

## Marxist View of Health & Medicine : A Rejoinder

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In its first issue SHR rightly carries articles on historical and general perspectives. We think it is necessary to give an immediate response to the perspective which comes out in this issue of SHR (1 : 1)

In his review of *A Cultural Critique of Modern Medicine* Anant Phadke writes, "John Ehrenreich first traces the historical and political origins of the 'cultural critique' of modern medicine. Ehrenreich alleges that the political economic critique concentrates its fire on the inequitable distribution of health services, on the problems of organisation of medical care and is not much concerned with the nature of medicine itself. Ehrenreich is not entirely correct in his analysis. There are marxist analysts who analyse the political economy of health not primarily from the standpoint of distribution of medical services."

While it is true that "there are" marxist analysts who take a different approach, the point is that the vast majority of them take the viewpoint critiqued by Ehrenreich. In India, for example, we must ask, among thousands of marxist doctors, political economists and cultural workers, what sort of debates on the cultural and political aspects of medicine we have had up to now?

Howard Waitzkin's article is revealing as it purports to give a detailed and researched account, with 260 references, of marxist analyses in the field of health care covering about 150 years. It is an excellent example of Ehrenreich's claim.

Waitzkin starts from Engels' *The Condition of the Working Class in England*. In this, "the first major marxist study of health care... Engels traced such diseases... to inadequate housing, malnutrition, contaminated water supply and overcrowding.. This treatment was to have a profound effect on the emergence of social medicine." With this, he makes his views about "health" and "health care" explicit at the outset. Can causes and removal of "poverty diseases" be the central problematic of Marxism in "health care"? (Even Marx and Engels were less confused about their target - not poverty but exploitation and oppression). In developing countries, "poverty diseases" still play a huge role. But what is the situation in Waitzkin's own country and the rest of the developed world? Today, the advanced bourgeoisie and the modern state have

almost eliminated "poverty diseases"; as Waitzkin also observes later. Poverty, unplanned industrialisation and to an extent ecological imbalance as the causes of "ill health" are not only propagated by established sciences but are incorporated in some form or other in the legal provisions of the bourgeois states, e.g. OSHA (Occupational Safety and Health Act) in the U.S.A. But this transforming of sick slaves of capital and the state into healthy ones has not weakened the system at all; it has led to strengthening its tentacles of exploitation and control. And, did the world have to wait until Engels to learn that bad living conditions lead to many diseases? Did these start with capitalist industrialisation? These stated far earlier—from the time of the city-state-civilisations. Tribal communities were much healthier. The sanitation engineers of Mohenjodaro surely had a clear understanding, of the problem.

With such a traditionally defined view of disease, the central aspects related to health in both the "developed" and "developing" world—ecological devastation, poisoning of the environment, alienated relations between humans and nature, militarism that threatens the survival of all life, sexism and racism, large-scale cultural-psychological perversions, and destruction of human relations—are ignored completely by Waitzkin. Realisation of such factors has raised basic questions for Marxists in the "developed" world: such as, can one solve such problems simply by taking over the existing poisonous forces of production? And, given massive cultural-ideological-psychological mutilations produced by the system, can the "working class take over the state"? Also, are these problems simply due to the capitalist mode of production, as Waitzkin's approach implies, or are they the end result of an accumulated chain of patriarchal, statist and class societies?

Waitzkin gives great emphasis to the nature of exploitation in the capitalist production process in terms of surplus value and the class structure defined by that. He takes this as Marx's approach. To do this is a very limited cognisance of the analysis of the capitalist system given by Marx himself. In *Capital* Marx deals with many other aspects like alienation/estrangement, devastation of natural resources, destruction of cycles of nature etc. The article also ignores recent studies of the

nature of the internal structures of industries and of their production including their effects. This narrow approach forces the author in to the trap of emphasising control of the means of production and poverty, which cannot lead to any alternate conception of illness and health care differing from the established concept. The most serious effect of this is the complete disregard of relation between questions of health and the oppression of women, minorities, lower castes and others. In the author's own country there are countless examples of women's groups and minority groups and alternate-psychiatry groups raising these issues. In this situation ignoring this challenge is an inexcusable mistake. For the last some years communist parties and marxists in general have been facing many difficulties in trying to deal with such issues within the framework of a narrow approach to "surplus value and class exploitation." Many marxist studies have come up which are trying to develop a new approach. But the author does not confront this issue. He talks about women at one point. "Historically, women's use of health facilities and the attitudes of medical practitioners towards women's health problems have depended largely on women's class position" (1.1) ignoring the specific oppression of women even within the working class. Some words mentioning "housewives' problems" cannot wash out this serious error. The fact is that in the USA it is not working class struggles in the economic sense that have transformed the meaning of "health", but the anti-sexist, anti-racist movements and those in the area of ecology and militarism right up to the tiny but significant issues raised by alternate psychiatry, gay and other movements that have forced us to re-examine our concept of "health".

