



Under an Indian Sky

TEN YEARS IN A BIHAR VILLAGE



JANET GANGULI

SMALL SIMPLE BOOKS

UNDER AN INDIAN SKY

Janet Ganguli (née Aitken) was born in England in 1949. Brought up in a Quaker family, she developed a commitment to serve the less fortunate at an early age. After graduating from Sussex University she trained as a nurse and midwife, and then, in 1975, set off for India. She remained there for ten years, working to improve health care in a part of Bihar (now Jharkhand), until family commitments brought her back to England. Janet continued to retain her links with the village where she worked. Back in England she worked with refugees and asylum seekers, and was active in the peace movement. Her husband, a doctor from India, worked with her in the village in India. They have three children.

Janet Ganguli died on May 7th 2009 after battling with cancer for 4 years, but nothing stopped her passion to do good things for others even in the last days of her life.

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Prologue

From 1975, I spent about ten years living and working as a volunteer in a little village in Santhal Parganas, Bihar, now part of Jharkhand. It is a different world from the one I, an English nurse, was born and brought up in and have now returned to. It is a different world too for most city-bred Indians. Indeed when, I first worked in the village with Service Civil International, India (SCI) and we received Indian visitors, they often found the change - the slow pace of life, the stillness and silence, the smokey fire, the stones in the rice and the domestic chores - just as hard to adapt to as our Western visitors.

The poor majority of villagers do not have many of the things we take for granted in our lives: no electric light, no tap water, no sanitation, no transport, no telephone, no books, no television or radio. Their life consists of unremitting hard physical work: carrying heavy loads - be it water from the well or stream, paddy from the fields or wood from the forest - and walking long distances on a monotonous, inadequate diet. And all the time there is the threat that things will get worse through illness or death in the family, through storm or drought or theft. On the other hand there are positive aspects of their lives: the more leisurely sense of time, more serenity, more independence, more appreciation of small things which comes with having so little, more sense of community.

I

TO THE VILLAGE

Journey to an Indian Village

For as long as I can remember I was drawn to the idea of going to India. My mother was born there but was shipped back to England and separated from her parents at the age of two just after the First World War. It was not generally considered healthy for the children of the Raj to be brought up in India. I'm sure it was not healthy to be separated from one's parents so young either. My grandparents were in India for twenty-five years until my grandfather was forced to retire early due to ill health. Frequent bouts of malaria and asthma had taken their toll. He died in England long before I was born. I grew up with stories of India told me by my mother: of my grandfather rescuing a child ill with plague after a village had been evacuated; and of being vaccinated himself many times in order to persuade reluctant villagers to be vaccinated too. There were even some stories of his encounters with ghosts as he lay awake at night coughing. Later on I came to know of his kindness and idealism and strong principles so that I could never entirely agree with those detractors of the British Raj who paint a completely black picture of that period of Indian history. No doubt a great deal occurred that was bad. Indeed, the very fact that a people should be ruled over by strangers from thousands of miles

Being ‘Memsahib’

The SCI project where I began work had grown out of relief work undertaken at the time of the Bihar famine in the 1960's. It was an agricultural project though a small amount of medical work had been carried out in the form of a dispensary. Two walled kitchen gardens had been established divided between the villagers, each irrigated by means of a Persian wheel from an enormous well. A feeding programme took place every day. A large pan of khejuri was prepared on a wood fire beneath a mango tree by an elderly but very active village woman we called Mama, and a line of children, bowl in hand, queued up for their share at the appointed time. In the evenings a few children came to a night school and sat on the floor with their slates around a noisy pressure lamp to learn to read and write.

There were two other volunteers: Meindert, a Dutch agriculturalist and Sreenivas from south India. Meindert was a tall, friendly young man with an analytical turn of mind. Sreenivas was neat and efficient with a charming manner. The three of us lived simply in a mud house beside the mango tree and drew our water from the well like the rest of the villagers. Unlike them, however, we had a simple, brick bathroom and toilet (not an example

of superior hygiene until I prevailed upon my fellow volunteers to have a proper one built with a septic tank) and we had our firewood delivered by the bullock cartload. We also had more food, better clothes and bedding, a plentiful supply of kerosene for our lamps (there was no electricity) and luxuries such as tea, sugar, soap and matches.

The nearest town of Madhupur was twelve miles away as the crow flies but the usual route was via the village of Jagdishpur, five miles walk away across the fields and from there by train or bus. Madhupur was on the main Calcutta - Delhi line, Calcutta being about six hours journey to the east and Delhi twenty hours to the west. The prospect of living in a remote village was quite a daunting one, though the knowledge that European volunteers had lived there before me made it less so. I could not, of course, speak the language. It took me a long time before I could speak it with any degree of fluency, hampered by the fact that the villagers spoke a dialect of Hindi called "Khota" which was not in any books and had a good deal of Bengali mixed in as we were near the Bengal border. The tribal people spoke their own language, Santhali, which was completely different. Most of the Santhali men spoke Khota too but few of the women did.

