

# CURATIVE PUBLIC HEALTH

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CASE STUDIES IN CONTRAST: KALA AZAR//AIDS  
HM 216



# Kala Azar (Black Fever)

## A Marginal Disease

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# UNDERSTANDING KALA AZAR

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- Part I. COLONIAL HISTORY
- Part II. 'SEVA': NATIONALIST AFFECT
- Part III. CONTEMPORARY CONTEXT: LEGACIES OF  
COLONIALISM IN A GLOBALISED WORLD



# COLONIAL CONTEXT: THEORIES OF DISEASE (PARADIGM: MIASMA/INFECTION)

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## G.M GILES

- Kala Azar = Beri Beri
- Infection, not Miasma
- “the disease in the colony...reveals the natural...functions as a cipher for the truth of the native identity.” (43)

## L. ROGERS

- Kala Azar = Malaria
- Miasma + ‘Site infection’ from the soil (later changed to ‘infection’ by microorganism carried by sandfly)
- Solution (for tea-plantation labour): Surveillance + Segregation (**Prevention, not cure**)



# SILENCES

- THE QUESTION OF **FORCED** MIGRATION AND INDENTURED LABOUR
- THE KHASI TRIBAL 'VOLUNTEERS' FOR EXPERIMENTS WITH *LEISHMANIA DONOVANI*





# Colonial Context (ANT)

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- Actant 1: Tea-leaf
- Actant 2: Soil
- Actant 3: Scientist/Doctor
- Actant 4: Planter (business interests)
- Actant 5: Foreign Investors in plantations
- Actant 6: Bureaucrat (colonial state)
- Actant 7: Migrant/Indentured labourer
- Actant 8: Khasi tribal
- Actant 9: Sandfly
- Actant 10: *Leishmania Donovanii*





# PART II: *SEVA* AND NATIONALISM

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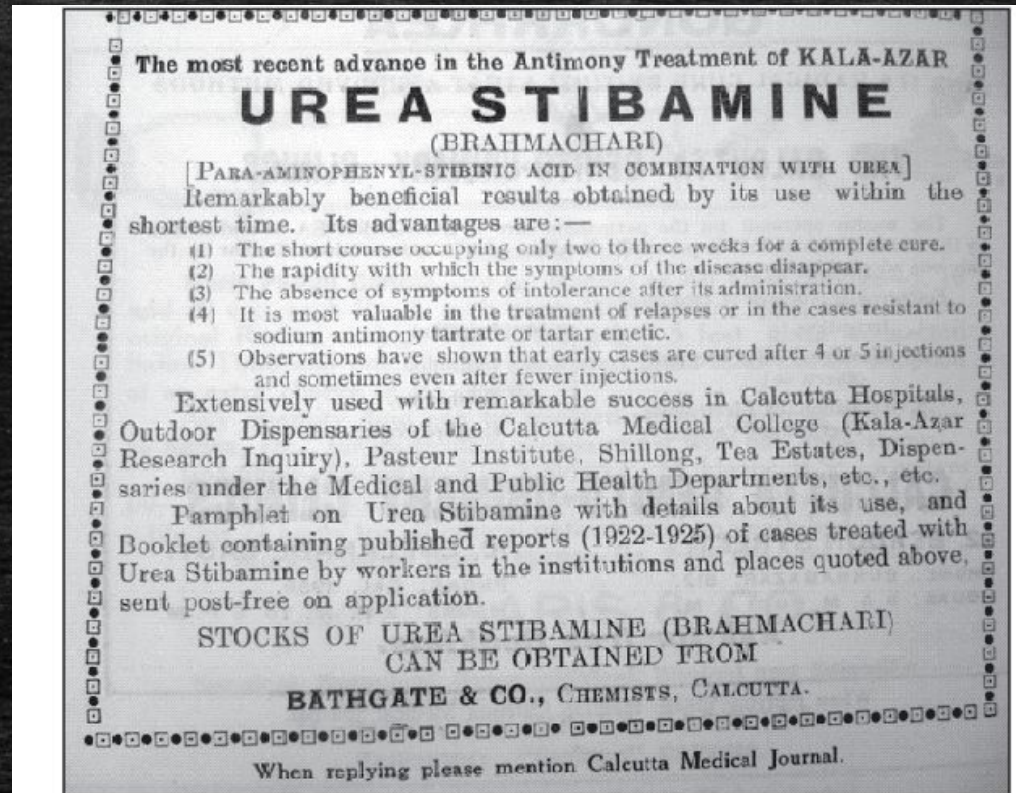
THE PIONEERING WORK OF UPENDRANATH BRAHMACHARI



