Fullpaper
Sixth Critical Studies Conference
Refugees, Migrants, Violence and the Transformation of Cities

SOCIAL IMAGINARIES AND MEDICAL DYSTOPIA: 'HEATH MIGRATIONS AND CARE-GIVERS' IN KOLKATA CITY FROM MIZORAM

Dr. Anup Shekhar Chakraborty
Assistant Professor,
Department of Political Studies & Political Science,
Netaji Institute for Asian Studies, Kolkata

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 such health migrations affectedly transformed the urban 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[2] 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 discussion attempts to unweave the strange case of amorphous 'care-givers' ('trained nurses') flowing into now the 'city of health (Kolkata)'[3]

---

[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.

[2] The support system that has evolved among the patients from the state of Mizoram is unique and interesting in the sense that it is the application of 'tribal' (Zo/Mizo) code of Tlawmngaihna in an alien/ non-tribal setting. For instance among the many services the Mukundapur Mizoram Patients Association, Kolkata arranges the logistical support for coffins and deadbodies to be flown back to Mizoram from Kolkata.

[3] 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

from the fringe backward (therefore unhealthy/unclean) spaces of North East of India[4], 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'. The proposal would construe the rural-urban-rurban continuum in these flows of populations and glean the urban dystopia in operation in terms of real estates boom, guest houses, rental cars, part time ayahs, maids etc., for patients from the North East and North Bengal and elsewhere. The urban transformations and the medical dystopia would be gleaned through a webbed network of formal, informal channels of negotiations, person to person contact, agents at multiple sites, middlemen, touts, organ traffickers etc. At another level the faultlines in the urban settings would be broadbrushed through what is clubbed as the 'imaginaries of health in terms of wellbeing/wellness' in the mushrooming of logistics and services such as beauty parlours, health spas, and the flow of service providers from the select sites of the North East and underlying politics of 'othering' (racial, xenophobic, stereotype) into the same contested urban space. In other words 'the city' despite its 'ruptured transformations' and 'contested claim making' or 'ownership conflict' promises to provide (to those who can pay and to those who can't) an array of health benefits and experiences. 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.

I

Traditional healing, medication and care givers among the Zo hnahthlak

An attempt to understand the nuances of good health, well-being among the *Zo hnahthlak* (*Zo fate* (Children of Zo)) necessitates that the pre-colonial, colonial and post-colonial is revisited. In keeping with this objective this section of the paper gleans through the Zo traditional concept of illness and afflictions and their own system of treatment so as to get a keener insight into how society's attitude towards modern health care system has changed over time. Mizoram was an unexplored and almost unknown land to the outside world even after the British had occupied other parts of North East India. Suhas Chatteijee mentions:"The Lushai (Mizos) had no doctors, even quacks. In case of accident or diseases they had no one to help. The Lushais considered the diseases, accident or epidemic as the curse of the *Ramhuai* (Devil) and then there was no way out from them.[5]

The pre-proselytized Zo cosmology was deeply webbed animistic beliefs in malevolent and benevolent spirits who had to be time and again appeased through ritualistic offerings and

---

Folk/Classical Divide and Transmateriality of Fevers in Colonial Bengal. *The Indian Economic and Social History Review*. 50, 3 (2013): 261-288

[4] 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, malarial, and therefore to be tamed/disciplined, civilized, and cleansed into habitable spaces. (ASC).

[5] Suhas Chatteijee (1985) *Mizoram under the British Rule,* Mittal Publication, New Delhi, p.196

sacrifices. [6] The Zo's traditional concept of illness and health were inextricably linked with their animistic world view. They believed that every big tree, hill, big stone and such other objects and places were inhabited by various spirits who were responsible for sickness, death, drought, storm, bad crops or accidents which befall the people. They were often careful not to incur the displeasure of the spirits which might harm them. The Zos had their indigenous methods/ways of treatment, healing and recuperation from sickness and diseases. They relied on jungle plants, shoots, roots tubers etc., for wound and sores, salts for minor bums, hot ginger, soda, and water for colds and stomach relief, external application of fats of animals for treating respiratory diseases and rheumatism, drinking of animals' bile for treating diarrhoea and cholera, etc as supplementary cures was known among the Mizos since long. At a time of sickness they had no alternative but to perform sacrifices to the evil spirits to cure sickness. Of the many sacrifices, *Khal* was a sacrifice to those spirits which were supposed to cause bad health and misfortunes[7] *Daibawl* sacrifice was offered outside the villages for the recovery of a sick person. All sacrifices to the spirits were performed by *Bawlpu* or an exorcist.[8] Each village had a *bawlpu* (priest or exorcist) to deal with the spirit that caused such diseases and aff1ictions.[9] They believed that only *Bawlpu* (priest or sorcerer) knew which spirit was causing a problem and what sacrifice would placate it.

II
Health and Health care in the state of Mizoram

2.1. *Colonial times*

To reconstruct the history of western medicine and health care among the Zo one needs to comb the colonial records scattered across South Asia- the laboratory where the Raj and Raj Making was experimented and unearth the connects and disconnects within the same. For instance, the handwritten entry in the 'Inspection Book, Champhai Dispensary 1896-1973' mentions Dr. E. Christian Harr (Surgeon Captain) as the first Civil Surgeon of the Lushai Hills; while other sources mention Captain Mc Leod, IMS as the first Civil Surgeon of the Lushai Hills.

Available records support the view that in 1894 an impoverished treatment camp was established at Aizawl in a tent for laborers (kulis). This was later upgraded to a full-fledged dispensary in 1896. Subsequently, in the same year, Aizawl Hospital was made functional with 20 beds and Champhai Dispensary with 8 beds. This was followed by the establishment of 8 more 6-bedded dispensaries at Kolasib, Sairang, Lunglei, Champhai, N. Vanlaiphai, Sialsuk, Tlabung, Vahai and Tuipang in 1920.

There were two different agencies who introduced health care facilities on modern scientific lines in Mizoram. One was the British Indian Administration (the Government) and the other was the Christian Missionaries. The history of Medicine and Medical care differed in the North Lushai Hills, and the South Lushai Hills. Among the Zo people Medicine (pills, syrups etc.) came to be known as *'Damdawi'* literally meaning 'Heal by Magic.' Western medicine thus began to be equated with magic, a quick relief to the pangs of pain. The surgical dimension also grasped the social imagery of the people strongly that '*Zai chuak'* (to be operated upon) became an act of display.

---

[6] J.M Lloyd (1991) *History of the Church in Mizoram* (Harvest in the Hill) Synod Publication Board ,Aizawl, p.9.

[7] J.V Hluna (1992) *Education and Missionaries in Mizoram.* Spectrum Publication Guwahati, p.17

[8] Rev Zairema. '*The Mizo and their Religion'*. New Magazine, Winter Issue. No.2 DI&PR, Govt. of Mizoram, Aizawl, pp.14-l5

[9] V.L Siama (1978) *Mizo History.* Aizawl Reprint, p.25

Christianity, through the weapons of Education and Medicine, attracted the savages, mostly in the case of the Zo Hills as is evident from the accounts of Missionaries like Lorrain ((1912)1988). The attraction to 'Western Medicine', on the part of the 'wild tribes' can be rationalised through the logic of 'Social healing' and 'physical healing'.* Medicine brought about emancipation from 'pain' which had always been the innate desire of the tribes lacking indigenous medicinal knowledge. For instance, the Zo/Mizo tribes had limited knowledge of 'herbs and cure', and relied more on the 'ritualised nature of treatment', that is sacrifices and appeasing evil spirits/demons.† These 'ritualised treatment' were slow and the success rate were poor. On the other hand western medical science provided instant remedy to physical ailments. Naturally, western medicine began to have is large following and the Missionaries exploited this faith and ready acceptance of 'western Medicine' to their advantage. For instance, D.E Jones in the 1st Years Reports mentions that 'Some are ready to believe in Christ if they will be kept from illnesses'. And the attraction to 'Education' can be rationalised through the logic of the incentives added to the education process in the initial stages. For instance, Lorrain ((1912) 1988) mentions about the 'free food', 'free lodgings' etc. provided to the tribes as incentives to attract them to schools. Such incentives like 'free food', 'free shelters' would mean great things for tribals residing in the remote inaccessible hilly terrain without a permanent economy and limited productive agricultural know how. The colonial encounter injected western ideas concerning education, health and medicine, hygiene and house-keeping, belief in Christianity and the unquestioned acceptance of the superiority of the white man's belief system and life style over that of the native's understanding and appreciation of their world system.‡

2.2. *The evolution of Health in the Hills District through the Union Territory*

The post-Independence period marked the gradual evolve of the healthcare system. Close to 1947, there was a 36-bedded hospital at Aizawl and dispensaries. There was acute shortage of doctors and pharmacists as Mizoram was just another district of Assam. Health Services organization then was headed by a Civil Surgeon based at Aizawl supported by a Sub-Divisional Medical Officer based at Lunglei. When the Mizoram District Council was formed in 1952, one more hospital, 7 Public Health Dispensaries, 3 Primary Health Centres and 7 Traveling Dispensaries were established. However, during the MNF movement (1966-86) in the State, some Dispensaries/Traveling Dispensaries were not functional.

