Health, health workers and human rights: Dr Binayak Sen and the silence of the medical fraternity in India

K. S. JACOB

This article highlights Dr Binayak Sen's life and work. It also briefly comments on issues related to health, development and human rights.

Dr Binayak Sen completed his training in medicine and paediatrics at the Christian Medical College (CMC), Vellore.[1–3] He also trained in social medicine at the Jawaharlal Nehru University, New Delhi.

EARLY MEDICAL WORK

Dr Binayak Sen joined a rural health centre in Hoshangabad before moving to Chhattisgarh in 1981. He set in motion the process of the establishment of the Shaheed Hospital at Dallirajhara. This hospital was built by and for the mine workers, who had no healthcare prior to Dr Sen's efforts. It currently has 80 beds, in addition to a laboratory, operation theatre and X-ray machine. The emphasis was on the rational practice of healthcare, demystification of technology and democratization of the decision-making process. Attempts were made to minimize the distinction between manual and mental labour to make the hospital system as little hierarchical as possible.[4] The hospital also had programmes to prevent illness and promote health. These programmes included education on safe drinking water and the ill effects of alcohol. The hospital went on to establish satellite centres in the neighbouring areas (e.g. Bhilai, Kumhari and Urla). When the mine workers' movement turned violent, Dr Sen moved away to a mission hospital in Tilda. He then joined his wife, Ilina Sen, in Raipur, to set up Rupantar, a non-governmental organization (NGO).

MEDICAL AND PUBLIC HEALTH WORK

Recognizing that the coverage of clinic-based services is limited, Rupantar was started with the aim of providing medical and public healthcare to all the people in the area.[1] The organization felt that there was a need to overcome the dependence on a small group of highly skilled and motivated technical personnel, so that healthcare could be made more broad-based and democratic. In collaboration with existing organizations, Rupantar trained people in community health work, deployed the workers in 20 villages and monitored their work. It also provided laboratory and referral back-up services. The routine cases included falciparum malaria, sputum-positive tuberculosis, lower respiratory tract infections, diarrhoea, malnutrition and antenatal care. The organization attempted to shift technological and social control from the hospital to the community.

The Bagrumnala clinic was started in the Nagri block in the district of Dhamtari in 1994.[1] The clinic has been managing patients with malaria, tuberculosis, hypertension, asthma, diabetes, and heart and kidney diseases. The clinic attempts to reduce the distance that patients have to travel and provides medical and public health services in the local area.

HEALTH ADVISOR TO THE GOVERNMENT

The state of Chhattisgarh initiated a comprehensive programme of reforms in the health sector in 2003.[1] In recognition of the work of Rupantar in training community health workers, it appointed Dr Sen to the State Advisory Committee to advise the government on matters such as community-based health services, strengthening of health surveillance, epidemiology, planning in the event of an epidemic and control of epidemics, health problems of the poor, capacity-building, rational drug use and resistance to antimalarial drugs. The government also acknowledged Dr Sen's contribution to the Chhattisgarh State Drug Formulary.

THE MITANIN PROGRAMME

While planning the Mitanin programme, a community health volunteer programme, the state drew on Dr Sen's experience in training village health workers and running mobile clinics in remote outposts. His model of training community health workers was adopted as the standard for the programme and Rupantar was awarded the pilot project to train community health workers.[1] Within 6 months, Rupantar had trained 586 women in the Nagari block and 283 *mitanins* (community health activists) in the Magarlod block. Other than providing basic health education, the training included the transfer of skills-related leadership. It touched upon subjects such as safe drinking water, sanitation, nutrition, antenatal care, contraception and reproductive health. The workers were also trained to identify common diseases. In addition, they received training in first-aid and the use of common over-the-counter medication.

However, after a promising start, the programme floundered.[5] The marginalization of the State Advisory Committee and the community organizations which had started and were involved in the programme, political interference, privatization of healthcare, user fees and public–private partnerships, which favoured private players, contributed to the dilution of the approach.

