

Crowd Diseases

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“A thoroughly unpleasant period to exist”, Guy William wrote in context of health and living in 18th century in his book *Age of Agony*. An age of puerile states and embryonic public health care services often ravaged by epidemics. Lately Indian citizens got some taste of that agony as an epidemic ravaged through country’s ill funded shoddy public health services. The collective pain must not go waste rather should rouse the state and the populace to plan apt responses to preserve health during the time of pestilence. The onus for preservation of health has shifted to individuals for sometime due to preponderance of life style diseases but during public health emergencies like the current pandemic popular response must be shaped and guided by a benevolent central authority. Confronting epidemics is a continuum between health authority’s effort to detect and contain disease outbreaks and appropriate crowd behavior to mitigate community spread. While the former must be kept primed with adequate investment to imbibe the latest’s from science, the later needs to incorporate communities’ historical experiences and social attitudes. Linking the two there should be a vigorous awareness campaign salubrious to the entire task of control, treatment, and eradication. The Indian response remained somewhat diffident to apply the lessons learnt from either the history or the science of epidemics. Epidemics are ‘crowd diseases’; they mostly start with germs of animals infecting a human host and then spread through crowds when enough number of susceptible new victims are found. Lack of enough domestic animals and sparse population density did not help the Red Indians or Australian aboriginals to nurture infectious killer diseases for a reverse exchange of germs with Europeans. Historically all public health services started with community mandated measures like isolation, quarantine, and removal of contaminated objects even before germs were known. Acceptance of those measures by the crowds differed according to their perception of threat and messages they received. The isolation and quarantine measures so rigidly

applied and mostly accepted in European cities after Black Death led to riots and unruly protests during cholera epidemics of nineteenth century. People rioted against strict measures adopted in 1896 plague epidemic in Bombay Presidency but the entire city of Surat evacuated in two days following detection of a plague case there in 1994 and streets of Mumbai and Delhi got deserted. Perceptions of people are important so are messages that lead to those perceptions, which should be kept simple and clear. By quoting R L Stevenson's snide remark, 'Man lives not by bread alone but by catch words', Samuel Hopkins in 1911 showed how catch words and their connotations in public mind shape health campaigns. A leprosy patient in a gathering is a far potent deterrent than a hundred times more infectious respiratory disease patient. Instead of using terms like 'flattening the curve' or 'limiting viral load' a simple term like "crowd disease" or '*bhir ka bimari*' might have communicated the message more effectively to Indians at large and perhaps would have prevented some of government's own follies like advancing the Kumbh Mela marked as a super spreader of infectious diseases as early as in 1866 International Conference on sanitary conditions in Istanbul. If Indian crowds, which harbour no strong notion like Westerners for individual supremacy, do not adopt appropriate behavior, some blame ought to go to a failed public health campaign unable to create adequate awareness and to provide necessary wherewithal. Even adhering to the simple mask mandate is exacting for many without support. Signals emanating from public health science were equally disregarded. They should have prompted introduction of advanced detection and containment mechanisms at district levels against emerging diseases. Such sophisticated facilities cannot be created overnight. While the PM Atma Nirvar Swasth Bharat Yojana promises to fill some gaps over next six years, not spending the measly sum of Rupees 200 crores to set up oxygen plants in every district, at one eighth cost of one single Raffle Fighter Jet, speaks of priorities other than public health - dangerously short sighted even for national security. If this laboratory leak theory indeed comes true, it will mean the roads to bio terrorism are wide open. More ominously it might mean the current pandemic is not due to the predicted 'Pathogen X' of natural origin. The real

killer is lurking somewhere else evolving, mutating, and preparing to pounce upon us anytime again.

Ad hocism in public health is not an option anymore.