

An historical analysis of the development of health infrastructure in the tea gardens of Barak Valley, Assam

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ABSTRACT

The tea plantation in India is the product of British Colonialism. India was most suitable for tea production where land was abundant and population scanty. In India, venture of tea was first started in Brahmaputra Valley of Assam during 1840s. In the Barak Valley tea plantation started much later. The first tea garden in Barak Valley was started in the year 1856 in Bursangan near Silchar. In 2017 excluding out gardens and small growers, the total number of Tea-Estates in entire Barak Valley was 101 with 32149 hectares area under plantation. During 19th century Barak Valley was thinly populated. There was shortage of labourers for plantation. In order to meet the demand, many workers from West Bengal, Bihar, Orissa, Madhya Pradesh were recruited through contractors in the tea gardens of Barak Valley. But the valley was abode of different types of diseases like Cholera, Malaria, Kala-azar which levied a huge toll on human lives. Many tea garden labourers died due to the above mentioned diseases at that time. Absenteeism due to ill health was one of the major problems of the tea garden workers. In order to improve the situation, in the last part of the 19th century some hospitals were started in the tea garden or nearby tea garden areas and also some missionary hospitals were setup. After Independence, Government of India has enacted Plantations Labour Act, 1951 and Assam Plantation Labour Rules, 1956 in order to improve the socio economic condition of the tea plantation workers. There are different provisions for providing certain health care facilities in the tea gardens. Government of Assam has also taken different measures for improvement of health care facilities in the tea gardens. In this present paper, the authors have analyzed the health condition of the tea plantation workers and development of health care facilities in the tea gardens of Barak Valley, Assam, India by using secondary data to assess the implementation of 'Health for All' mission of the government.

Key Words : Health infrastructure, Tea gardens, Plantation, Cholera, Malaria

INTRODUCTION

The tea plantation in India is the product of British Colonialism in the tropical and sub-tropical countries of the world where land was abundant and population scanty. In India, venture of tea was first started in Assam. Lord William Bentinck appointed a tea committee in the year 1834 to study a plan for introduction of tea culture in India and for its superintendence of execution. In 1835, the Tea Committee appointed a Scientific Commission to select a favourable site for planting tea. After search, the Commission selected Assam for tea plantation. Mr. C. A Bruce who was appointed superintendent of Tea Culture in Assam explored the area from Jaipur to Namrup along the hills and

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discovered many indigenous tea plants in these areas (Gait, 2008). Tea plantation was first started in Brahmaputra valley of Assam during 1840s. In the Barak Valley tea plantation started much later. The first tea garden in Barak Valley was started in the year 1856 in Bursangan near Silchar.

During 19th century Barak Valley was thinly populated. There was shortage of labourers for plantation. In order to meet the demand, many workers from West Bengal, Bihar, Orissa, Madhya Pradesh were recruited through contractors in the tea gardens of Barak Valley. But the valley was abode of different types of diseases like Cholera, Malaria, Kala-Azar which levied a huge toll on human lives. Many tea garden labourers died due to the above mentioned diseases at that time. Absenteeism due to ill health was one of the major problems of the tea garden workers.

Objectives of the study :

The following are the objectives of the present study:

1. To discuss the historical development of the tea plantation in the study area.
2. To analyse the health condition of the tea plantation workers and development of health care facilities in the tea gardens of Barak Valley, Assam.

METHODOLOGY

The present study is descriptive and analytical and based on secondary data. The secondary data were collected from different books, journals, newspapers, the reports of the various government and non-governmental organization, websites etc.

Review of literature :

There are many studies made by different Researchers on the health condition and health infrastructure of the tea gardens. Saikia (2008) conducted a study in ten tea gardens of Barak Valley and found that the primary health units in the tea gardens were often under-staffed, never fully equipped, and does not store all the required medicine stock. For medical emergencies they had to travel long distances to reach the government Primary Health Centre.

According to a performance report of tea and coffee industry published by Parliament of India (2012) to improve health of workers, a scheme was launched which aimed at providing safe drinking water to tea garden workers and establishing sanitary latrines in the labour lines. For specialized treatment, beds were reserved in specialized hospitals/health clinics for tea plantation workers and their dependants.

Daimary (2007) in his study discussed the recruitment process of Tea garden Labourers and their high mortality rate on their voyage to Cachar district.