The area had a mixed population comprising tribal people; Koles and Pujars (Dalits); Ghutvals (caste Hindus) and Muslims. Within Titmoh itself there were groups of Ghutvals, Koles, Pujars and Muslims and the Santhal village of Jeromoh was just a short distance away. A very few families were better-off than the rest. The majority from all the groups were united in their poverty and each day was a struggle to survive.

Opposite us lived Dumnamaya, a Ghutval, in a little

one-roomed hut with a leaky thatched roof. She had been married off before adolescence to a man a good deal older than herself. Her husband being so much older, had saved her widowed mother from the necessity of providing an expensive dowry. Her dowry had consisted of a water pot and a plate. Dumnamaya had found herself little more than a girl with a strange man many miles from her former home. By the time I arrived in the village she had a small son called Dumna. (Hence her name Dumnamaya or Dumna's mother.) When we first met she was very shy. Life was extremely hard for her - her husband either from ill health or inclination, or a combination of both, did not do much work. He was happy to sit around at home. The main burden of providing for her family and keeping them alive fell to her.

In the course of time I managed to get used to sitting on the hard floor and mastered the art of pulling water from the well without slopping half of it back inside. I learned how to wash my clothes by soaping them and banging them on the bathroom floor, how to clean lamp glass and trim wicks, how to eat rice with my fingers and how to wind a saree round me. It was a good deal harder though to get used to the lack of privacy and lack of any sense of timing on the part of the villagers. Patients would often assemble before I was up and sometimes come and sit in the yard outside my door in the early morning sunlight. I could hear them talking and see them through the cracks in the door. I would lament my inability to get up early and have to brace myself to open the door and cross the yard to the bathroom with their eyes upon me.

The villagers called me "memsahib". Although I did not feel like a memsahib, I accepted what they wanted to call

Village Rhythms

As you walk up the slope northwards away from Jagdishpur station crunching discarded earthenware tea cups underfoot as you go, you arrive at a row of higgledy-piggledy open-air tea stalls and small shops. Behind them are some dilapidated brick houses. The path beside these leads to the road and beyond it into the open countryside. The road is not busy - only an occasional gaily painted lorry, a crowded bus, a private car, a jeep, a few bicycles and sometimes a bullock cart pass along it each day. In just a few moments one leaves behind the bustle and crowds of the station and tea stalls and shops and finds oneself looking out towards a different kind of world where there is no traffic or machinery, no electricity or telephones.

Once you leave the made-up road, sandy paths lead off into the distance. The eye reaches across the gently undulating landscape to the horizon. The orange coloured mud houses are dotted in groups across the countryside so it is often hard to say where one village ends and the next one begins. Here and there the dark leaves of the mahua, jackfruit and mango trees provide welcome shade while the clumps of light green, waving bamboos provide homes to egrets, mynas, sparrows and snakes. Small children tend

the animals - cattle, goats and a few sheep. There are no fences so they have to take care that the animals do not stray. The villagers walk mostly barefoot for miles and miles often carrying heavy loads on their head or shoulder. Here, a jeep or a motorbike or even a bicycle is a rare sight. Occasionally a bullock cart belonging to a better-off villager plods slowly by, carrying a load of wood or manure or tiles or paddy for milling.

Each stretch and each landmark on the walk between Jagdishpur and Titmoh became familiar to me. The path took one across flat, barren land with wide views, through areas of bushes and trees, across the raised bandhs between the paddy fields, down to the stream, through small hamlets and past a village pond with a line of tall palm trees standing like sentries until, beyond another band of paddy fields, you could just see the clumps of bamboo and the mango tree beside which we lived.

Usually we would arrive back in the village in the evening having come by the four o'clock train from Madhupur. Sometimes it was late and there would be concern about reaching home before dark. I would watch the red sun sinking nearer to the horizon knowing that when it finally disappeared I had half an hour of daylight left, half an hour to get home before nightfall.

At this time the villagers and their herds attended by little boys are making their way homewards too. A few villagers pay a visit to the little village shop to buy some scoops of mustard oil in an old medicine bottle or a little salt wrapped in a leaf. There are gatherings beside the wells and streams as women fetch water for the evening meal. Fires are being lit. If the embers have gone out, more live embers from another house are fetched on a

Rail Links

For the most part, the train was our link with the world beyond the villages, to Madhupur and further afield and, occasionally, in the other direction towards Giridih. A train plied to and fro between Madhupur and Giridih, a distance of some forty miles, four times a day on a single track branch line leaving on its first journey very early in the morning and returning on its last journey of the day late in the evening. Jagdishpur was the last stop before Madhupur.

