

HEALTH AND MEDICINE UNDER IMPERIALISM

Imperialism is the highest stage of capitalism wherein monopoly capital dominates the life of society. Monopoly capital leads on the one hand, to a tremendous development of the productive capacity of human society, the spread of relations of wage-labour and capital throughout the world; but on the other hand, the private monopoly over these productive forces leads to its underutilisation its distorted development and the domination of one country or a group of countries over others either in the form of colonialism or otherwise. What are the *specific* effects of this phase of capitalism on health (the determinants, dynamics and the status of health) and Medicine (medical knowledge and medical profession)? In general, the contradictions of capitalism between development of productive forces in society and the specific capitalist relations of production get accentuated in the period of imperialism. Thus the tremendous development of productive forces in the period of imperialism makes it more and more unnecessary for ill-health to continue to prevail. Moreover this development makes it more and more possible to improve health in a positive sense. But at the same time, capitalist relations of production in the imperialist phase do not allow full utilisation of this possibility. This can be seen from only a limited improvement in the provision of food, water, sanitation, safe working environment, medical care, to all the people in the world. Further, monopoly capitalism affects the development of productive forces in such a manner that they instead, foster ill-health by creating malnourishment all over the world (overnourishment in the imperialist countries, and undernourishment in the peripheral countries); pollution-creating and accident-prone working environment, disease creating medical interventions and so on.

This contradiction is also seen in medicine. On the one hand there has been a fantastic development in the medical knowledge leading to increased possibility of preventing and treating diseases. But on the other hand, the character of medical service as commodity (though often paid through social insurance) continues to limit its usefulness and this increasingly costly commodity is not adequately available to vast sections of the population who cannot afford to pay for it. Even the development of medical knowledge and of the profession itself

has been vitiated by the narrow interests of those in charge of this knowledge and the services. Thus for example there is comparatively less research on the health problems of the people in the peripheral countries; in spite of the rise of preventive medicine, clinical medicine continues to dominate the scene; sexism, racism, expertism continues to affect the character of medicine. Medicine has also played an increasingly important role as one of the ideological supports of the ruling class (Ehrenreich, 1978). For example, medicine gives "scientific" credibility to the ideas of the ruling class that diseases are caused by germs, ignorance, bad habits and "ofcourse" poverty for which people themselves are to be blamed, and that ill-health can be got rid of if people become wiser, learn to live clean, give up bad habits and listen to the advice of the medical experts. Medical health care programmes have been used to diffuse class tensions.

Imperialism has developed through two distinct phases, from 1880's to 1945 is the colonial phase, wherein imperialist domination required direct political rule. The post-war period has seen the development of a new phase in imperialism with a distinct change in the structure of imperialist centres (rise of multinationals, of state intervention and so on) in the international division of labour and rise of politically independent bourgeois regimes in peripheral countries. We have to analyse health and medicine in both these phases.

Health in the Imperialist Countries

After 1870, in countries like UK, the incidence of infectious diseases and of diseases of malnourishment started a secular decline, thanks to the rising living standards and some public sanitary measures. But the mortality and morbidity declined much more slowly among the working classes. A substantial section of the population was still undernourished. Thus as late as 1930, a study in UK showed that out of six categories of population according to their income, only the two most prosperous had adequate diet (Doyal and Pennel, 1979). Even in 1970s and 80s some undernourishment continued in some working class sections of the population. But gradually food consumption had increased and this along with better sanitation, housing, and

other facilities decreased the morbidity and mortality due to infectious diseases. It needs to be noted that the impact of cheap grains and other food products from colonial countries enabled monopoly capital to offer concessions to the working class through an improved food basket, without much rise in the money wages.

The secular decline in undernourishment in the imperialist countries was, however, replaced by a new form of malnourishment, overconsumption, thanks to the rise of monopoly agri-business especially after the second world war. Production of concentrated foods stuffed with calories by reducing its fibre content is the way of increase its value per unit of weight and the surplus value (profit) contained in it. This low fibre, high caloric-density food led to the problem of constipation and a host of intestinal diseases related to it on the one hand, and the diseases due to overweight, cardio-vascular diseases on the other (Doyal & Pennel 1979).

Monopoly capital gave rise to a whole variety of new industrial products and processes. The technology to control pollution has, however, developed at a much slower rate since capitalists are primarily interested in profits and not in the health of the people. As a result, the workers and people in the neighbourhood were exposed to a new variety of pollutants, many of them being carcinogens. A new set of "industrial diseases" have sprung up.

Monopoly capitalism breeds consumerism. Even those products which are harmful to health are pushed onto the consumers through high pressure salesmanship which is characteristic of monopoly capitalism. For example, cigarettes, individual transport instead of efficient public transport, use of drugs and medical equipment when not indicated, and so on.

