Creating Emerging Markets – Oral History Collection

Dr. Prathap Reddy, Founder and Chairperson, Apollo Hospitals
Interviewed by Tarun Khanna, Professor, Harvard Business School
April 29, 2014 in Mumbai, India
Video interview conducted in English

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TK: I’d like to collectively reflect with you on the long trajectory of your illustrious career bringing healthcare to the people of India, increasingly to other parts of the world, and being a role model for a number of others. If we could start at the beginning and you could perhaps describe what made you transition from being, I would imagine, a comfortable cardiologist in my backwoods in Boston, to somehow being at the helm of this illustrious enterprise here?

PR: Thank you. I must thank my parents for giving me the luxury of being a college student and then a medical student, then allowing me to go to the U.K. and the U.S. I think that made a big difference—being in the U.K. for a short time and in the U.S. for over 9 years. I was in Springfield, Missouri. I had the privilege of working at Mass[achusetts] General [Hospital] for a year and specializing in cardiology. I then moved to Springfield. While I was there, whatever I did, whether I presented papers or some other things, I used to write to my parents and boast about it. I
would also write about the children. My father loved cars, so whenever we bought a nice car, I would put my daughters in it, and send [him a picture of it]. I thought I’ll get a lovely letter saying how wonderful the car is, how happy his son and his family is, but, instead, I got a letter which just stated that whatever you do, there are two people who are happy about it. But if you did something so that other people back at home got the benefit, how would that be? He didn’t say come back. But I looked at my wife and she also said we must go back. I had four daughters, they were in no stage to protest because their ages were between 7 and 12 and they were nice girls.

So we came back and I started my practice as a cardiologist. It took time; there were many, including my professor of medicine, who was very fond of me here and even visited me in the States, who told me, “Dr. Reddy, you go back, you made a big mistake, you wouldn’t make even 100 rupees here. Go back.” I said, “I didn’t come here for making 100 rupees. This is just a father’s wish.” In any case, I started to practice as a cardiologist and gradually, not only from the city and the state, I started to get a number of patients from all over the country. I think I established a fairly good cardiology practice in a small, private nursing home. But as a cardiologist, we had our own limitations. When the patient continued to have symptoms or progression of the disease, the next option that was available was coronary bypass surgery. Unfortunately in the country, it was available in one or two institutions but the results were not acceptable. So, I used to send my patients mostly to Dr. Denton Cooley, who is my Guru in many, many ways. I am proud to say that he is my Guru and he accepts me.
But in December 1979, I lost a young man. He should have had his surgery in October with Dr. Denton Cooley, and you know why he didn’t have it? Because he couldn’t raise the $50,000! I lost him and I saw his wife and the two children, [sitting] all paralyzed next to him. She was only 31 years old and she had a four-year-old daughter and a two-year-old son. I thought to myself, “How many more are going to lose their dear ones and why should they? Why can’t we do this here?” In any case, when I talked to people, everybody said: You made the first big mistake by coming back from the U.S., and now you are thinking of creating a hospital. This is impossible, just leave it. If you want to, expand this present place and add more beds, there’s a place next door to you, buy that place and build another 50 beds.

*TK:* So, what was the vision at that time?

*PR:* To build a hospital which would provide the same level of care—at that time it was for cardiac patients—but later on as my vision evolved, [I thought the] heart is only part of the body, so I said, a hospital must be created which would provide care that was not available for our people. So, we formed [the Apollo group]. You met my daughter Suneeta who was searching for a name—Sushruta, Ashwani, all of these. Suddenly she said, “Daddy, how about Apollo?” Now, she always jokes about things. I told her, “Come on, don’t be childish, we are serious, we need a name for this.” She said, “This is Apollo (the Greek God of healing).” So, anyway I
accepted the name and registered it. Then we went and started talking to people. First they said, you can’t buy land for a hospital—three acres of land, four acres of land; there is a Land Ceiling Act; hospitals are not eligible for it. It took me two years to crack that. At the time, hospitals were not eligible for funding and medical equipment was charged as a luxury item—at 375%. I found my way to meet the great lady then, whatever she was called—Iron lady, then Prime Minister of India, to whom I am very grateful. I told her—I said, “Madam, this is what’s happening, there are only two kinds of people who can get care in India, they are the powerful and the rich guys. The powerful person gets a free Air India ticket and our mission pays for it.”

