slowly responsibility is being handed over to the patients. There is a good now and all surplus produce is sold but it is doubtful if the colony will ever be self sufficient in food.

So the next step was to develop Hatibari medically. The policy of the colony was drawn up by the Medical Officer and was that Hatibari should first and foremost be a medicaltreatment centre where patients are admitted and when declared negative should be discharged back into society. This decision sounds unnecessary until one realises that many of the patients had been there for 5-10 years and had no intention of leaving again as they were rejected by their family and village as "lepers".I was sent to develop a rehabilitation programme and a nurse sent to develop the medical treatment.

Evaluation of my work

For the first three months I felt superfluous as many volunteers must do I think.I thought that my work had been discussed by the Dr. and Governing Board but found on my arrival that no one knew what I had come for. Somewhat disconcerting ! The whole place was geared to agricultural development and getting a maximum work effort from the patients. When I discussed starting other occupational projects for rehabilitation I was told that the manpower was not available. My first six months I spent starting projects which I thought important at the time but which have been continued since by Government staff and volunteers and therefore had some value-hand exercise class, sewing class etc. Unfortunately I got very involved in my teaching post and maybe neglected my work in Hatibari until I felt that things were beginning to move and there was a need for me. Looking back I think that I should have used this time for learning the language properly. To spend the first month intensively learning the language is well worth it. There is too much of a tendency to rush off and immerse oneself in any work just for the sake of it and to feel that one is doing something useful.

Anyway after six months I could speak the language sufficiently to get a therapeutic shoe-making centre under way and the next year was spent in running this and starting weaving and recreational projects. The weaving the produce bandage cloth for the hospital and it is hoped that under the volunteer who replaced me that they will produce saris and dhoties for the patients .There was continual opposition from the Dr. about weaving but full support from the Board . However I sometimes felt that I was continueing it just because of the difficulties and determination to win merely the argument.

~~Evaluation~~ Overall though I enjoyed the work there immensly because of the relationship with the patients ,volunteers and the staff - particularly the patients.They continually beg off us and try to avoid all work (there are exceptions of course) and regard us as absolutly crazy for the effort to get things done. They can be damned awkward sometimes and many times you feel like walking out and letting them sink or swim on their own. Their hospitality and happiness makes you forget all this though and its wonderful to be such a part of their life there.

Evaluation of the Teaching Post

I taught 2 hours a day to children of 11 to 15 years and enjoyed this tremendously.Again it was not the work but the relationships with the children and school staff and all these villagers. I was adopted by the headmans family and although very happy with them I was aware of how lucky I was to make such friendships.I think that all that I have learnt and understood about India and Indians is through the people of this village- through living in the village,joining in their festivals etc. I think its known as"going native." For my last three months I lived completely in the village and taught five periods a day of English and Art.

The job was started by volunteers in 1963 as a link between the colony and the villagers to educate them about leprosy and take awaysome of the fear of leprosy. Also to enable the patients to keep in touch with their own culture.It turned out to be more successful than we had ever dreamed. Some of the discharged patients were employed by the village Headman and some allowed to live on the village land. (Thisunfortunetly is becoming too popular and a splinter colony is forming where patients think they are entitled to live) Villagers come to the colony for medical treatment and to see

Document No.12 Dorothy Meffen: Evaluation Report of Long Term Service in Hatibari Leprosy Colony (1965) page 1

improved agricultural methods . Finally our dr a group was invited to the villa
to give performances. Anyone who understands the terrible stigma against leprosy in
Hindu society will realise what a tremendous step that this is.

Position of S.C.I. in Hatibari

The u in function of S.C.I. there , work wise ,is as a representative and mediu
between the patients and the Government. By this I mean Government staff on the colony
and Board of Management. Also as a contact with outside a encies such as U.A.A. and
U.N.E.S.C.O.etc.The type of administration is such that is typical all over India in
Government concerne- procrastination in everything, and S.C.I. can speed things up and
check .It is necessary to have someone to check that the patients are getting the
medic l treatments that they should be h ving; that they are getting the correct diet;
that pocket money is issued correctly and in time etc. etc. All the ~~things~~ minor but
important things which make the difference between an ordinary ,decent life and an
institutional existence are brought to S. . I. and if S.C.I. were not there then these
things would go unattended to .

This position of S.C.I. inevitably and unfortunetly causes many disagreements wi
with the Government staff . Often we feel that they should be replaced but Hatibari is
such that staff are very hard to replace and a y staff are better than noneat all.

The second u i. use of S.C.I. there is a contact with outside agencies and in
getting funds for development. Many grants which have come to Hatibari h ve come I am
sure because the volunteers are there to help utilise them. The Dr. recognises this as t
the only use of volunteers. Any funds come via S.C.I.,either through old volunteers ,
C.I. Dehli or the contacts of present S.C.I. volunteers.The only difficulty is ~~the~~
in allocating and utilising these funds- wther they should be used through the governme
and therefore delayed or used by S.C.I. The latter makes S.C.I. appear wealthy .
donating agency which is exactly the opposite of what it should appear and be.The only
solution is to discuss the utilisation of the funds thoroughly with the Govt. before any
money is spent by S.C.I. I feel that there is an adequate budjet from the Government
now and i have seen so much money misspent that I would only send money there for
definite project and one supervised preferably by the Volunteers there. Small amounts I
would send to improve the living conditions of the volunteers and not to be frittered aw
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Type of Volunteers required

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because of lack of pre-pl nning and notice on the part of S.C.I. Dehli.

2. Although a specialist they must be prepared to do many other j obs arising from th
their relationship with the patients. Finding accomodation for discharged patients,
settling disputes amongst the patients, everyd y running of the S.C.I. camp- helping to
buy provisions etc.

The type of volunteers should ideally be discussed with the Dr. and Board
beforehand. Sometimes S.C.I. has its own opinion but it should first go before the Board
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A social worker. That a programme of education be started and that this team wi
visit the villages living t lks and treatment of leprosy.

A nurse. That she is in charge of certain things in the hospital otherwise her
work overlaps with other Govt. staff causing disagreements.

Of course it often happens that a volunteer arrives when no plan has been drawn
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causes many bad feelings between the ~~S.C.I.~~ S.C.I. Hatibari and S.C.I. Dehli.

Orientation of Volunteers

The more that one can learn about India ,the better as India is such a complex
country.To read the epics ,the Ramayana,Mahabharat is to understand what before was
utter confusion. I did not attend the orientation camps at Uriage or in England so
cannot comment on these. I did spend my first month in India travelling round meeting
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a week in Mission to lepers Hospital. Having not seen a leprosy colony at all I had
a week in Mission to lepers Hospital. Having not seen a leprosy colony at all I had
no idea what it should be like and what could be done in the way of rehabilitation

Document No.12 Dorothy Meffen: Evaluation Report of Long Term Service in Hatibari Leprosy Colony (1965) page 2

I feel that it's essential that all new L.T.V.s to Hatibari spend a week in a good leprosy centre , whatever their job. Otherwise you cannot see what end you are working towards . You see only your own job a d cannot think of the all round development of the colony. I am sure that this particular hospital at Purulia ,West Bengal would be pleased to accept volunteers for a weeks orientation as they have shown much ~~in~~ interest in the volunteers.

Finance of Volunteers and living conditions

Rs 25 per month pocket money is adequate if one st ys in camp most of the time and if you h ve brought plenty of the essential things with you- shoes , writing paper etc. Rs2 p r day is sufficient for food in camp but impossible to eat for one day in town when one is there on work . The extra usually comes out of the volunteers pocket and it shouldn't.

I think th t the holiday allowance sho ld definitly be raised as I have yet to meet a volunteer who can holiday for two weeks on Rs75. Its possibl if you stay with S.C.I. members but on the other hand after six months work a volunteer is entitled to a holiday he wants and to see India, not living off the generosity of others. Rs75 means Rs 5 per day for food, accomadation, entertainment etc and is quite impossible unless you are wit a group and can sleep in the bus shelters. Also if one does stay with S.C.I. members there should be some definite arrangement with the S.C.I. group whereby they can claim t their expenses. Otherwise the volunteer feels very uncomfotrtable.

