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Some Health Problems Associated with the Mahaweli

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When one talks of health it is no longer only in the negative sense of freedom from illness but also in the positive sense of optimum mental and physical well-being. In Sri Lanka, we are still mainly concerned with attending to the former. Even in this respect, the Mahaweli Project Area is about the worst supplied in the island with health facilities, both curative and presentative, and this includes primary health care. Dr. Percy de Silva's survey showed that for his sample of about 1000 families there was not a single adequately qualified health worker.

Therefore, as things stand, much needs to be done to provide an adequate health service for the existing population. But in view of the displacement of many of them and the disruption of their life styles, which in the case of the Purana villages has extended from ancient times, one can anticipate an increase in all types of health problems and in particular psychiatric disturbances.

But there will be a massive influx of construction workers and, in the course of time, of new settlers. Therefore an immediate increase of the "health load" can be anticipated.

The nature of this health load has to be inferred from the limited data available but for convenience it could be divided into (*a*) an increase of the existing pattern of disease and (*b*) the new disease problems that are likely to arise.

(*a*) Increase of the existing pattern of disease

The data available is not satisfactory, as no proper surveys have been carried out, and is based on hospital figures, which nevertheless give some idea of the prevalence of disease in this area. Malaria is clearly a major problem. But bowel diseases appear to be as important or even more so. Malnutrition and anaemia, worm infestations and viral and bacterial infections are also problems.

Dr. Munasinghe, Deputy Director (Planning), Ministry of Health, in his document on the Proposed Health Care Facilities for the Kala oya Scheme Area has drawn attention to this:

"The morbidity pattern of the area indicated that Malaria and Bowel Diseases appear to be the biggest health problems. The incidence of these diseases have shown an upward trend during the past years and malaria is endemic. With the opening up of a network of new canals and tanks there would be a number of shallow pools of water which would be ideal breeding spots for malaria mosquitos. The canals and water tanks could also be polluted without a proper method of disposal of night soil. These health hazards together with the increasing population and the present inadequate health facilities would spell disaster to the development programme."

The solution to these problems lies mainly in prevention. Proper housing and sanitation, with proper sewage disposal and a safe water supply are the basis of this approach. In addition, there should be sufficient personnel for a programme of health education to instruct people on the causation of disease and its prevention. These are all measures that should be considered at the planning stage of the Mahaweli Project if they are ever to be implemented. After all, the project is to serve the people and without a healthy population the whole project would be a failure.

On inquiring from Dr. Abeygunawardena of the Mahaweli Development Board it would appear that the Board is not providing houses nor is there a type plan. Each settler is free to construct the house as he wishes. The Board will provide a free squatting plate and Rs. 60/- for each settler to construct a latrine. One wonders whether settlers who are short of money and unaware of the importance of proper sanitation are likely to expend money and energy in this direction. Settlers clearly have other priorities as, for instance, in past colonisation schemes where the state provided latrines have been used to store firewood! The question of water supply has not been finalised. Money was to be obtained from an International Agency to construct wells — but it has not been decided whether to have one for a group of 10 or 20 houses as in the past, or one per house. Even with the latter, pollution is still possible unless there is proper sewage disposal and the totality of the question — soil porosity, water drainage, pollution of soil and water courses — is looked into.

Dr. Munasinghe's report has drawn attention to the need to expand the existing curative services by providing more institutions, personnel, medicines and vehicles. But these are going to take some years to provide and in the interim the provision of Primary Health Care drawing in volunteers, from the community and outside should be explored.

(*b*) New disease problems

There is bound to be a significant problem of occupational diseases. Accidents associated with construction work and the mechanization of agriculture have to be anticipated. Chemical intoxication due to pesticides is likely to be a hazard particularly among new settlers. They should be instructed in the use of these chemicals and encouraged to wear protective clothing. Provision of atropina tablets and instruction in their use has also to be considered. Proper labelling of pesticide containers is essential to minimize accidental poisoning.

The displacement and change in the traditional lifestyle of the present population and the problem of adjustment of new settlers is bound to lead to an increase in psychiatric problems of all types. Action to counter this will be needed both at individual and group or community levels.

With the opening of jungle land, besides an increase of problems like snake bites, malaria, and leptospirosis the possibility of new diseases from animals and insects has to be kept in mind. The example of Kyasanur Forest Disease in Mysore State, South India, which was thought to be typhoid, haemorrhagic fever, malaria and even yellow fever before the casual virus was isolated is a case in point. It would be foolish to lable as malaria every fever with chills and their proper investigation supported by adequate laboratory and research services is essential.

(c) **Course of Action.**

The action that needs to be taken is evident from what has been said before but the following aspects need to be stressed. (1) An efficient Accident Service, with adequate surgeons and, may be an orthopaedic surgeon, should be set up with Anuradhapura Hospital at its centre. This should include an adequate ambulance service. (2) There should be one or more Psychiatrists stationed at Anuradhapura and they should run clinics at the district and peripheral hospitals. (3) The laboratory at the Anuradhapura hospital should be fully equipped and staffed with a resident Pathologist, who has been trained in Bacteriology, or with an additional Bacteriologist. Though the latter could pay some attention to epidemiological aspects it would be better to have a full time Epidemiologist as well. This unit could call on the services of the Medical Research Institute and the Universities where necessary for research purposes. (4) There is also a case for a specialized Poisons Unit, which may include those already interested in this field (like the Medical Faculty, Colombo) to monitor the situation and adopt control measures.

The idea of a separate Deputy Director of Health for the Mahaweli Project is an excellent one. This would help to eliminate much of the red tape and to expedite the implementation of the plans.

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