A twelve-month Dai Training course was established at Aizawl Hospital from April 1950 till June 1959 during which 101 Dais were trained. Auxiliary Nurse Midwife (ANM) Training Course of 2 years duration was also initiated from 1957 with the objective of training personnel to work as nurses at the community level. A total of 203 ANMs completed the training during 1957-1981.

The Multipurpose Workers (MPW) Scheme, initiated as a pilot scheme in selected districts in India, covered the entire Mizoram in 1977, being one of the very few States implementing MPW scheme Statewide. The ANM Training School was upgraded to the Multipurpose Health Worker School in the year 1980.

2.3. *Health in Mizoram Statehood onwards (What the Government sources say/speak)*

The functions of Health Department, according to Government (Allocation of Business) Rules, 1987 are as follows[10]:-

1. Administration of Government Hospitals, Dispensaries and Primary Health Centres (PHCs).

[10] https://health.mizoram.gov.in/page/history

2. Prevention of Food Adulteration.
3. Drug Control Acts.
4. Implementation of National Schemes in Health and Family Planning(Welfare).
5. Administration of Medical Services.
6. Indian Lunacy Act/Poison Act.
7. Maternal and Child Health Programmes.
8. TB, Leprosy and Child Health Programmes.
9. Matters relating to Indian Medical Council.
10. Health Education Schemes.

In addition to the above many areas related to preventive, promotive, curative and rehabilitative health care and new health problems and issues come under the jurisdiction of the Health Department. To address the above responsibilities, Health Department has been bifurcated into Directorate of Health Services (DHS) and Directorate of Hospital & Medical Education(DHME), each having a separate budget. DHS look after rural health institutions i.e., Community Health Centres (CHCs), Primary Health Centres (PHCs), Sub-Centres (SCs) and Rural Hospital, Tlabung. Similarly, Civil Hospital(Aizawl), Kulikawn, Hospital and all the district hospitals come under the jurisdiction of Directorate of Hospital & Medical Education.

At the district levels, Chief Medical Officer (CMO) and Medical Superintentent represent the DHS and DHME respectively. Also, Aizawl District has been functionally divided into Aizawl East and Aizawl West districts for health service delivery, each headed by a CMO.

At the State level, the two Directors are assisted by Programme Officers, Deputy Directors (Administrators), an Executive Engineer and his team, Medical Officers, Research Officers, Finance & Accounts Officers, Officer Superintendent and ministerial as well as contractual staff.

It is planned to coordinate and integrate these two Directorates under the Principal Director at State level and the Senior CMO at district level, as recently recommended by the Cadre Review Committee, Government of Mizoram.

Currently, Health Services in Mizoram is provided through one State Hospital (an upgraded district hospital), 7 district hospitals, 9 Community Health Centres, 57 Primary Health Centres and 366 Sub- centres & 78 Clinics spreading across the state. Population norms set by the Central Government need to be relaxed for Mizoram in order to reach all members of the community. Different categories of technical and non-technical manpower work together in a coordinated effort to address the objectives and functions of Health Department.

The Health & Family Welfare Department, Government of Mizoram is the Administrative Department headed by Principal Director. It is responsible for overseeing and coordinating the functions of the 2 (two) Directorates:

- Directorate of Health Services (DHS) and
- Directorate of Hospital & Medical Education(DHME)
- Directorate of Health Services, is responsible for establishment, administration, regulation and monitoring of Medical and Health Institutions along with handling the necessary supporting infrastructure within the state, medical education, food safety and drug control and monitoring and implementation of various programs related to public health and disease control.
- Directorate of Health Services, MCH&FW (Maternal and Child Health and Family Welfare) is responsible for monitoring and implementation of the centrally sponsored schemes implemented in the State to cater to the health needs of women and children.

The main responsibilities of DHS are as follows:

- To maintain minimum standards of services at all the institutions
- To upgrade the skills of doctors, nursing staff and other cadres from time to time
- To ensure preventive, promotive and curative services to all peoples
- To tackle outbreaks or epidemics
- To undertake construction and maintenance of buildings of the department
- To oversee postings, transfers, deployments, etc. of staff
- To procure and maintain logistics (medicines, equipment, etc.), Hospital infrastructure at District Level.

The main responsibilities of DHS (MCH&FW) are as follows:

- To implement, finance and monitor the NRHM programs.
- To ensure health of mother and child.
- To ensure access for safe delivery.
- To ensure access to pre-natal check-ups of pregnant women.
- To ensure access to vaccination facilities for mother and child.
- To ensure access to facilities for family planning and population stabilization.
- To promote nutrition and prevent anaemia in mothers and children up to 5 years.
- To prevent night blindness in children up to 5 years.
- To hold out reach camps, health melas, etc.
- To perform duties of the Chief Registrar of the State for Births and Deaths.
- To oversee appointments, trainings and performance of ASHAs.
- To universalize schemes under NRHM like RSBY, JSY, JSSK, VHS & NC, VHND.
- To oversee performance of Urban Health Centres (UHC).
- To oversee appointments and performance of doctors under AYUSH program.

The organization structure of DH&ME is presented below

- ***State hospitals (SHs)*** report directly to the state directorate and are autonomous in function. SHs have bed strengths ranging from 100 plus to 500 and provide specific services like specialized mother and child facilities, specialized paediatric treatment facilities, 24-hour emergency facilities, etc. Please help with the names of such Hospitals if any.
- ***District hospitals (DHs)*** with bed strengths ranging from 30 number of beds plus to 200 number of beds are an essential component of the district health system and function as a secondary level of health care which provides curative, preventive and promotive healthcare services to the people in the district. Every district is expected to have a district hospital linked with the public hospitals/health centres down below the district such as Sub-district/Sub-divisional hospitals, Community Health Centres, Primary Health Centres and Sub-centres. In Mizoram District Hospitals are as below :-
- ***Sub-district/Sub-divisional hospitals (SDHs)*** are below the district and above the block level (CHC) hospitals and also act as First Referral Units with bed strength ranging from 10 number of beds to 30 number of beds. Specialist services are provided through these sub-district hospitals. These hospitals should play an important referral link between the Community Health Centres, Primary Health Centres and sub-centres. Sub-Divisional Hospitals are at Tlabung and Chawngte in Mizoram.