LOW-COST INTERVENTIONS

Dr Sen was also an advisor to the Jan Swasthya Sahyog, a healthcare organization striving to provide low-cost and effective healthcare in the region.[1] The activities of this organization include the use of low-cost technology to diagnose sickle cell disease. It is also involved in the bulk procurement of drugs to reduce cost. Further, the organization is trying to popularize low-cost methods of cultivating high-yielding varieties of rice.

SOCIAL ADVOCACY AND WORK ON FOOD SECURITY

Over the years, Dr Sen's medical work had morphed into social advocacy.[2,3] In Raipur, he worked to serve families displaced by the Gangrail dam. He explored issues related to food security when he saw children from very poor families, which had no access to ration cards, die from malnutrition. Through Rupantar, he initiated programmes to promote food security. These programmes encouraged villagers to create and preserve food banks as a community.

HUMAN RIGHTS

Binayak Sen is a public health specialist, and a health activist.[1] In

Department of Psychiatry, Christian Medical College, Vellore 632002, Tamil Nadu, India; *ksjacob@cmcvellore.ac.in*

1974, he joined the Medico Friend Circle, a group of people working to evolve a pattern of medical education and healthcare relevant to the needs of the country and working for a more just society. He also represented the National Alliance of People's Movements in the Jan Swasthya Abhiyan. He had formally joined the People's Union for Civil Liberties (PUCL) in the 1980s, but was not an active member. He started taking an active part in the organization's activities after the formation of the state of Chhattisgarh to articulate his public health concerns. He became the general secretary of the state unit of the PUCL and was elected its national vice president in 2002. His work led him to investigate caste violence, Naxalite brutality, deaths in police custody and in fake encounters, and the atrocities of the Salwa Judum.

The situation in Chhattisgarh

Sections of the population in this state have never had access to certain basic rights such as clean water, sanitation, food security, education and employment, largely due to the neglect of development. The poor became disillusioned with the democratic process and their cynicism provided a fertile ground for the Naxalite movement, with its philosophy of armed revolution.[6]

With its abundance of forests, mineral resources and power, the state has tremendous potential for industrial development. In an attempt to tap this wealth, the government entered into agreements with many national and international industrial houses, offering them land to set up mines and industries. However, this course of action proved to be complicated, as a proportion of the region's tribal population lives on the land and depends on it for a living. It was, therefore, necessary to clear the land and resettle the tribal population. In addition, there was a pressing need to tackle the violence unleashed by the Naxalites. This resulted in the creation of the Salwa Judum, a government-supported militia.[1,6] A large number of tribals were moved from their land and herded into camps. The violence of the Naxalites was matched by that of the Salwa Judum, making it even more difficult for the government to enforce law and order and to provide basic services in these areas.

Dr Sen found himself in the midst of this complex situation. As the state general secretary and national vice president of the PUCL, he exposed the excesses and atrocities of the many parties involved in the conflict, and was thus perceived as a threat by the establishment.[1–3,6] He was part of a 14-member team which conducted an investigation into human rights violations in the district of Dantewada in November–December 2005. Their report, entitled 'When a state makes war on its own people', exposed the sinister designs of the Salwa Judum. He was arrested in May 2006 and was in prison for 2 years.

NATIONAL AND INTERNATIONAL RECOGNITION

Dr Sen has been an inspiration for generations of doctors at CMC Vellore. He reminded us that in addition to healthcare, it takes access to freedom, food security, shelter, equity and justice to build a healthy society.[1–3] In 2004, the CMC honoured Dr Sen with its prestigious Paul Harrison Award for service to the poor and the marginalized. In a moving citation, it said, 'Dr Binayak Sen has carried his dedication to truth and service to the very frontline of the battle. He has broken the mould, redefined the possible role of the doctor in a broken and unjust society, holding the cause much more precious than personal safety. CMC is proud to be associated with Binayak Sen.'

In 2007, Dr Sen was awarded the R.R. Keithan Gold Medal by the Indian Academy of Social Sciences in recognition of his service to the poor.[1–3] The Academy recognized the resonance between his work and the values promoted by Mahatma Gandhi, the Father of the Nation. He was also conferred the Jonathan Mann Award by the Global Health Council for his work on health and human rights.[1–3]

'FREE BINAYAK' CAMPAIGN

Many people and organizations across India and abroad have campaigned for Dr Sen's release from jail.[7–9] Appeals have been made by national and international newspapers and human rights organizations, including Amnesty International.

