
My journey through the Preventive Medicine: Lessons learnt and Messages Received

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Dear All,

First of all, with utmost humbleness, I sincerely and profusely thank IAPSM GC and the organizing committee of this conference for conferring the prestigious NINAD oration upon me. Of all honours and recognitions, peer recognition is the sweetest, so right now I am enjoying the sweetest fruit of my academic life.

Dear friends when for the first time I was informed by Dr Dipak Solanki, President of state chapter about the oration, my first reaction was a NO. I always thought that this oration is something like life time achievement award conferred to a person when he has crossed the zenith of his carrier. But then looking to the names of two illustrious orators of earlier years whom I respect a lot and owe everything that I have learned in Community Medicine in Gujarat, my chest filled with the pride and I said yes in all capital letters.

After saying yes, next issue came was that what shall be the topic of my oration. Unlike my many colleagues who have specialized in certain sub areas of Community Medicine and have made significant contribution in those areas, my work has been scattered. JO MIL GAYA USI KO MUQUADDAR SAMAJH LIYA, (whatever I received, I took it as my destiny).

Here, I will recall a book "My world of Preventive Medicine" by Dr CG Pandit, recipient of PADMABHUSHAN and OBE. This book is available in the library of this department. Dr Pandit a medical

graduate of Bombay University did diploma in Microbiology & went to UK for higher studies. He was founder DG ICMR and wrote the autobiography, which was not an ordinary biography but an honest attempt to recreate the history and evolution of Public health in new independent India.

Finally, I decided to present my biography in a way that it does not become boring and where I can share few lessons and messages. I have been in this subject since 1981. This period of more than 36 years has been very eventful in the sense that I could put my hands on the data of 4 census. When I began my journey - in India, the IMR was 110 per 1000 live births, MMR was around 6 per 1000 live births. Population thanks to uncontrolled fertility, has more than doubled since then. Smallpox was just eradicated, paralytic polio was rampant, Malaria was at its worst and HIV was yet to appear in the map of the world. Leprosy was hyper endemic and being treated with MDT - mono drug therapy with Dapsone, Immunization schedule was just being strengthened with inclusion of measles. There was no talk of NCD or of mental illnesses as we were preoccupied enough with communicable diseases.

So, this is how I commenced my journey in 1981 in SPM or PSM or what we call now Community Medicine. In fact, the journey began much before when I joined MBBS in 1975 through a state level entrance test. Let me first confess that right from

beginning I have been a very ordinary student. Blessed with a very good DNA from my parents, I lacked focus, concentration and efforts and as a result unlike most of you selected in first attempt, I got selected in 4th attempt from my marks of third attempt in the second lowest ranking medical college of UP - my alma mater MLB Medical College, Jhansi - a new college with all its UG and PG degrees unrecognized.

In MBBS, I could just scrape through all examinations in first attempt and ranked 26 in the batch of 100 students. I was reasonably good in acquiring and transferring knowledge but poor in skill acquiring and even poorer in skill transfer, hence I opted for the most non-medical branch in the medical college the SPM or present-day Community Medicine. Premonition always works, my performance in all internal and external examinations during the MBBS was mediocre but somehow only once in entire MBBS in the first internal examination of 2nd MBBS I topped the entire batch in theory of only one Subject and it was the Community Medicine so the God was directing me in this direction. Thanks to My PG guide & HOD, Dr RN Srivastava, during my 3 years of MD, I had more exposure of field work than of reading. You all will agree that you are maximally influenced by your PG teacher as you observe and follow him keenly. God forbid if two share genders as well, candidate may come out as full replica of him or her. I also tried to imbibe his many habits. He believed in networking and documentation and from that time I also started believing the same. Let me tell you that these two things helped me a lot in my later carrier.

