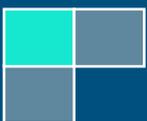

Report

***Celebrating 50 Years of the Centre of
Social Medicine and Community
Health (1971-2021)***





Convention Centre, Jawaharlal Nehru University

The Center of Social Medicine and Community Health celebrated 50 years of its existence on its foundation day on April 13th, 2023 at the Convention Centre JNU. This report encapsulates the proceedings of the event, meticulously orchestrated by students, alumni and faculty of the Centre.

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Glimpses of the Foundation Day Celebration



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Celebrating 50 Years of the Centre of Social Medicine and Community Health (1971-2021)

Background

The Centre of Social Medicine and Community Health was founded in 1971, with the first faculty member, Prof. D. Banerji, joining Jawaharlal Nehru University on the 13th April. It was located in the School of Social Sciences. The Centre, thus, completed its 50 years in 2021, but due to the COVID-19 crisis, the collective recognition this milestone had to be postponed. The faculty, students and alumni of the Centre, are therefore, celebrating the Centre's first 50 years over the year 2023-24.

An interactive session with Prof. Imrana Qadeer titled "*Past, present and future of public health*" was organized on 3rd April, 2023, which was also her 80th birthday. She spoke on the subject with her well-known profound understanding, and a large number of members of the CSMCH community including students, alumni and faculty actively

participated in hybrid mode. It also acted as a curtain raiser for the 50 years celebrations.

We opened the celebrations on the 13th April, considering it the Centre's Foundation Day. A full day of intense sharing of personal and collective memories, with reflection on the Centre's work and its relevance to the discipline of Public Health, highlighted the legacy of the 50 years. It gave us great joy to see that through the day the CSMCH community, and its friends and fellow travelers engaged in a truly participatory manner. The video-recorded and in-person statements by senior public health scholars and practitioners as well as a panel discussion gave us much food for thought and directions for how to build on the legacy of the past to build the future of the Centre and the discipline of public health (Programme in Annexure 1).

SESSION 1

The Inaugural Session

The celebrations of the CSMCH Foundation Day and Golden Jubilee began with **Nitu Singh (PhD Candidate, CSMCH)** extending warm greetings to the esteemed gathering. Speakers and participants who had joined both online and in-person, consisted of senior public health academics and practitioners, alumni, current students, and research scholars. The event was jointly organised by the Centre and the Alumni Fraternity, in the spirit of celebrating the legacy and giving back to the continuing success of their alma mater,

acknowledging the enduring impact of the institution on their professional and personal development, and foreseeing the success of future generations of students. The alumni were congratulated for their remarkable impact and accomplishments in the field of Public Health and encouraged to impart learnings from their experiences. The event was considered a fruitful opportunity to renew old connections and forge new networks, and a precursor to future conferences, workshops, and discussions, to strengthen the Centre's

vision and mandate for social change and better public health in the country and beyond.

(1927) led by Ambedkar, was not only a movement for the identity of caste, but a



Inaugural session and a panel of special invitees (L to R): Prof. Srinath Reddy, Prof. Arun Kumar, Prof. S.K. Sopory, Prof. Imrana Qadeer, Prof. Ritu Priya and Prof. Rama Baru and on the top joining online, Prof. D. Banerji and Prof. Patricia Uberoi.

Prof. Sanghamitra Acharya (Chairperson, CSMCH) was requested to deliver the welcome address. Prof. Acharya welcomed and invited to the stage the founding members of CSMCH, Prof. Imrana Qadeer, and Prof. D. Banerji, and the special invitees Prof. S.K. Sopory, Prof. Arun Kumar, Prof. Patricia Uberoi, and Dr Srinath Reddy. Prof. Ritu Priya and Prof. Rama Baru were also welcomed to the dais along with the dignitaries. Prof. S.K. Sopory (former Vice-chancellor, JNU) felicitated Prof. Banerji, who joined online, and Prof. Arun Kumar (retired Professor at the Centre for Economic Studies and Planning, JNU) felicitated Prof. Qadeer.

Prof. Acharya remarked that the centre has been instrumental in enabling the shift from a biomedical to a biopsychosocial framework to understanding people's health, which stands to have a unique identity in the field of Public Health across the globe. As a centre dedicated to the cause of equality and social justice, Prof. Acharya congratulated CSMCH for choosing 13th April as the Foundation Day of the centre, as it is the day that also commemorates the eve of Dr. B. R. Ambedkar's birth anniversary. The Mahad Satyagraha

movement to ensure access to clean drinking water for all, which was indicative of his deep understanding of public health issues. In April 1944, as a member of the mica mine council, he studied the working and living conditions of Mica mine workers in Koderma, and it is through his efforts that the state and the employers were called on to assume responsibility to ensure the quality of life for workers. A labour welfare fund, reduction of working hours from 10 hours to 8 hours, and provisions for maternity leave were just some of the reforms that were brought upon based on Ambedkar's work and recommendations. Prof. Acharya extended her gratitude to the founding members of CSMCH, Prof. Banerji



Prof. Sanghamitra Acharya delivering the welcome address.

and Prof. Qadeer, under whose guidance the centre flourished. The journey of the centre in its first two decades is the journey of passion and grit of the doyenne of public health in India, Prof. Debabar Banerji, through whose vision and perseverance, CSMCH, located in the School of Social Sciences, outside the biomedical domain, made a mark for itself in the world of medicine and Public Health. Prof. Banerji's crusading and relentless endeavor resonates with Tagore's verses, "*jodi tor daak shune keu na aase tabe ekla chalo re*" (translation: If they answer not to thy call, walk alone). In the early 1970s, Prof. Banerji drew from his experience at the National TB Institute in contributing research inputs to conceptualise a national programme suited to the developmental context. Further, drawing upon Virchow, Mahler, and B.C. Roy, to argue that health is politics, and politics is health while discussing health services in India, his analysis contributed to how the health service system was viewed by subsequent scholars, and how planners responded to health system challenges nationally and internationally. His critique of the [World Bank report on the health sector in India](#) in 1993 and of the [WHO Commission on Macroeconomics and Health](#) in 2002, also offered an alternative health policy framework. Trained as a physician and anthropologist, he had an instrumental role to play in developing correctives to several National Health Programmes in the country, while also articulating his concern for indigenous medicine. It is reflected in his 1981 paper, "[The Place of Indigenous and Western Systems of Medicine in the health services of India](#)" wherein he pointed out how the relationship between the two systems of medicine in the country continues to be animated by the socio-economic and political forces.

When the state was enamoured by Universal Health Coverage, it was Prof. Qadeer who in 2013 un-dauntingly labelled it as [the trojan horse of neo-liberal politics](#). The legacy of the Centre's work in Public Health continues in her prolific writings, and of those she very thoughtfully mentored. She continues to engage with academia after her superannuation, including her [recent work](#) concerning the [COVID-19 pandemic](#) and an edited volume titled "[Universalizing Healthcare in India: From Care to Coverage](#)".

The contributions of other early members of the Centre, Prof. P. Ramalingaswamy, Prof. Binayak Sen, Prof. Dipankar Gupta, and Prof. S.K. Sahu added to the unique interdisciplinary identity of its academic content. The legacy continued with subsequent scholars — Prof. K.R. Nayar, Prof. Mohan Rao, Prof. Rama Baru, Prof. Ritu Priya, Prof. Ghanshyam Shah, and late Dr. Alpana Sagar; as well as many other scholars who have joined the centre during the 2000s and bear the onus of taking forward the vision of the founding members.

The Centre's journey since the 1970s has been supported by people beyond academics. Prof. Acharya acknowledged the office, library documentation and administrative staff — Dr. Lakhan Singh, Mrs. M.D. Rastogi, Mr. Dinesh Joshi, Mr. Shivanand Sirsekar, Ms. Malabika Bhattacharya and Dr. Anil Gupta, Mrs. K.D. Bhatia, Shri. Dharmaraj, Shri. Ramprakash, Smt. Jeevanlata, Shri. Satinder Rawat, Kumari Punam, Mr. Abhay Patel, and Satish ji.

Lastly, Prof. Acharya thanked the alumni and the current scholars of CSMCH across MPH, MPhil, and PhD for their contribution towards organising the event.

Address By Special Invitees

Prof. S.K. Sopory (Recipient, World Academy of Science Award; Shanti Swarup Bhatnagar Award; Padma Shri; Former Vice-Chancellor, JNU)



Prof. S.K. Sopory addressing the inaugural session.

Prof. Sopory extended greetings to Prof. Qadeer and Prof. Banerji, and recounted his 50-year-long association with the Centre and University since 1973, including several professional interactions with Prof. Thorat, Prof. Patricia Uberoi, Prof. Arun Kumar, and Dr Srinath Reddy. He congratulated the centre for its 5-decade long tremendous contributions to the public health landscape of the country including policy interventions, pedagogical innovations, and the research output during the COVID-19 pandemic. He congratulated the Centre, as being one of the best in the university system in the country, and for adopting a community-based approach to healthcare, which has helped in yielding meaningful linkages as well as bridging the gap between ground-level realities and academic research.

The future generations of students and faculty of the centre have the immense responsibility of addressing the emergent complex challenges of public health in India. In doing so,

they must engage vigorously with other domains of knowledge, including nutrition, agriculture, environment and new technologies in the health sector. Prof. Sopory also encouraged adopting a futuristic approach in research by incorporating AI-based systems to develop and utilise large databases and generate precise interventional models to tackle emergent diseases.

Prof. Arun Kumar (Retd. Professor, CESP, JNU)

Prof. Kumar characterized the centre as being an integral part of the project of JNU, and being true to the original design of the university as being interdisciplinary. He credited Prof. Banerji and Prof. Qadeer for their contributions in helping the Centre practice interdisciplinarity. Prof. Kumar recounted his contribution to the Centre's journey, in being a part of several conferences and giving guest lectures on the evolution of the Indian economy.

He lauded the Centre for its holistic pedagogical and methodological approach towards conceiving illness and disease in society, preventive and social medicine, and alternative



Prof. Arun Kumar receiving a welcoming present. systems of medicine as objects of inquiry.

This is evident in the critically relevant and vast research output of students and faculty members in topics ranging from TB, HIV/AIDS, and the COVID-19 pandemic. Such an approach is especially critical to be attentive to issues of social diversity and complexity, in the present context of the prevalence of narrow specialisation in academia. The Centre has resisted from being swayed by dominant research themes and frameworks emerging from the West, the tendency to mathematise social science disciplines, and the commercialisation of educational institutions.

The health implications of rising disparities, consumerism, and climate change are quite obvious, and the Centre's approach to evolving socially relevant knowledge for the future must reflect the need to face these challenges.

Prof. Imrana Qadeer (Founder and Former Professor, CSMCH)



Prof. Imrana Qadeer addressing the inaugural session.

Prof. Qadeer recounted her journey from a paediatrician to a public health scholar, which was made by being partners in learning with senior students, who had an equally critical role in building the centre. The journey was made possible by the open and trusting academic structures provided by JNU, which believed in the unity of knowledge. She extend-

ed her gratitude to colleagues from other Centres of the School of Social Sciences (SSS) and the School of Life Sciences (SLS) for helping the Centre grow.

