Report on Kasaragod Endosulphan Victims & An appeal to the public

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(Chairman, World Malayalee Council, India Region)

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Endosulphan issue in Kasaragod District has created world wide publicity. Ultimately Endosulphan was banned.

Even though Endosulphan is banned, it has left life long impact on the life of people in Kasaragod. There are more than 15000 victims living in 11 Panchayaths of Kasaragod district and the usage of this deadly pesticide has led to the sad demise of 500 people.

Now we have to think of the living victims who reside in these hilly and rural areas and their illiteracy acts as a catalyst to all the problems.

I visited the affected areas and discussed with many service orgnisations, Panchayath officials and N.G.O. leaders.

Findings:-

1. Almost 65 – 70 % of the people are getting Government support.
2. About 30 – 40 % poor people are not getting Government support due to technical problems.
3. Different N.G.O's are working for their people, but there is a disparity among them and all are not equally benefited.
4. In all Panchayaths there are under privileged families without male support.
5. Ignorance is the prime factor which leads to marriage among blood relations. As a result there is a steep increase in number of differentially abled children.
6. Cancer is common and no early detection programme.
7. Comprehensive medical check up is not given at all.
8. Only 70% of the poor and affected have medical cards.
9. Abortion is very common because they are afraid of birth of disabled children.
10. Another grave problem is lack of proper counseling.
11. Government machinery is clumsy and lagging back.
12. Transportation of patients for medical aid is a big problem.

Suggestions for solving problems related to Endosulphan:

1. Professional and transparent NGO should take the leadership to support, supervise and coordinate all other N.G.O's. and Government agencies to make sure that each needy should get proper assistance in all aspects. To enable this an action centre should be opened
2. Food which is the basic necessity should be provided to all.
3. Transportation problems can be overcome by mobile medical units working 24 Hours. Availability taxi service is only helpful during the day time.
4. A permanent settlement for the needy should be orgnised.
5. Occupational therapy centre as well as the elementary school would greatly help differentially abled children.
6. Permanent counseling centre should be setup.
7. Women forum which should take care of all the problems of women , should be organized
8. Organic farming should be encouraged.
9. Educational support for school children should be ensured.
10. A panel of service minded doctors willing to offer free service to this affected areas should be set up

Action Taken WMC

1. Distribution of food materials has initiated for the benefit of the poorest families.
2. For the action centre, a search for suitable building on rent has started.
3. Started work for a mobile medical care unit with volunteers.

This is the present scenario and now I call upon your support and valuable suggestion for this humanitarian service project.

Important: Research should be conducted to analyze how much of Endosulphan remains in the soil, water, air and in the blood and genes of the people. Measures should be taken to rectify the remaining contents of Endosulphan. We have to invite National & International agencies to conduct research on this issue to analyze the present position and find out the remedies.

With Prayers and thanks

George Kulangara

Chairman, WMC India Region

REGARDING KASARGOD ENDOSULPHAN ISSUE

15 – 06 – 2011
TRIVANDRUM

To

Most Respected Sri. UMMANCHANDY

Honorable Chief Minister of Kerala.

Trivandrum , Kerala.

From

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   World Malayalee Council

REGARDING KASARGOD ENDOSULPHAN ISSUE

An immediate service action plan for the immediate relief for the endosulphan victims.

Sir,

It is the need of the time to take immediate actions to provide minimum support to the endosulphan victims in kasargod district. Victims are spread among 11 panchayaths and surroundings panchayaths in kasargod . The living conditions of the poor families are the worst in many aspects. The report of the district collector is enough to understand the seriousness. Really it is shameful to our malayalee community to ignore the pathetic situations of these poor endosulphan victims.

So we have to take necessary actions to start the following actions immediately. The attached chart shows the items of immediate actions and their expected expenditure.