Before going further, let me acknowledge, few persons who played important role in my journey of learning. Apart from my teacher Dr RN Srivastava mentioned earlier, my real learning began after MD when I joined in Medical Education in Gujarat. Post MD learning is free flowing, purely voluntary, without any fear of being assessed. It is largely through reading, observing and participating with colleagues and senior teachers. Here I will acknowledge two

teachers and two beaurocrats who influenced me a lot and facilitated my learning.

Late Dr CK Purohit and Dr Vikas Desai under whom I worked for 9 and 15 years respectively shaped my academic personality a lot. While former helped me in academic reading and scientific writing, later helped me in understanding the public health administration especially the HR and finance related issues. The two are giants in their own capacity but then are as different as chalk and cheese. Point is you can learn a lot from people who are so diverse and different. Two beaurocrats namely Dr Amarjit Singh and Mrs. VL Joshi both senior IAS officers with whom I worked for brief periods of 1 – 2 years each. Even in this brief tenure not only I got their faith and affection, I learned a lot about the administration. The innovative approach coupled with boldness, honesty and integrity are the essence of good governance. What is required is the judicious and fair use of the narrow window of discretion to get the best out of the plan. Same window can ensure optimum use of human resources by incentivising and disincentivising the staff within the legal frame work. I also learnt from them that how effective delegation can reduce your stress/ work load and can ensure better results.

Let me revert back to my journey of PSM. In 1984 I joined at BJ Medical College. At that time, it was only university in India where PSM was not a regular subject and was a matter of chuckle and ridicule in all national conferences. We hardly had any UG teaching but as a result, I got lot of time to join in PG teaching and assisting PG students in their dissertations as Co guide. Needless to say, that while working as Co guide with as diverse teachers as Dr Purohit, Dr Seetalvad and Dr AU Shah, I had extensive learning of working with different types of teachers. Further I received lot of respect and affection from these PGs which in most of the cases is existing even today. Here the message is that never look for immediate gains. Sometimes the small efforts help you in a big way later as long-term gains. Thanks to plenty of time available, I also read the book of Maxcy and Oxford Book of Public health

which I did not read during my MD days. I also tried Occupational Health by Donald Hunter but could read only 10 – 15% of it. Department at BJ for last 10 years at least had no research publications but then due to the constant motivation and guidance of Dr Purohit and a healthy competition among all young APs, we had several publications all in the IJCM within a period of 2 years. First one was by Dr Lala, followed by Dr Kartha, Dr Talsania and myself. It created an atmosphere of promoting research work in the department and amongst us we had 8 – 10 publications in a brief period of 3 – 4 years. Dr Purohit became Medical Superintendent for a brief period when Ahmedabad had an epidemic of AGE & Cholera. Daily OPD and IPD reports used to come to him which he always shared and discussed with me. This resulted in my first research paper, published in IJCM in 1990. Take home message is that every study need not to be a planned one. Availability of hospital based secondary data and intelligent analysis under the guidance of Dr Purohit made it an oral presentation short listed for best paper in Gwalior national conference; however it missed the target narrowly. Another paper which has given me international recognition with more than 200 citations is about modified social classification. It was also conceived here. Dept. was using this type of multiplication factor to rationalize the social classes but it had neither a reference nor documentation. I linked it with CPI and got it published.

My second inning began at Surat with joining as Associate Professor on ad-hoc promotion. Most people discouraged me while a few handful encouraged rather pushed me to go for it. This decision I never repented thereafter and it turned out to be the wisest decision ever taken by me. Take home message is that fortune may not knock at your door second time so go for it when it knocks for the first time. My stay at Surat for 14 years from 1993 to 2007 has been most eventful and contributory in my carrier. I would say that if you have not worked in Surat your public health training in Gujarat is incomplete. Surat is a city full of surprises and