# FINALLY, AN ACCESSIBLE, NON-TOXIC CURE

## U.N Brahmachari (IMS)

- Indigenous drug: an **affordable** cure, not prevention (good for the government)
- Nationalist affect of *seva*: “to save the lives of millions of fellowmen.” Made urea stibamine freely available and **never patented** the formula.



The most recent advance in the Antimony Treatment of KALA-AZAR

## UREA STIBAMINE

(BRAHMACHARI)

[PARA-AMINOPHENYL-STIBINIC ACID IN COMBINATION WITH UREA]

Remarkably beneficial results obtained by its use within the shortest time. Its advantages are:—

- (1) The short course occupying only two to three weeks for a complete cure.
- (2) The rapidity with which the symptoms of the disease disappear.
- (3) The absence of symptoms of intolerance after its administration.
- (4) It is most valuable in the treatment of relapses or in the cases resistant to sodium antimony tartrate or tartar emetic.
- (5) Observations have shown that early cases are cured after 4 or 5 injections and sometimes even after fewer injections.

Extensively used with remarkable success in Calcutta Hospitals, Outdoor Dispensaries of the Calcutta Medical College (Kala-Azar Research Inquiry), Pasteur Institute, Shillong, Tea Estates, Dispensaries under the Medical and Public Health Departments, etc., etc.

Pamphlet on Urea Stibamine with details about its use, and Booklet containing published reports (1922-1925) of cases treated with Urea Stibamine by workers in the institutions and places quoted above, sent post-free on application.

STOCKS OF UREA STIBAMINE (BRAHMACHARI)  
CAN BE OBTAINED FROM

**BATHGATE & CO., CHEMISTS, CALCUTTA.**

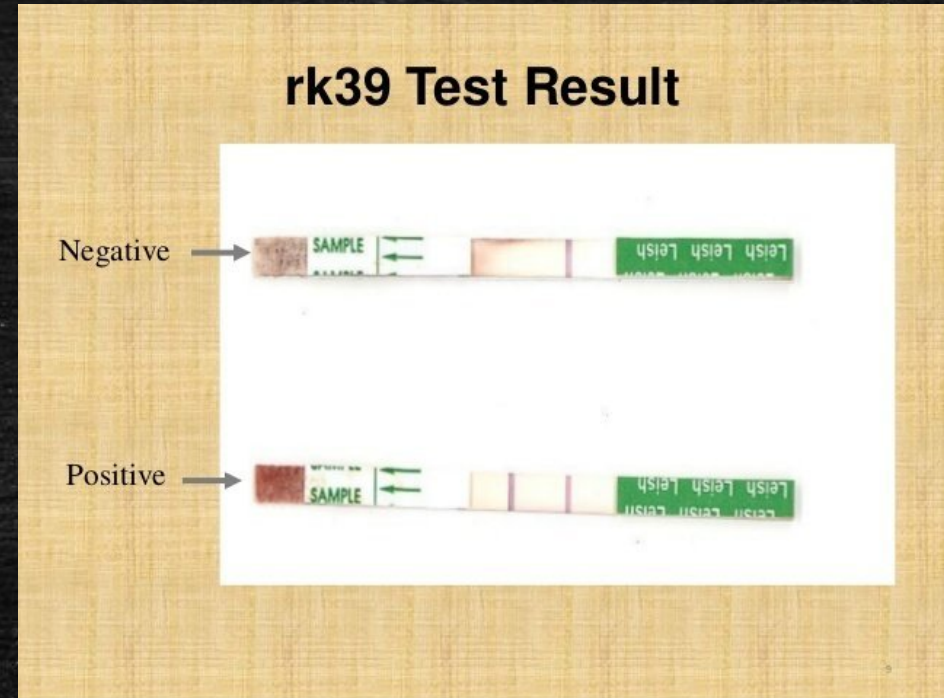
When replying please mention Calcutta Medical Journal.

