

When Delhi's Invisible Citizens Were Noticed

-The Cholera Epidemic

by **Madhu Kishwar**

Photos by Sue Darlow



Rajvati of Nand Nagri with her sick baby. She has lost four children in the last two years.

Following three years of successive drought, we at last had a good monsoon this year. Even before people could heave a sigh of relief, they were confronted with a new set of problems. Cholera, which in large parts of the world is considered a disease of bygone centuries, appeared in epidemic form in many cities. This report is on Delhi alone, but hundreds have died in other cities too.

For weeks, while hundreds were dying and thousands more lay grievously ill in hospitals and homes, government authorities kept denying that this was a cholera epidemic. They sought to give the impression that this was nothing more than the usual seasonal outbreak of hepatitis and gastroenteritis, slightly accentuated because of the heavy monsoon.

Up to August 25, the government admitted that 304 deaths had occurred in the epidemic in Delhi; 1,257 people had been confirmed as having cholera; 8,525 people had been hospitalised in Delhi; and the number of gastroenteritis cases was 32,646. The actual figures are likely to be much higher. All these deaths could easily have been prevented, had the administration's response to the situation been less inept.

The slums and resettlement colonies were the worst hit by the cholera epidemic this year, as they are by most other disasters, natural or manmade. Delhi has about 45 resettlement colonies, including slums. In addition, there are several small clusters of hutments which do not enter into official statistics. Of the city's total population of about 8,100,000, more than half live in these various residential settlements.

Most of the inhabitants of slums and

resettlement colonies are relatively recent migrants to the city, who came here in search of employment. The poorer migrants have no option but to construct little huts on neglected pieces of land, on the edges of the big storm-water drains and railway tracks, near swamps, and even on pavements in the heart of the city. Most migrants come from their villages in groups from one community, and tend to settle in small community based clusters. Every now and then, the city administration, in its attempt to "beautify" the city, uses bulldozers and police force to demolish the settlements. The migrants either return and rebuild their huts at the same site or move on to another miserable site, where they hope to escape attention for a while.

At times, it pleases the administration to allot alternative pieces of land on the outskirts of the city to those whom it uproots. These are known as resettlement colonies. The biggest slum clearance and resettlement operations were undertaken during the Emergency, 1975-1977. The process had started earlier and continues today, as thousands continue to seek shelter in the islands of affluence and employment that cities like Delhi represent.

The government disowns responsibility for providing services to the unauthorised or unregularised parts of Delhi, and blames the inhabitants for the unsanitary conditions prevailing there. However, living conditions in the official resettlement colonies are not much better.

On July 22, the prime minister made a visit, high profile even by his standards, to some of the affected colonies in Delhi. Perhaps this was his first exposure to the capital's slums, for he appeared to be



A typical water source—a handpump on the edge of a sewage filled gutter

shocked. In characteristic style, he scolded a few officials and ordered "urgent" measures to check the spread of the disease.. To prove that the prime minister meant business, the lieutenant governor

was forced to resign and was replaced by another bird of the same feather.

A **Manushi** team visited some of the affected areas in Delhi at the end of July and in early August. We began with colonies which had received publicity due to the prime minister's visit, and then went on to some of those that lay totally forgotten because no VIP had cared to visit them.

The Living Nightmare

Conditions in most areas were still nightmarish. In "normal" times, the roads and lanes in these areas are in an unsanitary condition, full of potholes and puddles. Since these areas do not have sanitation facilities, open gutters run on both sides of each lane and are usually full of stagnant water, excrement and household rubbish, solid and liquid. Due to the heavy rains, all the drains had overflowed and most areas were ankle-deep in slush and water. The residents' homes open straight on to these lanes, with no open courtyard and often not even a couple of stairs in between.

The houses are constructed in solid blocks with no space in between them. Therefore, the only ventilation available is through a small ventilator cum window in the front of each house which opens onto the filthy streets. Most plots in resettlement colonies are 22 to 25 square yards in area. This allows for the construction of no more than one and a half very small rooms -- the front portion used as a kitchen cum entrance cum work space, and the back room the main living and sleeping space. No matter

Living on the Brink

Delhi slums (that is, hutment clusters) are divided into the "regularised" and the "unregularised." Slums get regularised only when powerful political bosses, whom the slum dwellers treat as godfathers, decide to intervene. Unregularised colonies can be demolished at any time. The bosses tend to delay and obstruct the regularisation process because they are afraid that once a colony is regularised they cannot continue to use the threat of demolition to keep the residents as a captive vote bank. Also, the residents might begin to demand amenities as a right rather than as a favour.

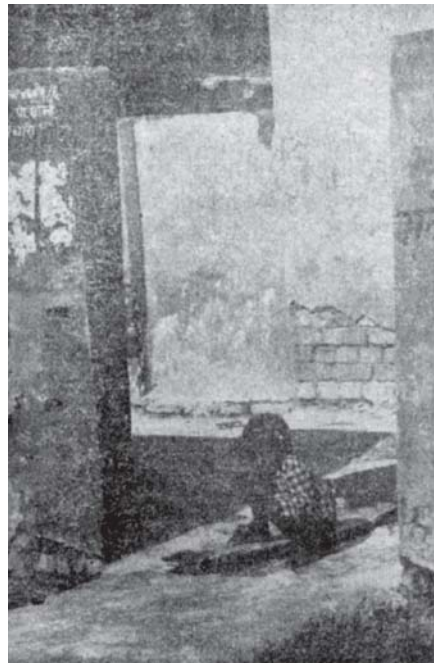
Delhi colonies (where the houses are concrete structures) are divided into the "authorised" and the "unauthorised." Delhi Administration has a virtual monopoly over the purchase and sale of land in Delhi, and also over the right to acquire land in adjoining villages for absorption into the city. This monopoly has created an artificial scarcity of land and pushed prices artificially high -- well beyond the reach of even the middle classes. However, land dealers, in collusion with bureaucrats and politicians, continue to sell land in areas where urban construction is not authorised. After construction takes place, the colonies are considered "unauthorised." "Authorisation" cannot be obtained by following any set procedures. It can be attained only if residents are able to purchase the favour of powerful politicians.

how neatly maintained, the back room remains dark and dingy because it has no inlet for light or air.