paradoxes. It is referred as vertical slum, extension of Mumbai, city of migrants (original residents of Surat < 10%) or city of opportunities and STD. From Public health point of view, it offers all sorts of illnesses – both lifestyle related and sanitation and hygiene associated characteristically seen in upper or lower social class or migrants. All disasters manmade or otherwise strike Surat frequently. SMC was first Municipal Corporation in state with all MD (PSM) at its top positions. With best possible coordination, we tried innovative models in urban health care especially in post plague period after 1994. During this tenure I saw and participated in innumerable conferences, workshops and trainings including management of events like Plague, Bird Flu, recurring outbreaks of Leptospirosis, Famous flood which struck twice. Each one episode enriched me in terms of knowledge, skill, ability to work in team and in coordination with other departments. I also learned during this period that how an event can be organized at the shortest notice with minimum or nil resources. When I joined Surat, Dr DM Saxena left for state AIDS cell and his 5 – 6 orphaned PGs were taken by Vikas madam under her wings. I asked her that can I assist these PGs in their thesis work. She readily and kindly agreed so again I became so called Co guide in all these dissertations. Initially I joined at Surat alone and my family joined later after few months. So, I had the luxury of assisting 4 – 5 thesis works on daily basis. This is also a period when I got few of the life time finest friends and also few very bright and laborious students. I would recall the name of Dr HG Thakor who was a GP and the first PG student registered under me in Surat. Very senior and younger to me only by few months, he has been very modest but very meticulous and hard working. Out of his dissertation, he produced 4 original and 3 review articles; all published in reputed journals like Indian Journal of Paediatrics, Indian Journal of Hypertension and IJCM. He also got the best paper award in state conferences twice in succession which I think is a sort of record. Finally, after serving with several organizations, based on his technical

achievements, he has recently moved to USA on E11 visa. Point I want to make here is that such students once in a while come to all of us and they are pure delight to work with as they bring laurels to you with minimum to nil efforts from your side. Secondly between intelligence and the perseverance, later is more contributory to the success.

We also had journal club in our department those days where papers published in IJCM were to be discussed, such was the enthusiasm and preparedness of PGs, that every paper discussed was dissected so harshly and extensively that the authors would have withdrawn the paper if they get any access to our discussion. I started sending these comments to the Journal editor after thorough editing and this I did 8-10 times in two years. At the end Dr Sunder Lal, editor IJCM wrote to me that if you are so good in criticizing the work of others, why don't you join the editorial board? Thus, I became reviewer in IJCM in 1999. I was the only Associate professor who was also the member of editorial board. Apparently, it was a thankless job rather money was to be spent on postage etc. I did it diligently and with honesty and till date, I am the one, who has reviewed more than 100 articles with around 60% rejection rate. This appointment as reviewer 18 years ago was also a premonition for the future event?

I owe a lot to Surat as it gave me a recognition whereby I was handpicked to work at GSACS as APD and by default also the Director of GSCBT later being far more important post not known to me before the joining. In both cases I was to report directly to the Commissioner Health and Secretary Public Health respectively. I was there during NACP phase 3 of 2007 – 11. It was the time when there were more funds, more manpower, mandate for scaling up and lastly excellent supervision from GOI where Ms. Sujatha Rao was our DG NACO. It was success all over the country and more so in Gujarat thanks to the excellent supervision and support from Commissioner health and equally good coordination among Additional Directors of health, medical

