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The international Tuberculosis Campaign (ITC)

Between April 1947 and June 1951 ITC

- Tested 37 million children and adolescents for TB
- Vaccinated 16 million children and adolescents with the BCG-vaccine
### India’s position in the Campaign

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of tested/vacc.</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poland</td>
<td>5.5/2.5 mill.</td>
<td>844,260 $</td>
</tr>
<tr>
<td>Germany</td>
<td>5.3/1.8 mill.</td>
<td>475,482 $</td>
</tr>
<tr>
<td>India</td>
<td>4.1/1.6 mill.</td>
<td>448,295 $</td>
</tr>
<tr>
<td>Czech</td>
<td>3.4/2.1 mill.</td>
<td>429,115 $</td>
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<tr>
<td>Yugosl</td>
<td>3.0/1.6 mill.</td>
<td>415,791 $</td>
</tr>
<tr>
<td>Morocco</td>
<td>2.2/1.0 mill.</td>
<td>218,572 $</td>
</tr>
<tr>
<td>Egypt</td>
<td>2.1/0.7 mill.</td>
<td>(Germany not included)</td>
</tr>
</tbody>
</table>

Costs for Morocco not included in the table.
Internal newsletter, 1948:
"This is the largest single mass-immunization campaign ever undertaken."

Official letter from UNICEF to DRC, 1952:
"This undertaking has been notable not alone for the technical and administrative competence with which the perhaps greatest single mass vaccination campaign in history has been conducted, but for the degree of international co-operation which has marked its progress"
Chronology up to 1949:

1947, Apr.: First vaccinations under DRC auspices in Yugoslavia, Poland and Germany
1947, Dec.: First negotiations between UNICEF and Dr Johannes Holm
1948, Jan.: Negotiations between DRC, SRC and the Norwegian ’Help to Europe’
1948, Feb.: First meeting of the Scandinavian Coordination Committee
1948, Mar.: UNICEF donates 2 million $ to a mass vaccination campaign in Europe and 2 million $ to a similar campaign outside Europe.
Chronology up to 1949 (2):

1948, July.: ITC is formally formed as a joint enterprise between the Scandinavian organizations and UNICEF (with WHO in an advisory rôle – TRO in Copenhagen)

1948, Nov.: Agreement with the Government of India (first country outside Europe)

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A transformation from post-war relief in Europe to an international health programme
ITC in India

1948, Nov.: Agreement between the Government of India and ITC

1949, Apr.: Vaccinations with 5 international teams

General disappointment
- difficult to recruit qualified personnel
- popular resistance
- vaccinations per month c. 15,000
ITC in India (2)

1950, June: Vaccinations with 3 international and 60 Indian teams

More positive reports:
- vaccinations per month c. 40,000

1951, Mar.: Vaccinations with 3 international and 92 Indian teams

Efforts concentrated in selected localities:
- vaccinations per month c. 80,000
ITC in India (3):

Why was ITC increasingly successful in India during 1950 and 1951?

→ because ITC gradually managed to adapt to the changing context outside Europe!
Uniformity vs. flexibility

- Medical standards
- Scientific epidemiology (statistics)
- Ground realities

Three issues:
- simplified technique
- the use of lay vaccinators
- mass-campaign or demonstration
The simplified technique

BCG-vaccination in Europe:

3 visits:
• Test with a weak dose of tuberculin
• Re-test with a stronger dose of tuberculin
• Vaccination with BCG-vaccine
• Elaborate collection of statistical information
The simplified technique (2):

Second Annual Report of ITC, covering July 1949 to June 1950:
"It is evident from the campaign to date that a two-test method of tuberculin testing before vaccination is not practical in a country like India, because too many people will not attend three times. A one-test method is an absolute condition for carrying out a mass-campaign successfully in this country."
The simplified technique (3):

Development of a simplified technique:

- One test only
- Rudimentary collection of statistical material
Lay vaccinators (1):

Strategy in Europe:
- Only qualified doctors and nurses were allowed to vaccinate

Strategy in India:
- Lack of qualified personnel \(\rightarrow\) employment of 'technicians'

Initial opposition from:
- Scandinavian Coordination Committee
- Indian health authorities
Lay vaccinators (2):

From 1950 lay vaccinators supervised by qualified doctors were accepted and became highly successful.