None of these houses have any space for the construction of a bathroom or latrine. In officially authorised resettlement colonies, public latrines have been at least nominally provided. They cannot be used by children and most adults find them unusable because of the lack of maintenance, and consequent accumulation of filth. Children relieve themselves in the open gutters that border the houses. Sometimes, even adults may use the gutters. These gutters stink and breed vermin, and are rarely given a thorough cleaning. In the “unauthorised” colonies, there is not even a pretence of public facilities.

In resettlement colonies each block of houses is supposed to have a block of latrines for its use. But their number is hopelessly inadequate, given the number of families whom they are supposed to serve. For instance, D and E blocks of Nand Nagri have 56 latrines between them. E block has 444 plots and 256 unauthorised hutments. D block has 343 plots, that is, a minimum of 1,043 families or 5,215 people using them every day -- if one were to calculate at the rate of five persons a family, there would be one latrine per 93 users.

The lieutenant governor recently announced that the government would



A child defecating at the entrance of an unusable public latrine

provide one latrine for every 45 families. Of course, they would not include the adjacent hutment dwellers in this calculation since the latter are not “authorised” to exist. But given that they end up using the latrine anyway, the “one latrine per 45 families” formula will not be any improvement.

These latrines have no flush system, not even a water tap, in them. The residents are supposed to carry their own pitcher of water both for cleaning themselves as well

as for flushing the excrement down. A couple of handpumps are installed outside the latrine complex. The latrines are supposed to be fitted with septic tanks whereby the liquid part of the excrement is supposed to seep down into the earth after automatic bacterial action -- and only the solid part remain in the tank which is supposed to be cleaned periodically. A septic tank in a private house catering to one or two families might not need more than an annual cleaning, maybe even less. However, given that these public latrines have to cater to a disproportionately large number of families, they need far more regular cleaning. In addition, like most government buildings, they are very poorly constructed -- not just in matters of design but also in the quality of material used.

The pots are in a broken down condition and full of cracks. Most of them do not even have footrests. Since the latrines do not have any water supply, the pots are usually filled to the top with excrement. Residents complained of, and we actually saw, worms crawling in and out of the cracks in the pots and gutters underneath -- this nearly a fortnight after a massive cleaning campaign had been ordered.

The latrines are usually enclosed by brick walls. As the latrines get dirtier, people, especially children, start using the area around as well, so that one has to steer one's way through piles of excrement in

“Unauthorised” colonies are not entitled to civic amenities. Over a period of time, many residents manage to get private electricity and water connections sanctioned by bribing and cajoling local corporators, politicians and officials. But the sewage system by its very nature cannot be installed for individuals; it has to be provided to the whole colony or not at all.

It is not only water and sewage systems which are nonfunctional. Other services and facilities are in the same condition. The sweepers at least do put in an occasional appearance. The so called gardeners, appointed for the upkeep of local parks (most of which have turned into garbage dumps) do not bother to show themselves for months or years on end. Yet they regularly collect not only their monthly salary from the appropriate government office but also, in collusion with higher ups, must be eating up the funds earmarked for the maintenance of these parks. Likewise, buildings constructed as community centres are in a state of total disrepair. They are seldom used for the purpose for which they are built. These colonies experience the most frequent power cuts. The local dispensaries and health centres do not really work, as was evident during this epidemic. The solution to these problems is not seeking a few officers, but overhauling the machinery in a way that it cannot get away with being so utterly irresponsible.

The situation in Seemapuri and the unauthorised slum adjoining it is particularly depressing. The Seemapuri lanes were strewn with garbage and filled with more than ankle deep slush and gutter water. However, since the houses in this authorised colony are brick constructions, people had at least some shelter when it rained. The unauthorised slum where many huts were waterlogged, is inhabited by poor Bangladeshi refugees who came and settled here in 1977. Many of these women work as domestic servants. The

order to reach the latrine. The stench from the latrine blocks is overpowering.

How did they manage to use the latrines which were overflowing with excrement most of the time, we asked again and again. The answer people gave was simple. "If we were in villages we could have gone to the fields. Where is the place here? And even if there is, men might use it. It is impossible for women to do so because there are no secluded spots available." A common refrain: "We feel so sick after a visit to the latrines that we cannot eat or drink a long while after that."

The government appointed sweepers are supposed to clean the latrines once or twice a day -- nobody seems to be sure of the frequency, probably because it varies according to the mood of sweepers. The sweepers usually carry nothing more than a bucket of *mashk* and a broom for the daily cleaning operation. The residents uniformly complained that the sweepers did no more than throw a little water down the pots leaving the latrines wet and messy after the so called cleaning operation.

Most latrines are constructed right in the centre of the colonies, with very little distance separating them from the houses, and from public places. Since the septic tanks are overloaded and poorly constructed, excremental water consistently flows out of them into the open spaces around the latrines. In Nand Nagri one set



Typical public latrine, broken, excrement filled, stinking and fly ridden

of latrines emptied its filth out into what is supposed to be a public park with a dilapidated building in its midst which is supposedly the community centre. When we visited this area we found the park and all the open space around the latrines filled with ankle-deep excrement filled water so that the building was totally inaccessible.

In another block of Nand Nagri, the latrine complex wall was a mere seven feet away from a facing row of houses so that

the excrement flowed right at their doorsteps.

In Seemapuri, the mucky water flowed into an open space which serves as a vegetable market for local residents. The vendors had no platforms or carts. They displayed their vegetables on the ground. The open gutters outside people's homes are also full of the overflow of water from latrines. The situation is particularly pathetic during the rainy season when, due

men ply rickshaws, pick garbage, work as casual labourers or petty vendors.

Most of the families looked abysmally poor. Therefore, they have built their miserable, crowded huts on land which is full of huge pits which date back to a time when there were a number of brick kilns here, and earth was dug up for their use. The kilns went but the pits were never filled. Some Bangladeshi refugees built their huts on the margins of the garbage and water filled pit which constitute dangerous swamps. Others have covered the garbage filled pits with wooden planks and built their huts on tops, using poles to support them. They were compelled to build on such precarious ground because in order to build on proper ground they would have had to pay a much bigger bribe to the police than the Rs 300 to 500 per hut that they paid at this location.

On one side of the slum is a huge garbage dump, from which garbage has not been lifted for years. Pigs foray here and often stray into people's huts, gobbling up whatever comes their way. On the other side are pits filled with rainwater. One of them is more than 18 feet deep. These pits too constitute deathtraps for small children.