Services & Medical Education. As a result, I received undeservingly the credit of its success. It is here for the first time I heard certain terms like PIP, AAP, SOE, UC or UTC either unaudited or audited. Here I also realized that in teaching line whatever you learn visualize or dream all can be achieved if you become part of the implementing system. I used to say that GSACS and its team of CST has done much more in 4 years for AIDS patients than all clinicians of state put together in the same period. In 2007 there were only 2 ARTCs catering to less than 4000 patients and by end of 2011, there were 24 ARTC with 36 link ARTC catering to around 24000 patients on ART another 30000 on pre-ART registration. Incidentally the concept of Link ART was developed by GSACS during NACP phase 2 and India's first Link ART was started in Himmatnagar during phase 3. So many patients didn't come overnight and were brought for the treatment thanks to the escalation of testing facilities. Testing centres in the state increased from 380 to 1167 with testing of 2.5 lakhs per annum to 11.72 lakhs per annum in 2011. Though the sero prevalence in all be it the general population or voluntary blood donors or pregnant women or HRB, or STI cases decreased but the enhanced detection resulted in the increase in absolute number of positives who were put on the ART. Similarly, impressive achievements were there in other areas too such as TI, Blood safety, STI clinics, IEC etc. While some states were not able to utilize the approved budget, we were able to demand and get the additional allocation from the NACO out of the savings from the unutilized funds of other states. I am most contented and satisfied with this tenure. It will be most stupid to say that I did all this. It was because of the excellent team with me at GSACs and at periphery – some of the faces I can see in the audience as well, and equally excellent support and supervision from the office of PD or the Commissioner Health. Here I also realized that people crib unnecessarily about lack of authority or power. If you are correct and honest in your intentions, you can use your power innovatively

judiciously and achieve a lot in the same system. I also learnt some important lessons of HR management how to recruit and retain best people as far as possible. Thanks to my boss Dr Amarjit Singh, in this tenure only I also got opportunity to work in Modasa outbreak of B hepatitis and illicit liquor tragedy in Ahmedabad. It was indeed an honour when I presented the response of state for Modasa outbreak before the DGHS and team.

Excellent coordination which exists between health medical service & medical education in Gujarat is unique and unparalleled. While other states have separate ministers for Health services and Medical education, Gujarat has single ministry and a post of single Commissioner where all directors report. This convergence at Commissionerate level is the secret of coordination.

I learnt two messages here

1. You are as good as your team members are and your superiors support you or allow you.
2. Higher in the hierarchy you should have broader vision.

This tenure though very satisfying no doubt was full of stress of meeting deadlines, extensive travel and extended and irregular working hours. Moreover, I started missing the teaching. I decided to quit and came back to the teaching which has been my first and last extra marital affair. Here I was entrusted the department at a new medical college. So far, I worked at old and established medical colleges which have their advantages and few disadvantages. It was a new department to be established with a very young bright and enthusiastic team. Second senior person in the department was also at least 16 – 17 years younger to me which in academic terms mean almost two generations. Except for Dr Rashmi and Dr Manish all were the fresh postgraduates or just graduates. Paramedic and support staff was also oven fresh. They came from different colleges and so brought with them different philosophies. We used to have frequent brainstorming to pick up the best of all colleges.

Advantage of a new college is that you don't have the baggage of history and traditions and can try lot of new things. My tenure at state government helped me to get lot of trainings and projects in the department which were implemented by the staff with little or no grudge and wholehearted active participation. Thanks to the support of everyone in the department, we could make it one of the active department more active than some old established departments that too when we had no post-graduation and minimum staff.

Another thing that happened at this time was the chief editorship of Indian Journal of Community Medicine. Again, to be honest there are many persons in India and for that matter in Gujarat as well who are more competent and deserving this job, but I was asked to contest for it. I will ever be thankful to the Gujarat fraternity for choosing me for this honour. The selection rather election for this post was very smooth thanks to the whole-hearted support of everyone in Gujarat and strategic mobilization of members to vote. Here I will mention the fact that we don't have any rivalry among colleagues. The way all HODs and their staff members supported my election is un-parallel and can happen only in Gujarat. Once the euphoria was over, I realized that this job has more problems than privileges. There was a huge outstanding financial liability. A high rejection rate of 80 – 90 percent is sure to make me enemy number 1 in the country. In addition to this there are other responsibilities such as regular communication with indexing agencies, correspondence with publishers, RNI etc. With support from my colleagues in IAPSMGC and health department, I could bring the journal from red to black back in less than 2 years. Two of my colleagues who are helping me in journal work deserve a special mention namely Dr Rashmi Sharma and Dr Harsh Baxi. By and large it is a thankless job for them as the credits for that matter discredits go to Chief Editor alone. Though their roles are overlapping, Dr Rashmi while helps me in moving the article up and down in the cycle, Dr Baxi deals with financial matters and correspondence on behalf