Although the villagers themselves would think nothing of walking the twelve or so miles to Madhupur and back again, they also used the train. On market days, the women with their long bundles of leafplates would throng the platform at Jagdishpur jostling to get on board as the train drew into the platform. It was a steam train, a great and powerful beast with so much more character and emotion than the diesel that has now, sadly, replaced it. It reminded me of the Thomas the tank engine stories by Rev. Awdry of my childhood. There was a ‘fat controller’ in those stories. The ‘fat controller’ in Madhupur was indeed a portly gentleman. He was a kindly Bengali with a round face. One day the driver of the Giridih train lost control and it crashed into the station, killing him.

Sometimes I would take the train to Calcutta. It was always a mind-blowing experience to be suddenly transported from the peace and tranquility of the villages to the hubbub of Calcutta. This was especially so when I caught the night train leaving the quietness of the village as the sun dipped below the horizon and the colours faded, and arrived in Calcutta amid the morning rush. Suddenly one's senses and emotions were assailed on all sides.

The trains were often crowded. However, any discomfort at not finding a seat on the Madhupur train was offset for me, however, by my apprehensions about the bed bugs of which I had discovered there was a considerable number within the slatted wooden seats. The crowds often made both getting on and off difficult and hazardous. In desperation I have sometimes been obliged to climb out of the window - on the wrong side of the track. Once an old man was brought to us having fallen off a train. It was during the wedding season when the trains are particularly full. He had tried to get off the train before it had stopped so that he could help his family from whom he had become separated. He slipped on to the track. They arrived at nightfall having carried him to us over the fields leaving a trail of blood. His leg had been cut through to the bone. Manan spent most of the night repairing the terrible wound by the light of a torch. Unfortunately, when he came to stitch up the skin, he discovered some was missing. The old man was amazingly stoical and uncomplaining. We decided to take him to hospital which meant carrying him back across the fields to Jagdishpur. It was difficult to find anyone to help - his relatives were preoccupied with the wedding. Eventually Manan himself helped to carry him and we succeeded in admitting him to a mission hospital

Surviving from Harvest to Harvest

The winter months in North India are surprisingly cold, especially at night. As soon as the sun goes down at about 5pm, the temperature drops dramatically. A lingering warmth emanates from the blackened seat around a Santhal house but there is a distinct chill in the air until the sun rises next day. Without adequate clothing, the villagers suffer from the cold. Their skin becomes dry and cracked. Scabies is common at this time of year as washing in cold water is less inviting. This is also the season for burns and coughs and colds. Old sarees are stitched together in layers to make bed quilts, carefully using the saree border to decorate the edges of the quilt. The glowing embers of the fire are mixed with dry cow dung and rice husk, and placed in an earthen pot under a rope bed to give some warmth. The villagers seldom drink tea but savour the hot rice-water, “mar”, which is poured from the cooking pot and mixed with a pinch of salt. Early in the morning and in the evening little improvised fires are lit outside with twigs and dry leaves and groups of villagers huddle around them to fend off the gnawing cold. But the days are warm and bright and food is more plentiful.

For now the paddy harvest is in full swing. It is a busy time of year. The paddy is harvested by hand and carried

to the threshing floors to be beaten in bundles against a sloping stone. The paddy falls to the ground. Later the beaten paddy straw is spread over the threshing floor and bullocks trample out every last grain. The paddy straw is then twisted into long ropes. One person stands at one end twisting the rope while another person feeds in more straw at the other end. Finally the rope is coiled round an inner lining of straw into which the paddy is poured. The containers stand about four feet high and are so tightly packed they are said to be rat-proof.

Apart from having their own rice to eat at this time of year, some villagers who have managed to fence off an area against the goats near their home and have a water source nearby have grown vegetables: aubergine, tomatoes, onions, potatoes, bhindi, radish, beans. Some also grow a kind of dhal which does not require irrigation but gets sufficient moisture from the dew.

For the Santhals the annual hunt with bows and arrows takes place at this time though it is now more of a tradition and a social event than an occasion for feasting. Coinciding with the harvest a huge mela takes place a few miles away at Burhai. Relatives come to stay with those who live nearby and thousands converge on the big, black rock beside the Patro river. They walk, cycle, come in jeeps and buses stirring up the dust as they pass. Many animals are sacrificed. There are sweet stalls and trinket stalls, amusement stalls and lotteries. The main Santhal festival of Bandanah takes place over a few days in the month of January with much dancing, singing and drinking. The women, decked out in their best sarees, their black hair oiled and shining and adorned with flowers, link arms in a row and progress slowly dancing from one end of the

village to the other while the men beat drums and play their flutes and the children run excitedly alongside.

By the end of February the weather is beginning to warm up. The mahua flowers are ripening and fall mainly at night towards the end of March. Those lucky villagers who still own mahua trees, set off at dawn with baskets to gather them. The succulent, yellow flowers are distilled to make into liquor. Now the few small plots of wheat along the stream and beside irrigation wells are also ready to be harvested. When it rains during this time, the villagers take the opportunity of the moist soil to plough their land.