**TK:** So, this is Prime Minister Mrs. Indira Gandhi.

**PR:** Prime Minister Indira Gandhi.

**TK:** And how did you get access to her at the time?

**PR:** I think there were a number of people. As I recall, the most important, I think was Mr. [G.K.] Moopanar, who was the President of the [Tamil Nadu] State Congress Unit. He took me to the Prime Minister; later on I used to go with some of the other Congress General Secretaries; but she liked the idea because that was a time when she was thinking about the reversal of brain drain. She used to talk very often about it.
**TK:** So, we are in 1982.

**PR:** 1982. There were many things—first, of course, the Land Ceiling Act was with the local Chief Minister. He gave me a lot of problems. It took me almost 18 months to get the land clearance; to put the building and then to get the customs duty exemption for the medical equipment. When I told her [Mrs. Gandhi], you wouldn’t believe, it happened in 5 days. I don’t know if any government works like that—she called the secretary, Krishna Rao [C.R. Krishnaswamy Rao was Cabinet Secretary in 1982], Principal Secretary to the Prime Minister, and said, “We must listen to him. Why shouldn’t we have hospitals like this? Why shouldn’t we develop and invite our own Indians back to work and create such facilities back home?” He then called the Health Secretary. By Friday the Act was passed that facilitated the [customs duty] exemption to zero, provided we also treated some free patients. So that was the first obstacle. Second was that hospitals were not allowed any funding; they were not allowed to register as a company. When I applied for that permission saying I want to register a company and that I would like to list it, by that time the Prime Minister had changed. The [next] Prime Minister saw that and said, “What? A hospital as a corporation raising money?”

**TK:** Who was the prime minister?
PR: The Prime Minister then was Charan Singh. I had to wait for her [Mrs. Indira Gandhi] to come back. President Pranab Mukherjee was then the Finance Minister of India [who, influenced by his personal conviction and the PM’s steadfast endorsement of the concept, got the ball rolling.] As a special case, Apollo hospital was enabled to borrow 50 percent from the bank and 50 percent as foreign exchange loan for import of medical equipment.

TK: So, this was effectively a mandate to the state banks.

PR: For state-owned banks to give that loan. Then, of course, I had to run around to get the banks to accept it. The present Prime Minister [Dr. Manmohan Singh was Prime Minister when the interview was conducted] was then the Reserve Bank Governor. I went to him, but there too, I had some problems because of a new Deputy Governor, who had come in. First he said, “Why should I allow a 360 degree turn to give you this permission?” I said, “That’s what I have been told. I never got this credit authorization from the banks. Please allow me because labor needs to be paid.” It was already June 12. By the 15th, If I didn’t pay, the whole project would get delayed. I went back and at the airport I met the Minister for Civil Aviation. He also was very fond of us. He said, “What happened? You are looking not so good.” I said, “What to do, after all of this, I go back, and this man says, no, and the Governor says, ‘I can’t do anything about it,’ so I must meet the Finance Minister again.” So, we went at 10
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o’clock at night and I spoke to him. The next day was Saturday and he was going away for two weeks. He said, “You want it to happen by 12 o’clock tomorrow? You go back; go and catch your flight and go back to Bombay.” I went back. The same Deputy Governor said, “You know why I am doing it?” I said, “I know it, Sir.” So, anyway, we got the thing [done] and finances happened. Then to list it, I went to Bombay and talked to a few investment bankers, they all said, “It’s crazy, how can a hospital be listed and how do we trade it?”