While the colonies which got newspaper attention due to VIP visits began witnessing at least a pretence of cleaning operations, many more remained unattended to and forgotten. a couple of kms from Seemapuri is an unauthorised settlement called Sarhadpuri. The colony is bounded on two sides by the cement walls of a huge drain. The huts are constructed on a low lying area in a quadrangular shape. In the centre is an even lower lying area with pits in it. There is no outlet for drainage of water.

This god and government forsaken area would not have come to our notice had not a resident who was on his way home through

to absence of proper drainage, the lanes and open spaces get filled with ankle-deep or even knee deep water. At such times the gutter water gets mixed with rain water and overflows into the houses.

At all events, adults and children have to wade through this filthy water whenever they step out of their houses. The residents alleged that even though some money was allotted in 1976 for construction of proper sewers, none of this was used for this purpose. In many colonies, sewers were dug before the last elections. There are many open manholes as evidence of the work abandoned halfway as soon as the elections were over. Many of the open gutters are more than five feet deep and about four feet wide. Residents call these "Bacha doob nale" (gutters for drowning children). Quite a few instances were cited of small children falling into these gutters. While some were lucky enough to be rescued, deaths of children by drowning in these gutters and big pools of dirty, stagnant water are not an uncommon occurrence in these colonies.

Phulwati of B2/336 Nand Nagri told us that her one and a half year old grandson fell into the uncovered septic tank of the block of latrines right opposite their house. His body was fished out by neighbours after a four hour long search during which they had to descend into the gutter. In Seemapuri, residents showed us houses which were flooded with gutter water on rainy days.



Phulwati stands next to the septic tank where her grandson drowned. Everywhere, uncovered manholes still overflow with excrement.



Seemapuri seen us taking photos and talking to people there. Desperately hoping that the "patrakars" we might be able to bring their plight to the attention of the deaf and blind government, he pleaded with us to visit his area which he said was submerged in seven foot deep water in parts. We thought he was exaggrating, but in fact he was understating the reality.

The space in the centre of the colony looked like a lake. Many of the neatly constructed huts had collapsed and the residents had sought shelter with neighbours. The night before our visit, an especially heavy downpour and brought down still more huts, and many people were not sitting on the cement parapet of the drain, with their children and their meagre belongings. In our presence, another hut collapsed, and a two year old girl was buried under one wall. Luckily, she was not seriously hurt, but some others had not been as lucky earlier. To prove how deep the water was in the quadrangle, grown men jumped in and swam in it. In parts, their feet could not touch the ground. Since our visit, several even heavier downpours have occurred, and the results can be imagined.

This settlement is five years old. The inhabitants are skilled and unskilled labourers in Delhi -- factory workers, tailors, rickshaw and scooter drivers, masons and so on. Needless to say, they have no electricity or piped water, no toilets, no drains.

The people have installed a couple of private handpumps. But they get only brackish water from these pumps so they have to fetch drinking water from the miserably few public taps in Seemapuri, which run erratically only during certain hours of the day. If

Waters of Death

According to one estimate, over one third of Delhi's population has to use public places and roadside gutters to ease themselves. More than half of Delhi's population has no sewage facility. The sewage treatment capacity of the plants in Delhi is about half of what is required. The remaining half of the sewage is left to flow through open drains which empty into the Yamuna. This river is a major source of water supply to many parts of Delhi and to other cities downstream. Its water has, thus, become a major health hazard. No wonder that cholera deaths have been reported from several north Indian cities this summer.

These slums and colonies do not have piped water supply in the houses. The authorised colonies have a few public taps which bring piped water supplied by the municipal corporation during certain hours of the day. Most of the water needs of the residents are met from handpumps - mostly privately dug and some dug by the government. The latter were installed in a great hurry in the pre-election period. Almost all of them are extremely shallow.

What makes the water sources lethal is that the handpumps are situated bang next to the open gutters. Even under normal conditions, some amount of sewage water is bound to seep into these drinking water sources. But during the rainy season, especially after a heavy monsoon, it is impossible to separate the one from the other. The excremental water flows on to



Broken watertap, faucet below sewage water level, situated next to latrine and gutter. Dinking water is obtained through a hose connected to the faucet.

the sides and the top of the handpumps which are no more than three feet high. When the lanes fill with several feet of rain water mixed with sewage, the handpumps are partially submerged. The residents showed us worms coming out as they drew water from these pumps.

The administration tried to make out that these handpumps were the real culprits

for the severe outbreak of disease and that people would be safe if they drank water supplied by the municipal taps. The advertisements inserted in newspapers by the municipal corporation of Delhi as part of its whitewash exercise loudly warned: "Water drawn from sources other than municipal water supply should be boiled before drinking." This is quite misleading. The municipal taps are not much safer, given the way they are installed.

In all the colonies we visited, we found that the water taps, like the handpumps, are usually no more than a foot above ground level and often are placed in a small cement enclosure which opens into the gutter. When these gutters overflow, the water fills up the cement enclosure around the tap. All the taps we saw had their faucets missing. In some cases, even the one-foot-high overground pipe was missing. In such situations, the tap was no more than a feeble fountain coming from a few inches below road level - surrounded by gutter water. Residents had fixed small plastic pipes to draw out the water. Women using these taps showed how they first had to drain out the gutter water with mugs from these enclosures and then draw out what they can from the tap.

How and why did the faucets of the taps break? The residents told us that some broke because they were made of poor quality material, and others were stolen by miscreants. A number of them were crushed by passing vehicles. Since these lanes are

they manage to get to the tap on time they get some water, but if they are too far back in the queue, they have to return emptyhanded.

Shahadat Ali, who works as a tailor in a shop in Delhi, said he had been running around for the last one week from one government office to another, requesting that they drain out the water with a motor pump, since there is no outlet for the water to flow away. With great difficulty, after pleading for days on end, he managed to persuade them to send a pump. The man who came to operate it worked for an hour, and then disappeared, saying the pump needed repair.

