

## Eminent Indians in Medicine

### Prakash and Mandakini Amte



Drs Prakash and Mandakini Amte were awarded the Ramon Magsaysay Award for Community Leadership for the year 2008. While naming the couple for the award, the board of trustees of the Ramon Magsaysay Foundation said: 'In electing Prakash Amte and Mandakini Amte to receive the 2008 Ramon Magsaysay Award for Community Leadership, the board of trustees recognizes their enhancing the capacity of the Madia Gonds to adapt positively in today's India, through healing and teaching and other compassionate interventions.'

Lok Biradari Prakalp was started in 1973 for integrated development of Madia Gond, the primitive tribals of Bhamragad in Gadchiroli district of Maharashtra. It is located in the dense Dandakaranya forests approximately 350 km from the city of Nagpur. Dr Prakash Amte and his wife Dr Mandakini Amte have been running the project since its inception. They are assisted by their sons, Dr Digant and Aniket, their wives and dedicated volunteers such as Vilas Manohar, Gopal Phadnis, Dada and Baban Panchal, and Manohar Yempalwar.

Dr Prakash Amte was kind enough to take time off from his extremely busy schedule to answer questions put to him by Dr Prabha Desikan on behalf of *The National Medical Journal of India*.

**Prabha Desikan: The Lok Biradari Prakalp, at Hemalkasa, is deep in the forests of Bhamragarh. Accessibility is difficult, at best. What made you take up work in such a remote geographical area?**

*Dr Prakash Amte:* Some time in the early 1970s, my elder brother Vikas and I had just appeared for our final examinations in medical college and were awaiting our results and dreaming of careers in medicine. At this time, our father, Baba Amte, took us for a picnic to Bhamragarh. We had never heard of this place before. I suspect his intention was to expose us to the lives and culture of the tribals in this region. In those days, 250 km was quite a distance to travel, given the absence of sturdy vehicles and roads. In fact, the last 80 km stretch showed no sign of a road or of any habitation.

We camped beneath a tree for the next 2 days and explored the area, visiting various tribal villages, trying to interact with the local people in an attempt to understand their lives and culture. Unfortunately, we were unable to communicate with them. Terrified of us, they would run away to hide in the forest as soon as they saw us. They had no clothes on, except for a small piece of cloth to cover their private parts. Most of them were undernourished, and the children potbellied. We were stunned. It was difficult to believe that people lived in this condition in our country. Baba was keen on starting a project to provide basic amenities such as healthcare and education to this community. I immediately promised to take up the challenge. That proved to be the turning point in my life. Now, more than 3 decades down the line, I do believe I have kept my promise to my father.

**PD: Both you and Dr Mandakini gave up the opportunity of setting up a lucrative medical practice, and chose instead to**

**work among the impoverished Madia Gond tribals. Was that an easy decision to make?**

*Dr P. Amte:* For me, that decision was not difficult at all. It was completely natural because I was exposed to this way of life right from my childhood. I grew up in Anandwan where I had seen my parents working hard in the service of destitute leprosy patients. Mandakini, however, did not come from such a background. We met while we were at medical college. When we decided to get married, she willingly agreed to join me in running the project for tribals in a remote area. Had I not met her, I would probably have remained a bachelor all my life, because no sensible parents would have allowed their daughter to marry a man who intended to live and work in a remote tribal area, without basic amenities, and without even a house to stay in! Jokes apart, I must say that she has stood by me in every venture, in spite of difficulties such as lack of communication facilities, absence of electricity, running water and civilized company. She has had no regrets, and that, I believe, is her greatness.

**PD: Setting up a home in the forest, far away from the trappings of civilization, must have been a difficult task. How did you go about it?**

*Dr P. Amte:* It was indeed very difficult, mainly because the area was so underdeveloped. There were no roads, no electricity and no means of communication. Falciparum malaria was rampant and food scarce. We had to depend on outside help which came from Anandwan and Nagepall—another project about 60 km away. During the monsoons, the rivers would flood, and we would be completely cut off from the rest of the world for 4 months a year. We had to store enough provisions beforehand to keep us going

during those months. Many of the problems we faced were unanticipated, but we have faced every problem as it arose, and have found solutions as we went on with the work.