**TK:** *This was after the hospital was up?*

**PR:** After the permission. One of them suddenly said, “Dr. Reddy, I’ll come and see your place, show it to me.” I said, “When can you come?” He said, “I’ll come the day after tomorrow.” I said, “Please come after I’ve stopped my practice—7 o’clock…7:30, we could meet and spend some time.” He saw the whole thing and said, “I’ll underwrite the whole thing.” That’s how the first issue was subscribed.

**TK:** *And when was this?*

**PR:** This was in 1982, December. I got that money and on September 18th, 1983, our President inaugurated it. There again, I went to the Prime Minister to ask her to inaugurate; she laughed and said, “Everybody here thinks that I have done a lot for you. Why don’t you go and ask the
President to do this—inaugurate.” I thought, look at this, I don’t know the President, how can I go and meet him. But she had said it and there was no other way, so I was going to try, whether the President accepted it or not. I went to the President’s house and the secretary said, “Do you know the President?” I said, “I don’t know him. Not only that I don’t know him, I have a problem, you know—I can’t speak Hindi and I understand that his understanding of English also is not... so we have that problem, too.” So, he said, “All right, I’ll go and tell him.” He went to him and explained. He [The President] said, “Achhakartahoon [Fine, I’ll do it].” I think that was the end of the beginning when he inaugurated on September 18th—the end of the beginning of the project problems.

From then on, we created the sense of ownership in everybody, involvement in everyone, what we call: care, compassion, and commitment. We called it TLC—Tender Loving Care. I still remember there were about 840 of them in the auditorium when I first talked to them. I told them: “You all come from different sects, religions, backgrounds of studies, different states... but here we are all one—one of power. We have people who walk in here, walk in with the hope that we can do. But we can do it, provided all of us work as a team. So I don’t want to call you as a team provided we all work as one family.” That’s how we created that Apollo family spirit. Thanks to God that the family bonding has increased day after day and year after year. The first big heart surgery we did was on a child to close the hole. That was a big celebration. I think, from then on we never looked back.
**TK:** So, when you reflect on these many decades, after the initial trials and tribulations of getting started and running pillar to post amongst the influential people in Delhi and elsewhere, what are some of the key learning moments for you that come to mind, either positive or negative that in retrospect you feel shifted the Apollo journey?

**PR:** I think, I cannot put words to say how difficult or how impossible it was—the bureaucracy. I think India learnt two things from the British—the language and the bureaucracy; in both we’re excellent. Believe me, I used to go every Thursday evening to Delhi from Chennai; come back on a Sunday morning, week after week, meet 10, 12, 15 babus [bureaucrats] each time; then meet some of the ministers. To get each one of these [to agree] to import the medical equipment, 360 [kinds of] equipment, I had to make 12 applications and please 12 of them; first from the state government, and then similarly in everything else, like I told you with the banking, even after getting the permissions... I went through a lot but I never gave up, because I wanted to do this, not for myself but for my patients. I would have lost so many patients. It’s not that everybody who came to me with a heart problem, we could save; but the one in particular, if he had had a surgery, he probably would have lived longer. And he was young—38 years old.
So, as you developed your reputation for success and people could see that there was a lot of progress that was being made and it was good for the country and good for society, did you find that these barriers began to disappear or did they pretty much stay the same?

