

Response

Dear Editors : I would like to begin by congratulating Ilina Sen on a principled stand from which many women withdraw feeling that it is not worthwhile raking up a lot of muck. With the result that we continue to be invisible and inaudible. It is important that women emphasise their contribution and insist on recognition if certain deeply ingrained attitudes and assumptions are to be rooted out.

As for Dhruv Mankad's reply - if it had ended with the first paragraph it would have been excusable. Even there - there is the implication that among all the people listed to who contributed to discussion there was no one else who chose to make such a fuss over nothing. It is also astonishing that an editorial perspective is produced without actually reading the articles referred to. I will not raise questions of thoroughness (marxist or male) for fear of being labelled ignorant and presumptuous. Let us just look at the rest of the reply. It is so typical that it merits some examination. A perfectly legitimate protest is called "petty" and "unprincipled", *because the misunderstanding is not sorted out in private*. When such attempts are made in private, our experience is that the jokes which are the normal response deprive it of all seriousness. Secondly the "allegations" are called "wild", the reasoning "immature" and the presumptions "incorrect". This leads to "bickering and quarrels". All this is old hat. Whenever a woman protests about such omissions - the assumption is always that the basis is emotion, hysteria, imbalance and irrationality. The old myths about what the ovaries can do! Finally after all this heavy-handed, high school masterish chastising of such infantile behaviour Dhruv Mankad actually says he is restraining himself. This is admirable. I for one am really curious to see what his less restrained public behaviour is like. Finally of course the accusation that such reactions are not "responsible". I think it is time we began to examine our own reactions a little more responsibly and critically. It is ironic that in an issue on **Women and Health** such stereotypical reactions should be produced. When I mentioned my own angry reaction to a friend the response was that such debates would not do the magazine much good. On the contrary many of us feel it is far better to discuss these things frankly and openly and expose our own weaknesses, so that we can make a beginning towards recognising and dealing with them. For too long now, the questions raised by women have been subsumed to a larger good, be it the Family or the Cause. Perhaps it is time at least when we are talking about

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how medicine has rationalised Society's and Men's notions about women we begin to question our own.

May I say how much many of us have looked forward to and enjoyed both the issues of Socialist Health Review ?

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Dhruv Mankad replies

I agree with Vasantha and Ilina that generally a woman's contribution is, consciously, or unconsciously ignored and that whenever she protests against this, it is rejected as hysterical. I also accept that, generally men, including myself, do have conscious or unconscious patriarchal prejudices, having been under their influence for many generations. But in this particular instance, neither in the 'lapse' nor in the response to the 'protest', were these prejudices at work.

I do not call the protest 'petty and unprincipled' because the misunderstanding was not sorted out in private, as Vasantha seems to have assumed. Nor do I call it unprincipled because the protest was not based in principles (which of course, it was). I call it that, because it was not carried out in a principled manner. To me, a principled way of protesting when a lapse occurs on the part of a comrade (I hope Ilina grants me that status), is for the purpose of correcting this error, not just to denounce his/her weakness in strong terms. If that is so, then one does not proceed to accuse the comrade of anything without first giving him/her a chance to explain whether it was an error at all, and if it was, under what circumstances it was committed. I think I have tried to point to this in my response. I felt that Ilina should have given me a chance to explain -in PRINT, not in private.

Regarding Vasantha's objections to the terms that I have used in my response viz., 'wild allegations', 'immature reasoning', 'incorrect presumptions', I can only say that I do now realise that these are the very terms about which women are—and ought to be—sensitive about. I did allow my own sensitivity to be blurred by anger.

By all this, I do not claim that I am completely free of patriarchal prejudices. But I am unable to accept any trace of 'stereotypicity' in this particular instance, where in the first place I was not directly responsible for the original lapse.

Finally I do wish to ask Vasantha as to how she came to the conclusion that I have implied that

no one among those with whom the article was discussed has made "such a fuss over nothing". The line in question (of my response) merely states a fact regarding how I came about the content of the article by Binayak and Ilina and that's just what it is supposed to mean.

