An Appreciation of Karel Raska

Karel Raska took part in the first meeting of the Epidemiological Association at the meeting in Noordwijk in Holland in September 1957. The meeting was convened under the title of "Study Group on current epidemiological research" and was organized by what was then known as the International Corresponding Club.

Raska was a founding member of our Association and at that meeting, gave a most interesting paper on Infectious Hepatitis in Epidemiology. He reported that work on the epidemiology of hepatitis had started in his Institute in 1950. His methods of recording were already the subject of much debate at that meeting and this method of investigation and control was discussed in greater detail at a subsequent meeting in Princeton.

His contribution to the IEA was inestimable. He brought to the Association, the views of a highly experienced Infectious Disease Epidemiologist working in Eastern Europe. His support for the Association, from his part of the world, demonstrated that the aims and objectives of the Association could transcend boundaries and ideologies. His contributions to the development of our subject are well detailed by Alex Langmuir's appreciation.

Karel Raska—An Appreciation

I first met Karel Raska in 1965 in Princeton, New Jersey, at the triennial conference of the IEA. Lester Breslow, the president, had asked me to organize a panel discussion on 'surveillance'. The theme of the conference was 'The comparability of international epidemiological studies'. I had invited Karel, the already internationally respected director of the Institute of Epidemiology and Microbiology in Prague, to present a paper on 'The Surveillance of Hepatitis' in Czechoslovakia. He was, most fortunately as it turned out, balanced on the programme by D. A. Henderson who spoke on 'The surveillance of Hepatitis in the USA'. His rates for hepatitis to our great surprise greatly exceeded those of the USA, and the epidemiological pattern was quite distinctive.

Little did we appreciate how important hepatitis B was as the dominant cause of hepatitis in much of the world.

Karel had taken a paper of mine published in 1962 on 'The Surveillance of Communicable Diseases of National Importance' and, with full credit, applied its methods to his own country with notable success. From our first meeting we related warmly to each other. Behind a somewhat stiff, even brusque exterior, my first impression was a warm personality, great enthusiasm for scientific ideas, and a mission to achieve. He deeply believed that the principles of what he termed epidemiological surveillance should be applied worldwide. He solicited my assistance in this goal. Little did I appreciate his capacity to follow through on these ideas.

Only a few months later Karel was visiting the CDC in Atlanta. He was already the chief of the Communicable Disease Division at the World Health Organization in Geneva. His object among other things was to obtain formal approval from the director of CDC to recruit D A Henderson to the newly formed Smallpox Eradication Program in WHO. He was successful.

Karel pushed his vision on a broad front. He persuaded WHO to make epidemiological surveillance the subject for the technical discussions to be held during the Twenty-first World Health Assembly in May 1968. Adetokunbo Lucas was chosen as the keynote speaker. Jan Kostrzewski was the chairman of the review committee, and I was appointed consultant to prepare the working papers for distribution to all participants.

Working with Karel closely on drafts of documents and final reports was an experience long to be remembered. His scientific knowledge in the broad field was superb. His command of the English language was adequate but it was not his mother tongue. He reviewed every document paragraph with meticulous care. Often he would stop at a line that disturbed him. He would try to articulate a revision but the right English word was not forthcoming. Sometimes a French word or a Czech word would come out which helped me not at all. We would then go back for a moment and talk over the main idea in the paragraph. I would usually come up with a rewording of the whole sentence. A broad smile would come over his face. Usually the change was a subtle improvement.

The technical discussions in Geneva in May 1969 were but a prelude to his well orchestrated plans. He organized and secured approval and budgeted for three major training courses of six to eight months' duration for key epidemiological personnel in member countries. Half the instruction was to be given in major centres in Moscow, Prague and Rennes. The other half was to be in active fieldwork in Delhi, Alexandria, and Upper Volta. He persuaded the programme committee of the Eighth International Conference on Tropical Medicine and Malaria to be held in Teheran in September 1968 to make epidemiological surveillance the subject of one of five plenary sessions.

