Surat – Will we learn the lessons?

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Abhimanyu Arjun Sable, of Beed, will have a story to tell his grandchildren when a resurgent India would have taken its rightful place among the comity of nations. He may tell them how he created history of sorts and became the focus of the world media. Little did he realize that the few shotty groin beads in his feverish body were, like the shots which Mangal Pandey triggered in 1857, destined to set in motion a chain reaction with calamitous consequences for the Nation. The reputation of India took a nosedive and overnight the name India conjured up visions of pestilence, penury and filth. The magnificent edifice of a country on the threshold of a technological and economic miracle crumbled like a house of cards. An Indian had to be screened, quarantined and watched, lest he unleashed the lethal germ through his breath and body.

Surat has a history of visitations. It was here that the British first established their trading port in 1612 and set in motion the mercantile activities which made Surat one of the richest and most commercially oriented cities in India. Surat of 1994 reminds one of Oran in Camus' Plague[1]. 'The town itself, let us admit, is ugly. It has a smug, placid air and you need time to discover what it is that makes it different from so many business centres in other parts of the world.... Our citizens work hard, but solely with the object of getting rich. Their chief interest is in commerce and their chief aim in life as they call it is 'doing business'. Naturally they don't eschew such simple pleasures like love making, seabathing and going to the pictures'. Like the citizens of Oran, the people of Surat 'had not the faintest reason to apprehend' the grave incidents which took the town by storm. Now that the storm has almost blown over and recriminations and mutual accusations have given way to calm reflections, let us ask ourselves – are there lessons to be learned?

While it is easy to raise an orgy of accusations of incompetence and ineptness in the initial handling of the crisis, one should not lose sight of the fact that like the tragedy of Lattur, the crisis at Surat once again brought out the best in our country. The country responded magnificently and with quiet dignity and brought the situation under control. If the country was unprepared to face such an exigency, much of the blame should go to the central agency vested with the responsibility of monitoring plague. Like every one else, the National Institute of Communicable Diseases (NICD) has been taken totally by surprise by the outbreak. According to NICD, the last rat fall was reported in Karnataka in 1989 and death from plague was not reported after 1979. No wonder that a certain laxness crept up even in the plague surveillance unit of the NICD. How else does one account for the absence of a single publication in cited journals from the NICD on any aspect related to plague in the last ten years? Significantly, only two important papers related to epidemiology of plague were published in the period 1976–1994. The first one, an extensive study on sero prevalence[2] was published in 1978, in the *Indian Journal of Medical Research*, while the other one, more recent, was on insecticide resistance of the dominant species of rat fleas in Bombay and rural Maharashtra. The paper by Renapurkar[3], a noted worker on plague, had highlighted the high flea density in Maharashtra, excluding Bombay city, citing antibiotic resistance as the major reason. The paper made a prophetic warning of a possible outbreak of plague in Maharashtra! Obviously, the concerned agencies and health planners had by then buried plague into the dustbins of India's history. No one seems to have taken note.

The story of plague is not an isolated one. Communicable diseases contributed the main disease burden when the country attained independence. National plans were launched to combat these diseases on a war footing and at the time of writing, there are over ten national programmes in operation, aimed at eradicating or controlling these scourges. With the arguable exception of malaria, the success of these programmes in bringing these diseases under control is questionable. No doubt, mortality has come down and the prevalence of immunizable diseases reduced. But there is little evidence that the specific interventions of the type envisaged in our action plans have significantly contributed to the changing profile of these diseases. Changes in lifestyle, nutritional habits and availability of other services might as well have contributed to the changing profile. This is not to suggest the irrelevance of the national programmes, which are essential elements of our health care delivery. Sadly, the programmes are implemented with neither conviction nor commitment on the part of the health services. Targets are set and success evaluated solely on the basis of coverage of the programme. No epidemiological basis exists for estimating prevalence or annual infection rates of communicable diseases covered by the programmes. It should shock the conscience of the medical fraternity and people of India to know that in the last three decades no nationwide survey was carried out to assess the prevalence of diseases like tuberculosis, leprosy, trachoma, filariasis or blindness. Still national programmes are implemented and success claimed on the basis of educated guess. The only attempt to assess the magnitude of a disease on a national basis was in the case of tuberculosis[4]. Even this survey was deficient in that more than fifty per cent of the country's population was not included for sampling and vast tracts of the land were excluded. Epidemiologic studies are noted by their absence in Indian medical literature. Not that we do not have national institutes set up to study these diseases. Regretfully one concludes that these institutions have failed the country and their contributions to the promotion of public health are meagre. Epidemiology has never received attention in our medical teaching or planning. One learns about the determinants of the common diseases of India from erudite textbooks written in the West. A court astrologer with common sense would do better than some of our national institutions in predicting possible outbreaks and outcome of epidemics.

