

Immunisation as Populism

A Report

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A mass polio immunisation campaign was launched in Maharashtra in May 1983 with much fanfare. The 'war on polio' was meticulously planned and 6,000 volunteers mobilised, the All India Institute of Physical Medicine and Rehabilitation acting as medical advisers. By the end of July two-thirds of the slum colonies were supposed to have been covered. The article takes a closer look at the campaign and discovers shocking lapses. The campaign it is pointed out, was merely a gimmick created to aid and abet the then health minister's political ambitions.

THE use of health in populist politics is as old as the Emperor Ashoka. But it is difficult to find as blatant an example as the mass Polio Immunisation Campaign launched in May, 1983, by the then health minister of Maharashtra whose "War on Polio" campaign warrants close study for its sheer ambitiousness, and its unabashed use of a health intervention to achieve a tawdry political end.

Before one describes the programme or rather, "campaign", it is vital to understand the motivating factors behind it. The appointment of this particular health minister had been violently opposed even from within her own ruling party ranks. Within weeks of her appointment, there were several moves to oust her for "incompetence" and being for "an embarrassment to the cabinet". The Chief Minister apparently warned her that she had to do something to effectively silence her opponents or he would have no choice but to replace her. Evidently, a considerable part of the furore over her appointment was caused by communal factors, since the health minister was a South Indian by birth (though domiciled in Maharashtra for over 30 years) and her Bombay constituency was also predominantly South India. Yet another source of political pressure on the minister was the falling popularity of her party especially among the poor, who had, in the previous elections, voted largely for Opposition candidates.

Thus it was that the beleaguered health minister had to find a quick means of securing her own position in the Cabinet as well as improve the party image among the City's poor and a means which was within the confines of her portfolio. She hit upon the idea of the "War Against Polio" as the proverbial stone which would kill both birds. We shall see why this was a brilliant choice.

Consider first of all how beautifully polio immunisation in a image campaign fits the bill:

When asked "Why polio?" the health minister reportedly said: "other vaccines like triple, the child gets fever. The parents are upset and don't bring the child back for second dose. Also, these reactions would be used by our opponents to spread fear and make the campaign fail. With polio doses, we were confident that this would not happen."

"I had to have a programme which would take my party workers into the slums, doing a good community service, to improve the image of the party among the poor."

"Another thing—anyone could give polio (sic) because it need not be injected. So with polio, I need not depend on medical people to help me. I could use our party people and volunteers."

Several observers of the programme commented on how candid the health minister was, privately, about her political

ends. She did not bring in unnecessary rhetoric about which rationale was reserved for public consumption: such as one of the printed "public appeals" which said: "Of all these diseases, polio is the most dreadful... (it) not only causes death but also produces permanent disabilities of varying degrees, which not only makes the life of the children and parents miserable but also burdens... Society. This problem is more acutely felt in the case of female children, due to the problem of difficulty in marriages..."

"... There is no specific treatment for this disease, that is why it is extremely important to protect every child by immunisation as early as possible".

Having chosen her medico-political weapon in March 1983, the health minister planned the war with a meticulousness which would do credit to a Field Marshal. It was decided to launch the campaign on May 1, Maharashtra Day, (ironically, Labour day as well) with maximum fanfare. The planners then worked backwards, systematically plotting and preparing each step.

With 30 years' experience as a family physician the minister knew that if the cafeteria approach would work immunisation would have to be taken to the doorstep of every eligible family. Existing health manpower in the city was not touched overtly because their routine duties should not suffer, but actually because they were unlikely to cooperate and even if they did, it would not ensure that the credit went to the minister's party and party workers.

Thus a broad spectrum of organisations and institutions were approached—colleges and schools (whose students were promised extra marks in return for their participation), "social organisations" (which were by and large communal and caste groups interested in "public service"), clubs like the Lions, Rotary, and Giants, political parties, and associations of the medical fraternity like the IMA. The Directorate of Health Services and the Bombay Municipal Corporation was asked to provide support services in the form of vehicles vaccines and equipment but were otherwise kept on the periphery. The All India Institute of Physical Medicine and Rehabilitation (AIIPMR) acted as medical advisors to the programme. Even the Bombay Restaurant and Hotel Owners' Association was approached to provide cold-storage facilities and ice to immunisation teams to maintain the cold chain at the field level. Within a month, not a single source of help and support was left untapped. By May 1, some 6000 volunteers were standing by.

Meanwhile, the problem of identifying the target areas and members was taken up. In consultation with the AIIPMR, it was decided that the campaign should aim to cover only 0-5 years old living in slums with 3 doses of vaccine. To

determine exactly where and how many, the polio-endemic identified in a survey conducted by the AIIPMR in 1981 were superimposed on ward-wise maps of the city. Teams of student volunteers accompanied by party workers then fanned out into these areas to survey the number of unimmunised under-5's and within weeks delivered the target figure: 1,00,000 children. This enabled the organisers to promptly obtain adequate supplies of the vaccine from the Haffkine Institute.

