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RESEARCH ARTICLE

THE GENESIS AND GROWTH OF MODERN HEALTH CARE FACILITY IN MIZORAM

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Abstract

Until 1894, scientific health care facility was by and large non-existent in Mizoram (the then Lushai Hills), an isolated hilly state in North East India. In their secluded life, the Mizos maintained their own culture and their traditional belief and practices, language, Codes of justice and morality. It was the British administration and the Christian missionaries who introduced modern health care facilities in the state. The Mizos seems to have been quite receptive to the new system as a result of Christian instruction and the efficacy of the new system of health care.This paper provides an outline of the growth of modern health care facilities in the state since its inception till the dawn of the new millennium. It is desirable that the facility increases over time and should cater to the growing needs of the people with the increase in population and modern health consciousness. It also attempts to throw light on the Mizos' traditional concept of illness and afflictions and their own system of treatment so as to get a keener insight into how society's attitude towards modern health care system has changed over time.

Introduction:-

Mizoram was an unexplored and almost unknown land to the outside world even after the British had occupied other parts of North East India. In their secluded life, the Mizos maintained their own culture and their traditional belief and practices, language, Codes of justice and morality. The Mizos' traditional concept of illness and health were inextricably linked with their animistic world view.

In 1891, when Mizoram (Lushai Hills) was annexed to the British, the northern half came under Assam while the Southern portion was administered by Bengal. In 1898, the British decided to merge the two areas into a district under a Superintendent. The same year also marked the beginning of a settled administration in the district (Baveja,1970) . The British colonial regime had paved the way for the coming in of the Christian Missionaries. The year 1894 is a significant landmark in the history of the Mizos; for in this year that the pioneer Missionaries came to Mizo hills and introduced the alphabets and laid down the foundation of modern education among the Mizos.

The introduction of education slowly broke down their isolation from the rest of the world, broadened their outlook and moulded them as responsible citizens out of savages and barbarous race(Hluna,1992).

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It was also the British occupation and the advent of Christianity which marked the modest beginning of modern health care system in the state, towards the end of the 19th Century. The Mizos seems to have been quite receptive to the new system as a result of Christian instruction and the efficacy of the new system of health care. The coming of Christianity and education brought about a great change in the Mizos society.

At the time of Indian independence, the region remained as one of the districts of Assam and it was then known as Mizo District until it enjoyed the status of Union Territory in 1972. In the year 1986, Mizoram was accorded a full-fledged state status.

In this backdrop, the paper attempts to throw light on the Mizos' traditional concept of illness and afflictions and their own system of treatment so as to get a keener insight into how society's attitude towards modern health care system has changed over time. It also provide an outline of the growth of modern health care facilities in the state since its inception till the dawn of the new millennium (2000 AD). It is desirable that the facility increases over time and should cater to the growing needs of the people with the increase in population and modern health consciousness.

Mizo Traditional Concept of Illness

As Chatterjee(1985) has put it "The Lushai (Mizos) had no doctors, even quacks. In case of accident or diseases they had no one to help. The Lushais considered the diseases, accident or epidemic as the curse of the Ramhuai (Devil) and then there was no way out from them."

Before the advent of Christianity, the Mizos believed that life was subjugated to the control of a number of spirits who could only be appeased by sacrifices. They believed that every big tree, hill, big stone and such other objects and places were inhabited by various spirits who were responsible for sickness, death, drought, storm, bad crops or accidents which befall the people. They were often careful not to incur the displeasure of the spirits which might harm them. In each village a bawlpu (priest or exorcist) would be available to deal with the spirit that caused such diseases and afflictions(Siama,1978). They believed that only Bawlpu (priest or sorcerer) knew which spirit was causing a problem and what sacrifice would placate it.

Even though the Mizos have their own traditional system of treating simple diseases such as the application of jungle plants on wound and sores, use of salts externally on burns, use of hot ginger, soda, and water for colds and stomach relief, external application of fats of animals for treating respiratory diseases and rheumatism, drinking of animals' bile for treating diarrhoea and cholera, etc as supplementary cures was known among the Mizos since long. At a time of sickness they had no alternative but to perform sacrifices to the evil spirits to cure sickness. Of the many sacrifices, Khal was a sacrifice to those spirits which were supposed to cause bad health and misfortunes(Hluna, 1992).Daibawl sacrifice was offered outside the villages for the recovery of a sick person. All sacrifices to the spirits were performed by Bawlpu or an exorcist(Zairema).

