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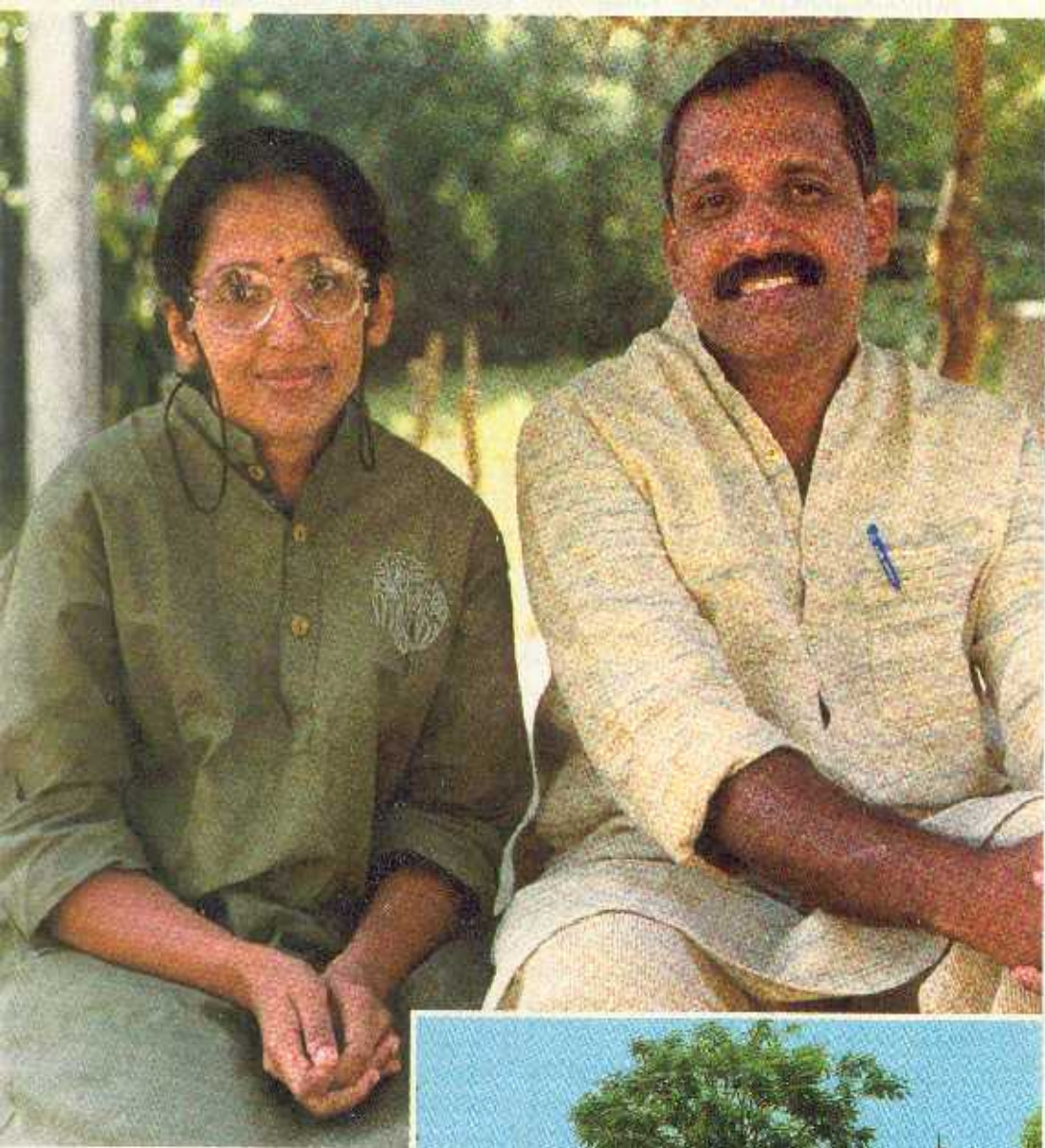
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Sittilingi's Good Doctors


Why did this couple choose to
live in a remote hamlet? PAGE 110

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Helping Hands—Lalitha and Regi George had always yearned to help the poor. *Right:* The Tribal Hospital they opened in 1996.





The Good Doctors *of* Sittilingi

They're quietly improving the lives of thousands of neglected tribals

By MOHAN SIVANAND

SEATED ON the edge of a charpoy, Selvy Ramamurthy clutches her scrawny 10-month-old baby, as Dr Regi M. George runs his stethoscope over the infant's bony back. The child has persistent diarrhoea, and at just six kilos, is dangerously underweight.

"What have you been giving her?" Regi's wife, Dr Lalitha Regi who's standing nearby, asks. "The pills the motorcycle doctor gave me," the thin, wide-eyed, tribal woman replies. She is referring to a quack who often comes to this remote tribal village in northern Tamil Nadu.

Selvy is one of about 30 tribals, mostly women with small children, who've gathered this afternoon to consult Regi and Lalitha, a doctor couple who've established a medical programme called Tribal Health Initiative (THI) in the area.

Lalitha turns to the other women. "Selvy's baby has

diarrhoea," she tells them. "What should be done?"

