

Why Don't We Organise

Sir : It is a happy development that a forum for debating and defending a radical perspective on health care has come into existence. If the first issue is any guide I have no doubt that the forum is going to be an instrument of immense value to socialist activism in the health sphere. Wish you all success !

May I share an idea here regarding what I think is an essential requisite for continuity and accountability in this effort. If the persons interested organise themselves into a society (maybe, Indian society for Socialist Health Care - ISSHC) it gives us an identity, a shared cause for loyalty, and, no less important, a firm ground from which to influence, to bargain, and to relate to other organisations, agencies and governments. Further if the society has at least one Annual Conference it will provide us the much needed person-to-person interaction for enhancing enthusiasm and exchanging ideas.

I would suggest two streams of membership :

Members—All persons qualified and directly engaged in health care, irrespective of their position in the health personnel hierarchy. This includes health visitors, nurses, auxiliary health workers, dentists, pharmacists, physicians, surgeons etc. The other stream of membership will be that of *Associate Members* for all those interested in socialist health care but not directly engaged in health care. This includes teachers, lawyers, politicians, engineers etc., practically anybody from the public.

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WORKING EDITOR'S REPLY : We share your viewpoint that radical activists working in the field of health or interested in it, need person-to-person interaction for enhancing enthusiasm and exchanging ideas.

But we feel that it would be a terrible mistake to form a separate organisation of socialists interested in health issues. That will be the best way to isolate socialists from the wider movement on health issues. In fact, not marxists but other radicals were the people who gave meaning to radical medical practice while some socialists have only very recently started questioning the official communist view of health i.e. (i) merely more equitable distribution of medical care and (ii) the content of medicine and medical practice as being value free. Therefore no comprehensive marxist understanding of health and health care exists. Genuine (undogmatic and scientific) marxist theory and practice in health can develop only as an outcome of our interaction and work with wider stratas of radical activists.

Fortunately in India, a broad radical thought current does exist — the Medico Friend Circle, and many of us are part of

it. Many of us have been and are, actively involved in its activities including its journal the MFC bulletin. The idea of a journal like SHR came from these MFC members not with a sectarian motivation of providing any 'alternative' to the MFC and its bulletin, but to help focus and sharpen the debate amongst the radicals working in health and in turn, widen the basis of radical medical work and of marxist political praxis.

The MFC is a decade old and has helped to radicalise many health workers. We feel it is still relevant and all radical activists experiencing a need for such organisation should join the MFC and be part of the process of radicalisation started by it.

For further information about MFC contact :
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Protest Against Marxist Male Chauvinism

Dear comrades : I am writing to lodge a strong protest against Dhruv Mankad's reference to our joint article (Health Care in a Revolutionary Framework : Possibilities for an Alternative Praxis, SHR 11) as 'Binayak Sen's article' in his editorial perspective (page 3, SHR 1 : 1). (Contd. on page 71)

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the fear of society. It is true that feminists all over the world have always demanded "the right of women to control their own bodies/fertility and choose whether or not to have child/children and have facilities for free, legal and safer abortions." While understanding these issues in the third world context we must see it in the background of the role of imperialism and racism that aims at the control of "coloured populations". Thus: "It is all too easy for population control advocates to heartily endorse women's rights at the same time diverting attention from the real causes of the population problem. Lack of food, economic security, clean drinking water and safe clinical facilities, have led to a situation where a woman has to have 6.2 children to have at least one surviving male child. These are the roots of the population problem, not merely the 'desire to have a male child'" (Chhachhi, and Sathyamala, 1983).

Meetings called by Women's Centre (Bombay) and various women's organisations in Delhi, discussed this problem at length and three positions emerged. 1. Total ban on amniocentesis tests; 2. Support to amniocentesis tests; and 3. Amniocentesis tests to be allowed under strict governmental control and only for detecting genetic abnormalities.

Most of the women's organisations feel that the 3rd position is most advantageous even if one accepts the fact that illegally, the tests will be conducted by unscrupulous people. To avoid this, women's organisations and other socially conscious groups will have to act as watch dogs.

The issue of amniocentesis once again shatters the myth of neutrality of science and technology. Hence, the necessity of linking science technology with socio-economic and cultural reality. Class, racist and sexist biases of the ruling elites have crossed all boundaries of human dignity and decency by making savage use of science. Even in China after 10 years of 'cultural revolution' and 'socialist thinking' sex determination test for female extermination are largely prevalent after the government's campaign for one-child-family began (Sunday, 1983). Chinese couples willy-nilly accept a system of one-child-family but the child has to be a male. This shows how adaptive the system of patriarchy, male supremacy is. It can establish and strengthen its roots in all kinds of social structures, pre-capitalist and even post-capitalists, if not challenged consistently.

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(Contd. from page 68)

I am unable to understand the thought process behind the omission of my name. Does Dhruv Mankad assume that because I am married to Binayak Sen, my contribution to a joint production is subsistence (= negligible = zero)? I would be grateful if he could clarify what lies behind this e.g. of marxist male chauvinism - for we can only begin to advance towards correct action from correct analysis.

May I congratulate you on an excellently produced first issue?

Ilina Sen
Dalli Rajhara

DHRUV MANKAD REPLIES:

I tender my sincere apology to Ilina Sen for not mentioning her name in the editorial perspective while referring to a joint article by her and Binayak Sen. The error occurred due to the fact that before writing the perspective, I had not seen the actual article referred to above. I knew about the contents only from discussions with Binayak at Calcutta and later with Anant Phadke, Manisha Gupta Awasthi, Padma Prakash, Amar Jesani at Pune. Till I saw the article in print in SHR, I was under the honest impression that it was indeed written by Binayak only. This is what lies behind "this e.g. of Marxist Male chauvinism".

Despite this apology, I do wish to state that Ilina Sen's 'protest' is petty and unprincipled. She has thrown wild allegations of Marxist male chauvinism on my part without first giving me a chance to explain. This kind of immature reasoning based on mere presumptions - that too, incorrect ones, would lead us neither to correct analysis nor to correct action but only to bickerings and quarrels.

I am restraining myself in my reply with the intention not to extend this issue any further. I hope in future, such errors are avoided and if and when they do occur the reactions thereto are more responsible.

WORKING EDITORS' REPLY: The omission was our fault rather than Dhruv's, because we were responsible for checking the final proofs and were of course aware of the joint authorship. We regret the inadvertent slip.