As the days become a little longer and the heat intensifies, the days of cultivation are over. But some fruit will soon be ripening on the trees: custard apples, mangoes, jackfruit, tamarind, papaya. Often these are picked and eaten before they are ripe.

For many the store of paddy is already dwindling. Now it is vital to earn money to buy food. Those men who have sought employment outside in the coal mines of West Bengal or as labourers in the town have already left the village. Stone cutting is taking place nearby - both men and women work there. It is back-breaking work. While the men break up the rocks with hammers, the women load the pieces on to the trucks. They are taken to the stone crushing mills in Jagadishpur to be made into road chippings. Sometimes a better-off villager employs villagers for land-levelling - making new paddy fields. But many families subsist entirely on the proceeds of leaf plate making. From the picking of the leaves to the selling of the plates, a great deal of labour is involved for very little reward. The women go each day with their bamboo baskets to collect *sakua* leaves from several miles away.

Later in the day the plates are made, spread out to dry, gathered in, pressed, counted and tied into packs of twenty and then bound into long, heavy bundles. These are carried about twice a week several miles to the town to be sold to middlemen. Some women leave in the evening and catch a train to another town to sell the plates for a slightly higher rate, returning in the early morning. There seems to be a tacit agreement that they travel ticketless but every now and then there is a clampdown.

At the height of the hot season another type of leaf picking used to take place - the picking of *kendu* leaves. The women brave the fierce heat and hot wind to pick these leaves and deliver them in counted bundles at various collecting points to the contractor. These leaves are made into bidis (small cigarettes). The rate per thousand leaves is an issue of contentioun every year and is always very low. The hot season is also the season for arranging weddings. These are occasions of both celebration and hardship. They entail great expense in terms of the presents which need to be purchased, the food for the many guests and the loss of earnings from time spent not working. In many cases the villagers have to resort to taking a loan from the moneylender in exchange for mortgaging of land. At this time the trains and buses are full to bursting as marriage parties criss-cross the countryside. Hindi film music over loud speakers breaks the silence of the night.

Now resources are stretched to breaking point. The animals become thinner as the land turns brown. The number of TB patients increases as lack of food reduces resistance. The *loo* or hot wind starts as early as nine in the morning and only gradually dies out at dusk. It sucks all moisture in its path so that you are not aware that you

were sweating until you go inside away from the wind and then suddenly the sweat pours off you. The wind spreads dust everywhere.

When the first rains come in mid-June there is great relief - relief at the respite from the heat and relief at the prospect of employment in the fields and of another harvest. Children splash and play happily in the puddles and streams. After a downpour the temperature becomes bearable for a while. It may rain for days at a time or there may be long gaps in the rain. Sometimes the rain comes very violently; you can see the threatening, reddish-black clouds gathering on the horizon. Then the fierce wind and rain tear away branches and roofs. The mud walls start to disintegrate and collapse and the courtyards become muddy. Roofs leak; frogs proliferate and congregate in damp, dark corners of the house. This is the time the snakes come out. It is also the time of year when the number of patients suffering with diarrhoea increases as water sources are more prone to contamination.

After heavy rain getting about becomes difficult, the dried up streams that were easy to cross before become raging torrents. Paddy fields fill with water and the bandhs between them become slippery and treacherous; paths become streams. Almost before your eyes the land turns green and the animals can eat more plentifully again and grow fatter.

Work in the fields starts in earnest. Many of the villagers are not able to cultivate their land themselves. They may have mortgaged it to a moneylender in exchange for a loan. Or they may not have bullocks to plough it, or paddy seed to sow, or they may not be able to afford to pay labour - in money or in food - to help with the task of

transplanting and harvesting. They might overcome some of these problems by hiring bullocks or taking a loan of seed. If not they would give the land to someone else to cultivate in exchange for half the harvest. Those who are not working on their land hire out their labour in exchange for two meals a day and a few rupees.

The cow dung the villagers have been collecting in pits has already been spread on the fields. When the rains start the fields are ploughed and the paddy seed is sown in the nurseries. These are in the lower fields which collect most water. It takes about a month for the seeds to grow into seedlings. Then the fields are levelled by bullocks dragging a heavy wooden board. The scene is now set for the labourious job of transplanting the paddy seedlings into the waterlogged fields. The seedlings are carried to the fields where the women plant them out. Standing all day in water bending down to push the young plants into the ground often in the pouring rain must surely be a test of endurance. However the comradeship of working together and knowing that you will have a full stomach at the end of the day help to make it bearable.

The success of the paddy harvest depends on the rain. There are no facilities to irrigate the paddy fields. When the rains fail - which means not simply that there is not enough but that the gaps in the rain are too long and the fields start to dry out - the paddy begins to die. The upland paddy dries out and dies first. As the paddy dies so too do the villagers' hopes for the year to come. The repercussions are great: hunger, more disease due to lower resistance, more theft, more trees cut down and soil erosion, more families broken up as men leave to find work outside. The moneylenders increase their stranglehold.