2.4. *Private Hospitals/Clinics in Mizoram*

Private hospitals in Mizoram are health care institution providing treatment with specialized doctors. In Mizoram, the private district hospital typically contains health care facility in its region, with large numbers of beds for all intensive care and long-term care of the patient. The specialized private hospitals of Mizoram include trauma centers, hospitals of rehabilitation, children's hospitals and hospitals which are dealing with specific medical needs of the patient such as psychiatric problems. These hospitals in Mizoram have the range of departments such as surgery care unit, cardiology, emergency care, ICU, chronic treatment unit, radiology, pathology, etc. Today private hospitals in Mizoram are largely staffed by professional doctors like the physician, surgeons, and nurses. These hospitals in Mizoram are not provided with any free of cost medicine, so treatment in these hospitals is costlier than in public hospital. The patient can be cured earlier in private hospitals in Mizoram because of its cleanliness environment. The patient feels safer and secured in these hospitals in Mizoram because individual attention is given to every patient. The number of private hospitals in Mizoram is increasing day by day because of quality

STATISTICAL HANDBOOK, MIZORAM 2010

17. HEALTH & FAMILY WELFARE

Table: 17.1
NO. OF HOSPITALS & HEALTH CENTRES

Sl. No.	Particulars	2008-09	2009-10
1	*2*	*3*	*4*
1	**HOSPITALS**		
	(a) Nos.	12	12
	(b) Beds	1,101	931
2	**COMMUNITY HEALTH CENTRES**		
	(a) Nos.	12	12
	(b) Beds	270	360
3	**PRIMARY HEALTH CENTRES**		
	(a) Nos.	57	57
	(b) Beds	570	570
4	**SUB-CENTRES**	370	370

Table: 17.2
NO. OF MEDICAL & PARAMEDICAL PERSONNEL

Sl. No.	Particulars	2008-09	2009-10
1	*2*	*3*	*4*
1	Doctors	300	298
2	Nurses	526	490
3	Pharmacists	90	85
4	Health Workers	608	590
5	Lab. Technicians	66	37

Table: 17.5
MEDICAL INSTITUTIONS & BED STRENGTH

Sl. No.	Hospital/Institution	Bed Strength (Number)	
		1.4.2009	1.4.2010
1	*2*	*3*	*4*
	GOVERNMENT		
1	Civil Hospital, Aizawl	300	300
2	T.B. Hospital, Aizawl	60	60
3	Civil Hospital, Champhai	60	60
4	Civil Hospital, Serchhip	50	50
5	Civil Hospital, Lunglei	180	120
6	Tlabung Hospital	50	50
7	Civil Hospital, Saiha	71	71
8	Civil Hospital, Mamit	50	30
9	Civil Hospital, Kolasib	60	60
10	Civil Hospital, Lawngtlai	30	30
11	State Referral Hospital	50	50
12	Kulikawn Hospital (P.P. Unit)	50	50
	SUB - TOTAL	**1,011**	**931**
	NON - GOVERNMENT		
1	Presbyterian Hospital, Durtlang	300	300
2	Christian Hospital, Serkawn	100	100
3	Greenwood Hospital, Aizawl	85	85
4	Adventist Hospital, Aizawl	40	40
5	Nazareth Hospital, Aizawl	14	14
6	Bethesda Hospital, Aizawl	80	80
7	Aizawl Hospital, Aizawl	77	77
8	Vaivenga Hospital & Research Centre, Aizawl	17	17
9	Grace Nursing Home, Aizawl	38	38
10	Newlife Hospital, Aizawl	40	40
11	Alpha Hospital, Aizawl	0	30
12	Lairam Christian Medical Centre	0	50
	SUB - TOTAL	**791**	**871**
	GRAND TOTAL	**1,802**	**1,802**

2.5. ***The current issues in Mizoram relating to health and healthcare***

1. Medical College:

'Our own Medical College!' (Mizoram Medical College ngeih!) has been the demand put across for several decades in Mizoram. Till 2017 the idea was on paper. Early in 2017 the newspapers in the state flashed the conversion of the idea into concrete with the temporary campus of the Medical College to operate from the very controversial State Referral Hospital, Falkawn. [11] An official of the state directorate of hospital and medical education said the college would enrol 50 students, local and those selected from the rest of the Northeast and the country. He said two hospitals - the referral hospital and another civil hospital in Aizawl would be attached with the medical college initially. The Centre has already granted Rs 100 crore as first instalment towards building administration and classroom buildings and a new hospital for the college at Falkawn. The annual budget of the health and family welfare department for the 2015-16 fiscal had earmarked Rs 164.55 crore for health services and Rs 39.18 crore for hospital administration and medical education. [12]

The other related problems with Medical college in the state are that of admissions (following the NEET, the states own allotments etc.), the quota for Mizoram in other states of India, For each institute, the fee structure varies. It's very hard to get admission in Private Colleges for MBBS because the course fee is very high normal people can't afford so the student prefer Medical Government College of Mizoram for pursuing MBBS/BDS. Interestingly many responded that they doubted the quality of the would be Mizoram (locally) produced Doctors, and if they could compete with the rest of India.

List of MBBS/BDS Colleges in Mizoram

S.No	Medical Colleges in Mizoram
1	MFM School of Nursing
2	Regional Institute of Para Medical and Nursing RIPAN
3	Health Workers Training School
4	Apollo School of Nursing
5	Presbyterian Hospital, School of Nursing
6	Mizoram College of Nursing
7	School of Nursing

[11] The Telegraph, Sunday: January 18 , 2015. https://www.telegraphindia.com/1150118/jsp/northeast/story_8962.jsp
[12] The Telegraph, Sunday: January 18 , 2015. https://www.telegraphindia.com/1150118/jsp/northeast/story_8962.jsp

2. Quota in Medical colleges in rest of India

The issue of the 'Quota' for the state of Mizoram has always been a sensitive issue reminiscent of the pre-colonial, pre-proselytization 'autonomy' of the *Zo hnahthlak*. The quota like the ILP has been time and again mooted as the claim of the Zofate (children of the Zo) to be unquestionably guaranteed at every level by the Indian state. The denial or the lowering of the requisite quota generates ripples across the state and the various agencies/outfits[13] like the MZP, MSU, YMA, KTP, the churches etc., take the clarion call to charge public mood to sway in desired directions of their vested interest and stalling the government in power. These 'quota' troubles have been seasonal in Mizoram the most recent being the one in August 2013 and early 2017. The 'Quota' for outsiders residing in Mizoram has remained highly contentious.

ANNUAL INTAKE AND DISTRIBUTION OF SEATS FOR VARIOUS COURSES RIMS (Regional Institute of Medical Sciences), IMPHAL, MANIPUR

Seat distribution (M.B.B.S):-

1.	All India Quota	15
2.	Manipur	30
3.	Tripura	13
4.	Meghalaya	13
5.	Nagaland	10
6.	Mizoram	7
7.	Arunachal Pradesh	7
8.	Sikkim	5
TOTAL		**100**

Source: http://www.rims.edu.in/secure/annual-intake/

Seat distribution (B.D.S.):-

1.	All India Quota	7
2.	Manipur	13
3.	Tripura	7
4.	Meghalaya	7
5.	Nagaland	5
6.	Mizoram	4
7.	Arunachal Pradesh	4

[13] The Post-Colonial Zo/Mizo Politics propelled by the *Politics of the Pan Optics* relies heavily on the Youth and students' organizations. The vigilant institutions such as the Young Mizo Association (YMA), the Khristian Thalai Pawl (KTP) and also the Mizo Zirlai Pawl (MZP) form the nebulous category of the *first generation* civil society in Mizoram. These institutions have doubled as mechanisms of '*systemic* or *structural control'* for sustaining the *Nexus of Patriarchy* (Chakraborty, 2007; 2008a; 2008b; 2008c; 2009). In other words the same people act as agents of the state (that is Government) and the civil society. Though these agencies of systemic control played an effective role in bringing about peace and good governance in the state; overtime, they lost their effectiveness and in the absence of a vigilant mass began to act hegemonic and overwhelming. Bringing to affect, the proverbial fact that 'power corrupts and absolute power corrupts absolutely'.