All the above tendencies are seen in a more sharpened form in the *post-war period*. The hazards of nuclear power reactors is an additional phenomenon. Increased alienation, psychological stress and strain has resulted in a higher incidence of psychiatric disorders as indicated by the fact that in England, 50 percent of the National Health Scheme expenditure is now used to provide psychiatric care of one kind or another (Doyal & Pennell, 1979). Massive state intervention in the economy is the specific feature of post-war capitalism. This has however not basically changed the process of social production of ill-health; state intervention has not been able to control the process of

overnourishment, pollution, accidents and psychological stresses, generated by the incessant drive of the capitalist class for capital accumulation.

Two imperialist world wars figure as two dark patches in this otherwise not so happy scenario. Millions and millions perished, crores got injured, maimed, uprooted. Undernourishment, infections raised their heads once again. These and other effects turned the clock by decades.

Health in Peripheral Countries

What has been the effect of imperialism on the health of the people in the peripheral countries? The deleterious effect has been manifold. Wars of colonial conquest and inter-imperialist rivalry left many natives dead, injured and maimed. The ravages of war, the decline in availability of food, social disruption also took their toll in health.

The impact of the policies of the colonial masters have been studied by some researchers. Study of Africa offers a typical example (Turshen 1977, Doyal with Pennel 1979). Alongwith the conquest by western imperialists came a host of infectious diseases carried by the invaders from the pool of infection in Western Europe (Doyal with Pennel, 1979). The imposition of high taxes in cash and commercialisation of agriculture led to widespread poverty and reduction of availability of food; the migrant labour system, plantations, and the filthy, newly-industrialised towns led to epidemics, premature deaths, venereal diseases and alcoholism. The extreme degree of exploitation with scant regard to the health of the workers in the cities gave rise to a high incidence of industrial diseases (Elling 1981) and high incidence of infectious diseases. In the rural areas, indiscriminate tampering with the local environment led to epidemics of sleeping sickness, malaria and other diseases.

In the *post colonial period*, inspite of the faster tempo of the development of productive forces in the newly politically independent states the living-conditions of the labouring people did not improve, except for a section of the working class in the cities. Eradication of plague, small-pox; decline in cholera, malaria (in other words, those problems which are primarily amenable to technological solutions) have increased the average longevity. But there are medico-social and new health problems begging solutions. Those polluting industries which cannot now be tolerated in the West due to increased popular resistance to pollution have been exported

to the peripheral countries. Newly created irrigation systems have led to malaria, filaria and Japanese encephalitis in certain parts of India (PPST Bulletin, 1984). Unplanned use of pesticides in the strategy of green revolution has increased the problem of mosquito resistance to D.D.T. Dams have increased the incidence of bilharziasis in places like Egypt. A series of wars amongst peripheral countries have benefited the imperialists at the expense of the health of the people.

Concentration of world food production in the imperialist countries after the second world war and the dependence of peripheral countries on food imports from abroad has converted the food situation into a political issue. The sudden withdrawal of the US food "aid" component in the seventies led to wide spread hunger, death, malnourishment in Sahel, Bangladesh and elsewhere. The health of the people in those countries which are now dependent on food imports is now at the mercy of the imperialists.

Medicine Under Imperialism

What have been the characteristics of Medicine in the period of imperialism? It is only after the 1870s that clinical medicine acquired some solid scientific formulation. All the branches of scientific clinical medicine have grown very rapidly during the last 100 years. But at the same time, medicine became more and more synonymous with clinical medicine since the character of medical services remained primarily in the form of sale and purchase between individual doctor and the patient. Though the sanitary and social reforms were almost solely responsible for the improvement in the health status of the population, clinical medicine and the "germ theory of disease" usurped the pride of place in the ideology of medicine since the vested interests of the clinicians demanded this. With the establishment of scientific clinical medicine a final, decisive onslaught on the traditional medical system as well as homoeopathic system was made through the famous Flexner report in the US which argued for allowing only "scientific medicine" (meaning clinical medicine with all the limitations imposed by the commercial professionalism of male doctors) to continue. Scientific clinical medicine, however, arrived too late on the European scene since most of the infectious diseases had already declined substantially and medicine had hardly anything to offer on the new health problems. The post-war period saw a new explosion of scientific knowledge. In the absence of a proper social perspective, and a conducive structure of medical profession, this

new knowledge led the ideology of superspecialisation and expertism.