I think whatever happened at that time was given just for that one hospital. The special permissions that were given, were given just to Apollo Hospitals in Chennai—at that time it was called Madras. There’s another hospital that had come up, that was the Modi Hospital—when they applied, they said, no, no, that permission was given as a special case for the Apollo Hospitals in Chennai. After we started, people from all over the country used to come for many ailments and whatever ailment it was, I think we gave them the best possible care that was available anywhere in the world. This has been our intention, that if anybody can do anything anywhere in the world, we can do it and we can do it better. That was our goal from day one and I think we did it. The next big thing that ever happened to healthcare was the beginning of Apollo Chennai. Whatever Mrs. Gandhi did, if today’s healthcare is what we see it is today, we owe it to one man, that is Shri Rajiv Gandhi, former Prime Minister of India. I went first to him to pay my condolences, six months after his mother passed, saying, “I just couldn’t come and see you [earlier]. But for her, this Apollo wouldn’t have been.” He said, “If you felt like that, how do you think I would have felt as a son?” Anyway, he said, “Come back, I would like to talk to you because there are a number of people whom you have treated, who speak so
well of the hospital.” So he called me back. Then, one day, I got a call saying that you have been appointed as the director of the Indian Airlines. I said, “There is no way I could accept. How could I waste so much time on that?” They said, “No, no, this is the Prime Minister’s order.” I said, “I’ll see him.” So I went and told him, “Sir, how can I?” First, he said, “Cut out that sir.” I said, “How can I sit for one-and-a-half to two days for an airlines board for which I have no connection?” He said, “I want only one thing—I understand the care and compassion that you all talk about—the TLC; I want that to get into the airlines, especially for the air hostesses, for the ground staff. Please do only that.” You can’t do anything, when the Prime Minister tells you to do something. So I became a director and we established a training center in Hyderabad. He came to inaugurate that and I used to meet him. One day—this is shortly before the budget—I went to him and said, “Sir I wrote a letter first—I wish I had set up a beedi [a tobacco product similar to cigarettes] factory or a beer factory, instead of healthcare. If health has to come along with your vision of the 21st century, we need the following: First, is that hospitals should be funded like any other trade and industry. Second, health insurance and health plans should be facilitated by the government; and the third, if somebody gets paid by his company for healthcare, the tax people include that in his income. So, the guy gets a second heart attack.” He called me and said, “Is this the way you write to a Prime Minister?” I said “Rajiv-ji,”—he told me I should not call him sir—so I said, “Rajiv-ji, I was told that you won’t read long letters.” Anyway, he said, “We’ll see what best can be done.” On the 18th
of May, I got a call saying the PM—he was also the finance minister then—is presenting your thing tomorrow in Parliament. “Would you like to come?” I said, “How can I not come?” So I went there that night. Next morning at 1 o’ clock I got a slip saying the PM wants you to join him for lunch. I am still recollecting what he gave in that plate. I was so happy that such a thing had happened. I said again—“Thank you… thank you…thank you, Sir.” “I told you, Sir, cut the sir,” he said. I said, “Thank you Rajiv-ji, thank you.”

**TK:** What did he approve?

**PR:** That hospitals could be funded like the others. The Act was passed and the first hospital that got that funding was our hospital in Hyderabad. ICICI came forward and within four weeks, they assigned to fund our hospital in Hyderabad. The second issue was insurance. He wrote 100 (rupees) and looked at me; 1000 (rupees), looked at me, no response; put another zero, 10,000 (rupees)... it was good for us to start... as an exemption from tax. I said, “Thank you, sir.” That “sir” comes, you know, anyway.

**TK:** So, if a patient received 10,000 rupees worth of treatment that would not be...?

**PR:** No, if you bought insurance or health plans for 10,000 [rupees], it was exempt from tax. Now after so many years, that 10,000 [rupees] has
become 15,000 [rupees]. For the third one, he asked what the issue was? I
told him, if somebody got a treatment and it was treated as income, then the
person got a second heart attack. He just changed it with [a stroke of] the
pen. These were the three big boons. If today you see hundreds of hospitals
and clinics across the country; if you have an ultrasound in the village, this
one man is responsible for it: Rajiv-ji. I think that’s what changed the
healthcare of India—it was the year 1986. Before this, government
hospitals were in no position to buy medical equipment, maintain it, and
give the type of care that people needed.