Shahadat Ali, who earns Rs 20 to 25 a day as a daily wage worker, had not been able to go to work for the last six days. He, his wife and four children may soon starve, for they have no other source of income. The children were sitting huddled on a pile of broken bricks in the midst of water, as though on an island. Their hut had collapsed a couple of days ago. Their mother sat on the parapet of the drain, grinding spices for the evening meal. At the very least, it will cost each family about Rs 2,000 to 3,000 to rebuild a hut, pushing many a family into debt.

The neighbouring Rajiv Colony, better known as Nasbandi Nagar, was in even worse shape, even though it is an officially sponsored and authorised colony. Most of the houses lay submerged in water. The brick houses of the relatively better off families were less in danger of collapse than the mud and bamboo huts.



Community centre and park in Nand Nagri — full of garbage and overflow from latrines

mostly narrow and most municipal taps are situated at corners of main lanes, a passing truck or vehicle can easily crush the overground portion of the tap. Once the tap is broken, the residents have no way of ensuring its repair by the *sarkar*. There is no functioning mechanism of maintenance of the pitifully few civic amenities provided.

Most underground watersupply systems would be prone to adulteration by leaky pipes. However, in countries where there is a regular water supply, the pipes

would have positive pressure in them so that water would merely seep out of them, the result being no worse than a certain amount of wastage. But in India where the water supply is erratic and meagre, and stops for hours on end during the day in most cities, the negative pressure makes it easy for impurities to seep into water pipes, especially when they are not especially distant from gutters and drains. Thus, the tap water is not much safer than handpump water, despite government claims to the contrary.

The colony has a very mixed population, ranging from drivers, peons, lower level government employees, soldiers and petty vendors, to a large number of rag pickers who are mostly refugees from Bangladesh. Their experience of coping with recurrent floods in Bangladesh seemed to have come in useful. When their huts got submerged, many of them erected wooden platforms on bamboo stilts about six feet above ground level, and began living on these platforms. We saw dozens of families with small children, huddled on such platforms, surrounded by several feet deep water which could not flow out because this colony too is built in a low lying area with slopes all around and no provision for water to drain out.

The only exit and entry point for many huts in this colony was to climb on to the drain wall after wading through water -- a route impossible for small children to negotiate. So the children sat marooned for days on end in their little dingy huts, with their mothers anxiously watching lest they fall and drown in the surrounding waters. The relatively better off, the factory workers and government employees, had managed to find temporary shelter with friends or relatives in neighbouring areas. But the poorer families were too poor to have friends who would be any better off than they were.

As the residents began narrating their plight, an argument arose amongst some of them as to whether some parts of Nasbandi Nagar fell under the jurisdiction of Ghaziabad or Delhi administration. There were conflicting opinions on the matter since the colony is situated bang on the Delhi-UP border. Finally, one resident clinched the issue thus: "This part is in Delhi. It is the Delhi police which comes here to collect bribes." This seemed a remarkably apt way of identifying the role their rulers play in their lives. After handing out the plots as rewards for sterilisation the government made its presence felt only through the bribe collecting policeman. For all other government departments, these people do not exist except on paper.

The Children Die

Some of the consequences of living in the midst of such unhygienic conditions can be imagined more easily than others. Gastroenteritis, amoebiasis, hepatitis, diarrhoea, malaria are routine illnesses for most of these people, all the year round, and take a heavy toll on children's lives. According to a study done by the National Institute of Health and Family Welfare, diarrhoea prevalence in children here is about four times higher than the national average. Reliable statistics are not available, but the infant mortality rate seems to be very high in these colonies.

Rajvati of B1 block, Nand Nagri, sat clutching her nine month old baby who had been seriously ill for the last two months with the usual symptoms--loose motions, vomiting, cough and fever. The child was being treated by a private doctor but showed little sign of improvement. Rajvati had already lost four children in the last two years. One daughter died at the age of six years after a few days of fever and loose motions. The second child, also a daughter, died when she was eight months old -- after an attack of diarrhoea and vomiting that fasted two days. Another child, a son, died before he was two years old from some kind of fever which she says "dried him up" (*sukh gaya tha*). Another daughter



Ram Kishori with her sick daughter

died within a fortnight of the son's death. They had taken her for treatment to hospital where the doctors demanded that the family donate blood for the ailing child. She says:

"I was mourning the death of my son who had died a bare 11 days before that. I was so weak. I had no blood to give. So they discharged the baby girl from the hospital. Within three days of being discharged, the girl died."

Ram Kishori, aged 20, told us that her two year old only daughter has been sick ever since she was born -- mostly with diarrhoea and intermittent fever. The child looked terribly weak and malnourished. They had taken this child to hospital where she was put on a glucose drip for a day or two and then discharged. The local doctor had prescribed two tablets for the child which had brought her motions under control for the last couple of days. Ram Kishori, who seemed several months pregnant, was herself feverish the day we visited their house and had loose motions as well.

The story was repeated in one form or the other in a number of houses. About 80 percent of those who died of cholera were children.

Made to Live in Garbage

The government sought to make garbage clearing the primary issue. Since garbage in these colonies is dumped in the spaces meant for parks and by the side of gutters on main roads, and no trucks ever come to remove the garbage, therefore, when Mr Gandhi went on a tour of these colonies, his attention got focused on the piles of garbage lying scattered all around. He ordered that all of it be cleared in three days. And so the whole administration went helter skelter, pretending to dispose of the garbage.

This is a typical example of the kind of ignorance from which the elite suffers. Garbage became a priority because it was a

A typical street in Seemapuri



visible eyesore. And the elite do not want their cities to have visible eyesores. Certain more important measures that would have helped combat the spread of cholera were bypassed in favour of cosmetic cleaning.



Government “cleaning—taking garbage out of gutters and leaving it on the streets

Given that cholera spreads from human excrement rather than garbage, it was crucial to disinfect and dispose of the excrement of cholera victims in particular and of the population in general. All the administration needed to do was to dig pits in which the excrement could be deposited and covered with lime or bleaching powder. If they had invested all the available human power in this job, the epidemic could have been controlled much sooner. Instead, they went around pretending they were clearing the accumulated garbage.

And how was this garbage disposed of? In some cases, we saw it just being spread out more evenly in parks and then flattened out by road rollers, or deposited in an open ground a little distance away. Of course, hundreds of trucks were supposed

to have been hired to lift it out of colonies and dump it elsewhere. The residents were cynical about this too. A common response: “This gives the corrupt bosses an opportunity to make some more money. Hundreds of trucks are being hired to make so many trips per day. Most of these trips will be on paper. A few trucks will make a few trips, and the rest of the money will be pocketed by the bosses.” This may not be an exaggerated allegation, given that 10 to 15 days after the launching of an intensive garbage removal drive, we found piles of garbage lying around, just as before, in every affected colony we visited.