8.	Sikkim	3
TOTAL		**50**

Source: http://www.rims.edu.in/secure/annual-intake/

3. Cancer, HIV/AIDS, Renal Disease

- Mizoram has been dubbed as the 'cancer capital of the country'.
- Kidney related health complications
- Heart and
- HIV/AIDS (treatment for this health complication is sought within the state of Mizoram)

Mizoram has the highest cancer incidence in the country; state Nodal Officer for Non-Communicable Diseases (NCD) Dr Eric Zomawia said at the function. According to the report, in the three years period, i.e., 2012-2014, altogether 2176 people died of various types of cancer. According to the PBCR report, Mizoram also topped the list in Cervix cancer in women in the country. Extensive consumption of tobacco, coupled with unhealthy food items such as smoked meat and vegetables and fermented soyabean and pork etc are attributed to the high incidence of cancer in Mizoram. Thus, Mizoram has the dubious distinction of being the highest tobacco consuming state in India and this was the main factor for the high number of cancer cases in Mizoram. According to Dr. Zomawia, Mizoram topped in 9 cancer "sites". Six districts of Mizoram – Aizawl, Champhai, Kolasib Lunglei, Mamit and Serchhip – are among the ten districts of India with the highest cancer incidence among men. [14]

4. Non performance, Non-delivery of Health providers

The Health Care system presents a sorry picture with in-patients in the main Civil Hospital (Aizawl) requiring having their laboratory tests at private laboratories and having to pay for syringes and bandages. Due to corruption, inferior equipments are bought which lead to decline in the state run health care system.[15] '*Doctor chuak thar hi kan bawm uar*' (there is a trend to seek newly appointed doctors who have very little experience) and the Health care system fails to deliver. State corruption has increased over the years. 'The corrupt elites/persons actively dedicate themselves in the church based organisations and present an external face of *Tlawmgaihna*. In other words, the church gives them refuge. Everything is controlled by the Church especially the rich Synod.' For instance, if a *Drug Zuar* (Drug peddler) actively participates in the business of the Church, he/she is kept out of the vigilance of the agencies. All kind of corruption is on the rise says Vanramchhuangi: *'Biak in ropui', 'kohran chuan pawisa chia a du', 'tholawm', Missionary thon chua competition a ni ringot* (corruption has been institutionalized through the Church. The Church has enormous property acquired through donations. It only wants money and every Church is in a rat race to sponsor & send missionaries

[14] http://www.indiatimes.com/news/india/cancer-cases-on-the-rise-in-mizoram-state-being-called-cancer-capital-of-india-263190.html

[15] Prof. F. Lalremsiama (Department of History, Johnson's College). *Personal Interview*. Khatla, Aizawl: 26th January 2008; Pu Lallianchhunga (Lecturer, Department of Political Science, Mizoram University, Chaltlang Campus). *Personal Interview*. Aizawl: 19th January 2008; Professor Lalrinthanga (Department of Public Administration, Mizoram University, Chaltlang Campus). *Personal Interview*. Aizawl: 19th January 2008.

elsewhere) 'Government of Synod', the extravagant houses of the churches in Mizoram can be compared to the papacy.[16]

5. The problem of the location/sites of such medical facilities and the issue of Aizawl Syndrome

The concentration of hospitals and other health care facilities in Aizawl city remains a continued problem. The Aizawl syndrome haunts the social imaginaries and people and policy makers can't think beyond the capital. 'An inch away from Aizawl and the project fails' says one respondent.[17] The case of the State Referral Hospital, Falkawn is a reference to drive forward this point. The *'ram in thleng'* (exchange of property) popular in Zo/Mizo political circles has been brought to accounts through organisational efforts of the post-Peace Accord new vigilant groups such as PRISM, YMM, MYC and MPF. The Government in order to remain in the good books of the Church handed over a Referral Hospital built on the land donated by the villagers at Falkawn village. The villagers challenged the government and demanded compensation for the 'lost' land through their association named *'Referral Hospital Atana Inhmun Chan Association'* (an association of people who have lost their land for the referral hospital). 'The Villagers felt that if the hospital is run by private company or a church it would become less beneficial to the people'. Staff Reporter. (2007). 'Falkawn landowners demand compensation'. *Newslink*. Aizawl: 7 November

The internal Medical Dystopia in Mizoram

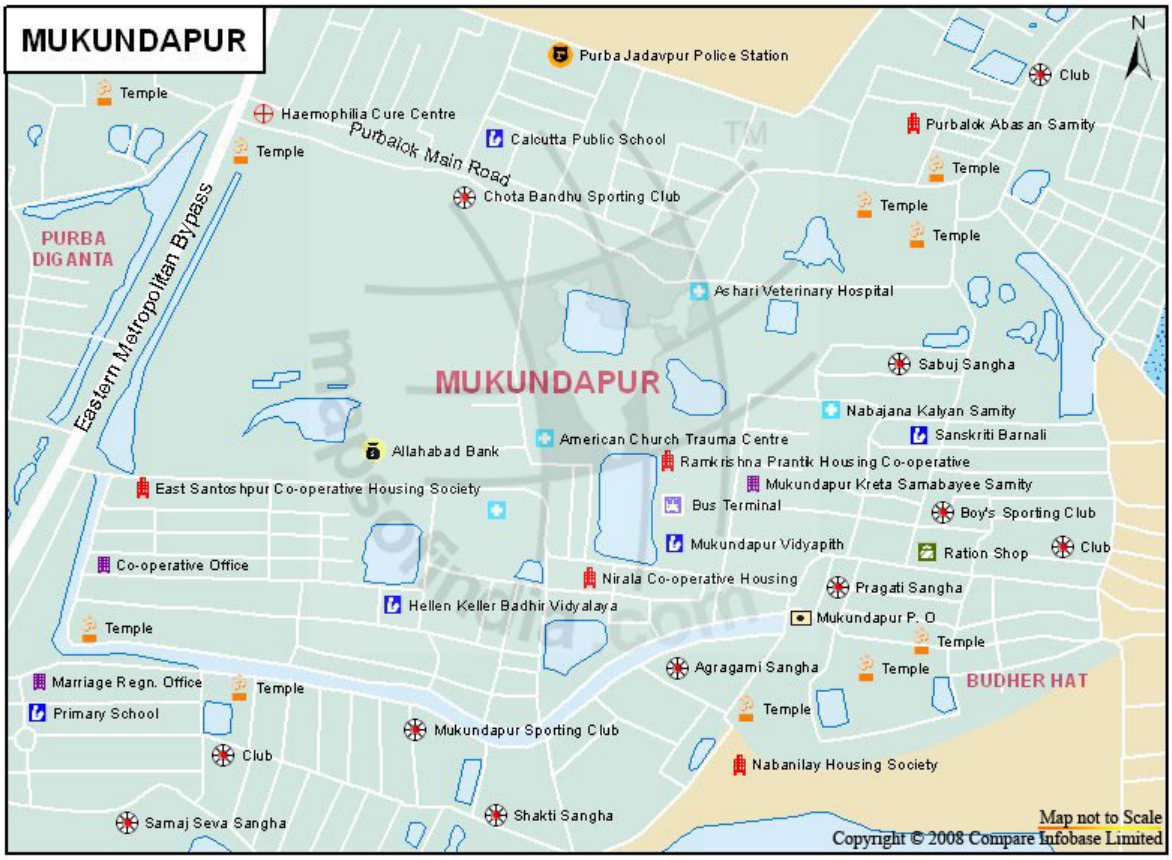
- Many of the respondents mentioned that the 'new local doctors' start writing the prescriptions and the names of medicines even before the patient completes the narration of his/her problems that form the backdrop of the medical history of the patient. Post 90s 'the touch is seldom used, sthetocope is no longer used'. 'The new doctors have the power to grasp the 'sickness' just by seeing the patient from a distance of four feet much like the traditional *bawlpu*.' [18]
- The practice of referring to a specialist, a city doctor, the series of laboratory tests, series of x-rays to ascertain even minor ailments and complaints of the patient adds to the dystopic medicalised Zo world. Here the doctors, laboratories, the pharmacists and the medical representatives rule the roost. The doctor is the next most coveted job/ profession/ occupation among the Zo people in Mizoram, next only to the 'Pastor'.
- The craze for the 'new doctors' is another striking phenomenon among the *Zo hnahthlak* in Mizoram.
- The display of things operated upon being another interesting phenomenon in this routine dystopia. The local doctors on completion of a surgery would often be seen displaying the tumor, stones etc., with the nurses saying 'hei kan zai chuak' (we have removed (by operation) this!).
- reimbursement of three-fourths of the expenditure and the cost of air travel for anybody going 2000 miles to the Christian Medical College Hospital in Vellore in south India for

[16] Pi Vanramchhuangi. *Personal Interview*.
[17] Based on patient interviews conducted in Kolkata (2015-2017).
[18] Pu Abraham. *Patient Interview*.

treatment, brought about tremendous social good, individual happiness, and goodwill for India.[19]

III
Health Migration from Mizoram in Kolkata: The case of Mukundapur

3.1. Where is Mukundapur?



Source: http://www.mapsofindia.com/kolkata/mukundapur.html

3.2. What does Mukundapur provide in terms of Health?

Popular Health care providers in Mukundapur, Kolkata

1. AMRI Mukundapur (230 Barakhola Lane, Purba Jadavpur, Behind Metro Cash n Carry, Mukundapur, Kolkata)
2. Vision Care Hospital (Mukundapur, Kolkata).
3. AMRI Women's & Children's Hospital (Nitai Nagar, Mukundapur, Kolkata)
4. Green Park Nursing Home (2/25, Purbalok, Mukundapur, Kolkata).