COMMENT

Improvements in the Indian healthcare sector, the high standards maintained and the availability of healthcare of international quality at a fraction of what it costs in the West have made India a major destination for medical tourism. And yet, for millions of Indians, health and healthcare are dreams—unaffordable and inaccessible. Let us briefly examine some aspects of the problem.

The determinants of health

It is well recognized that health and economic development are dynamically interlinked.[10,11] There is strong evidence linking health to the socioeconomic environment and longevity to living standards. Low-income countries, which bear a disproportionate burden of disease, have conditions that favour poor health (e.g. lack of clean water and sanitation, food scarcity). Ill health, in turn, breeds poverty. These societies lack the basic tools (e.g. medicine, fertilizer, credit) to overcome deprivation through development. The factors proven to be associated with improved survival include gender, employment, occupation, education and housing tenure, rather than medical services.[10] Equalities and inequalities in these areas give rise to a cycle of relative socioeconomic privilege and deprivation, and the inequalities are transmitted from one generation to the next.

Emphasis on development

In the 1970s and 1980s, many community health programmes changed their emphasis from pure health interventions to include development.[12] The rationale was that development results in greater health improvements than direct medical interventions alone. Hence, education and employment became core features of community health and development activities. However, such efforts were few and far between owing to the limited resources of many of the NGOs involved in such work.

The recent improvement in the Indian economy has had a positive impact on the indices of health and development. However, this improvement tends to mask the inequity and human costs of the initial stages of economic growth. Simon Kuznets hypothesized that the relationship between economic development and income inequality takes the form of an inverted U-curve.[13] The income inequality increases during the early phase of development, when the main mechanism of growth is the increase in physical capital and the fact that resources are allocated to those who save and invest. During the later stages of development, there is a reduction in income inequality due to the effects of mass education, migration from rural to urban areas, shift from agriculture to industry, and the policies of the government which, given a more mature economy, invests in human capital. The income inequality during the early phase actually exacerbates poverty, as is currently happening in India. The disparities tend to split society.[6,11]

Health and human rights

The WHO has argued that health and human rights are inextricably linked.[14] Violations of human rights (e.g. violence, torture and inhuman treatment) can have serious health consequences. The WHO suggests that vulnerability to ill health can be reduced by taking steps to protect human rights (e.g. freedom from discrimination, the rights to health, food, education and housing). It advocates a human rights-based approach to healthcare.

In India, human rights remain largely the concern of specialist lawyers.[6] It must be said, though, that in recent years, there has been a growing recognition among the public health community that human rights provide a useful framework for ensuring the conditions in which people can be healthy. However, there is a common perception that those who fight for human rights are against all forms of development, and that those who attempt to build bridges have sold out to militancy. Also, despite the recognition of the close link between health and human rights, the issue is hardly ever highlighted during medical training. The medical curriculum needs to be upgraded to cover development and human rights, and their impact on health.

Capitalism and medicine

India's, or rather the middle and upper classes' love affair with capitalism has had a major impact on healthcare in the country. The free market operates without any serious regulation. The business model of corporate hospitals is sought after both by medical professionals and the people who can afford the tertiary care they offer. The government, which earlier carried a large share of the responsibility for the public health system, is slowly reducing its share and many government healthcare facilities are in a run down condition. Public–private partnerships are encouraged to the advantage of the corporate sector. The traditional concepts of preventive medicine and its socialistic ideals have been all but abandoned. In fact, the police have argued that Dr Sen did not practise medicine, as his work in public health and with the community did not fit into the model followed by doctors who practise hospital-based medicine.