of chief editor. Many times, the mail you see on my behalf are totally written by him of course with my concurrence. He also has a copy of my signature which he pastes wherever deems fit. My one achievement where I genuinely take pride is that I have made these two guys fully competent, capable and empowered to run a journal independently. Most of the times I agree with the decision taken by Dr Rashmi for an article, I also accept verbatim a letter drafted by Dr Harsh. To be very blunt it would not have been possible for me to run this journal for a day without the support of these two persons.

Now in October 2017 I got retired from the government job after a brief stay of 3 and half months at BJ Medical College. What a prophetic way the journey ended in 2017 at the same place precisely where it started in 1984. Now I have joined a new college. I hardly know anything other than PSM so cannot do anything else. I will remain active and do whatever I can in my full capacity. Basically, it is a journey where this retirement from government job was a brief stopover. After taking a break and recuperating, journey goes on till I am there.

Retired professors and senior citizens have a habit of offering unsolicited advises to the youngsters. I am both so my few advice are as below.

1. Retain your minimum clinical skills because these only make you superior than the MPH guys. Also pick up the additional skills especially computer related while doing post-graduation
2. In this subject, there is no substitute of field work. It will teach you which many text books cannot. Liaise with health departments be it ZP, MC or the state team work with them or for them as much as possible because they are the implementers of what we learn or teach.
3. These guys in health department are sitting on the mountains of data and at times don't know what to do with these mountains except its upward transmission. Work on this data with them generate the evidence read paper which not only

improve your CV but also help the planners and administrators in the policy, planning and action.

4. Fortune may not knock twice so grab it when it knocks for the first time.
5. No efforts go wasted in long run though may look wasted at that point of time. Focus on long term gains only.
6. Networking and documentation of what you do is crucial
7. Develop a speciality of your own within the Community Medicine. Try to work in that area and generate a body of work so overtime you become truly an expert of that area at least within state if not in India.

Before concluding, few words about the research publications. MCI mandate is to get total 4 publications in entire carrier for promotions. To fulfil this do that much as per the whims of MCI. But thereafter do as you want. Selection of topic of research work is utmost important. Mostly our papers are reinvention of wheel and are inspired by someone else work. Research work is noticed only when it is different. I am registered at research gate. My total 70 publications have 380 citations. While most papers have nil to 1 or 2 citations, only 8 – 10 papers have more citations. All these papers are very simple in terms of study design, sample size etc but looked at the research problem from a different angle. Please also note that barring one or two none had any financial support

At the end, I cannot forget that originally, I am from UP and don't belong to this place but the way I have been adopted by everyone here – MAI TO BHUL CHALI BABUL KA DESH PIYA KA GHAR PYARA LAGE. Out of thousands of events, barring a few which can be counted on the fingers of one hand only, I received unconditional love affection and respect from each one of you.

Finally, thanks giving to the most important person. Whatever I have done in academic world, has

been possible due to the one-person - wife in my life. She is Dr Pushpa Gupta. All men are commitment phobic and run away from marriage or at least from domestic responsibilities. I have no hesitation in saying that I am also a man. I can't say that she is the best wife due to limited sample size but what I can say there could not have been anything better for me. Importantly, she is a very good mother of my two children who have made me proud father and also a rare commodity these days she is a very good daughter in law. This all when she is professionally

equally qualified and working woman with more job responsibilities. She bore my idiosyncrasies, tolerated my mood swings and provided me a stress-free environment where I could contribute in the area of my interest.

Big thank you once again to IAPSM GC its office bearers and members, organizing team of Government Medical College, Surat especially Dr. Kosambiya and Dr. Moitra.

Thankyou all.