"Give him an injection," replies one tribal woman. "Pills," says another. Lalitha shakes her head. Then one woman suggests salt-and-sugar water.

"*Shari* [correct]," says Lalitha, raising her index finger. "Did you hear that, Selvy? There's no need for pills or injections. I'll show you how to prepare the mixture."

Next in line is Madesh, a dark young woman with a hacking cough. Regi tells a nurse to give her a syrup and asks Madesh for an empty bottle.

"I haven't brought one," Madesh says shyly.

"Okay, we have some bottles," Regi tells her, then turns to the others. "Listen everybody," he says, "please bring clean empty bottles with you always, or you may not get medicines next time."

For the Tribal Health Initiative (THI), every empty bottle, every rupee saved, is important. But despite being run on a shoestring, the programme's achievements since it was established eight years ago are impressive: Infant mortality in the area has plummeted; no woman has died in childbirth for over a year; adults dying of diarrhoeal dehydration have become a thing of the past.

"Regi and Lalitha are like gods to us," says Panchala, a young tribal woman whose life they saved after emergency surgery. "The two doctors are totally committed to the welfare of tribals," says

Ka. Balachandran, until recently Dharmapuri's district collector. "They've done wonders in this area."

Regi, 42, a thickset amiable man who speaks rapidly and enthusiastically about his work and future plans, grew up in a well-to-do Christian family. But, even as a boy, he was troubled by the plight of the poor. And when he read a biography of Dr Albert Schweitzer* he knew what he was going to become.

Meanwhile, the petite, soft-spoken Lalitha, 41, came from the orthodox Hindu family that once ruled Cochin. At school, the little princess avidly read the teachings of great Indians, and was especially stirred by Swami Vivekananda's statement that "The greatest act is doing good for others."

Both Regi and Lalitha joined medical college at Alleppey at the same time, but only in their third year did they get to know each other well. Their friendship deepened when they discovered that—unlike their fellow students—both of them wanted to use their medical knowledge in the service of the poor.

After working in Gandhigram's Kasturba Hospital in rural Tamil Nadu, where Regi did surgery while Lalitha worked with children, the two doctors—by now married to each other—felt ready to start a project

*Albert Schweitzer (1875-1965), winner of the 1952 Nobel Peace Prize, spent nearly 50 years in Gabon, Africa, running a hospital for the poor.

of their own. To decide where to set up shop, Regi hitchhiked all over the country, especially to remote regions where medical services were scarce or non-existent. He sometimes found himself standing in for absent doctors. In Maharashtra's Gadchiroli district, for instance, he was shown a man who had half his foot bitten off by a bear. Despite the pain, the man had limped 20 kilometres to a clinic, only to find the doctor was away.

"Gangrene had set in," Regi recalls. "I had no alternative but to amputate the man's foot at the ankle." On another occasion in Jhabua, Madhya Pradesh, Regi was aghast to find children dying of easily treatable infections because the authorities had failed to order antibiotics.

Incensed, Regi joined a group of local activists and forced the authorities to order the needed drugs.

And when the medicines arrived, he often trudged 20 kilometres a day treating sick villagers.

"These experiences convinced me that tribals were our most neglected citizens," Regi says. "It's they who need the most help."

After considering several alternatives, Regi and Lalitha decided to establish their project in Sittilingi, a



Grassroots Doctor- Jaily, a tribal woman who can't read or write, was trained as a health auxiliary. *Left:* Regi and THI's administration officer S. Ravichandran at work.



tribal village in Tamil Nadu's Dharmapuri district. The setting was idyllic—a fragrant, stream-crossed valley heavy with sandalwood and bamboo trees. Behind the beauty, though, lay a grim reality. Less than 10 percent of adults knew about immunization, and infant mortality was nearly 16 percent. No doctors lived in the area and the nearest telephone was 88 kilometres away.

Regi and Lalitha arrived in Sittilingi in the summer of 1993. After setting up house in a small rented hut, they looked around for some land on which to build a modest dispensary. It shouldn't have been difficult—there was plenty of vacant government

land. But instead of welcoming the doctor couple, local officials demanded bribes. Regi and Lalitha flatly refused. Ultimately they simply commandeered some land and built a small mud-and-brick shack.

More opposition came from quacks who, taking advantage of the tribals' belief that injections cured all ailments, routinely gave them useless glucose shots. These quacks even



Health Lesson—Dr Lalitha (on right) shows a young mother how to wrap her baby and protect it from the cold. "More than medicines, it's knowledge about health that saves lives here."

Left: Outpatients await their turn at the hospital.



spread rumours that Regi and Lalitha weren't qualified doctors but a Christian compounder and a Hindu nurse who'd eloped.

“THE FIRST few months were so disheartening,” Lalitha recalls. “Everyone either distrusted or disliked us. We wondered if we'd made a mistake coming here.”

Then, about six months after Regi and Lalitha came to Sittilingi, the tide finally turned.

It was nearing dusk one evening when a young man from a village four kilometres away arrived at the dispensary. “My wife is dying,” he told Lalitha. “Please come and see her.”