Immediate service action for the immediate relief for the endosulphan victims

Sl . No	ITEMS	BUDGET
1	Immediate supply of cooked food for the poor helpless needy from the central kitchen	Rs. 1 Crore
2	Free ration for all needy families. N.G.O may collect and supply the rations at the needy home	Rs. 1 Crore
3	Buds schools facilities including building, furniture, vehicles, staff, food may be provided	Rs. 1 Crore
4	Day of the needy adults, staff, vehicle facilities may be provided	Rs. 1 Crore
5	Settlement homes for the helpless persons with building facilities,staff , food, medicals etc.	Rs. 1 Crore
6	Occupation centre, differently able to pay people can be occupied.	Rs. 1 Crore
7	Regular medical check up, medical team, vehicle and medicine may be provided.	Rs. 1 Crore
8	Professional counseling centre with minimum 5 counselors in each panchayat with vehicles are needed	Rs. 1 Crore

9	Model organic farms to convert the attention of the people, they may feel that there are alternatives . It should be in each panchayat	Rs. 1 Crore
10	Provide trained home nurses. Minimum 100 members needed.	Rs. 1 Crore
11	Integrated medical facilities	Rs. 3 Crores
12	District coordinating centre under the district collector with vehicles and staff be opened	Rs. 2 Crores
13	Academic facilities (Schools and colleges) for the needy children.	Rs. 1 Crore
14	Gynec support centres be opened	Rs. 1 Crore
15	N.G.O service be invited and coordinated	Nil
16	International research centre with the support of W.H O. to find out if there any content of endosulphan in water, soil , blood, genes and to find our remedy.	Rs. 1 Crore
17	Upgrade all C.H.C (Community Health Centre) to referral hospital covering 11 panchayath	Rs. 1 Crore
18	Up grade district hospital to specialty hospital with minimum 100 beds for the victims	Rs. 4 Crores

19	Appoint a special officer for endosulphan project and world malayalee council will support him	Nil
20	Allot 10 acres of land for the permanent settlement of totally neglected	Nil
	TOTAL	**27 Crores**

We may submit the above action plan and budget for your sincere consideration and approvel of your honorable cabinet for the relief of our poor brothers, sisters and children of kasargod.

Yours Faithfully

1. George Kulangara
   Chairman , W M C
   India Region

2. N. A. Aboobacker
   Chairman , W M C
   Kasargode Unit

For : World Malayalee Council

ACKNOWLEDGEMENT

We would like to acknowledge the extraordinary debt we owe to the Honb'le Chief Minister of Kerala, Shri Oommen Chandy who augmented and reinforced us throughout the period of social counseling campaign. We are also thankful to the Honb'le district collector of Kasaragod Sri K.N Satheesh who has extended wise guidance through out the period. WMC would not have been able to get the work done without the continual support of Mr.Aboobekkar Haji, President, WMC Kasaragod unit. We have to mention once again the support rendered by Muliyar Grama Panchayat, Punchiri club, social activists especially Sri. Ambikasuthan Mangad, Prabhakaran etc. It would not be complete, unless we mention the names of Sri.Anoj Kumar, President, WMC Kerala Province, Smt.Thankamani Divakaran , Vice President, WMC Global Women's Forum, Sri.Shaji M Mathew, WMC metro unit, Sri.Ajith Kumar, Kumari.Geetha.N.P,Programme officer,WHI Trivandrum, Sri.Joy Abraham, Adv.Cyriac Thomas, Smt.Molly Stanley and the students and staff of Social Work Department, Sree Sankaracharya University regional centre, Payyannur.

Sri.George Kulangara
Chairman, India region
WMC

Dr.K G vijayalekshmy
Joint Secretary,
Global Women's Forum
WMC

INTRODUCTION

Kerala is a southern most narrow strip of land ranging from Parassala to Manjeswaram and as you know, the land is rich in natural resources and famous for its scenic beauty.

Kasaragod is the northern most district of the state, blended with varied culture, its own agriculture practices, plantations etc. For past several years Kerala community is worried about the "Endosulfan tragedy" which has affected the lives and livelihood of the local inhabitants, hailing from the lower strata. The Government and the civil society in different ways attempted to address the problems but not in terms of a holistic approach,for reaching into a sustainable solution, for ending the untold miseries of the present victims and the coming generation in the affected area.

In such circumstances, World Malayali Council (WMC) under the proficient leadership of Sri. George Kulangara started an intervention in Kasaragode district. Eleven Panchayats in the district are drastically affected by the endosulffan disaster. As a pilot programme, WMC selected Muliyar panchayat for its operation. We conducted a social counseling campaign and collected primary data from 725 families (the details appended).