Public health is not a matter for doctors alone. It is everybody's concern

Table 1. Medline citations (1990–September 1994) on important diseases of India*

Disease	Global citations	Indian citations	Citations from medical colleges
Plague	166	1	0
Cholera	557	34	7
Trachoma	154	3	3
Leprosy	1261	172	48
Tuberculosis	2459	74	38
Diarrhoeal diseases	3667	97	56
Malaria	2463	157	37

*The searches were the broadest possible.

and responsibility. Many of the doyens of public health like John Snow, Graunt and William Farr were not medically trained people. Yet, it would be blasphemous to deride the crucial role which the medical profession plays in providing leadership for public health programmes and in shaping the perceptions and attitude of the general population on health. The medical colleges of India, thus, have a pivotal role in training and supplying a cadre of competent and committed physicians who would assume the role of leaders in the promotion of public health through education and action. The departments of preventive and social medicine, later renamed community medicine, were established with great hopes of achieving the above goals. But ask any young medico as to which department he least adores but most enjoys. The answer almost invariably will be 'community medicine'. The community medicine departments remain among the least favoured ones in terms of funding, prestige or authority. No wonder that the students coming out of our medical institutions are least inclined or equipped to study the dominant health problems of our country. A survey conducted on research conducted in India during the past five years throws light on these aspects (Table 1).

The list is an eloquent testimony to the state of medical research in our country. With the exception of leprosy, not even ten per cent of the global citations are from India, while over 40 per cent of the disease burden is in our country. The contribution of the medical colleges to research is meagre, except in diarrhoeal diseases and tuberculosis where over fifty per cent of the papers are contributed by these institutions. Among the medical colleges, three institutions contributed more than 70 per cent of these publications: these were AIIMS, New Delhi; PGIMR, Chandigarh; and Christian Medical College, Vellore. Judging by the flurry in setting up new medical colleges in the early eighties, one can hardly keep track of the number of medical colleges in our country. Over 150 is a reasonable count. It is clear that the medical colleges of India are outside the mainstream health problems of our nation. Most of them are decadent institutions churning out physicians whose principal aim is money and material comfort. Ill trained and ill equipped to tackle the main health issues in the social and epidemiological context, the medical profession in India has lost its moral right to guide the country through troubled times. The tragedy of Surat highlights this predicament. According to most news reports, the doctors and paramedics in the private sector in Surat brought ridicule to our nation in being the first to flee in large numbers when they were most needed, triggering a mass exodus from the city.

Public health and urban sanitation are not the exclusive concerns of the medical profession only. Water, sanitation, housing, waste disposal and infrastructure development in the form of roads are all important determinants of the overall quality of health. The growth of the Indian cities has been wild and cancerous. Our cities demonstrate the tragedy of our nation; opulence and modernity growing side by side with squalor and filth. The filthy settlements in the outer cities exhibiting human decadence at its worst makes a mockery of the towering skyscrapers and well swept roads of the inner city. This human tragedy pricks our conscience only on ceremonial occasions like Gandhiji's birthday. If our nation does not have the courage to clean up the morass and stinking cesspools which most of the outer cities of our country are, and have the will to provide our poor and dispossessed, clean water, decent housing and an opportunity to live with dignity, epidemics of greater magnitude are likely to descend on our country. We seem to be waiting for such calamities to prove to the world, India's capacity to tackle human tragedies. 'Prevention is better than cure' shall, in the meantime, be relegated to the level of yet another slogan in our vocal war against disease and suffering.

1 Albert Camus, in *The Plague*, Penguin Books in association with Hamish Hamilton, Great Britain, 1960, pp 5–6

2 Srivastava, L, Ghose, J N, Suri, J C, Narain, B, Rawal, I. J and Krishnamurthy, B S, *Indian J Med Res, Section A – Infectious Diseases*, 1978, **68**, 12–15

3. Renapurkar, D. M, *Medical Vet Entomol*, 1990, **4**, 89–96.

4 *Tuberculosis in India – A Sample Survey, 1955–1958*, Indian Council of Medical Research, New Delhi, 1959

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