Chakraborty (2008) in his study found that tea garden workers of Cachar suffer from various diseases. He surveyed 4 tea gardens of Cachar District Namely, Pallorbond, Dewan, Pathemara, Doyapore. During his visit, he has found one Doctor, one Pharmacist 1-2 Mid-wife in each garden. There were also beds in these hospitals. The number of beds in Pallorbond was 30, in Dewan 33, in Pathemara 22 and in Doyapur 20. The study showed that the crude death rates in these tea gardens are more than that of Cachar, Assam and India. This portrays a sad picture of the hospitals of the gardens. However, Infant Mortality rates of these tea gardens showed a different picture as it was better when compared with that of Cachar District, Assam and India.

Research gap :

From the above review of literature, it reveals that there are a few studies on health conditions

of the tea garden labourers of Barak Valley covering present scenario. Thus, the study makes an attempt to fill in the gap.

Organisation of the study :

For the sake of simplicity, the present study is divided into two sections. Section I discusses the historical development of tea gardens in the study area, section II covers the health conditions of the labourers followed by conclusion.

Section-I :

Historical development of tea plantation in the study area :

Due to favourable climatic condition and suitable soil condition, the number of tea gardens in the Barak valley increased to 54 in 1861 from 1 in 1856. Thereafter the number of gardens increased to 180 in 1901. The total number of main Tea gardens in entire Barak Valley was 92 with 125 out-gardens in 2010 (Koiri, 2010). As per the information collected from the Tea Association of India, total number of tea gardens in Cachar is 51 and out gardens are 80 while the total number of Tea gardens in entire Barak Valley is 101 in 2017 with 32149 hectares area under plantation.

The colonial administrators started the plantation of tea but there were not sufficient labourers to meet the demand for workers. As a result, in 1859 the planters organized themselves and started recruitment of labour from different parts of India. Thus labourers from famine stricken areas of Bihar, Orissa, Madhya Pradesh, Uttar Pradesh, Bengal, Madras were recruited. Labour recruitment for the plantation which involved the transportation and employment of migrant labourers from 1860s right upto 1926-when the indenture system was formally dismantled. During this time many labour died due to kolerehha, typhoid kala-azar. By this time, various acts were imposed and amended for the benefit of tea garden labourer. Act I of 1889, also called the Inland Immigration Health Act of 1889 provides sanitation for the immigrants during the passage through Bengal to the laboring district of Assam. By 1930s the number of labourers recruited exceeded the demand for labour. During this period, the workers suffered much due to unhealthy working conditions in the tea gardens and fear of physical punishment by tyrant managers. After independence in order to improve the socio-economic conditions of the tea plantation workers, Government of India enacted Plantations Labour Act, 1951 and made Plantation Labour Rules, 1956. In addition to the above, many welfare activities were also undertaken by the Government.

Section-II :

Health condition of the labourers in the study area :

During British Period :

During 1860s, though the labourers from different parts of the country got attracted to the tea plantation jobs, but they were not provided proper arrangements for house and food. They were not even given proper medical facilities resulting to the increase in mortality rates in many gardens. Due to lack of nutritious food, the workers suffered from Anaemia and so huge deaths were caused. *Lees, in his Memorandum Written After a Tour Through the Tea Districts of Eastern Bengal in 1864-1865, writes, "In 1866, there was not a single government hospital throughout Assam with the exception of the Jail and Regimental hospitals. Outside patients are not admitted in these hospitals. In the Assam province an enormous amount of the children are carried off by small pox. There was just a supply of simple medicines in plantations. "Dysentery and fevers is the very scourge of Assam. Statistics there are none, but from all the enquiries I made, I should think the*

percentage of deaths from dysentery to be very high among the imported coolies.’ Thereafter Attention was paid to the health of the labour force. They were generally provided pure drinking water, and tea or boiled water was often provided to them when at work. Garden hospitals were set up to monitor the health conditions of the labourers. These hospitals were well equipped and all the native doctors were invariable under the supervision of European Medical Officers. During late 19th century, ill health was one of the major problems of this valley (Lees, 1863). Malaria and Kala-azar levied a huge toll on the lives at that time. Some of the garden hospitals of Barak Valley played an important role for providing health care facilities to the people of Barak Valley at that time. Though the doctors were appointed for the tea gardens but these doctors served the interest of the nearby villages.