Ideall theGovernment should contribute towards the maintenance of the volunteers Hatibari- at the moment all the funds come from Dehliand London.This could mean that S.C.I. is looked upon as paid bt the Government and subject to some of the staff resrtictions on the colony. One big advantage of S.C.I. was that we were able to do things in a differen t and quicker way.

Camp conditions are good but this is entirely up to the volunteers -r proper toilet,planned diet etc. Usually the girl is responsible for camp maintenance and all the aaccounting but everyoneshould be willing to help otherwise one person has all this work on top of their normal job.

Relationships with S.C.I. Dehli

L ettersfly back and forth to Dehli but even so staffin Dehli cannot understand and appreciatethe situation i n Hatibari only through letters and during the 22months that i was there , visits from Dehli amounted to 3-4 days. Its important that some one visit every 6 monthsand seen the colony when they do come , not only sit and discuss. I know t that there have been major staff changes in Dehli during the past year.Taking this into consideration .relationshi s were surprisingly good.

I was asked many times about the possibilities of an S.C.I. group in Amalpu . This could be done no d ubt but it needs time and money to the detriment of o ner ork in Hatibari.The main deterrent is leprosy. Jamalpur (the nearest town) people are scared stiff of leprosy and only come after much persuasion and even then looking from their car window , definitly not to work at- side by side.

Relationships with I.V.S. I personally felt that I got very much out of touch- possibly my own fault because of irregular reports . One becomes so involved and all the problem tend to go to Dehli and not beyond. Its impo rtant to maintain ~~frequent~~ regular touc with London to keep a sane and objective angle on things.

Just one word about money is that money for returing volunteers should be sent well in advance and isn't it possible to recievoit in American Express Travellers cheque rather than in rupees which are no earthy good when returning home.

Future of Hatibari

The emphasis must now move away from agriculture to medicine.New houses and hospital are being built andafter that a good medical and rehabilitation programme should get under way. Thinking beyond this ti me ybe twoyears ahead to the wider problem of leprosy eradication inI India,Hatibari should start a mobile unit going into the villageseducating and treating leprosy .This provent tive aspect is by far the most important and S.C.I. volunteers could do a lot by pushing this programme. The M.O. is keen on this as he has experience in this field and S.C.I. could certainly provide some of the staff. Even sovolunteers will be needed there for another two years to help with the organisation of the new hospital and there building of all the quarters.

Finally on India itself. My impressions will~~d~~ lways be of the people and never of the beau tiful scenery or exciting cities as how could anything compete with the fascinating variety of people that I met. I ever understood completely how the Indian mind works (a cliche but true nevertheless) and I am sure th that this is the fascination. You think that at last you understand and then something s so completelt out of character will happen and you have to revise all your concepts. I a t lking of Indians as individuals and not en masse when all the poverty and

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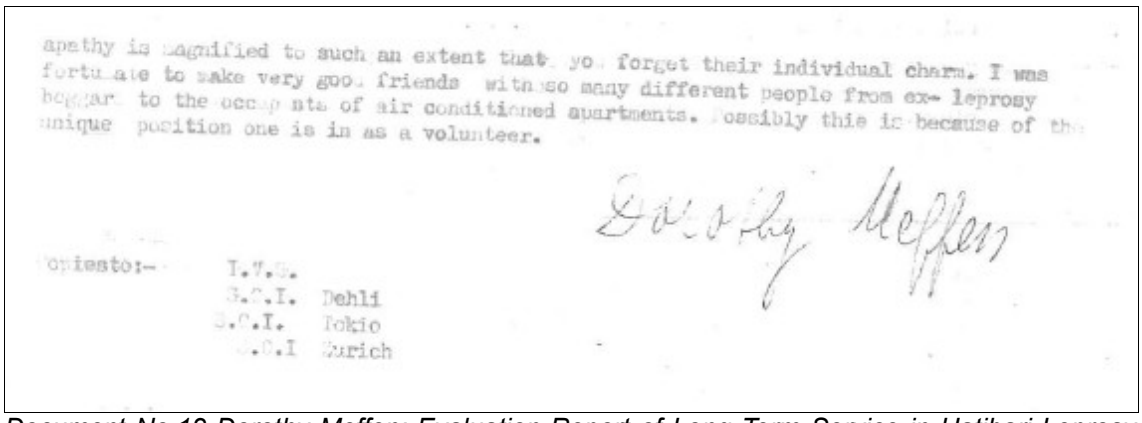
Document No.12 Dorothy Meffen: Evaluation Report of Long Term Service in Hatibari Leprosy Colony (1965) page 3



apathy is magnified to such an extent that yo forget their individual charm. I was fortunate to make very goo friends with so many different people from ex- leprosy beggar to the occup nts of air conditioned apartments. Possibly this is because of the unique position one is in as a volunteer.

Dorothy Meffen

Copiesto:- I.V.S.
S.C.I. Dehli
S.C.I. Tokio
S.C.I Zurich

Document No.12 Dorothy Meffen: Evaluation Report of Long Term Service in Hatibari Leprosy Colony (1965) page 4

FINAL REPORT OF
Dorothy Meffen, Hatibari Leprosy colony.

Almost two years ago I left for India to work so I thought as an occupational therapist but having no foresight of the variety of jobs that I would be doing, (and even more so of the variety of things that I was asked to do). Most of the time I was working in Hatibari Leprosy Colony but I also taught English in a village school. After eighteen months I left to live and work completely in the village. This report will be of both jobs, but mainly of Hatibari.

Hatibari Leprosy Colony has been an SCI project since 1962 and had just been taken over by the Orissa State Government one year previous to my arrival. Conditions were somewhat primitive and the services provided very limited - poor diet, little medicine etc. Food for the patients was the most immediate need and therefore a SCI agriculturist had developed the agriculture quite extensively. This has continued since under various agriculturists and slowly responsibility is being handed over to the patients. There is a good diet now and all surplus produce is sold but it is doubtful if the colony will ever be self-sufficient in food.

So the next step was to develop Hatibari medically. The policy of the colony was drawn up by the Medical Officer and was that Hatibari should first and foremost be a medical treatment centre where patients are admitted and when declared negative should be discharged back into society. This decision sounds unnecessary until one realises that many of the patients had been there for 5-10 years and had no intention of leaving again as they were rejected by their family and village as "lepers". I was sent to develop a rehabilitation programme and a nurse sent to develop the medical treatment.