The attempts to clean the gutters were equally farcical in most places we visited. Since the gutters are not cleaned regularly, they tend to get stagnant due to accumulation of silt and other solid matter. This prevents water from flowing easily. When the cleaning drive began, the government sweepers took out the filth and piled it up at intervals of a few feet, at the edge of the gutters, even right next to the taps. We were shown a number of such heaps which had not been cleared for the last few weeks, thus posing a greater health hazard than had it stayed in the gutter, because now the rain water just carried it out over the streets and lanes.

Nobody asked and nobody explained why the administration had to hire so many casual workers to carry out the cleaning operations. Why could the regular staff not have been deployed for it? They residents, of course, had their own explanation. They alleged that the



“Bacha doob nalas” run at the doorstep in Seemapur—death traps for tiny children

government-employed sweepers and other staff are able to get away with not doing their routine work, by giving regular bribes to the supervisory staff. The bribes seemed to have more power than the prime minister’s directive. Even during this emergency, we were told, the regular

Interior of a house in Nand Nagri—typically neat and clean



employees could not be adequately mobilised to do their jobs.

However, there is another aspect which one should not overlook. Given the appalling sanitary conditions, and the fact that the cleaning has to be done with brooms and bare hands, the task is truly repulsive. Nobody should have to do it in this day and age, considering how easy it is to improve the situation and make the task less degrading.

Are the Poor Responsible?

All the while that the epidemic was raging, the main theme of the government propaganda appeared to be that the unhygienic and supposedly dirty habits of the poor were responsible for the disease. Unfortunately, this misleading stereotype is accepted even by the educated elite. No doubt, it is almost impossible to maintain a high level of personal and public hygiene



Living in a three foot high space on a platform built inside a flooded hus Nasbandi Nagar

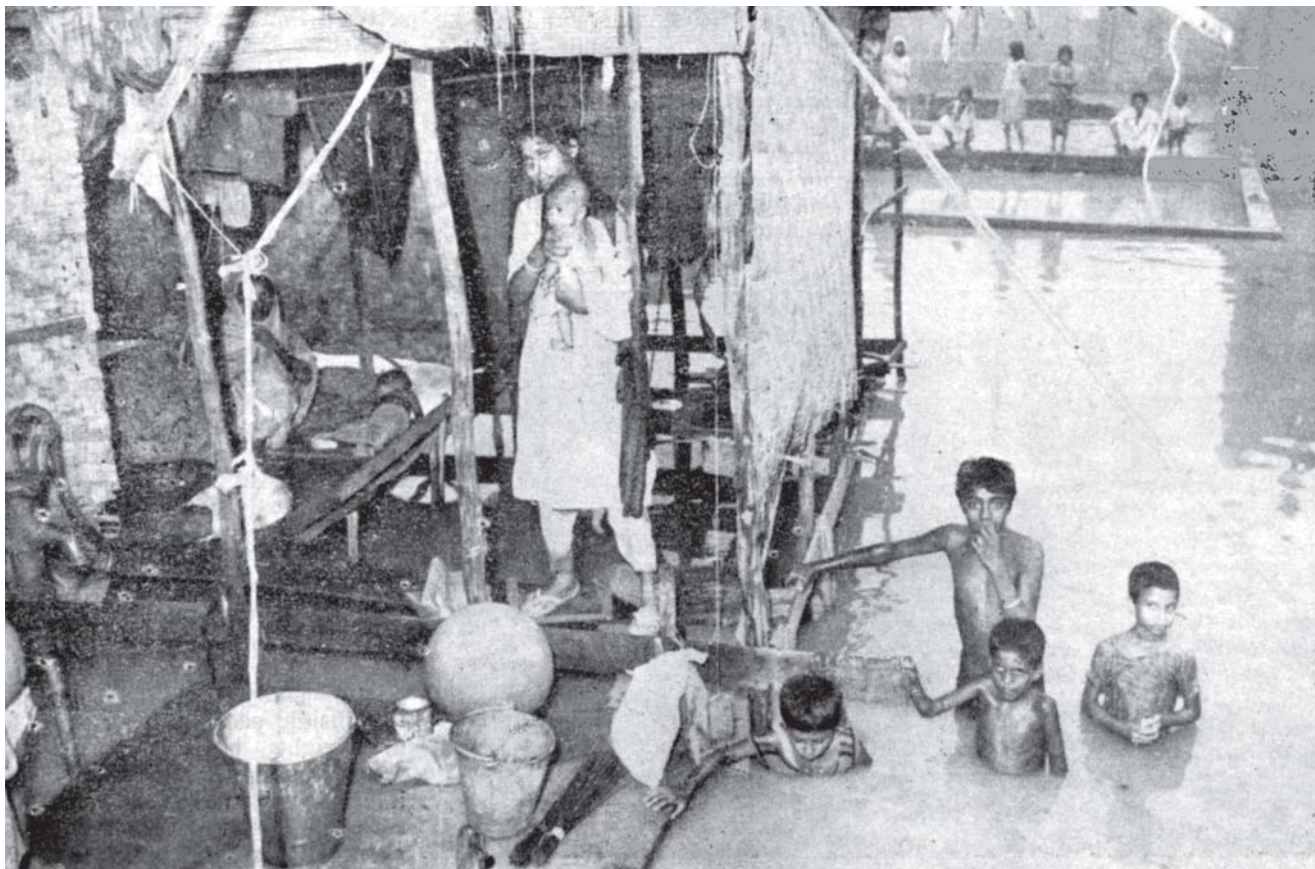
when a community has severely limited resources.

Despite the all-pervasive poverty, we found that in the little private space allowed to people, they had done remarkable well.

The interiors of homes were invariably neat and well organised. There was no visible filth. Utensils were uniformly scrubbed until they shone and were neatly, often decoratively, arranged on shelves. Floor space was well swept and mopped. These huts and houses have no private bathing space, yet most people looked well-bathed with fairly clean clothes. This was especially true of women. All of these houses have meagre space and poor light and ventilation yet they were surprisingly free of bad odour. The relatively neat interiors of houses and the cleanliness of the people contrasted sharply with the state of affairs in public spaces.

