

Letter from Chennai

CYCLICAL PROHIBITION

Tamil Nadu faces elections in 2016. Our leaders are running out of ideas for affordable freebies that can be offered, and are, I hope, realizing that unproductive expenditure is just not worth it. What is the alternative carrot that can be dangled before us? Prohibition is popular with almost all women who experience the social ills of alcohol most when their menfolk drink. That makes it a popular election promise. Promise prohibition and half the electorate is on your side. Some men want it too, so if one side promises and the other does not, the prohibition party wins.

The Pattali Makkal Katchi (PMK) stole a march on the rest and staged a public demonstration on 30 June 2015, demanding prohibition. The PMK chief minister-designate, Dr Anbumani Ramadoss, promised that if he was voted to power, he would introduce total prohibition in the state. A number of others jumped on the bandwagon, notably the Dravida Munnetra Kazhagam (DMK). This was an awkward moment for its leader, Dr Karunanidhi, since he was the person who had lifted prohibition in 1971, after it had existed in the state since 1939. He confessed on 6 August 2015 that he had always felt guilty about lifting the ban, but said he had convinced Rajaji with the explanation that he was forced to do this since the Centre refused to compensate the state for the loss of revenue that would have accrued from the sale of alcohol. This was embellished by Mr A.R. Venkatchalapathy, historian, who said in an article in the *Hindu* of 9 August 2015 that Dr Karunanidhi also told Rajaji that ‘Tamil Nadu was “a lump of camphor amidst a ring of fire”’. In other words, when liquor flowed freely in the neighbouring states, how could Tamil Nadu stay dry? Both the PMK and the Bharatiya Janata Party (BJP) were quick to accuse Dr Karunanidhi of making an empty promise with an eye on the election.

Only one leader of the Tamils has ever been genuinely interested in prohibition. This was Rajaji, who was twice the head of the state government. His first term as Premier of the Madras Presidency was from 1937 to 1939, and he introduced the Prohibition Act 2 months after he took office. It was first applied to Salem district, Rajaji’s home, and then a few other districts were added. The British Governor insisted that Europeans should be exempt, and licences were also granted to some individuals, to clubs, to churches where wine was used in the service, and interestingly, to hospitals which could obtain brandy for medicinal purposes. Rajaji demitted office on the outbreak of war in 1939, before prohibition had been applied to the whole presidency, so this first experience was not very successful. However, a methodology was established. Sales tax was introduced for the first time to offset the loss of revenue. Though Rajaji was no longer in power, prohibition was not repealed, and after Independence, Premier Omandur Ramaswamy Reddiar extended it to the whole presidency in 1948. We remained a nominally dry state till 1971 when Chief Minister Karunanidhi abolished prohibition.

The first election in Madras Presidency after Independence led to Rajaji’s return as Premier in 1952. My father was then a senior officer in the Government of Madras, and he was a social drinker. Permits were granted to individuals to drink on medical grounds, and there were some medical officers who were ready to certify that someone needed to drink to preserve his health. I am not sure of the medical validity for such certificates, but maybe those medical officers were prescient, with today’s advocacy of drinking

red wine to promote health that doctors at least claim is scientifically validated. My father had a permit, and once when some foreigners visited Madras for official consultations with the government, Rajaji asked him to entertain them appropriately. My father had worked with him in his first term and knew him quite well. Protocol was different in those days, and Premiers mingled with the general populace like ordinary human beings. Rajaji was dining in our house and my father had no hesitation in asking him how he could reconcile his antagonism to alcohol and his actually encouraging my father to drink with these foreigners. I remember Rajaji’s answer clearly. ‘I am not bothered about people like you’, he said. ‘You can drink yourselves to death for all I care, because you should know better, and you can control yourselves and take medical advice to combat the consequences. My worry is the man in the street and the very poor, who will drown their sorrows in drink. If alcohol is not available in the toddy shop they will not drink. Only a minority will run after illicit alcohol and drink themselves blind or kill themselves, and they are probably beyond redemption.’

I would support him strongly in these views. I was an Assistant Physician in the Government Stanley Hospital in the early 1970s. Prohibition remained state policy from 1937 till 1971 but in that year Dr Karunanidhi, then Chief Minister of Tamil Nadu, repealed prohibition. There was a slum near Stanley Hospital, and we knew many of the occupants well since they came to us for medical care. The children were clean, well-clothed and relatively well-fed as their fathers had no access to alcohol. Within months of the repeal of prohibition their social indices fell sharply. Their clothes were faded and torn and their nutrition suffered. There is no doubt that for the common man and his children, prohibition is a boon. Of course, the liquor industry was a great source of income for the government. However, as the British Collector of Salem reported in 1938 (cited by S. Srinivasan in *Golden Research Thoughts*, Vol. 4, 2015, <http://isrj.org/ColorArticles/4999.pdf>), ‘prohibition resulted in the general improvement in the standard of living and reduced indebtedness on the part of the poor. Socially it resulted in better home life, a better outlook on life, steadier and more stable character.’