[19] *Personal Interviews*: Pi Vanramchhuangi ('Ruatfelanu'). *Op.cit.*; Pu Zaliana. *Op. cit.*; Prof. Thangchungnunga. *Op. cit.*

5. Medica Superspecialty Hospital (127, Mukundapur, E.M Bypass, Kolkata).
6. Devi Shetty Eye Hospital (Stadium Colony, Mukundapur, Kolkata).
7. Rabindranath Tagore International Institute of Cardiac Sciences (124, Eastern Metropolitan Bypass, Mukundapur, Kolkata)

3.3. Types of Health migrants from Mizoram in Mukundapur

Two prominent types of Health Migrants from Mizoram:

1. Health Seekers: Cancer, Heart and kidney patients frequent Mukundapur to seek health. The different Mizoram Houses located in Kolkata do maintain a list of such patients but only of those who are employed in the government services. These form the amorphous health inmigrants in the city of Kolkata.
2. Care Givers: The trained Nurses as care givers form the integral support system to run the enterprise of Health care in the city of Kolkata. In the last 5 years more than 200 nurses from Mizoram have been absorbed in the various hospitals, nursing homes etc., in Kolkata. There is a stiff competition between the two north eastern states Manipur and Mizoram to undo each other in the competition to 'export nurses' across India and abroad.

This health migrations from Mizoram to Kolkata is interesting for many reasons:

1. It is an inversion or a detour of the earlier colonial wave of health as a commodity and services in its packaged form travelling from Calcutta through the riparian terrain of lower Bengal and uphill through the Karnaphuli river into the Zo land. Now a little over 120 years the Zo land is reverting health (in its multiple format) to Kolkata. This is what I call 'old routes, same destinations but new feets with new shoes'.
2. Role reversal: Earlier the care givers, care providers came from elsewhere into the Zo land. Now Mizoram 'exports' these care givers, care providers as well as those seeking health ('patients' in its rudiment understanding).
3. Complicated questions of 'Trust issues': The white doctor was most trusted, 1950s-80s the native doctors (Bengali, Assamese as well as local Mizo) were trusted and considered better care givers, care providers. Post statehood only the local Mizo doctor were trusted as good doctors, moral doctors; the Vai doctors were classed as greedy, exploitative and sex seeking and therefore the land (Mizoram), and its women (Nurses, and female patients and children) had to be saved from them. The MZP routinely organised bandhs to oust the 'Vai' doctors, and replace them with the Zo doctors (Doctors whom I call the 'New Doctors' (*Doctor lar Thar*). The Nurses as care givers, care providers were always local Mizo nurses and therefore trusting them or not trusting them was never an issue. They were overwhelmingly proud of their 'made in Mizoram, manufactured in the Zo hills nurses'. Now interesting as it may seem the question of quality and good service has continued to haunt the horizon of this 'trust issues'. Though scornful of the outsider doctors the popular sentiment navigates skilfully and seek health providers outside the state of Mizoram when the local new doctors fail to deliver and acknowledge that doctors outside Mizoram are better (equipped).
4. Taking on from the earlier point. We may add that the Government websites relating to health nowhere mentions of the contributions of the numerous doctors, medical persons of various types and their services rendered to the Zo hills and its people. Though these same websites flaunt the names of the local doctors as achievers and contributors to

health in the state (first Mizo specialists etc.), in the roll of honours. There is a strong intent to erase history as we know through the archives.

3.4. The expenses of Health migrations from Mizoram in Mukundapur

1. Out of pocket: The treatment expenses in many cases are reimbursed by the government of Mizoram depending on the case and financial background. However, the expenses shoot up because the patients don't come alone and are always accompanied by relatives. For instance, in case of kidney transplant the family of the patient takes case of the airfare, stay (all inclusive) of the donor volunteer. Though the transaction is hinged on mutual consent of the families involved and the price fixed accordingly; the entire effort of bringing the donor from Mizoram fails its purpose when the hospitals in Kolkata say 'its a mismatch'.
2. Reimbursed by the government
3. Taken care by community based networks from Mizoram or the Church bodies
4. Aiya (awmpui) usually Burmese maids from Mizoram to take care of the patients 24X7.

3.5. Treatment (Health migration) doubling as business in and from Kolkata

1. Health migration cum 'Sumdawng' (business)
2. Investment in real estates (Flats) and renting them out to the patients from Mizoram: Rush for rooms, houses for rent, Mizos (also others from Mizoram) investing in apartments in Mukundapur.
3. Negotiating the urban spaces and gastronomies
4. Language barrier of the Mizos compels them to seek translators especially when have to go to Alipore Court to seek legal papers relating to formalities required before kidney transplantations. I found in 4 cases that the kidney doner and that of the recipient (both from Mizoram) did not match for various reasons (given by the hospital) and the hospital authorities and the translators requested the doner where was flown from villages in Mizoram to donate the organs to other patients in the city requiring kidney transplant.[20]

IV
The Urban Dystopia

Rise in real estates in Mukundapur and the investments made by the families of patients from Mizoram has escalated the prices of apartments (both for rent, and ownership). For instance, land prices which were 20000 per katha 8 years back have shot to -6-8 lakhs, closer to EM Bypass the rates are more exorbitant and vary between 13-20 lakhs per katha. The State Governments drive to boost the urban sites of eastern Kolkata has led to multifold developments in terms of urbanisation and beautification and a fleet of malls, shopping arcades,

'Living in Kolkata, Mizoram Style': Conducting oneself Mizoly/Zoly in Vai ram[21]

It is interesting to note that *'Being a Zo'* and *'Being a Christian'*[22] are the two issues around which religious identity politics in Mizoram is developed. The first issue has problems of

[20] I could not find out where these volunteer doners from Mizoram ended up donating their kidneys. I was informed by Mr. L Chhetri a 38 year old man requiring kidney transplant and stationed in Mukundapur for the past 5 years that as many as 10 donors that his family brought from Mizoram have been sent to other patients in Kolkata. He is currently on dialysis at Medica Mukundapur.

[21] http://kolmizochristian.com/hriattirna

parameters of definitions and it remains contested. While the second issue has elements of experiential-ness embedded to it as evident from the casual everyday use of language *'Khristian nilo in an hrethiam lovang'* ('Non-Christians will not be able to understand') to brush side those who do not belong to the Church as not being able to understand the Bible and its teachings. Both these issues are projected in the state-building process of an *'Ideal Zo Christian State'*.
Life in Kolkata thus is tailor-made to suit the callings of the Zo Church. The Church's influence is really deep and daily life is encircled by it. The church has become Mizoised through *ruaithre* (community feasting) and *'zai leh lam'* (song and dances). Humor at times reflects the societal actuality for instance a popular aphorism: *'Mizoram-ah chuan Sawrkar a lalber a, Kohhran a thuber'* ('In Mizoram the Government is the highest authority, and the Church has the final say') well sums up the dominance of the Church and its agencies. The patients, their relatives and even the students who live in Kolkata have to actively part take in the callings of the Church and the Zo Christian ways of this worldly conduct.