The campaign plan was now further elaborated and entrusted to a team of 'campaign managers' each with a specific set of responsibilities: e.g. manager-volunteers (enlistment, deployment, supervision); manager-vaccines (cold chain maintenance, supply, distribution); manager-publicity (printing, media, etc), manager-transport (comparing, co-ordination, deployment), etc, etc. Each campaign manager was a trusted party lieutenant of the minister's, personally loyal to her. In addition, a "Ward Chief" (again a trusted party worker) was appointed to co-ordinate and supervise all activities at the ward level.

Publicity came next. By early April, thousands of posters, banners and hand bills were flooding the target areas. Party workers addressed hundreds of local public meetings to spread awareness of the campaign and to enlist more volunteers. But the minister's coup-de-etat was undoubtedly her "padayatra" through the slums accompanied by polio-affected children. In each locality, the crippled child was made to address the people, appealing to them to immunise their children and prevent them suffering a similar fate.

Simultaneously, immunisation cards were printed in thousands to be filled in by the vaccinators and handed over to the parents as a record, to ensure completion of the doses and prevent double immunisation of the same child.

The problem of supplying thousands of flasks to the immunisation teams was solved by asking the volunteers to bring their own flasks. Hotels and restaurants near each target area were alerted a day before to keep supplies of ice ready for the teams. The vials were themselves deployed to their focal points the day before and kept in their deep freezers.

An intelligence system was also set up to achieve an efficient, up-to-the-minute flow of information regarding immunisations performed (area-wise, dose-wise), vaccine supply, member of volunteers and their deployment; and the transport position. The campaign would start on the first Sunday of every month (to enable the maximum member of volunteers to participate) with mop-up operations for each dose on the following Sunday.

This is only the bare bones of the campaign's organisation, since a detailed description would take up a book. But it is clear that little was left to chance of accident—far too much was at stake, politically, for any risks to be taken. One observer records that the team-spirit and hardwork put in by the minister, managers and wardchiefs was most impressive; but also very aggressive, as if daring anyone to criticise or better their efforts.

The "War Against Polio" began on May 1, 1983, with the then Governor of Maharashtra symbolically immunising the first child from a central city slum at 8 am. By 7 pm some 70,000 immunisations had been performed, or 70 per cent of the target figure. The second round was conducted on

June 5, with 85,000 doses being administered—60,000 second doses and 25,000 first doses. By end of July, a total of 1,35,000 0-5 years old had received first doses, 50,000 had received two doses, and 85,000 children had received all three doses. Two-thirds of all slum colonies in the city were supposed to have been covered under the campaign. This, of course, is the Gospel according to the health minister's cohorts, and is quite open to interpretation, as we shall see.

Having understood the motivations for the campaign, and the plan of action, we can now take a closer look at what actually happened.

As pointed out earlier, virtually none of the considerable health resources directly under the health minister's command were utilised in the campaign. The role of the state Directors of Health Services, for instance, was limited to ensuring supplies of vaccines and vehicles for transport (though the latter were apparently withdrawn by the Directorate after the first round), printing the publicity material and forms, and "arranging" meetings (though not attending them). One Assistant Director of Health Services is reported to have said: "This is another political tamasha. We are here always; we have to serve the people and face them throughout. These people come and go, so they have to make a tamasha while they are in power". He was also bitter that the Directorate had been ignored entirely because the campaign organisers wanted none of the credit to accrue to anyone else.

Notwithstanding this, a sizeable number of public health service doctors and officers actively participated in the campaign in their personal capacities. They were frankly seeking political favours by associating themselves with the campaign. One municipal health officer apparently absented himself from his normal duties for the duration of the campaign, knowing his superiors could not touch him without risking political retribution.

As for the much-proclaimed involvement of "voluntary organisations", they were conspicuous by their absence. Not a single secular or progressive grassroots agency working in the slums was approached to assist the campaign, despite their intimate knowledge of the local people and their extensive networks. The health minister was dismissive about this, telling an observer "They have done nothing all these years. If they had, we would not have to do this now". An aide was evidently more blunt: "We approached mainly the South India social organisations; we ourselves being South Indian; we felt that they would give a better response. The North Indian organisations we approached did not take much interest. But on the whole, very few of these organisations have done very much... That is why we are relying mostly on our own party workers." In response to why they did not involve grassroots agencies working in slums, the same aide reportedly said, "Why should we ask them? We wanted to show what (our) party could give the people—and have succeeded. Why should someone else take the credit? Can they run the country?" The defence rests.

The poor involvement of medical organisations, particularly IMA members, was interesting. This was apparently because several leading paediatricians advised the health minister not to launch the campaign in May, since epidemiologically this is a peak period for poliomyelitis. Mass immunisation at this time could, in their opinion, actually

increase the incidence of the disease. Other members sheered at the whole campaign as a political tamasha with which they had no wish to associate. The organisers, however, ascribed a different motive to the attitude of the private practitioners: that they couldn't care less about the slum dwellers.