Those villagers who have grown a little maize harvest it in September. For those who are able to grow it, the maize crop is a welcome staple food coming as it does before the paddy is harvested.

The rains lessen and the paddy ripens in the fields. As the monsoon comes to an end a busy period of repairing houses, walls and courtyards begins and there are threshing floors to make too, by levelling an area of ground and smoothing it over with a layer of mud and then diluted cow dung which dries hard in the sun.

As one surveys the peaceful countryside under the clear blue sky, and watches the children laughing and playing, it is hard to imagine there are dramas and struggles for survival taking place here every day.

II

THE STRUGGLE FOR HEALTH

Health Care in the Village

We considered the health care we were engaged in as a means to an end rather than simply an end in itself. Had we seen it as an end in itself we would have concentrated our efforts on setting up a small hospital and building up its resources and facilities and established a more formal medical training programme. No doubt there was a need for such an institution but this is not the direction that we wished to take. Such places already existed in other areas: islands of excellence in a sea of poverty. They brought short-term benefits for some but did not bring change.

We considered our health work as a way of becoming closer to the villagers and establishing a role for ourselves in helping them to bring about improvements in their lives. A concern for peoples' health takes one, inevitably, into their lives: the way they live, the food they eat and their customs and values. We did not want to set ourselves apart from them and simply provide a service to them. The idea was to be involved in their lives and for them to be directly involved in the work we were doing.

Underlying our work was the conviction that the problems the poor villagers faced were common to them all and could only be effectively overcome when they

became united and organised enough to challenge those who exploited and oppressed them - the moneylenders, quacks, corrupt officials and politicians. Clearly, though, the health work was important in its own right too. Proper medical care was non-existent in the villages. Our work showed them the benefits of health care they were not used to receiving and made them conscious of their right to receive it.

Many of the diseases they suffered from were preventable. Poor diet, in particular lack of protein and vitamins, and contaminated water were a major contribution to ill health as was the failure to take proper care at the start of an illness and lack of hygiene in regard to cuts and wounds. Although much disease was preventable that is not to say necessarily that it lay in the hands of individuals to prevent them. Each individual has a responsibility for trying to preserve his or her own health as far as possible in their circumstances but it is wrong to put the onus for healthy living on the individual. Prevention of disease is a social, economic and political responsibility; it is a collective endeavour. We did not engage a great deal in health education as such, or 'health promotion' as it is called nowadays (in recognition perhaps of the fact that ignorance often only plays a limited part in ill health). In so far as we did engage in health education, we approached it, it went hand in hand with treatment. When people are ill they require treatment, care and support. When receiving it they are more likely to listen to advice on prevention.

Practices that are strange to us may appear to indicate ignorance on the part of those who follow them. But sometimes this judgement of them reflects our own failure to see them in their social, cultural or economic

Trials and Tribulations

Lack of facilities for treating patients was only one of the obstacles we faced. We also had to contend with the villagers' lack of understanding and even, on rare occasions, hostility, and with official corruption and indifference.

Hiro was about ten years old when we first came to know him. (Births are not recorded in the village, so no one knows exactly how old they are.) He had already started work a few years before and, as most children in the village, had never had the chance to go to school. In our evening class, though, he was one of our brightest pupils and used to help the others learn to read and write. He worked for Degu Singh, from one of the better-off families in the village and was responsible for taking his animals- cows, buffaloes and goats - out to graze at six in the morning, watching over them all day and bringing them back at sunset every day of the year. So he spent the whole day in the fields with other children, sometimes under a tree to shelter from the hot sun. They all had some animals under their care. For this they earned their meals of rice and salt with, sometimes, a little vegetable curry or some lentils. Although Hiro was not starving, his diet was not adequately nutritious and his skin was dry and cracked and he had ulcers in the corners

of his mouth. We gave him some vitamin tablets. This, of course, did not treat the cause - lack of proper food.

In 1981, when we returned to the village after an absence, Hiro was dying. He was so emaciated that he was unrecognisable. He was too weak to sit up without help and was devoid of any response or emotion. Lack of nutritious food and constant work had lowered his resistance and his condition was made worse by lack of care when he fell ill. It was August and Hiro's father, Budhan, was preoccupied with work in the fields. To carry him to a doctor in town would have taken up a whole day. In the meantime he called in the local quack who gave some injections, took some money and told them to stop feeding him. As Hiro's condition had deteriorated further, his father took the next and usual step of going directly to a chemist's shop in Madhupur. He came back with a bottle of tonic which had cost him seven rupees. It did not help.