Regi was away, so Lalitha got on the back of the man's bicycle. After a bumpy ride, she found the young woman, lying unconscious on the village common. About 20 tribesmen encircled her, dancing to throbbing drums. Another group of men quietly carried an idol mounted on a clay tiger while invoking tribal gods to cure the girl. Presiding over it all and chanting charms was a shaman everyone called Swami.

The men looked angrily at Lalitha, and she felt frightened. But despite her fear, Lalitha knelt down and took the girl's pulse. *I'm examining her no matter what*, Lalitha said to herself. The girl was clearly dehydrated, so Lalitha scribbled a note asking for IV equipment and fluid bottles to be sent.

As the minutes ticked by, Lalitha

begged God to keep the girl alive.

When the equipment arrived half an hour later, Lalitha told the men that she was going to give the girl intravenous fluids. “No!” one tribesman declared. “Only an injection!”

As Lalitha looked about wondering what to do, she made eye-contact with Swami. To her surprise, he seemed to look back at her sympathetically. Suddenly, convinced that the shaman would back her, Lalitha cried, “Let Swami decide.”

There was a stunned silence, and everyone turned to Swami. And sure enough, Lalitha's intuition paid off; Swami agreed that the girl should get fluids.

By now barely breathing, the girl was shifted to the nearest hut. Lalitha hurriedly tied an IV-tube to a low rafter and administered a drip. Within 10 minutes the girl opened her eyes, and four hours later she was sitting up and talking.

The news spread fast. “These new city doctors,” the tribals told each other, “can bring a dead girl back to life!”

From then on there was little resistance. Today, the THI has a 10-bed hospital complete with operation theatre. The programme, funded by donations, covers about 10,000 people in 21 villages around Sittilingi and on average 1000 are treated every month.

A NURSE dashes into the outpatient clinic. “Emergency!” she cries. Lalitha runs to the ward where Govindraj, an elderly headmaster is writhing in

pain, his arms and legs flailing wildly. One nurse is trying to hold him down, while another is preparing a syringe with a sedative for Regi to inject Govindraj. A third nurse is rubbing an IV bottle, trying to warm up its frozen contents.

Minutes after Govindraj is sedated, his breathing stops. A nurse immediately puts one end of an Ambu bag—a device to get patients breathing again—in his mouth and Regi starts pumping.

"His eyes are pinpointed," Regi says, "I think he's having a stroke."

A nurse attaches Govindraj's arm to an IV line and another inserts a catheter to collect his urine. In a couple of minutes, the headmaster starts breathing again. He'll need a neurologist," says Regi to his anxious relatives. Govindraj is then carried into the THI's Mahindra van which speeds off with a nurse to a hospital in Salem town, 120 kilometres away.

All but one of the nurses here are tribal girls trained by THI. No qualified nurses had been willing to go to Sittilingi, so when Lalitha and Regi got there, they looked around for someone they could train. One of the girls who'd worked on the construction of the dispensary was a bright-eyed teenager called Rajamma. She was clearly intelligent, and Regi and Lalitha asked her

if she'd like to be a nurse. Rajamma immediately agreed.

Rajamma began by cleaning equipment and making bandages. To the doctors' delight, not only was she a quick learner, she had initiative too. One day both Regi and Lalitha were out when Annamalai, a middle-aged tribesman suffering from gastroenteritis and acute dehydration was carried into the dispensary unconscious and vomiting.

Rajamma gave him an anti-emetic injection to stop his vomiting, then hooked Annamalai to an IV drip. "Her prompt action saved Annamalai's life," Regi says.

"We see tribals as the most neglected of India's citizens."

Rajamma clearly loves her work and the respect it has brought her. "At first people didn't accept me, and some even complained that when I gave injections it hurt," she says. "Now all that's changed. My family and my people are proud of me."

In addition to Rajamma, the two doctors have trained 18 other tribal girls as nurses. "They may not have formal qualifications, but they are as good as nurses anywhere," Lalitha says.

Regi and Lalitha have also taught 25 women to provide basic medical treatment to their fellow villagers and to periodically report back to the THI on the health status of every person in their village.

This information is stored on the

THI computer. Every village is mapped, with the dwellings appearing as broad coloured arrows. By clicking on an arrow, data on the number of adults and children in the house as well as their health status is instantly available.

ON MY last night in Sittilingi, Regi and I attend an outdoor folk music concert. It's packed with people and the music blaring out of loudspeakers fixed to trees is so deafening that it's hard to talk.

Between songs, I ask Regi what keeps him and Lalitha going, whether it's all been worth it. Just then I see a thin, bearded old man with a walking stick standing nearby

and smiling at Regi. After a while the man walks up to us and Regi greets him warmly. The man, however, doesn't say a word; he just keeps smiling broadly. He's obviously delighted to be near Regi.

"This is Ponnann," Regi tells me. "He had a stroke last year and was brought to our hospital paralyzed. We spent a lot of time on him. He still finds it hard to speak, but we got him back on his feet." Ponnann nods in agreement.

"You wanted to know whether it's been worth it," Regi says to me. "Look at Ponnann. What greater reward can there be than his smile?"

To learn more about THI, visit the website www.TribalHealth.org ■