As a curtain-raiser to his formal courses on sur-
veillance, Karel organized a one-week course to be held in Karolyvary, Czechoslovakia in mid-August 1968. He had brought together a faculty of exponents of surveillance representing all the major communicable diseases of the world. To Karel, surveillance was no subject for armchair philosophical or theoretical discussion. It must be tied inseparably to the specific diseases it seeks to control.

His student body was chosen largely from the staffs of the WHO regional office, the men who would be implementing his grand design.

I had the pleasure of a quiet supper in his home in Prague on the Saturday evening before the course began. His son Karel Jr. was there, having just returned from his studies in the USA to a full-time position in the university. The Dubcek regime was at last succeeding. Optimism was high. Karel's plans for surveillance on a global scale were progressing well.

For the first two days the course went with the enthusiasm of pioneers on an expanding front. On the third morning we were greeted with the news of the Soviet invasion and occupation. It was a sad group that left by bus to the border. The Dubcek regime was at last eclipsed. His government no longer sponsored him in Prague on the Saturday evening before the course began. His son Karel Jr. was there, having just returned from his studies in the USA to a full-time position in the university. The Dubcek regime was at last succeeding. Optimism was high. Karel's plans for surveillance on a global scale were progressing well.

Following this tragic event, Karel's star became eclipsed. His government no longer sponsored him in Geneva. He could have become an expatriate but chose out of loyalty to family and country to return to Prague. There, he and his wife Helena Raskova, a brilliant pharmacologist, were deposed from their prestigious positions. Through their membership in the Academy of Medical Science and the compassion of the director of the Veterinary Institute they were given asylum. Karel pursued his long-time interest in *E. coli* infections and Helena made major contributions in the application of the principles of oral rehydration therapy to the control of the mortality from diarrhoea in weaning calves.

They lived a quiet existence in their modest home in the outskirts of Prague. They were permitted some travel outside the country, sometimes together. They were planning a trip to America in the summer of 1987 when illness intervened.

At the time of his death the emergence of *glandost* led to a long overdue recognition of his outstanding achievements by the public press in his own country, a recognition long known and appreciated in the rest of the world. This effective public health administrator and epidemiologist mastered the complex bureaucracy of the WHO, mustered substantial budgetary resources and directed them to global surveillance. This is his achievement.

AD Langmuir

Chilmark, January 1988

DA Henderson adds:

Karel made two further important contributions to epidemiology. The first was his enormously successful efforts as a professor, to recruit and to train young Czech physicians in the subject. It was apparent to all of us that of the countries of Europe, Czechoslovakia was one of the strongest in epidemiology and contributed a number of first-rate epidemiologists to WHO programmes. Almost all of these were trained by Karel.

The second contribution he made was with respect to the development of the Smallpox Eradication Programme. In 1964, he was appointed to the post, Director of the Division of Communicable Diseases. This was five years after the World Health Assembly had decided to embark upon a global smallpox eradication programme. However, little progress was being made. In major part, this reflected the preoccupation of the Director-General of WHO and most of the senior staff with the global malaria eradication programme and their doubts about the feasibility of smallpox eradication. Although the World Health Assembly had asked the Organization to develop and coordinate activities for smallpox eradication, few resources were being assigned to this effort and, in fact, there was not even one full-time professional person assigned to the programme at the WHO headquarters in Geneva.

Karel was an enthusiastic advocate of the programme and was determined that more should be done. Indeed, he wrote in 1966, 'The increased expenditure in the Smallpox Eradication Program in developed countries would pay itself back within three years after the achievement of eradication'. As interest in strengthening this programme grew, especially in the USA and USSR., delegates from these two countries found a most receptive senior person at WHO and he, in turn, played a vital role in advocacy for the programme. Indeed, it is fair to state that he was one of only two or three senior officials in WHO who believed smallpox eradication to be possible and who actively supported the initiation of a stronger programme—the intensified Smallpox Eradication Programme which began in January 1967. Dr Raska was instrumental in my recruitment to become head of the programme, and following my arrival in Geneva in November 1966, he played an important role in gaining acceptance of a number of vital administrative and policy matters without which the programme could not have succeeded.

DA Henderson

Baltimore, February 1988