Today, it’s not just Apollo, there are at least 500 hospitals which do
heart surgery. We are happy last year we completed 150,000 surgeries.
What makes me really more happy is this: When we started, we sat down
and said what should it cost: Overseas, it costs $50,000–$60,000; what
should we charge? The finance people, the surgeons, everybody [present]
there said, “We’ll charge 3,000 dollars. The hospital will take 2,400 dollars
and the doctors will take 600 dollars.” So we agreed. You know what it
costs after 30 years? Two thousand dollars! That’s because of our
continuously improving care and improving medical outcomes. From 90
percent, our success rate has gone up to 99 percent and the cost has come
down. Not that inflation has not hit us. Our inflation is 180 times. Our cost
would have been over $70,000–$80,000, but for our continuous innovations
at improving the care and reducing the burden. For example, we do 95
percent beating heart surgeries. We give a single shot of antibiotic, you
know, instead of pumping with antibiotics. The surgeons didn’t want to
take any risks, saying that it would be their fault. So we improved the antibiotic policy by controlling first the infection to almost what’s called the zero infection rate. Patients get just one shot half an hour before surgery, however major the surgery is. Then in 2013, we did the world’s largest number of solid organ transplants—kidney, heart, and liver transplants. We overtook the number-one hospital in the world. It’s not just the numbers; our outcomes are better; our costs are 10 percent. It’s not just $600,000, it’s not even $60,000, we are doing a liver transplant for about $40,000. I think the entire vision is being translated as everybody’s—part of the ongoing vision of a family. The moment they come to our hospital, they believe that there’s something more they can do than what they did yesterday.

**TK:**  *Its striking how your description of your back and forth with Prime Minister Indira Gandhi, then Prime Minister Rajiv Gandhi, led to their becoming aware of some of the needs and acting because they presumably had some confidence in you. It’s striking that of all the other doctors in the country, the surgeons of the country, that nobody else thought that these were some of the barriers that needed to be circumvented. What is it that made you stick with running from pillar to post from Chennai to Delhi every weekend?*

**PR:**  I wish I could explain this—what drove me was the need—if we want to relaunch Apollo—that means we want to relaunch the healthcare of
the country…The simple truth is that we all need to realize that there is something within us, that tells us, we can do whatever we think should be done. In my thing, I call it as 3 Ps. First, Purity in thought, Patience, and in India you need Persistence. If you have all these 3, you will not fail, provided your first P is right. So, I think this is where, all of us, if you keep that focus, that’s what we did. I didn’t leave it with Rajiv Gandhi there.

Year after year, I have represented various governments, either through CII [Confederation of Indian Industry], FICCI [Federation of Indian Chambers of Commerce and Industry], ASSOCHAM [Associated Chambers of Commerce and Industry of India], IMA [Indian Medical Association], all of them, work for healthcare through whatever representation that we give. We had a few things done—like Pranab Mukherjee, he gave me steel to build that hospital and then he gave the finance. The last gift he gave was—I remember he said, “How late can I meet you?” I said, “Sir, I could go back to bed at 10:30.” He said, “All right, come at 10:30 and I’ll give it to you at exactly 10:30.” He came at 10:45, had a cabinet meeting and the last gift he gave was the preventive check-ups 5,000 [rupees] exemption.

**TK:** Dr. Reddy, it strikes me that you had so much running around from pillar to post to convince Prime Minister Indira Gandhi and then her son Prime Minister Rajiv Gandhi...

**PR:** Then the further governments.
**TK:** And the further governments work with you to change the regulations but these regulations could have been changed by any aware physician or surgeon in the country, one would imagine, of course with the benefit of hindsight. What is it that prompted you to focus on this as opposed to others?