The inner lanes of colonies, whether mud or brick-paved, are kept clean by the residents themselves. We were told that government sweepers refuse to clean these inner lanes, saying it is not their job. So

Living on stilts in flooded Nasbandi Nagar, an authorised colony



each family has hired a private sweeper to pick up the garbage daily and to sweep the part of the lane in front of its house. There was no garbage piled up in front of these inner lanes. But the sweepers go and dump the garbage in public parks or on main street corners, because there is no proper disposal system. The main lanes, which are supposed to be kept clean by the government, are in much worse condition than the inner lanes. Piles of garbage lie on the main streets.

Even in the inner lanes, residents are dependent on the government sweepers for cleaning of the gutters. When I asked residents why they did not take collective responsibility, for cleaning gutters and public spaces, the answer was the same everywhere: "How can we do it? It is the government's job." **It is precisely in areas where they have placed themselves totally at the mercy of the government that they suffer most.**

The story is not very different in the better-off colonies of Delhi. In most affluent colonies, people engage private sweepers to take domestic garbage to nearby government-constructed garbage dumps. The garbage rots there for days until it is removed by government garbage vans. Even in the elite Defence Colony, it is an ordeal to walk down two of the main roads



A vegetable market in Seemapuri located just outside the public latrine complex

where garbage dumps are situated, because of the stench that emanates from them as well as from the huge open drain that flows right through this supposedly privileged colony. The service lanes here, as in most other colonies, are none too clean. If the affluent elite are not organised enough to take sufficient care of public hygiene, it is understandable the poor find it harder to do so, especially since they are denied the basic infrastructure of sanitation that is available only to the city's elite.

Another reason for the communities in resettlement colonies lacking the ability to organise themselves is that these are not organic growths. Different groups were evacuated from different parts of the city and dumped together in these colonies over the years. Consequently, they lack the internal cohesion required to work together for common goals, which some traditional communities in villages and towns have, in some measure.

But perhaps the greatest obstacle in the way of people's trying to acquire greater control over their lives is that they have succumbed to the political rhetoric that the State must assume vast powers and take responsibility even for civic and community affairs. The vast powers at its disposal have only made the government increasingly unaccountable. It is unable and unwilling to fulfil its promises. Thus, what is assumed to be government's responsibility becomes no-one's responsibility.

In many countries, radicals mobilising people to struggle for their rights have organised them around public health issues. These issues touch the most basic concerns of people. Unfortunately, no political party in India has paid much

**Houses built on stilts over garbage and water filled pits, Seemapuri.
A resident demonstrates with a pole the depth of the swamp**



attention to this issue. This was evident during this epidemic too. Every party dutifully passes resolutions and issued press statements condemning the government. Some even went through the ritual of organising protest demonstrations. These actions only served to strengthen the foundations of our "Petition Raj", as they all ended in the presentation of memoranda to government officials.

The Bharatiya Janata Party, which has a solid mass base in Delhi, organised some health camps but clearly more for publicity than as a serious attempt to control the epidemic. The camps functioned on the lines of government dispensaries - injecting anti-cholera vaccine and distributing medicines. No attempt was made to launch an awareness campaign. Nor did anyone, not even those who swear by mass politics, think of mobilizing the affected communities to shake off some of their crippling dependence on a callous government machinery, and make a beginning in community-based sanitation drives.

The Medical Aspect

It is shameful that cholera occurred at all. Even more shameful is the fact that an easily preventable and controllable disease was allowed to assume epidemic proportions. This happened primarily because the administration ignored all prior warnings by health institution that such an outbreak was imminent. No preventive measures were taken. Doctors in certain hospitals have alleged that even when they began to report the first cholera cases, the government paid no heed. If, at that early stage, the first cases had been isolated and urgent action taken to ensure that the bacteria did not spread, the situation could have been brought under control.

Instead, the government indulged in a cynical debating match, trying to convince the public that this was no more than the "outburst of a seasonal disease, now well under control." This is a quotation from the statement of the honourable municipal commissioner on July 20. It is hard to understand why the government found it necessary to start a controversy about

whether or not the disease was cholera. The diagnosis is simple and inexpensive -- the causative organism vibriocholerae serogroup O1 ogava, is isolated from rectal swabs or fresh stools and grown in cultures. This technique, known for decades, is considered reliable for diagnosis.

Having lost the debate, the machinery kept manipulating and distorting statistics. Many people, and even some doctors, allege that cholera cases were often registered as hepatitis or gastroenteritis cases, and cases of the latter two often dismissed as simple cases of diarrhoea.

cholera vaccine, can precipitate paralytic polio, particularly in children. Therefore, no injection should be given in the rainy season, unless absolutely unavoidable. Already, an unusually large number of polio cases are being reported.

The anticholera vaccine begins to work only after a gestation period of 10 days so it offers virtually no protection in a situation of rapid spread of disease. It is alleged that in some cases vaccine from stocks whose efficacy had expired was injected. Another common complaint was that the needles used for vaccination were not properly



A couple in Guru Tegh Bahadur hospital with their dangerously ill baby

After being hauled up by the prime minister, the administration launched a campaign for administering anticholera vaccine to lakhs of people. The vaccine, once considered the standard method of preventing cholera, is now considered the standard method of preventing cholera, is now considered an inadequate method of dealing with the disease. No more than 30 to 40 percent of the vaccinated population develops immunity.

During the rainy season, the probability of polio virus being present in the body due to contaminated water is higher than usual and any injection, including the

sterilised. In any case, the vaccine has no effect in reducing the incidence of carriers who play the most vital role in the spread of the disease. Nor does it reduce the severity of attack in people previously inoculated. The protection endures for the limited period, ranging from three to six months.

The World Health Organisation has acknowledged the ineffectiveness of the vaccine. Yet, the government pursued the injection campaign with a vengeance, determined to complete a target of 900,000. There were several reports of children having registered immediate adverse reactions to the anticholera vaccine. In

some cases, when the stocks of anticholera vaccine were exhausted, antityphoid vaccine was administered. All this so that quantitative targets could be attained and a pretence of doing something maintained.

