

Post-tsunami relief in a small village in rural India

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They call it the “Rat Village” — a small community of 17 families in south-eastern India’s Tamil Nadu province, which gained its unenviable name as a consequence of dietary necessity. Indirectly affected by the Boxing Day tsunami of 2004, Vadapattanam has no claim to receive help from government organisations. With no employment, no income, no funds for schooling and no aid, the people of this small village captivated us with their resilience, optimism and friendship.

The rat catcher uses a small earthen pot stuffed with dry wooden debris. A small fire is started inside and the mouth of the pot is aimed towards the rats’ burrow. By blowing through a mouthpiece at the opposite end, a steady stream of smoke is forced into the rats’ sanctuary, eventually suffocating them. The burrow is raided not just for the meat within, but also the rice that the rats have sequestered from nearby paddies. These are the staple foods of Vadapattanam, one small meal a day sustaining the residents.

One month volunteering as a doctor with the non-government organisation Earthaid introduced me to this community and many similar ones. Earthaid’s post-tsunami relief efforts are concentrated on several small communities that were devastated by the disaster but do not meet the criteria for receiving foreign donations. This village never saw the rising water and no one drowned. However, the occasional employment from farmers and nearby villages that they relied on for income dissipated with the destruction caused by the tsunami. Five months later, most villages directly affected by the tsunami have received government relief and are faring well with adequate food, access to health facilities and a higher than ever proportion of children attending school. Villages like Vadapattanam, which was indirectly affected, are still suffering.

Vadapattanam would be described by a real estate agent as “rustic”, consisting of 20 clay huts with thatched roofing on one side of a dirt track and a small, stagnant backwater lake on the other. This water is shared by villagers for bathing, attempts at catching seafood, toileting, and the washing of clothes, vegetables and rice. A shallow bore providing precious, unsalinated drinking water is only a kilometre away and, thankfully, separate from backwater run-off.

On a typically stifling, hot, pre-monsoonal afternoon, we were dropped off by our driver for the first time on the dirt road that ran alongside Vadapattanam — one nurse, one doctor, an Indian translator, six large bottles of drinking water and a suitcase stocked with precious donated pharmaceuticals and other basic medical provisions. We were provided with mats in a shady area where we spent the next few hours assessing the community and providing basic medical aid.

Our first patient was the village head, who had an open fracture of his middle finger on the dominant hand, sustained a month previously. The finger was almost as wide as it was long, green with frank pus and excruciating just to look at. He seemed impervious to the pain but genuinely concerned that it was preventing him



Village scene, Vadapattanam

from attending to his normal working activities within the village at its most desperate time. After being slightly miffed that we couldn’t fix his finger on the spot, he gave us an interesting history of Vadapattanam and an insight into the villagers’ way of life and their current problems.

The villagers of Vadapattanam are descendents of Indian tribes who were once famed for cultivating herbs and producing traditional medicines. This industry was gradually lost over generations, with displacement. In more recent times, occasional woodcutting and farmhand jobs have provided a meagre income. After the tsunami, the loss of sporadic employment meant things got worse very quickly. Regular meals ceased and education became unaffordable.

The ailments seen by the mobile medical clinic over the next month were generally infectious or traumatic in nature, with Vadapattanam the only village in the area to have obvious nutritional deficiencies. Not surprisingly, given the poor community knowledge about links between poor hygiene and disease, typhoid fever was present and parasite infestations seemed ubiquitous. One young patient dutifully self-diagnosed his intestinal infestation by coughing up a sample of his resident worms. Skin infections (scabies, fungal infections or infected wounds) and otitis media and externa were also relatively common, particularly in the children. Occasionally, we encountered infectious diseases interesting enough to excite a microbiologist, including filariasis, malaria and leishmaniasis.

A large component of the mobile clinic’s time was allocated to community health education on issues such as hygienic toileting, safe methods to prepare water for drinking and washing of food, methods of transmission of intestinal worms and typhoid fever, and many other topics aimed at disease prevention. All the villages we were involved with seemed keen to adopt our recommendations, and in Vadapattanam, after one particular education session, separate areas for toileting and washing of food were introduced immediately.

While food donations and mobile medical clinics from non-government organisations help in the short term, they are not sustainable and do little to encourage self-sufficiency. The other

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arms of Earthaid address these issues by attempting to place children in education and train the adults in income-producing activities. On initial assessment, the most senior villagers in Vadapattanam expressed a strong desire to return to the industry of their ancestors. It was difficult not to be impressed by the motivation and determination of this community.

In partnership with another non-government organisation and after appropriate soil testing, funds were set aside to purchase land on the opposite side of the backwater to be used for cultivating herbs and vegetables. Equipment for working the land and the initial crops is being organised, and education sessions by experienced farmers have begun. With these major hurdles breached and with some good fortune in weather patterns, the community of Vadapattanam will hopefully be less reliant on outside help in coming years.

However, in the short term, necessities remain unaffordable and need to be provided by outside aid agencies. A gift of 16 goats and a regular, once-weekly rice donation were organised by Earthaid to address the immediate food shortage. The children have also been provided with tuition fees, bags, schoolbooks, and footwear for the 2-kilometre walk to school. With further short- and long-term support, it is hoped that the village of Vadapattanam will once again begin to deserve its currently ironic name, “vada” meaning “food” and “pattanam” meaning “town” in the local Tamil dialect.

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