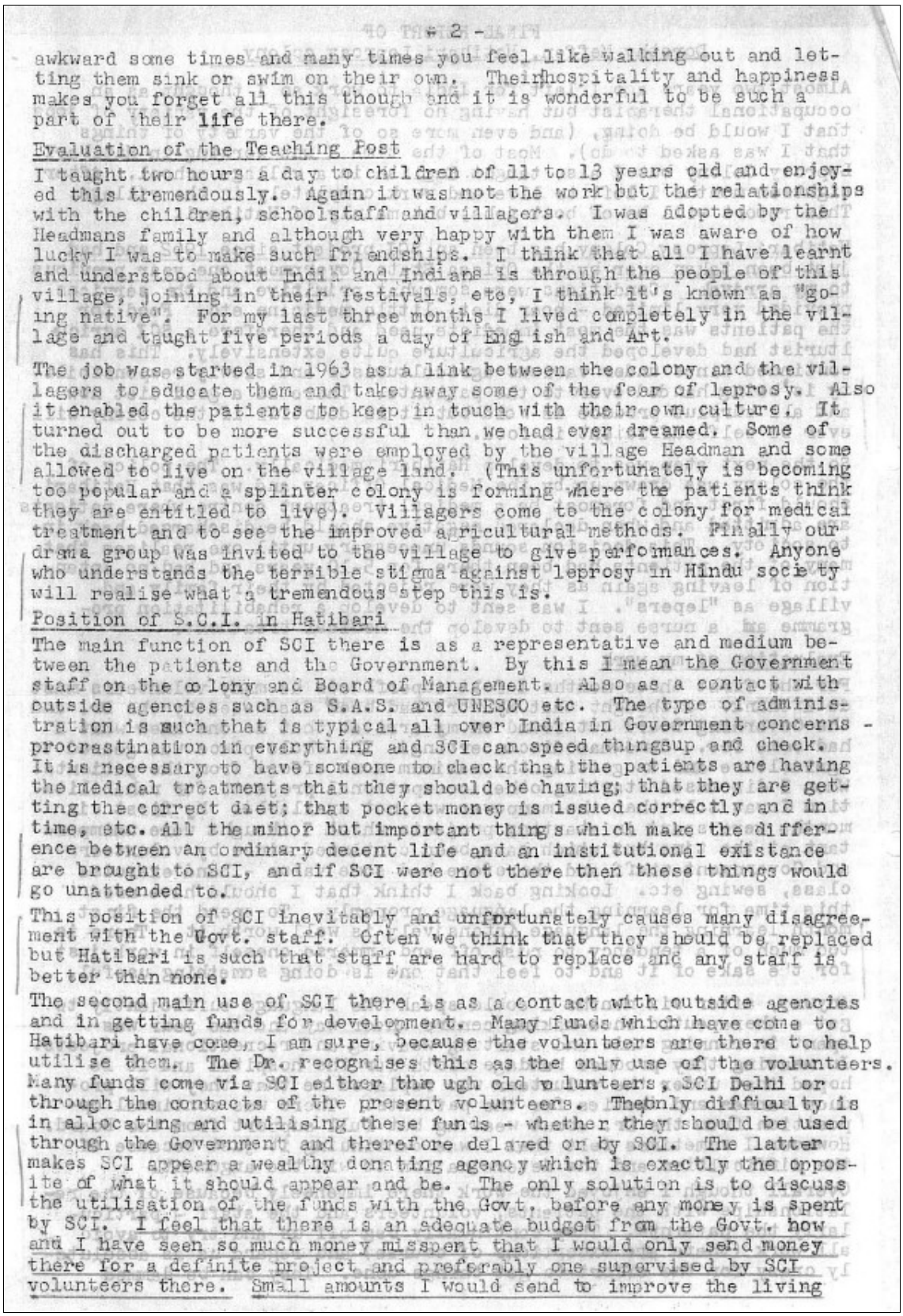
Evaluation of my work

For the first three months I felt superfluous as many volunteers must do I think. I thought that my work had been discussed by the Dr. and the Governing Board but found on my arrival that no one knew what I had come for. Somewhat disconcerting! The whole place was geared to agriculture and to getting the maximum work effort from the patients. When I discussed starting other occupational projects for rehabilitation I was told that the manpower was not available. My first six months were spent in starting projects which I thought were unimportant at the time but which have been continued since by volunteers and Government staff and therefore had some value - hand exercise class, sewing etc. Looking back I think that I should have used this time for learning the language properly. To spend the first month learning the language intensively is well worth it. There is too much of a tendency to rush off and immerse oneself in work just for the sake of it and to feel that one is doing something useful.

Anyway, after six months I could speak the language sufficiently to get a therapeutic shoe-making centre under way and the year was spent in running this and starting weaving and recreational projects. In weaving they produce bandage cloth for the hospital and it is hoped that under the volunteer who replaced me that they will produce sarees and dhoties for the patients. There was continual opposition from the Dr. about weaving but full support from the Board. However I sometimes felt that I was continuing it just because of the difficulties and the determination to win the argument.

Overall though I enjoyed the work there immensely because of the relationships with the patients, volunteers and the staff - particularly the patients. They continually beg off us and try to avoid all work (there are exceptions of course) and regard us as absolutely crazy for the effort to get things done. They can be damned

Document No.13 Dorothy Meffen: Final Report of Dorothy Meffen, Hatibari Leprosy Colony (1965) page 1



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awkward some times and many times you feel like walking out and letting them sink or swim on their own. Their hospitality and happiness makes you forget all this though and it is wonderful to be such a part of their life there.

Evaluation of the Teaching Post

I taught two hours a day to children of 11 to 13 years old and enjoyed this tremendously. Again it was not the work but the relationships with the children, schoolstaff and villagers. I was adopted by the Headmans family and although very happy with them I was aware of how lucky I was to make such friendships. I think that all I have learnt and understood about India and Indians is through the people of this village, joining in their festivals, etc, I think it's known as "going native". For my last three months I lived completely in the village and taught five periods a day of Eng ish and Art.

The job was started in 1963 as a link between the colony and the villagers to educate them and take away some of the fear of leprosy. Also it enabled the patients to keep in touch with their own culture. It turned out to be more successful than we had ever dreamed. Some of the discharged patients were employed by the village Headman and some allowed to live on the village land. (This unfortunately is becoming too popular and a splinter colony is forming where the patients think they are entitled to live). Villagers come to the colony for medical treatment and to see the improved agricultural methods. Finally our drama group was invited to the village to give performances. Anyone who understands the terrible stigma against leprosy in Hindu society will realise what a tremendous step this is.

