

Social History of Medicine in Colonial India

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Lecture 05a

TUTORIAL 4 – Understanding Covid-19 in the context of this course

Hello and welcome to the next lecture, Lecture number 20 - and this is a tutorial - and a very different kind of a tutorial. Other tutorials were meant to help you with readings - extra readings by defining some of the cultural or historical or other terms and information which keep recurring in several texts. But this is a different one - we are not going to talk about any particular terms or concepts or terminologies. Basically this tutorial's aim is to help use the past in understanding some of what is happening in the present and what better way to do it than to use Covid-19 to understand so much of what we have been discussing in this course - especially in the last few lectures, particularly on the topic of epidemics. Most often, even when I had offered this course before to students, we had just basically what we learned from the texts or from some photos or newspaper clippings of that time. But now, recently, when I am offering this course - like I am doing now in this NPTEL form, there is that (for all the disadvantages that Covid had, now we at least from this point of view there is), one small advantage: that we can actually sense, have a real feeling, of how things would have been at that time. So, the opportunity to live through Covid has provided many of us that special capacity, that sensitivity, to comprehend and to be able to imagine the kind of constraints, horrors and difficulties faced not only by the people, but also by the state, the health authorities during pandemics of the past. And as you can appreciate, this is of special relevance to this course and especially at this point where we have just finished talking about public health at large and epidemics in particular.

And why this is particularly relevant to this course is that we can see the Covid pandemic through some of the same kinds of issues and frames that we had come across in the study of the historical cases - the interplay of various factors like medicine, culture, the role of the state, role of the media, the international dimensions and the pressures, cooperation and all of those things. One of the most direct connections that can be drawn from this course to the Covid-19 scenario is that something which we just only recently discussed which is the Epidemic Diseases Act of 1897 - the colonial Act was straight brought to 2020. As you would have noticed, we did not discuss too much about what

the Act actually contained, we just kept saying the act was invoked and people did this, that, and all that - but not in too much detail. I had reserved all that so that we can actually live through in a sense (because we had just recently gone through) - now we will know in a very personal way - what are the various provisions of those Act, and how in this current situation, in this current century, it was implemented right in our own lives. For instance, the same act, 1897 Act was what provided for the compulsory closing of our schools and colleges, cinema halls and other public places like swimming pools and others like that. It is the provisions of the Act which gave powers to the government to do any kind of inspection and inquiry - entering anywhere - even for instance, hostels because there was a time when there was not total lockdown - Institutions were allowed to function either in the early stages of the pandemic or when lockdown was relaxed - but still government servants, IAS officers could come to the hostel, for instance, come to the institute, ask the Director to be taken to particular hostels, knock on the rooms, talk to students : 'how is your mess being organized, are you having sufficient social distancing, are you having some kind of a roster system -whereby everyone is not going to the mess at the same time, what kind of distance is maintained between you and another person, who is coming to eat or what is the kind of a bathroom arrangements or how many hundreds of you are using some eight bathrooms' or those kinds of things many of you would have experienced or seen on the TV – government checking the kinds of preparations, precautions, distances. Also what we saw was very meticulous recording of information of travel, especially the term 'contact history' became very prevalent - who are the kinds of people who we contacted, who they contacted, where did they come from, did they contact someone who came from there, who would have brought (infection) from there and those kinds of things. This was the same Act which provided for imposition of quarantines, isolations even face masks - at that time during the plague or other pandemics, face mask was not a big element. But the Act was now used to make compulsions like face masks. And once the mask came then also very specific particularities about the mask - it should not be just a cloth mask, it should be reasonable - if not N95 or whatever - at least this particular level of efficiency, efficacy should be there in the mask and all that. And of course, many of us experienced: we were prevented from most kinds of congregations at the public meetings or even things like going to temple, mosque or Mass and churches and things like that. Similarly, the prohibition and restriction of the functioning of shops and other commercial establishments, cinema halls except things which were doling out basic necessities. We should remember the purpose of (saying) all this is that, these are the kinds of things that people would have undergone at that time and you should remember that the situation at that time was different. It was a colonial state and then something which was seen to be imposed by alien power, someone different from us. But still, whoever it is, whatever the colour of, or the origins of the people who came or brought this law or implemented it, the kinds of restrictions were the same - the state, our state not the

