24th August 2017, 11:00 to 1 pm

Panel 3: **The Urban Question and the North-East**

(Discussant: Bharat Bhushan, **Chair:** Sabyasachi Basu Ray Chaudhury**)**

Social Imaginaries and Medical Dystopia: 'Health Migrations and Care-givers' in Kolkata City from Mizoram

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The paper attempts to glean, and construe the trends of 'heath migrations' in Kolkata City from Mizoram one of the eight states of North East of India. [1] The bulk of the concerns that propels this investigation revolve around: What are the social imaginaries of health at play? What is the mark left by the colonial experience in this construction and perception of health, medicalization, sanitation and well-being? Why do people move at the first place and what compels them to move and become health migrators? What are the marked signposts in health migrations? What and which group resort to such practices for treatment to become 'health migrants' and does such mobility cut across gender? Is the trend in health seeking behaviour on the rise? What are the specializations and health problems that attract such movements? What is the effect of media and advertisement on the same? What are the finance implications of such movement of people? Does it entail out of pocket expenses or health investment/ medical insurances or both? How have the trends in health migrations affectedly transformed the spaces in terms of logistics/infrastructure and civic amenities etc., where such facilities/expertise are located? How has the disparate local community in such 'lived' health towns/ health cities/ health "villages" (for instance Mukundapur in Kolkata) and also the flow of myriad hues of associated people with health practices and support systems negotiated their role/spaces within the same? What is the nature of the economics at play in such health townships (service towns/cities/spaces) and its relation to health trends and practices? Also the

[1]North Eastern India comprising the eight states Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura has a population of 39.04 million. Among these eight States four States, specifically Mizoram, Nagaland, Meghalaya, and Arunachal Pradesh, have tribal population in majority. The region had a literacy rate of 65.77 percent as against the all India average of 65.2 percent. National Committee on the Development of Backward Areas commissioned by Planning Commission in 1981 has identified three types of fundamental backwardness in the region viz. areas of tribal concentration, hill areas and chronically flood affected areas.

discussion attempts to unweave the strange case of amorphous 'care-givers' ('trained nurses') flowing into now the 'city of health(Kolkata)'[2] from the fringe backward (therefore unhealthy/unclean) spaces of North East of India[3], lived spaces which have been listed as lacking in medical facilities. This marks an interesting paradox. These laminous transformations neatly arranges the spaces into binary zones of 'health givers/providers' and 'care givers/providers'. By connecting various sources and traversing across methodological divides the paper attempts to bring to the fore not just inter-state health migration practices in the regions but also the practice of 'crossing over' the international borders and negotiating the border spaces in seeking 'good health' and the medical dystopia in operation.

[2] This imaginary of Kolkata (Calcutta) as a 'Health City' runs strongly against the taken for 'lived reality'/ 'lived social imaginaries' of Bengal as a febrile land. The Mughals disliked the posting to the fever-infested Subah Bangla as mentioned repeatedly in Akbarnama. *See*, Eaton, Richard M. (1993). *The Rise of Islam in the Bengal Frontier, 1204-1760*. Berkeley: University of California Press; Mukharji, Projit Bihari. In-Disciplining Jwarasur: The Folk/Classical Divide and Transmateriality of Fevers in Colonial Bengal. *The Indian Economic and Social History Review*. 50, 3 (2013): 261-288

[3] Traditionally in South Asia mountainous regions have been classed as 'healthy', sites for recuperation, revitalising the senses etc., contrary to the traditional age-old, as well as 'colonial' social imaginaries towards the 'mountains' run the contemporary projection of the North East of India(which has good number of high elevations and hilly terrains) as spaces entangled in sickness and therefore unhealthy. It is also to be noted that the 'Colonial' social imaginaries in respect to the North East spaces ran in disparate directions and few writing do project 'these spaces' as infested with sickness, swampy, malaria, and therefore to be tamed/disciplined, civilized, and cleansed into habitable spaces. (ASC)