Chapter VII
CHAPTER - VII

WORKING WITH THE SOCIAL SYSTEMS AND SUB-SYSTEMS

The four decades in this practice unfolded the relevance of social work intervention to the entire social system. The characteristics of the social system include the internal and external environment of the patient, which includes the conditions due to which institutionalisation or hospitalisation is required. The reasons for referring the patient for social work intervention; the motivation of the referee and the ability of the hospital to take care of the physical and social problem involved (As depicted in the Al-Italia plane crash narration, the four patients who managed to remain in the hospital for years, patients admitted from the Central prison). The hospital environment and the environment of the patient’s habitat, the occupational and family/social status of the patient, the level of awareness of the patient to his problem. The manner in which the patient reacts to his situation, client motivation and ability of making use/misuse of available facility, the available social support to the clients (including family, co-patients, neighborhoods if any, the decease and its stage, outlook of the patient towards his entire situation, his co-laterals and total life in general, factors that govern the client’s manner of problem solving etc.).

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A system approach to social work practice means to understand the character of the entire social system including the ethical, ideological and spiritual bases of each microcosm of the system, to analyze significant parts of the social system and the nature of inter-relationship of one part and another and integrate the different methods of social work as required by the situation.

The approach to integration requires the elements of life sustaining. They are clearly understood and to devise a holistic framework for integration of intervention strategies, hospital situation is itself a matter of life and death. Hence both the medical system and the supportive sub-systems are very closely involved in the life saving effort. It is quite often feared that the financial, diagnostic and ethical constraints may hinder or weaken the life-saving effort of the team and the responsibility to prevent such constraints and/or minimize the restraint by these elements is handed over to the social work professionals of the hospital.

At Yerawada Mental Hospital a very large group of chronic patients created a considerable burden on the entire system and social work intervention has proved effective in the management and regulation of the problem.
The systems approach also expects that the role task, skills and outcomes are well specified. This report makes an effort at this exercise.

The social worker in situations is also discussed in the section on ‘Making of Professional Personality’. There are more events where the researcher has been a single change actor. The experiential exercises gave the confidence to the researcher to confront client situations all by herself. The decision to keep two pregnant unwed adolescent girls at home is example of single change agent’s action. The professional community will not probably accept such modalities. The researcher wishes to appeal to the professionals that these decisions were taken in an era where there were no short stay homes or laws for the protection of adolescent pregnancies and the levels of social awareness related to the girl child were considerably invisible in society. In one of these cases, respecting the confidentiality of the client was a value above all considerations. The process of prioritisation is a part of social work action. The future of that girl had to be protected despite the risk to the girl’s life, which was fortunately averted. The alternate traditional decision of admitting the girls to the then Girls’ Remand Home would have given a legal character to case handling. A victim of circumstances, who was not even formally admitted to the hospital, must not be subjected to Juvenile Court proceedings. Appearing before the Court in a condition of visible pregnancy can be demoralizing, traumatic and
indiscreetly traditional. The traditional approach to these situations was that the girl must be made to understand the consequences of her deviant behavior. This brings us to the discussion of the value system of professional social work and the society at restraints put by the action on the personal life of the worker, also need to be considered. The combination of insight and action is by itself the social work process.

The part played by the researcher during the Al-Italia air crash is an example of the professional action as a member of the team. Social workers, when asked to execute such functions are often found to declare that this is not a prescribed function of a professional social worker. The larger systems involved here first and foremost is the image of India as a country vis-à-vis the world community. As an Indian citizen, any Indian must accept this as an administrative command and personal responsibility. Theory lectures say much about medical and psychiatric social worker and the public relations of the organisation. This action fits into the definition. It proves that the researcher did take the task as serious business. An administrative order cannot be disobeyed and if so disregarded, the social worker must be willing to face the charge and subsequent inquiry for willful disobedience. Here administration as a method of social work gets its priority. In government service, the social worker must be prepared to work outside
the jurisdiction of the headquarters. The hospital had to be a part of the diplomatic relations of the two countries.

The world community system is once again highlighted in the action of international adoptions. The life history of Geeta is presented in Appendix III.2, P. 15 in her own words. Medico-social work enters the international scene when humanitarian appeals for the best possible rehabilitation of abandoned children are well received by the developed nation. It then becomes the responsibility of the professional giving away the child in adoption (under the Guardians and Wards Act) to maintain a close and regular follow-up by post for three years. The Indian children taken under the above Act by foreign nationals are found to be in search of their origin in their adulthood. Many of them have asked to visit their country of birth. Hence the practice of adoption must be institutionalized in the appropriate manner. It is quite likely that a child given in adoption under agency auspices by one social worker some twenty years ago desires to visit his or her birthplace. If the original social worker has left the job, the worker serving the post may find himself/ herself at a loss to deal with the situation. The emotional need of the adopted adult child is to be received with a feeling of warmth and familiarity. In the absence of case records maintained at the agency, a social worker totally new to the situation will be at loss to deal with the event. Hence it is imperative that records of a permanent nature
be maintained by the concerned agency. This provision must be made legally applicable. The action is now routinised by the Central Adoption Resource Agency (CARA), which is an official section of the government of India’s ministry of Social Justice and Empowerment. During the early years of adoption work undertaken by the researcher such facility was not available. Then the professional social worker remains the sole witness to the action and this can cause an inter-country hazard, to say the least about the emotional status of the adopted child in young adulthood.

The social system related to this practice then engulfs the whole world and workers must have all the essential socio-legal information of the adoptive country and available records including photographs on hand. The intervention of the Bombay High Court in foreign adoptions has been an invaluable resource for the social work profession as illustrated by Draupadi’s case.

The sole case of child abuse recorded on Page No. 147 is a rare instance even today. The child line is made available on telephone no. 1098 in Pune. Yet how can anyone expect a child like Anil (case no. 39) to even access a telephone? We still do not have any documentation available about the exact nature of child abuse in India. The corrupt and insensitive police system is also to blame for openly ignoring the
children begging around a traffic signal even with the availability of the
child line and awareness drives related to child abuse. Indian society
attaches a stigma to intervention by the legal systems and prefers to
settle matters outside court in case of apprehension. The procedural
intricacies keep most common persons away from taking legal action.
Resorting to legal action is known to destroy family relations in India.
This speaks of the social retardation of the society. Valid resort to legal
intervention is actually a sign of social maturity and respect for law
depicted in resort to legal protection must be an upheld value called
respect for law. Family violence is common even in the most advance
nations and in fact a common citizen refrains from even friendly
intervention during overt violence in society.

Interdisciplinary professional practice is a highly upheld form of action.
Medico-social work has to interact with the legal systems, family
systems, even to the extent of taking the child away from a proven unfit
parent and ordering adequate protection to neglected and bruised
children from established institutions. Yet the Juvenile Justice system
was found acting against the interest of children if the sheer existence
and presence of unfit parent claiming the natural child from the court. It
becomes very difficult to make the justice system work in the right
direction if the probation officer and the medico-social worker do not
think alike. Professional judgment has not been regularized in India by
spelling out the correct code of conduct and there is no method to apprehend a professional social worker willfully shirking responsibility. This is how professional social work in India differs from the Western world that was observed by the researcher during her Cleveland International Program placement in the USA.

**Working with the Social Systems & Sub-Systems**

1. The Public Health Act, the Imperial Government of India under the British rule passed 1935. Before passing this Act the country had witnessed two major killer epidemics, viz. influenza epidemic of 1917-18 and the plague epidemic. The wipeout of large populations caused concern and the Viceroy of India was then given the responsibility of saving human lives. The Public Health Authority was created by the Public Health Act, giving powers to quarantine citizens during epidemics, vacating houses and shifting patients to camps for mass treatment. During this time the fight for freedom was at its peak and Imperial Government could not afford to become unpopular for acts involving torture of human beings on the background of the German concentration camps. Hence government and civil hospitals were built as gesture of public concern. It was noticed that hardly any patients turned to hospitals for treatment. Hence in 1943 the Imperial Government appointed the Health Survey &
Development Committee under the chairmanship of General Bhore. So it came to be called the Bhore Committee. The committee submitted its report in 1946.

2. As per the recommendations of the Bhore Committee Report, the post of Medical Social Worker was sanctioned by the Govt. of Maharashtra for the Sassoon General Hospitals, Pune. But there was a specific condition that the post should be filled only when a trained Social Worker would be available. The Researcher had already joined the course in 1959 at the TISS (TATA INSTITUTE OF SOCIAL SCIENCES, Chembur). The Researcher was working in Sassoon Hospitals, Pune and had completed 12 years of service as a Linen Keeper. She was granted two years’ leave to complete the course of TISS. Her specialisation was Medical and Psychiatric Social Work. Hence, naturally on completion of the two years’ course, the Researcher was appointed as a Medical Social Worker with effect from 1/6/1961. So she was the first fully trained Medical and Psychiatric Social Worker.