1. Mizo vegetables in Kolkata: The non availability of local herbs and shoots, dry smoked meat, Mizo pickles etc., is met by the supply of such delicacies at a regular interval from Mizoram through those visiting Kolkata. In fact those patients who have made Mukundapur, Kolkata their 'home' stock these supplies for the new arrivals.
2. Mizo food being prepared by caterers and supplied to ailing patients (hospitality). Those patients who have invested in flats in Mukundapur have let their spare rooms or other flats to those patients who come for short durations and charge between Rs.1100-2000 per day. Rooms with AC are also available at a higher rate and the option of booking an apartment for a month or more is also available. The patients from Mizoram unlike those of Manipur, Meghalaya, Darjeeling (North Bengal) do not go through the local (Bengali or Bihari or other Vai) brokers to find rooms, they seek and fix their rooms and apartments through local networks and contacts back in Mizoram.
3. Travel and commuting in the city: Urban communication network is difficult for the new arrivals with patients so in most cases they rely on taxis or car rentals. Here again unlike the rest of the north east the patients from Mizorma rely on local Mizo informats and negotiate their transport networks accordingly. The cycle rickshaws however, are the favoured transport for commuting within Mukundapur and they complain of being fleeced and overcharged. This is the same for the new arrivals as well as those who have stayed for a longer duration. Pi Hruaii says the rickshaw pullers know it that they are not local residents just by looking at them and so does the taxi drivers and over charge them. The practice of othering works in subtle ways in these urban spaces.
4. The Mukundapur Mizoram Patients Association: 'In Life and Death be Mizo/Zo' this message is deeply embedded in the Mizo consciousness. The Association harps on this message. Dead bodies of patients who die in Kolkata are sent back to Mizoram by air. And the arrangements for community prayers and the logistical support are provided by the Mukundapur Mizoram Patients Association. Similar associations of the Mizo patients have been formed in pockets where health services are islanded in Kolkata city. These

[22] I have used the terms 'Being a Zo, Being a Christian' extensively in my PhD thesis "The Evolution of 'Zomi' Identity and Politics in Mizoram" (2005-2010) Department of Political Science, University of Calcutta, and also in my series of publications between 2007- 2013. I am not influenced by the similar sounding title of Joy Pacchua's book '*Being Mizo*' (2014). New Delhi: Oxford University Press.

associations sometimes keep in loop the three Mizoram Houses in Kolkata (Ballygunge, Saltlake and Rajarhat (New Town)).

5.

Growth of other enterprises in the locality

1. Beauty parlours, health spas
2. Maids from Mizoram in Kolkata
3. The Mizos are seeking wellness treatment in Kolkata for hair transplant, fat reduction, etc.[23]
4. The media images and how its cements the social imaginaries of Mukundapur, Kolkata as the destination to seek health:
   "Successful Surgery On 17-days Old Baby. Medica ENT Institute has added another feather to its cap. Doctors at the Institute recently operated successfully on a large vallecular cyst in the throat of a 17-day-old Mizo baby. This large cyst, sitting above the wind and food pipes, was making the baby very sick and without surgery the baby would not survive. The child was a patient of renowned paediatric surgeon Dr. Ishika Ghosh of Bhagirathi Neotia Hospital. The child was shifted to Medica Superspecialty Hospital early in the morning where a team of doctors was waiting for him."[24]

These developments marks an interesting paradox. These laminous transformations neatly arranges the spaces into binary zones of 'health givers/providers' and 'care givers/providers'. The discussion construes the rural-urban-rurban continuum in these flows of populations and glean the urban dystopia in operation in terms of real estates boom, guest houses, rental cars, part time ayahs, maids etc., for patients from the North East and North Bengal and elsewhere. The urban transformations and the medical dystopia gets gleaned through a webbed network of formal, informal channels of negotiations, person to person contact, agents at multiple sites, middlemen, touts, organ traffickers etc. At another level the faultlines in the urban settings is broadbrushed through what is clubbed as the 'imaginaries of health in terms of wellbeing/wellness' in the mushrooming of logistics and services such as beauty parlours, health spas, and the flow of service providers from the select sites of the North East and underlying politics of 'othering' (racial, xenophobic, stereotype) into the same contested urban space. In other words 'the city' despite its 'ruptured transformations' and 'contested claim making' or 'ownership conflict' promises to provide (to those who can pay and to those who can't) an array of health benefits and experiences. By connecting various sources and traversing across methodological divides the paper brings 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.

***References*:**

Chakraborty, Anup Shekhar. (2007). 'Politics of Silencings: Echoes of the Margins from Mizoram' *Indian Journal of Political Science (IJPS)*, Meerut, Chaudhury Charan Singh University. Vol. LXVIII, No. 4, Oct.-Dec. ISSN 0019-5510.

[23] http://kolkata.hairtransplantindia.net/hair-transplantation/aizawl.html
[24] http://www.medicahospitals.in/about/success-stories/

Chakraborty, Anup Shekhar. (2008a). 'Emergence of Women from 'Private' to 'Public': A Narrative of Power Politics from Mizoram' *Journal of International Women's Studies (JIWS)*, Bridgewater. Vol. No. 9, 3 May. ISSN 1539-8706.

Chakraborty, Anup Shekhar. (2008b). 'Mustering Empowerment experiences from Mizoram: A Leap from 'Private' to 'Public' Living Spaces' *Global South SEPHIS e-magazine*. Vol.4 No.4, July.

Chakraborty, Anup Shekhar. (2008c). 'Manufacturing of Spaces: The 'Others' in Zo/Mizo Politics' *South Asian Journal of Socio-Political Studies (SAJOSPS)*. Vol.9 No.1, July-December. ISSN 0972-4613.

Chakraborty, Anup Shekhar. (2009). 'Regulating Citizenship: Politics of 'Check-In' and 'Check-Out'' in *Refugee Watch Online (A Co-Publication of Refugee Watch)*, 18 February.

CYMA. (1994). *Young Mizo Association Dan Bu.* CYMA No.22. Aizawl: Y.M.A Press.

Government of Mizoram. (1988). *Mizoram-Era of Peace and Progress*. Aizawl: Directorate of Information and Public Relations.

Government of Mizoram. (1989). *Mizoram District Gazetteers*. Aizawl: Director of Art & Culture, Education and Human Resources Department.

Government of Mizoram. (1990). *The Mizoram Urban and Regional Development Act, 1990*. The Mizoram Gazette, Extra-Ordinary (1990) Notification No.LJD.9/90/90, 17th August, 1990 vide Regd.No.NE-313(MZ),Vol. XIX, Aizawl, Friday, 22-08-1990, Sravana 31, S.E. 1912, Issue No. 83.

Government of Mizoram. (1994, 1998, 2000, 2002, 2008, 2009, 2010). *Statistical Handbook of Mizoram*. Aizawl: Directorate of Economics & Statistics.

Government of Mizoram. (1995). *Mizoram at a Glance-1995*. Aizawl: Directorate of Economics & Statistics.

Government of Mizoram. (2004). *The Mizoram Urban & Regional Development (Second Amendment) Act, 2004.* Aizawl.

Government of Mizoram. (2006). *The Aizawl Development Authority Rules, 2005*. The Mizoram Gazette, Extra-Ordinary (2006) Notification No.B.13015/25/05-LADC/VC, 15th May, 2006 vide Regd.No.NE-313(MZ),Vol. XXXV, Aizawl, Monday, 22-05-2006, Jyaistha 1, S.E. 1928, Issue No. 122.

Government of Mizoram. (2006). *The Lushai Hills District (Village Councils) (Amendment) Act 2006 (Act No.5 of 2006)*. The Mizoram Gazette, Extra-Ordinary (2006) vide Regd.No.NE-313(MZ),Vol. XXXV, Aizawl, Wednesday, 12-04-2006, Chaitra 22, S.E. 1928, Issue No. 80.

Government of Mizoram. (2008). *The Aizawl Development Authority (Amendment) Act 2008*. The Mizoram Gazette, Extra-Ordinary (2008) Notification No.H.12018/176/2006-LJD/82, 24th April, 2008 vide Regd.No.NE-313(MZ),Vol. XXXVII, Aizawl, Wednesday, 30-04-2008, Vaisakha 10, S.E. 1930, Issue No. 141.

Government of Mizoram. (2008). *The Mizoram Municipalities (Delimitation of Wards) Rules, 2008*. The Mizoram Gazette, Extra-Ordinary (2008) Notification No.B.13017/7/07/UD&PA, 25th March, 2008 vide Regd.No.NE-313(MZ),Vol. XXXVII, Aizawl, Wednesday, 26-03-2008, Chaitra 6, S.E. 1930, Issue No. 75.