After 1971, prohibition has appeared and disappeared in cycles. Parties promise prohibition before elections. However, once in power, hard financial reality sets in, and this promise is moved to the backburner, and liquor sales come back. Thus, we have had prohibition reintroduced in 1974, removed in 1981 and brought back in 1986. However, this time it was partial. Arrack and country liquor were banned, but Indian-made foreign liquor (IMFL) was permitted, and shops were licensed.

In 1983, the state government brought a new player into this game with the creation of the Tamil Nadu State Marketing Corporation (TASMAC), a wholly government-owned company. Whenever prohibition was in action, TASMAC was granted a monopoly on the wholesale alcohol market. Retail sales were handled by the private sector, which purchased licences. However, in 2003, Dr Jayalalithaa took over the liquor trade completely. All wholesale and retail sales of alcoholic drinks in Tamil Nadu are now handled by TASMAC. Liquor sold at the ‘wine shops’ must be taken home for consumption, but TASMAC also runs bars attached to some of the retail shops where customers can drink, and bars exist in hotels and clubs. The government makes huge

revenues from TASMAL, and this provides funding for all the freebies promised by politicians to get themselves elected. Naturally, when Dr Karunanidhi was re-elected in 2006, this was the only important decision of Dr Jayalithaa that he did not reverse.

However, opposition to TASMAL is growing among the non-drinking public. In my childhood, we had to keep clear of toddy shops as drunks spilled out of them and made a nuisance of themselves, sometimes endangering passers-by. This situation is returning now, and public opposition is growing. Politicians now sense that the promise of prohibition will win votes.

There has also been much sane discussion about the financial implications. Can any government afford to manage without the vast revenues from the alcohol industry? I do not know the answer. However, I feel we need to spend money in more productive ways than on televisions and laptops. The Government of Tamil Nadu has given up on preventive and primary healthcare, and on good school education. It is essential that we give top priority to these aspects of life.

Moshe bin Maimon (1135–1204) was a Jewish philosopher in the Arab empire in its heyday. He was also known as Musa ibn Maymun to the Arabs, and is best known to the world as Maimonides. Today he is best remembered for his aphorism, 'Give a man a fish, and you feed him for a day. Teach a man to fish, and you feed him for a lifetime.' Our leaders should think of him and his teachings. Better to provide their subjects high-quality education and provide them the means to build a great life for themselves, than to neglect their schools and keep them watching television in poverty.

TRANSPLANT RACKETS IN THE NEWS AGAIN

For several months now, reports of illegal transplants have not appeared in the newspapers, and the news we read is mainly inspiring stories of organs donated by deceased people. One should not think the trade in organs has been suppressed; far from that. It is thriving, though in a different form. Our neighbours in Sri Lanka have no regulations whatsoever regarding

transplantation, and the airfare from Trichy or Chennai is low. Transplant teams (nephrologists and surgeons) make arrangements with hospitals and nursing homes in Colombo or nearby. They take their patients and unrelated donors to Sri Lanka, operate them there, and bring them back after a few days. A few also falsify records and obtain clearance from the authorization committees in Tamil Nadu. However, our success at deceased donor transplantation has certainly reduced the number of such illegal transplants.

It was a surprise to see in the newspapers of 9 August 2015 a report of a major racket in Karnataka. It was reported that a small town on the route between Bengaluru and Mysuru has entire localities where no one has two kidneys. Three rackets have been 'busted' in this town over the past 8 years, and the worst of it is that the culprits are the same people who manage to get themselves released, and come back with more of the same. False certificates are produced from various government offices and presented to the authorization committee, which sanctions the transplants.

Exposure to this news brought out two reactions. One senior transplantation nephrologist said the system could not be beaten, and the government should take over the trade in organs and legalize the sale. We should follow the Iranian model, he said, where the government acts as the dealer in kidneys, sets the price, and pays the donor. I have two objections to this. It is next to impossible to obtain payment from government without greasing the palms of many officers on the way. The poorest of the poor will donate organs and will be exploited at every step.

One of the leading urologists countered that the state should do more to popularize deceased donor transplantation. If all deceased donor organs could be harvested, there would be enough organs to meet the demand. I second that, but reiterate that even with a liberal supply of organs, transplantation would be done for only a small fraction of those who need them, since the vast majority cannot afford the expenses, and the state cannot afford to pay for them. My cry for more efforts at prevention remains a voice in the wilderness.

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