

## THE SOCIAL SCIENCE PERSPECTIVE

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# Expert View

CeRSSE on April 29<sup>th</sup>, 2021, organised a special lecture delivered online by Dr. Chinmay Tumbe, Department of Economics, Indian Institute of Management (IIM), Ahmedabad, the author of two books 'India Moving: A History of Migration' and 'The Age of Pandemics 1817-1920: How They Shaped India and the World'. The talk was chaired by Prof. Srividya Shivakumar, Department of Microbiology, JAIN University, who began by setting the context of the lecture by tracing how disease has plagued humanity for centuries and how pandemics have over time exhibited certain trends. Dr. Tumbe noted how the second wave of the COVID pandemic was brutally crushing all systems but when we look back in history each pandemic is seen to have its own structural characteristics. While pandemics may be different from each other in their disease ecology, there are similarities when we compare stages and there is a huge value in understanding the lessons of the past. The period 1817 to 1920 was one of terrible mortality due to diseases like Plagues. The key learning from the past is that a pandemic does not end by limiting surface transmission.

The last year saw the national lockdown in the wave of the COVID-19 pandemic, which had its merits as it allowed the health infrastructure to settle down, but also saw the painful sight of around 30 million migrant workers having to walk back home as the railways were shut down. These were all hard policy decisions to make undoubtedly, but which could be completely avoidable if we understood our history. Documentation shows that during the Plague in 1920s the British government was faced with the same dilemma but it chose to keep the railways functioning as it knew that migrants would want to go back home. We have learnt this lesson and kept trains running this year but if our policy makers had known this they would not have completely shut down all trains last year.

History has also shown that second waves are always more brutal so one has to be vigilant, just because cases go down, it doesn't mean that they can't rise again. One must always stay vigilant and even though pandemics can be overwhelming there are clearly basic things which can be put into place. He quoted statistics to cite that between 1817-1920 Asia's share of the global population fell from around 65 per cent to 50 per cent and a large part of that was because of disease, and the two worst affected countries were India and China. Data also showed that Influenza was a lot more deadly compared to Cholera and the Plague. What's ironic is that while history books talk of the two world wars none actually talk about the loss of human life due to disease and pandemics.

More people died in India of Influenza than of the Jallianwala Bagh massacre but in our psyche we remember the latter. Pandemics are an evolutionary phenomena and this is in constant flux, so the threat of a pandemic is always there. The British had better data on all-causal mortality a century ago than what we have today, and a large part of that is because of under-reporting. We will only know the real numbers perhaps when the next census is done. Dr. Tumbe then gave a detailed account of the Cholera outbreak of 1817-19 and how in India we had resisted this claim of a water-borne disease till decades later. Cholera had deeply inflicted deaths of the British military in India then, and records show how mass mortality had shot up those years. It started in India and then spread to other parts of the world – just like the Corona-virus was known as the 'Chinese' virus, Cholera at that time was called the 'Indian' Cholera. Egypt was the country most devastated by Cholera, losing ten percent of its population to that disease. An important legacy of this pandemic was that internal surveillance on health began leading to the genesis of the World Health Organisation (WHO). He went on to narrate how Waldemar Haffkine became the vaccination hero in India for developing vaccines

against Cholera and Plague, and in his honour the laboratory today in Mumbai is known as the Haf- fkin Institute.

The vaccination story in all pandemics also shows how there is first vaccine hesitancy which then gives way to vaccine demand. The Plague on the other hand was all about rat management and even finds mention in the Arthashastra. Even in the past there was inhuman treatment of human beings like migrant workers being washed down with disinfectant spray. He went on to also add that women played an important role in pandemic relief efforts placing their lives in danger, best exemplified by social reformer Savitribai Phule in India, who opened a clinic for Plague victims but also succumbed to the disease in 1897.

The 1918 Influenza pandemic in India is eerily mirroring what is happening today. Like today, it had also started from the then Bombay Presidency and Central and spread to north India. Besides 1918 was particularly painful for India as that year it recorded its third worst drought in recorded history. During that time mortality was highest in those areas where food was not reaching, and the close similarity today is that more deaths are happening in places where there are lesser supplies of hospital beds, oxygen cylinders etc. Besides in 1919 also while official deaths reported was 6 million, actual number of deaths was three times that. Dr Tumbe went on to add that in his own Ph.D thesis he has shown how 1911-21 was the only decade when population growth rate in India had declined. His research also showed that 1918 was the worst macro-economic year in recorded Indian history with GDP decline and inflation rise. The main point he makes is that any demographic disaster is also an economic disaster and if you let a pandemic run its course, you will get minus 10 per cent GDP. Also the life expectancy in India in the 1920s was 22 years only, whereas today the life-expectancy rate in India is about 70 per cent. So this increase in life expectancy by 50 years is a public health success. But what we have not learnt from pandemics is how the risks can put a massive load on our public health systems. We must not forget that while in our history textbooks we start to talk about the freedom movement from the Revolt of 1857, that year was also one that saw a massive cholera pandemic. One of the first important official jobs of Sardar Patel was to control the Plague in the Ahmedabad Municipality. Gokhale was arrested for pointing out the British mismanagement of the pandemic.

Finally, he spoke of learnings, stating that we should not be too fixated on 'origin myths' or where it all started, which is why he never refers to the 1918 outbreak as the Spanish flu, because it had actually started in America but no one calls it the American Flu. Secondly, pandemics invariably lead to reverse migration and one has to anticipate that in public policy. Thirdly, we learn that pandemics and politics are hugely related, so if there is going to be an election, we can be dead-sure that lockdowns will not be implemented there. Research across the world has shown that where lockdowns did happen and where it did not was invariably connected with the timing of the next election. So the Americans did not lockdown as Trump was going to face the next election as lockdown feeds into economic insecurity and dislocation which could feed into voting behavior. In India too, the four poll-bound states have the least mobility. He ended by enumerating four stages of the pandemic – a) denial b) confusion c) acceptance, followed by d) erasure. The lecture was followed by a stimulating question and answer session from the audience and well attended by numerous