Prior to her appointment as a Medical Social Worker, the post was vacant. But two candidates worked as Medical Social Workers for a short period. They were not trained Social
Workers. One of them had done some short course in Social Work conducted by the Social Service League and the other was M.A. in Psychology; which was not the qualification required for the post of a Medical Social Worker. On the Researcher's taking over as a Medical Social Worker, there was a challenge before her to establish her role as a Medical Social Worker in the Hospital. Nobody; including the administration was aware about the role of a Medical Social Worker in Govt. Hospital. The O.P.D. Sister in charge was happy with the appointment of a Medical Social Worker. She thought that the Social Worker would sit in the O.P.D. and she would direct the patients to respective O.P.Ds. So that her burden would be less. The previous two Medical Social Workers who were there for a short period used to do the same job. It was a sort of help to the O.P.D. sister. When the Researcher refused to sit in the O.P.D., the O.P.D. sister reported the matter to the Dean who called the Researcher and asked for an explanation. The Researcher knew that there was a need of somebody in the O.P.D. who would guide the patients to respective departments. But certainly it was not the job of a trained Social Worker who was supposed to devote her time in more constructive work. So, the Researcher thought of developing Voluntary Social Service in the Out Patient Department with the help of Samyukta Stree Sanstha. By the time
the Researcher was organizing talks with the members of Samyukta Stree Sanstha, the calamity of Panset floods came on the 12th of July 1961 and she had to face this crisis on priority basis.

Samyukta Stree Sanstha—a voluntary organisation had already helped the Researcher at the time of the crisis of Panshet floods. After the work was over, the then Union Finance Minister; Late Shri S.G. Barve personally requested her to continue with this organisation’s work on voluntary basis at the hospital. So the Researcher immediately thought of voluntary service in the O.P.D. from 9.00 am to 12.00 noon. Initially prominent ladies were coming to help in the O.P.D. but gradually they stopped coming and were replaced by about 15 women who were the members of Samyukta Stree Sanstha and who were in need of some financial help. The Researcher had made a proposal for giving them bus fare. All these women were staying near the hospital. So they used to come walking to the hospital. The Researcher had not kept any specific qualification for their selection. They should be able to read English and write Marathi was the criterion. They were given training about the work they would have to do in the O.P.D. by her. The govt. agreed to give them bus fare of Re. 1/- and the provisions were made in the
contingency grants of the hospital. This system proved to be very helpful and it worked well for nearly 15 years. After a few years the bus fare was increased from Rs. 1/- to Rs. 2/- per day. All these women were from poor financial status. So this amount was of a great help to them. These women worked very sincerely. They really helped the poor population in the O.P.D. The Dean and the honorary doctors were happy with the voluntary social service. Later on the Researcher had introduced this voluntary service in the hospital kitchen. It helped minimize thefts of food from the kitchen. These women even helped in the wards while distributing the food to the patients.

This type of voluntary social service was the only of its kind in a Government hospital in Pune all over Maharashtra. It was highly appreciated by the then Health Minister. All the Deans with the exception of one or two had great faith and confidence in the Researcher. Since she had a lot of contacts with the public in general and the political leaders in particular, her work always helped the organisation to create good image of the hospital. She could do a lot of development only because of the cooperation of the Deans. They always consulted her in policy matters. Though she was not a member of the Advisory Committee of the hospital, she used to be a special invitee at each meeting. She had

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complete information of the hospital. Hence whatever questions were asked by the committee members, the Researcher used to give prompt reply to the committee members who were also happy and satisfied. Even the reply of the L.A.Q. was given after consulting the Researcher. Though she was a Class III Government servant, her position and responsibility in the hospital was that of a Class I officer.
<table>
<thead>
<tr>
<th>Year</th>
<th>1961</th>
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<tbody>
<tr>
<td>Case No.</td>
<td>1</td>
</tr>
<tr>
<td>Name</td>
<td>Shri Karandikar</td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
</tr>
<tr>
<td>Age</td>
<td>25 years</td>
</tr>
<tr>
<td>Medical Problem</td>
<td>Paraplegia- physically handicapped</td>
</tr>
<tr>
<td>Reasons for Referral</td>
<td>Discharge</td>
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**Medical History**

Thoroughly investigated. Diagnosed as a case of Spinal Tumor. Advised operation (Lamanectomy). The patient was explained about the prognosis. He was ready for the operation in spite of the results. The operation was not successful and he became paraplegic (loss of sensation in both legs below the waist).

a) Symptoms: General loss of strength in both the lower extremities.

b) Diagnosis: Paraplegia due to spinal tumor.

**Family History**

Not known, because he never told about his family deliberately. The researcher also never saw anybody; either relative or friend visiting him in the hospital.

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Administrative Action

The patient came to the hospital walking about ten years ago from the date of referral for the treatment of his spinal problem. In 1961 there was no neuro surgeon attached to Sassoon Hospital. Hence he was admitted to orthopedic ward. He must have been there since 1950-51.

Problem at referral

Since there was no further treatment, he was discharged. But he refused to leave the hospital saying that he came to the hospital walking. So unless he was made to walk he would not leave the hospital. This was impossible since it was a permanent damage. It was a difficult task to convince him that he would not recover.

Social Work

The social worker after continuously counseling him was able to convince him that he would not recover. She arranged for his calipers and crutches and wheel chair free of cost through the Director of Social Welfare. Till then he was already in the hospital for nearly ten years. He was enjoying his stay in the hospital. In fact at the time of admission, he was clearly told by the orthopedic surgeon ( Dr. Motwani ) that there was no guarantee of success of the operation. It was a chance. Either he would improve or he would become handicap permanently. In 1950 the spinal surgery was not advanced and lot of risk was involved in this type

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of surgery. Though it was not life threatening, it did cause permanent disability.

The social worker felt that since he was given calipers, crutches and wheel chair, he should be properly occupied. Since he was not ready to leave the hospital and was not ready to accept alternate institutionalisation, the researcher had to think of his fruitful utilisation in the hospital need. So he was convinced by the researcher to accept her proposal to help in the out patient department during morning hours. He was prepared to go to the O.P.D. every morning from 9-00 am to 12-00 noon where he was given a table and was asked to work as a guide in the O.P.D. Instructions were given to the sister in charge of his ward to send him to the O.P.D. after breakfast. Accordingly, this routine was going on for 2-3 months. But unfortunately he developed some lung problem and within 2-3 days became very serious and ultimately expired. The social worker collected money from the staff and as per his last wishes he was cremated. He was a real nuisance to the hospital. Every evening he used to take press conference in his room. Next morning news would appear in local newspaper against the hospital.

Analysis

1. Physical

1. Organizing prosthetic aid

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2. ADL improving mobility

3. Occupational: providing alternate constructive activity

2. **Limitation**: Could not send him out of the hospital and remove the burden on the hospital and staff, since he was physically challenged and destitute.

3. **Goals of treatment**: Reducing burden on hospital.

4. **Result of intervention**: Reduction of nuisance value.

5. **Relevance to profession**: Establishing utility of MPSW to organisation

6. **Model of intervention**: Problem solving and physical rehabilitation.
<table>
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<tr>
<td>Case No.</td>
<td>2</td>
</tr>
<tr>
<td>Name</td>
<td>Shri Kothari</td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
</tr>
<tr>
<td>Age</td>
<td>23 years</td>
</tr>
<tr>
<td>Medical Problem</td>
<td>Paraplegia due to accident</td>
</tr>
<tr>
<td></td>
<td>Physically handicapped</td>
</tr>
<tr>
<td>Reasons for Referral</td>
<td>Discharge</td>
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</table>

**Family History**

The patient had parents. He was married. He was from Ahmednagar. Beyond this information, nothing more was known. The relatives used to visit him only on Sundays.

**Social Work**

The patient was interviewed. But as per instructions from Mr. Karandikar who was also a paraplegic, the patient refused to tell anything about his family. He was in the hospital for more than 5 years. The paraplegic patients require lot of nursing care, which becomes difficult at home. So the relatives are reluctant to take these patients home. Secondly, Mr. Karandikar wanted somebody to support him.
After the death of Mr. Karandikar, Mr. Kothari became helpless. The social worker visited the hospital one Sunday evening when she caught the relatives on a Sunday. The relatives had kept visiting Kothari on holidays, as he wanted to pose as a destitute. The Worker instructed the relatives to take him home. They had no excuse. Within 3-4 days they took him home. But this was possible only after the death of Mr. Karandikar.

Analysis

Kothari was trying to continue exploiting hospital facility purely on what is known in Medical sociology as the ‘Survivor relationship.’ He had no strength of his own. At this stage, the surprise visit of the worker served as the technique of confrontation designed by Gordon Hamilton as a supportive technique of change. The four patients formed a clique to exploit Karandikar’s situation as a patient. Only Karandikar was educated in the clique. While Kothari came from a family of petty traders and possibly studied up to primary school, Karandikar being a college dropout had developed manipulative defense. Nothing was known of his family. No one came to inquire about him.

