

## **Annual Conference of the Research Committee on Poverty, Social Welfare and Social Policy (RC19)**

### **Abstract of Proposed Paper**

Title: Change and Continuity in the politics of Plague epidemics: Public Health policies and Practice in India

Developing countries like India are facing growing health and demographic challenges, as they address the dual disease burden of an epidemiological transition. Indian social policy faces the challenge posed by the unfinished agenda and resurgence of communicable diseases and epidemic outbreaks on the one hand and the growing incidence of chronic, lifestyle diseases on the other. Understanding the sociopolitical ideas and interests that shape public health policies and practices is therefore critical to constructing social policies that need to be based simultaneously, on the promise of public participation and collective wellbeing.

This paper deploys the explanatory framework provided by disease epidemics such as the plague epidemics in Colonial and Post Colonial North India at the turn of the twentieth century and the recent epidemic in 1994, to understand the evolving role of the state in deploying public health interventions and in constructing distinct sociopolitical roles and control. It seeks to situate and understand epidemics not simply as biological events but also as domains where structures of authority and social control are both formulated and undermined.

It argues that despite the changes in the cast of actors and policies between the colonial and post colonial state, public health interventions continue to be deployed targeting local 'populations' based on distinct forms and technologies of 'governmentality' that have aimed at social control. Enumeration, classification and administrative controls have characterized plague related public health policies under the guise of introducing first, a colonial modernity or a regime of western scientific and hygienic progress and more recently, for the purposes of welfare administration under the post colonial state. Further, an analysis of state policy priorities and the responses of medical and health functionaries including private, indigenous physicians and care givers also demonstrates that the 'heterogeneities' of the politics of the locality have constantly reshaped the policies and responses of public health policy and state intervention.

This work draws upon the theoretical constructs of political theorists and historians of science like Partha Chatterjee, Foucault and Charles Rosenberg to examine the role of the state and responses from the locality in social policy. In the context of the post Colonial states, social policy has grown to be rationalized by the promise of modernization and development or 'social well being' but has circumvented vital issues relating to political representation and citizenship. As a result, the state has increasingly moved towards legitimacy secured not by the participation of citizens but by claiming to provide the well being of populations.

Populations are therefore critical to understanding the forms and targets of modern public health and epidemic outbreaks and interventions. They are also a key element in the domain of enumerated, empirical social policy. However, conceptions of 'populations' and development that are evolving separately from 'citizens' that have recently dominated

social policy and seem to have prefigured its global identity need to be redefined within the ambit of local understandings of interests and representation.

This study of state policy and medical practitioners, including practitioners of indigenous medicine, therefore argues that conceptions of the health of the 'public' and its relationship with the state need to be widened beyond the categories and confines of colonial/national agenda and medical interventions. The marginalising of representational norms and participation as a central construct of social policy by administrative apparatuses and cultures of expertise needs to be understood in a distinct manner particularly in the post colonial states in Asia and Africa. The business of social policy and governance as redefined and reshaped by the heterogeneities of the locality attest to the abiding importance of the continuing need to engage simultaneously with the politics of citizen groups as much as the priorities of welfare administration.

This paper will be based on sources drawn from published Government plague reports and proceedings, key interviews, primary tracts and writing in the vernacular and English print press . It will focus on epidemic politics in north and west Indian cities such as Delhi and Surat. This work is partly drawn from my earlier peer reviewed publications, including my recent monograph- *Old Potions, New Bottles: Recasting Indigenous Medical Knowledge in Colonial Punjab*, Wellcome Trust Series on New Perspectives in South Asian History, Orient Longman, Delhi, 2006 and my ongoing research that fuses my work on epidemics in the late Colonial period into the context of contemporary social policy.

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