The author's mention of his view about revolution at the end of the article expresses in a nutshell, his imprisonment in a mechanical and outdated approach towards alternate health. He writes "Gaining control of the state through a revolutionary party remains a central strategic problem for activists struggling for the advent of socialism." (1:1) Among other things, this conception becomes dangerous for the emergence of any perspective of alternate health. First of all, it is a serious distortion to give the reference of Lenin for this statement. Whatever may have followed the October revolution, Lenin did not have a conception of "gaining control of the state through a revolutionary party". His was a conception of *smashing* the old state and establishing *Soviet power* which was also supposed to go on withering away. This

approach at least implies peoples' control and gradual decentralisation and dissolution of centralised power over the heads of the people. Such a view has very positive implications for alternate health practices in relation with the emergence of the self-management of health by the people themselves. At the same time, with the experiences of the post-revolutionary societies it is evident by now that a statist approach gives rise only to a new but still oppressive system and maintains the powerlessness of the working masses. At one point the author touches the problem briefly where he disusses the USSR in relation to the class position of medical professionals. But mainly he poses increasing state management of health as a progressive development by showing how capitalists oppose it or how private practice interests still manage to exploit it. This cannot explain the existence of severe health problems for the mass of the population in countries like India where the state sector is predominant in health, or even in the Soviet Union, China and other such countries where frightening things like devastating ecological imbalances, the masses spread of alcoholism and so on, continue to occur.

The party-controlled state and the conception of revolution which emerges out of the concrete practices of post-revolutionary societies can create nothing but a society in which health-related major ecological problems of capitalist industrialisation and agricultural production continue to exist. It cannot create a health system which is not alienated from peoples' creativity and the natural balances between humans and nature. Of course, from Waitzkin's view of health care specialist doctors plan rationally, the state implements it. If health is lack of some illnesses and mortality/morbidity rates are the indicator, there seems to be no problem. But in our conception, illness and health care are a mode in the relation between people. This can be liberative or oppressive. Liberative, when it is an aspect of a movement against distortions of our mind and for social liberation. Health work can grow in terms of increased mutual and community care when it becomes a means of building up the solidarity, humanity and autonomy of people in communities, with technology and specialised knowledge shaped by and helping the control of these processes. Conversely, the state may soak up this possibility of mutual help and self-management and strengthen the top-down, specialist apparatus and power over the people. Such a way strengthens the mode of life based on "Give power to the leadership/state and they will look after you." Waitzkin misses the fact that the more "efficiently"



and "successfully" this mode functions, in reducing mortality and morbidity, the more is its success in empowering the state at the cost of the people.

Illusions created by the "public-private contradiction" have made many communist parties and other marxists think that the growth of the state sector is something progressive and going nearer to socialism. But the *health system* will not radically change to become a liberative process if the new arrangement only subtracts the bourgeoisie and replaces it with experts and bureaucrats while organising a better distribution of the existing type of facilities. We have to break from the prevalent concept of health forced upon us by centuries of the health establishment and society — and to understand a health system as itself a process of liberation.

Finally, after defining the "central strategic problem for activists," Waitzkin concludes by describing what they are doing. But this can be extremely misleading, for of the three trends he more or less classifies as those advocating a "vanguard party", a "mass party" or "counterhegemonic" work, only a very small minority hold the

mechanical view of taking control of the state which he puts forward in the article. To say that "Party building is now taking place throughout the United States (1.1.)" is an inaccurate, to say it most kindly, depiction of the innumerable mass movements the US has seen.

If we look back at Waitzkin's own bibliography of 260 references, there is hardly any marxist critique of health before 1970 in the USA. The reason seems to be that it was the struggles of blacks, women youth and others that transformed the earlier sterile attitudes towards health and stirred them up. It is sad that Waitzkin, instead of starting from the reality of the movements, reverses this process by trying to fit the creative activism of the people into the "work of Party builders" and into such an authoritarian and narrow concept of Marxism. In the end, his type of "marxist view" raises the question, what was Marx's view? Marx vigorously supported movements against exploitation and oppression and tried to learn from them. In his openness to learn from rebellions he was ready to throw away much of his earlier views. This, and not narrow theoretical preconceptions, we think, should be the "marxist view."

## Need for Analytical Rigour

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SHR's effort to provide a platform for discussions and interaction between activists in the field of health and its focus on the process of distilling the truth from various trends within the marxist movement is most welcome. However, the fact that health and medicine cannot be separated from the problems of the wider social order, underlines the dilemma that no serious analysts of health and medicine in India can afford to take for granted the issues within this wider social order. A theory of health and medicine is not possible in isolation. Those who try to build such a theory would be required to develop an analysis of society as well. SHR has circumvented the problem by leaving this task to other forums and have presumed that readers will either know the debates on these issues or will accept the views that contributors present. An easy way out perhaps, but not one that is conducive to constructive debate on either the specific theory of radical health action or general theory of radical political action. For example, when we talk of "political economy of health", "articulation of medicine within a mode of production" or "class structure in health system" without specifying our understanding of the terms

used, we not only fail to communicate but often create confusion.

It seems to me that a debate concentrating on health and medicine alone, however rigorous, tends to treat these general concepts superficially. Thereby, hampering the very purpose that it set for itself, that is, understanding the relationship between health and society. I would plead therefore, that even if SHR is interested in a very restricted readership of the aware converts, it still needs to handle the wider social system with much greater rigour. However, if SHR is interested in a readership, of doctors and other health workers who were attracted to marxism because in it we found a better approach to handle our own contradictions and for relating ourselves to the wider society, then SHR's policy becomes a major handicap. For us, the study of health, medicine and health services in India has not only been instrumental in deciding our professional roles but it is also a tool for understanding the society we live in. SHR does not seem to be interested in that window.