Government of Mizoram. (2008). *The Mizoram Municipalities (Election of Councillors) Rules, 2007*. The Mizoram Gazette, Extra-Ordinary (2008) Notification No.B.13017/9/2008-UD & PA, 31st January, 2008 vide Regd.No.NE-313(MZ),Vol. XXXVII, Aizawl, Monday, 4-02-2008, Magh 15, S.E. 1929, Issue No. 12.

Government of Mizoram. (2008). *The Mizoram Youth Commission Act, 2008 (Act No. 8 of 2008)*. The Mizoram Gazette, Extra-Ordinary (2008) Notification No. H. 12018/135/04-LJD/60, 23rd April, 2008 vide Regd.No.NE-313(MZ),Vol. XXXVII, Aizawl, Monday, 28-04-2008, Vaisakha 8, S.E. 1930, Issue No. 134.

Hermana, C. (1999). *Zoram Politics Thli Tleh Dan.* Vol. I. Aizawl: PRESCOM

Hmingthanga, F. (MCS Rtd.). (2003). *Mizoram Politic Thlirlet-Na (Mizo Hnam him Nan).* Aizawl: The Zo-Awm Press.

Hrangduala, Robert (IAS Rtd.). *RTI Mipuite Tan.* Aizawl: RD Print Tech./Mizoram State Information Commission.

Human Development Report (2004). *Cultural Liberty in Today's Diverse World.* New York: Oxford University Press/ UNDP.

Human Development Report. (1993). New Delhi: Oxford University Press/UNDP.

Keivom, L. (1991). *Zoram Khawvel*. Aizawl: Lengchhawn Press.

Khristain Diary 2009. Aizawl: Synod Literature Publication Board.

Lalawia, R. (1999). *Zalenna: Mizoram Parliamentary Session Hmasa Ber (10-16 Dec., 1966), Lungphun*. Aizawl: Rualchhina, Government Press.

Lalchungnunga. (1994). *Mizoram: Politics of Regionalism and national Integration.* New Delhi, India: Reliance Publishing House.

Lalchungnunga. (1998). Mizoram leh Mizo Hnam Humhalhna Kawnga Political Partyte Tihtur leh Mawhphurna. *Laisuih 1997-1998.* Shillong: All Mizo Post-Graduate Students' Union HQRS.

Lalhmangaiha. (1998). Mizoram leh Mizo Hnam Humhalhna Tura Kohhran Tihtur leh Mawhphurna. *Laisuih 1997-1998*. Shillong: All Mizo Post-Graduate Students' Union HQRS.

Lalhmingliana, C. (1998). Mizoram leh Mizo Hnam Humhalhna Kawnga tlawmgai Pawlte Tihtur leh Mawhphurna. *Laisuih 1997-1998.* Shillong: All Mizo Post-Graduate Students' Union HQRS.

Lalhnuna Sailo. (2008). 'Synod thu chhuah kha an tih tur dik tak a ni'. Vanglaini. Aizawl: 25 January.

Lalkima, C. (1998). Mizorama District Councilte Zirbinga leh Chhuizauna. *Laisuih 1997-1998.* Shillong: All Mizo Post-Graduate Students' Union HQRS.

Lalmanzuala, M. (NA). *Zoram Kalsiam.* Aizawl: Sapthlengliana. Calcutta: Cambridge Laser Print Dakshinapan.

Lalneihzovi. (2006). *District Administration in Mizoram.* New Delhi: Mittal Publications.

Lalniliana, F. (2010, 15 January). 'Tawng dang kan seng luh vanga Zotawng lo dal theih dan'. *Vanglaini*. Aizawl.

Lalnithanga, P. (2010, 07 January). 'I hlawhtlinna aiin Mize than Zelna kha a pawimawh zawk'. *Vanglaini*. Aizawl.

Lalnithanga, P. (IAS Rtd.). (2005). *Emergence of Mizoram.* Aizawl: Lengchhawn Press/Mizoram Publication Board.

Lalnunzira, Rev. B. (2009). Mi Rama Awm Mizo Thalaite Engtinnge? *Chuailo: Thalaite Leh Changkangnna. Diamond Jubilee Souvenir 1947- 2009.* Kolkata: Kolkata Mizo Students'.

Lalrawnliana (Col.). (1995). *Zoramin Zalenna A Sual.* Vol. I Aizawl: (NA).

Lalrimawia.(1995).*Mizoram: History and Cultural Identity.* Guwahati: Spectrum Publicatons.

Lalrinthanga, M.C. (1993). *Mizoram Politik (1976-1986).* Aizawl: Lengchawn Press.

Lalrosanga. (1998). Mizoram leh Mizo Hnam Humhalna Kawnga Chanchin Thendartu (Journalist) te Tihtur leh Mawhphurna. *Laisuih 1997-1998.* Shillong: All Mizo Post-Graduate Students' Union HQRS.

Lalruatfela Nu. (2007, 07 March). 'Sorkar hnahthawk work culture chhiat chhan Kohhran leh NGO-II'. *Evening Post*. Aizawl.

Lalruatfela Nu. (2007, 28 March). 'Sual do kawnga enforcement-te aia kohhran leh NGO chak zawk chhan'. *Evening Post*. Aizawl.

Lalsawma. (1998). Mizoram leh Mizo Hnam Humhalhna Kawnga Kohhran Tihtur leh Mawhphurna. *Laisuih 1997-1998*. Shillong: All Mizo Post-Graduate Students' Union HQRS.

Lalsawma.(1994). *Revivals: The Mizo Way.* Aizawl: Lalsawma, Mission Vengthlang.

Lalsawmliana, C. (2006). *Right to Information Act, 2005 and The Mizoram Right to Information Rules.* Aizawl: Lengchhawn Press/published by Lalsanglura Chengkual.

Lalthangliana, B. (1975) *History of Mizo in Burma.* Mandalay: Arts and Science University.

Liankila. (2006). 'Kristianna leh Politics'. *Kristian Tlangau.* Mizoram Presbyterian Church Synod.Aizawl: February. pp.14-16.

Lianzela. (1994). *Economic Development of Mizoram*. Guwahati: Spectrum Publications.

Malsawma, F. (2009, 05 December). 'Youth Commission hi timai tur hi a ni lo'. *Vanglaini*. Aizawl.

Malsawma, F. (2010, 13 January). 'Mizote hi Pathian Hnam thlan kan ni tak tak em? Pawm dan nghet neih a hun!'. *Vanglaini*. Aizawl.

Malsawmi. (1993). *Mizoram Presbyterian Kohhran Hmeichhe Chanchin.* Aizawl: Synod Publication Board (SPB).

Mizo Zirlai Pawl (MZP). (2010). *MZP Chanchinbu.* January- February. Aizawl.

Mizoram Gospel Centennial Jubilee 1994 Souvenir. (1994). Aizawl: Gospel Centenary Sub-Committee.

Mizoram Presbyterian Church Synod. (2008). 'Kristiante Leh Politics'.*Synod Newsletter.* Vol. XXVI No. 298, July.pp.1-2.

Mizoram Presbyterian Church. (2006). *Synod Newsletter.* Vol. XXIV No. 269, March.

Mizoram Presbyterian Church. (2006). *Synod Newsletter.* Vol. XXIV No. 274, August.

Mizoram Presbyterian Church. (2006). *Synod Newsletter.* Vol. XXIV No. 275, September; Mizoram Presbyterian Church. (2007). *Synod Newsletter.* Vol. XXV No. 279, January.

Mizoram Presbyterian Church. (2007). *Synod Newsletter.* Vol. XXV No. 283, May.p.1.

Mizoram Presbyterian Church. (2007). *Synod Newsletter.* Vol. XXV No. 280, February.

Mizoram Presbyterian Church. (2008). 'Mautam tam chungchanga Synod Thuchhuah'. *Synod Newsletter.* Vol. XXVI No. 294, March.p.2.

Mizoram Presbyterian Church. (2008). *Synod Newsletter.* Vol. XXVI No. 295, April; Mizoram Presbyterian Church Synod. (2009). *Synod Newsletter.* Vol. XXVII No. 306, April.

Mizoram Presbyterian Church. (2008). *Synod Newsletter.* Vol. XXVI No. 299, August.

Mizoram Presbyterian Church. (2009). *Synod Newsletter.* Vol. XXVII No. 304, March.