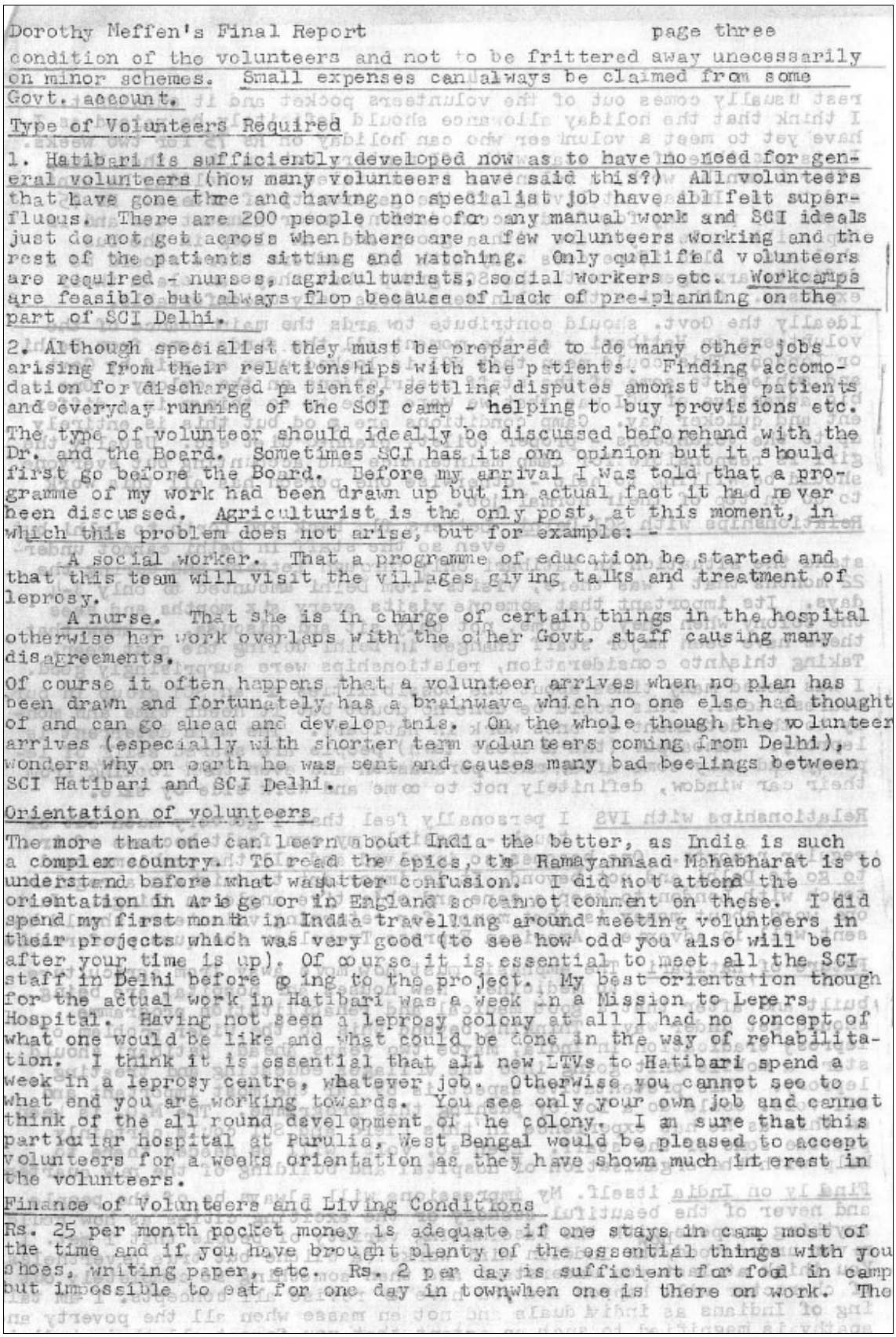
Position of S.C.I. in Hatibari

The main function of SCI there is as a representative and medium between the patients and the Government. By this I mean the Government staff on the colony and Board of Management. Also as a contact with outside agencies such as S.A.S. and UNESCO etc. The type of administration is such that is typical all over India in Government concerns - procrastination in everything and SCI can speed thingsup and check. It is necessary to have someone to check that the patients are having the medical treatments that they should be having; that they are getting the correct diet; that pocket money is issued correctly and in time, etc. All the minor but important things which make the difference between an ordinary decent life and an institutional existance are brought to SCI, and if SCI were not there then these things would go unattended to.

This position of SCI inevitably and unfortunately causes many disagreement with the Govt. staff. Often we think that they should be replaced but Hatibari is such that staff are hard to replace and any staff is better than none.

The second main use of SCI there is as a contact with outside agencies and in getting funds for development. Many funds which have come to Hatibari have come, I am sure, because the volunteers are there to help utilise them. The Dr. recognises this as the only use of the volunteers. Many funds come via SCI either thro ugh old volunteers, SCI Delhi or through the contacts of the present volunteers. The only difficulty is in allocating and utilising these funds - whether they should be used through the Government and therefore delayed or by SCI. The latter makes SCI appear a wealthy donating agency which is exactly the opposite of what it should appear and be. The only solution is to discuss the utilisation of the funds with the Govt. before any money is spent by SCI. I feel that there is an adequate budget from the Govt. how and I have seen so much money misspent that I would only send money there for a definite project and preferably one supervised by SCI volunteers there. Small amounts I would send to improve the living

Abbildung 2: Document No.13 Dorothy Meffen: Final Report of Dorothy Meffen, Hatibari Leprosy Colony (1965) page 2



Dorothy Meffen's Final Report page three

condition of the volunteers and not to be frittered away unecessarily on minor schemes. Small expenses can always be claimed from some Govt. account.

Type of Volunteers Required

1. Hatibari is sufficiently developed now as to have no need for general volunteers (how many volunteers have said this?) All volunteers that have gone there and having no specialist job have all felt superfluous. There are 200 people there for any manual work and SCI ideals just do not get across when there are a few volunteers working and the rest of the patients sitting and watching. Only qualified volunteers are required - nurses, agriculturists, social workers etc. Workcamps are feasible but always flop because of lack of pre-planning on the part of SCI Delhi.

2. Although specialist they must be prepared to do many other jobs arising from their relationships with the patients. Finding accomodation for discharged patients, settling disputes amonst the patients and everyday running of the SCI camp - helping to buy provisions etc. The type of volunteer should ideally be discussed beforehand with the Dr. and the Board. Sometimes SCI has its own opinion but it should first go before the Board. Before my arrival I was told that a programme of my work had been drawn up but in actual fact it had never been discussed. Agriculturist is the only post, at this moment, in which this problem does not arise, but for example: -

A social worker. That a programme of education be started and that this team will visit the villages giving talks and treatment of leprosy.

A nurse. That she is in charge of certain things in the hospital otherwise her work overlaps with the other Govt. staff causing many disagreements.

Of course it often happens that a volunteer arrives when no plan has been drawn and fortunately has a brainwave which no one else had thought of and can go ahead and develop this. On the whole though the volunteer arrives (especially with shorter term volunteers coming from Delhi), wonders why on earth he was sent and causes many bad feelings between SCI Hatibari and SCI Delhi.

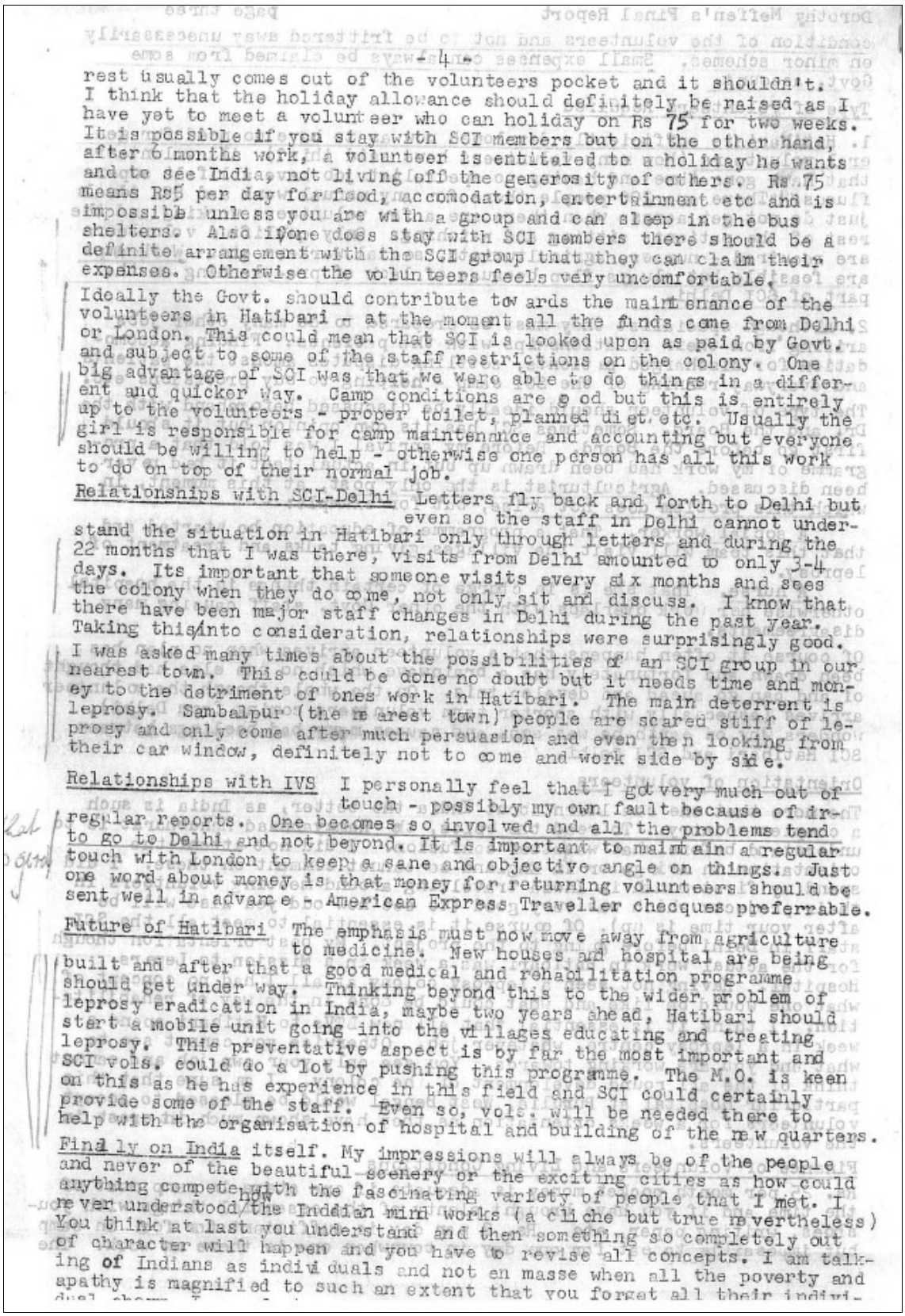
Orientation of volunteers

The more that one can learn about India the better, as India is such a complex country. To read the epics, the Ramayannaad Mahabharat is to understand before what was utter confusion. I did not attend the orientation in Ariege or in England so cannot comment on these. I did spend my first month in India travelling around meeting volunteers in their projects which was very good (to see how odd you also will be after your time is up). Of course it is essential to meet all the SCI staff in Delhi before going to the project. My best orientation though for the actual work in Hatibari was a week in a Mission to Lepers Hospital. Having not seen a leprosy colony at all I had no concept of what one would be like and what could be done in the way of rehabilitation. I think it is essential that all new LTVs to Hatibari spend a week in a leprosy centre, whatever job. Otherwise you cannot see to what end you are working towards. You see only your own job and cannot think of the all round development of the colony. I am sure that this particular hospital at Purulia, West Bengal would be pleased to accept volunteers for a weeks orientation as they have shown much interest in the volunteers.