The Centre began its journey with a small membership of 3 teachers, and 4 PhD students, but was resolute in making public health relevant to the people of the country. What distinguished the Centre's practice of interdisciplinarity is the adoption of a problem-based approach, wherein scholars from across disciplines worked in conjunction to address problems of community health, instead of considering health as an area of mere application per disciplinary convenience and priorities.

It was emphasised, that it is critical to do away with disciplinary and individualistic egos to practice good public health. Prof. Qadeer expressed her resolve to carry forward this dedication, regardless of institutional affiliation, and retain her freedom to speak, which is synonymous with the idea of JNU.

Prof. Patricia Uberoi (Former Professor, CSSS, JNU)



Prof. Uberoi joining the event online.

In her 8 years as faculty of CSSS, Prof. Uberoi recalled her time being an observer of the Centre's pioneering growth, the vision of

independent thinking, the commitment of the faculty members as well as students to speak truth to power, and dedication to interdisciplinarity. She articulated her tribute to Prof. Banerji, as being an iconic figure who put fear in the hearts of high and mighty academic and administrative authority, and Prof. Qadeer as being incredibly soft-hearted yet hard-headed. She also reminisced about her personal and professional associations with members of the Centre including Prof. Ritu Priya, Prof. Mohan Rao, and Prof. Rama Baru.

Prof. Uberoi pointed to a lack of comparative studies in Indian social science writing, given its preoccupations with area studies. There is a dearth of work which looks at other regions as globally important in economic and political terms, besides the default West. This leads to a continuous categorisation of India and other South Asian countries across the binaries of good or bad in terms of various global indicators, especially in the domain of public health. Prof. Uberoi congratulated the Centre's contribution to addressing this research gap, which can be traced 20 years back in the form of Prof. Rama Baru's work on comparative Indian and Chinese studies, published as a chapter "The State and Human Development: Health and Education" co-authored with Prof. Alka Acharya and Prof G. Namibissan in the volume "[Crossing a Bridge of Dreams: Fifty Years of India and China](#)" (2001). This critical engagement reflected on issues germane to the human condition, beyond the two countries' geopolitical characterisations in the modern world. This dedication to comparative studies continues to be reflected in Prof. Baru's and Dr. Madhurima Nundy's (alumnus, CSMCH, and now at the Centre for Social and Economic Progress) sustained engagement with the Institute of Chinese Studies.

Prof. Uberoi urged the Centre, and other social science institutions in the country to develop a similar ecumenical and cosmopolitan sensitivity, and to not just generate Indian data meant to be evaluated in global contexts, or manipulated for policy formulation -- but to contribute to social science thinking in an independent and non-western way.

Prof. Sukhdeo Thorat (Professor Emeritus, CSRSD, JNU)



Prof. Thorat on the screen.

Prof. Thorat remarked that JNU's admission policy, curriculum, method of evaluation and examination, and most importantly its dedication to interdisciplinary research and teaching were the clinching and distinctive factors which made it a premier institution of higher education in the short span of 30-40 years. Such a feat could not be accomplished by other older universities in Kolkata, Madras, and Bombay, which are close to a century old – and in that sense, JNU is truly a miracle. Interdisciplinarity is now a trending topic in global academia, but such efforts were spearheaded by JNU in the early 70s. Besides CSMCH, exemplary interdisciplinary work is undertaken in several centres such as the Centre for Political Studies (CPS), the Centre for Historical Studies (CHS), and the Centre for the Study of Regional Development (CSRSD).

The Centre was a great imaginative effort, which owes its success to the hard work of

Prof. Banerji and Prof. Qadeer along with other faculty who brought the relationship between society, social problems, and health, to the fore, by de-centring clinical preoccupation with diseases. Following the work of these scholars, the prescription of bringing improvements in the living conditions, income, food intake, and basic amenities of the people is hardly contested and has translated in the form of significant improvements in the health status of this country.

The introductory session was brought to a close by Prof. Acharya, who in conclusion, urged the current members of the Centre to take forward the legacy of the previous 50 years. She also acknowledged the contributions of her younger colleagues — Prof. Rajib Dasgupta, Prof. Ramila Bisht, Prof. Sunita Reddy, Dr. Nemthianngai Guite, Dr. Prachin Ghodajkar, and Dr. Vikas Bajpai, and iterated their responsibilities in taking forward the suggestions for the future expressed by the speakers.

SESSION 2

Panel: Reflections on Contributions of CSMCH to Public Health

Prof. Rama Baru moderated the session which was conceived as a collection of reflections, in person and as recorded videos, of various friends, collaborators, and academics in Public Health from different parts of the world over the last 50 years.

Prof. Srinath Reddy (Honorary Distinguished Professor, and Former President, PHFI)

Prof. Reddy congratulated CSMCH for supporting the doyens and devotees of public health, and for being the exemplar teacher and conscience keeper of social medicine in the country. He recounted his several professional interactions with the Centre as a member of

the Centre Committee, as an external evaluator of several PhD theses, and as the former president of Public Health Foundation of India (PHFI).

Prof. Reddy recollected the establishment of the Centre in the early 1970s, by placing it in the larger genealogy of public health, beginning from the 19th century when the tools of scientific investigation were still being sharpened. The second half of the 20th century witnessed an increased sensitivity towards social determinants of health. Recalling the stream of ideas spear-headed in the mid-19th century by Rudolf Virchow, through his analysis of what was localised in Prussia, but was germane to the rest of the world, Prof. Reddy stated: *“Do we not always find diseases of the populace traceable to defects in society? If the disease is an expression of individual life under unfavourable circumstances, then epi-*



Prof. Srinath Reddy sharing his views.

demics must be indicative of mass disturbances.”

In the 20th century, advancements in laboratory and clinical medicine brought newer understandings of the pathways of disease causation, but also an unfounded sense of euphoria that all medical and public health problems can be tackled through technological innovations and scientific tools directed at the person, organ, or sub-cellular structure. It is in this context, that the Centre is relevant in its clear positionality on the role of social determinants of health in the context of health situations in the country or globally, despite the sway of Randomised Controlled Trials (RCTs) and Evidence-Based Medicine (EBM), which has been articulated with great emphasis and eloquence in its research publications and public engagements.

These lessons are increasingly relevant in the current times, in the context of questioning linear models of analysis and bringing multiple streams of knowledge to bear upon the understanding of complex health problems like viral pandemics, or climate change. Even globally the fascination of finding purely genetic markers as etiological agents, and genetic engineering as a solution has faded despite Francis Collins (Director, Human Genome Project) declaring that with the elucidation of the human genome, all chronic diseases could be solved. There is a renewed interest in social determinants, in the form of epigenetics research, and the recognition of the digital divide in the context of digital health.

Institutions like CSMCH play an important role in ensuring that digital solutions and new health technologies do not overwhelm the social determinants of health approach in a community context. Besides, the Centre must advocate for a shift from a physician-centric to a patient-centric model of clinical medi-

cine, and a shift from a governmental or an agency-centric model of PH to a community-centric model of PH. The Centre must dedicate its future to the growth of a decentralised people-partnered public health to address the health challenges of the country. Finally, he hopes that the centre continues its dedication to the interdisciplinary integration of knowledge both within JNU and across universities globally, and helps generate meaningful knowledge that translates into social equity. Prof. Reddy ended his address by invoking Ferdinand Tonnies, and stating that it isn't only equality of opportunities, but equality of circumstances that matters, and equality of circumstances is driven by social determinants of health.

Prof. Sheila Zurbrigg (Physician, and Independent Scholar)



Prof. Sheila Zurbrigg delivering her address online.

Prof. Zurbrigg recalled the first time she first became aware of Prof. Banerji's work on tuberculosis, which was while working with women's *dais* in the Ramnath district of Tamil Nadu in the 1970s; and of Prof Qadeer's work exploring the barriers faced by rural poor in accessing basic curative and preventive care through EPW and MFC (Medico Friend Circle) articles. She met both of them in person during the late 1970s in JNU, when most of the university was still under construction. The Centre's expanding contemporary health

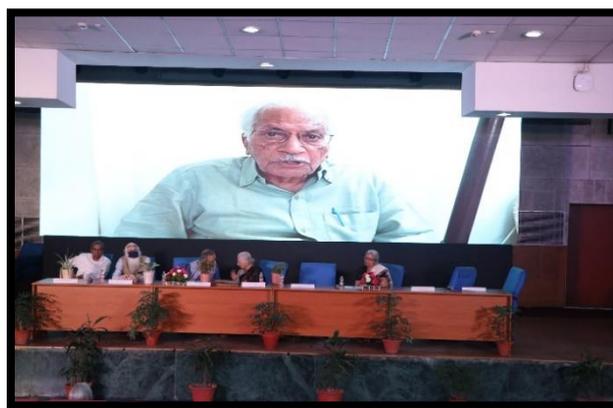
analysis work, the trenchant critiques of the government's family planning policies, the WHO Investing in Health Report (1993), the documentation of public health care's capture by the private health insurance industry, the analysis of the double burden of communicable diseases and malnutrition in the country, and the collaborations with the MFC remain a critical resource of academic and personal inspiration.

In the 1980s, while transcribing the village midwife Meena's haunting account of Rakku's efforts in saving the life of her infant child, Prof. Zurbrigg realised that Rakku's story is a recurring metaphor for the economic and institutional barriers to good health faced by the rural landless in India. Following monthly groceries of young children in the Ramnath district also put hunger in sharp relief, and made her increasingly sceptical of the prevailing assumption in Western development discourse that mortality shall decline in the developing world. This led her to set aside clinical medicine to pursue the largely lost history of human health and the role of staple food security in tripling human life expectancy from its premodern and historic levels of 20-25 years.

In the years that followed, Prof. Zurbrigg immersed herself in documenting the relationship between acute hunger, starvation, and malaria lethality in colonial Punjab. This historical analysis of malaria mortality history offers important perspectives for contemporary public health work, as it shows that the great lethality associated with malaria was mainly due to acute hunger. The once notorious malaria epidemic mortality in Punjab, plummeted after 1920 with the control of famine — three decades before DDT control of malaria transmission in the region — laying the grounds to argue that healthcare cannot substitute for food security.

Prof. Zurbrigg continues to be energised by the scholarship and unrelenting advocacy efforts of CSMCH and extends her best wishes for the centre's courageous future.

Prof. R.K. Mutatkar (Former Chairperson, Department of Anthropology, Pune University; Founder Director, Interdisciplinary School of Health Science, Pune University)



Prof. Mutatkar's recorded video was played during the session.

Prof. Mutatkar stated that the textbook *A Treatise on Hygiene and Public Health with Special Reference to the Tropics (1912)* authored by BL Ghosh, in its 14th edition in 1959 gave rise to the departments of Preventive and Social Medicine in medical colleges across the country. But across the spectrum of public health practice and education in India, CSMCH stands distinctly in its dedication to direct communication with people, not patients, and by being housed in the School of Social Sciences. Prof. Mutatkar recounted instances of sharing professional space with Prof. Banerji, at the 12th International Leprosy Congress in Delhi in 1984, wherein both were invited to deliver a keynote address in the presence of President Jayant Singh, Prime Minister Indira Gandhi and Mother Teresa. He was also invited by Prof. Mohan Rao to be a visiting professor at CSMCH, and appreci-

ated the research collaborations with Prof. Ritu Priya on AYUSH in Public Health.

