



குயில்

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KUYIL

## NEWSLETTER OF THE AUROVILLE HEALTH CENTRE

### Editorial

**D**r. Assumpta Casanovas joined Auroville in 1990. As an ENT specialist she had practiced in Spain for 19 years, and it was in that professional capacity that I first met her. I had a minor ear infection. Wordlessly she shone light, probed, wrote a prescription and then, as an apparent afterthought, told me I should avoid swimming. "This month?" I enquired, lightly. "For ever." "For ever!?" I looked up, expecting a conspiratorial wink. But one look convinced me that this was a lady not given to joking...

"She was very straight, very clear and had very strong ideas," remembers Albert, who manages the Auroville Health Centre. "As such, she was not a lady with whom you could have an easy contact. I'd never worked with someone like that before - someone who knows what she wants and doesn't easily listen to other opinions - but I learned to appreciate her straightness, her honesty and, by the end, we were very close."

Those who were close to her knew another Assumpta. One whose no-nonsense nature veiled deep compassion and caring. One who read poetry, who wrote novels...

For many years Dr. Lucas and Dr. Assumpta looked after the management and organization of the Health Centre. She also became a very active and effective fundraiser. However, her real love was the extension work in the villages. "The villages were everything to her," recalls Albert. "To build sub-centres, construct toilets, improve the water supply, train health workers and make educational videos with Srinivasan -

that was her aim, that was where she was most alive. She never really enjoyed treating Aurovilians. She found them too difficult!"

Some years ago she was diagnosed with bone cancer, a disease which can be agonizing and drawn-out. As a doctor she would have understood all the implications, "Yet to me the most amazing thing," recalls Peter, who is in charge of the X-ray equipment and does the organization of the Health Centre together with Albert, "is that you never felt you were in front of a terminally ill person. She never made anything of it, never had the slightest feeling of ill-pity, so much so that even when she was bed-ridden you always felt that at any moment she would just get up and walk away."

Even when partially paralyzed she continued working at the computer and discussing and advising upon the work in the villages. "However, the last year was very difficult for her," says Albert, "because she'd been such an independent person yet now she needed help with everything. We had long talks together about many things but still she was not able to express something.

Then, just two hours before she died, she called me over and said, 'I love you. Thanks.' It was the first time..."

Dr. Assumpta died on 3rd March. Her sister and close friends were beside her. "She had no fear, was very peaceful at the end," said Albert, "because she had a very strong belief in reincarnation. I'm hoping she'll keep helping us..."

Alan



## *A home-made bomb destroys a family*

About six months ago there was a fight between two groups in the nearby village of Bommaiarpalayam, this being the result of antagonism about an upcoming election. As is often the case, feelings run high and can often degenerate into violence and general lawlessness.

Rajendran, a young man of about 30 who had just become a father, did not participate either in the political groups or the violence, but he was nevertheless very badly affected by it. Early one morning, as he was going to work, he got injured when someone threw a home made bomb which fell on his foot. We took him in our

ambulance to the Government Hospital where the doctors decided that the foot had to be amputated.

This was the easy choice for them, as it



doesn't cost as much - either in time or money - as the plastic surgery that would have saved at least something of his foot. This would have made his future a little easier, but at the time this was not thought of.

After a week, the family called me to see Rajendran, who by this time had a serious infection at the end of the stump. We wanted to take him out of the government hospital where he was being treated so that he could have treatment in a specialized hospital for orthopedic surgery in Chennai. This caused a lot of problems with the surgeon from the General Hospital, who would have preferred us to use his facilities for private patients.

Nevertheless we took him to Chennai and after several operations there he came to stay with us for two months in the Health Centre. Here he got good physiotherapy treatment and also a special pair of shoes that enabled him to walk without crutches.

The next step will be to find him a suitable job so that there will be some kind of future for him and his family.

## *What we do with our waste*

As is the case in every hospital, Auroville Health Centre produces general waste as well as medical and chemically hazardous waste. Only 10-15% of this waste is infectious and approximately 5% is hazardous. The most commonly used technology for dealing with such waste is to incinerate it. This destroys all pathogens and organic matter and the amount of residual material is minimal although this needs to be disposed of in a proper landfill.