Finance of Volunteers and Living Conditions

Rs. 25 per month pocket money is adequate if one stays in camp most of the time and if you have brought plenty of the essential things with you shoes, writing paper, etc. Rs. 2 per day is sufficient for food in camp but impossible to eat for one day in townwhen one is there on work. The

Abbildung 3: Document No.13 Dorothy Meffen: Final Report of Dorothy Meffen, Hatibari Leprosy Colony (1965) page 3



- 4 -

rest usually comes out of the volunteers pocket and it shouldn't. I think that the holiday allowance should definitely be raised as I have yet to meet a volunteer who can holiday on Rs 75 for two weeks. It is possible if you stay with SCI members but on the other hand, after 6 months work, a volunteer is entitled to a holiday he wants and to see India, not living off the generosity of others. Rs 75 means Rs5 per day for food, accomodation, entertainment etc and is impossible unless you are with a group and can sleep in the bus shelters. Also if one does stay with SCI members there should be a definite arrangement with the SCI group that they can claim their expenses. Otherwise the volunteers feels very uncomfortable.

Ideally the Govt. should contribute towards the maintenance of the volunteers in Hatibari - at the moment all the funds come from Delhi or London. This could mean that SCI is looked upon as paid by Govt. and subject to some of the staff restrictions on the colony. One big advantage of SCI was that we were able to do things in a different and quicker way. Camp conditions are good but this is entirely up to the volunteers - proper toilet, planned diet etc. Usually the girl is responsible for camp maintenance and accounting but everyone should be willing to help - otherwise one person has all this work to do on top of their normal job.

Relationships with SCI-Delhi Letters fly back and forth to Delhi but even so the staff in Delhi cannot understand the situation in Hatibari only through letters and during the 22 months that I was there, visits from Delhi amounted to only 3-4 days. Its important that someone visits every six months and sees the colony when they do come, not only sit and discuss. I know that there have been major staff changes in Delhi during the past year. Taking this into consideration, relationships were surprisingly good. I was asked many times about the possibilities of an SCI group in our nearest town. This could be done no doubt but it needs time and money to the detriment of ones work in Hatibari. The main deterrent is leprosy. Sambalpur (the nearest town) people are scared stiff of leprosy and only come after much persuasion and even then looking from their car window, definitely not to come and work side by side.

Relationships with IVS I personally feel that I got very much out of touch - possibly my own fault because of irregular reports. One becomes so involved and all the problems tend to go to Delhi and not beyond. It is important to maintain a regular touch with London to keep a sane and objective angle on things. Just one word about money is that money for returning volunteers should be sent well in advance - American Express Traveller cheques preferrable.

Future of Hatibari The emphasis must now move away from agriculture to medicine. New houses and hospital are being built and after that a good medical and rehabilitation programme should get under way. Thinking beyond this to the wider problem of leprosy eradication in India, maybe two years ahead, Hatibari should start a mobile unit going into the villages educating and treating leprosy. This preventative aspect is by far the most important and SCI vols. could do a lot by pushing this programme. The M.O. is keen on this as he has experience in this field and SCI could certainly provide some of the staff. Even so, vols. will be needed there to help with the organisation of hospital and building of the new quarters.

Finally on India itself. My impressions will always be of the people and never of the beautiful scenery or the exciting cities as how could anything compete with the fascinating variety of people that I met. I never understood the Inddian mind works (a cliche but true nevertheless) You think at last you understand and then something so completely out of character will happen and you have to revise all concepts. I am talking of Indians as individuals and not en masse when all the poverty and apathy is magnified to such an extent that you forget all their individ-

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SERVICE CIVIL INTERNATIONAL - Asian Sect.

FINAL REPORT of J.T. Rogerson at Hatibari, India 9/64-9/65 SCI - project

The monsoon has broken very gently on Hatibari and a lot of the farmers around have been afraid of losing their paddy crop through too little water.

Work is at its hardest here; the day starting at 6:00 a.m. with breakfast, followed by roll call at 6:30 a.m. along with D.D.S. distribution. The patients are supposed to be in the site by 7:00 a.m. but with the size of Hatibari they are allowed half an hour more. Those with ulcers and leaction (?) or any other aliments leave the worksite at 10:00 a.m, with the permission of their work leaders to attend hospital. It seems that the hospital, indoor dept., is never very full and about 1/3rd of these are in for complaints other then Hanson's disease. Work finishes at 11:00 a.m. and they eat at the common mess from noon to 1 p.m. Afternoon work commences with roll call at 2:30 p.m. and finishes at 6p.m.

The agricultural programme employs most of the patients and colony maintenance employs the rest; this includes road making and repairing, firewood cutting, maintainance of buildings and looking after the ornamental gardens and fruit trees.

Most of the agricultural work is done under the work leader system where one educated patient is in charge of a group and reports on needs and progress to the agricultural supervisor or agriculturalist. There are also a few patients with exceptional agricultural ability and these are allowed a fairly free hand in what they do. Two of these are in charge of gardens which have their own labour force and another helps out with the organising of the work of general agriculture.

Hatibari is devided into three areas: the 300 acres, 60 acres and 200 acres in the order it was given to its founder, Dr. Santra, before the Orissa state government took over the institution. The 200 and 60 acre areas contain the best land; most of the 300 acres land area is badly eroded. SCI camp and main offices and go-down are in the 300 acre area. The hospital and most of the patients' houses are at 60 acres as is also 44 acres of the best land so far cleared on the colony. We have three tanks; a very large one of over an acre in area at 300 acres, a small one at 60 acres which goes dry in April-May and a 3/4 acre one at 200 acres which will dry up in a hot season - but this year did not. We also have a Minos irrigation scheme tank completed this year which will occupy about 3-4 acres of Jungle when full and should be capable of irrigating all the 44 acres at 60 acre land.