Nag, Chitta Ranjan. (1993). *The Mizo Society in Transition*. Delhi: Vikas Publishing House.

Nag, Chitta Ranjan. (1998). *Mizo Polity And Political Modernisation.* Delhi: Vikas Publishing House.

Prasad, R.N. (1987). *Government and Politics in Mizoram 1947-1986.* New Delhi: Northern Book Centre.

Prasad, R.N., & A. K. Agarwal. (1991). *Political and Economic Development of Mizoram.* New Delhi: Mittal Publications.

Radhakrishnan, R. (Ed.). (2008). *India Development Report 2008.* Delhi: Oxford University Press/ IGIDR, Mumbai.

Ray, A.C. (1982). *Mizoram Dynamics of Change*. Calcutta: Pearl Publishers/ICSSR.

Ray, A.C. (1993). *Mizoram.* New Delhi: National Book Trust.

Sangkima.(2004). *Essays on the History of the Mizos.* Guwahati: Spectrum Publications.

Singh, K. S., Goswami, B. B., Nunthara, C., & N. N. Sengupta. (Ed.). (1995). *People of India – Mizoram.* Vol. XXXIII . Anthropological Survey Of India, Calcutta: Seagull Books.

Staff Reporter. (2007, 07 November). 'Falkawn landowners demand compensation'. *Newslink*. Aizawl.

Synod Executive Committee Vawi-213-Na. Mizoram Presbyterian Church Synod. (2007). *Synod Newsletter.* Vol. XXV No. 284, June.p.1.

Synod Mission Board. (1996). *Ramthar Rawngbawlna Enthlathu Committee Report- 1996.* Aizawl: Synod Mission Board.

Thanglura, A. (1983). *Zoram Politic Lumlet Dan*. Aizawl: Thakthing Bazar Press.

Thangzama. (1998). Mizoram leh Mizo Hnam Humhalh Nan: Hnam thuthlung Dik Chu Enge Ni? *Laisuih 1997-1998*. Shillong: All Mizo Post-Graduate Students' Union HQRS.

The Assam Tribune. (1989, 02 March). 'Church Role In Mizo Polls Questioned'. Aizawl: 01 March. Guwahati.

The Assam Tribune. (1989, 09 January). 'Counting In Mizoram On January 23'. Aizawl: 08 January. Guwahati.

Vanlalchhuanawma. (2006). 'Mizo Kristian Hmasate leh Harhna (Mairang Harhna Chhimtute Thukhawchang)'. *Kristian Tlangau.* Mizoram Presbyterian Church Synod.Aizawl: April. pp.20-26.

Vanlalhluna, H. (1995). *Sorkar Tha Hnam Din Chhuahna*. Aizawl: Synod Social Front Committee.

Vanlallawma, C. (1998). Mizo Identity: Mizoram leh Mizo Hnam Humhal Dan. *Laisuih 1997-1998*. Shillong: All Mizo Post-Graduate Students' Union HQRS.

Vanlalramsanga. (2010, 21 January). 'Tun dinhmunah Mizote tan Inchimralna hi a hlauhawm em?' *Vanglaini*. Aizawl.

Verghese, B.G., (1996). *India's Northeast Resurgent: Ethnicity, Insurgency, Governance, Development.* New Delhi: Konark Publishers Pvt. Ltd.

Verghese, Brig., & C. L. Thanzawna. (1997). *A History of the Mizos.* Vols. I & II. New Delhi: Vikas Publishing House.

World Development Report. (2009). *Reshaping Economic Geography*. Washington, D.C.: The World Bank.

YMCA. (1988). *Hruaitu.* Vol. I. Aizawl: YMCA.

Zamawia, R. (2007). *Zofate Zinkawngah: Zalenna Mei a Mit Tur a Ni Lo.* Aizawl: Lengchhawn Press.

Zawla, K.(1985). *Pi Pute leh An Thlahtute Chanchin.* Aizawl: Tribal Research Institute.

Zoramliana, C. (1998). Mizoram leh Mizo Hnam Humhalhna Kawnga Zirlai Pawlte Tihtur leh Mawhphurna. *Laisuih 1997-1998.* Shillong: All Mizo Post-Graduate Students' Union HQRS.

In-depth Interviews

Dr. Lalthanthuami (Deputy Manager, MAMCO). *Personal Interview*. Aizawl, Mizoram: 18th, 19th & 21st January 2008.

Lallianchhunga (Lecturer, Department of Political Science, Mizoram University, Chaltlang Campus). *Personal Interview*. Aizawl, Mizoram: 19th January 2008.

Pastor B. Lalnunzira (Lecturer, Bishop's College). *Personal Interview*. Beckbagan, Kolkata: 30th September 2009.

Pastor L.H. Lalliansanga. *Personal Interview*. Beckbagan, Kolkata: 30th September 2009.

Pastor Lalnuntluanga. *Personal Interview*. Beckbagan, Kolkata: 31st September 2009.

Pi Bawichhingpuii (Director, 'Tribal Research Institute', Art & Culture Department, Government of Mizoram, McDonald Hill). *Personal Interview*. Zarkawt, Aizawl: 23rd January 2008.

Pi Vanramchhuangi ('Ruatfelanu') (Director HRLN Mizoram, Social Activist). *Personal Interview*. Chaltlang, Aizawl: 28th & 29th January 2008.

Professor F. Lalremsiama (Department of History, Johnson's College). *Personal Interview*. Khatla, Aizawl: 26th January 2008.

Professor Lalrinthanga (Department of Public Administration, Mizoram University, Chaltlang Campus). *Personal Interview*. Aizawl: 19th January 2008.

Professor Lianzela (Department of Economics, Mizoram University, Main Campus). *Personal Interview*. Tanhril, Aizawl: 24th January 2008.

Professor Thangchungnunga (Department of Economics, Mizoram University, Main Campus). *Personal Interview*. Tanhril, Aizawl: 24th January 2008.

Pu J. Lalhruaisanga (Lecturer, Department of Political Science, MICE). *Personal Interview*. Venghlui, Aizawl: 29th January 2008.

Pu Lalchamliana (Sr. Lecturer, Department of Political Science, Pachhunga University College, Aizawl). *Personal Interview*. Tanhril, Aizawl: 8th - 11th March 2010.

Pu Lalrinkima (Lecturer, Department of Political Science, Lunglei Government College). *Personal Interview*. Lunglei: 1st February 2008.

Pu Lianhmingthanga (Senior Research Officer, 'Tribal Research Institute', Art & Culture Department, Government of Mizoram, McDonald Hill). *Personal Interview*. Zarkawt, Aizawl: 21st and 22nd January 2008.

Pu Zaliana (Senior Research Officer, 'Tribal Research Institute', Art & Culture Department, Government of Mizoram, McDonald Hill). *Personal Interview*. Zarkawt, Aizawl: 22nd, 23rd & 24th January 2008.

Rev. K. Lalthlanpuia. *Personal Interview*. Beckbagan, Kolkata: 31st September 2009.

Rev. Zaithanmawia. *Personal Interview*. Beckbagan, Kolkata: 30th September 2009.

Pi Malsawmkimi and family (5 people (names partly changed)). *Patient Interview*. Mukundapur, Kolkata: 2016

Pu Peka and relatives (3 people(names partly changed)). *Patient Interview*. Mukundapur, Kolkata: 2016

Pi Hruaii and relatives (3 people (names partly changed)). *Patient Interview*. Mukundapur, Kolkata: 2016

Mr. L. Chhetri and family (4 people (names partly changed)). *Patient Interview*. Mukundapur, Kolkata: 2015, 2016, 2017.

Pu Abraham and family (4 people). *Patient Interview*. Saltlake, Kolkata: 2017

Mr. T. Tamang and family (2 people (names partly changed)). *Patient Interview*. Mukundapur, Kolkata: 2017.

[*] George Mark Moares. (1964). *Op.cit*.
[†] *See*, G.H. Loch's letter to R.A. Lorrain, dated April 18th 1911 cited *in* R.A. Lorrain. (1912). *Op.cit.* p.262.
[‡] For Details see, A.G. McCall, (1949). (2003). *Lushai Chrysalis.* Aizawl: Tribal Research Institute.