Most hospitals were not equipped to handle the rush of patients. In some, there were two or three patients per bed and many more on the floors. In many colonies people complained that local government dispensaries refused to handle even simple cases, and referred them to the overcrowded hospitals.

Hospitalisation is not crucial or even necessary for control of cholera, gastroenteritis or hepatitis. Glucose drip is necessary only in very severe cases. The majority of cases could have been adequately dealt with by the primary health centres and dispensaries, had these been even reasonably functional. The treatment for cholera is fairly simple -- tetracycline, or furazolidine for tetracycline resistant strains. Tetracycline should be accompanied by B complex and by large quantities of water.

Since most deaths occur due to dehydration **the most important combat measure would have been to communicate effectively to people the fact that oral rehydration solution -- a water solution made with sugar and salt, if given in large quantities to affected patients, would have saved almost all lives. This was not done.** Hospitals and private clinics who put patients on glucose drip did not explain with care that after the patient was taken off the drip and sent home, he or she should continue to be given oral rehydration.

Government and private agencies distributed a couple of oral rehydration packets per family but did not explain what the family should do after the packets were used up. Most women we met were under the impression that the packet constituted a one time dose like the vaccination. They used one packet and kept the other for some sort of emergency. We did not see many families using oral rehydration solution.

At the Mercy of Quacks

A number of people preferred to go to private doctors, many of whom were not



Saleema of Seemapuri

even qualified. Even though it is hard to be certain about the proportion of the sick who went to private doctors, my impression, from talking to people, is that the ration might be around 50 percent. So the government statistics are misleadingly low. They do not take into account the cases that went to private doctors, and those that got no treatment whatsoever.

Most patients we met told us that private doctors put patients on a glucose drip for a while; gave them an injection or pills (no one knew the contents of these) and prescribed tonics, vitamin tablets and painkillers. In house after house, we saw bottles of tonics, iron tablets and irrelevant medicines bought at exorbitant prices. Most private doctors in these colonies not only prescribe but also dispensed were not in wrappers hence there was no way of knowing what they were. The tonics sold by the doctors seemed to be of spurious quality, manufactured by small unknown companies in and around Delhi.

Kohinoor, a pitifully poor woman, who works as a domestic servant near Seemapuri, said that the doctor charged her Rs 200 in one day. She had borrowed the

money from her brother, a vegetable vendor. She had fever, diarrhoea and vomiting, and fainted on her way back from work. The private doctor put her on glucose drip, gave her an injection and sold her a large bottle of B Complex syrup manufactured by a spurious sounding company in Ghaziabad, and an equally spurious looking iron tonic. She was still so weak that she found it hard to stand.

Saleema's one and a half year old son had died two days before we met her. He had been sick for about for months with the usual symptoms of diarrhoea and vomiting. She took him to the local government hospital where he was given some tablets but did not improve.

She then took him to a private doctor who gave some tablets, handed her a Cerelac Baby Care Book and recommended that she feed the child with this baby food manufactured by Nestles. One tin cost her Rs 21.50. She bought two tins. The child continued to deteriorate and died on July 30.

Kamla, aged 25, wife of a rickshaw puller, lost her five month old son who had been ailing for about a month with

diarrhoea, vomiting and fever. The local government dispensary refused to treat him and told her to go to the main hospital. The local quack said: "Don't worry, *hava lag gayi hai*" and gave some medicine. The child kept getting worse and was taken to the OPD of the local hospital. Despite the medicines given there, his condition continued to deteriorate, so the parents discontinued the treatment. By the time they took him to hospital a second time, he was probably beyond help and died soon after admission.

One important reason why so many poor people prefer to go to expensive but dubious private doctors rather than to the free government hospitals is that at the latter, they have to stand in various queues for hours before they get to see a doctor. A long wait could be fatal for a very sick child. Also, many of these poor men and women work as casual labourers earning a daily wage, and cannot afford to lose a day's wage each time they visit the hospital. The quality of care and attention at the hospital is rather poor and often the hospitals do not dispense the free medicines they are supposed to, so the medicines have to be paid for, anyway. In

these circumstances, paying the private doctor often seems more convenient.

Unauthorised Lives?

One of the government's of repeated excuses for its inability to control the epidemic was that in parts of Delhi, especially in trans Yamuna areas, a large number of unauthorised colonies have mushroomed over the years, for the provision of civic amenities to which the government is not responsible since they have come into being "illegally."

The deputy commissioner (water) Mr Rai, admitted at a press conference on August 18 that even according to government's own (mostly misleading) estimates, about 3,000,000 people in the capital are still dependent for drinking water on handpumps which have been identified as the main source of cholera infection. Expressing his inability to do anything in the matter, he explained that these 3,000,000 people live in unauthorised, the Delhi Water Supply and Sewage Disposal Undertaking cannot provide them with potable water (*The Hindu*, August 19).

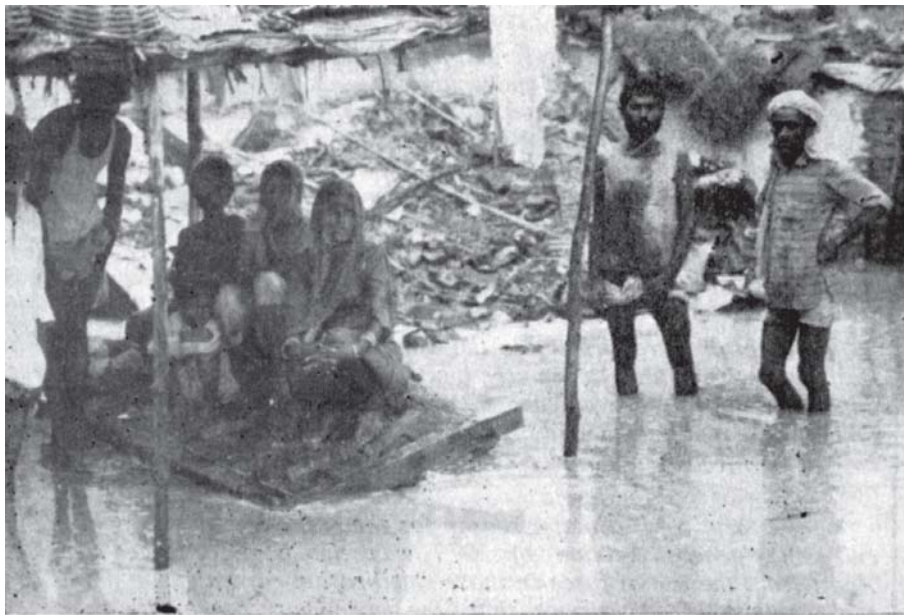
While the deputy commissioner, with

his limited vision and mandate, may be technically correct in making such a statement, the government should not be allowed to get away with so irresponsible an attitude. Health is indivisible, and the uncleanness in the farflung hutments and colonies is bound to affect, has indeed already affected, the hygiene level of the entire city.