In the connection it may be mentioned here that Dr. Ronald Ross who won Nobel Prize in the year 1902 also served in the Labac Tea Estate Hospital of Cachar district, Assam in the year 1898. It is said that he did his research work at Labac hospital and discovered the vector of malaria there. The microscope which he used in his research work is still preserved in that hospital (Koiri, 2010). But according to other sources (Wikipedia), he tried to discover the parasite of Kala-Azar in the Labac Tea Estate Hospital but ultimately he failed to detect. There were no good hospitals in the nearby areas of Tea Gardens. According to the information collected from a tea garden aged persons even at the time of independence small pox was treated as a dreadful communicable disease at that time. When a member of the family fell ill due to small pox/ kala-azar, gradually it spread to other family members and in many cases, causing death to all members of the family. So, whenever any member of the family fell ill he/ she was shifted to an isolated tilla to count his/ her last day of life. Medical facilities were provided in the tea plantations to a certain extent. According to the Royal Commission of Labour Inquiry Report of 1931, for small gardens, there was a concept of group hospital where a group of ten to fifteen gardens were served by a ‘highly qualified medical doctor’. In many gardens only the compounder was the in-charge of the dispensaries while the Chief Medical Officer visited the garden once or twice a week. Some gardens of Surma valley in which present Cachar and Karimganj District of Assam was included, had a group hospital for 18 gardens. The group hospital had nursing staff, separate wards for men, women and children, an infectious diseases block, an operating theatre and a central store for the issue of supplies to the outlying dispensaries (Royal Commission of Labour enquiry Report, 1931).

In the middle of twentieth century, some Christian Missionary hospitals like Burrows Memorial Hospital and Makunda Christian Leprosy and General Hospital contributed lot and provided health services to the people in the valley. The Burrows Memorial Hospital was started in 1935 in Alipur, to serve the people of Assam. It is probably the largest in the non-government sector in providing comprehensive health care and community specific projects to rural India. Makunda Christian Leprosy and General Hospital was started by the Baptist Mid-Missions USA in 1951 as a Leprosy colony in Karimganj District. It aimed at providing high quality medical care at costs that are affordable to the people of North East India through the development of appropriate health care models. These hospitals served the tea garden workers by providing medical services for serious health issues at minimal cost. The contributions made by these hospitals in the lives of tea garden labourers cannot be ignored (Wikipedia.org).

Post Independence Period :

After independence the government of India has taken various measures to improve the health condition of the tea garden workers of Assam. Plantation labour Act 1951 was passed.

There are provisions for assuring to the workers reasonable amenities, as for example, the supply of wholesome drinking water or suitable medical and educational facilities or provisions for canteen or crèches in suitable cases, or provisions for sufficient numbers of latrine and urinals for male and female separately. Housing accommodation is also to be provided for every worker and standards and specification of such housing accommodation will be prescribed after due consultation. During the same period, many provisions were laid down in the Plantations Labour Act, 1951. The plantation labour Act 1951 was based mainly on the report the Royal Commission Labour Inquiry 1931 and the labour investigation committee 1946. Some of the provisions of the Assam Plantation Labour Rules, 1956 regarding health care facilities of tea garden workers are:

- i. There shall be two types of hospitals *i.e.*, Garden Hospitals and Group Hospitals where Garden Hospitals will be maintained for periodical inspection of workers and Group hospitals shall be dealing with all types of cases.
- ii. Every employer of plantations ordinarily employing less than 500 workers may provide a garden hospital.
- iii. Each garden hospital shall be at least under a whole time qualified medical practitioner assisted by at least on trained nurse, one trained mid-wive, one qualified pharmacist and one trained health assistant.
- iv. Medical and auxiliary personnel shall be appointed according to the following norms:-
 - Qualified Medical Practitioner: One per every 1750 workers or part thereof
 - Mid-wive: One per every 1750 workers or part thereof
 - Trained nursing attendant: One per every 300 workers or part thereof
 - Pharmacist: One per every 1750 workers or part thereof
 - Health Assistant: One per every 2100 workers or part thereof
- v. A minimum of 15 beds shall be provided in every tea garden hospital per 1000 workers served and each bed shall be allowed at least 60 sq. ft. floor space.
- vi. Adequate supply of wholesome drinking water shall be made available in every plantation at work sites, at all time during working hours.
- vii. Urinal accommodation shall be provided and should conform to public health requirements.
- viii. All drains carrying waste or sewage water shall be constructed in masonry or other impermeable materials and shall be regularly flushed and the effluent disposed of by connecting such drains with a suitable drainage line (Assam Plantation Labour Rule 1956).

The situation of many teagardens regarding health care facilities during post independence period remained the same as that of 19th century as narrated by Engels, “each plantation financed a dispensary and some kept sick-wards for in-patients. Although attendance and medicine were free, workers were reluctant to avail the facilities due to the incompetence of the medical officers. As they were badly paid, no qualified people applied. Besides, preventive health care was rudimentary” (Engels, 1993).