Dr Holm, reporting from a visit to India, 1951:
"During my stay in India, I discussed the problem in a number of States where lay vaccinators were used. The general impression I obtained from doctors who had seen them at work was that they are both technically capable of doing the work, completely reliable, and generally more willing than doctors and nurses ... I became convinced that lay vaccinators certainly can be used in mass vaccination campaigns ..."
Mass-campaign or demonstration (1):

Strategy in Europe:
• mass-vaccination through education of and co-operation with local qualified personnel

Strategy in India:
• time-limited demonstration over six months
• but from 1951: small-scale mass-vaccination in selected localities
Mass-campaign or demonstration (2):

ITC between two strategies:

• short-term demonstration programmes
  (advocated by WHO)

• mass-campaigns
  (advocated by UNICEF)
Mass-campaign or demonstration (3):

Why not large-scale mass-vaccination in India?

Dr P. Andresen in an internally drafted plan, 1949:
"no money, no doctors and nurses, failing support from the governments, 90% of the population is living in rural areas."
Mass-campaign or demonstration (4):

Why not a short-term demonstration in India?

ITC’s Second Annual Report:
"The demonstration programme in India was originally planned to last only six months; it has now been going on for almost eighteen months and it is clear that the demonstration period cannot be considered finished".
Mass-campaign or demonstration (5):

ITC’s work in India clearly went beyond a short-term demonstration. It came, on the other hand, far short of a real mass-vaccination campaign.

→ ITC’s Second Annual Report:
  "it is no longer possible to distinguish clearly between the two types of programme"
Conclusions (1):

• The transformation of ITC from post-war relief to an international health programme was an unexpected challenge to the Scandinavians directing the programme.

• The initial disappointment:
  – medical field: naïve attempts to adhere to ’European’ medical standards
  – organizational field: assuming that the principle behind the campaign had to be fundamentally different from the ’European’ campaign.
Conclusions (2):

Key to success: the ability to modify the campaign – gradually and pragmatically:

• simplified technique: medical sophistication and scientific epidemiology was sacrificed for a pragmatic approach

• lay-vaccinators: an unrealistic demand for qualified personnel was abandoned

• mass-campaign or demonstrations: the rigid distinction between mass-vaccination and short-term-demonstration was softened
Resistance (1)

BCG was a contested vaccine because:

- It was the first vaccine based on living bacteria
- Its safety was contested (Lübeck disaster in 1929)
- Its efficacy was contested
Resitance (2)

Report from Dr Svendsen, March 1949:

- Considerable and unexpected resistance: ‘headed by very energetic, politically minded people’
- Began in Madras – headed by ’Sri Raman’
- Criticism referring to scepticism among western medical experts
- BCG campaign had to be publicly defended by 12 leading Indian doctors
Resistance (3)

Second Annual Report:

“.. an organized and heavy anti BCG and anti ITC propaganda Campaign was initiated in Madras…”

A pamphlet was published, in which it was stated, that:

“.. our boys and girls being made a sort of cannon-fodder and treated like guinea-pigs and calves for the sake of experimentation .”
Amrit Kaur, Union Minister of Health in Hindustan Times 22. April 1949:

"There seems to be a certain amount of misinformed criticism in regard to the efficacy of B.C.G. vaccine. Apart from the Scandinavian countries who have tried it out on a mass scale with sound results during the last decade, the World Health Organization has undertaken to test 20 million children in the war devastated countries and, where necessary, vaccinate them with B.C.G. ... These scientifically-minded countries would not advocate the use of the vaccination unless they were fairly assured of its merits."
Resistance (5)

1955 (or later),
New publication by Congress veteran C. Rajagopalachari: ’B.C.G. Vaccination. Why I Oppose it’:

• Again, the criticism is based on references to the scepticism *within* western medicine

• Rajagopalachari displayed a surprisingly good knowledge of western medical discourse on tuberculosis
"I am not against modern ‘western’ therapy or modern science. B.C.G. has nothing to do with modern western medicine. In fact, it is more akin to the principle of Homoeopathy than to what is generally known as modern medicine. It proceeds on a creed very similar to that of homeopathy, namely, that diseases are to be dealt with by the administration in mild forms of the very thing that produce the disease … my conclusions are not based merely on my a priori fears and doubts, but on the definite pronouncements of most eminent and illustrious medical men of the civilized world.”
Conclusion

• Opposition to BCG vaccination is *not* opposition to western medicine *as such*

• The disagreement over BCG vaccination is *not* a cultural clash between two different views of disease

• ’Loyal opposition’