It should be remembered that hundreds of thousands throng to Delhi and other big cities, not for the pleasure of living in slums, but because they find the barest survival impossible in the villages from which they are forced to migrate. The State, claiming as it does to be omnipotent in economic development, cannot disown responsibility for the destitution which is the direct consequence of its own planning. The problem cannot be wished away by an ostrichlike posture.

What Could be Done

1. If the influx of population into cities continues at the current rate, life in the cities will become increasingly unviable. However, this migration cannot be stopped by legislative fiat or by force. It can only stop if life outside big cities is made at least liveable for the poor.
2. The emergence of sprawling slums containing more than half of city's population, people with precarious rights, has facilitated the rise of hoodlums as political godfathers. The unholy power of these fuffians can be checked only if institutions of local self government are allowed to exist and are given powers work effectively. The local community in each area should have the power to hire and fire and manage the local administration.
3. The health policies of the government, with their emphasis on elephantine hospitals and sophisticated equipment concentrated at a few centres, are totally unfitted to cope with the people's everyday health care needs, let alone large scale



Shahadat Ali's, family, huddled on a pile of bricks in the flooded slum, Sarhadpuri

disasters. The health policy should be redesigned to focus on community based preventive medicine and a delivery system that can reach those who need health care most. We need more primary health workers who should work under the direct supervision of local self government institutions.

The cholera epidemic is now subsiding and will soon be forgotten as newer disasters occur. However, it has brought into sharp focus the problems, economic and political, inherent in our overcentralised system of governance. If every drain in the country must wait for a prime ministerial visit before a pretence is made of cleaning it, then, clearly, the system of governance has been reduced to a farce.



Cholera -- Not Confined to Delhi Alone

Cholera deaths occurred in several north Indian cities but were less documented and reported than those in the capital city. This picture, taken on August 13, shows mourners in a home in a Harijan colony in Rewa, a Madhya Pradesh town. This family had lost two members within 24 hours -- Chotibai, aged 60, and Om Prakash, aged 15 months. Both had the usual symptoms -- acute diarrhoea and vomiting.

Conditions in slums like this one are not very different from those in Delhi slums. Residents complained that no one comes to clean the area. Latrines are filthy and dilapidated. the only drinking water source is the open well seen in the picture.

P.S. As this goes to press, conjunctivitis, also spread by unhygienic conditions, is sweeping through Delhi and other cities.

“Ladies First” -- The Story of Nasbandi Nagar

Men consider themselves the braver of the two sexes, but time and again, we find that when it comes to shouldering some unpleasant responsibility, or undertaking a risky job, they gallantly put women forward, saying “ladies first.” Here is an interesting example of this gallantry.

As one always associates *nasbandi* with Sanjay, I was intrigued as to how Nasbandi Nagar came to be officially named Rajiv Colony. I was told that the colony was founded in 1985. The *patwari* of the local village had to meet sterilisation quotas to qualify for a government award. Therefore, he announced that a 100 square yard plot would be given to anyone who got sterilised. A number of volunteers were given plots on waste land on the edge of a huge stormwater drain. Plots were similarly allotted in 1986, 1987 and 1988, but the size of the plots kept shrinking. It shrank from 100 to 60 to 50 and to 25 square yards. The residents chuckled: “The latest of the sterilised people have have got papers, no land yet. *Abhi woh chakkar hi kaat rahe hain.*” The 100 square yard plot is now valued at about Rs 16,000 even though the area is totally undeveloped, without water, sanitation or electricity, and is surrounded by drains, hutments and waste lard.

I asked whether both husband and wife were sterilised in return for the plot, and was told that either spouse could volunteer to be sterilised. “How many allottees were men and how many women?” was my next question. One man evasively said the numbers were equal, at which others laughed sheepishly. When I persisted in enquiring about the ratio, a 45 year old woman burst out: “The majority were women -- more than 75 percent were most men had told their wives to get sterilised because they felt *“admi kamzor ho jayenge.”* (men would get weak). After this, as we went through the colony, I asked about 20 people at random as to who in their family was sterilised. The ratio was about eight women to every two men. Of these men, I asked one, 28 year old Amar Singh of Delhi Home Guards, why he had gotten sterilised and not his wife. He replied without embarrassment: “At that time my wife was in the village. I would have missed getting the plot if I had waited for her to return.”

The most spinechilling response came from the 40 year old wife of a cobbler who said with a rare ferocity: “I did not want my husband to go in for it because I was afraid he would get weak. What if anything had happened to him, the bread earner? So I preferred to get operated.” When I asked: “What if something had happened to you?” she replied with even greater ferocity: “*Auraton ka kya hai? Paanv hai to juta aa hi jayega, paanv nahin to koi juta rakh ke kya karega? Mein to manti hun ki aurat ko har hal mein admi se pehle marna chahiye*” (What does a woman’s life matter? If you have a food, you can always get a shoe for it. If you don’t have a foot, what will you do with a shoe? I believe that a woman should always die before her husband).

The plots were allotted in the women’s names when it was they who got sterilised. It would be interesting to keep track of how long the ownership papers remain in the women’s names. Already, many families have sold their plots and moved away. I doubt very much that the women would have had any control over the sale money even when the plots were allotted in their names.

We are told a major reason for the defeat of Mrs Gandhi in the post emergency general election of 1977 was the issue of forced sterilisations. Apart from the use of force in those sterilisation campaigns, a major cause of the outburst of anger was that for once, men became the prime targets. About 80 percent of sterilisations at that time were performed on men. After the emergency, apart from abandoning the use of blatant force, the authorities also abandoned their focus on men, and women came to be the primary targets. As in the pre emergency days, about 85 percent of all sterilisations now performed are on women.