**PR:** I wish I could give a clear answer—I think the inner call... the inner call, you know... when there are so many times you feel, oh, I wish I could have done this and I should not stop there. Then if you think that’s a good thing and that we should do this...it’s one of those. There are many things that I did not do. As a cardiologist, having seen that you helped many people, but there are some others, like that young man, leaving [behind] those two [children]. I felt so miserable, and said to myself, “Doctor, somebody who came to you, he’s been lost.” So that is where I think such a thing is within all of us. When you have that feeling, saying you must do something about it, you need to bring that change; that is where I think, was the first [P of Purity]. How you do that, is what I said about the other 2 Ps. You need patience because you need to work with a number of people—in this case, a number of government officials; then the ministers; then the Prime Ministers and so on and so forth and finally the patients because that’s our habit [commitment]. But in any case, I think there are so many people who have done so many wonderful things—it’s not just me. It so happened that it struck me then that there was something which was very
valuable to life, which was not available for our people and I thought we should do this. I experienced it when I was a cardiologist in the U.S. and when I came back here and saw this, I said we must change it. I am glad we did change and changed the healthcare in the country.

**TK:** So, I find the 3 Ps very instructive—Purity, Patience, and Persistence as a way of navigating challenges in many developing countries. Of course, the persistence advice to excessively bureaucratic countries like the India of 1987. I want to focus on the Purity part for a second. A lot of our students complain about potential downsides of the corporatization of healthcare and certainly if you look at the Indian environment of last 10 to 15 years, there are a slew of private hospitals that have popped up and one is always struck about how they balance potential profit with patient care, profit with clinical excellence. Can you reflect on your observations at the industry level and how this has changed over the last 10 to 15 years?

**PR:** Well, I cannot deny what you said. Of all those who started hospitals with a good intention, saying that they would provide the care that was not available for our people, some have deviated. They have deviated because they put importance on returns for themselves, rather than on returns for the patients. So what is necessary in healthcare is [the intention] Vaidya Narayana Hari (The Divine Doctor)—that it’s always a sacred thing to help another person. I think as long as we keep this goal—there are a
few people who do this. Unfortunately, sometimes I think media over exaggerates this. Tell me another profession where a doctor gets up at 3 o’clock in the morning, risks a life or manages a delivery at 4:30 in the morning? Or an accident takes place and four surgeons, an orthopedic surgeon, a neurosurgeon, a general surgeon, an anesthetist, nurses, all of them go? Which other profession does this? Only healthcare. But, unfortunately this is not reflected. The only thing that is highlighted is the one wrong person doing it. We accept that’s wrong; we should condemn it as all of us must condemn it, saying that you are in a profession here to do good for them. You must be able to give the very best possible to a person who walks in to you. I think it’s a few people who are spoiling the entire good that is being created in healing people. We should go back to our ancient history where they did [good] and took no returns at all.

**TK:** It’s an appropriate balance, that’s a good corrective that you are showing that healthcare—of course to me along with education, I would hope—is a sacred profession in many ways and it’s an appropriate reminder of that, so thank you. Could we reflect a little bit about some of the changing healthcare needs in the country, decades ahead?