Fig. 6. Advertisement of the Urea Stibamine in a journal



## PART III. CONTEMPORARY INTERVENTIONS

- Actant 1: DDT
- Actant 2: Musahar bodies
- Actant 2: Local doctors, researchers (Thakur and Shyam Sundar)
- Actant 3: Institutions (GoI + WHO + Medical College + Kala Azar Institute)
- Actant 4: Market (Aeterna Zentaris)
- Actant 5: Chemicals (Miltefosine etc.)
- Actant 6: *Leishmania Donovanii*





## STILL ON IT: WHY?

Contrast between **Kala Azar** and:

- **IHD**: Pharma Industry interested in research
- **AIDS**: Community politically mobilised

“This disease affects the marginalised community who depend on daily wages,” said Dr Nupur Roy, additional director at the National Vector Borne Disease Control Programme. “After a week, when the patient was capable of getting out of bed, he would just go to work. But the parasite would still be in his body.”

From: ‘India has been Talking about Eliminating Kala Azar since 1947- and now has a Good Chance of Doing So’

(October 27, 2016, Scroll.in)



# SILENCES

- **HUNGER AND MALNUTRITION**
- **SYSTEMIC DISCRIMINATION : CASTE + CLASS**
- **WHO IS DEVELOPMENT FOR?**





# PREVENTION AS CURE?



THE LOGIC OF  
THINKING ABOUT  
DISEASE AS A  
**'PUBLIC HEALTH'**  
ISSUE

OR

A **MARGINAL** DISEASE

<https://www.youtube.com/watch?v=mGkCx01JWDk&t=513s>



# TREATING AIDS A STORY OF STRUGGLE

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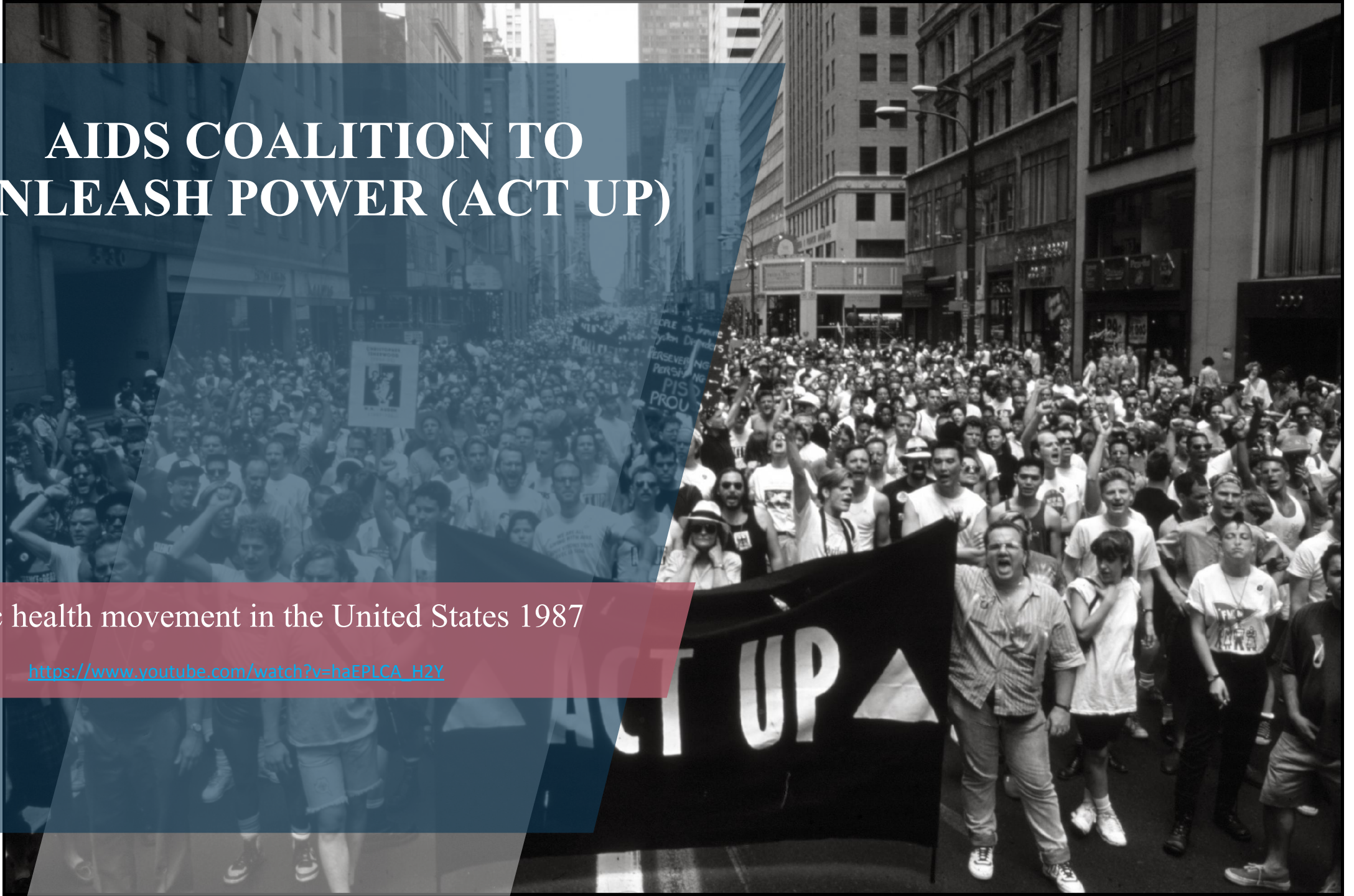
HOW PATIENT ACTIVISM DROVE AIDS RESEARCH AND  
TREATMENT



