

Social History of Medicine in Colonial India

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Lecture 05b

TUTORIAL 4 – Understanding Covid-19 in the context of this course - Part 2

One of the important things we covered when we are talking about epidemics in the colonial context was the whole set of cultural elements. Similarly here, already you got some elements of cultural aspects - already in terms of anxiety and being with your elders during difficult times and things like that. But here there are more specific ones like the tragedy of people not being able to cremate or bury their dead or even having proper funeral if the person died due to Covid. In fact, the state took over, the state took the body in a particular way, in a particular covered way -sometimes the relatives were not even able to see and the body was disposed in a particular medically appropriate way - that had lot of personal cultural implications. And then also, some other kind of cultural issues which particularly were pronounced in this case than about a hundred years back, which is concern about privacy. Issues, concerns and consciousness about privacy and all that was not a big issue at that time except like when people being examined in the railway station, as I said, examining the armpit.

But here it is a different kind of a privacy, privacy about your life, privacy of your data, - those kinds of things. Here, apart from the physical discomfort and restrictions, the isolations, quarantine and other such things, there was this new element, concern over anxiety over privacy. For instance, the government officials, say for instance, the corporation officials would come and paste a notice outside your door:

‘This house has got Covid infected people’ and even with the names of them. That would kind of produce stigma. Even sometimes, for instance, in institutions where there is an ‘Announced mail’ - there is an announcement: ‘this is to let you know that so and so, in such and such block has been affected’. And not only that - ‘this person and his partner have been affected’ - that leading to all kinds of unnecessary gossiping - ‘Oh, this person is living with partner. Okay. I thought that was his wife or I thought that was his friend, another male friend... Oh, he is a partner’ - those kinds of unnecessary gossip and other loss of privacy or even facts like how many daughters (‘oh, he has daughters’)

- some people may not like others to know what is the age of their daughter and or that they have so many daughters or and it is their actual husband or their partner or the

exact marital status. It is all none of our business – it is private. But then, the aim was not that - it was done for something else. But then in this process, privacy got compromised. And again, as I said, things are different - they are different from what they were 60, 40 years back. Now these are important issues. And then because things are so publicly announced and posters are put, there is also that stigma of the infected person. Then if you are living in an apartment, then there is a fear about that person - all these days they were 'neighbour' - now they were 'Covid patient'. And then, all kinds of different kinds of attitude : 'can I use the same lift? Can I use the same corridor? Then again, some other related problem was, as I was mentioning, there are some cultural attitudes - people saying : 'oh no, I will somehow manage my body, my family has a history of robust resisting of disease, immunity...Let us not tell, let us suppress the symptom or the ailment' - which can sometimes prove fatal. So, beyond the kinds of difficulties or repression or repressive measures (or at least felt so by the people), difficulties could also be created by people to their fellow citizens. This kind of stigma - looking at them in a particular way and the stigma on the healthcare workers – 'rational' stigma - because the healthcare workers are throughout the day exposed to Covid patients. When they come (back from work) - they are the new kind of untouchables - special social distance has to be maintained from them - to the extent sometimes the landlords whose place these health workers had rented to stay, forced them to vacate because they were worried about the healthcare workers being in constant touch with Covid patients (and so what might happen to their property).

But again, talking at a cultural level, there is also the other part of cultural solidarity - things were not always all that negative. There were very heartening instances of people not just stigmatically looking at the neighbours but very proactively going out, helping them - at least leaving stuff at the door. Then anyway, cell phone was there - even if you don't see them or go near them physically, you can at least talk to them, keep them in better spirits and do all kinds of other things. And also, not all healthcare workers were treated the way they were treated by their landlords or other people who did negative things to them - including attacking them. On the contrary, many people, maybe majority of the people, held them in high esteem - appreciating the fact that well everyone else had lock down and didn't have to go to office, schools and other such things, these were the people who had to not only go to work, but work more than usual - in very dangerous circumstances. There was a lot of appreciation and all kinds of symbolic support like the spraying of flowers from helicopters and aeroplanes at particular time, people going and standing up the terrace and showing their expression - salute to that. Sometimes people wonder what is the connection between Covid and the beating of the thali plates and clapping and the blowing of conch cell - what is the medical connection between that and Covid. But then, these are all ways of some kind of cultural solidarity - especially in a situation where the disease is (this also you can

connect to earlier epidemics), challenging because the actual cause itself is not known. Here also, there were some ideas of where it came from, and it's a kind of a flu and all those things - but then fuller understanding took some time. Till that time some of these kinds of things were needed. These also prove the point that medicine is not just about medicine and so many matters of the heart rather than the art of medicine itself matter. This is a kind of cultural bonding, show of cultural cohesiveness - that we are all - in spite of the suffering - we are all doing something, we are all together.