India, in general, and Chhatisgarh, in particular, provide evidence of the anomalies created by the complex and contradictory demands of development, as well as of the effects of poverty on human rights.[6] As was the case with western societies, which benefited from their colonies at the cost of the indigenous people, development in India is at the cost of its tribal and rural folk. The rights of the poor can never compete against the might of the rich and powerful. The government needs to realize that the initial stages of economic growth are bound to take a huge toll on the underprivileged and it must become aware that this is often not factored into India's economic policies.[6]

The silence of the medical fraternity in India

The corporatization of the health industry and the fear of antagonizing the government over its development plans are possible reasons for the silence. The medical profession's ideals of social justice and human rights seem to have been forgotten. Health professionals, who have a part to play in reducing and preventing these violations and in ensuring that health-related policies and practices promote rights, have also abandoned Dr Sen who was doing his duty of advocacy, application of legal standards and public health.

India's economic development is sacred and any dissent on the methodology used to achieve this goal is viewed not only as unpatriotic, but also as subversive.[6] The Chhattisgarh government's draconian laws, such as the Chhattisgarh Special Public Security Act, have frightened many into submission. This legislation permits arbitrary detention, with no remedy of appeal or review up to 7 years, of any individual whose expression or act the state may deem as disturbing public order.

The promotion of health and the social and economic rights of the poor are the most important human rights struggle of our times.[6] This may imply the need to fight for political and economic justice. In India we need to think about human rights in the context of India's public health. Dr Binayak Sen was ahead of us in this process. He was only fighting for social justice and for human rights and is now the victim of an unresolved ideological conflict related to economic development. The medical fraternity has been silent on the injustice being meted out to Dr Sen and to the adivasis of Chhattisgarh. The time to regain the lost moral ground, to stand up and be counted, is now.

REFERENCES

1 Doctors in defence of Dr Binayak Sen. *Indian doctor in jail: The story of Binayak Sen.* New Delhi:Promilla and Co. In Association with Bibliophile South Asia; 2008.
2 Chaudhury S. The doctor, the state and a sinister case. *Tehelka Magazine* 2008 Feb 23; Vol. 5, Issue 7. Available at *http://www.tehelka.com/story_main37.asp?filename=Ne230208The_Doctor.asp* (accessed on 15 May 2008).
3 Zachariah P. A prize for the prisoner. *Tehelka Magazine* 2008 May 23; Vol. 5, Issue 17. Available at *http://www.tehelka.com/story_main39.asp?filename=cr030508a_prize.asp* (accessed on 15 May 2008).
4 Sen B. People's healthcare initiatives in Chhattisgarh. *Medico Friend Circle Bulletin* 1999;Jul–Aug:261–3.
5 Sen B. Myth of the Mitanin: Political constraints on structural reforms in healthcare in Chhattisgarh. *Medico Friend Circle Bulletin* 2005;Jun–Jul:12–17.
6 Jacob KS. Health, development and human rights. *The Hindu* 13 May 2005. Available at *http://www.hindu.com/2008/05/13/stories/2008051353870900.htm* (accessed on 15 May 2008).
7 Free Binayak Sen. Available at *http://freebinayaksen.org/* (accessed on 15 May 2008).
8 Free Binayak Sen Campaign: Resist the silent emergency. Available at *http://www.binayaksen.net/* (accessed on 15 May 2008).
9 Editorial. Set Binayak free. *The Hindu* 15 May 2008. Available at *http://www.hindu.com/2008/05/15/stories/2008051554731000.htm* (accessed on 15 May 2008).
10 Hart N. The social and economic environment in human health. In: Detels R, Holland W, McEwen J, Omenn G (eds). *The Oxford textbook of public health*. 3rd ed. Oxford:Oxford University Press; 1997.
11 Jacob KS. Public health in India and the developing world: Beyond medicine and primary healthcare. *J Epidemiol Community Health* 2007;**61:**562–3.
12 Jacob ME, Abraham S, Surya S, Minz S, Singh D, Abraham VJ, *et al.* A community health programme in rural Tamil Nadu, India: The need for gender justice for women. *Reprod Health Matters* 2006;**14:**101–8.
13 Kuznets S. Economic growth and income inequality. *Am Eco Rev* 1955;**45:**1–28.
14 World Health Organization. *Health and human rights*. Geneva:WHO. Available at *http://www.who.int/hhr/en/* (accessed on 15 May 2008).