He ended by emphasising the Centre's leadership in community-centric public health that could be summarised in the last paragraph of Prof. Banerji's writing, *Health and Family Planning Services in India (1985)*: "In the present study, an alternative strategy has been suggested. Its central premise is to start with the people instead of fitting people within a pre-determined framework of health services. To devise a framework designed and specially tailored to suit the requirements of the people. All the technological elements of health services must be subordinated to the needs of the people. They should be concerned with the existing health behaviour, healthcare institutions, and healthcare delivery agencies in the communities. They should also fit in well with the social and cultural setting so that available resources prove sufficient for the purpose...". Prof. Mutatkar hopes that the Centre would continue to work with this approach in the future as well.

Prof. Vincente Navarro (Emeritus Professor, Johns Hopkins Bloomberg School of Public Health, USA)

Prof. Navarro reflected on his long association with Prof. Banerji, where as editor of the International Journal of Health Services he had admired Prof. Banerji's writings as well as trusted his judgement as reviewer of writings of others. He regarded Prof. Banerji as an admirable human being, and an international point of reference in the field of Global Health, distinguished as a scientist by his credibility, clarity, and courage.

The current crisis in the international order as being anti-people, and serving the cause of those in power was predicted by the sensitive acumen of scholars like Prof. Banerji, who

considered international agencies as being a part of the problem, and not its solution. Prof. Navarro noted that we are currently in a time of crisis unlike any he has seen in his six decades of work. It is in these times that inspired



Prof. Navarro's recorded video was played at the event.

voices like Prof. Banerji hold a mirror up to the international order, showing it for what it is.

He extended his gratitude to the Centre for continuing to expose cruelty in society, and for preserving our collective conscience. He hopes to continue his association with the current faculty and emerging scholars.

Dr. Abhay Bang (SEARCH, Gadchiroli)

As a young doctor, with an M.D. in Medicine from PGI, Chandigarh, disillusioned with the hi-tech models of tertiary care, Dr. Bang first visited CSMCH 48 years ago in 1975, where-in he met the then Chairperson, Prof. Banerji. He enquired regarding an educational programme that aligns with his goals of practising community health and providing accessible and affordable healthcare for people in rural areas. Prof. Banerji went on to offer him a seat in the PhD programme, which he declined, as the centre believed in engaging with a political and social critique of healthcare policies, which did not align with his aim of

building grassroots capacity to innovate and deliver healthcare to the poor.

Dr. Bang questioned the Centre's position, that a change in the political-economic structure of India was necessary to reach public health goals, and true people-centric care is not possible in social systems. He argued that such a sequential change order left the Centre out of the grassroots movement, and clashed with the model of simultaneous change. Nevertheless, he found co-travellers in Prof. Banerji, Prof. Qadeer, and Prof. Binayak Sen who made important contributions to discussions within the MFC. Dr. Bang considers the Centre as a source of intellectual sympathy and ended his address by expressing his grati-



A still from Dr. Bang's video clip.

tude for what the Centre did, and a friendly complaint, that it did not engage directly with the grassroots.

SESSION 3

“On the Origins and Trajectory of the Centre”



A still from the documentary.

The third session began with the screening of a documentary produced by the scholars of CSMCH. The documentary was based on ex-

tracts from interviews with the founders – Prof. Banerji and Prof. Qadeer. Recalling their early days at the centre and its interac-

tions, the interviews shed light on some crucial aspects of the foundational principles of the centre as well as the University at large.

Prof. Qadeer, who was a passionate paediatrician, left a promising clinical career to join the Centre, and faced several challenges initially. She began by reminiscing how the academic content of the centre has developed over time. Since the foundation of CSMCH was laid only a few years after the university, the Centre had been given a mandate of what was expected of it, just as other centres. Some centres at the university were highly discipline-oriented, while some were gearing up towards a more multi-disciplinary approach and thus had their challenges to deal with. CSMCH, she recalled, was a small centre to begin with, one that

teach courses rooted in sociology, anthropology, and politics, then would it truly be a problem-oriented centre? Over time, learning from interactions with one another as well as the students, a consensus was formed about some crucial features of the Centre. For instance, the focus and importance of epidemiology were detailed. The kind of social sciences that were to be taught were also highlighted. What would be drawn from sociology, political science, economics etc. was delineated. Prof. Qadeer started teaching a

A still from the documentary featuring Prof. Banerji.



A still from the documentary screening featuring Prof. Qadeer.

was seen with a fair amount of scepticism, with two doctors and one social scientist, located in the School of Social Sciences, and its very survival was doubted.

She recalled how the early years at the Centre were dedicated to developing a set of courses, which in retrospect, were initially rather segmented. For example, the faculty was faced with a pertinent question in the initial years—what kind of social sciences would be taught at the Centre? And if the Centre couldn't

course in nutrition, which she admitted, might have been a little too biomedical in its orientation since that is what she was academically trained in. But, she credits her interactions with social scientists, in transforming how she understood

nutrition -- realising that it could not be discussed without discussing the production and distribution processes or without relating it to policy. The idea of differentials in the nutritional status of different people, how they come into being, and what are its social roots started to take equal space in classroom teaching. She, however, cautions that social sciences themselves have to be integrated. It is necessary to be able to collate different concepts and ideas from varied social scienc-

es rather than dealing with fragmented concepts drawn from here and there.

She recalled her interactions with the visionary Prof. Banerji. The Centre had always had an interdisciplinary paradigm and for someone coming from a biomedical background, the complexities presented by interdisciplinarity were certainly experienced by Prof. Qadeer as well. She reminisced about the time she would spend in the library of the university to understand and work on projects suggested to her by Prof. Banerji, and how it sparked an interest in social sciences and motivated her to translate that knowledge into practice and research. She also spoke about the challenge that the founders had to face in the initial days of the university in defending the whole concept of 'inter-disciplinarity'. This is because inter-disciplinarity does not just mean getting a few different disciplines together but it refers to developing an interdisciplinary approach and perspective while examining and analysing problems and issues. It is about using different disciplines to understand a concept more holistically. She fondly remembered Prof. P. Ramalingaswami, a trained psychologist who was the first social scientist in the Centre's faculty, and the contributions of Prof. Ghanshyam Shah who joined in the 1990s.

She was also appreciative of the projects that the Centre has been associated with, where the Centre actively drew from other centres at the university to foster an environment of improved interaction between faculty members. The testimony of the success of the Centre is the fact that many educational institutions of the country have time and again asked CSMCH to share with them the courses taught here to help those institutions model their courses on public health along similar lines.

She congratulated the Centre and its alumni over the years for their contribution to redefining the role of the 'public' in public health by being an active part of the Alma Ata process. It was the initial force that started talking about Primary Health Care differently. The kind of work that was being produced by the Centre on Primary Health Care, and the challenges which different people were facing in accessing Primary Health Care contributed to the understanding of primary health care leading up to the Alma-Ata Declaration.

The interview with Prof. Banerji was undisputedly the most heart-warming moment of the foundation day celebrations. This was because of the sheer passion and enthusiasm with which he spoke about the Centre, about its achievements, its struggles and the challenges ahead. Apart from recalling his days as the Chairperson of the Centre, he also laid stress on two important lessons. One is that India and its public health practitioners should refrain from blindly emulating the Western school of thought as well as practice. India has its diversities and nuances and every public health practice should be planned and implemented keeping the uniqueness of the country in mind. Second, CSMCH should encourage a new grammar of public health which has been indigenously developed instead of being modelled entirely along the lines of the Western idea of medicine. This, in his opinion, can only be achieved by actively pursuing the goal of inter-disciplinarity. Although JNU was founded on the idea of inter- and - multidisciplinary, he is of the view that certain departments in the University were still too focused on a single-discipline or were multi-disciplinary. He was proud that at CSMCH, a culture of inter-disciplinarity was created encouraged and fostered. He also cautioned against the promotion of elite technology, which was only accessible to a privi-

leged section of society. To understand the need for equitable access and usage of technology, a holistic understanding of society is crucial.

Prof. Banerji also highlighted how the use of technology is paramount in today's time and space and how the idea of technology inter-

acts with social sciences. Indiscriminate use of technology is problematic; the basic premise has to always be that "technology must be subordinate to the needs of the people and not the other way round".

Reflections of Superannuated Faculty and Staff Members

Prof. Ghanshyam Shah (National Fellow, Indian Institute of Advanced Studies, Shimla; Former Professor, CSMCH)

Prof. Shah remembered how interactions with colleagues at the Centre were always a learning process, and that helped him re-examine the idea of 'culture'. Inputs from fieldwork helped him broaden his perspective on people's behaviour. He also began engaging with civil society more actively and subsequently interrogating its role in the present society. He advised the young scholars of public health to remember to always contextualise public health within the system that it was operating in and in the process, relate the various dimensions and concepts of public health with the economic and social phenomena, rather than considering it to be static or unrelenting.



Prof. Shah joining the event online.

Prof. Mohan Rao (Former Professor, CSMCH)



Prof. Rao's video presentation.

Prof. Rao began with the words of James McOlick“ *–frightful dreams and dear fears last, not least the reverent, trick of killing conscious’* and how his reflections on the same statement have left an impact on him. He congratulated the Centre on being a unique place where social sciences and public health melded seamlessly. He recalled the early years of his career, when he was doing his residency and soon began to see that hospital as a place for primitive accumulation of capital. He narrated certain incidences that were reflective of how people in society were dealing with death and diseases. For instance, a young Brahmin woman with kidney failure had to slowly sell all of her jewellery for dial-

ysis. Eventually, when she ran out of money, she lost faith in allopathic medicine and resorted to Ayurveda. This incident made it quite clear that people's engagement with alternative systems of medicine was dependent on many individualised-contextual factors and as such should be accorded centrality in policy formulation.

The important lesson to take home from such incidences was how public health has to engage with a myriad of issues that may not be related to health *prima facie* (like caste, class, sex etc.) and thus has to adopt an interdisciplinary intersectional perspective.

Remembering the Departed Faculty and Alumni

Prof. Rama Baru spoke a few words in remembrance of the departed faculty, colleagues and collaborators of CSMCH. A minute's silence was observed as a mark of respect to them.

Faculty

Late Prof. P. Ramalingaswamy, who passed away in the early 1990s.

Late Prof. S. K. Sahu, an anthropologist and alumnus of the centre. He completed his PhD

with Dr. Banerji.