**PD: Establishing a rapport with the tribals during your initial years at Hemalkasa may not have been easy. How did you meet this challenge?**

*Dr P. Amte:* The main barrier was language. It was next to impossible to communicate with them since they were not familiar with any language used by the outside world. Moreover, the forest guards and police had exploited these poor illiterate tribals for years, so they were afraid of people who wore clothes. When we entered a village, they would run away to the jungles in fear and desert the village. To start with, we had to learn their language. We went from village to village in search of the sick. When we found them, they would not accept medicines from us, because they had more faith in the local quacks, and believed in witchcraft and *mantras*. It took a long time before they believed in us and came to us for medical help. When they did come, it was a unique experience for us as well as for them. They would swallow a whole week's supply of tablets at one go. When we gave them soap cakes to explain the basic concepts of hygiene, they ate them instead of washing themselves. We had to repeatedly explain concepts of dosages and hygiene to them.

**PD: What experiences stand out among your memories of those early years?**

*Dr P. Amte:* The most challenging part of the work was to diagnose a patient without any investigations. Mandakini and I had specialized in anaesthesiology and surgery, respectively, so it was difficult to treat patients with obstetric, orthopaedic, ophthalmic and other problems. Since we were unable to send them back, we read books on other disciplines, and by trial and error, treated every ailment. Fortunately, most of them responded to our treatment and were relieved of their symptoms. We even learnt to do surgical procedures for cataracts because a blind person was a liability in the family and would die due to lack of food.

The testing moment was when our son (who is now a doctor and has joined us with his wife—a gynaecologist) had cerebral malaria when he was just one-and-a-half years old. He became unconscious and started having convulsions. It was very difficult to treat our own son without investigations or specialist facilities. Somehow, we made a probable diagnosis and treated him. He recovered after a few hours, but later, developed focal epilepsy and had to be on anti-epileptic medication for the next 7 years.

**PD: What are the common health problems you see among the Madia Gonds?**

*Dr P. Amte:* Malaria was rampant and is so even today. The main problems, however, are malnutrition, severe anaemia, sickle cell anaemia, fractures, snake-bites, bear attacks, burn cases and blind faith of which they were the victims. Winters here are very cold and severe. The tribals have neither proper shelter nor warm clothes. They make a bonfire and sleep as close to it as possible, leading to burns and, eventually, burn contractures. Illiteracy and poverty compounds the problem.

In the initial days, the problems that we faced while treating these patients were numerous. There was no proper examination

or operation table. There was no electricity; sterilization of the instruments was a problem. Patients came from remote villages. Since there were no proper roads and transport, the patient had to be transported on a make-shift ambulance carried by barefoot attendants. It would take days to reach us, and during that time, the patient's condition would often deteriorate.

**PD: What treatment modalities do you offer in your hospital? Do you incorporate any aspect of alternative medicine in your practice?**

*Dr P. Amte:* Since both Mandakini and I were trained in allopathic medicine, we practice the same. We do not use alternative medicine, but the tribals themselves do use local herbs. Unfortunately, they are not particularly effective. They also have a lot of faith in witchcraft and every village has a *Pujari* (a priest) who advocates animal sacrifice. At times there have been human sacrifices as well.

**PD: Since the Madia Gonds prefer to stay outdoors, how do you organize their stay in the hospital?**

*Dr P. Amte:* The patients, along with their relatives, stay in the open, cook for themselves and continue with their professions if circumstances allow them. They make bamboo articles, knit fish nets, etc. while the patient cures himself/herself. We have provided them with a bore well and an open shed in case they choose to stay in it. One of the numerous well-wishers of our project has provided finances to provide food to the patients twice a day. So we arrange to cook and serve food to them. Earlier, even operations and dressings had to be done in the open, in the absence of a proper building.

Today, the situation is different. We have a full-fledged and well-equipped hospital treating more than 40 000 patients every year, free of cost. Patients from more than 1000 villages spread across 3 states—Andhra Pradesh, Maharashtra and Chhattisgarh covering an area of around 200 sq. km visit us. The hospital remains open 24 hours and treats all emergency cases. We are also assisted by our son and daughter-in-law; both are doctors. With the help of some friends and colleagues, an annual surgical camp is also conducted, and about 50 surgeons and anaesthetists from the Rotary Club of Nagpur visit Hemalkasa every year and perform a variety of operations in our hospital, free of cost.

**PD: It is unlikely that your patients would have used antibiotics prior to their visit to your medical facility. Do you encounter any antibiotic-resistant infections?**

*Dr P. Amte:* Initially, the response to antibiotics was miraculous since the tribals had never used them. We used a lot of penicillin and sulpham drugs such as Septran and they were extremely effective. Even now, there is not much resistance to antibiotics.