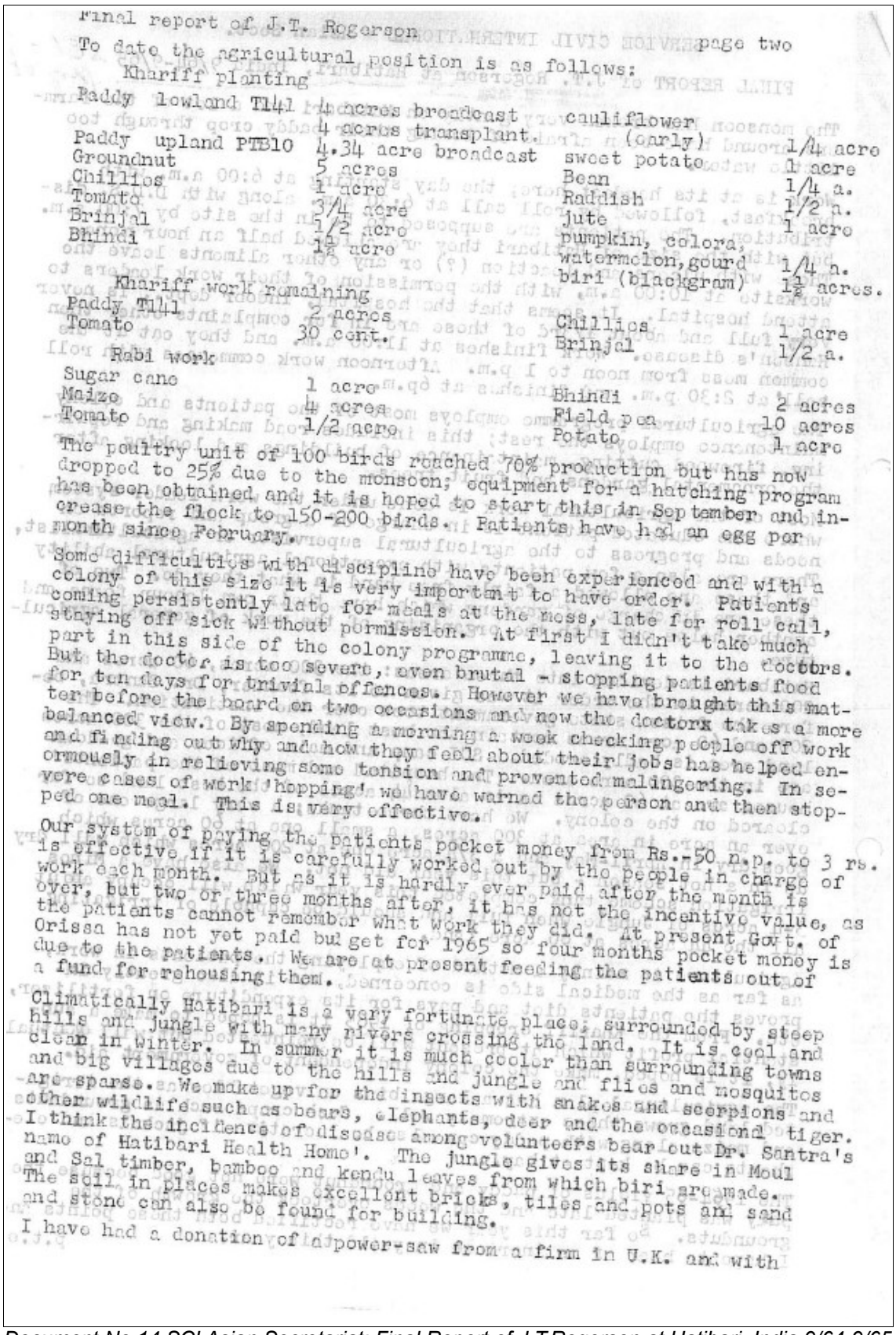
Agriculture is mainly a method of employing the patients in work, as far as the medical side is concerned, but it also greatly improves the patients diet and pays for its expenditure on fertilizer, etc. From the Khariff cropping of 1965 it is hoped to make a substantial profit which at present will be reinvested but will eventually, it is hoped, make the colony independent of government aid.

The agricultural plan has a large bias on vegetables as the irrigated land grows these extremely well. Cash crops such as groundnuts and maize along with paddy can also be lucrative if jackals and elephants can be kept at bay.

The 1964-65 yields of paddy and groundnut were not good because the paddy was planted late and the weeds overtook the growth of the grounduts. So far this year we have rectified both these points and I hope to hear of an increase in yeild this year.

p.t.o.

Document No.14 SCI Asian Secretariat: Final Report of J.T.Rogerson at Hatibari, India 9/64-9/65 (1965) Page 1



Final report of J.T. Rogerson page two

To date the agricultural position is as follows:

Khariff planting

Paddy lowland T141	4 acres broadcast 4 acres transplant.	cauliflower (early)	1/4 acre
Paddy upland PTB10	4.34 acre broadcast	sweet potato	1 acre
Groundnut	5 acres	Bean	1/4 a.
Chillies	1 acre	Raddish	1/2 a.
Tomato	3/4 acre	jute	1 acre
Brinjal	1/2 acre	pumpkin, colora,	
Bhindi	1½ acre	watermelon, gourd	1/4 a.
		biri (blackgram)	1½ acres.

Khariff work remaining

Paddy T141	2 acres	Chillies	1 acre
Tomato	30 cent.	Brinjal	1/2 a.

Rabi work

Sugar cane	1 acre	Bhindi	2 acres
Maize	4 acres	Field pea	10 acres
Tomato	1/2 acre	Potato	1 acre

The poultry unit of 100 birds reached 70% production but has now dropped to 25% due to the monsoon; equipment for a hatching program has been obtained and it is hoped to start this in September and increase the flock to 150-200 birds. Patients have had an egg per month since February.

Some difficulties with discipline have been experienced and with a colony of this size it is very important to have order. Patients coming persistently late for meals at the mess, late for roll call, staying off sick without permission. At first I didn't take much part in this side of the colony programme, leaving it to the doctors. But the doctor is too severe, even brutal - stopping patients food for ten days for trivial offences. However we have brought this matter before the board on two occasions and now the doctors take a more balanced view. By spending a morning a week checking people off work and finding out why and how they feel about their jobs has helped enormously in relieving some tension and prevented malingering. In severe cases of work 'hopping' we have warned the person and then stopped one meal. This is very effective.

Our system of paying the patients pocket money from Rs.-50 n.p. to 3 rs. is effective if it is carefully worked out by the people in charge of work each month. But as it is hardly ever paid after the month is over, but two or three months after, it has not the incentive value, as the patients cannot remember what work they did. At present Govt. of Orissa has not yet paid budget for 1965 so four months pocket money is due to the patients. We are at present feeding the patients out of a fund for rehousing them.

Climatically Hatibari is a very fortunate place, surrounded by steep hills and jungle with many rivers crossing the land. It is cool and clean in winter. In summer it is much cooler than surrounding towns and big villages due to the hills and jungle and flies and mosquitos are sparse. We make up for the insects with snakes and scorpions and other wildlife such as bears, elephants, deer and the occasional tiger. I think the incidence of disease among volunteers bear out Dr. Santra's name of Hatibari Health Home'. The jungle gives its share in Moul and Sal timber, bamboo and kendu leaves from which biri are made. The soil in places makes excellent bricks, tiles and pots and sand and stone can also be found for building.

I have had a donation of a power-saw from a firm in U.K. and with

Document No.14 SCI Asian Secretariat: Final Report of J.T.Rogerson at Hatibari, India 9/64-9/65 (1965) page 2

Final report of J.T. Rogerson page three

this a lot can be performed.

1) more land can be cleared at a quicker rate
2) less men will have to cut firewood for the mess and can be released for other work. (at present six)
3) it could be possible to cut timber and firewood for Sambalpur market and earn some money.

At present we borrow a trailer from L.O.O.P. but hope to purchase our own shortly for use with Russian tractor.

At present transport costs on patients' food from Sambalpur are Rs. 100 for 16 miles one trip and during the monsoon nobody will do the job. In the past we used bullock carts covered with tarpaulins - but the bullocks' place is in the paddy field - here he is at least 20% efficient. I have bought two trips of food and with the tractor cost - 15 litres diesel. So more money will be available for patients' food, to the extent of 50 gms. extra rice per day and meat 2x per month. Also I can now take agric. produce, firewood to Sambalpur independent of the doctor who used to do this with his jeep.

This September we are planning to move our agricultural go-down from its present position at 300 acres to a central site at 200 ac. The building in mind is of solid stone but has a bad roof and will probably take six months to put right. Butmy reasons for this move are as follows:

1) The 60 acres is the best land and from here most crops will be produced. More fertilizer required. In the long term from here the colony will grow agriculturally.
2) To make agriculture independent from colony food go-down. As a lot of my seeds were used for dal without my knowledge this year, leaving me short.
3) Save transport time - centralized building.
4) To enable implements, seeds, fertilizers, sprays to be housed under one roof.
5) To make an office where the full plan of agriculture and all records can be kept as the agriculture here is no longer a small side scheme but a growing business.