This proves that he had no place in the family or was perhaps a destitute. Hence he had parasitical traits and took advantage of the situation.
Karandikar managed to gear strength by recruiting weak-minded patients in similar circumstances.

The clique turned all facility in the hospital to their advantage. They bullied the hospital staff to serve them the best available food and threatened to blackmail if any discomfort was caused to any one of them. Karandikar rounded up newspaper reporters at any small event and got adverse news published. This caused great strain to the entire system. The news items resulted in causing a governmental inquiry into malpractices in the hospital. Thus the technique of confrontation relieved the hospital of unwanted strain. Small group theory and community organisation method of analysis is illustrated in these cases.

The principle of casework indicates that the assumed strength of the case has to be nullified for securing the required intervention. Working within a medical setting makes it obligatory to work in the interest of the agency in the larger context. Ethically this is a non-treatable case and cannot take the facility required for more serious patients.

One argument in this situation is: Was the action in the interest of the client? The client interests can be guarded only if the hospital functions flawlessly. This is a matter of professional judgment in decision-making. Examining the aspect of social and professional values, the
agency is to hold above the defaulting public accountability of social work practice. Establishing public interest even if it works against personal interest is social value. The disabled persons by policy implications today are expected to look after their own future and not become drain on the community. The policy statement and the PWD Act has come into force only in 1995. Thus the nature of intervention much before the policy and legislation was to be completed.
Year 1961
Case No. 3
Name Shri Kisan Kusgaonkar
Sex Male
Age 18 years
Medical Problem Paraplegia due to accident (spinal cord injury)
Reasons for Referral Discharge

Family History

The patient came from Kusgaon, a village from Bhor Taluka, Dist. Pune. He was a young boy having parents and other relatives. He met with accident and was in the hospital for more than 3 years.

Social Work

Since the patient had come from a village, there were no facilities for his treatment and nursing care. He had bedsores and there was need for dressing everyday.

The relatives were told that it was not possible to keep him in the hospital any more. He also had strong support of Mr. Karandikar. But after Mr. Karandikar's death, all these patients became helpless.
So Kisan was reached home in the hospital ambulance free of cost. The social worker accompanied him to his village and instructed his mother about the care to be taken.

In Kisan's case, he was being misdirected to exploit his own handicap. This is faulty socialisation in the hospital. Being younger in age to Karandikar, he was exposed to unhealthy socialisation and exploitation. The action is in the interest of Kisan. He had his entire life before him and retaining in hospital for a long time would have only created the withdrawal of family's interest in the youth. He was not a destitute. The family was in regular touch with the patient. This situation of family support had to be maintained. Thus the intervention is more in the form of preventive intervention. Kisan got all advantages of the hospital. This could have in time created the family's withdrawal, thus creating unwanted destitution and saving the patient from unhealthy exploitation. The 'long view' theory of Harlotte Towle becomes clear here. There was no policy directive in 1961 for the handicapped. Yet this action fits into the policy directive.
Family History

The patient was destitute from a Poor Home.

Social Work

The patient's case paper was torn since he was in the hospital for more than 3 years. However the social worker made efforts to find out the address from where he had come. Like other 3 patients he kept his whereabouts confidential. But after searching the records, the social worker was successful in finding his address from the old records. He was found to be the inmate of Beggar-home, Nana Peth. A mission ran this beggar-home. The social worker talked to the Father of the beggar-home who agreed to take back his inmate.

This patient used to go out of the hospital for begging everyday and used to come back in the evening. He was taking food and breakfast, tea in
the hospital and was enjoying his stay in the hospital. He was not willing to go back to beggar-home. But he was physically taken out of the ward and put in the ambulance. He strongly resisted but could not do anything. The Worker personally took him to the beggar-home.

Diagnosis

Francis is a case of long-term institutional living who learned to prefer the Hospital to the beggar home. He could go out to beg and also got good food and freedom. He could smoke and the intended intervention for prevention of begging was proved to be ineffective.

The problem of discharge of these four chronic patients was the biggest headache before the hospital administration. These four patients were a nuisance to the doctors and the nursing staff. Every evening, Mr. Karandikar used to take press conference and used to give false information about hospital authorities. This was just to demoralize the hospital. The next day the matter used to appear in the newspaper on the front page in a bold type. The hospital authorities were fed up of this nuisance, as there were a lot of inquiries from Govt. based on the newspaper news.

The social worker was successful in handling the problem of discharge of these four patients. The Dean and other staff including doctors and
nurses were happy. They realized the role of a social worker in the hospital. It helped the social worker establish her position and importance in the hospital. This task was completed in six months' time.

Then she took up the cases of other chronic patients from different wards. The hospital administration and the Honorary Medical Officers were not aware of the functions of a medical social worker since there was no trained social worker.

**Panshet floods - 12th July 1961**

Panshet earthen dam that is situated about 30 KM from Pune, collapsed due to heavy rains in that area during midnight. By early morning Khadakwasla dam was over flooded and within no time many parts of Pune, especially the area on the banks of river Mula-Mutha filled with water. The people were not aware of this and before they could get time to come out and shift, their houses were full of water. With great difficulty they were saved. But they had to leave everything behind which was washed away by the floodwater. Slum areas like Somwar Peth, Kasba Peth, Mangalwar Peth were washed away totally. The slum dwellers came out only with their clothes they were wearing. They all took shelter in the compounds of Sassoon Hospital. So I had to organize the relief measures. Three days and nights I worked in the Hospital for these people. I looked after their food, stay and clothing.
The Panshet flood disaster gave the researcher an exposure in disaster management. The nature of service was of relief work. The affected persons were slum dwellers who needed temporary shelter. Social worker’s supervision on behalf of the hospital served as an effective liaison between the beneficiaries and the supportive/funding authorities.

The main point here is that the duty was for twenty four hours. In time of crisis social workers cannot insist on office time. No overtime was paid or expected but the work gave credibility as well as credit to the social work profession.

The Tata Group of Industries, Bombay had opened a relief center to help these people with their daily needs such as utensils, clothing etc. as they had lost everything in the floods. I was in charge of this relief center. The Tata people were very happy with my management. After nearly one month this center was closed. The flood victims also went back to their damaged houses. Later on the Govt. took the responsibility of their rehabilitation. The volunteers from Samyukta Stree Sanstha rendered very valuable services during this period.

**Society of Friends of the Sassoon Hospitals, Pune**

The first fully trained medical social worker was appointed at Sassoon Hospitals, Pune in July 1961. Smt. M.K. Dravid as the first trained
medical social worker who had specialized in medical and psychiatric social work from the TATA INSTITUTE OF SOCIAL SCIENCES, BOMBAY. She took over in June 1961. There was no department of social work in Sassoon Hospitals, Pune. She established the department initially. Later on Mrs. H.G. Mansukhani joined as a second medical social worker. There was a government resolution which had sanctioned the following additional posts for the medical social service department only after the appointment of first trained medical social worker was appointed:

1. Medical Social Worker 1
2. Clerk 1
3. Peon 1
4. Part time Craft Teacher 1

Hence after the appointment of Smt. M.K. Dravid, all the above posts were filled in and Mrs. Mansukhani joined as an additional social worker. She was also trained from the TISS, Bombay with specialisation in medical and psychiatric social work. With the appointment of the above four personnel, the Social Service Department became full fledged.

While working as medical social worker, it was experienced that they could not function efficiently without monetary help to poor patients. As
such the social service department needed to have funds at the disposal of medical social workers. The Govt. only had poor funds that were collected through the poor fund boxes from the wards. This fund was utilized only for the S.T. or railway fare for the poor patients to go back to their places after discharge from the hospital. For want of money, these poor patients used to occupy the hospital bed indefinitely even after the treatment was over and did not need hospitalisation. The steward operated this fund and the sanctioning authority was the Dean. But since the researcher’s appointment as a Medical Social Worker, she started utilizing this fund for the poor, needy and deserving patients. She made it a practice to recommend such cases for help from poor funds and on her recommendations only the money was sanctioned. The medical social workers never handled the money directly. The poor fund was meant for specific purposes only. But while practicing, it was experienced that the poor patients needed lot of other help besides S.T. or railway fare, e.g. calipers, crutches, wheel chairs, abdominal belts, costly medicines that were not given by the hospital. These things were necessary for the rehabilitation of the poor patients. Hence the researcher thought of forming a non-governmental organisation through which these patients could be helped. Samyka Stree Sanstha was already in the picture since Panshet floods in 1961. They were working with the researcher in the rehabilitation work of flood-affected people. They were doing the work with the permission of the Govt. of
Maharashtra. This was done according to the instructions given by the then Union Finance Minister Shri S.G. Barve to the govt. After the work was over the services of these voluntary workers from Samyukta Stree Sanstha were utilized in the out patient department of the hospital under the guidance and supervision of the medical social worker.