And what are the other things which came? - since we have been referring to and also we will discuss about indigenous systems of medicine and all that, here also there was a room for alternative kind of remedies. A lot of people took to their own medication, self-medication to hide the symptoms or prevent the systems or avoid testing and being detected and then being sent to quarantine. Many in fact had home-grown remedies like steaming - people each had their own method - what do you put in that water, whether just hot water or put this leaf, that leaf or creating concoctions with several leaves and pepper and this and that, people had their own formula: of 18 ingredients, 12 ingredients. Some of it might have been based on some text, but some of it just based on experience and their own belief that this would boost immunity. There was one particular thing especially in this part of the country - in Tamil Nadu there was a particular concoction made - it is called kabashoora kudineer - it is a kind of a drink made of herbal material. The interesting thing is that the ministry of Ayush, which is a ministry dealing with indigenous systems (Ayush standing for Ayurveda, Yoga, Unani, Siddha and Homeopathy - basically all the alternatives - we cannot say 'indigenous' as you will see later, the term indigenous itself generally is problem, and also homeopathy is something which came from outside - from Europe - but it is also part of this particular non-biomedicine Department - in fact, earlier it was a Department, now it is Ministry of Ayush) - this ministry in fact, gave official approval to kabashoora kudineer as a proper immunity booster for handling Covid. Now it is even available in allopathic pharmacies. That is an interesting thing - how these epidemics also provide an opportunity for getting back to some of our roots, our own cultural or culture-added/inflected kinds of remedies. This also gave a sense of belonging, these are things which we are used to, this is how our grandfathers used to be robust - when this kind of disease came or that kind of thing came in our village, they were spared - and such kinds of elements - instead of just thinking of what the government is saying and kind of scientific descriptions given and the assurance of vaccine coming and all that. Also, as I said, in the initial period when there was not enough knowledge of the disease and its origin and the ways to tackle it in a scientific way - all these provided ample room for cultural customizations - both in terms of the habits and also the kinds of medication, intakes and other things. And one other important thing we can compare with the earlier instances of epidemics that we have covered: there we were talking about international pressures, international politics and how they had an impact on the way the epidemic was looked or epidemic measures

were forced upon by the colonial government. Here also there are some clear international dimensions: the World Health Organization - right from the beginning had been playing a very robust role. Of course, from time to time it was also dithering - saying something one day and saying something after one month about what was the cause and what was the nature. But still I think by and large, it played a very pivotal role and international governments also came together. There was a reasonable measure of agreements on closure of international airspace, on travel and or checking and other kinds of facilities - in particular airports, for incoming and outgoing travelers. Also vaccine distribution also took on a very international dimension. Apart from philanthropic agencies, the government themselves - for instance Indian government - had a very proactive vaccine helping programmes to help especially third world countries with supply of the vaccines that were - though not invented here but - produced in large scale (in fact there was one particular vaccine which was even made here - home-grown and also produced and which were made available to other countries). And one other area of cooperation was the better gathering and sharing of information among countries.

Coming back to the Epidemic Diseases Act, one of the criticisms is that it is more of a policing Act: how can the government exercise the various kinds of controls and what are the kinds of things/compliances that the government can expect from the citizens, etc. It does not say things like the government should **do** these things - there is no kind of responsibilities of the government - it is only about what the government can do to the people (in terms of prohibitions). And also another criticism is that this is a kind of a shortcut available to avoid or delay more difficult options which might be less intrusive or restrictive but can be more costly and taking more effort like wider public education campaign, counseling or encouraging local community initiatives. In this situation it was tried - all different methods were tried but the problem with the Act again is that it does not have much of an inbuilt guidance and emphasis on ethical issues or about the scientific options to be adopted or responsibilities of the government. But still in our case, in the Covid case, there were very distinct ways in which science and technology was brought to service. For instance, in India we saw efforts to make masks and faster production of particular kinds of instruments like ventilators or personal protective equipment or oxygen cylinders which were in great demand. Then there was, as I said, vaccine research promoted internationally - several countries were in it and in India also - there was a particular vaccine produced internally. Apart from that, the vaccine invented elsewhere was also produced on a big scale. These are ways in which science and technology came immediately to play and countries were aspiring for self-sufficiency in the production and supply of vaccine plus also these kinds of other instruments like ventilators using science and technology. But still there are again, going back to the Epidemic Diseases Act, several issues, potholes and in fact there was an amendment

bill passed in 2020 with some modifications - this Epidemic Diseases Amendment Act 2020 - which brought amendments to the 1897 original colonial Act. One of the important aspects of this is to include punishments for those who are attacking doctors and health workers - as I said that was happening - the public seeing the doctors as intruding too much into their lives and their movements and there was a lot of attack on properties also. So (in the amendment) they themselves were seen as kind of a public property who had to be protected apart from the hospitals. But then there is lot more which has to go into the Act - especially as I said, there should also be some kind of responsibilities – moral and otherwise - expected of government that should be listed out. Considering the different kinds of times we are living in, there should be a greater focus on ethical issues, privacy issues and all that. And let us hope that we do not need to wait for another epidemic or pandemic to include these. I hope they will be incorporated and it will be ready if at all needed - hopefully we will not face this kind of epidemic or pandemic but it is good to keep improving on these kinds of external structures and legislations which help. We will close on that note, this tutorial. Thank you.