colonial state, an independent state at the central and state levels - they had coercive powers - if these things were not followed, imposing it strictly on the individual or owners of public commercial enterprises. This could involve sealing of entry and exit from a particular streets - some of you would have gone through that unfortunate situation where your entire street was sealed off - none of you from those 10 or 12 houses in that street could go out - even if it was for essential things. Things would be arranged to be delivered. May not be even streets, even entire areas - sometimes people, in most cases could not go out of their states and there were special kinds of passes that had to be obtained for going out or entering another state. All this while using your own public or private vehicle or by own foot. But even regard to public and private transport, whether it is road or air, there were lot of restrictions and banning of vehicular movement. The same Act was what provided for the states, state governments to inspect people or quarantine people arriving into the particular area, the state, by whatever means air or rail or road or sea. Not only that, there was also provision to exercise control on the media - any kind of media, the print or visual or a more modern thing which was not there during those (earlier) epidemics - the social media, which itself can be an epidemic as we will see. The state could exercise control, again, all of this, in the name of public health. As we have been seeing throughout the course, in the name of the public health, the state could extend its long arm in the name of the particular urgency of the situation, exigency of the situation. In this case, the state could exercise control on the media to basically ensure that only the right kind of information is given and all kinds of information not approved by the state or proper health agencies like the World Health Organization - do not get into the information flow or rumors are not spread. This is particularly challenging in the new scenario, as I said in this century where electronic communication is so prevalent, so easy, so cheap, anyone can spread anything and especially rumours (as they say, rumours spread faster than light!) But at the same time, the same technological advancement can also be used to somehow track the origins, the mischief makers, the origins, the sources of the particular message or the rumour - that was there, but then the problem was that by the time that is done, there is already some measure of damage done by the kind of fear, anxiety created in some sections of the people. That is why, we have to even talk about misinformation itself as an epidemic - this misinformation which is a peculiar problem of this ironically this age of **information** and age of communication - this epidemic can spread even further and faster than actual epidemic diseases.

There are some differences between the way the challenges unfolded. One of the important aspects of the said Act of 1897, is that it does not have adequate safeguards against abuse of power. It says that state can do this, state can do that and the citizens should not do this or prevented from this, they can be prohibited from that and all that. It looks like more state-centric and not in favor of citizens. Or there is no concept of rights of citizens - and also it is because of the kind of situation and moreover it is anyway a

colonial era Act where the colonial state did not have to particularly worry about things like the rights of the citizens - they just had to do it and people just had to cooperate. But things are different in the context that we are talking about. It is not a colonial state which can be repressive - we have a Constitution, we have human rights agencies and we have fundamental rights and things like that. But still that does not change the fact that many of them are very harsh, difficult to bear - all of us have been through it. They were seen as repressions - many felt that they were being harassed by the police, stopped or even arrested when they were going for even doing purchase of basic needs which was legitimate. As I said, there is a difference in the nature of the state we have a Republic with constitutional rights guaranteed and other such things. Also among the citizens, it is a different era where there is a greater realization and consciousness - even after the coming of the Constitution and the Republic, there is a greater consciousness now than compared to, say, the people living in the villages in the 1960s. Even now because of the spread of information, all these technologies and awareness-creation, rise in the levels of literacy and all that - so there is a greater realization of rights among people and there is a greater tendency to question. People understand that this is an emergency but still they, the population was expecting some level of moderation. That is why, on the other side also, the state side also realized it is not colonial times, it is not even like 1960s and we are in the 21st century. So, sometimes police, rather than enforcing strictly and arresting, they had to cajole: why not you please stay at home, why are you bringing your scooter out, don't you understand, don't you realize it is not just about you, don't you realize that your family may be affected when you go back now, you don't know what you would have carried, three people in your house may be affected, your elderly parents might be affected - those kinds of cajoling or even when they punished, they gave very innovative punishments - like in front of media, the glare of the camera - they (offenders) were asked to sit down and rise up as they do in temples, do it like 20 times, 30 times - that kind of punishment exercises or take some oath: 'I so and so, hereby promise that I will not venture out of my house unless I am needed for emergency, I realize my mistake and I also request all my fellow citizens..' - those kinds of things. It fulfilled double purpose, one is a kind of punishment and embarrassment - but also kind of awareness creation simultaneously for others, watching it on TV or social media. Again, because of the different kind of situation we are in - people were not separated, women were not separated by force by from their husband or children dragged - no one was violently dragged without being explained - people were properly - told this is the procedure, this we have to do and this is the number of days you have to be at this quarantine station and other such these things. In fact, communication was allowed with the family - people could carry their cell phone also and that is again (for all the evils and problems that cell phone can engender), one thing at least, when you are standing in a queue or entire isolation, at least it gives you some company, it reduces the pain. And in spite of all this very different kind of softened approach and the cajoling