It is evident, therefore, that the Mizo's traditional concept of illness and health were inextricably linked with their animistic world view. The animism practiced by the Mizos was quite elaborate. It is not now to be found in any part of Mizoram, but a hundred years ago it dominated every village(Lloyd, 1991).

Before the arrival of Christian Missionaries, the Mizos barely knew anything of and benefits of modern medicines and doctors (Lalrinmawia,1994). The people were ignorant to take proper care of their health. It was obvious therefore that sanitation, healthy personal habits, nutrition, proper diet and cleanliness find very little place among the traditional Mizos, if not, completely unknown.

Modern Scientific Health Care Facility

There were two different agencies who introduced health care facilities on modern scientific lines in Mizoram*viz.* the British Indian Administration (the Government) and the Christian Missionaries.

The British occupation and the advent of Christianity marked the modest beginning of modern health care system in the state, towards the end of the 19th Century. The growth of health care facilities in Mizoram, from its inception can be traced, divided into different heads as, those under the aegis of the Christian Missionaries and those run by the Government.

Health Care under the Missionaries

The early missionaries had had some training in tropical hygiene and medicine, and always carried simple remedies with them. The medicines they gave established mutual confidence and the Mizos were very sensitive to the kindness shown." The pioneer Missionaries, who first settled in Mizoram, J.H Lorrain and F.W Savidge during their time (1894-1897) had distributed medicines as evidence by a common saying of those days which goes like this, "I went to where the missionaries live, Good medicines is what they give." The equivalent term of 'Medicine' in Mizo 'Damdawi' literally means' Magic healing.' Nag wrote, the pioneer missionaries on their tour to interior places of Mizoram observed the horrible conditions of people's health which can best be expressed in the statement of a missionary: "Malaria was of course prevalent everywhere. There was also dropsy, internal parasites, hookworm, dysentery, tuberculosis and other dread diseases. Parents had large families but more than 50 per cent of the children died before reaching adolescence. Many mother died at childbirth due to lack of care and superstitious diseases."(Lloyd, quoted by C.R Nag, 1993)

Health Care in North Mizoram

Rev. D.E Jones, the first Welsh Missionary who came to Mizoram (1897-1926), though not qualified doctor has been studying at Glasgow Medical School; attended on the sick as best as he could. According to Nag, seeing the gloomy picture of the Mizos' health and diseases, Rev.D.E Jones and Rev E. Rowland immediately after their arrival ventured to acquaint the Mizos with modern medicines. But as their knowledge of medicines was limited, the two missionaries simply helped in curing simple diseases. The steps taken by these two missionaries, however, were the first on the sphere of Mizos' aquaintance with the medicines and use medicines for cure of diseases. Mizos never knew what medicine was and its use before this (Lloyd,1991).

When Rev D.E Jones learnt about the way of life of Mizos and how they believed sickness to be the work of the evil spirit he realized the need for a doctor. Consequently, on his return from Furlough in 1908, he brough with him Dr Peter Fraser, BSc, M.D and his wife(Chhawnthangvunga, 1988).

On arrival Dr Fraser opened a clinic above the Mission Veng Church. patients came to him and he was often called to visit patients at their homes. He would go to remote and far off villages if he received a call from anyone. He treated around 24,000 patients during the first one year, which clearly testifies the need of a doctor in the Mizos. In 1910, he opened a dispensary and kept beds ready in it for those needed admission. Dr Fraser was a real pioneer of the healing ministry in Mizoram and was instrumental in convincing the Mizos that sickness was not due to the work of evil spirit. He was therefore instrumental in changing the general perception of health and the causes of diseases among the Mizos. He, however, had to leave in 1912 due to a controversy with the government over slavery, which he strongly opposed. But during his short period of stay among the Mizos, he impressed people and acquainted them with the proper use of medicines. It is said he treated more than fifty thousand patients during his brief stay in Mizoram.

Dr John Williams arrived in Mizoram on 22nd February 1928. With the help of only two trained staff he converted the old theological school building and used it as a hospital. With the admission of the first patient on 6th March 1928 the Durtlang Hospital was inaugurated and named the 'Welsh Mission Hospital'. In order to augment the nursing services, Dr Williams started a school of nursing in the same year(Chhawnthangvunga, 1988).