Let us now turn from the medical fraternity to the legion of volunteers (mostly college students) mobilised into vaccination teams. These were the "front-line" of the campaign and therefore vital to this success. It is shocking in the extreme therefore that a campaign in which so much detailed planning and preparation went into every aspect, no one bothered about training the volunteers for their tasks.

On the morning of each of the campaign days, hundreds of student volunteers would be milling around the health minister's residence, without a clue as to why or what they were there for. The majority did not know, until they were actually taken to the sites, that they were to perform immunisations, much less which vaccine was involved. To ask if they were aware of polio, and the concept and importance of the cold chain, was an exercise in futility. One journalist got the following response from scores of students when he asked them if they knew what they were going to do that day: "They said they would explain everything when we reached the place. They haven't told us anything. The college also said these people would tell us what to do".

One eye-witness reported that the entire gamut of information to the volunteers—from maintenance of the cold chain ("Keep the vial in the flask. After you open it keep it in the saucer with ice"), how to measure and administer each dose, what questions to ask the parents, and some contra-indications—was packed into a five-minute lecture at the entrance to the slum, before the teams were given their vials and told to fan out. The claim made by the organisers that each team was accompanied by a doctor, nurse, medical student or student nurse was more fantasy than reality.

Qualified observers who accompanied the teams were horrified at the repeated breaks in the cold chain, and the administration of the vaccine to children with several contra-indications. For example, unopened vials of the vaccine were carried in handbags (not in flasks) for hours together in 38° C. temperature (May being the hottest month of the year); opened vials were exposed to sunlight for nearly an hour, with all the ice around it melted away, and then the same vial used to "immunise" more children; infants with coughs, colds, diarrhoeas were immunised; infants were breast-fed within seconds of swallowing the vaccine. This bizarre scenario was compounded by the fact that the same volunteers were rarely present at the next round of the programme. The high-turnover of volunteers ensured that each round was as bad as the previous one. No one thought it worthwhile to train these volunteers in even basic procedures to ensure cold-chain maintenance and effective immunisation. But then, this was not really the objective of the exercise.

The real objective of the campaign was well achieved, in the words of one aide: "Our party workers are accompanying every vaccination team to tell the people that this service is coming from the (name of the party). I am confident that in the next election, these sections will vote for our candidate—these slums will be behind our party from now on". One consultant observing the programme con-

firmed this: "In two slums I visited, I asked whether polio vaccine had been provided by the government. The answer was "No, not by government—by party".

Let us now examine the role played by the medical advisory institution which was assisting the campaign as their technical watchdogs. Far from watching, they followed a "see-hear-speak no evil" policy which destroyed any chance of this politically-motivated campaign achieving some social good. Either the Director of the Institute or a senior associate was present on all the campaign days. But while they admitted their fears about the programme in private, they were far too intimidated by the presence of political power to do so publicly, not even directly to the health minister and her aides. They simply joined the ranks of yes-men surrounding any politician—rendering the Hippocratic oath into a hypocritical one.

What about the people themselves? If reports of the campaign are to be believed, they were far too wise to reject any gratuitous offering, even though few knew what it was. The vast majority of mothers when asked, had no idea that their children had received a vaccine against polio, thinking it was against tuberculosis, measles, smallpox, or tetanus—but none refused. This was simply because in most slums, no one had actually seen a polio-affected child (except in the padayatra) and those who had could not see the connection between the physical disability of a 7 year-old and the pink drops given to the 7-month-old. This is not surprising in view of the fact that the AIIPHR survey itself had found the incidence of poliomyelities to be highest in the lower middle class group and not among slum dwellers. The publicity campaign which the organisers had designed to "create an awareness" was clearly aimed at an awareness of things other than the causes, symptoms, effects and prevention of polio.

As for actual coverage, there was considerable evidence that the elaborate system worked out by the organisers for "initial attack" and "mop-up" phases broke down rapidly under the sheer weight of the tamasha being enacted upon it: entire pockets of "target" slums had not been touched—the teams had covered the peripheries and left; more often, people complained that one round had been completed with the promise to return next month, and the teams were never seen again; in other areas, two rounds had been done before the disappearing act; in some of the poorest areas, cynical parents told a visiting observer "May be them came—may be they didn't. How do we know? Why should we care?".

Consequently, experts who closely monitored the campaign feel that not more than 25 per cent of target children actually received three doses of vaccine, and that under the prevailing conditions, only about half of these were effectively protected against polio.

However high our eyebrows rise, the fact that the health minister retained her place in the cabinet—for the duration of that particular ministry, at any rate—is now history. Heady with the "success" of the "War Against Polio", she quickly abandoned the campaign to her lieutenants to complete as best they could, and moved on to new pastures: viz, a "War Against Leprosy". But for the battle-weary poor, one question remains: Will the wars against them ever cease?

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