Sunday is the colony day of rest and when the patients busy themselves with the numerous jobs of living. They also have a small Oryea library, a gramaphone and some other indoor and outdoor games provided by SCI for their recreation. Private business such as private gardens, poultry and livestock are discouraged by the Medical Office but nearly every patient has some means of extra livelihood.

Camp life revolves around meals as it does in most SCI projects. We have a cook - a wife of a patient - and do some of our shopping locally in villages around but most in Sambalpur. If we have a lot to carry the doctor will often bring it out for us in the jeep. We have made many friends and contacts in Sambalpur and locally and are visited quite regularly on Sundays. We also see the cinema in Sambalpur which runs a Sunday morning English picture.

In my 12 months in Hatibari, I have seen some improvement, not very large, but significant; in the whole period of SCI's stay a great deal has been done here. I'm sure that this project offers great scope for many years to come and will provide other volunteers, as it has myself, innumerable memories and lessons and some friendships that are milestones in life.

J.T. Rogerson (Recd. Sept.8'65)

M.L. 10.65

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Final Reprot of JENNY BRASH at Hatibari Leprosy Colony Oct. '64 -Oct '65

I am the third nurse to stay at Hatibari any length of time since Nov. 1962. There was 6 mos. breaks between E.Crooke and myself, My stay was from October 10th 1964 to October 22nd, 1965.

This 6 mos. was very noticeable. Any improvements that Elizabeth had made had been neglected. The hospital was in a filthy condition, the mens ward was badly overcrowded. The first job was to clean up generally, sort out the linen, wash, mend and store it properly. The place was whitewashed, beds were painted etc. The doctor wasn't too bad over this, just needed a bit of pushing. At the time I felt as if he resented me and I wondered at the time if he really asked for a nurse? Medically at first I was not allowed to do much. Drugs were strictly locked up and I had to ask for every little thing, even antiseptic. Things did improve somewhat later, after a few rows. These left me with a guilty feeling as I wondered if this was an SCI approach of tackling the situation. Sorry about that!

Differences in opinions were inevitable at times due to the docs suspicious nature. He could not give any one apart from SCI vols. any responsibility, even thenhe didn't trust us. In the year I was there the government staff was continually changing. Such a pity they had not more amenities.

Workwise, some improvements were made in dressings, steralization and general care etc. Bandage cloth was made on the colony by the patients, mending was done by the nurses with a bit of coaxing.

A new hospital is due for completion next year. An x-ray machine, microscope, oxygen cyclinder, etc. have been usggested for the hospital. The Government of Orissa submitted a form to be completed on what apparatus was required; special grant about for leprosy work. About 45,000 Rs. I had not heard any more about this when I left. I was there when the Civil Surgeon signed the form.

Hatibari as a future project

I. Further SCI nurse for at least 2 years. Reasons.
   a) New hospital will need help in organization and training.
   b) Continual changes in govt. staff. It needs a fairly permanent medical person on hand, other than the doctor.
   c) The nurse is often the go-between between the doc and hospital staff. They tend to be scared of him.
   c) In emergency the staff are not experienced enough in general nursing.

Here I must point out that it is essential for an overlap in replacing vols. at Hatibari. Also for the nurse she should, if at all possible, have some knowledge of leprosy even if it is 2 wks. spent at another leprosy colony. Docotr tends to blind you with science when you first go to see if you know what it is all about. Good idea to be able to join in a sensible conversation instead of standing there speechless. This all boils down to the fact that the nurse must know what branch of medicine she will be dealing with before leaving. If a nurse is going to a project that requires her to specialize in a field of medicine outside what is taught in the training, she must have ample time to study up on the subject, and be prepared. I do feel very strongly on this point, it is so important if she is to do a successful job.

This next part deals mainly with my host country, India. I do hope that SCI Delhi will not be offended at what I write. Please remember that we are asked to be frank. Time of

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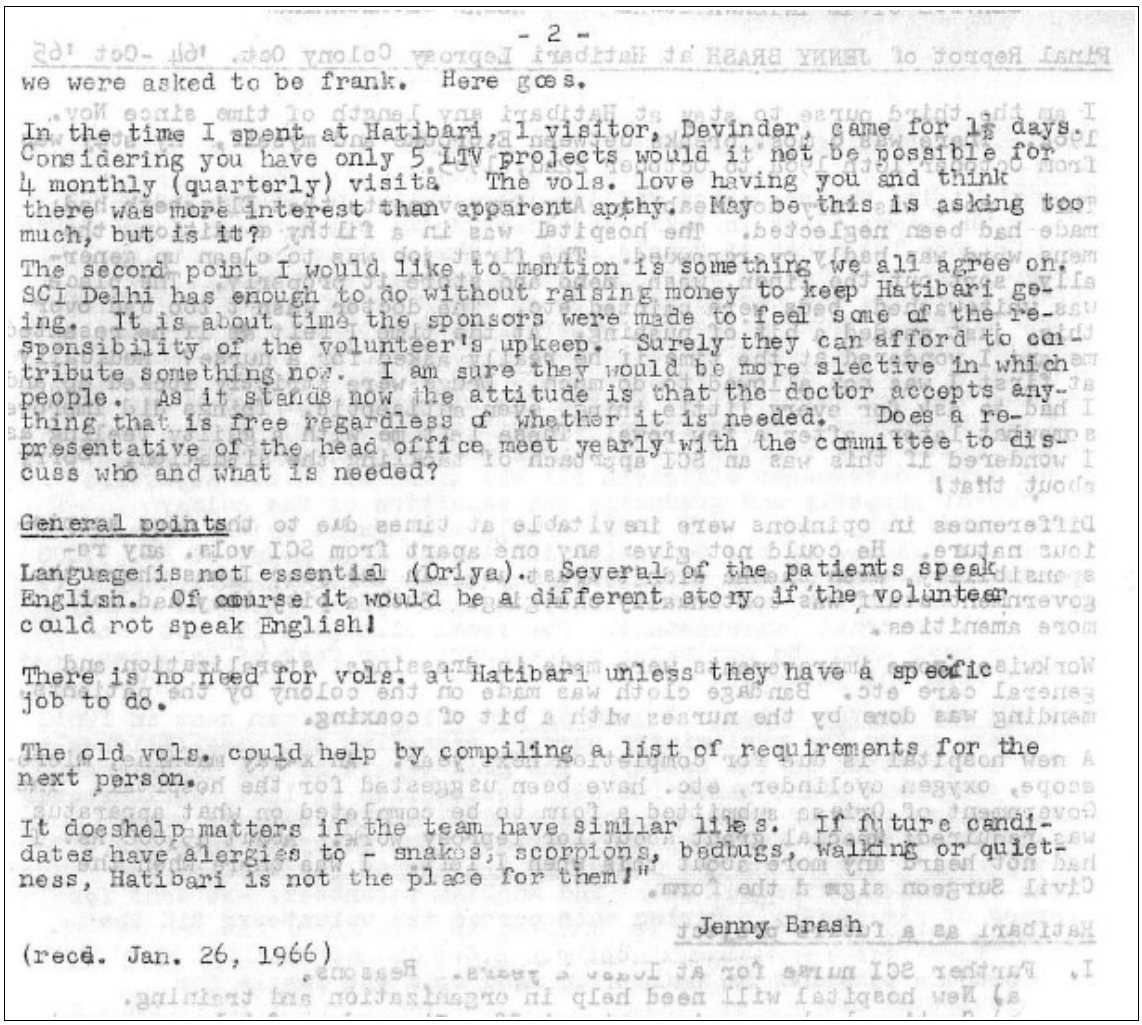

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we were asked to be frank. Here goes.

In the time I spent at Hatibari, 1 visitor, Devinder, came for 1½ days. Considering you have only 5 LTV projects would it not be possible for 4 monthly (quarterly) visits. The vols. love having you and think there was more interest than apparent apthy. May be this is asking too much, but is it?