Prior to incineration, however, care has to be taken to segregate the waste and treat

it properly as described in the Bio-medical (Management and Handling) Rules of India established in 1998. Plastics - especially PVC - and sharp things need to be first disinfected, then shredded to avoid re-use, and then recycled. Incinerating them would create air pollution (a poisonous dioxine is released when PVC is burnt) and toxic ashes because of the heavy metals that they contain. This leaves other infectious waste, like bandages, dressings and chemical hazardous waste like unused medicines, to be incinerated in our incinerator.

The incinerator of the Auroville Health Centre was built in 1997 and has two fan assisted gas burners, both of which run on LPG (bottled gas). The first burner preheats the waste, maintaining a temperature of at least 850°C, which has to be kept burning until all the material is consumed. The second burner is installed in a small channel which leads to a second combustion chamber, which completes the incineration at a temperature in excess of 850°C. To make sure that everything is completely burnt off, an additional air supply between the two gas burners provides a turbulence which mixes the gases emanating from the first burning. This ensures that particles which might pollute the air, such as carbon monoxide and soot, as well as odours, are completely burnt away.

Obviously if such incineration is to work properly all the technical devices must work properly, so that a certain amount of maintenance is essential.

*Manfred, Petite Ferme*



## *More about Tamilarasi*



Regular readers of Kuyil may remember Tamilarisi, a young woman who we found living in a very neglected state in one of the nearby villages. Eventually she went to live at the Shelter for Women in one of the local villages, where she has changed almost out of all recognition. Not only is she able to look after herself properly - bathing and washing her own clothes - but today, the person who runs the shelter came to me and was telling me how Tamilarasi helps the whole group by doing useful jobs like clearing up the rubbish.

Recently we have come to realise that she is deaf and previously had a hearing aid. We didn't know about this, but now that we do we will try to get her a hearing aid as it will improve her life enormously.

*Dr Shanu*



## Murugan's story

**M**urugan is a boisterous fourteen year old boy who used to love school. But one day, as he was returning home from school on his bicycle, a car going very fast around a turn on the road knocked him down. He sustained severe injuries to his right leg which included a fracture of the thigh bone and multiple fractures of the leg bone.

He was taken and admitted to the JIPMER teaching hospital where he was operated on during August of last year and kept in hospital for a period of three months. Though he was discharged after removal of pins, and in a plaster cast, his wounds would not heal. He developed a chronic bone infection.

When he came to us at the Health Centre, referred by Venkat the physio-therapist, we were at a loss as to how best to help this young boy get back to his normal activities. We sent him to MIOT, a specialty hospital in Chennai. There he underwent further surgery in January of this year. All the dead bone was removed from the infected site, the sinus tracts were scraped,

and a rib bone grafting was carried out and covered with a muscle flap over the fractured right tibia. He is here with us now on bed rest and a good nutritious diet. We see that his wounds are dressed twice a day and that he is doing some non-weight bearing exercises.

It's now six months since he last went to school, but we expect him to be here with us for some time. There is still light and hope at the end of the tunnel.

We can see it in the smile which lights up his face when he greets us every morning.

*Dr Piyali*



## A new life for Kannamani

**I**n November 1999 Kannamani had an accident which completely changed his life. He was working as a mason's helper on a construction site and fell from some scaffolding, severely injuring his right leg. Unfortunately it could not be saved, and with his agreement an above-knee amputation was carried out at the Government Hospital. He was in hospital for three months while the amputated leg healed.

When Kannamani was discharged I went and saw him in Iumbai village where he lives. There I showed him how to do various strengthening exercises as well as helping him with his prosthesis, to replace the amputated leg, which became available in November 2000. Fortunately, even though he had only worked for the mason for a short time prior to the accident, this employer agreed to pay half the cost of the prosthesis. The other half of the money came from Health Centre funds.

With the help of a simple parallel bar, which had been put up by workers from the Health Centre in the court yard of his house, Kannamani was able to start learning

how to walk again. He is an enthusiastic patient and eventually expects to be able to walk without the crutches that he currently uses.



## Vasanthi

**V**asanthi comes from a long way away, and we would never have got to know about her if it hadn't been for her teacher who lives in a village down near the beach. He came and told me about Vasanthi, who was aged 14 years and walked 3km to the school every day, limping along supporting herself with a stick. Her right leg from the knee on was bent upwards and she had to hold this up in order to walk with her stick.