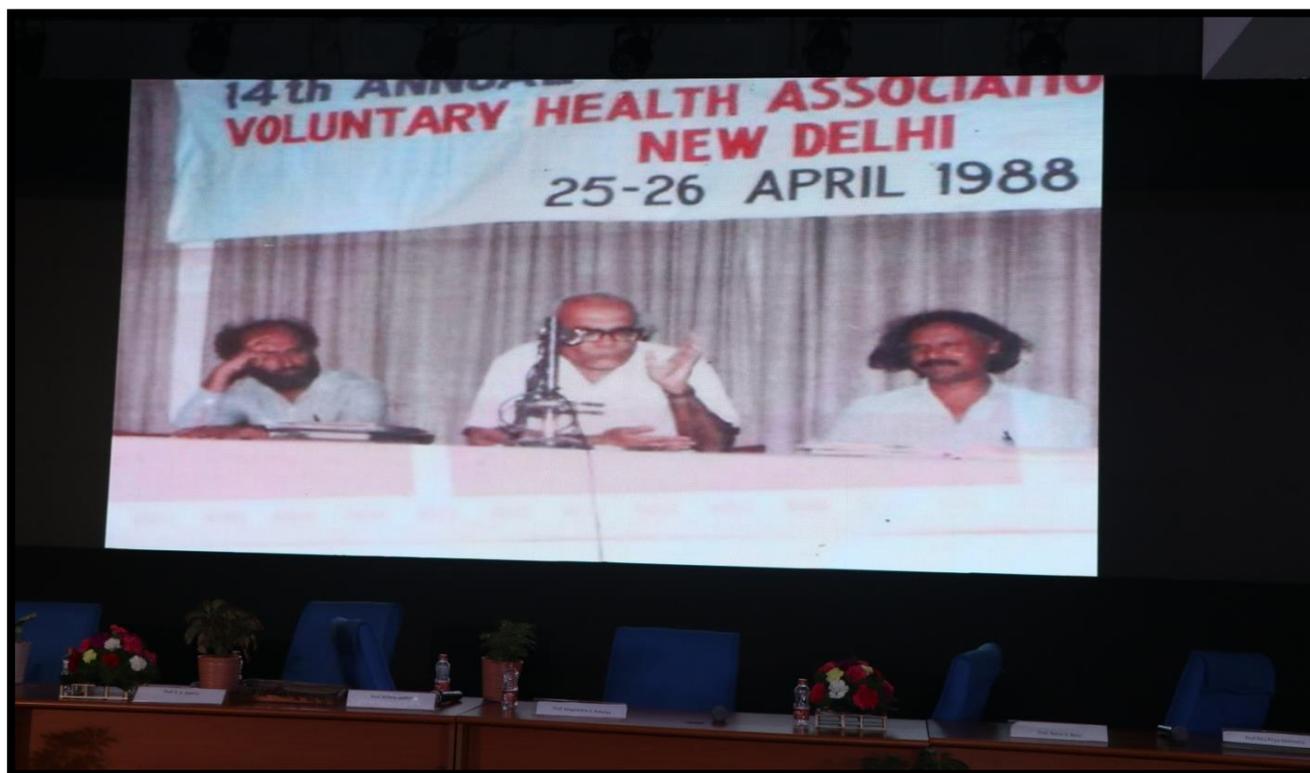
Late Dr. Alpana Sagar, an alumnus, colleague and an inspiration for her peers at the Centre.

Alumni

Late Dr. Krishna Soman, a PhD scholar supervised by Prof. Qadeer.

Late Ruma Bhowmick

Late Urmila Bhudkar, an MPhil Student at the



A photograph screened at the event of Prof. Banerji (*middle*) sharing the stage with Dr. Zafrullah Chaudhary (*right*).

Centre.

Co-travellers

Late Dr. Dulitha Fernando, Sri Lanka

Late Dr. Zafrullah Chaudhary, Bangladesh, a leading health activist who had passed away just the previous day and was being mourned globally by the People's Health Movement. He was an icon of self-reliance and public

health in Bangladesh. A photograph of Dr. Zafrullah Chaudhary and Prof. D. Banerji as speakers at a function of the Voluntary Health Association of India in 1988 projected a beautiful visual reminder of the close association of the faculty of the Centre with the people's health movement and health activists.

The session ended with a photo montage that reflected the times that the alumni and faculty members have spent at the Centre.

SESSION 4

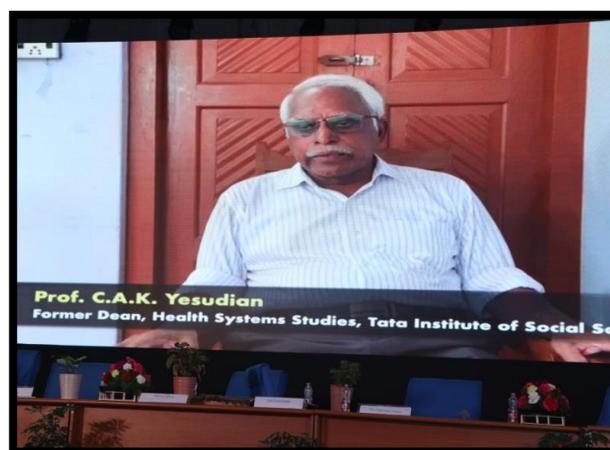
Reflections on CSMCH by its Alumni and Friends

The session was moderated by Prof. Sunita Reddy. She spoke about the various collaborators that have been proudly associated with the Centre, including eminent scholars, academicians, and activists whether as visiting faculty or as collaborators at different points of time in the glorious history of the Centre and how the Centre has been privileged by their contribution.

Prof. C.A.K. Yesudian (Dean, Health System Studies, TISS)

Prof. Yesudian, who has been working in the field of health systems and policy research and has been training young scholars for the last 40 years, at the very outset, congratulated the Centre for its achievements in the past decades. He reminisced, how after his pre-doctoral work, his interest in the field of community health sparked, especially the concerns of the urban poor and it was in that process that he came across Prof. D. Banerji, the then head of the Centre. He credits Dr Banerji for guiding him through the thoughtful discussions on the concept of community health, community participation as well the paradigm-shifting idea of 'comprehensive healthcare and selective health care' post the Alma Ata Declaration. He was also appreciative of the fact that the Centre was a platform that not only introduced him to other professionals working in the field of public health but also became a place of collaboration between different faculty members like Prof.

Qadeer and himself. He talked about how the Centre has contributed to the furthering of public health understanding of the country by producing young academicians who have not only contributed to the department by way of research but also to health systems studies departments in various other institutions in the country like Prof. Ramila Bisht and Dr. Nakeeran. This is also evident from the number of CSMCH alumni leading public health departments in different educational institutions across the country.



A still from video presentation of Prof. Yesudian.

Prof. Betsy Hartman (Professor Emerita of Development Studies at Hampshire College, Massachusetts; Author and visiting scholar at CSMCH, JNU)



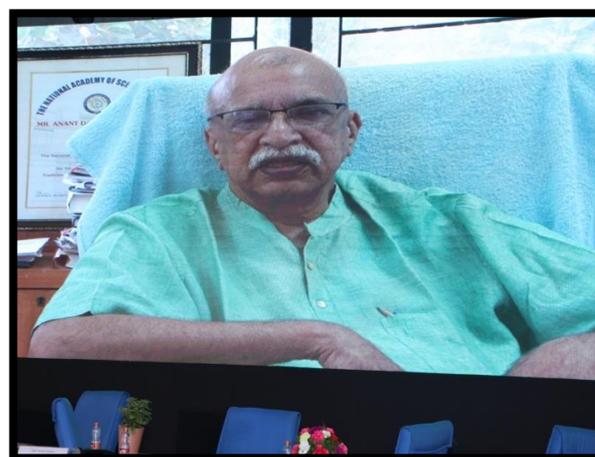
A still from video presentation of Prof. Betsy Hartman.

Prof. Hartman, currently working on the Opioid Crisis and War on drugs, has been a visiting fellow at the Centre twice. She spoke about how work produced by the Centre has always been a source of inspiration for her, especially the Centre's work on Population and Health Policy. The critical approach adopted by the Centre on the political economy of public health, inequalities of gender, caste and class and the policy-oriented work by the faculty of the Centre has contributed to making this Centre unique, inspirational as well a model for how academic scholarship can work for bringing instrumental changes at the ground level to improve access to basic human rights. On a warmer note, she was also grateful for the friends she made at the Centre as well as the support that she has had from the Centre over the years.

Prof. Darshan Shankar (Founder and Vice-Chancellor, Transdisciplinary University, Bengaluru)

Prof. Shankar, a Padma Shree Awardee, is known for his contribution to the field of Education and Innovation. He was awarded the Commonwealth Award in 1976 for linking

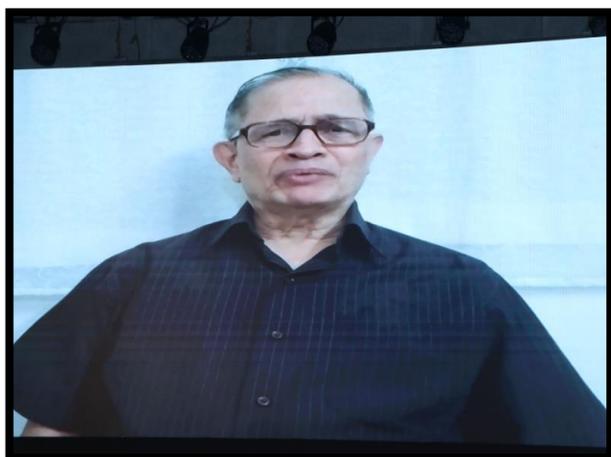
university education to community needs. He began by expressing his joy at the Centre after completing 50 years. He shed light on the creative practice of imparting education at the Centre and how CSMCH continues to be a pioneer in its field in the country. He also highlighted how the Centre's approach towards understanding health from an interdisciplinary approach, makes it qualitatively different from how other centres in the country understand health, which is typically using a mainstream biomedical perspective. He reflected on the unique name of the Centre and how the Centre does justice to this unique name by researching the fundamental principle of public health being a 'people's science'. It is precisely because of this unique perspective that the Centre adopts that it can discover ideas and new approaches instead of imposing biomedical perspectives irrespective of the context. He also pointed to a unique practice followed at the CSMCH which is to examine the cultural roots of healthcare with empathy and investigate their contemporary relevance to continue building upon community knowledge. The name of the Centre is suggestive of a new dimension of healthcare – typically one that focuses on conventional mainstream medicine. Social Medicine and Community Health, however, are in progressive directions. They are concepts in which one needs to discover the cultural roots of



A still from video presentation of Prof. Darshan Shankar.

healthcare within the community rather than imposing concepts on them. He offered his best wishes to the Centre for deepening its work and for many more creative endeavours in the decades to come.

Anant Phadke (Senior Health Activist at Saathi Cehat, Pune)

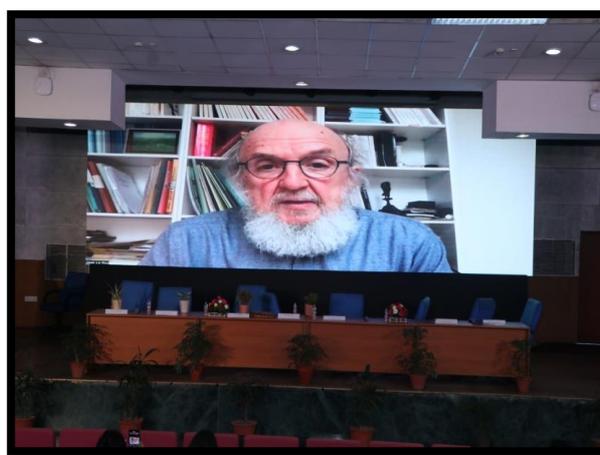


A still from video presentation of Anant Phadke.

