HEALTH CARE IN A REVOLUTIONARY FRAMEWORK : Possibilities for an Alternative Praxis

binayak sen and ilina sen

Any health care work is by its very nature, political. It is necessary for revolutionaries to get involved in the non-reformist reforms to achieve the aim of social revolution. Starting from these premises the authors analyse health care in the revolutionary frame work from their own experiences of health care work in the militant workers' and peasants' movement in Rajhara. They have presented their views as a commentary on and a supplement to Howard Waitzkin's article in this issue.

The note that follows is a commentary on and a supplement to Howard Waitzkin's article on a marxist view of Heath Care. The main theme of this note is the relevance and significance of health care work within a left paradigm in India today.

To begin with however, a general point about politics and health needs to be made. It is common in left political circles to regard health care work as apolitical, or at best, as reformistic. We would argue that politics — the process of exercising power to enhance the material interests of a particular class or social group — permeates all aspects of the super-structure, including health care. The dominant ideology at different times has projected feudal or capitalist models of health care work. It is upto the left movement to expose their ideological foundations and concretely shape a future alternative.

Health Care and Health Status

The words "health care work" have been chosen deliberately, because the distinction between "health" and "health care" has not been fully realised even in debates among groups of politically conscious health professionals. It is generally appreciated in such groups that health care is only one among many determinants of the health of the community, (other important determinants being political economy, education, culture and so on). However, the other side of the coin that health care work and health care systems have a social, cultural, economic and political significance that goes beyond their impact on health status has not been given its due importance. Even when some attempts have been made to come to terms with this aspect of the matter, it has largely been on the basis of trivial notions such as "health as an entry point into the community." This is because the participants in these debates have hardly ever taken the political significance of their work as health professionals seriously. While many of them have sincerely and actively taken up political roles, this has almost always been in areas of work outside the field of health care itself. Both theory and practice have suffered in consequence.

"That health care work and health care system have a social cultural economic and political significance that goes beyond their impacts on health status, has not been given its due importance."

Some Lacunae in Current Approaches to a Theory of Health Care

The realisation that health care and health status are only distantly related has created a feeling of deep frustration among many of those health professionals who are seeking a means, within the health care system, to give expression to their own deep commitment to the people's welfare. Lacking a revolutionary scientific perspective about health care work that would give meaning to their professional practice, they have taken up one of two types of roles. On the one hand some have retreated into the practice of health care essentially within the bourgeois "welfare" paradigm, seeking to give their work greater relevance by working among rural or urban poor (often at considerable personal cost). In many cases, they have also tried to give their work scientific and technical validity by incorporating positivist notions of a more rational epidemiology, with the intention of creating more efficient models of health care system for the future.

The other group, claiming for themselves a greater familiarity with the revolutionary theoretical apparatus, have nevertheless confined themselves

"The entire question of revolution as process of the elaboration of an alternative praxis based on prevailing material conditions and incorporating currently available elements of revolutionary theory has been by-passed."

almost exclusively within a vulgarised version of the Leninist framework of Party and State policy. Their attention especially in India has largely been focussed on attempting critiques of existing health service systems. This has largely been from the standpoint only of political economy, the general thrust of the argument being something like 'Health problems cannot be solved within the bounds of the capitalist economy.' Some have attempted to devise alternatives, but these have again been based either on existing text book techniques such as epidemiology or on new techniques rooted in capitalist culture such as operations research — these alternatives wait for their realisation on a dens ex machina, characterised variously as "political will" (D. Banerji) or "dictatorship of the proletariat."

In both these cases, the entire question of revolution as **process** — of the elaboration of an alternative praxis, based on prevailing material conditions and incorporating currently available elements of revolutionary theory — has been bypassed. This is not to negate the importance of capturing State power, but to emphasise that the process of delegitimising the existing ideology in all walks of life has to begin here and now.

Waitzkin's Paper : Critical Comments

The importance of Waitzkin's article is that it serves as an overview — ableit a very brief one — of the area of interaction between the practice of health care and current concepts in Marxist revolutionary theory.

It remains to comment upon some of the points that he has raised in his article.

a) Reformist Versus Non-Reformist Reform

With the exception, perhaps, of academic and technical research, all the kinds of work available for the revolutionary practice of health care require participation in piecemeal reform programmes. The distinction between reformist and non-reformist (or revolutionary) reform, outlined by Gorz and quoted in Waitzkin's article, is therefore deserving of careful study and reflection. However, the **necessity** of such reforms to any revolutionary programme has not been given adequate importance in Waitzkin's article. He contents himself by saying in the opening sentence of this section, that "when oppressive social conditions exist reforms to improve them seem reasonable."

The necessity of social reform programmes was put forward much more strongly by Roza Luxemburg in her attack on Bernsteinian reformism, "Reform or Revolution", she starts at the very outset, "Can the social democracy (i. e. Communists) be against reforms ? Can we counterpose the social revolution, the transformation of the existing social order, our final goal, to social reforms ? Certainly not. The daily struggle for reforms, for the amelioration of the workers within the existing social order, and for democratic social institutions, offers to the social democracy the only means of engaging in the proletarian class war and working in the direction of the final goal — the conquest of political power and the suppression of wage labour. Between social reforms and revolution there exists for the social democracy an indissoluble tie. The struggle for reforms is its means; the social revolution, its aim."