One day we took the bus to go and see her, which was quite an adventure. Her village, Thirukkanur, is about 50km from the Health Centre. We met Vasanthi living with her parents in very poor circumstances. They had never consulted a doctor about Vasanthi's problem because of their poverty.

After several operations she stayed with us for more than a year so that she could get intensive help from our physio-therapists. At the beginning of September she went home with a prosthesis, walking out of the Health Centre without crutches, with many tears as she said goodbye.

*Mr Albert*



Much to his joy he was recently able to find work in a shop in a neighbouring village, where he sells cement. This was very important to him as he had no insurance against accident and was therefore fully dependent financially on his family. As the amputation he had is above the knee he is not able to ride an ordinary bicycle anymore. We would therefore like to get him a tricycle that can be powered with his hands and arms so that he can travel the two kilometres to his new work place by himself.

*Mr Baskaran*

*Rehabilitation worker at the Health Centre*

## Health, Education, Drama and Video in Bommaiypalayam Colony

Recently our drama group from the Health Centre staged a performance for the Bommaiypalayam Colony about diseases spread by contaminated water. We had a very positive reception, especially from the children, who were eager to watch our play because three months previously we had performed a comedy about personal hygiene and the necessity for toilets. Not only was it much enjoyed, but we were told that the children had learnt many things from the play. As one person said to us, "The children remembered the things you said about personal hygiene and follow them in their daily life. We need more of this kind of educational drama in our village."

In the evening, as soon as we arrived the children gathered together and happily

waited for us to begin. We set up the stage in the street and started by asking which children would like to sing. Many of them raised their hands and went on to sing very well for their parents and other villagers. This was greatly enjoyed by Mr. Albert who was in the audience with guests from Holland.

By the time the singing was finished quite a crowd had gathered, so we gave a short introduction about the health education documentary film on road accidents, which we then showed. Afterwards some young men from the village wanted to present their stick dance. This is a very old traditional dance which was wonderful to watch. It is only being done in this village and nowhere else in the surrounding district.

The play which we then presented was

very funny and the audience roared with laughter. At the end we asked the children who had been watching lots of questions to see how much they had remembered. Those who gave the correct answers received little prizes from Mr. Albert.

Every fortnight in one of the surrounding villages we are showing a health education video

we have made, and follow it with a play about some aspect of health. Twice a week we also show these videos in the village schools as well as in the production units of Auroville. Recently, our video film about diseases spread by water contamination has been broadcast by the cable network of Edayanchavady village. We have had a very good response, with requests from the villagers to broadcast more health educational films on the cable network to raise awareness about these issues.

It was Dr Assumpta who started the health education drama and video programme to raise awareness about health amongst village people. I remember very well the time in 1993 when she saw one of my plays and offered me this job, which I have grown to love very much. This programme is very successful, and even though she is no longer with us her dream is coming true.

*E. Srinivassan*



## Glimpses into the history of the Health Centre

*In this issue Dr Lucas talks about  
how preventive health work began in the villages*

From 1988 and thereafter during the last half of Dr Sen's life I had several longtalks with him on the original plans for the Auroville Health Centre to promote health for all in the surrounding villages. This included discussion on the concept of primary health care promoted by the World Health Organization since the 1970's. Mother, the founder of Auroville, had already clearly defined that the first priorities for village development were 'water, health and education'.

It was thanks to the Auroville Village Action Group that recruitment and training

of village health workers was begun in 1987/8. I was then asked to take over their training and supervision, and one year after that the whole programme was given over to the Health Centre. When I met Dr Assumpta in 1989 I was very happy to find someone who shared the vision and understanding of an educational program in the villages. Assumpta later took charge of the programme, extending the team of village health workers and setting up several new sub-centres from where the services now operate.

*Dr Lucas*

*More glimpses in the next issue of Kuyil*

Dear friends in Holland,

A couple of months ago we called for your help, and I know it is not easy to comply with all the requests, but with your financial support we could realise all the necessary help, except one patient, as described in our request and are almost in a independent position.

If you like to get further detailed information about your help, please send a letter or e-mail to [avhealth@auroville.org.in](mailto:avhealth@auroville.org.in) so I can give you specific details.

On behalf of all patients I thank you from the heart.

*Albert*

*This issue of Kuyil*

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