Besides the hospital at Durtlang, Rural Health centres were opened at four remote villages, four to eight days journey on foot from Durtlang viz Sihfa, Sawleng, Pukzing and Chhawrtui. They were left with trained Mizo nurses and the missionaries themselves took a regular round of visit to these centres at certain interval. However, when insurgency broke out in the year 1966, it was impossible to maintain the Rural Health Centers and they ceased to function since then.

Among the Welsh Presbyterian Missionaries who have served in Mizoram, about fifteen were trained medical staff and were devoted mainly to health and medical services. From the year 1908 - 1968, four (4) doctors and eleven (11) nurses of European origin have settled and served in Mizoram.

It was obvious that the Welsh Missionaries have attended thousands of patients in the Mission dispensaries, village health centres and hospital. The role of the Welsh Mission in providing curative health care may be well understood from the average annual rate of patient treatment computed for various periods.

Table 1:-North Mizoram: Average Annual Rate of Patients Attended by Welsh Missionaries.

Period	In-Patient	Out-Patient	Total
1910-1913	-	23672	23672
1933-1935	282	5312	5594
1937-1940	882	5101	5983
1944-1945	1040	2399	3439
1947-1948	1080	1947	3027
1954-1955	1173	3634	4807

*Besides, hundreds of patients have been attended every year while journeying through the region.
Source: Compiled and computed from Reports of the Foreign Mission of the Presbyterian Church of Wales on Mizoram 1894 - 1957 Compiled by K. Thanzauva.

Health Care in South Mizoram

In the south, the Baptist Mission acquainted the Mizos with medicines simultaneously with the Presbyterian Church in the north. The two pioneer missionaries, L.H Lorrain and F. W Savidge, after a stay of almost four years had to leave Mizoram in December 1897 on the instruction of the Mission board that sponsored them. The two however returned to Mizoram as Missionaries of the Baptist Mission Society to work in the southern part of Mizoram. They arrived in Lunglei, the new Baptist Missionary Society (henceforth BMS) station on 13th March 1903. Before returning to Mizoram, they both entered the Livingstone College for a course of study in surgery and of tropical diseases and tropical hygiene. At first, Savidge used part of his Bungalow as a dispensary in the Mission headquarters at Serkawn. Hence, Savidge and Lorrain wrote in the Mission Reports for 1903; "Several hundreds of patients have visited the Mission dispensary during the last six month and have great faith in our medicine" (BCM, 1993). In 1919 Ms E.O Dicks, a missionary nurse came to Mizoram. Separate dispensary was built and was inaugurated in 1923 and was used as a hospital. E.O Oliver, another missionary nurse joined the hospital in 1922. The Hospital was without a resident doctor for long 24 years. In the intervening years, it was fortunate, however, that from the nearest BMS Hospital at Chandragona, presently in Bangladesh; Dr Teichamm and Dr Bottoms used to visit Lunglei, staying for about a month or more to cater to the needs of the patients. The felt need of a resident doctor was so great when fortunately in 1957 the BMS deputed Dr H.G Stockly (Dr Zomuna) and his wife who was also experienced with health care, came to be the first doctor to serve the community at Serkawn (BCM website on Medical and Health).

During the period from 1919-1977 as many as nine nurses and one doctor of European origin settled and served in South Mizoram under the BMS.

The BMS Missionaries have attended thousands of patients in the Mission Dispensary. The role of the BMS mission in providing curative health care may be explicable from the below table.

Table 2:-South Mizoram: Average Annual Rate of Patients Attended in the BMS Dispensary.

Period	Patient Attended (Annual Average)
1904 -1909	3000
1910-1915	5345
1916-1921	7580

Source : Compiled and computed from the Annual Report of BMS on Mizoram 1910-1938

A training School for Nursing, the very important component of the Mission Hospital, Serkawn was started in 1952, with a course in Auxiliary Nursing and Midwifery(ANM).

The contribution of Lakher Pioneer Mission, which had its headquarters in Serkor (near Saiha in South Mizoram), in the field of health and medical care cannot be comparable with the Welsh Mission and Baptist Mission as the former did not open hospital or health centre. The first Missionaries, Mr.& Mrs. R.A Lorrain arrived in Serkor on the 26thSeptember 1907. Mr. R.A Lorrain, though not a qualified doctor had 2 years training in Medicines at David Livingstone Medical College, London, before he came to Mizoram. It is said that he had treated and distributed medicines to the needy people of those days.