Mr. Phadke, who is a member of the MFC and Jan Swasthya Abhiyan, was introduced to the Centre through MFC meetings where he recalled meeting Prof. Qadeer and Prof. Ritu Priya. He recalled being utterly impressed with the work being produced at the CSMCH which was built on theoretical and conceptual clarity, with a keen sense of interest in the grassroots-level issues. He highlighted how the Centre has had a culture of analysing people as living beings replete with thoughts and emotions and not just as objects/ data sets. This was especially relevant to Dr. Banerji's work which was a source of inspiration for public health professionals all across the globe. The opportunities he got where used to discuss varied health-related topics with Dr Banerji continue to be a source of inspiration for him. The commentary on India's population policy that was introduced by the Centre shows the commitment of the Centre to adopt a problem-oriented approach. Additionally, Dr. Phadke remarked how issues of primary

healthcare and principles of Alma Ata are interwoven with the research as well as educational practices of the Centre and how the Centre has been relentlessly guiding and training people who are not academically trained in public health to develop an interest in the field of public health and thus becomes a source for social engineering.

Dr. Jack Le Roy (Independent Psychologist & Psychiatrist, Belgium)



A still from video presentation of Dr. Jack Le Roy.

Dr. Le Roy, who has worked on global mental health, especially in low-income countries, began by thanking the centre for all the collaborations that it has done over the years. He started his journey with the Centre in 1999, when he met Prof. Qadeer at a conference in Maastricht, Netherlands. The theme of that conference was Health Systems and Social Development: an alternative paradigm in Health Systems Research and it aimed to transcend the classical ways of analysing health systems by focusing on interdisciplinary and integrative approaches. He recalled being so impressed and inspired by Dr. Qadeer, that he ended up doing a 4-year project with her in 2000. The project was a collaboration among seven South Asian and three European Institutes in public health. The project was called 'Monitoring Shifts in

Health Sector Policies in South Asia' wherein they used a comparative approach to map the impact of the Structural Adjustment policies on Health. Dr. Le Roy and Prof. Qadeer finalised the research at a conference in Colombo in 2004. In 2002, they also organised a workshop in Kathmandu coordinated by Prof. Ritu Priya and Dr Rama Baru from the Centre. He emphasised how his association with different faculty members of the Centre changed his perspective from a strictly biomedical lens to a community-based model and how the lessons he learnt at the Centre have been his companions throughout his life.

Prof. Meri Koivusalo (Professor, Global Public Health, Tampere University, Finland)

Prof. Koivusalo had visited the Centre in the 1990s for a project that was the first collaboration of its kind on health research between India and Finland. She is glad to have resumed that collaboration once again this year and expressed her hope and desire for many such collaborations in the future. She congratulated the Centre on being a unique research-space, which is as embedded in social sciences as it is in medicine. In present times of increasing social inequalities, she stressed the importance and criticality of a Centre such as this.



A still from video presentation of Prof. Meri Koivusalo.

Dr Prabir Chatterjee (Former Executive Director, of State Health Resource Centre, Chhattisgarh)

Dr. Chatterjee recalled meeting Dr. Banerji and Prof. Qadeer as a student at the MFC meetings back in the 1980s as well as Prof. Ritu Priya while conducting discussions related to the Bhopal Gas Tragedy and Vaccine Policy. As a part of the SHRC, he also fondly remembered meeting Prof. Rajib Dasgupta as well as Prof. Rama Baru who were a part of the governing council at the SHRC. He congratulated the Centre on being one-of-its-kind in the country and wished the Centre and all its alumni and present students the best for their future endeavours.



A still from video presentation of Dr. Prabir Chatterjee.

Prof. Neal Brimnes (Associate Professor, Department of History and Cultural Studies, Denmark)

Prof. Brimnes began by congratulating the Centre on providing a much-needed paradigm shift in the understanding of public health outside of medical colleges. He sees the establishment of the Centre as a milestone in the long-standing tradition of social medicine and community health in India. Recalling the Centre's impact on Global Public Health, he mentioned how during the designing of the National Tuberculosis Program in the 1960s

in Bangalore, Dr. Banerji had met and inspired Dr. Mahler who later became the Director General of WHO in the 1970s. He recalled the words of Dr. Mahler to Prof.



A still from video presentation of Prof. Neal Brimmes.

Banerji “*You still have a lot of years to bless your pupils and I am proud to be one of them*”. This statement is a testament to the fact that Dr. Banerji was a source of inspiration to all his students and played a monumental role in making the Centre a lighthouse institution in the global history of community health.

Amulya Nidhi (Swasthya Adhikar Sangh, Silicosis Peedit Sangh, Jan Swasthya Abhiyan)

Amulya Nidhi, who is the National Co-Convenor of People’s Health Movement, began his speech by congratulating the Centre on completing 50 years of its existence. He spoke at length about the focus of the Centre concerning academic research and how it has been a pioneer in making public health and its policies and approaches pro-people. The Centre has also played a crucial role in shaping policies at the Central as well as State level. Mr. Nidhi has been associated with the Centre

since the foundation of the Jan Swasthya Abhiyaan. He also congratulated the faculty and alumni of the Centre for working at the grassroots level. He expressed his desire to see the Centre expand in terms of its scope and coverage along with inspiring many such similar centres to come up across the country. He also hoped to see the Centre playing an even greater role in action research in the future.



Amulya Nidhi’s video presentation.

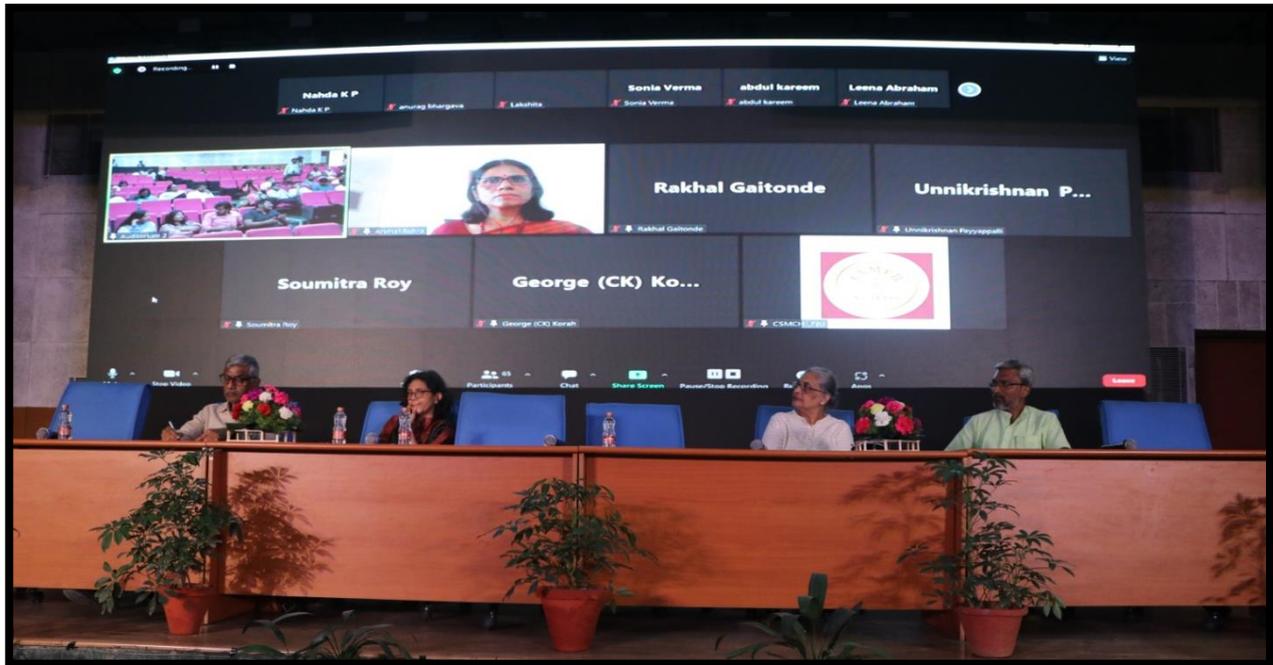
Celebrating 50 Years of the Centre of Social Medicine and Community Health (1971-2021)



SESSION 5

Panel Discussion

"Challenges & Opportunities for the Discipline of Public Health in Contemporary Times"



on screen L to R (top)- audience, Dr. Arima Misra, Dr. Rakhal Gaitonde, Dr. Unnikrishnan, bottom- Dr. Soumitra Roy, Dr. C.K. George, CSMCH (Host) on the stage L to R- Prof. Nakeeran, Prof. Ramila Bisht, Dr. Neerja Sood, Dr. Mathew George.

Prof. Ritu Priya welcomed the panelists on stage, as well as those who joined the event online. She outlined the primary goal of the panel— to introspect on the contemporary status of the discipline of Public Health in terms of its challenges, opportunities, and futures in the knowledge space. The 14 invited panelists reflect a diversity of voices of scholars and practitioners who have been, and in the future would be, at the helm of public health institutions in the country.

Some of the issues the panelists were encouraged to reflect on are:

- As a discipline meant to generate knowledge for guarding and improving

population health, what would be our response to the old and newer challenges?

- What are the differences and similarities in the nomenclatures of Public Health, Community Health, Social Medicine, Preventive Medicine, Global Medicine, Global Health, or One Health? What difference does it make to public health thinking?

- Are Public Health perspectives and policy recommendations formulated in response to the challenges of present times, or are they a part of the processes leading to the challenges?

- What challenges do you face in your institution in conducting Public Health related education, work or policy-related ac-

tivities? What concepts and approaches are helping in addressing challenges?

- *What opportunities do you see for strengthening of the discipline?*

Dr. Matthew George (Professor, Central University of Kerala)

Dr. George began by reflecting on his MPH training in 1996, 15 years teaching at Tata Institute of Social Sciences (TISS), and more recently the Department of Public Health, Central University of Kerala, through a series of questions. First, a question that has been posed time and again over the years is, what are non-medical students doing in Public Health, which is a specialised field of medicine? In the dominant discourse, public health is considered a sub-discipline of medicine, thus characterising it as a natural science instead of a social science. Outside socially sensitive institutions like JNU, there is a large dissidence to accept Public Health as a social science. Perhaps it is so because Public Health traces its genealogy to Community Medicine. Even if that is so, do we impute relevance to an achieved, or an ascribed identity, considering that current Public Health activities firmly ground them among communities and people?

Second, what is, and what is not public health? The interdisciplinary nature of the discipline often leads to the subject matter getting subsumed by established disciplines such as anthropology, sociology, or economics. A good example of this tendency is the case of health technology assessment, which is driven solely by economic principles of viability, sidestepping questions of ethics and need.