One day when there was no staple food in Hiro's home, his father went to exchange a pumpkin he had grown for some rice at the house where Hiro used to work. Budhan was a thin, bent, prematurely old, rather endearing man with a protruding tooth. His pumpkin was worth four rupees; for it he only received half a kilo of rice worth one and a half rupees. What is more, an argument took place between members of the household as to why he had been given the rice at all. Hiro's father showed no sign of anger - he simply shrugged and grinned when he told us about it.

We suspected that Hiro had tuberculosis. The result of his blood test (ESR) though not conclusive, indicated it was a possibility. Examination of sputum under the microscope could have confirmed TB, but Hiro was not coughing.

We needed to arrange an X-ray. Hiro was now too weak to take to town for this. We started TB treatment anyway.

Our main concern was to get some nourishment into him but this proved no easy matter as he refused to eat more than a few mouthfuls. We provided food but found his parents had not fed it to him. He could die at any time and we considered bringing him to live with us so we could feed him. We tried hard to understand what was going on in his parents' mind and realised that they had given up all hope of his survival. For them he was already dead. We had a long talk with them and explained again about the importance of food and assured them that, if they made an effort, he would be up and about within a month. Together, we decided on a daily diet for him where they provided rice and green vegetables and we provided lentils, wheat flour and eggs. After that, every evening, Hiro's father would come and collect a chapatti and an omelette for Hiro. Then, one evening, we heard the tap-tap of his stick approaching again in the darkness; he was coming back. Hiro wanted another chapatti. He had set off on the road to recovery.

Hiro took his medicine regularly and made no fuss about his streptomycin injections. Little over a month later, although he still only weighed fourteen kilos he was strong enough to make the journey to Kodai Hospital in Madhupur for a chest X-ray. Manan carried him to Jagdishpur on the back of his bike. Another patient we suspected of having TB, Bhikon's wife, also came. Unfortunately Dr. Das was not there that day. The X-ray technician, a supercilious young man, was in attendance. We knew that he had the habit of taking money on the side and that when he had a poor villager alone and at

his mercy in the X-ray room, he would encourage them to hand over any rupees they might have on them. He asked Manan for the doctor's X-ray request. Since he had not written one, Manan asked the rickshaw driver for a piece of paper and wrote out a rather unorthodox X-ray request complete with his medical registration number. He handed over the scrap of paper and the fee for two X-rays and then went back to the market leaving Bagloo, one of the health workers, to collect the X-rays. They arranged to meet up at the station in time to catch the afternoon train back to Jagadishpur.

When Manan met Bagloo at about 2.30 pm. he did not have the X-rays. He had been told to collect them at 4 pm. by which time the train would have left. Manan, Bagloo and Bhikon went back to the hospital (a distance of some two miles) by rickshaw. The technician was in his house in the hospital compound. Manan went boldly into the house. He was very angry. The technician said the X-rays were not ready and rudely told him to leave. At that Manan repeated that he had come for the X-rays and a fight broke out. Two other hospital employees came and joined in. Bagloo and Bhikon fled in panic. At the sound of the commotion one or two other people appeared. When the fighting ceased the technician, in a state of high excitement, ordered the hospital gate to be closed alleging that Manan had a weapon on him. Manan was quite calm by now and remained unruffled when the technician threatened him with the police. The police duly arrived and proceeded to question Manan as if he was a common criminal. They obviously did not believe he was a doctor and the question of the X-rays faded into the background as they tried to digest Manan's audacity in challenging the technician in

The Power of the Quacks

Some villagers were lucky to have a lined, 'pukka' well, from which to draw their water for household use or, even luckier, in recent years, to have a tube well with a hand-operated pump. However very many villagers collected their water from streams and ponds, the same streams and ponds which were used for washing clothes, bathing and watering their animals. The way to collect water from a stream was to scoop a hole in the sand at the side and to collect the water that gradually filled up from below. In this way the water may have been slightly filtered.

It is not surprising that the incidence of digestive problems and diarrhoea was high especially during the monsoon when contamination was greater. Death from acute diarrhoea and vomiting can be very quick. Babies and children are more vulnerable but it can also strike down a healthy young adult in a matter of a few hours if not treated. The villagers would go in panic to the quack.

Quacks were untrained and unqualified. They picked up what they knew from chemists, doctors' assistants and each other. They had no difficulty in buying medicines over the counter at the chemist shop. They 'treated' patients in order to earn as much money as possible. What

they did not acquire in cash, they made up for in land and animals. Although it was, no doubt, in their interest for the patient to survive, their methods were unscrupulous and, with their incomplete knowledge they made many, sometimes fatal mistakes. For example a woman and her baby were killed when a quack injected ergometrine to hasten delivery and caused the woman's uterus to rupture. (Ergometrine is only given after delivery to cause the uterus to contract and control bleeding.) And how many died as a result of quack-induced infection is anyone's guess. The uneducated villager was unlikely to suspect that the 'treatment' had played a part in the patient's death: for them injections and drips - the hallmark of the quack - were the best thing available. Duped by the intricacies of the procedure and the expense they considered this the ultimate form of treatment even if the patient died. For them it was as if the needle itself was part of the treatment not simply a means to put the medicine into the body.