The second point I would like to mention is something we all agree on. SCI Delhi has enough to do without raising money to keep Hatibari going. It is about time the sponsors were made to feel some of the responsibility of the volunteer's upkeep. Surely they can afford to contribute something now. I am sure they would be more slective in which people. As it stands now the attitude is that the doctor accepts anything that is free regardless of whether it is needed. Does a representative of the head office meet yearly with the committee to discuss who and what is needed?

General points

Language is not essential (Oriya). Several of the patients speak English. Of course it would be a different story if the volunteer could not speak English!

There is no need for vols. at Hatibari unless they have a specific job to do.

The old vols. could help by compiling a list of requirements for the next person.

It doeshelp matters if the team have similar likes. If future candidates have alergies to - snakes, scorpions, bedbugs, walking or quietness, Hatibari is not the place for them!"

Jenny Brash

(recd. Jan. 26, 1966)

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1.1.1963 - (1965)

DESCRIPTION OF HATIBARI LEPROSY COLONY PROJECT

Origin The Hatibari Leprosy Colony (Hatibari Health Home) was started by Dr. Santra, about fifteen years ago. Dr. Santra was a well known leprologist in India and started the colony with a few patients and 520 acres of jungle land in the district of Sambalpur, Orissa. The idea behind starting the colony was to resettle the leprosy patients sho had no place to go after being completely cured of the disease. Many patients, however, needed extensive medical treatment when they entered the colony. The help of the Government of Orissa, Central Social Welfare Board and various other voluntary agencies was available to Dr. Santra for his good work and a lot of land was reclaimed. Agriculture, vegetable gardening, poultry and fishery units were started. Dr. Santra being aged, although assisted by the local Government officials all the time, could not supervise the project properly and gradually the condition of the colony deteriorated very much. SCI India's help was sought by the sponsor and he was assured by the Community Aid Abroad of a grant of Rs. 3,00 to maintain a team of SCI volunteers who would initiate self-help work with the leprosy patients, to bring back "life" into the colony along with material improvements. The local villagers did not come anywhere near even the perimiter of Hatibari, for fear of catching leprosy from the patients.

What SCI did in the Colony A team of two volunteers was sent in 1961 September, to do the preliminary survey, regarding the possibilities of SCI's operation in the colony. The good report of the volunteers, with a programme plan, which included reclamation of land, agricultur work, construction of dams and doing general social welfare work, was suggested to the National Secretariat. The money to maintain the volunteers came from the Community Aid Abroad (Australia) and a team of Indian, Tibetan, Swiss and English volunteers was sent for a period of six months. During this period the volunteers did the following jobs:

a) Helped the patients in reclaiming land from the jungle for agricultural use
b) Started vegetable and flower cultivation
c) Started a recreation centre
d) Constructed a big [illegible]/to check soil erosion /dam
e) Created a tremendous interest among the patients in leading a decent life, within the limitations of their condition
f) Started making contacts between the local village and the Colony

During the middle of 1962, SCI had to abandon the project, due to various difficulties. At that time the number of the patients was 239. Most of the patients received a small wage and a few were given free food and medicine in lieu of a wage for their agricultural work. Today, there are 200 patients and all of them are supported by the Government. They do hard manual work in the fieldx, and apart from the board and lodging and medical care, most of them get Rs. 1.50n.p. per month as pocket money.

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Second phase of SCI's work Again at the request of Dr. Santra, SCI sent a team of volunteers, during the last part of 1962. This time the volunteers were technically qualified. One of them, who was British, had knowledge of survey work and the other one was Indian, a qualified engineer and town planner. The volunteers, with the valued cooperation of the local Government officials, made a master plan for the agricultural development in the Colony and it was very much appreciated by the Ford Foundation experts, who were stationed at Sambalpur then. An International Workcamp was organised where the volunteers planted banana trees, with the intention of supplementing the diet of the patients. This camp attracted a lot of well-wishers, who gradually became concerned about the development of the Colony and came to assist the SCI volunteers in formulating new plans and implementing the previous ones. Government support was given and a full budget was prepared for the first time, to be presented to a meeting of the Board, which was set up for the development of the Colony under direct supervision of the All India Leprosy Relief Association. SCI was granted full representation on the Board and contributed to the reorganisation of the administration of the Colony. Dr. Santra, being old, resigned, and a new doctor, Dr. K.B. Roy, came to replace him. Dr. Roy's main job was to do medical, as well as supervisory work for the whole colony. For the first time SCI sent a nurse volunteer, to assist Dr. Roy in the medical programme. SCI, while working the Colony, achieved the following:-

1. Reclaimed a large tract of land (100 acres) and started cultivating it, and successfully encouraged the patients to participate fully in the agricultural programme. The presence of an agriculturist volunteer helped a lot in improving the quality and quantity of the food production and the Colony started selling the products in the local market, after meeting its own needs for domestic consumption. Due to floods, sometimes they had to purchase foodstuffs from the local market. The patients diet was improved by the includion of green vegetables and peanuts, etc.

2. The nurse volunteer took care of the patients' ulcers regularly, which had been neglected in the past, and the patients had not been able to use their skill effectively. A small, well-equipped indoor hospital unit was started and this helped to segregate the seriously ill patients from the rest. Plaster bandages were introduced, which had a soothing effect on the ulcers.

3. The occupational therapist volunteer helped in improving the hand-loom and shoe-making unit. The patients have now started preparing bandages and some clothing for their daily use. The shoe-making unit started by the occupational therapist volunteer now produces shoes for everybody. These amenities have made the patients happier and their working capacity has improved too.

4. A poultry unit has been started recently, with the assistance of Community Aid Abroad (Australia) and our volunteers are helping the patients, giving them the necessary instruction on care of the birds. Already the present birds are producing about 40 eggs per day for the consumption of the patients. This unit has helped in raising the standard of general health of the patients.

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5. Sewing classes have been run, over a fairly long period, to keep at least 7 women busy during their leisure hours, and the attendance is fairly regular.

6. The appointment of one Govt. Physiotherapist has helped to follow up the hand exercises, etc., initiated by our volunteers.

7. The local village, Khairmal, about 2 miles from Hatibari Leprosy Colony, where our volunteers are teaching in the local school, have taken a lot of interest in the development of the Hatibari Colony. There are now occasional exchanges, with groups of people visiting the Colony from the village, and vice versa, and this has helped to establish better relations between the two communities and remove the general stigma of leprosy.

The Colony's future and the role of SCI The local board has changed the aim of the Colony and now it has became more a centre of treatment and training for the leprosy patients. Immediately a patient is found to be cured and has received some kind of training either in agriculture or industry, he/she is discharged, with a certificate from the Colony doctor and the local panchait-leader, which might help in his resettlement programme in his/her own village. It will be a great challenge to the Board to implement this policy, and with proper assistance from the voluntary organisations like SCI, it is hoped that it will succeed in the long run. The real settlement of the leprosy patients will be done when they are settled in their own villages, amidst their own people. During the stay in the Colony, it is intended to provide patients with:

A. Agricultural, industrial, and other forms of training, all related to farming.
B. Medical treatment
C. Knowledge of self-help methods and community work
D. Other rehabilitation measures, according to need and resources available.

As the Government of Orissa cannot spare highly qualified personnel regularly for projects like Hatibari Colony, the assistance given by the SCI volunteers is particularly appreciated by the Board and the Government of Orissa. At the moment the project is run by the Board, with the full cooperation and direct assistance of the Government of Orissa and most of the finance comes from the Government, through the All India Leprosy Relief Organisation.

Secondly, the presence of an international team, side by side with the local Government staff, brings a lot of spirit to the group work and the patients feel happy that outsiders are also interested in their welfare and prepared to work shoulder to shoulder with them.

Thirdly, the presence of a team of SCI long-term volunteers helps to lessen the common stigma which still exists in most of the surrounding villages.

Recently I had the priviledge of visiting the Colony, and I was very much impressed by the tremendous progress all around, especially the attitude of the leprosy patients. They work happily with the volunteers, and clearly feel that life will be worthwhile in all directions.

March, 1965.

SUSHIL BHATTACHARJEE (Former National Secretary of SCI, Indian Branch

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