approach, even our own government was seen as being oppressive. All this I am saying, so that you can imagine the kind of problem that the colonial state would have felt in terms of winning the trust and cooperation of the people. Here itself we saw, in spite of our government, doing all the information campaign, trying to be as moderate as possible, people still rushed to railway stations - we saw it all vividly on camera, -especially workers who wanted to - in spite of all kinds of assurance, local governments' assurance - wanted to go back home, for all those cultural elements: that kind of anxiety about how their elderly parents are back home - 'even if I die, we should all die together' - that kind of cultural sense of attachment. We also came across people who (as we saw in the case of the plague - people would sometimes even hide the dead body inside the house and conceal information, similarly here also, even after a century, people had the same attitude, they) concealed the symptoms because of the fear that then they may be subject to Covid-test and then taken for quarantine and things like that. So the state needed a lot more work on that front in terms of convincing, inspiring trust and cooperation because it couldn't act like the colonial state. Even the colonial state also, it couldn't act too repressively as we saw like they always had 1857 and other things in mind and any sensible government will not depend too much on repression, but at least they had the option of not being too sensitive to people's sensibilities. But here for the various factors that I said, the government had to. Even vaccination was made not made compulsory, it was rather done by persuasion, by media campaign and even public health officials visiting households and trying to educate the people. Vaccines also were available freely. Of course, they were available in private hospitals where people who could afford could go and do it especially in quick time, but for those who couldn't afford, the state made it available free in several places and special drives were launched - weekly drives and 'Sunday vaccination' and such drives going very closer to the people, areas, centres where people lived or would congregate. (In this context you can recall the peculiar effective method adopted by the Bombay presidency during the smallpox vaccination campaign, when they proactively went in search of people and gave most of it freely).

Though it (vaccination during Covid 19) was not made compulsory, people were made to feel somewhat awkward and odd if they are not vaccinated - because everyone was getting vaccinated. Even when the public health officials came home, if they asked and if you say no, they would indirectly make you feel that something is wrong and you are on the wrong side. And there are other ways in which it was made compulsory - for instance, only those who were vaccinated were allowed to travel - when some relaxations were made, lockdown was being relaxed and travels resumed, it was mandatory in most places that people boarding flights or trains should have vaccination - at least one dose. Even for sometimes people going for say examination duties, they were told: 'many people are applying for that, we have preference for those who had both doses already' - that is, in an indirect way, it was made compulsory.

And now, there was a better collection of information about vaccination, about the availability, about the supply. As I have been saying, information management, information/data collection is very, very important - we have been talking about vital statistics, registration and such things. Healthcare generally is better done when things are better known, better organized data is available. In this particular case, it was a very robust database for every person was vaccinated. In India, there was a national database,- anyone at any level of government can see. One more important thing which we can also connect to historical times was, vaccine was produced in India, for India and also for abroad. We came across how in fact the (plague) vaccine was invented in India - and in this case it was not invented in India but it was produced in a large scale in India, the Covid vaccine. But with regard to plague vaccine, Haffkine came up with his own plague vaccine which was originally invented in India and it was produced not only for use in India but also to be sent particularly to other British colonial positions elsewhere. Similarly there was a role, important role played by various propaganda agencies to promote awareness. And media was particularly relevant with all its appeals, constant appeals to get vaccinated, to maintain isolation, to maintain social distance, to follow precautionary measures, wearing of masks and all that. Social media, as well, as much as it can be mischievous - spreading false information, was also a source of comfort - people could feel that solidarity - that if we do these certain things, things could be under control, some amount of anxiety reduced.