In 1963, the researcher approached the Executive Committee Members of Samyukta Stree Sanstha and some personnel officers of the factories like Swastik Rubber Product, Kirloskar Oil Engines etc with the proposal of forming the voluntary organisation for fund raising. The purpose of this voluntary organisation was explained to them. The name of the voluntary organisation was suggested by the medical social workers as the Society of Friends of the Sassoon Hospitals, Pune. The primary aim of forming the Society of Friends of Sassoon Hospitals was to supplement the government efforts for better treatment to poor and needy patients and not duplicate. Eg. If a poor patient underwent a major surgery, he was prescribed costly medicines for his speedy recovery. Because of his poor financial status, he could not afford the same. The govt. did not have provision to give the medicines free of cost. Here the SOFOSH helped the patients. The SOFOSH also helped the handicap poor patients with calipers, crutches and wheel chairs, tricycles etc. The necessary govt. permission was obtained by the medical social workers to allow the SOFOSH to work with the medical social workers in the
hospital premises. All the work of SOFOSH was carried out by the medical social workers with the help of one clerk appointed by SOFOSH. The clerk worked under the supervision and guidance of the medical social workers. The govt. had permitted to have the SOFOSH office in the Medical Social Service department. It became easy for the medical social workers to collect the donations and arrange charity shows for fund raising. The SOFOSH was registered under the Societies’ Registration Act and Public Trust Act. This was how the SOFOSH started functioning. Every month, the SOFOSH kept certain amount at the disposal of the medical social workers and the Society clerk maintained the details of expenditure.

There was a need of orthopaedic workshop under the dept. of orthopaedics. But since govt. did not have sufficient funds, it could not be established. However with the help of the head of the department of orthopaedics; Dr. Tatke, the medical social workers put up a proposal jointly to govt. to sanction the orthopaedic workshop. In the meantime the SOFOSH took the responsibility of spending the recurring expenditure on payment of orthopaedic technician, cobbler, carpenter, who worked under the guidance and supervision of government occupational therapist and physiotherapist. The medical social worker started utilizing the govt. poor fund for sanctioning the orthopedic

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appliances to poor patients. This activity which was started under the name of SOFOSH, proved to be very useful and successful.

The medical social worker started a library for the patients who were in the wards for a long time for treatment. Initially Mrs. Radhabai Apte donated Rs. 1000/- in loving memory of her mother Mrs. Savitribai Omkar, for purchasing books. The library was named as ‘Savitri Vachanalaya’. Many books and magazines were collected from various people by way of appeal. Then part-time librarian was appointed by SOFOSH who used to distribute books to indoor patients, she also worked as a teacher in the pediatric ward. She helped long-term patients in the children ward with their interrupted studies. The part-time craft-teacher who was on the establishment of the social service dept. helped the indoor patients by teaching them various crafts such as plastic and cane bags, paper flowers, embroidery etc. The govt. had no provision to purchase the raw material for this activity. Hence the SOFOSH helped in buying this material. The money collected out of the sale of these articles was reinvested in buying the raw material and part of the money was paid to the patients who prepared these articles.

Mrs. Leelabai Merchant, vice chairman of SOFOSH was initially the corporator in the Pune Municipal Corporation and later on she was the member of the Legislative Assembly in the govt. of Maharashtra. She
was a great help to the medical social workers. Her active help was of
great value to the hospital. With her recommendation, the Pune
Municipal Corporation donated an electro-plating machine to the
orthopedic department of the hospital. The recurring expenditure was
done by the SOFOSH.

There was shortage of x-ray plates in the hospital. So the Dean and the
radiologist consulted the social workers whether they could help buying
the x-ray plates through SOFOSH. The SOFOSH committee approved
this proposal and hence this activity was started. It went on smoothly till
the govt. quota was available.

There was a need of tea trolleys on each floor of the hospital. This was
mainly for the relatives who had to look after their seriously ill patients
in the wards for 24 hours. A proposal was made by the social workers to
the Director, Medical Education and Research, Bombay with the
recommendations of the Dean. It was sanctioned and then it was started
under the name of SOFOSH. Shri Charudatta Sarpotdar, who had
thorough knowledge and experience in this field, was a great help in
starting this trolley canteen.

All these activities went on very well. The Social Service Department
truly became famous and useful in the hospital. Because of SOFOSH,
the image of Sassoon Hospital was certainly improved. The entry of the N.G.O. in a government setting was a new concept. It was the first of its kind and was highly appreciated by govt. authorities. The medical social worker could work efficiently only because of the valuable help and cooperation of the members of the SOFOSH. They never created problems for the social workers. The SOFOSH committee had full faith in the medical social workers. The Deans also had full faith in the medical social workers.

Mrs. Sumantai Kirloskar gave financial help for the establishment of voluntary blood donors section in blood bank of Sassoon General Hospitals, Pune.

Lastly, Mrs. Jayashribai Vaidya, Chairman deserves the credit for efficient working of the medical social workers. Whenever they needed help, she made everything available including transport from Swastik Rubber Factory. In case of difficult situations, all the SOFOSH committee stood firmly by the medical social workers.

Shreevatsa

‘Shreevatsa’ means children of God. This was started on the 6th of October 1973 with the help of SOFOSH. In fact ‘Shreevatsa’ was one of the activities of SOFOSH. The problem of lodger babies was handled by
the medical social workers since 1961. The police brought these newly
born babies from roads, gardens, railway stations, dust bins, hospital
O.P.D. They were kept in the children ward along with the sick babies.
The nursing staff who was already overworked, did not have time to
care for these lodger babies. As a result, the mortality rate was high. The
medical social workers being govt. servants had no authority to arrange
for their further rehabilitation. They were only supposed to produce
these babies before the Juvenile Court and wait for their transfer to
Babies’ Homes till the vacancy would be available. Until such time,
these babies remained in the hospital’s children ward, uncared for. The
Babies’ Homes were already overcrowded. In these circumstances, very
few babies survived. It was painful to see their mortality rate.

Since the SOFOSH was already in existence, the medical social workers
thought of the rehabilitation of these babies by way of adoption through
SOFOSH, which was a voluntary organisation. The SOFOSH committee
gave green signal to this proposal. The medical social workers requested
the Dean to give a separate place in children’s ward to keep these
babies. The Dean also generously gave a separate place in the children
ward. Mrs. Deepika Maharahsingh, a voluntary social worker came
forward to help the medical social workers to establish this section. All
the initial expenditure for the establishment of this section was done by
her through donations she collected. This section was named as
‘Shreevatsa’. This name was suggested by Mrs. Sindhutai Joshi of Kamayani.

Mrs. Deepika Maharaj Singh is actively involved in Shreevatsa since then till date. She developed the adoption program.

Al-Italia Air Crash

Al-Italia Airways plane crashed on Pemgiri hills in Junnar Taluka, Dist. Pune in 1970. There were about 120 German passengers on the plane. It was rainy season and was very difficult to get the dead bodies from the hills. However Sassoon Hospital being the only Govt. hospital in the reach, the responsibility of making arrangements to recover the bodies came to the hospital. The then Dean entrusted this responsibility upon me being the Medical Social Worker.

I went to Junnar. The rain had stopped. The bodies were spread all over the hills. All the bodies were totally burnt and could not have been identified. We recovered all the 120 bodies and brought them to the mortuary of Sassoon Hospital. I personally made arrangements to get 120 coffins and contacted the German Embassy. Al-Italia made arrangements to bring the relatives from Germany to Poona. It was a pathetic scene. The bodies had become like black wood and could not be
identified. But were covered and made to rest in coffins with preservatives. All the bodies were sent to Germany for cremation.

The Dean was extremely satisfied with my job and also were the relatives of the dead and the people from the German Embassy were very grateful.

In official capacity, social workers cannot claim that this is not social work.

**C.I.P. Fellowship in U.S.A. (1965) for 4 months**

Cleveland International Program was an exchange program meant only for social workers and youth leaders. I had applied for this program with a view to study the Western social work. I was called for interview. There were two interviews before selection. The first one was in Bombay before the local committee. The committee in the first interview selected me. The interview was very tough. The second and final interview was before Dr. Ollendorf who was the chief organizer of this program in U.S.A. I was the only one from Pune who was selected.

Prior to this selection, I was also selected for W.H.O. scholarship in the U.K. which was for two years in London. The interview for this was in Delhi. I was the only social worker who was selected. The program in
the U.S. was to begin in April and would end in August. I was allowed to select only one program and hence I opted for the U.S.A. program. I did not want to be away from my job for two years since I had just established the Medical Social Service Department at Sassoon General Hospital, Pune. I did not want it to be disturbed by my long absence.