The distinctions mentioned by Gorz apply mainly at the level of health policy rather than the practice of health care. Moreover, Waitzkin seems to sound as though there are or can possibly be, a set of independent criteria on the basis of which it is possible to decide whether a proposed reform is reformist or non-reformist. The fundamental question of the basic political framework within which the struggle for these reforms is to be carried out, is not emphasised.

How are the differences between reformist and non-reformist health care praxis to be established?

For the last three years, in Rajhara, the Chhathisgarh Mukti Morcha has been running a health programme based on a militant organised workers' and pesants' movement. Some indications may

"Between social reforms and revolution there exists for the social democracy an indissoluble tie. The struggle for reforms is its means, the social revolution, its aim."

perhaps be obtained from the experiences gained in the course of this work.

The first difference, is that reformism is directed primarily at suppressing emerging class antagonisms and contradictions between state power and peoples' power. Revolutionary reform, on the other hand, by the very fact that it is based on a militant recognition of class antagonisms and of the oppressive nature of state power, is directed towards precisely the opposite goal. Consequently, the most important goal of a revolutionary reform programme is not the achievement of the reform towards which it is putatively directed, but to further the political struggle of which it forms a part.

The second difference is that revolutionary reform does not derive its strength from any exogenous group of "reformers' standing outside the mainstream of the popular consciousness. Instead, its primary reasources are the political consciousness, organised strength and creative power of the working class and peasantry. Consequently, we cannot take a single step in such a programme without

"The Revolutionary reform does not derive its strength from any exogenous group of «reformers» standing outside the mainstream of the popular consciousness."

considering the direction in which the people want it to proceed. Any attempt to work out new ideas has to be preceded by an effort to explain these to the people, and to establish them in the popular consciousness.

This also means that at any given moment, the direction of the programme cannot be governed by a "a priori" consideration of the appropriateness of the measures taken. The existing direction is always limited by the existing perception of the people, of the issues around which the programme is formed, based on their collective past experience. Nevertheless, it is necessary for those leading such programmes to have a deep and concrete historical understanding of similar programmes, and of the issues as they exist in the community, (In the case of health care, this would mean that we should possess a knowledge of epidemiology and a knowledge of the health service programmes.) This knowledge is necessary so that it may be posed in a constant dynamic tension to existing perceptions, so that the two may come close to each other in a series of successive approximations.

The third difference is that revolutionary reform is vitally conscious of the inevitability of its own failure. That is, we believe that the ills which owe their existence to an oppressive social order cannot, except marginally, be cured except by a radical restructuring of that order - that is - revolution Consequently, we do not hope nor expect that our praxis will succeed in effecting more than marginal improvements in the health of the people or even in the availability of curative care: However, our attempt is to direct the energies of the people into the establishment of an institution and a programme which reflects their aspirations. This presents to the people a radically new vision of an alternative social order, and a living critique of the existing one.

b) Medical Care and Ideology : Hegmony and Counter Hegemony.

Waitzkin refers in the first paragraph of the section on Medical Ideology to the thought of Gramsci. However, once again the reference is so brief that anyone not already familiar with the Gramscian idea of Hegemony would be unable to make much of the reference. It is worth going into the idea in slightly greater detail, since it forms one of the chief plants on which a revolutionary medical praxis is based.

Gramsci considered that the ruling classes exercised and perpetuated their control over the whole of society not only through the exercise of political force, but also through the power of the ideology elaborated by the ruling class intellectuals. Through this process of legitimisation the ruling class obtained the consent of the whole of society to exercise the power of Government on its behalf.

"In order to establish its own hegemony the working class must do more than struggle for its own narrow sectarian interests, it must be able to present itself as the guarantor of the interests of society as a whole. .". Gramsci had a broader view of the party than Lenin perhaps partly because he had greater experience of a developed bourgeois society. He conceived of it as deeply committed to an ideological and cultural struggle as well as to the seizure of state power. . . Thus he advocated a party that was an educational institution offering a counter-culture whose aim was to gain an ascendancy in most aspects of the superstructure (as opposed to directly political institutions) before the attempt was made on state power. The party organisers trained the workers in the assumption of control over their own

lives and thus anticipated a post-revolutionary situation. (David Melellan : Gramsci, in "Marxism after Marx").

Ideology in Health Care

Through its medical institutions — ranging all the way from state run hospitals through the Jasloks and the mission hospitals to the lovliest private practitioner, the ruling class is constantly engaged in the elaboration and perpetuation of an ideology that serves to oppress and control the workers and the poor.

There are three specific elements of ideology in health care which are not adequately dealt with by Waitzkin and hence need special consideration.

a) The Concept Of Charity :

The first, and in our view, the most important of these, is the concept of charity, or "daya". This is not considered in Waitzkin's article. Perhaps this is because he writes from a Western background, in which there already exists a clear distinction between the humanist and technical aspects of medical practice.