1877 Joshi Galli, Nipani
Belgaum District Karnataka 56

Dhruv Mankad



Working Editors Reply : We believe that much of this debate would have been avoided if, in the first instance, we had explained how exactly we produce each issue. We do so now especially in reply to Vasantha's query about how an editorial perspective can be produced without actually reading the articles referred to. The editorial perspective for each issue is written and circulated among the editorial collective months in advance (for instance, the editorial perspective for the June 1985 issue was circulated sometime in November, 1984). Articles are 'commissioned' with the perspective in view and in consultation with the author of the perspective. The collective is supposed to send their comments to the author, who incorporates them as s/he sees fit and sends us a final draft for printing. Given the geographical distances, it is not possible for the author of the perspective to read all the articles to be published in the issue, although the contents of each are generally known. The Working Editors in Bombay then add to the perspective, an introduction to the issue containing short synopses of the articles. This is how we worked in producing the first issue as well. Unfortunately, given the fact that we were, at that time trying to accomplish unfamiliar tasks and had to face an array of 'teething troubles' in producing that first issue, we did not check either the copy or the proofs as accurately as we ought to have. Hence the omission of Ilina's name in the perspective. (with which Dhruv had nothing to do). After having produced four issues, we are now a little more confident and better organised and are careful about checking everything closely. But if there are ever such lapses, please bear with us. Please be assured that we will endeavour to see that prejudicial bias, of any kind, conscious or unconscious, is not projected through SHR.



Dear Friends: Your editorial (SHR 1:2) speaks of health organisation as some sort of minimal structure for the poor (working classes), just to keep them from being unproductive to capital. Perhaps your analysis is correct for India (but even there you should think more on the social role of the hospital and the whole gigantic structure of the health

institution), but it is not correct and could be misleading for 'capital' as such (which would include industrialised countries as well). I think in our countries (in particular Switzerland) the health institution has been growing to gigantic proportions - - providing a well-defined and reductive sort of 'health', but providing it all the same --- because of the powerful interests that are gravitating around it. It would be the same for a television production capital, an entertainments producing capital, and so on. All these, health included, are capitalistic commodities and lead to profit and accumulation. In the same way as you make money forcing people to go in for colour television (the advertisements are increasingly directed at the working classes) and for personal computers (Spanish and Italian immigrant parents here seriously think of investing 4,000 to buy one for their 14-year old boy), they make money by sending people to ever-growing numbers of hospitals and giving them an increasing number of drugs. Thus the model presented should be more elastic and realistic and try to rouse people about the lack of medical care as well as the profit aspect of this care.

I dislike very much the statement that "women can relate only to other women when it comes to health and their bodies because only women can truly understand one another's problems" (SHR 1:2, 66). It is unmotivated, purely sentimental, imported from liberal (or radical) not marxist feminism. Should a worker in the industry were to say that he cannot 'truly understand' the exploitation of a poor peasant, what would you say? It would be a pity to give emphasis to a thinking that separates what should be united (working class) and unites what should be separated (rich, middle class from poor women).

The paper on amniocentesis is vague and uncertain (at least in its wording which is often ambiguous). Sometimes it seems to say that the reasons were medical (deformations, and so on) but that the social context made it a real danger to female embryos; and sometimes it seems to say that it was introduced to help the massacre of female embryos. A more careful wording (and perhaps thinking) could help the reader find a way to action without being misled.

We found the paper on the Bhutali phenomenon very important and well-written. But we lack the background for understanding what 'adivasi' means for instance, The paper does not help in understanding the relevance of the phenomenon (are there a few villages or some thousands in this situation Does the phenomenon occur a few times a year or several thousand times a year?) If you would like your journal to be read in the world could you please define terms such as adivasi, lakhs and so on?

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Dr. Bruno Vitale

Adivasi : aborigines; lakh : one hundred thousand.

—W. E.