I was all prepared for the U.S.A. program. In the first week of April, the Dean received a letter from the Govt. of India, New Delhi stating that I should not be allowed to participate in the program. The Dean was surprised as the Govt. of India was not concerned with my participation in the program. I was a state Govt. employee. But the Dean (Dr. F. J. Mendonca) took a great risk and allowed me to go. He only took a promise from me that I would not stay there and would come back as soon as the program was over.

Before leaving for U.S.A., we had a week's refresher course in New Delhi. Since I was in Delhi, I requested Dr. Shridharan to make an inquiry in the Govt. of India's office as to why such a letter was sent. But Dr. Shridharan advised me to fly away and then he promised that he would later inquire into the matter. So I flew on the scheduled date. Later on I came to know that some Union Minister's son was on the waiting list of this program, if anybody dropped out, he would get the chance. In the selected participants, I was the only Govt. employee and
hence this trick was done. But only because of the kindness of my Dean, I could finally participate in this program.

The participants from all over the world gathered in New York. We were in New York for two days. Then all the participants were taken to Cleveland where we stayed for three days in camp. From Cleveland camp, host families received the participants where we were to stay for 3 weeks. Everyday we had lectures on U.S. economy, various trades etc. from the experts and visits to different institutions and important places were arranged in the afternoons. The lectures used to be held in a hall in Down Town. I used to stay with Mr. & Mrs. Christensen in the suburb of Cleveland. Everyday I required to travel by bus and train to reach the venue of the lectures. I enjoyed my stay with this family. One long weekend they took me to Niagara Falls. I had seen in picture. So I was quite curious about it. We were given 20 $ per week for our expenses. Lodging and boarding was free. I was to participate in San Francisco program. So after the 3 weeks' program in Cleveland was over, a group of 11 participants was sent to San Francisco. On our way, we visited Washington D.C., Arizona Grand Canyons. Each place was worth seeing.

At San Francisco, my host family was Mr. & Mrs. Coleman. Mrs. Coleman was a social worker and she was doing private practice. She
had her own office in the city. In San Francisco as well we used to have lectures in the morning session and visits in the afternoons. While my stay with the Coleman family, I observed that most of the household work was done by Mr. Coleman. I found it a bit embarrassing as in India, we never come across men doing the household work. So I volunteered myself to his work. He was very happy. After 3 weeks I joined Kaiser Rehabilitation Center for work. Here I stayed till the end of the program. During my stay at San Francisco, I visited one nightclub. I had heard a lot about nightclubs and Chinatown. So I wanted to see these places. Mr. & Mrs. Coleman took me to see these places. I was disgusted to see the atmosphere in the nightclub and to see the topless dancing girls.

Mr. & Mrs. Coleman had come to Vallejo to leave me at the Kaiser Rehabilitation Center. Here I was going to be alone. Till then I stayed with families at Cleveland and San Francisco. I was in tears when Mr. & Mrs. Coleman left me at Vallejo. My routine was to start next day i.e. on Monday. I was given a room in the dormitory. I could not sleep that night. The sun used to set at 11-00 P.M. I became homesick and wondered how I was going to pass the remaining 3 months which seemed to be a very long period to me.
This rehabilitation center was for spinal cord injuries patients and also it provided the advance training to physiotherapists and occupational therapists from all over the world. It was a six months' advanced course. Here I met all these therapists from all over the world. We all stayed in dormitory. I was the only social worker from India. Next day, in the morning I met my supervisor, Mrs. Hazel Studdard who was quite senior and was in her late fifties. In the beginning I was rather afraid of her. But later on, I found her to be very loving. She lived at Berkley, 40 km. from Vallejo. She used to drive this distance everyday. We became very good friends.

Since this center was for spinal cord injuries patients; men and women; all were physically handicaps. They were either paraplegics or quadriplegics. The rehabilitation program was for 6 weeks. At the end of the sixth week, they were taught to be independent with the wheel chair, calipers and crutches. They were taught to put on the clothes, transfer from bed to wheelchair and from wheel chair to bed. They were taught to hold the spoon in hand and also to eat. For teaching them to become independent, various gadgets were prepared to suit their need. There was a special nurse for bowel and bladder training. Each patient had his day's timetable of different exercises. Most of the time they were kept in the gym for physiotherapy. Once they were out of bed in the morning; they were allowed to go to bed only after evening meals. Every week

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there used to be a conference where the doctors, nurses, physiotherapists, occupational therapists, vocational guidance person and social worker remained present. Each one had to give the progress report of the patient. All these patients were permanent handicaps due to spinal cord injury. Majority of them were car accident cases. They were young. They needed moral support. So I was working on counseling which was very important for them as regards their cooperation in the rehabilitation program was concerned. These young patients responded very well to my counseling and the entire team was happy with my work. The doctors wanted me to work there permanently and they were pressing me to accept their offer. But I was very firm in wanting to work for the poor people of my country. Secondly, I had promised my Dean that I would definitely come back after the program was over. So I did not accept the offer. I found that the practice of social work in the west was different than it was in our country.

In the U.S. medical Insurance Scheme covers all the citizens. So the question of medical expenses does not arise. The social worker’s job also was to find out patient’s details and inform that particular division to pay for his treatment. There were compartments in the field of social work, e.g. if the patient had only family problems, he had to go to the Family Welfare Agency where his problem would be dealt with. If he had psychiatric problems besides medical problems; he would be sent to
psychiatric social worker; because she was supposed to deal with the problem. I did not find out that any follow-up work was done by the social worker.

There were four hospitals run by Kaiser in California district. The authorities had arranged my lectures in all these hospitals regarding Indian social work. I told them that we had to work in a very difficult situation. We had no funds to help the poor patients. So the social worker had to collect funds also. There was no compartmentalisation in Indian social work. A single social worker deals with an array of problems of a single patient. Once the patient sees the social worker for a certain problem, the social worker goes deep into his history and deals with all the problems connected to his illness. She had to work with his family members, the persons under whom he was working and thus she tried to help him from all angles.

The social problems were also different in western countries as compared to the problems in India e.g. unmarried motherhood was a social stigma in India whereas it was not so there. Unmarried mothers were accepted in western countries and the children born out of wedlock were looked after by the State. When I told them about Indian social workers, they were surprised to know about the various type of work the
Indian social workers were required to do. They admired the work of Indian social workers.

On completion of the program, I came back and resumed my work at the Sassoon General Hospitals, Pune. I discussed about the rehabilitation work of paraplegics with the Head of the Dept. of Orthopedics and tried to improve in the treatment part jointly. To some extent it could be implemented but again the question of maintaining the improvement of these patients after discharge was difficult due to many practical reasons beyond control. Anyway, it was a useful experience in my life.

National Emergency 1975

National emergency was declared in 1975, which came as a bolt from the blue for every individual. The prominent political leaders including the dedicated workers of political and non-political organisations were arrested. (R.S.S., V.H.P., Bajarang Dal, Naxalites, both Communist parties, Samajwadi party etc.) These people were detained in Central Jail, Yerwada. The people from all over Maharashtra were brought to Yerwada jail. There was a strict watch on everybody’s smallest activity. Nobody was allowed to talk to one another. Even on bus, people would not open their mouths.
I being the Medical Social Worker of a Govt. hospital had to face the consequences of this emergency. These political detunes were sent to Sassoon Hospital for their medical problems. I was well known by the political leaders in Pune as I was helping the people in the hospital who were referred to me by them from time to time. So these political leaders used to see me in my office. They were the patients when they were sent to the hospital and as a Medical Social Worker it was my duty to help them with their other problems e.g. family, personal besides their illness. So I used to work as a liaison. I had a direct telephone line on my table, which belonged to SOFOSH. I was using this telephone to give the messages of these detunes to their families. When they were brought to the hospital for treatment, their family members used to visit them in my office. I was confident in my mind that I was not doing anything wrong or against the Nation. On the contrary, they used to be happy upon meeting each other. There was a strict and minute watch on my day-to-day activities. The A.C.P. used to sit in my office the whole day to keep the notes of every visitor to my office. There were confidential instructions to the A.C.P. to arrest me. But he refused on the ground that there was no reason for arrest. Since he was sitting in my office the whole day, he knew what I was doing.

During this period, I was of great help to Mrs. Indutai Kelkar, Mrs. Jaywantiben Mehta, Mrs. Pramilatai Tople, Mrs. Mrinal Gore, Mrs.
Ahilya Rangnekar, Mrs. Pramila Dandavte, Mrs. Sumatibai Suklikar from Vidarbha, Bombay and Pune. I also helped Shri Shirubhau Limaye, Shri Rambhau Mhalgi, Dr. Purnapatre from Jalgaon. All this help was in connection with treatment. Even then the Director, Medical Education and Research, Bombay had told the Dean to write adverse remarks in my confidential report. As a punishment I was transferred to Civil Hospital, Solapur in June 1976. Without grumbling, I joined as a Medical Social Worker, at the Civil Hospital, Solapur. I wanted to stay there and wanted to develop the dept. of social work.