However, in India, we are all familiar with the idea that the medical practitioner, be he ever so crass, attains spiritual merit with each transaction in which he plays the role of healer. The objective caste status and the subjective Brahminical manner of most practitioners of modern medicine further reinforce this tendency. The influence of this tendency is yet again reinforced and consciously generalised by the religions symbolism that pervades the atmosphere and even the architecture in many of the important centres of modern clinical excellence. (Apart from admittedly religious hospitals—Christian, Hindu, Muslim or Jain — good examples are commercial-community based hospitals like Jaslok in Bombay and the Calcutta Hospital in Calcutta).

Of course, the function of the healer neither can nor should be totally divested of transcendent elements of spiritual and psychological authority. Neither can the role of the patient ever be totally divested of its elements of spiritual and psychological dependency.

However, where the healing institution has been built up on the initiative and with the resourcee of a militant organised working class movement, and functions specifically within a revolutionary framework, and with healers who live among the people and aspire to be identified as revolutionaries rather than as do-gooders, this relationship of authority and dependence can have a counter- hegemonic influence and thus reinforce working class militancy and self confidence.

(b) Ideology and Technology :

The second area of ideology in health care that needs to be considered is that relating to medical technology. Waitzkin's article does go into this aspect briefly, in the section entitled "Medical Science is both esoteric and excellent." A much more penetrating and thorough going critique of the disabling and iatrogenic nature of modern medical technology is contained in the work of Illich- to which, surprisingly, this section makes no reference. Illich's work also contains the notion of a demystified, locally-controlled, human-scale technology. His notion of a society incorporating these ideas is free of class, free of history and independent of political process. He makes a fetish of Technology.

This is not the place to embark on a critique of Illich. However, irrespective of the viability of the solutions proposed by him, the notion of demystification of technology is important to any alternative praxis in the field of health care. This is because an important part of the ability of the existing health care system to reproduce ruling class ideology is due to its basis in an esoteric, monopolistic technology, seemingly divorced from its roots in ordinary mannual and human skills. It is this technological basis that creates within the field of medical practice a steadily widening gap between mental and manual work.

"An important part of the ability of the existing health care system to reproduce ruling class ideology is due to its basis in an esoteric, monopolistic technology, seemingly divorced from its roots in ordinary manual and human skills."

It is to reverse this trend that the concept of the voluntary health worker is important.

In the health programme at Rajhara, a training programme for voluntary health workers has been put into operation. However, these workers are not seen primarily as agents who, by performing simple

tasks in a decentralised fashion, increase the efficiency of the health programme. Rather, the VHWs are seen as ordinary workers, who, by undertaking to perform certain healing functions on the basis of their skills in and understanding of modern medical technology, render the entire range of medical technology accessable to ordinary human understanding. The training programme also repeatedly emphasises the idea that the primary duty of the VHWs is to spread their understanding of health care technology among their comrades.

C) Internal Organisation

A third ideological function that a health care programme can perform is to create, within the internal organisation of the programme, an image of what the social dynamics of such a programme in a socialist society might be. In particular, the undemocratic and hierarchical functioning of most health care institutions is something that any alternative praxis of health care must try to change.

Conclusion

In conclusion, the limits of this note — all too apparent to the authors must be emphasised strongly. In the first place, it is a comment on Waitzkin's article, and must be read against the background of the article i. e. not independently.

Secondly, throughout this note, in order to achieve the limited aims which the note seeks to fulfil, an attempt has been made to emphasise.

a) health care as against health status.

b) Superstructural elements as against more fundamental aspects related to political economy.

c) the revolutionary possibilities of an alternative praxis of health care as against the humanist values embodied (or at least imminent in) more traditional form of health care work.

It would be disastrous if on the basis of this note, anyone should conclude that we consider the second halves of these contrasts to be unimportant. On the contrary, in each case, it is only possible to emphasise the former where the latter is already taken for granted. This selective emphasis must be kept in mind throughout the reading of this note.

Finally, except where direct quotations have been made, no references are included. The points made in this note have emerged through discussions and practice engaged in with many groups of friends and colleagues over a long period of time.

Orwell's Hints to Writers

George Orwell in his 'Politics and the English language' attacks jargons severely and says: "Modern writing at its worst does not consist in picking out words for the sake of their meaning and inventing images in order to make the meaning clearer. It consists in gumming together long strips of words which have already been set in order by someone else, and making the results presentable by sheer humbug...... They will construct your sentences for you, even think your thoughts for you, to a certain extent and at need they will perfrom important service of partially concealing your meaning even from yourself." He has given some rules for writers to follow: (i) Never use a metaphor, simile or other figure of speech which you are used to seeing in print (ii) Never use a long word where a short one will do (iii) If it is possible to cut a word out, always cut it out (iv) Never use the passive when you can use the active. (v) Never use a foreign phase, a scientific word or a jargon word if you can think of an everyday English equivalent (vi) Break any of these rules sooner than say anything outright babarous...... The most important thing to remember is that good writing is not a collection of beautiful phrases or idioms. Good writing is the result of clear thinking.

(Excerpted from *The Hindu* May 8, 1984)