The discipline of "public health" in the mid-nineteenth century grew into a modern science of Preventive and Social Medicine (PSM) and still further into Community Medicine in the twentieth century. But firstly this all important approach has been relegated to secondary importance by the medical industrial complex. Secondly, the established discipline of PSM has neglected or rejected the Marxian approach, is informed by bourgeois sociology and hence it has hardly any correct understanding of the relation between health and the process of capitalist development, of the changing balance of class forces. Its scientific insights are marred by its bourgeois paradigm/framework and hence cannot challenge bourgeois social order. Nay more — it tends to create illusions that ill-health can be eliminated through technical interventions applied on a social scale. Through concepts like "tropical diseases", "diseases of industrialisation", PSM *naturalises* the cause of diseases which are primarily of *social* origin. It has thus a kind of fetishistic understanding of the diseases and hence has become a part of bourgeois ideology.

The specific effect of monopoly capitalism has been the rise of monopoly medical industrial complex. The monopoly drug corporations, medical equipment corporations and health insurance corporations have joined hands together (with the doctors acting as accomplices) to exploit the people, to breed consumerism and help keep the labour-force docile and productive. Some medical insurance companies like Metropolitan Life, Providential have grown larger than General Motors and Standard Oil. Unnecessary medical interventions at each stage of life; ("from womb to tomb") this medicalisation of life (Illich 1976) is a specific feature of this stage of capitalism.

Special mention needs to be made of the drug companies. The explosion of antibiotics and other "wonder" drugs after the second imperialist world war is hailed as one of the greatest achievements of modern medicine. But these drugs which can contribute a great deal to relieve pain and sufferings, are not available to the poor. Secondly, an illusion is being created that medicine can solve the healthy problems of society with the help of these "wonder" drugs. The potential created by modern sciences like chemistry and pharmacology is being used to exploit people and create illusions. There is plenty of literature available on this issue.

Thus the heightened capacity of medicine in the period of monopoly capitalism has not only been limitedly used, but the capacity itself has been affected by monopoly capital.

Medicine and Imperialist Domination

What has been the role of Medicine in the imperialist domination over the peripheral countries? In the colonial period, medicine helped the conquest of colonies. Some of the infectious diseases like yellow fever and malaria, took a heavy toll of the imperialist army and hence made it impossible for the army to win territories. Medicine solved this problem by controlling these diseases (Brown 1978, Doyal and Pennell 1979). But, those diseases which exclusively affected the natives were not controlled in this period. Secondly, effective curative services offered by missionary dispensaries created a good impression on the natives; and distracted their attention from the ill effects of colonialism. In the words of the then president of the Rockefeller Foundation, "Dispensaries and Physicians have of late been peacefully penetrating areas of Phillipines Islands and demonstrating the fact that for the purpose of placating primitive and suspicious peoples, medicine has advantages over machine guns." (Brown 1978).

Later, the imperialists initiated health programmes for the natives to improve their health and thereby their productivity. Increased productivity meant increased profits for imperialists. For example, the Rockefeller Foundation programme to control hookworm infestation in Latin America (Brown 1978). Such health-programmes also offered them opportunities to export drugs and equipment. Problems like tuberculosis, leprosy, venereal diseases cannot however, be eradicated by such techniques of social engineering because they are much more deeply rooted in the social structure of peripheral capitalist countries. Colonialism has also led to the suppression of indigenous systems of medicine.

In the post-colonial period, it is well known as to how the imperialist domination in the field of medicine over politically independent countries continues in an indirect form through the multinational drug companies, through population control programmes and other "health programmes". The role of western dominated medical education is also important. Western dominated medical education in peripheral countries produces doctors suited to work in imperialist countries. This enables imperialist countries to import medical graduates from peripheral countries and save money which would have

otherwise been spent on training doctors in their own country. This "brain drain" is also a financial drain since peripheral countries spend so much on training these doctors here. Moreover, the illusion that health problems of your society can be solved through medical interventions carried with the help of 'superior and benevolent' west, the ideology of medical expertism percolates through this type of medical education.

The period of rapid growth of peripheral capitalist societies after political independence came to an end in the late sixties. As a part of its response to this crisis, the ruling class is changing its strategy of medical care. The cost of medical care is sought to be reduced through the scheme of village health workers. New innovations in the management of health problems are being used to create illusions under the slogan of "Health for all by 2000 AD". The talk about "indigenous" system being made more suitable than "Western medicine" needs to be understood in this context. There's hardly an adequate attempt to really find out and develop the useful, rational aspect of indigenous systems of medicine. The continued neglect of these systems shows that the hollow praise bestowed on it is only a part of the new strategy of dumping responsibility onto the people for their health.