The contribution of the Missionaries in the field of health care can hardly be overemphasized. It is no exaggeration to say that they were the ones who practically brought the Mizos at the fold of modern health care based on sciences and thereby completely changed the general perception of diseases and ailments.

The Welsh Mission and the BMS Mission both had opened Nursing School of good quality and over the years a good number of students were trained in nursing and midwifery. Needless to say, missionaries were also instrumental in educating the general public about health and sanitation. They used to visit even the far flung and isolated parts of the region to give lectures on topics of sanitation and general hygiene among the people. While introducing the use of medicines, the missionaries also paid attention to the prevailing unhygienic conditions of the Mizos' way of living. The missionaries therefore tried to inculcate hygienic habits among the Mizos through various organizations they introduced. A few such organizations are:

Bible women, an organization introduced primarily to spread Christianity among the Mizo women. But side-by-side, it guided the womenfolk in cleanliness. The organizers threw light on sanitation, maternity care and the like.

Child Welfare Organization was established by the Presbyterian Mission at Aizawl which aimed to give instructions to mothers on how children should be taken care of, how to keep house and household things clean and its advantage in the maintenance of family health. In south the Baptist Mission also opened one orphanage which not only looked after motherless babies but also had trained a number of Mizo mothers on how to bring up children, how to keep children in good health.

The history of missionary enterprise in the Lushai Hills is indeed glorious. It is no exaggeration to state that the Missionaries were the real torch-bearers of civilization among the ignorant Lushais(Mizos) population (Chatterjee,1985) . This is particularly true as far as the health consciousness and change of attitude towards the use of modern medicines among the Mizos is concerned.

The animism of the Mizos which believed in supernatural and spirits, to whom they offered sacrifices in order to propitiate them, was now transformed to Christianity by doing away with such beliefs (Hluna,1992). When Mizos found that the missionaries' medicines and prayer worked better than sacrifices to demons, they were more attracted to Christianity (Strom,1983). It was now found that there was hidden physical explanation of the causes of illness and ailments. The Missionaries were, therefore, instrumental in changing Mizos' general perception of health and the causes of diseases and ailments.

Health Institutions under the Governments

The Development of health care facility in Mizoram under government administration can be studied as under the following periods:

Formative Period (Under Assam Government 1891-1972)

As mentioned earlier, it was the British occupation that marked the beginning of modern health care facility in Mizoram. Thangdailova rightly observes "this development was an important milestone in the history of health services in Mizoam in the sense that the team of that administration included the sanction and appointment of the first medical officer for Mizoram. Though there was no record of the exact date and names of qualified Medical Officers who first set foot on the soil of Mizoram, Dr H.B Melville, Commandant of one section of Lushai Expedition and Dr Whitchurch I.M.S a member of the contingent to support Lushai Expedition of 1889-1890 were no doubt amongst the pioneer Medical Officers".[15]

It has been found in the Champhai Dispensary Inspection book that on 22nd November 1896 E.Christian Harr, Surgeon Captain, the then Civil Surgeon, Lushai Hills visited the dispensary" (Thangchhuana,2000). According to Chatterjee, "In 1897 Captain Mc Leod I.M.S was appointed as the Civil Surgeon of the Lushai Hills District". Since then, the seeds of health care services continued to germinate in Mizoram.

In the absence of proper records it is difficult to trace the history of the origin of the Health Department. Whatever records are available, they are scanty and rather fragmentary. This is particularly true of the early formative period. It is in fact one of the oldest functional department to be established in Mizoram.

Table 3:-Mizoram: Growth of Health Centres run by the Government.

Period	Year	Hospital		Main Centres (CHC, PHC,SHC)	Dispensary		Sub Centre
Under Assam Govt. (1894 to 1972)	1896	-		-	1	-	-
	1920	2	*1	-	7	*9	-
	1947	2		-	7	-	-
	1966	3		3	21	-	-
	1972	3		4	55	-	-
UT Govt. (1972-1986)	1986	7		51	-	-	314
Statehood Since 1986	1998	7		75	-	-	336
	2001	7		67 & 25 Clinic	-	-	351

Source: Compiled from Mizoram Health & Family Welfare Department Records Handout, B. Thangdailova, (2003)& C. Thangchhuana (2000).