The injection culture was hard to break. 'Sui laga do, theek hojayege' (give an injection and it will get better) was a constant refrain. In some places even 'progressive' doctors pandered to the villagers' belief in injections, 'in order to gain their confidence'. We did not agree with this approach. We collected capsules and injection vials with similar labels. When the familiar exhortation for an injection was heard we would get out our visual aids once again and patiently launch into an explanation about the various ways of administering medicines and their respective uses and benefits. At first this lesson would appear to leave the patient or relative bemused and skeptical. It was a slow process.

In a place like Bihar where malpractice and corruption

The Money-lender and the Dying Child

Pradhani was a widow and very poor; she didn't have much land. She was a small, silent, rather ungainly woman with a pock-marked face. Her grandson, her daughter's little boy, had been ill for some time. He had been suffering from diarrhoea for several weeks. His name was Anil and he was about five years old. He was whimpering as she squatted on the ground in the clinic cradling him in her arms. His eyes were in a bad state half-closed and infected. Closer inspection revealed signs of severe vitamin A deficiency. His ears were also infected and discharging pus and he had a fever. Somra had given him some treatment before but the little boy had not been brought back as instructed. No doubt the family were preoccupied with work in the fields.

I was hopeful that the infection could be checked and, with care taken to feed him properly, he would make a full recovery. I looked forward to seeing him running about again. However the odds were against him, for as one complaint improved another one developed. It became apparent that his kidneys were failing. Then one morning his mouth was full of bleeding sores and he had the greatest difficulty in swallowing. He tried hard but much of the fluid came back through his nose. We tried

changing his antibiotics and giving them by injection. I sent Tikla, one of the health workers, to town to buy some more medicines. We encouraged his mother to bring milk for him each day and I made some nourishing soup for him but he became thinner and thinner. I explained to his parents that I held out very little hope of his survival. They said that they were very poor and couldn't afford to take him elsewhere.

I used to go and see him again last thing in the evening walking through the dark and silent village, pushing open the door to their courtyard carefully as one of the hinges was broken, past their one bullock who looked at us sleepily and across the little courtyard to the tiny room where the whole family slept on straw spread on the ground. I had to be very careful not to step on a sleeping child as, torch in hand I bent down through the low doorway and stepped inside and made my way to where the little boy was lying.

The suffering of a small child is particularly distressing and troubling to witness especially when one's efforts appear rather to be prolonging the suffering than alleviating it.

One morning when I went to see Anil, a bullock cart was standing in front of the house. Anil was lying on a rope bed in the courtyard in the warm sunshine. In another corner of the courtyard sat a fat man. He was surveying several sacks of paddy stacked in front of him. He was a moneylender and had come to take away most of Pradhani's harvest. Two years before she had taken a loan of rice from him on the occasion of a wedding and now had to repay the loan many times over. The scene in that small courtyard that morning was nothing out of the ordinary but the sight

of the fat money lender and the dying boy side by side brought home to me the connection between the two. The connection between exploitation on the one hand and the poverty and malnutrition that contributed to Anil's death on the other. For Anil died two days later. Most probably, with so little resistance, he had developed septicaemia. In spite of the apparent hopelessness of the situation I had kept hoping for the best but I was glad his suffering had come to an end. Soon afterwards I had to go away. I didn't see Pradhani again until I was leaving. She arrived hurriedly just in time to say good bye. She was not a woman to show much emotion but now for the first time I saw tears in her eyes. It was difficult to know what she was thinking but it was clear she bore me no ill will for not having been able to save her grandson. No doubt she bore the moneylender no ill will either. For her it was all in God's hands.

The Sound of a Motorbike, the Beat of a Drum

Throughout the day on April 25th 1984 we kept hearing the distant sound of a motorbike, sometimes getting louder, sometimes receding. In the villages it is not a common sound. It usually heralds the arrival of a contractor. As it later turned out, the motorbike we heard that day was carrying the bidi leaf contractor, Shri Rambilash Guturia.

In February and March many of the trees in the area shed their leaves and very soon new fresh green ones begin to appear. It always surprised me that these new bright green leaves should appear at the hottest season of the year, their greenness contrasting with the dry, brown earth. Amongst the new leaves to appear are the kendu or bidi leaves which are picked and dried to be made into bidis. It is from these leaves that Rambilash Guturia made money each year.