Third, is public health an independent discipline? Are there any theories which could be

distinctly called public health theories? For instance, epidemiology's shortcomings have been highlighted by critics, as the discipline failed to have a theory beyond statistics and biological sciences. It could be said that public health's distinct mandate is to respond to challenges faced by communities amidst crises, but it could not be sufficiently addressed through macro perspectives. In agreement with Dr. Bang's remark about applied Public Health, Dr. George mentioned the need to incorporate macro determinants of health into micro and meso-institutional changes to bring about changes in the immediate context and day-to-day challenges faced by communities, lest public health fall to the same fate as epidemiology, as solely a conduit of knowledge production.

Dr. Arima Mishra (Professor, Azim Premji University)

Dr. Mishra reflected on her experience in rejuvenating public health pedagogy based on endogenous needs, including the recruitment of new faculty members. In designing the public health curriculum in her university, Dr. Mishra and her colleagues interrogated questions like - what does the state of Public Health look like in a country, and is there a need for an educational response to the current problems? To stay relevant to the times, what should such a programme look like?

To seek a response to these questions, the team reached out to grassroots-level scholars and practitioners, including Jan Swasthya Sahyog in Chattisgarh. Several concerns came to the fore, including how the current public health programmes exclusively produce technocratic consultants, with little to no on-ground experience. Based on similar feedback, the team tried to build the curriculum using the programme objectives as the starting point, instead of occupying themselves

with debates such as the distinctions between the technical and the social. They recruited faculty that reflects a diversity of experience and training across academics and practice, so that the core competencies, such as interdisciplinarity is operationalised into practice through the educational process.

Dr. Mishra also remarked that we may not have liberated ourselves from the biomedical framings of medicine, and issues regarding the delineation and shared understanding of the subject matter of Public Health are still as relevant as they were in the early years of the discipline in the country. Dr. Mishra closed her address by stating that constant dialogue is needed to reach a shared understanding of Public Health, and it should not be conceived as a finished project.

Dr. Neerja Sood (Associate Professor, IGNOU)

Reflecting on her experiences first in Public Health practice as an employee of the Directorate of Health Services for 22 years, and second as a faculty member at IGNOU for 15 years, Dr. Sood remarked that an interdisciplinary and holistic understanding of Public Health remains scarce and highly contested. Dr. Sood has borne witness to this tendency in her institution on several occasions. IGNOU does not allow for closure of the gap between doctors and nurses, even with equivalent qualifications such as a doctorate. The postgraduate diploma offered in district management targets a multidisciplinary audience, but the curriculum is written exclusively by specialists in Community Medicine or Preventive and Social Medicine; a proposal by PHFI to run a multidisciplinary MPH and PhD programme was declined by the medical faculty; and finally, the doctoral students demonstrate a clear lack in grasp on the social determinants approach to health.

Dr. Sood raised the issue of a lack of standardisation, monitoring, and clear mandate regarding the skills and knowledge that are to be imparted while running certificate courses in Community Health meant for Community Health Officers (CHO). Simultaneously there is only one course content offered across the country despite the diversity of conditions across states.

As somebody with basic training in nursing working in public health, Dr. Sood articulated the dilemma that she has not been able to establish complete membership in the realm of medicine, public health, or nursing. She claims that Public Health needs to be built drawing from various disciplines keeping the concerns of the communities and the social determinants of health approach at the core.

Dr. Rakhal Gaitonde (Professor, Sree Chitra Tirunal Institute of Health Sciences & Technology)

Dr. Gaitonde acknowledged the enduring impact that has guided his work first as a public health practitioner, and second as faculty in a department of public health, of Prof. Banerji's arguments on the transfer of the responsibility of flexibility onto health systems, instead of communities, and how technology should always be secondary to the needs of people.

Dr. Gaitonde put forward the task for teachers and practitioners of public health to contemplate ways to bring about meaningful impact in the structural and social determinants of health. It is in this respect, that he offered suggestions on three levels for institutions to consider in their pedagogies. First, how to get students to engage with processes of change, and to transform them as agents of change? Second, how does one break the barriers between classroom teaching and real-world realities? Third, how does one engage with indig-

enous knowledge in the classroom? Can we use the knowledge of epidemiology about distribution of risks and vulnerabilities and co-producing knowledge for measures towards change to build “structural competencies”?

Dr. Unnikrishnan Payyapalli (Professor, TDU, Bangalore)

Dr. Unnikrishnan raised the issue of epistemic pluralism in institutions of public health, to highlight alternative epistemic understandings of health and wellbeing. The issue of incorporating various systems of medicine into health service systems has garnered attention in the country, but integration continues to be a divisive topic.

This is reflected at various levels. First, several AYUSH graduates move on to disciplines such as Public Health or find a place in immunisation programmes, instead of pursuing clinical practice in their system. Often, they are poorly trained in their disciplinary knowledge, which continues to be taught in the shadows of biomedicine. Second, a glaring lack of AYUSH elements in public health training leads MPH graduates to move on to attractive programmes of multinational institutions, moving further away from a recognition of how alternative epistemologies could be incorporated into public health practice. Third, there is a lack of data on health-seeking behaviour and the utilisation of AYUSH systems of medicine, which are often subjected to and contested based on evidentiary norms of biomedicine. Fourth, these systems remain marginal in implementation, as parallel programmes instead of being integrated. There have been no studies on integrated health systems after the 2010 NHSRC report. Fifth, the hegemony of biomedicine manifests itself time and again when it comes to traditional healthcare practitioners such as *gram vaidyas*. Instead of adopting the vernac-

ular terminology, they are now called Community Health Providers by the Quality Council of India certification scheme. Lastly, neither medical, AYUSH, nor public health graduates are sensitised enough about the ground realities of alternative systems of medicine and the challenges of integrative medicine. Thus, there appears to be shrinking of epistemic plurality rather than its widening.

Today, with the coming of academic frameworks such as One Health, and Biodiversity & Health, there is a greater understanding of the challenges of sustainability which we face in the realm of healthcare, but there is limited sensitivity about the interconnectedness. Adopting a holistic and integrative framework, which gives adequate space to AYUSH epistemologies, and recognises the interconnectedness within and outside, holds the potential to make significant contributions to the cause of public health.

Dr. N. Nakeeran (Professor, AUD)

Drawing from his experience as a professional working to roll out public health programmes in institutions including JNU, TISS, AUD, PHFI, and IIPH (Gandhinagar), Dr. Nakeeran remarked that it is easy to start a programme but it is difficult to run it with conviction and ensure employment opportunities for students. He went out to raise a few more issues concerning public health institutions in the country.

First, the tension between public health education and public health practice. There are 44 institutions in the country offering public health training, with close to 1200 students graduating annually — are these institutions able to match the professional and personal aspirations of the students? Is public health practice and its attendant convictions shaping public health education, or vice-versa? Sec-

ond, the tension between broader public health discourses and health systems gets reflected in the curriculum. For instance, none of the public health programmes offers a standalone course on sanitation and water supply. Moreover, the import of social science perspectives gets heavily diluted in limited credit courses. Third, public health scholars often face a crisis of disciplinary identity, whether they are a social science, medical, or public health person.

Dr. Nakeeran echoed Prof. Satish Deshpande's remarks made during the book launch of *Health Inequities in India: A Synthesis of Recent Evidence* (2013; eds. T.K. Sundari Ravindran & Rakhal Gaintonde), that health as a concept in the country remains largely opaque. Being used in a quotidian manner, the consensus on its depth of meaning is blurred. Moreover, with the advent of technology, there is an erosion of the word 'public' itself, replaced by the emergence of a privatised, individualised, and virtualised self. Thus, the major challenge that lies ahead of public health scholars and practitioners is both resisting neoliberal values and analysing how their percolation has changed our selves.

Dr. Prashant N. S. (Assistant Director IIPH, Bangalore)

Dr. Prashant was unable to attend but had sent a note that was read out. He brought attention to the tripartite processes of academisation, professionalisation, and corporatisation which characterise the current state of public health in India. As a consequence, it is losing its deep connections with people and communities. Unlike the European genealogies of public health which has its provenance in epidemiology and disease control, Indian trajectories of the discipline are firmly rooted in Community Health, as well as grassroots movements both against and in the absence of

the state. Most public health knowledge now emanates from urban centres through contract-based and outsourced jobs animated by global philanthropic interests, leaving the limited scope of engagement with community-based organisations.

The major challenge of the current times is to ensure the embedding of public health knowledge in community-based organisations, grassroots social movements, and local networks. Dr. Prashant mentions, that this could be achieved through ways. First, an increased public investment in public health to counter forces of privatisation and corporatisation; second, a serious effort by public health institutions in setting up field stations across the country as sites of embedded learning and engagement with health issues of populations.

Dr. Anurag Bhargav (Yenapoya Medical College, Mangalore and formerly at Jan Swasthya Sahyog, Bilaspur)

Dr. Bhargav extended his gratitude to the Centre for being a source of support for him, and especially for an opportunity to present his work on Tuberculosis and nutrition. He went on to note that the nature of medicine in India is increasingly losing social consciousness, although the two aspects are intrinsically entangled. Moreover, in this context, it is a constant challenge to make students sensitive to the social science perspectives of health and medicine, and how they undergird processes of diagnosis and care.

Dr. Bhargav went on to articulate a few suggestions he has for the future of public health training in India. First, students need to be taught to develop a strong base in quantitative analysis. He cites his experience of collecting the heights and weights of tuberculosis patients in 2013, based on which he published

the first cohort study on the relationship between nutritional status and TB in India. It was shown that undernutrition not only leads to a 4-fold increase in mortality, but later studies show that it is a major risk factor for tuberculosis globally. Second, it is not enough to merely measure, but incorporate social science perspectives in such enquiries. It is crucial to attend to questions such as why, and under what circumstances are people dying of tuberculosis? Factors such as hunger, and neglect at the hands of health systems cannot be captured solely through quantitative analyses. There is an enormous need for both knowledge creation and contextualisation of local realities. For instance, during a study in Chattisgarh and Karnataka, close to 60% of diabetic patients were found to not be obese or leading a sedentary life, which Western literature has cited as risk factors ad-nauseum. Here, diabetes manifests as a function of early undernutrition. Anurag's fourth suggestion in this vein, was to introduce standalone courses on non-communicable diseases, which continue to overwhelm major parts of the global population. Fourth, it is crucial to expose students to the realities of clinical medicine and the emergent complexities and challenges it faces in the current context, as "*clinical medicine is blind without public health, and without clinical medicine public health is lame*".

Dr. Soumitra Roy (UNICEF, Timor Leste)

Drawing from his experience working as a practitioner with UNICEF for 15 years in Guyana, Afghanistan, Liberia, Sierra Leone, Lebanon, South Sudan and most recently East Timor, Dr. Roy shared avenues for the application of social science perspectives in various disease control programmes.