Note: Slight variations as to the number of existing health centres given by C. Thangchhuana, He regarded Lunglei Hospital as a dispensary and hence, puts the number of Dispensary during that period at 9.

In 1894, a tent was erected at Aizawl to provide medical aid facility to labourers which was converted in 1896 to a Dispensary with some Emergency Beds. Subsequently, in 1896 Aizawl Hospital was made functional with 20 beds (Thangdailova,2003)

During the period from 1896 to 1920 there were 7 Dispensaries known as Traveling Dispensary with 5 to 6 Emergency beds at different interior places throughout the state (Lushai Hills), in the villages of Champhai, Kolasib, Sairang, N.Vanlaiphai Sialsuk, Tlabung and Tuipang." However, in addition to the 7 dispensaries already cited, according to C. Thangchhuana there were two other dispensaries at Lunglei and Vahai villages. During this period, two nominal hospitals were also established, one in Aizawl (20 bedded) and the other one in Lunglei.

Until Mizoram enjoyed the status of Union Territory, on 20th Feb 1972, Mizoram Health Services was under one Civil Surgeon (District Chief Medical and Health Officer) as one District of Assam state and SDMOHO was the administrative head of Lunglei Sub-Division to assist Civil Surgeon Aizawl.

The growth of health centres in such a situation was so slow that at the time of Indian Independence (1947) Government run health centres were just two hospitals i.e. Aizawl Hospital (with 36 indoor beds) and Lunglei Hospital and 7 dispensaries located at different places throughout the State (the then Mizo District). There were two regular Medical staff, vaccinators exclusively for small-pox control Programme and a Bioscope operator at Aizawl to propagate Health Education among the people.

When insurgency broke out in the year 1966, there were 3 hospitals, 21 Dispensaries with emergency beds (7 are Traveling dispensaries) and 3 PHC. Unfortunately, 9 of these Dispensaries were damaged and all the health centres could hardly function during this 20 years period (1966-86) of insurgency (Thangdailova, 2003).

Health Care Facilities under Union Territory (1972 - 1986)

Upgradation of the Mizo District council to the status of Union Territory on 21st January 1972 automatically upgraded and changed the organizational set up of Health Department (Thangdailova, 2003).

A separate Department, Health and Family Welfare Department, headed by Director then came into being under Mizoram Union Territory.

The existing Government health centres throughout Mizoram in 1972 were in the order of 55 Dispensaries, 3 PHC and 1 Health Centre and 3 Hospitals. The growth and development of preventive as well as curative health care services under the UT Government has been phenomenal and hence unprecedented in history. Besides upgradation of existing health centres, opening of new centres have been done in various parts of the territory. As such, when Mizoram attained its statehood in 1986 there were 7 Hospitals, of which 2 were specialized hospitals, one

exclusively for the treatment of tuberculosis and the other for Leprosy. As many as 51 main centers and 314 sub centres were made functional to cater to the needs of the people living in various parts of the state.

Implementation of MPW Scheme & Health Worker Training School

Under the UT Government due emphasis was accorded to modernization of health care services. Thangdailova observes "one of the most important milestones in the process of modernization of health care services in Mizoram was implementation of Multipurpose Worker Scheme in toto on the whole state in 1978. All the uni-purpose programmes /schemes - family planning, malaria control, leprosy control etc were unified and placed under Multipurpose Worker Scheme (MPW) as per the guidelines of Government of India". Mizoram is one of the few states implementing MPW scheme in the entire country.

On the introduction of MPW scheme, the ANM School first started in Aizawl Civil Hospital in the year 1957 was upgraded to the status of Health and Family Welfare Training School since October 1980. The Multipurpose Health Workers are the key players in the implementation of various health programme of the Government at village level till today, which was best described by the report given by the teaching staffs (GoM, 2005).