**PD: Today, your hospital is a regional centre for mother-child welfare and health education, and you provide healthcare to all your patients free of cost. Do you have any government support for your facility? How do you manage to break even?**

*Dr P. Amte:* Initially, Anandwan supported us. Then agencies such as Oxfam, ActionAid and Rotary International helped us. More recently, we have received support from individual donors and some grants from the Tribal Ministry of the Government of India.



Prakash and Mandakini Amte with tribal patients at the Lok Biradari Prakalp hospital

**PD: You have started a school in Hemalkasa which now has 600 students and provides comprehensive education. What were your aims when you conceived of the school?**

*Dr P. Amte:* The Madia tribals were not aware of their rights and so were very vulnerable to exploitation. Once we had gained their trust, they shared with us their problems of exploitation by government officials and forest contractors. To help them, we brought tribals together from different villages, and helped write a joint complaint letter to the concerned authorities. Fortunately, the officers took prompt action and suspended the corrupt officers. As a result, exploitation was reduced considerably. However, this was only a temporary solution. We felt that only education could offer a permanent solution.

With this in mind, Lok Biradari Prakalp started a residential school in 1976 for tribal children. Along with formal education we tried to create among them awareness about their rights. Our volunteers went from village to village to convince the parents to send their children to the residential school. Since this was a new concept, they were reluctant to send their children. We tried to convince them and with great difficulty, initially we could get only 25 students from 10 surrounding villages. In the course of time almost half of them ran away. If a student disappeared in the evening, we had to send a volunteer to her/his village on a bicycle

to check whether he or she had reached home safely. After 2 years, the parents and the children liked the atmosphere of the school and the dropout rate reduced considerably. From a modest enrolment of about 25 students and 2 teachers in 1976, it has now blossomed into a full-fledged residential school with 640 students and 17 teachers. Three members of the current teaching staff are former students of the school itself. The school imparts to its students formal education along with vocational training such as bamboo and metal craft, tailoring, farming, horticulture and also computer education. It also instils awareness about their rights and a sense of pride about their culture.

My own sons and daughter were educated in the same school and they were the only non-tribal children to be educated with them. Almost 90% of the students who graduated from the school have returned to serve their own community. Some have gone ahead to become teachers in other schools, others have set up shops in their neighbourhood; some have become policemen, forest guards and some have returned to Lok Biradari Prakalp as volunteers. Most noteworthy is the fact that 5 students have become medical practitioners, 1 has become a dentist, 1 a veterinary doctor and 2 of them are lawyers. The tribal boys are at their best in athletics and between 20 and 25 students participate at state-level sports meets and 2–3 at national-level competitions each year. Mind you, they have no formal coaching or training of any sort—only encouragement from their teachers.

**PD: The biggest achievement of your school is that over 90% of the students have come back to serve their community, including your children. How did you motivate them to come back to work in Hemalkasa, when they could have chosen to work elsewhere for much larger pay packets?**

*Dr P. Amte:* They were probably motivated by the way they were educated by our volunteers at the school. Our sons were also educated there and they have also come back to work at Lok Biradari Prakalp with their wives.

**PD: Rural postings are likely to be mandatory for young doctors graduating from many medical colleges in India. These postings are widely viewed as offshoots of flawed policies that do not address the real problem. It is felt that making inexperienced young medical graduates work under duress, in unfamiliar terrain, cannot possibly lead to good healthcare. What is your perspective on this issue? Is there a way to attract young doctors to underdeveloped areas where all facilities are practically non-existent?**