A group of twenty young professionals have been deputed by Dr.K G Vijayalekshmy, joint secretary of Global Women's Forum of WMC to the panchayat and they covered 725 families, interacted with them confidentially, spending 60 to 90 minutes average in each home for in-depth analysis of their problems.

It is painstaking to say that the plight of each victims and their family is as worse than the others. A human being with flesh and soul living with hardships and untold miseries do not claim anything, even their existence.

OBSERVATIONS AND INFERENCES

Our social counseling campaign did face a difficulty to take the data of victims. Because 206 victims are having biometric cards, at the same time another 177, are not included in the list of victims. Hence it is assumed that there are lacunae in preparing the list of the victims itself. This causes to create confusion among the affected as well as the service providers.

Generally PHC staff and health providers are men so the women and girls are unwilling to expose their personal problems due to inhibition. Even during the time of medical camp, victims find uncomfortable to share their diseases with male doctors. In addition, the arrangements to ensure the privacy during consultations are very poor.

Their environmental hygiene in the household of the affected area is pathetic. The victims with morbidity are living in poor hygiene. Though many agencies have visited the affected families and the victims, they were not in a position to explain about or attempt to improve the environmental hygiene and personal hygiene of the affected population. This may lead to make matters worse to the victims and may put the rehabilitation and relief endeavours at risk.

Poor transportation facilities which is an offshoot of the general backwardness of the area, is another big problem for the victims. Though at the time of medical camp, they get referred to the hospitals, they could not take the patients to the hospital due to lack of transport facilities. Thus mobility even at the time of emergency is becoming a problem.

Though Government and NGOs provided artificial limbs, half of them cannot use it since they are fully paralyzed, and many of them do not fit in the wheel chair. The interventions without assessing proper needs and technical assistance do not create any outcome for the relief operations.

Even the *buds school* can attract more children if they are provided wheel chairs or similar equipments. Then only the handicapped /paralyzed children can utilize it in schools.

Victims who have temporary house face a problem since the pension reaches their home very late due to change in address.

Communication networking of the victims and the officials are poor.

On many occasions, our Government officials visit the same victims again and again. Permanent beneficiaries coming in the limelight of the media and many more are left out.

Higher education among the victims still remains as a dream due to the lack of such institutions and difficulties in mobility for the victims.

There are many false stories and fallacies spreading in and around the endosulfan victims related to their exploitations. Therefore the Govt. should take a positive step to organize the agencies to work with and make it visible to the public.

Recommendations and Suggestions

The lacunas in the list of victims pose to hamper the relief and rehabilitation operations. Many of them are not included in the list. Therefore government should conduct a comprehensive survey and scientific need assessment in the target area for facilitating an outcome oriented intervention.

A holistic rehabilitation for the victims is highly required in Kasaragod with supportive skill development, livelihood support programmes and projects.

Govt. can also provide more facilities like mobile clinic. Like other countries, different kinds of testing, examining, short IP etc. can be arranged in the mobile clinic itself. Hence instead of going to hospital, clinic is going to the door steps of the affected and vulnerable.

If the Govt. can provide vehicle like 108 ambulances in the target area for the victim they can avail better and timely treatment.

There is a strong suggestion that a modern helpline exclusively for women may be established at the earliest by the Govt. of Kerala. If so, women can approach the helpline at any time according to their need. This should be a

great relief for them. Similar issues can also be addressed through this state wide system.

The facilitators of PHCs in the affected area should be improved and arrangements should be made for ensuring the privacy in the local government health centres and in the medical camps. Lady Doctors and counselors should be deployed for the women victims.

Government with participation of the Local Panchayati Raj Institutions should plan immediate interventions for improving the environmental hygiene in the target area for creating a conducive environment for the relief and rehabilitation operations.

Specific intervention should be given to the victims for assessing higher education. There is a strong suggestion that a modern helpline exclusively for women may be established at the earliest by the Govt. of Kerala. If so women can approach to the helpline at any time according to their need. This should be a great relief for them.

Several arguments are still going on regarding the problems in Kasaragod, whether it is the outcome of Endosulfan usage, since no scientific evidence or judicious studies has proved it so far.

So there is an appeal to the Govt. of Kerala to conduct an exhaustive study to analyse and find out whether these problems are due to Endosulfan usage in Plantation area.