The large-scale Ebola outbreak of 2014-2015 in Western African countries saw a case fatality rate as high as 60%, amidst which close to

182 nurses died in Liberia as a consequence of direct exposure to the disease. The understanding of disease aetiology and treatment regimen was very tentative, and monitoring patients were increasingly challenging as most health facilities were shut except Ebola Treatment Units (ETUs). The situation was worsened by a lack of trust in healthcare providers and a proliferation of rumours and misinformation regarding the viral outbreak. There was a deep distrust in the community towards ETUs, which was partly owing to how patients remained completely disconnected from their family members. It is in this context, that two employees of the UNICEF, Satyajit Sarkar and Kshitij Joshi, took the initiative of handing mobile phones to the patients and their respective families to stay in constant touch. The patients communicating regularly with families and starting to recuperate while conveying the workings of the ETU led to an increase in trust among the community towards Ebola control measures.

Dr. Roy remarks that moving beyond epidemiology, disease intelligence, and case management, with the outbreak of new diseases, there is an increased sensitivity towards the contribution of social sciences in disease control programmes. Sociologists, anthropologists, and psychologists have a rich potential to contribute in the areas of risk management and community engagement.

Dr. Indranil Mukhopadhyay (Faculty, O.P. Jindal Global University, Sonapat)

Hailing from an economics background, Indranil pointed out how CSMCH taught him how to integrate the disciplines of public health and economics. He began by highlighting how the policies across the world are colonised by hegemonic neoclassical economics and this is evident in the way that health policies are formulated as well. Spheres such as

the political economy of health are also being increasingly taken over by hegemonic neo-classical discourses. Therefore, there is a need to be able to identify market failure and create a system to sustain public health.

Within the realm of research pertaining to different aspects of health, it is becoming clear that Universal Health Coverage is to health policy what biomedicine is to public health. But the lens that is to be adopted in studying various aspects of health has to be done by adopting a Marxist, neo-Marxist, feminist perspective. This is crucial because most research works on the binary fundamentals of qualitative or quantitative methods and methodologies. However, when looking at concepts such as health, students must be encouraged to adopt mixed methods research. He also pointed out how research spaces are sacrosanct and the education that is imparted in the academic teaching space has to have both – intrinsic as well as instrumental values. Therefore, it is pertinent to open up research space to practitioners and activists who wish to partake in research that is important from a societal perspective.

Dr. C.K. George (Global Funds for AIDS, TB, and Malaria)

He described his CSMCH admission as the best decision in his professional career, one that entailed a journey from medicine to public health. However, after two decades, he expressed his uncertainty regarding his contributions to public health. Working within global health (at the Global Fund for AIDS, TB and Malaria), he identified defining global health and its relationship to public health as an important challenge. Dr. George argued that even terminologies and acronyms used by global health actors themselves are not consistent or uniform. He suggested that global health is largely seen as rhetoric. He, there-

fore, suggests leveraging global resources to support universal healthcare as a key aspect of global health, although he notes that universal healthcare is a step back from Health for All. He discussed the potential of global health in mobilising resources and shaping the market to lower the costs of treatment, for instance in the case of antiretroviral drugs. The main challenges identified were the lack of focus on politically sensitive issues by global health institutions even though they significantly impact health in low-income countries. He also recognised that the knowledge and information shaping global health decision-making are influenced by the current political and economic systems both within the country and internationally. George added that the focus is on data, cost-effectiveness and technological interventions, which in turn shape what skills are termed relevant. He also shared that it has been difficult to start conversations regarding MPH degrees in health institutions as medical faculty questions the entry of those from a non-medical field and their contributions. Despite massive changes and changes in priorities, issues in public health remain as they were 25 years ago.

Prof. Ramila Bisht (CSMCH)

Prof. Bisht acknowledged how institutions such as JNU (as compared to other academic institutions) are privileged where social sciences and public health are enmeshed to some degree. As a social scientist, it is important to identify the relationship between social sciences and public health and address the challenges therein to ensure that social science can make a meaningful contribution to public health.

She reiterated how there are certain limits to the perspective and methods of social sciences since they are more at a descriptive level.

More analytical accounts and foundational relationships have to be developed within public health. Therefore, it is important to go beyond simple measurements of key parameters of health and develop critical paradigms and frameworks for a more comprehensive analysis of public health. She cautions against the superimposition of key concepts from social sciences in public health research without a critical historical analysis of the same. To do justice to an interdisciplinary framework, it is important to develop methodologies that are suited to critical analysis within public health research where social sciences offer a conceptual basis rather than specific reasoning.

The other issue highlighted by Prof. Bisht was pertaining to the status of social scientists within public health. Because of a hegemonic biomedical discourse within the domain of public health, social scientists are marginalised within the profession as well as academic space. As a result, there is less than adequate representation of social scientists within public health as a profession. They are also denied membership and leadership positions within various public health associations. Consequently, the marginalisation of social scientists within public health is rather common. This has far-reaching consequences as social scientists end up having minimal power to influence the production of knowledge. Therefore, going forward it is important to

Prof. Ritu Priya concluded the first segment of the panel discussion with a brief summary and response to the panelists. After a break for tea, she invited the last session of a discussants' panel consisting of the following speakers to share their responses to the previous panel and also three own thoughts that they would like to share.

Prof. Ritu Priya introduced this last session by stating how the previous panelists had conveyed the message that there is a need to introspect about the discipline of public health

think of the structures and strategies required to ensure an equal status is granted to social sciences without having to compromise on interdisciplinarity.

Prof. Rajib Dasgupta (CSMCH)

Prof. Dasgupta has been working in the field of public health for the last three decades. Having worked as a public health professional as well as a faculty member at JNU, he brought to the fore the role of social sciences in public health. The glamour and the pretences of global health programs that are dropped down by global health leadership can only bear fruit when they are adopted in the local contexts. Any such program when designed, is built brick-by-brick, taking into consideration the goals, objectives, strategies etc, and therefore he insists that social sciences must also be one brick that is considered. Therefore, whether it is the elimination, eradication or control programs for polio, TB, malaria, etc., they can only be brought to fruition when one takes into account the ground realities of the local contexts. The deficiency in the public health curriculum is responsible for not empowering public health professionals with enough clarity on social sciences concepts which become functional impediments in respect of their implementation. And therefore, public health curricula across the country have to be reworked so to build a cadre of public health professionals with a strong social science imagination.

and its future with ample focus on the concepts and methodologies that have to be adopted to address public health problems, the education system and the pedagogy to

pass on that knowledge. How knowledge is translated into policies for practical purposes is internal to the discipline. The academic and applied dimensions have to be interrelated because it is this relationship that helps the discipline bring about changes in the population's health conditions.

The neo-liberal times have also exacerbated the influence of the medical industry. The social sciences have often supported the techno-managerial perspective of the industrial complex rather than the people's perspective. Therefore, it becomes imperative to question if the nature of social sciences in contemporary times is a matter of contention. Is it management studies and economics or the other social sciences that are influencing public health? These two ends of the spectrum of social science perspectives have emerged very strongly in the light of COVID-19. She, therefore, posed these questions and challenges to the panelists. She further asked the panelists about the challenges they faced in addressing these issues within the institutions that they are a part of and the opportunities they see for the discipline.

M. Prakasamma, (Academy for Nursing Studies and Women's Empowerment Research Studies)

She started by discussing how certain inherent ontological tensions within the domain of public health have to be addressed to develop a comprehensive understanding of it to clarify its identity once and for all. For example, if the centre is called the Centre for Social Medicine and Community Health, then what is public health, why is not just be called a Centre for Health? Is there a difference in the way community health, public health and social medicine are perceived and if so, clarifications need to be made pertaining to the same. Similarly, while there is widespread acknowl-

edgement that social sciences need to be given more equal status in public health, the question is why is there no consideration for other liberal arts? Why are some social science disciplines considered more important than others?

Over the last few decades, there are visible changes in health practices where traditional practices are being replaced by institutional practices. For instance, indigenous practices are slowly disappearing, so the younger generations are not aware of the traditional herbs that were used to treat cough, cold etc. There is a growing tendency to depend on biomedical solutions to health concerns and despite that problems like anaemia continue to persist. In such a scenario, how can one discern the improvements being made in the overall health of the people? One suggestion she gave was to develop a village or a community health index wherein the focus is on developing a problem-oriented approach, one that gives centrality to people and their contexts.

Prof. Anand Krishnan (Centre for Community Medicine, AIIMS, New Delhi)

Prof. Krishnan shared the efforts he had made to start a School of Public Health at AIIMS, New Delhi, a move that was vehemently opposed by his seniors. However, he believes that the upcoming challenges that society will face – like environmental challenges, and climate change etc, necessitate that students and young scholars are armed with the information needed that goes beyond the scope of just biomedicine. Therefore, he agreed with the observations made by the panelists before him – that public health follows a medicalised model undoubtedly and that interdisciplinary teaching is required. But he was hopeful because he believed that all challenges are opportunities in disguise. Insofar as the identity crisis within public health – is it medicine or

is it a social science? While acknowledging that that identity crisis of Public Health needed to be put to rest now, he made the point that it is not a matter of a fight between the two. It has to include aspects of both disciplines. Epidemiology is the eye and social sciences are the ears, therefore, there is no question of granting primacy to either one of them. In pursuance of this inter-disciplinarity, it is more important to learn and borrow from one another, rather than expect a public health professional to be equally adept at medicine as well as social sciences.

Prof. V. Sujatha (Professor, CSSS, JNU)

Starting with a congratulatory message to CSMCH, Prof. V. Sujatha, a sociologist, gave an outsider's perspective on public health education imparted at the Centre. Prof. Sujatha recalls encountering health policy literature being published in different journals and how the work produced by the faculty and alumni of the Centre was always informative and enriched her understanding of social epidemiology. For example, Prof. Qadeer's work on social epidemiology and drawing attention to occupational diseases for sociologists wanting to look at social determinants of diseases.

The question of what is public and what is health has been central to the discussion throughout the day. She responded to the panel discussion and the observations made in the following ways. The philosophy of medicine says that there is no positive concept of health. Even the WHO definition defines health as the absence of disease. But Public health has to look at preventive and social aspects of health as well. Therefore, health is a much broader concept and an apt focus has to be laid on creating a positive notion of health. The second observation was that although there is a rich body of literature on Social Determinants of Health and Science and Tech-

nology and its interplay with health, for it to transform into an informed policy statement, there continues to be a chasm. In other words, the academic discipline in public health is strong but for it to enter policy there is a gap. And once, it enters the domain of policy formulation, the second chasm is from policy to intervention. It is these chasms that are of importance to sociologists as these chasms are not incidental but have a whole complex context to them. Public health, therefore, has the potential to be a buffer between biological reductionism and excessive sociologism of the social sciences as it offers a platform to look at aspects of health and also issues of power, authority, humanism in bureaucracy etc.

Prof. Purushottam Kulkarni (Retd. Prof. Centre for the Study of Regional Development, JNU)

Prof. Kulkarni started by stating that public health is a combination of two disciplines. Health, particularly the epidemiological part, contains a statistical process that requires quantitative analysis of demographers and statisticians. However he also cautioned about mathematical exercises without public health understanding, as evident in the projections by mathematical modelling of the COVID-19 pandemic without public health understanding that contributed to the forecasting of COVID peak preparedness and what could be done. And the other part was social sciences that enriches the understanding of how to deal with varied aspects of health given the local contexts of people. He suggested adopting a multidisciplinary approach including quantitative aptitude and skills required for the discipline of public health. Integration of the two is paramount.