Since my old and ailing mother was alone, I thought of taking her to Solapur. So I requested the Dean to allot me family quarters which were vacant and were in the campus of the hospital. But this facility was also refused to me. I was experiencing harassment everywhere from the department. I used to visit Pune on 2nd and 4th Saturday for my ailing mother. The Dean objected to this and issued a memo for leaving the head quarters without prior permission. I had a very hot argument with the Dean. The same day I applied for leave and without waiting for the sanction, returned to Pune by evening train. I did not go back to Solapur. I had stayed there for 4-5 months. During this period, I tried my best to organize the Department of Social Work.
Civil Hospital, Solapur (June 1976 to October 1976)

When I joined the Solapur Civil Hospital, on transfer from Sassoon Hospital, Pune as a Medical Social Worker, I was surprised to find that the social workers had no office. There were 3 medical social workers. They were doing the job of registration clerks in the O.P.D. I strongly objected to this being the senior most social worker. Dr. Rajapurkar, Dy. Director, M.E. & R., Bombay had come to Solapur Civil Hospital for visit. Previously he was the Dean at Sassoon Hospitals and knew me very well. I met him and told him about the embarrassing position of the social workers who had post graduate qualification. They had no separate office. They were asked to sit in the O.P.D. Dr. Rajapurkar spoke to the Dean and instructed him to give a separate office space to the social workers. The very day I was given separate office space and furniture. I called a meeting of all the social workers and told them not to do the job of a registration clerk. It was a mistake on their part as they themselves were not aware of their duties. I made it a practice to take rounds in the wards and picked up cases who were having problems. I asked the other social workers to accompany me on the rounds and taught them how to pick up the cases. I introduced myself to all the doctors and honoraries. I observed that the major problems were poverty and destitution. I tried to solve these problems. The doctors also were convinced that the help of the social worker was important and it played a vital role in the treatment. Initially the Dean was upset because I

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stopped the social workers from doing the job of registration clerks. He already knew that I was transferred on account of punishment. So he was prejudiced and tried to harass me. But so far as the duties of the Medical Social Workers were concerned; I made no compromise. I had hot discussions with the Dean. Ultimately, he could not force me to do the job in the O.P.D.

I used to sit in the psychiatric O.P.D. alternate day. I had observed that this O.P.D. used to be very crowded. I used to see many chronic patients from rural areas around Solapur District. Most of them had a poor financial background. In psychiatric illnesses, regular medicine is very important. Due to a break in the treatment; the patient used to relapse. The medicine was provided by the hospital free of cost. But only 3 days' medicine used to be given. These poor patients from rural areas had genuine difficulty. They would not have money for bus fare. As a result there was a break in the treatment. So I made a proposal to the Dean; requesting him to allow a month's quota of medicines to these patients. It was easier for them to come to the hospital once a month. The Dean; though he was against me; approved this proposal and gave permission to issue one month's quota of medicines for psychiatric patients. Because of this treatment was continuous and the relatives of the patients were happy.
While I was there, I had made a proposal for cold room for the mortuary. Solapur weather is very hot. Unclaimed bodies and even the M.L.C. bodies remained in the mortuary for days together. The degenerative changes used to take place. The bodies used to stink badly in the premises of the hospital. Nobody had given a thought to this until I gave a proposal to the Govt. for cold room. Two years later this proposal was accepted and approved by the Govt. and Solapur Civil Hospital got a cold room.

Central Mental Hospital, Yerwada, Pune (1976-1979)

I left Solapur Civil Hospital in 1976 and went on medical leave for four months. I had decided not to go back to Solapur. My leave had to be sanctioned as it was on medical grounds. But I was warned that no further leave of any kind including medical grounds would be granted to me. Again this was a part of harassment. Finally I sent a letter to the Director mentioning therein that either I should be transferred to any Govt. hospital in Poona or I should be permitted to take voluntary retirement. Under any circumstances I would not go back to Solapur.

I received my transfer order to Sassoon. I joined my duties as per the orders. But again within a couple of days I was transferred to Mental Hospital, Yerawada. I had no complaints. I handed over my duties at Sassoon Hospital and joined Yerawada Mental Hospital. The
Superintendent and Dy. Superintendent knew my case very well. Initially they were reluctant to allow me to join. The fact was that they were scared. They wanted me to go to Aundh Hospital. But since it was a Govt. order; they had to keep quiet. The harassment began from the first day. I was not given proper office. The social worker that was very junior to me had already acquired the original office. She was not ready to vacate the office. I did not mind. I started my work in the female section. For first 3-4 days I sat under a tree and started taking group work activities with chronic female patients. When the Superintendent saw me doing my work under the tree, probably he felt embarrassed and allotted me separate office, which was a godown. Even then I did not complain. I got it cleaned and furnished. I was happy to work in Mental Hospital, as it was a challenging job. I selected a group of 60 chronic female patients who were there for more than 10 years. I selected this group for group work activities and also for individual casework. This group was constant and regular. These female patients used to sit in my office the whole day i.e. so long as I was there in the office. They used to go to the ward only for lunch. After breakfast they used to come to me. They used to be very dirty. So I began by telling them about cleanliness. As a result they started taking bath everyday. Because our activity began with prayers; everybody had to take a bath. I told them to wash their clothes everyday so that they could put on clean clothes after their bath. The next step was to wash their hair and comb them properly.
I had kept combs and coconut oil in my office. I allowed them to use these. I also had kept a nail cutter in the office. Once a month I myself used to cut their nails. After prayers, I used to read religious books to them. The whole group seemed to be very happy and cheerful. My efforts were to make their stay in mental hospital cheerful. My group work activity went on very well. I observed that there was a remarkable change in the behavior of these patients. With my meditation activity they had calmed down and were showing normal behavior. Then I thought of taking individual cases for rehabilitation. I went deeply into their cases by way of counseling, writing letters to their relatives, paying home visits etc. The case file had become so old that the required information such as the home address was torn. I had to find out from the old admission register. The relatives were not in touch with the patients. They had forgotten their existence in the family. When I tried to contact them, they were reluctant to cooperate as they thought that the patients would be sent home. They did not want to go through the previous painful experience when the patient tortured them at home. In some cases I had to do a lot of work with the patients. The relatives could not believe that the patient had improved. But I convinced them and assured that I was with them. They should only give the patient one chance to stay at home. If anything would have gone wrong I would have immediately taken the patient back to the hospital. They listened to me. In this way, I could send nearly 6-7 chronic patients home after their
stay in mental hospital for nearly 20-25 years. These patients did not come back.

Then I had made it a practice to accompany the discharged patients to their homes with a view to prepare the relatives to accept the patient and also guide them as to how they should manage the patient. I was very satisfied with my work in mental hospital. The patients also were happy. The mental hospital had a bus. So, once in a while I used to take about 40-45 patients for outing. They used to be so happy that they used to enjoy that mood for further 2-3 months. I was to retire in July 1985. So I wanted to work in mental hospital till my retirement. The emergency was lifted. The Janata Party Govt. came into power in the state as well as in the center. Mrs. Pramilatai Tople became the health minister in State Govt. Six months after she became minister; she remembered me as I had helped her during emergency when she was a deteneue in Yerwada Jail. She realized that because of them I was transferred to Solapur Civil Hospital from Sassoon Hospital as a punishment. However I had completed 3 years in mental hospital. One fine morning she called up the Superintendent and ordered him to relieve me immediately to join at Sassoon Hospitals on my original post. The Superintendent called me in his office and gave me the minister’s message. I requested him to relieve me after a week as I had promised some patients to accompany them to their homes. I went with these
patients all over Maharashtra. My visits were very useful from the point of view of the patient. The Superintendent agreed to relieve me after one week. But two days later, again the Minister called up the Superintendent asking him why he did not relieve me immediately. So the Superintendent had to relieve me immediately. I went back to Sassoon Hospital to my original post and remained there till my retirement in July 1965.

Kondhawa Leprosy Hospital (1981)

There was no social worker at Kondhawa Leprosy Hospital. Dr. Bandarwala requested me if I could spare Saturday half day and Sunday full day for these leprosy patients. He would make arrangements for my to and fro journey to Kondhwa on both the days. I agreed and started going to Kondhwa on both these days.

The condition of these patients was very pathetic. There were old male and female patients who were totally discarded by their relatives. These patients were longing to meet their relatives. Some patients had problems of their land and property. Few had problems with job.

Besides their personal problems, which I tried my best to solve, I did counseling and gave them emotional support. There was nobody to whom they could express their feelings. There were young girls and
boys who were leprosy patients. They were totally broken and were in need of counseling. With my efforts, I could rehabilitate young patients to some extent. I was also able to solve the problems of agricultural land of some patients by approaching the Mamlatdar and Collector. I found these authorities very cooperative. They helped me in the matter of land and property. The approach was very important.