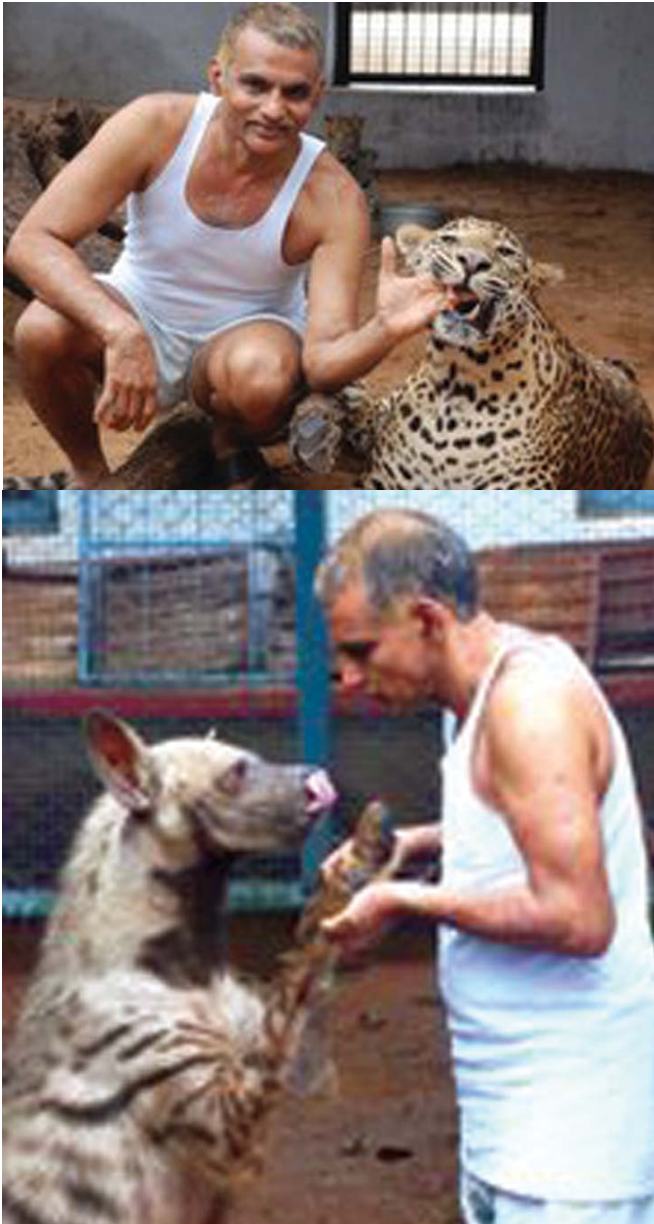
*Dr P. Amte:* I feel that exposure to work in rural and underdeveloped areas must be made mandatory for young doctors or medical students to motivate at least some of them to work for downtrodden communities.

We feel happy when we see or hear about some young doctors starting projects or joining government-run primary health centres after taking inspiration from our project.

**PD: You have formed a small sheltered enclosure at Hemalkasa to keep orphaned babies of wild animals. This is possibly the largest one-man collection of wild animals in the country and the world! Could you tell us something about your experiences with these animals?**

*Dr P. Amte:* Hunting was the main occupation of the tribals and





Prakash Amte with Raja, the cheetah and Jasper, the hyena at the animal orphanage

the animals they killed formed the main source of food. When we arrived here in 1973, the forest was eerily silent. The tribals, in their quest for food, had hunted down everything that could be eaten, from birds to snakes to larger animals. They also believed in witchcraft and animal sacrifice. Animals were killed and their carcasses hung in doorways or on the outskirts of a village to ward off evil spirits. To counter this, we started a wildlife orphanage by convincing the tribals to spare at least the young of the hunted animals. We gave them foodgrains in exchange for the orphaned

young animals. As a result, the orphanage is now a unique menagerie of animals, birds and reptiles. Some of them, such as the giant squirrel, are endangered species. Tribal students in the Lok Birdari Prakalp school take care of more than 50 animals that are housed in the orphanage. Now, the hunting has almost stopped and it is heartening to see growth in the population of birds and animals in the forest.

**PD: Dr Mandakini and you have received numerous awards and recognitions. Which one would you hold closest to your heart?**

*Dr P. Amte:* I had never expected to get these awards and though I am happy to receive them, I sincerely believe that whatever I have received during these long years of service is much more than what I deserve!

**PD: Your life and work is an inspiration to all of us. After having seen, or heard about, your work, many of us hope to attempt to make a difference to the community. Unfortunately, we do not know how to go about it. What message would you give those of us in such a situation?**

*Dr P. Amte:* Again, I would suggest that one should get exposed to the conditions of the poor in India. When you realize that you are more fortunate than the majority of people who suffer because of poverty, ignorance and exploitation, you will find your path.

**PD: It has been a long journey from 1973, when the Lok Biradari Prakalp was first established. When you look back through your experiences are there any regrets?**

*Dr P. Amte:* We have had certain anxious moments in our life. For example, we were concerned about the education of our children. They had their primary education with tribal students and had no idea of modern-day competition. However, somehow they realized what they had to face and completed their education. They are now working in our project. But there are no regrets!

**PD: The final question, what is the secret of your apparently boundless energy?**

*Dr P. Amte:* I think the life we led was aptly rewarded by society in the form of love that we received from all over the world, in spite of working in a very remote area in the heart of India. This has kept us going!

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