As per the Government of India, there must be a registered medical practitioner (minimum MBBS) in the tea garden hospital. But due to lack of facilities and also due to deterioration of value system among a large number of practitioners, they are not attracted to work in the tea garden.

The Table 1 makes a comparison of Crude Death Rates and Infant Mortality Rates of Tea Gardens under Study, Cachar, Assam and India.

The data from Table 1 shows that the Crude Death Rate was higher than the district, state and nation average by 2, 2.3 and 3.5, respectively. This depicts the poor condition of the garden hospitals in the four hospitals of Cachar District in saving the lives of patients. The prime reason for this

Table 1 : Comparison of crude death rates and infant mortality rates of tea gardens under study, Cachar, Assam and India

Geographical Area	Crude Death Rate (2007)	Infant Mortality Rate (2007)
Tea Gardens under study	11.0	25
Cachar	9.0	52
Assam	8.7	67
India	7.5	57

Source: Mriganko Chakraborty (2008) Page no 71.

might be because of lack of qualified medical practitioners and unavailability of adequate medical tools and medicines.

Table 2 : Comparative Picture of Health Facilities

Ratio	Tea Gardens	Cachar	Assam
Doctor-population	1:3485	1:3315	1:11980
Nurse-population	1:2323	1:2289	1:4059
Bed-population	1:162	1:970	1:2059

Source: Mriganko Chakraborty (2008) Page no 76.

By analyzing the above table it is found that, in case of the doctor-population ratio and Nurse population ratio the tea garden labourers are lagging behind the people of Cachar district, but if these ratios relating to tea gardens are compared with that of the people of Assam, it is being found that, the garden labourers are better off than the people of Assam.

The tea tribes have been lagging behind in health and economic indicators in the state. The Annual Health Survey (AHS) 2012-13, conducted by the Registrar General and Census Commissioner, found that only 428 tea gardens out of the total 758 in Assam have functional hospitals. In 221 tea gardens, there are hospitals but they do not even have a proper dressing room. 40% of the tea gardens have staff nurse and 49.9% of the tea gardens have allopathic medical officers. In as many as 109 tea gardens, there are no health facilities at hand. In many tea estates there are no labour rooms in the hospitals. In Assam that number is 321 tea gardens (TNN News). The study also reflected the status of Maternal Mortality in the State. It was 404 per 100000 live births as opposed to the state average of 301 (Report of Annual Health Survey 2012-13). As per the information collected, not more than 12 Tea Estates in the Barak Valley are served by MBBS doctors (Tea Association of India, 2017).

On 21st June 2017, Union Health Minister Jagat Prakash Nadda started mobile medical units (MMUs) or mini hospitals to make healthcare accessible to the tea community of the state. The semi-static MMUs will be operational in 320 tea gardens where healthcare facilities have been found to be inadequate, One MMU will cover four tea gardens and will operate for seven days in one tea garden and then move to the next tea garden, Each MMU will have two vehicles, one of them equipped with outpatient department (OPD) diagnostic, laboratory facilities and information education communication (IEC) materials, while the second vehicle will be for transportation of human resources. The MMUs will be operated in active collaboration with the state government providing primary and selective secondary healthcare services and medicines free of cost. Asking tea gardens to give three months maternity leave to pregnant women labours who otherwise have to work till late stage of their pregnancy increasing their health concerns. Rs 2,000 will be reimbursed by the government to tea gardens for the loss of work for granting the leave to women labourers

(News Paper Report PTI): Government of Assam has started Mobile Medical Unit (Ambulance Services) on 8th August 2017 in 100 tea gardens in Assam out of which 23 in the Cachar district. Very soon this facility will be available to 12 more gardens. These units will stay in each garden 7 days at a stretch.

Most dispensaries are ill equipped without enough medicines and with untrained staff, have inadequate drinking water, toilet and basic facilities. A few gardens have trained nurses or even doctors. Most buildings used as hospitals are decaying.

Conclusion :

Three agencies are involved in the implementation of PLA, 1951 The government, the first of them provides the basic framework and appoints a chief inspector of plantation and inspectors for the supervision of the PLA. Their role is to monitor its implementation. The other two agencies are the management and the unions. All three seem to be responsible for non-implementation of the Act. The labour inspectors rarely do their work properly. The management says that the huge financial outlay involved in its implementation prevents them from competing with other tea producing countries. The union leaders are mostly indifferent to the development of the health of the workers and maintain a good relationship with the management.

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