For aged patients I used to arrange some kind of entertainment program on every Sunday, like Bhajan, Kirtan, musical programs. I also used to read religious books for them. So they used to eagerly look forward to my visit on Saturdays and Sundays. I did this work for nearly two years. Then they appointed a full time social worker and I stopped my visits. But the patients remembered me for ever.

**Thermax Ltd., Chinchwad (1982 till date)**

While I was at the Sassoon Hospital, the Divisional Manager, Industrial Relations of Thermax approached me and requested me to join Thermax as a welfare officer. They did not have anybody to look after the welfare of their employees. They requested me to take voluntary retirement and join them full time. But I wanted to complete my tenure in Govt. service and after retirement I did not want to work full time. So I suggested to them to take somebody as a regular employee and I would work as a consultant. They agreed with me. From 1982 to 1985 July, I used to visit
Thermax every Saturday and Sunday. After my retirement from Govt. service, I started visiting the company three days a week for half day. The full time welfare office was also appointed in consultation with me.

My main job was counseling. I also handled the problems of absenteeism, guidance as regards medical problems, family problems such as marital discord, problems of extra marital relations, alcoholism, problems of workers who had mentally retarded child. I worked as a liaison between the management and the workers. My attitude always remained impartial. As a result I was always supported by both; the management and the workers’ union. I paid hospital and home visits. By my work I gained confidence of the management and the workers. I have always been treated with respect from the management and the workers. Age is no bar in my case. As long as I can work, the management and workers want me to come to the company. I played a major role in the formation of Thermax Employees’ Medical Trust and remained the advisor to the Trust. The main intention to form this trust is to help the workers and their families for major illnesses and surgical treatment. 80% of the medical expenses are paid by the trust and the individual pays 20%.
Muktangan De-addiction Center (1987 to 1989)

From the very first day of Muktangan, I was working there for 3 days a week. Dr. Mrs. Avachat wanted me to guide the patients in the initial stage of Muktangan. I was free for 3 alternate days, so I accepted this assignment. This center was in the campus of Yerwada Mental Hospital. From my house it was at the other end. But still I accepted.

In the beginning, there were few patients and most of them were very young brown sugar addicts. It was pathetic to see these young addicts and the sad state of mind of parents. These boys were from outside Pune. I found these boys very loving. Being a motherly figure, they used to love me and listen to my counseling. I also used to arrange some entertainment programs for them besides counseling. They used to wait for me eagerly on my day of visit. I had very high hopes about their future. After their discharge, they used to go home with firm determination. But I saw them getting admitted again and again. In the beginning there were mainly brown sugar addicts. As compared to them, alcoholics were less in number. I observed that though they wanted to stay away, they could not control themselves as it was so much absorbed in their blood, their body demanded it. I saw them in severe agony for want of brown sugar.
I worked there for two years and tried my best. But I got frustrated to see these young boys getting admitted again and again. It was difficult for me to tolerate and hence I decided to stop going there.

**Sanjeevan Hospital (1993 to 1995)**

Dnyanaprabodhini Medical Trust runs this hospital. It is attached to Dhondumama Homeopathic College. The medical students of this college use this hospital for their practical training.

This hospital has no charitable beds. The patients have to pay for their treatment. Those patients who are very poor and can not afford are referred to Sassoon Hospital for further treatment.

The hospital did not have medical social worker. The Medical Director felt a need for a social worker. He asked me whether I would be willing to set up the Department of Social Work there. I was free for 3 days a week and hence I accepted this task. I was working there in honorary capacity. I used to take only conveyance charges. I already knew all the doctors who were visiting the hospital as they were all from B.J.M.C.

I set up the Department of social work and trained students of Social Work from Bharati Vidyapeeth. I mainly worked with psychiatric patients from the O.P.D. and also handled the problems of discharge of
problematic cases. I also handled the cases of AIDS worked with their families. I handled cases of suicidal attempts. After two years, I requested the Director to appoint a full time medical social worker who was trained by me during her training at Bharati Vidyapeeth. On my recommendations, she was appointed there. Then I stopped going.

Seva Sadan Society's Dilasa Karyashala for Mentally Retarded Adults (1997 till date)

Dilasa School and Karyashala were together and were managed by one person. Due to some conflict, the society decided to separate the karyashala from the school. Ultimately karyashala was separated. But they did not have anybody to look after the administration part. The teachers were there and also the clerks. They were looking for an experienced person. I was requested by the Managing Committee to look after the administrative work of the karyashala. I could spare two days a week and hence I accepted.

The karyashala has been shifted to its separate place in the building of Seva Sadan English Medium School since last 4 years. The full time manager has been appointed. I still go there and advise the manager in the administrative work. Besides this, I talk to the parents, help the teachers in managing the severe group, collect donations and do the marketing of the products of the karyashala.
I was invited by this institution to give practical training to the students of course on counseling. I used to go there only once a week for full day as I was not able to spare more than one day.

My visits were very regular on my days. But I found that one day was not sufficient as these psychiatric cases needed follow up and help more often. Once the rapport was established with the relatives and patients, they insisted upon seeing me only.

During my visits, I looked after the day care center, paid home visits and also made visits to the patient’s work place. I also handled the rehabilitation part. After one year, I found that I was not doing justice to the patients by visiting only once a week. So I dropped my visits.

**Class III & Class IV Government Servant’s Strike**

Year 1973 became famous for the historical strike of Class III and Class IV Maharashtra Government Servants' strike, which lasted for 33 days. This was the longest period of strike in the history of Government Servants' agitation for their legitimate demands. The demands were genuine but the Government was not willing to accept any one of them nor was willing to negotiate. Late Shri Vasantdada Patil was the Chief Minister at that time. He was totally against the Government Servants' strike. He wanted to take
strict disciplinary action against those who had participated in the strike. But he could not do so as the strike was hundred percent successful. He could not take action against anybody. Many political leaders of the ruling party as well as of the opposition made efforts to convince the Chief Minister. But he was not willing to listen to anybody. He was firm in his decision. The Government servants also were firm in their decision to continue the strike till they got the positive response from Government.

The Medical Social Workers' were in Class 111 category. Though ethically it was not proper for the Social Worker (Researcher) to go on strike, but on Principal, being Class III, we could not remain out of the strike. On the contrary I had to take the leading role in the strike. My office was locked. I was aware that so many poor and needy patients who required my help had to suffer, as I was not available. In the heart of my heart I was feeling guilty. But I was helpless. I was compelled to go along with others. Not only I joined with others but, I took active part in all the activities during the strike. Initially it was thought that the strike would not continue for a long time. But because of the obstinate attitude of Government, it went on for more than expected. The hospital did suffer a lot because of the Nursing Staff and Class IV servants joining the strike. The Hospital was totally paralyzed. The month was over. There was no payment for anybody. Somehow the Class III servants could manage but the class IV servants were in dire need of money. Because of the money problem, there was a
fear of breaking the strike. The Government was waiting for this situation. Then for Class IV servants, I took lead and collected money on loan from the honorary doctors and Mr. Atur Sanghani. They without questioning me gave me the required amount. Since I had taken this amount on loan, it was my responsibility to repay it. They had faith in me. So without any hesitation, they gave me the required amount. I distributed this amount amongst Class IV servants. I had also collected Food grains such as Rice, Wheat and Jawar from wholesale merchants whom I knew very well. They very generously donated the food grains, which also was distributed amongst Class IV servants. They were very happy. Their month's problem was solved and hence they wholeheartedly supported the strike. Now we were ready to continue the strike for another month. One month was already over.

Finally the Government could not afford to continue the strike endlessly. They came forward for negotiations. The condition was that the strike should be called off first and then the negotiations. But the Government servants did not agree to this proposal. They had no faith in Government. Moreover we had made all provisions to continue the strike for a further period of one month. At last the government negotiated with the leaders of the strike. A point of agreement was reached on revision of pay scales, dearness allowance increase as per the Central Government and no disciplinary action would be taken against the Government servants who

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participated in the strike. Then the strike was called off and all the servants joined the duties after the 33 days long strike. The opposite political leaders supported our strike very strongly.

As promised, I recovered the amount, which was given on loan to Class IV servants from their pay, and I repaid the entire loan. Mr. Atur Sangtani gave me special compliments for returning the loan, which he never expected.

Had I been in Class II cadre, I would never have joined the strike. But till today the Social Workers (Researcher) who have postgraduate qualifications, are in Class III cadre. Contrary to this, the Physiotherapists and occupational therapists are promoted to Class II because of the efforts taken by the Head of the Department of Orthopedics. In spite of making proposal to upgrade the posts of Social Workers (Researcher) to Class II, Government has not taken any cognizance of the proposal. The various schools of Social Work have also pursued the matter seriously, but to no effect.