The diminishing forest where they were found belonged to the government which contracted out the collection of the leaves. This year there were four collecting points, called, '*khalyan*' - one in our village, Fatepur, one in Jitpur about five miles away westwards, one in Burhai about four miles to the north and one in Narasimor about ten miles away. There was a '*munsi*' in charge of each *khalyan*,

usually a literate villager. The women left home, often before dawn, to go to the forest which might be far from their village. They picked leaves in the scorching sun and hot wind. As the leaves were not very abundant it was a tedious job. They returned home around midday and then had to count them into bundles of fifty, twenty-five lying one way and twenty-five the other way. The bundles were packed up and the women set off again to their nearest khalyan. There, they waited their turn to have their bundles counted after which they had to lay them out in the sun to dry. Sometimes the leaves were checked and some bundles were tossed away (and probably collected up again later.) They returned home after dark. This year the rate was four rupees per 100 bundles (that is, 5000 leaves) at two khalyan and four rupees fifty paise at the other two (the reason for this difference escaped us). On an average one person could pick fifty bundles in a day which meant that the women were earning only two rupees a day. I believe the official daily wage at that time was eight or nine rupees.

Not surprisingly the women were not at all happy with this rate. We found this out by going to the khalyan and talking to them. First Manan went to our nearby khalyan on 27th April and the women there expressed their discontent to him very angrily. We decided to take up the matter for several reasons. The main one was, of course, that it was scandalous that the women should be exploited in this way. The villagers were facing such injustices in their lives every day. This seemed a good time to help them confront and overcome one such injustice. The bidi leaves had to be picked within a month or so. If the villagers didn't pick them no one else would. So, if they refused to pick them until the rate was increased they

would certainly succeed. It seemed simple enough. This was only temporary employment - they would not starve if they stopped picking for a few days. They would manage somehow as they managed before the bidi leaf season and after it. All that was needed was united effort.

On 28th April, our health workers, Somra and Shom, undertook a long trip by bicycle through the forest where the women were picking the leaves, visiting each of the khalyans. Another villager, Somlal, went with them of his own accord, leaving his other work, as he was very concerned. They set off at about 6 am and didn't return until late in the evening. They felt their efforts had been worthwhile as the response had been very good and it seemed that at least those with whom they had talked agreed to stop picking the leaves. The next day I went to our Fatepur khalyan to talk to the women there and to inform them that the women in other villages had decided to stop picking leaves. Manan and Shom went to the Burhai khalyan and again were encouraged by the response of the women. We had decided to call a meeting on 1st May at Karanpura village which was situated almost midway between the four khalyan. The purpose of the meeting was for the women to discuss what would be an appropriate rate. On 30th April only a very few women brought leaves to the Fatepur khalyan; most had stopped picking them.

It was very hot indeed on 1st May with fierce wind blowing. After seeing patients all morning we set off. I was worried about taking Sushila who was nearly one year old, in such weather. Some of the women stopped me as we went through the village and also expressed their anxiety for her. I kept her covered as best I could but the wind sometimes made this difficult. Once we stopped and

Epilogue: Return to the Village

I returned to the village in the winter of 1998, twenty-four years after I had first arrived there. The journey from Madhupur to Jagdishpur had changed. A diesel engine had replaced the steam train and two new stops had been created, reflecting, no doubt, a larger population and greater movement.

Titmoh had changed too, almost beyond recognition. There was no sign of the house we had lived in. It had disappeared completely back into the earth - apart from the bathroom and toilet which had been built of brick. Tall leucena trees that we had planted grew from what used to be the courtyard. The big mango tree was still there in all its splendour. But, nearby, Harpal's jackfruit tree had gone making that part of the village look exposed and unfamiliar. I was told there had been a murder in a neighbouring village and Harpal's son and Hiro had been falsely accused and taken off to prison. The family had sold the tree to pay for their release. The well we used to collect water from had fallen in but there were now three tube wells in different parts of the village.

More clumps of bamboo trees had grown up and to the north and east of the village there were now extensive acacia plantations. I am not an expert on soil conservation and the

An unflinching account of rural poverty in Bihar through the eyes of a young English nurse

Janet Ganguli grew up in England listening to stories about her grandfather who had spend twenty-five years in India during the British Raj. After training as a nurse she journeyed overland to India, eventually making the small village of Titmoh in Bihar (now Jharkhand) her home for ten years.

Unfazed by her new world peopled by poor villagers for whom survival was a daily struggle, she set about her task to provide them with basic health care and do what she could to help them improve their lives. She soon realised that this was going to be far from easy, observing close at hand how, besides the vicissitudes of nature, the villagers had to contend with moneylenders, quacks, contractors and callous or rapacious government officials.

In *Under an Indian Sky* we see the portly moneylender waiting to collect sacks of rice from the family even as the malnourished five-year-old Anil lies dying beside him. There is the ‘highly trained’ doctor who refuses to operate Lilmuni as she fights for her life, because he doubts if a Santhal can afford his fees, and the feisty Budhan, in his sixties, is forced to undergo vasectomy, a botched operation that spells ruin for him.

But this unsentimental account is neither a litany of tragedies nor an extended lament and Janet Ganguli does not idealise those she seeks to help. This spare and lucid narrative is, ultimately, a celebration of courage, determination and love.

Cover photograph by Janet Ganguli