Prof. T. Sundararaman (Retd. Prof, School of Health Studies, TISS, Mumbai and Ex-

ED, National Health Systems Resource Centre, New Delhi)

Sundararaman began his address by stating “Surviving as you have survived is a cause of celebration”. He argued that the Centre has been the only institution in the country to create frameworks for endogenous development as opposed to blindly borrowing learnings from Western public health institutions. He added that even the politics of dissent and decolonisation generally comes from the Western universities. Commenting on the panel discussion, he identified the tensions between public health practice and public health education as a running thread. He cited the example of Dr. Gaitonde's usage of the metaphor ‘bringing the street into the classroom’ and Prof. Indranil’s distinction between instrumental and intrinsic value in public health learning. The other source of tension that he identified is the role of the academic and the activist. He termed this to be a false dichotomy as no one is solely an academician or an activist full-time. The third point he brought to the fore was the issue of practising interdisciplinarity. He notes how Dr. Bhargav mentioned the undermining of clinical medicine while Prof. Bisht argued that social scientists are undermined. To this, he responded by stating how every social scientist is not a friend and how every medical person doesn’t have the expertise to solve all the problems. He suggests that we should build interrelationships between the disciplines. He also, in the end, supported Indranil’s critique of the prevailing trend within the discipline, terming it as a challenge within the discipline itself.

Bringing the last session to a close, Prof. Ritu Priya summarised the discussion into the following points:

Therefore, the aim of the 50 years celebration could be summarised as:

One, the boundaries of public health have to be expanded to meaningfully include social sciences and integrate that with medicine.

Two, the inherent tensions in public health itself – ranging from clinical to epidemiological understanding to policy formulation to programmatic intervention requires interdisciplinarity to be adopted across the spectrum. The very name of the Centre resonated with the tension within the discipline. Social Medicine is a socialisation of bio-medicine from a top-down approach while Community Health involves a bottom-up approach from people’s context. Thereby the two together create bridges across the structural and the particular dimensions essential to public health. They point to the need for an institutional structure to be created for understanding and addressing health issues and bringing medicine into diverse social contexts. The resolution of the inherent tension about the name itself can be aided by interdisciplinarity for which continuous introspection is needed.

And three, that the discussion and panellists have kick-started a journey of introspection of the interdisciplinary journey of the centre for over 50 years. The discussions have raised new issues and contributed immensely to what needs to be rethought and how the Centre can move forward. It also was an opportunity for all alumni, faculty and students to collectively talk about the crucial questions facing the discipline of public health today. Ongoing dialogue, constant revision, co-creation and re-creation are the need of the hour where the entire family of CSMCH could come together and work to take the Centre to new heights.

- *The need for recognising the strong legacy of the past 50 years and introspecting on our interdisciplinary journey over these years.*
- *Identify and realise the strengths and limitations, pointing out the tension where we need to think and move forward.*
- *Create forums and platforms to discuss these issues.*

Open session for Alumni

Some attendees (online as well as those attending in person) shared the key takeaways from the discussions of the day as well as reflections inspired by their journey at the Centre. For example, Francis recalled how the Centre allowed space for dialogue, where every student was given space to explore their interests and helped in constantly enriching their understanding of different aspects related to health. He also highlighted some areas that could be potential research areas like a study of those on the margins, studying families with children suffering from addictions, migration and its related problems.

Dr. Supriya Singh, another online attendee spoke about how there is a struggle in the job market, especially if knowledge of quantitative methodologies is lacking. Therefore, the Centre could try to impart working knowledge of quantitative methodologies to students.

Dr. Ranvir Singh appealed to the faculty and the alumni to make new ties and build new bridges with other institutions, disciplines and different organisations to help the scholars in the job market, which may not be very welcoming. He also appreciated how the centre does not produce the same type of students,

and recognises that each student is not only different but brings with herself/himself different skill sets and academic expertise and tries to hone that instead of working as a factory producing the same type of scholar.

Vote of Thanks

The foundation day celebrations ended with a Vote of Thanks delivered by Dr. Prachin Ghodajkar, wherein he thanked everyone for their participation. He reiterated that as a Centre, there may be a constant anxiety that we are falling short, but 'if we are armed with a hammer, everything seems like a nail' and therefore, the challenges that we encounter should keep us motivated to strive for further improvement and how we need to constantly improve our knowledge about the different aspects of public health.

He also thanked the alumni, office staff (Smt. Jeevan, Mr. Abhay, Mr. Dinesh, Dr. Anil, and Mr. Satish), the speakers, the invitees and collaborators along with the student volunteers who helped make the day a successful celebration of the 50 years of the Centre's relentless efforts for making the Centre interdisciplinary in spirit and action, with a problem-oriented approach to make a real-life impact.

Annexure 1: Programme Details

FOUNDATION DAY INVITATION



Celebrating 50 years of
Centre of Social Medicine & Community Health
Jawaharlal Nehru University
Organised by CSMCH Alumni & The Centre

THURSDAY | APRIL 13 | 9.30 AM

CONVENTION
CENTER
AUDITORIUM II
JNU

PROGRAM SCHEDULE

Registration: 2.30 am

Inaugural Session- 10 am -10.40 am

Chair's Welcome

Address by Special Invitees

Prof. S.K. Sopory, Prof. Patricia Uberoi, Prof. SK Thorat,

Prof. Arun Kumar

Felicitation of the Founders of CSMCH

Moderator: Sanghmitra Acharya

10.40 am -11.00 am

"Reflections on Contributions of CSMCH to Public Health"

Prof. Sheila Zurbrigg, Prof R.K. Mutatkar, Prof. V. Navarro,

Dr. Abhay Bang, Dr. Srinath Reddy

Moderator: Rama Baru

11.00 am-11.30 am

"On The Origins & Trajectory of the Centre"

Prof. Debabar Banerji & Prof. Imrana Qadeer

Screening of their Interviews

Reflections of Superannuated Faculty & Staff Members

Remembering the Departed Faculty and Alumni

11.30 am -12.00 noon: Tea break

12.00 noon -1 pm

Reflections on CSMCH by its Alumni & Friends

(Video collage & in person)

Moderator: Sunita Reddy

1 pm-2 pm: Lunch

2 pm to 5 pm

Panel discussion on-

"Challenges & Opportunities for the Discipline of Public Health in Contemporary Times"

Moderator: Ritu Priya

2.00 pm -3.30 pm

Panelists

Mathew George - Central University of Kerala

Arima Mishra- Azim Premji University

Necrja Sood- Indira Gandhi National Open University

Rakhal Gaitonde- Sree Chitra Tirunal Institute of

Health Sciences & Technology

P. Unnikrishnan- The University of Transdisciplinary

Health Sciences & Technology

N. Nakeeran- Ambedkar University, Delhi

Prasanth N.S.- Institute of Public Health

Soumitra Roy- UNICEF, Timor Leste Country Office

C.K. George - Global Fund for AIDS, TB & Malaria

Kabir Sheikh- WHO, Alliance for Health Policy & Systems Research

Ramila Bisht- Centre of Social Medicine & Community Health, JNU

Rajib Dasgupta- Centre of Social Medicine & Community Health, JNU

3.30 pm to 3.45 pm

Tea Break

3.45 pm - 4.15pm

Discussant's Panel

M. Prakasamma- Academy for Nursing Studies & Women's Empowerment Research Studies

Anand Krishnan - Centre for Community Medicine, AIIMS, New Delhi

V. Sujatha- Centre for the Study of Social Systems, JNU

P. M. Kulkarni - Retd Prof., Centre for the Study of Regional Development, JNU

T. Sundararaman- Retd Prof., School of Health Studies, TISS, Mumbai & ex-ED, National Health Systems Resource Centre, New Delhi

4.15 pm -5.00 pm

Open Discussion & Responses from Panelists

Vote of thanks by-

Prachin Ghodajkar

5 pm onwards

Alumni interaction and networking

Dinner at JNU cafeteria (7.30 pm)

The program is in hybrid mode, for those joining online, the zoom links for the day are as follow-

The link for the morning session:- [https://zoom.us/j/98333739954?](https://zoom.us/j/98333739954?pwd=NIJleTVUcHlpcEVkVHFFdmxFSjFxFxQT09)

[pwd=NIJleTVUcHlpcEVkVHFFdmxFSjFxFxQT09](https://zoom.us/j/98333739954?pwd=NIJleTVUcHlpcEVkVHFFdmxFSjFxFxQT09)

The link for the afternoon session:- [https://zoom.us/j/968321937682?](https://zoom.us/j/968321937682?pwd=YnFjcFNwcEpUdTRhTENzUjNQQkxGdz09)

[pwd=YnFjcFNwcEpUdTRhTENzUjNQQkxGdz09](https://zoom.us/j/968321937682?pwd=YnFjcFNwcEpUdTRhTENzUjNQQkxGdz09)

Celebrating 50 Years of the Centre of Social Medicine and Community Health (1971-2021)



Celebrating 50 Years of the Centre of Social Medicine and Community Health (1971-2021)



Organising Committees and Subcommittees

Team	Faculty In-charge and Staff	Student/Alumni Volunteers
Organising Committee	Prof. Ritu Priya, Prof. Rama Baru, Prof. Sanghmitra Acharya, Dr. Prachin Ghodajkar	Dr Indira Chakraborty, Dr. Indranil Mukhopadhyay, Nitu Singh, Dr. Amitabha Sarkar, Sayan Das
Subcommittees		
Communication	Dr. Vikas Bajpai Dr. Nemthiangai Guite	Shruti, Ganga, Sumanta, Sampurna, Trisha, Neha, Asrar, Bency, Deepak
Invitation	Dr. Prachin Ghodajkar	Amir, Suparba, Harshit, Sujoy, Sumanta, Sampurna, Trisha, Neha, Jaya, Srajan, Vaishnavi, Pankaj
Social Media		Shruti, Sumanta, Sampurna, Trisha, Srajan, Pradeep, Shivangi
Finance	Prof. Rajib Dasgupta, Dr. Sunit Reddy	Dr. Rinju, Dr. Edward Pinto, Dr. Indranil
Coordinating with Technical Team (External)	Prof. Rajib Dasgupta	Asrar, Ajit, Chandrika, Ashutosh, Manmohan
Technical Team (Internal)	Prof. Ritu Priya, Prof. Rajib Dasgupta	Asrar, Ajit, Chandrika, Ashutosh, Manmohan
Photography and Video	Dr. Vikas Bajpai	Pradeep, Sayan, Shruti, Neha, Srajan, Asrar, Ajit, Harshit, Sujoy, Deepak, Manmohan
Rapporteur and Report Writing	Prof. Ramila Bisht	Jaya, Anussha, Srajan, Suparba, Ashani, Kumud, Ajit, Mehreena
Food	Dr. Sunita Reddy, Prof. Rama Baru	Anussha, Baijanti, Sumanta, Pankaj
Venue	Dr. Sunita Reddy	Manmohan, Harshit, Shruti
Registration	Dr. Anil Gupta, Dinesh Joshi	Ritika Kar