



Recipient of one of India's most prestigious award, the Padma Bhushan, Dr. K. Srinath Reddy is an inspiring medicine man with a bent for social causes.

By **AJAY VISHWANATHAN**

I watched him walk down from the elevator, and expected him to introduce himself as Dr. Reddy, knowing how most important people from India like to be addressed, especially by strangers. But the 2005 Padma Bhushan recipient, former personal physician to Indian Prime Minister Dr. Manmohan Singh, and former head of cardiology at the All India Institute of Medical Sciences (AIIMS, New Delhi), smiled generously at me and said, "Srinath. And you must be from *Khabar*."

They say scope and tones get set early at rendezvous between perfect strangers; mine had taken root in an instant. For the next hour, we spoke like neighbors who had reunited after ages, me zealously inquiring about his work and achievements, he contently expounding his views and recalling the influences that shaped him.

EARLY INFLUENCES

"Even as a school student, I was exposed to the need to look at societal perspective on issues," says Dr. Reddy. "Part of it came from my father, a lawyer, who was also an economist and a social scientist."

Initially Dr. Reddy was more interested in political and social science, but his father suggested that those aspects could be acquired by self-directed learning, and if he wanted to be useful to society, a professional degree was the way to go. Dr. Reddy took his advice, and our society can be thankful for the decision, for the obedient son went to AIIMS to study internal medicine and cardiology where his fervor for civic service was further

stoked. "An early project I took up concerned rheumatic heart disease in community settings," says Dr. Reddy, "a major assignment in Haryana villages where we looked at the feasibility of prevention through the existing health system." He was involved in surveys, deciphering ways to get children with sore throat treated early for streptococcal infections, and in optimizing methods to administer penicillin injections to youngsters with established rheumatic heart disease. Even today, rheumatic heart disease continues to be a major problem in the poorer sections of India. "If I ever got lost in pure research and academics, contact with the community was a constant reminder of the larger context."

From being a student at AIIMS, Dr. Reddy progressed to becoming a faculty member. As an assistant professor, he went to Canada for training in cardiovascular epidemiology and prevention, another turning point in his life where he learned the importance of rigorously standardized research and dove into the world of preventive cardiology, having met prominent people like Michael Marmot, former chair of WHO Commission on social determinants of health.

CAMPAIGN AGAINST TOBACCO USE

Back in India, he got involved in an anti-tobacco campaign before he set out to complete his master's in epidemiology from McMaster University, Canada in 1987. The passion for community relevance and outstanding academic background were further nourished by a strong research sensibility that confirmed his beliefs that "the purpose of the research must be sound

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as well. You can't get lost in the process." Armed with fresh techniques and ideas, Dr. Reddy jumped headlong into developing interventions on tobacco use in school students, bolstered by collaborations with the University of Minnesota. The initial part of the study involved trying to prevent the uptake of tobacco in general, while the second phase was an attempt to get low-income adolescents in slums to give up tobacco.

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During this time, Dr. Reddy initiated Hriday-Shan, an organization whose ambitious goal has been to "inform and inspire young persons to act as a 'change agents' for improving the health of the society, resulting in healthy youth and healthy nation." Although funding for this cause came from tobacco research, its areas of advocacy, in collaboration with the World Health Organization (WHO) and the Ministry of Health and Family Welfare, Government of India, are healthy diets, physical activity, protection of environment, and avoidance of tobacco. "Our work with grade six to grade eight students is mainly school-based and to some extent home outreach. But our students from grade nine to grade 12 engage in more intense advocacy; they partake in policy debates, evolve an agenda of action and try to influence the school, home and neighborhood environments. They interact with the media and policy makers, and make demands for policy change."

CALLING FILMMAKERS TO BE SOCIALLY RESPONSIBLE

One of their recent goals has been to oppose movies and filmmakers that glamorize smoking. When I asked Dr. Reddy about other dangerous depictions like alcohol consumption and reckless, outlandish driving, and where the line needs to be drawn, he replied, "I don't believe we should curb creative freedom, but I believe filmmakers should be socially responsible because films have a great impact on soci-



ety. They say that they're portraying society as it exists, but that is not entirely true; films in the past have tried to shape society as it should be."

During some of the "smoking" scenes in the recently released *Agneepath*, I noticed anti-tobacco messages scrolling across the screen. When I pointed it out to Dr. Reddy, he was quick to mention that this was the result of their collective efforts. "Interestingly, in the movies of the 1950s, it was the villains who used to drink," says Dr. Reddy. "In the '60s and the '70s, it was the comedians like Keshto Mukherjee who used to drink. But now we have the heroes doing it. The bigger the star, the larger the fan following, and greater the likelihood that people will imitate him."