A struggle to create a healthier society and an appropriate system of medical care cannot be separated from the struggle against imperialism. In this struggle, the aim cannot only be taking over the existing productive forces, the existing medical system and using it in the people's interests. How can people in a socialist society be healthy if they consume the same amount and type of food as is being done in the US today or get their electricity from nuclear reactors? Likewise imperialism has also vitiated the science of Medicine. How exactly and to what extent this has happened is a matter of further study. A word of caution is in order here. Let us not fall into the opposite pitfall of rejecting the relevant scientific advances made by medicine in capitalism. One cannot talk in terms of modern medicine as such and reject it. Rather its a question of grasping the rational kernel of existing medicine and developing it further. Otherwise, we would throw away the baby with the bath water.

anant phadke

References :

- Brown E, *Public health in imperialism: Early Rockefeller Programmes at home and abroad*, in Ehrenreich John (Ed) (see below).
Doyal Lesely with Pennel Imogen *Political Economy of Health*, Pluto Press, London, 1970.

References

- Ehrenreich John (Ed), *The Cultural Crisis of Modern Medicine*
Monthly Review Press, New York-London, 1978
- Elling, Ray H. "Industrialisation and Occupational Health in Underdeveloped Countries", in Navarro Vicente (Ed). *Imperialism Health and Medicine*, Pluto Press, London, 1981.
- Illich, Ivan, *Medical Nemesis*. Pelican, 1976.
- Navarro Vicente, *Class Struggle, the State and Medicine*, Chapter-VIII, State intervention in NH, Martin Robertson, Oxford, 1981.
- Turshen Meredith, "The impact of Colonialism on Health and Health Service in Tanzania", *International Journal of Health Services*, Vol 7, No. 1, 1977.
- Waitzkin, Howard, "A Marxist View of Medical Care", *Socialist Health Review*, Vol. I, No. 1, Bombay-1984.

Author's address :
50, LIC Quarters
University Road
PUNE-411 016

In This Issue

Radhika Ramasubban examines the colonial health policy in India and traces its legacy to the present public health system. Meera Chatterjee highlights the wide ranging implications of a new scheme formulated by the American Association of Physicians of Indian Origin in collaboration with the IMA to transfer high technology in medicine to India. Warren Salmon's reprinted article deals with the increasing interest and involvement of large US corporations in health issues in America and the emerging class stand which will eventually restructure the health sector under monopoly control. The article on racism and health in the US, a revealing glimpse at health care in a country which spends one billion a day on such care is by Bindu Desai a neurologist working in the Cooke Country Hospital in Chicago. The *Bhopal Update* which is likely to be a regular feature in future issues is a resume of health issues, health efforts and on-going medical debates concerning the Bhopal disaster by Padma Prakash. We feature a review article on John Braithwaite's explosive new book on the drug industry, *Corporate Crimes in the Pharmaceutical Industry* by Ravi Duggal. This book is a must for all concerned people — if one can afford the price !

SORRY :

Due to oversight the box requesting for subscription renewals (1:4,p.144) quotes the new subscription rates as Rs. 24. Here's some good news! The subscription rate remains at Rs. 20 (for four issues). We have increased the price of individual copies to Rs. 6. Do send your renewals and PLEASE write your name and address on the counterfoil of MOs --- we would prefer cheques or demand drafts drawn in favour of Socialist Health Review.

INVITED :

Requests for SHR First Issue

It's not really a collector's item, but we do have queries and requests pending for the inaugural issue now out of print! We cannot, however reprint the issue unless we have orders for a sufficient number. If you would like a copy please write to us urgently. If we receive orders for more than 200 copies we will be able to supply copies at Rs. 10 each. If not, we can get the entire issue photocopied at Rs. 25 per issue. Please let us know if you would like a copy at this latter rate or only if it is available at Rs. 10 each.

Centre for Education and Documentation

The CED collects, collates, researches and disseminates information on a wide range of subjects of social importance. The following publications are available with us :

Counterfact (CED Health Cell Feature)

1. Abuse of Female Hormone Drug — No. 1
2. Bleeding for Profit — No. 2
3. Injectables: Immaculate Contraception? — No. 3
4. Health and the Work-place — No. 4
5. Asbestos -- The Dust that Kills
6. Health Sans Multinationals : The Bangladesh Crusade
7. Pills for All
8. ORT and the Credibility Gap

Research Publications

1. Aspects of the Drug Industry in India -- Mukarram Bhagat
2. Operation Flood : Development of Dependence -- CED Research Team
3. Land Degradations : Indian's Silent Crisis -- Mukarram Bhagat

For further details contact :

CED, 3 Suleman Chambers, 4 Battery Street,
Behind Regal Cinema, Bombay 400 039.

Tel : 202 0019

(Open 11 a.m to 7 p.m. Tuesday through Saturday)