**Conclusion**

The proposal for the upgradation of the posts of M.S.W. was made as soon as I joined as M.S.W. in 1961. Then Dean Dr. F. J. Mendonca was of the opinion that the posts of M.S.W. should be upgraded to Gazetted posts
(Class II) from Class III. He had very strongly recommended the proposal. He had the vision and the thorough knowledge about the importance of the Medical Social Worker. He was aware about the duties of the Medical Social Workers. Hence he wholeheartedly appreciated and supported the Medical Social Workers. As long as he was the Dean of the Hospital, the Medical Social Workers could work very efficiently. As a result, the Medical Social Service Department became one of the best Departments in Sassoon Hospitals, Pune. It helped to improve the image of the Hospital.

The carpenter and the Ambulance Drivers who had not even the minimum educational qualification were on Class HI establishment. But the Social Workers who had post-graduate qualifications also were on Class HI establishment along with the others. Likewise a junior clerk who required the minimum qualification i.e. matriculation was in Class HI. This ironical situation was brought to the notice of Government. But the I.A.S. officers who had occupied high positions also did not take this situation seriously and never tried to remove the discrepancy. Because of this situation the Medical Social Workers had to participate in Class HI and Class IV Government servants' strike, much against their wish. They could not isolate themselves from others. The Hospital services obviously fell in the category of essential services. But in spite of this, the entire Nursing Staff and the Class IV servants participated in the strike.

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During this period one of my orphan child Droupadi was kidnapped from Shreevatsa. But for the sake of this child, I did everything to search her from outside. Ultimately she was found on the railway station. She was brought back to Shreevatsa and was sent to Sweden the next day.

Till today there is no change in the position of Social Worker (Researcher). They are still in Class III cadre. As contrary to this, our colleagues who are working in the Social Welfare Department are promoted to even Class I posts by giving M.P.S.C. examinations. But the Social Worker who works in the Hospital has no facility of appearing for M.P.S.C. examination. As a result they remain in Class III till their retirement.
Case No. 23
Name Baby Gaikwad
Age 4 months
Sex Female
Setting Extension of Industrial setting.
Type of client Voluntary
Address Chinchwad, Pune
Approximate date of admission
Medical problem heart disease - congenital
Referral: The case was referred by the baby's uncle

Social Work
Shri Gaikwad requested me to see his niece who was 1 and a half month old. She had difficulty in sucking milk. She used to become breathless. As a result, the intake was very low and she was not gaining weight. When I saw her at her house, she was weighing only 1½ Kg. After seeing her I could immediately understand that there was a heart problem. So I referred her to Dr. Inamdar for proper diagnosis and treatment. I personally talked to Dr. Inamdar and also told him about Shri Gaikwad's financial status.

He suggested about Jeev Daya Yojana of Govt. of Maharashtra. This was for people under poverty line in need of expensive treatment. He
advised to collect some documents. The father of the baby fulfilled all the requirements. The surgeon was hesitating to take up the baby for surgery because of baby’s low weight and high risk in surgery.

Finally with the approval of the paediatrician, the baby was operated. I had a long discussion with the surgeon. I felt that he was worried about his reputation. He did not seem to be confident about his surgery on such a small baby. Since this Jeev Daya Yojana was applicable to his hospital only, it was inevitable for the baby’s father to get the surgery done in his hospital. The father could not afford expensive treatment elsewhere.

Fortunately, the operation was successful and the baby went home.
Social Work Intervention

Sanjeev was a Trainee Engineer. He was selected from the campus interview. It was obvious that he was a good student. When his case was referred to me, his training period was almost over. Usually, these Trainee Engineers were absorbed in service after the training period was over. The reports from their bosses also were taken into consideration at the time of confirmation.

I was told by the manager, H.R. that his work report were his work report were not satisfactory. During my first interview with Sanjeev, he had lot to say. But he was in a hurry to catch a train to Sagar (M.P.) His father also had accompanied him. He knew that he was not to be
continued in service and hence he was all ready to leave Thermax with his bag and baggage. Since he was in a hurry, it was not possible for me to talk to him in details. However I told him to come back from Sagar as soon as Diwali was over. The father was not willing to send him back. But Sanjeev was interested in Thermax job. In the mean time I approached the Manager, H.R. and requested him to extend Sanjeev's training period by one year during which time I would get sufficient time for his counseling. The Manager agreed and his training period was extended by one year. Sanjeev came back after Diwali and met me.

During the interview, he told that he was posted at Sai Chambers. There his manager used to be on constant tour. No other person would give him any work. So he had no work. He used to read books. This was reported to the manager, H.R. In fact it was not his fault. The trainee engineers were supposed to get trained from their bosses. But neither he was given any work nor the training.

He was sharing the room with other 2 trainee engineers from Thermax. One of them reported that Sanjeev was not sleeping properly and his behaviour was not normal. These things were told to me by the manager H. R. as confidential. He used to see me regularly on all my visit days. He used to come to see me from Sai Chambers. There he was not wanted in any department in the Factory. His being in the Factory was
convenient to both of us. Accordingly he was brought in the Factory. But he was given the work of filing the papers. Anyway he was doing the work. But he was not happy. Naturally, a trainee engineer who was expert in technical job was asked to the work of a clerk. With my continuous counseling, he was doing the work which was given to him. When I asked him about his problem of sleeplessness, he told me that his room mate had borrowed Rs.1000/- from him and was not returning. He used to drink, smoke which Sanjeev did not like. So that roommate gave adverse report of his behaviour to the manager. I did not find him abnormal. Even then I referred him to the Psychiatrist for his sleeplessness. It was because of the behaviour of his room partner. The accommodation was arranged by the Factory. I requested the company to change his residence which was done. Then all problems were solved. The Psychiatrist also certified that there was nothing wrong with him.

I gave my detailed report to the Manager, H.R. On the basis of my report, he was confirmed after the extension of training period was over. He was sent outside as a site engineer where he proved himself very honest, hard working and efficient.
Case No. 44
Name Sharada
Age 14
Sex Female
Address Rasta Peth, Pune
Diagnosis T.B. Spine
Problem Continuity in taking treatment
Referral The patient's elder sister approached the Social Worker.

Social Work

The patient's mother was working as a domestic servant. She was widow and the only support of the family. The family was consisting of only 3 members – 2 daughters and the mother. The elder daughter was helping the mother in her work during morning time and then she was attending the school in the afternoon. She was studying in 10th standard. The younger sister had to discontinue studies due to her illness of prolonged duration. She was advised complete bed rest, with anti-T.B. treatment. She was getting the medicines free of cost from the Hospital. But the sister was finding it difficult to go to the Hospital, stand in the line for the doctor's signature on the case paper and then another line for getting the medicine. As a result, she had to miss the school. She was in 10th and she could not afford to miss the school. So she wanted the
solution to this problem from the Social Worker. I had to go out of the way to help her. I kept the case paper with me and requested the doctor to give one month’s medicines each time. It was sanctioned. I used to get the medicine and keep with me in my office. The patient’s sister used to collect the medicine from me at her convenience. She was very happy as she did not have to miss the school. The total treatment was for 1.1/2 years. I helped her till the treatment was completed. She passed S.S.C. with good marks. The patient cured totally and was allowed to move. Then she also joined the school.

Then the case was closed as no further follow-up was necessary.
## Chart - II
### Systems Analysis

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<th>Systems→ Goals</th>
<th>Micro</th>
<th>Mezzo</th>
<th>Macro</th>
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| **Prevention** | Reduce vulnerability  
Focus on all stages of human development  
Focus on all identified vulnerable areas  
Promote social education and awareness | Make effective use of all settings create new need based agencies with voluntary cooperation (SOFOSH) with multi pronged approach  
Activate police to identify the vulnerable | Influence policy decisions to seal legal loopholes  
1 legal loopholes  
2 check corrupt practices  
Bring about structural changes in social institutions to correct unfair treatment to the vulnerable |
| **Treatment** | One to one counselling services  
Ensure minimum survival needs  
Ensure protection against forced stereotype practices  
Ensure Human rights  
Increase assertiveness, provide crisis intervention in emotional breakdown, victimisation by antisocial elements, health Problems  
Reduce vulnerability of second generation  
Introduce innovation, accommodation & encourage acceptance by clients | Mobilise existing Government and community resource systems. e.g. legal aid, old age insurance, pension, small savings etc  
Promote day care services. | Remind concerned Govt. agencies to be flexible to the needs of the sick & Insist on correct steps by making concerned officers personally responsible |
| **Rehabilitation** | Prevent relapse and recurrence by follow-up  
Encourage assimilation in normal community  
Train peer educator community workers  
Promote health literacy and health as value  
Work close to rehabilitation agencies | Evolve special extension/education programmes to suit client needs  
Functional knowledge /information on health and legal awareness, money management by NGO | Combine regulation with abolitionist approach to make law reality oriented |
| **Development** | Client education programmes through continuing and adult education programmes of Universities | Encourage case conferences of trained social workers in all settings | Promote knowledge and skill update of social workers |

Adapted from Dr. Leena Mahta's unpublished Ph.D. Dissertation, MS University Baroda, 2000.