Health Care Facilities under State Government (Since 1986)

The period of insurgency came to an end with the attainment of statehood in February 1986. The state government concentrated its attention to qualitative improvement and strengthening of the existing health centres, which were opened and started during the period of insurgency rather than opening new additional centres. Under the various Five Year Plan, healthcare services in Mizoram have taken a giant stride towards modernization. The strategy in the plan for medical coverage includes improvement of healthcare facilities in rural areas by establishing new Community Health Centres (CHC), Primary Health Centres (SHC), and Sub-Centres, establishment of a referral state hospital, establishment of nurse's school and pharmacists, training centres, improvement of infrastructure to combat, control, and eradicate epidemics and communicable diseases.

Available healthcare facilities as indicated by institutional strength shows that in 1998 there were 7 Government Hospitals, 75 Main Centre (92 including Clinics in 2001) and 336 odd Sub-Centre (351, in 2001)

The state Government has given due emphasis on human resource development, infrastructural development, and modernization of healthcare services. In the field of Human Resource Development, Mizoram has established Regional Para Medical and Nursing Training Institute in Aizawl, under Ministry of Home Affairs, Govt. of India through North Eastern Council (NEC) funded Project. The Institution offered both Degree as well as Diploma Course, such as B.Sc Nursing, Laboratory Technology, X-ray, and ECG technology, Ophthalmic Technology, Diploma in Pharmacy, Health Worker, and GNM etc.

Civil Hospital in Aizawl at the dawn of the new millennium was equipped with certain specialty services in the form of qualified personals in different disciplines of specialties, up to date appliances for treatments and diagnosis of various diseases. Cobalt therapy unit has also been installed in Aizawl for treatment of cancer patient. The construction work of 300 bedded State referral Hospital, in Falkawn, near Aizawl was underway. The hospital was proposed to be of high standard fully equipped with diagnostic and curative facilities. It however took more than a decade to be fully functional.

Another remarkable step in order to augment health services was that, the Mizoram Government, on a regular basis, used to organized mobile clinic or Health Mela annually in rural and urban areas so as to provide access even to the people who are partly denied access to health care facilities on ground of poverty and isolation.

The various Health Programmes, such as family planning, malaria control, leprosy control,etc which were once unified and placed under Multipurpose Worker Scheme have been diversified by the dawn of the new millennium(2000 A.D), and at the administrative level, separate section for each Programme implementation has been set up under Directorate of Health services, Mizoram. This has enabled each section to function independently, work out their own plan of actions, priorities and finally promotes efficiency.

It is true that, in any discourse on the topic of health care facility in Mizoram, one cannot afford to ignore the role of the Church and Private organizations in providing health care services to the people living in this comparatively isolated state.

Conclusion:-

The discussion on the genesis and growth of health care facility in Mizoram leads to the following broad generalizations.

Firstly, it was the British occupation and the advent of Christian missionaries which marked the beginning of modern health care facility in the state. Introduction of western education and health care completely broke down the Mizos traditional understanding of the causes of diseases and ailments which formerly was interwoven with their animistic world view.

Secondly, two different agencies, namely, British Indian Administration (the Government) and the Christian Missionaries were the precursor of health care facilities in the state.

Thirdly, the contribution of the Missionaries in the field of both curative and preventive health care services in Mizoram was quite commendable. They were the ones who initially provided training in nursing and midwifery to the Mizos. It was the Missionaries who made concerted efforts to educate the general public on sanitation and hygiene through lectures and campaign.

Fourthly, the growth and modernization of health services took a new turn with the end of insurgency under the State Government in the form of infrastructural and Human Resource Development, availability of qualified persons in different discipline of specialties, up to date appliances for treatment and diagnosis of various diseases.

Fifthly, it has been observed that under the aegis of the Missionaries, particularly of the Welsh Mission, care has been taken so as to cover the entire regions lying under their jurisdiction in Mizoram. As such, apart from maintaining hospital at Durtlang, Aizawl, they have established health centres at four diverse distant villages, each about four to six days journey on foot from Aizawl so as to cater to the needs of maximum number of people.

Sixthly, in recent decades private firms too have begun to make investment in the field of health cure. It is expected that such facilities run by private sectors would in future make greater inroads into this state as the social environment and needs by and large is conducive to the development of better health care services.

Finally, the quantitative growth and modernization of health care facilities at the state level may not necessarily lead to better utilization, if factors like accessibility and spatial distribution are taken into consideration. It is, therefore, imperative to examine the available health care facilities in relation to space, accessibility, etc. to properly understand actual availability and levels of utilization.

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