**PR:** I think, we felt very comfortable that we were treating heart diseases very well and almost all diseases with technology that was being developed in the West. Of course, I think to a large extent, we must say, if we are able to give this cost benefit to our people, it’s not only by bringing that
technology, but certainly by innovating in several ways, so that the cost was reasonable. The situation now has changed in a way which is beyond the doctor. If you look at the disease pattern in the 20th and the 21st centuries, in the first decade itself there was a predominance of a new order of health problems. Now, it’s called noncommunicable diseases: diabetes, heart disease, cancer, infections… and India has got the [unfortunate distinction] of becoming the diabetic capital of the world, heart [disease] capital of the world, cancer capital of the world, and infectious diseases capital of the world. I don’t want the gold medals; I wish I could throw them all in the Bay of Bengal or go farther and throw them in the Indian Ocean. But, I think, this is a reality today and the World Economic Forum has focused on it and said that the world is to spend 30 trillion dollars to treat these disorders alone and India’s burden is one-sixth. Unfortunately, a greater portion of that is falling on the emerging or the underdeveloped economies. For me, it’s not just the money. You know, healthcare is not about money, it is about life, it’s about people. Through NCDs [noncommunicable diseases] they estimate there’ll be 36 million deaths per year. That means one country will be washed away! Or two large cities in India, that have a population equivalent to 36 million! And this is happening: For that one family, I lost that young man—for them the world ends. So, I think, it’s not the expense of 8.6 trillion dollars that India has to face, but the burden of losing people. People are the ones who are the contributors to your economy. So, the economy also gets hit. So many times I have urged governments to encourage healthcare. I told our Prime Minister, when they
were at 8 percent [economic growth], if you want to turn to double digit [growth], you should help healthcare grow and make the nation more healthy and automatically they [people] will contribute. First, healthcare is the largest employer in the world. Second, it keeps people healthy. And healthy people contribute to the economy of the country. Often I have pleaded for this. So, I think the NCDs are a huge problem.

We’ve been finding many ways to do what can we do. All what we’ve done so far was to see how to treat them better. [The focus needs to shift to managing them, and preventing them.] This was the genesis of India’s first global healthcare conference of its kind that Apollo had nurtured—the Future of Healthcare Conference, A Collective Vision. The World Health Organization and Government of India’s Ministry of Health and Family Welfare honored us with their participation. The Public Health Foundation of India (PHFI) was the technical resource group and the specially forged Healthcare Alliance had eight important industry bodies—AIMA, CII, FICCI, GAPIO, IMA, MCI, NATHEALTH, and NSDC. It also included four knowledge partners: Bain & Company, KPMG, McKinsey & Company, and PwC. Thought leaders like Lord Nigel Crisp, Dr. Victor Dzau, and several luminaries all worked together in drawing up the blueprint for the future of Indian healthcare. The President said, it was such a wonderful thing, to bring all of them together. It had never been done any time before. He said, “I would welcome them to Rashtrapati Bhavan, receive their recommendations for the government.” Suddenly, he changed the date [for the inauguration] from April 7th to March 3rd. You know why?
Because of the elections. But nothing deterred us. They worked harder to schedule it into the timeframe. These people who had many, many other programs still said this was important to do. We prepared a paper called the “Future of Health.” [The issues were] how do we mitigate these NCDs? What are the steps that need to be taken and who should do what? What should governments do by way of policies? What should the corporations do to look after their people? What should the civil society do? And finally—this is the thing that is very, very important—what should the individual do? God has given us a great creation, if I am a believer in God. [Even] those who really don’t believe in God, they say the creator has given us a great creation, it is our duty to keep that well. Unless that happens, I don’t think we’ll ever solve our health problems forever. So, this is how we made these recommendations: One, countering the NCDs by assigning responsibilities for all. The second—there is a lot of technology that’s available—how can we upgrade technology and use it so that we can reach the last man? People are not blaming Apollo for not doing great liver transplants or heart transplants. What they are saying is you are not reaching people who are living in the remote areas. So [it is about] the access. Two things we have conquered: quality and cost. But the most important—they call it an iron triangle: quality, cost—is also access.

I think we have to use technology to provide people greater accessibility. The other thing which we’re very keen to upgrade are the skills of people. So many times we feel people do not know that there is so much more that they can do if only they [stayed] focused and learned a
little more. This is where I think the four sections that we have taken in Future of Health are very important. The President was very happy when he received the recommendations. You know, even at the last minute, before getting into the car, he said, “You all do your part, I will see that when the next government comes, it assists you in the transformation and in bringing this change for addressing the 21st-century healthcare challenges.” So, it not only made me very happy but also made my commitment greater. We are working with all the organizations now. The day after tomorrow I am meeting a chairman of another huge medical manufacturer—one of the top three companies. I am going to ask, “We’ll do what you want, what will you do for this situation?” I think everybody must question themselves, whoever is involved in healthcare and see what are the newer ways in which we can address this issue and keep people healthy and happy.