THE LINKS BETWEEN THE RISING MIDDLE CLASS, CHANGING LIFESTYLES, AND PUBLIC HEALTH

In the context of health problems, I asked him about the economic boom in India and if newfound wealth has ushered in new health problems. "We have seen the disease profile change in the last three to four decades," he says. "Infectious diseases and nutritional deficiencies do continue to bother us, but other chronic ailments like heart disease, stroke, diabetes, mental illness, cancer and road traffic injuries are also sharply on the rise. Part of this is due to urbanization and altered living habits, very evident in people working in the IT industry and large multinational companies, who lead stress-prone lives. They work hard and party hard and eat a lot of junk food. Their whole lifestyle is very toxic. But that is only one sector of society. There are larger influences moving the social gradient down; the poor are becoming increasingly vulnerable in terms of risk factors. Because their access to health care is also limited, they fall victim to chronic disease in a bigger way once it develops."

In an attempt to tackle this issue, Dr. Reddy helped set up Public Health Foundation of India (PHFI), a public-private initiative launched by Dr. Manmohan Singh in 2006, to address the shortage of large public health

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initiatives needed for policy development, for design, delivery and evaluation of health programs. It was also to change the fact that people with purely clinical backgrounds were occupying unconnected public health positions. “In one of the states in the south,” says a bemused Dr. Reddy, “an obstetrician was made the state malaria control officer. So we used to say, whatever else she can deliver, it is definitely not this.”

“Recently, we’ve set up a master of public health (MPH) program,” said Dr. Reddy proudly. This coaxed me into discussing the sought after MPH degrees in the U.S. and how it is being viewed as a good career launcher. “We’ve been working towards that in India,” replied Dr. Reddy. “But unless the health service employers, including the government, which is the largest employer, actually mandate training in public health as essential for certain positions, people will not find taking up MPH an attractive option.”

Dr. Reddy believes the public health initiative in India could benefit from following a successful model like Tamil Nadu’s. “It’s probably the only state where doctors don’t want to move from rural areas to urban areas,” says Dr. Reddy, “because they have better career tracks, higher salaries, faster promotions.” Also exemplary is the state’s transparent process of drug procurement.

So why aren’t the other states adopting this model? “Political will,” replies Dr. Reddy, “Politicians will have to recognize the importance of this model... Take, for example, drug procurement. There is an opportunity here for politicians and bureaucrats to make money. So the Tamil Nadu model of transparent drug procurement doesn’t work for them.”

NATIONAL RECOGNITION

From this unsavory topic, we moved to a more cheerful one—his 2005 Padma Bhushan. This award engendered mixed feelings in Dr. Reddy, who never sought this recognition, and who has always viewed the admiration from his academic peers as more important. He was honored to be nationally acknowledged, but also felt that “the Padma awards have sometimes been controversial. Although by and large deserving people have received it, sometimes it is given for the wrong reasons.”

Awards are common in Dr. Reddy’s life nowadays. The Royal Society for the Promotion of Health, UK, awarded him the Queen Elizabeth Medal in 2005.

For excellent leadership in tobacco control, in 2009 the American Cancer Society (ACS) awarded him the Luther L. Terry, named after the late United States Surgeon General who reported the landmark 1964 connection between tobacco use and lung cancer and other illnesses.

Despite these awards, Dr. Reddy derives the most satisfaction when he influences young people, working in schools and colleges, something his father would have been proud to see. His family has always had a penchant for uplifting society; his father was elected to the Rajya Sabha as an independent in 1962, then worked with Pandit Nehru and subsequently with Mrs. Indira Gandhi for the Congress Party. Despite severing ties with politics, Dr. Reddy’s father continued to be consulted as an intellectual. Even at home, he was more of an influence to his only son than his wife. “Although my mother was the doctor, and a professor of obstetrics and gynecology, it was my father who persuaded me to join medicine.”

Today, Dr. Reddy has big plans for the youth of India, none of which involve anarchist solutions that our movies envisage. “What we need to do is ensure that young people [instructed and inspired], not in a prescriptive manner but in a facilitative manner,” he noted. “If you can convince them that their present and future health is linked to their habits, and others are trying to endanger them, then the inspiration comes from within.”

When Dr. Reddy talks about his future plans, there is a sense of excitement and urgency in him, as if he, having considered global health care systems and the payoffs, having honed his own research and epidemiological acumen, carries personal responsibility for the nation’s well-being in healthcare.

In this selfless passion and cause I saw the reason for the man’s humility. As we wound down the interview, Dr. Reddy told me he was relieved that I had not spent an inordinate amount of time talking about how he dealt with Dr. Manmohan Singh’s heart surgery, as a New England journalist had while reporting on Dr. Reddy’s appointment as Harvard University’s first Visiting Bernard Lown Professor of Cardiovascular Health. He was pleased that I focused on his work in public health initiatives and preventive medicine, issues that are more relevant to a country where health care is still trivialized. ■