# AIDS COALITION TO UNLEASH POWER (ACT UP)

A public health movement in the United States 1987

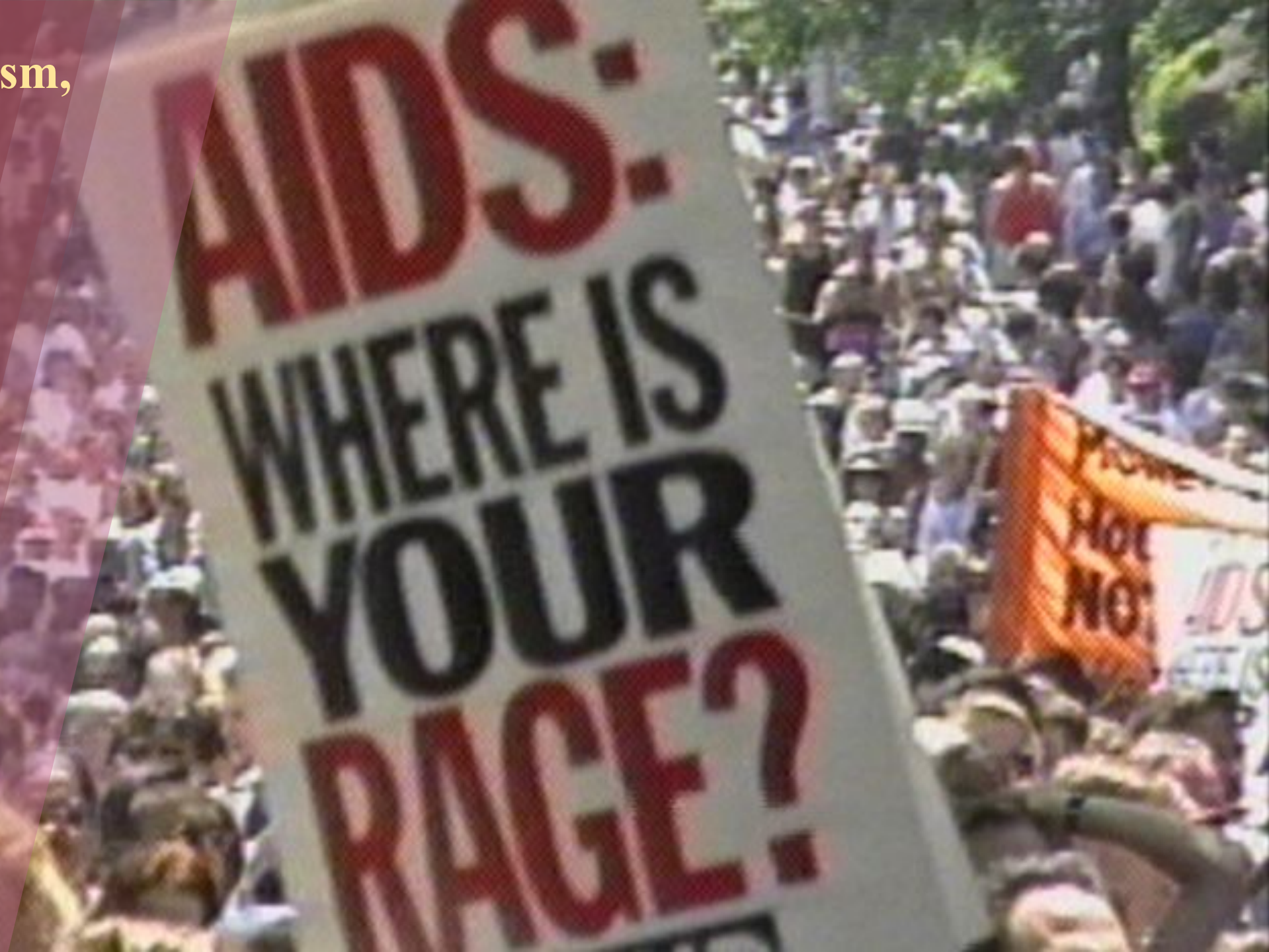
[https://www.youtube.com/watch?v=haEPLCA\\_H2Y](https://www.youtube.com/watch?v=haEPLCA_H2Y)





# Community, Activism, Care

- More, better research:  
consultative process  
+ faster trials
- Affordable and Accessible Care
- Targeting government + science establishment + pharma companies





# DEMOCRACY = RIGHT TO HEALTHCARE

BRAZIL STRUGGLES  
AGAINST DICTATORSHIP  
AND INSTITUTES A  
PUBLIC HEALTH  
REGIME





## STRUGGLE FOR DEMOCRACY AGAINST A MILITARY DICTATORSHIP

‘...the solidarity built between groups in their fight against dictatorship fostered a spirit against discrimination due to HIV/AIDS’ (Zachariah, 303)





**A VIDA  
É MELHOR  
SEM AIDS.**

Democracy = Equality = Right to Care for All

‘...TWO PRIMARY CHANGES IN THE IDEA OF HEALTHCARE:

- A) COMMUNITY INVOLVEMENT AND CONTROL
- B) THE IDEA OF A RIGHT TO HEALTH THAT COMBINES CARE AND PREVENTION’