Finally, I am one of those who believes that diseases have always existed. [For instance] in our Puranas [ancient Indian texts], it’s all there—they had diabetes, they had gout—one of the royal dynasty people had gout, but all these diseases also had a cure. We are totally dependent now only on Western medicine and we have abrogated all other systems of medicine. It’s time now to relook at this. That is where I strongly believe we need to be. I’ll mention only two things: in Chennai, before you go to Lord Balaji, you come to a place called Puttur that is the world’s largest “fracture factory,” they treat at least a 1,000 fractures a day. They do this by using some leaves. Why aren’t we doing research? I have a personal experience: I cracked my ribs, and the doctor said you can’t move for two weeks.
guy applied something on the chest and I was normal. So, I think we need to work on some of these wonderful things. It’s happening in China, and in the U.S. In Los Angeles, they allowed medical marijuana for chronic diseases, chronic pain, for some of children’s fits and other problems. I think there’s a lot of wealth in this. We need to go back. I know of people who have been cured of cancer by babas (holy men). They cut and then applied something. I think we need to use that [knowledge] which has been forgotten. There are a number of things in the Northeast (India). They say, in [some of] those roots [found there], they have tremendous medicinal value. Turmeric they say is a strong anti-carcinogenic. I think, we need to dig that wealth back. Not that we should not do what we are doing now. I think we can do better than that. What is our vision? Our vision is not just using technology; our vision is to make people better. I think we can make people healthier and happier by also adding this value.

Finally, my journey will continue in what we are doing in health. I have another new vision: I am calling it, Total Health. What I have done is I have adopted 70,000 people. This is from infancy to the senior most citizen—from the first breath to the last breath. I want to see how I can change people’s lives by making them physically healthy, spiritually healthy, environmentally healthy. The project just got off the ground in my village. Fortunately, it connects the place where my father was born and my mother was born. And in those days a distance of 10 km was too far. My idea is very clear that to keep a newborn child well, I must look after the mother as well. The programs are there: mother and child programs are
there. But how can we better those? How can we see that they are applicable to [all] people? How do I take him [the child] before he goes to school? How do I [put programs in place] from 5 to 15 years old—when he is in school or he enters college and then when he gets into a job, when he is 25 to 45 years old, until when he retires. What are the things that can make a difference to him? There are many things that we are trying to do in the village. Number one, of course, is to follow the first 1,000 days of people’s lives—that is, of a child. Then we are trying to bring a lot of recreational facilities in these villages, plus you know, some employment opportunities, so that they are occupied. But, the more important thing is, from this we will know why Indians are more prone to heart disease. You know that Indians are five times more prone to heart disease than the Western peoples, the Caucasians. Why? They say some 400 years ago, we had famine. Suppose I remove that famine now and feed that child well, will that change [the predisposition]? So [we are following up] some of these [issues], for which we have no answers in medicine. There is a close follow-up of all these people that we will be able to do. Whatever we are doing, it’s a very replicable model and there are very committed people with me who are part of it. All the villagers are happy that we are doing this because they have nothing to lose, everything to gain.

**TK:** I think what’s very refreshing about your recounting of your professional career is the incredible vision, the encompassing vision and you are reiterating it now with this new focus on the 70,000 people and if I
may say also, what’s also refreshing is you are bringing collections of people together, whether it’s your new vision document or your embracing the politicians and the bureaucrats as necessary actors in the process of healthcare reform. We are all very appreciative and we are deeply grateful to you for your work and your service. Thank you very much, sir.

PR: Thank you very much, Professor Tarun Khanna, it’s a privilege to be talking to you and talking to Harvard. I hope this will add to better healthcare—becoming, saying, giving us the confidence that we can do.

TK: The privilege is all ours.

PR: Thank you very much, thank you!