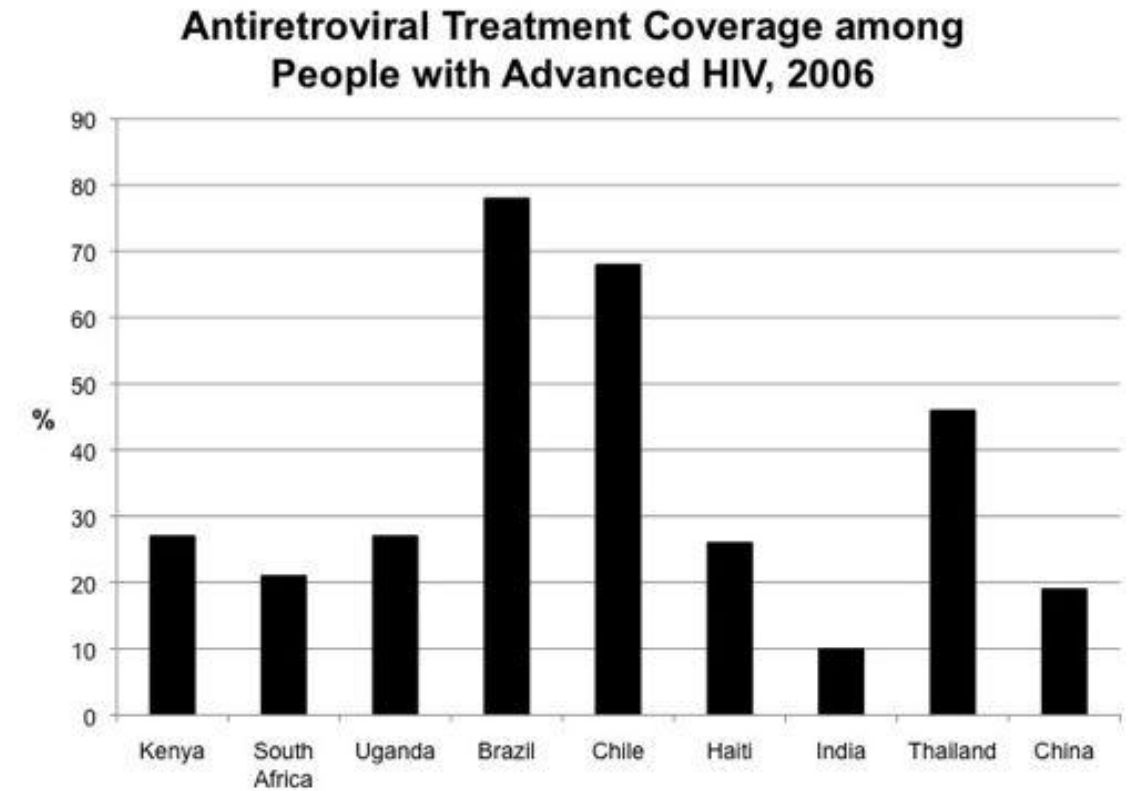
(Zachariah, 304)





# HOW BRAZIL BECAME A MODEL OF AIDS CARE FOR THE WORLD...

- Right to Health was a key political concern
- ‘Prevention without care was likened to “civil death”, and was seen as discrimination.’
- Activists became policymakers and influenced the “National Unitary Health System”
- Healthcare became a constitutional right



Source: WHO



a UN and WHO initiative to make ART available to vulnerable populations across the world (2003)

**3 million  
by 5  
2005**

THE 3 BY 5  
CAMPAIGN

UNAIDS 3-by-5 strategy aims to provide antiretroviral treatment to 3 million people living with HIV by 2005.





# Different Approaches: SCIENCE/STS

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- The 'latest' in medicine and tech would be highlighted here.
- **The Story:** Science = Progress, through the slow accumulation of results and facts.
- Doctors/scientists/funders would be the heroes of the story.
- Histories and Cultures of disease and cure are highlighted.
- **The Story:** movements, difficulties, struggle, setbacks and wins; pushing back against the way 'normal science' is done.
- Ordinary people (patients, activists, allies) are the main characters.