

## Why The Scope of SHR Should Be Confined to Health & Medicine

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The sharp yet substantive comments on the first issue of SHR by Imrana Quadeer and Bharat Patankar/Jogen Sengupta (in "Dialogue" SHR 1.3) are welcome and raise hopes of SHR becoming a forum for debate also. We are responding to Imrana Quadeer's criticism to clarify and defend the standpoint taken by SHR to restrict the scope of SHR to discussion on Health and Medicine. At the same time we offer some critical comments on the material published in the first two issues.

Though we agree with many of Imrana's points of criticism and with her plea for greater analytical rigor, we want to point out that the errors she has pointed out do not flow from the decision of SHR to restrict itself to health and medicine. Her criticism on this point flows from her own confusion.

The dominant bourgeois ideology considers Health and Medicine as primarily technical issues; and if and when it considers social aspects, it glosses over, hides the role of the essential relations ("economic base") and the class struggle flowing from it. On the contrary in the first issue the Editorial Policy of SHR clearly states our standpoint that "From a marxist standpoint, health can be considered as a part and consequence of economic, political and socio-cultural development of society..." (three more sentences on similar lines). Any discussion on Health and Medicine within this perspective would necessarily be based on an understanding of society in general. Within the left, different individuals, organisations have differences in their understanding of the society in general and these differences would naturally reflect in their analysis of issues in Health and Medicine. A rigorous, correct understanding of Health and Medicine would not be possible with a superficial understanding of society and hence Quadeer is mistaken when she says that "It seems to me that a debate concentrating on health and medicine alone, however rigorous, tends to treat these general concepts superficially." If somebody disagrees with a particular piece of analysis of Health published in SHR, one can show how that analysis is wrong by discussing that particular issue in Health and may also comment upon the basic understanding of the person being criticised but there is no point in having a debate in SHR on the nature of the Indian State, or of

imperialism. Debating on concrete levels is not "an easy way out" as Quadeer thinks. Since a discussion on health and medicine within the left is relatively new, it is a more difficult path chosen by SHR compared to the option of publishing in SHR debates on general issues in Marxism. Let us illustrate our point by taking the same example of Amar Jesani/Padma Prakash's article

The main weakness of this article is not that it has focussed on "Health and Medicine alone", but that, on the contrary, it has unnecessarily spent about three pages on some of the details of questions like the strength of the Indian bourgeoisie, the strategy of economic development after Independence and so on. This exposition of strategy of economic development is not organically integrated in their analysis of health and medicine in post-colonial India. For example, for their discussion of malaria and tuberculosis control programme, the details about number of strikes on the morrow of Independence, or evictions of tenants during the agrarian transformation etc were not necessary. The space devoted to these details could have been better spent on arguing as to what exactly was wrong with these health programmes, what were their contradictions and so on. We are only told that they are death-control programmes (is this bad?) and that they have been used to divert the attention of the people by equating disease eradication to technical measures. It is not made clear as to what exactly is wrong with these programmes. Would not there be a malaria control programme or BCG vaccination in a socialist society? Is it that the programme was correct but that its purpose and ideological use is being criticised? Or is it that the theoretical basis and the very organisation of these programmes is also being questioned? We need to take community medicine much more seriously. We need to study and identify how bourgeois ideology, interests, seep into the existing discipline of community medicine, and how a marxian approach can remedy this discipline into a fully scientific discipline which in turn would lead to appropriate health-interventions as an adjuvant part of socialist transformation. If this is done, (and this is "not an easy way out") our criticism of the existing health-system would be much more substantial and concrete. (This is of course, a collective responsi-

bility of all of us and hence it is not at all question of merely pointing out mistakes of those who have ventured to come forward with whatever analyses they have.) However, we also believe that a rigorous analysis of the concrete — Health and Medicine — keeping in mind its dialectical relationship with the society at large should and can point to the general direction of one's analysis of the society as well. Amar Padma's article fails to do so. Instead their analysis of health and medicine is disjointed from their analysis of Indian society. The two analyses are merely juxtaposed without any obvious interrelationship having been established. It is a much more demanding task since in India, such questions have so far not been discussed within the left with any depth.

What is the implication of Quadeer's suggestion not to leave out issues of wider social order? To continue to take the case of the article by Amar Jesani/Padma Prakash; such a suggestion would logically mean that if somebody does not agree with (for example) the authors' analysis of the strength and independence of Indian bourgeoisie he would go into that question and put forward a criticism and give an alternative. SHR would then read like an EPW, or a Social Scientist; and not a journal on Health and Medicine. On the other hand she could concretely analyse the health issues from one's political point of view and present an alternative view on political economy of health, thereby refuting at the same time the author's viewpoint regarding e.g. the strength and independence of Indian bourgeoisie.

Those "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..." would definitely find SHR very meaningful if it contains analysis of their own field from a wider perspective of historical materialism. The first three issues of SHR have demonstrated this by analysing different aspects of health and medicine on a wider basis without however getting involved into a discussion on the mode of production or the nature of the Indian State. We very much believe that the concepts of historical materialism need to be grasped and used accurately, rigorously (otherwise one makes statements like—" since a mode of production is reproduced not only at the economic but also at the political and ideological levels..." a statement betraying confusion between "mode of production" and "social formation.") but it is not

the task of SHR "to develop an analysis of society as well."

Articles in SHR need to be accurate on the technical matters as well. We would only register our strong reservations about C. Satyamala's analysis of dysmenorrhea (painful menstruation) See her incorrectly titled article: *Is Medicine Inherently Sexist?* SHR 1:2) At least our textbooks and teachers did not teach it the way Satyamala has put it. We also want to register our surprise about the way Srilatha Batliwala (Rural Energy Situation) SHR 1:2 has arrived at the caloric intake of a family (pp.75) and used it as a basis for her starting conclusion of a daily deficit of 100 Calories for a woman and a surplus of 800 Calories for a man. One can't take up these questions in this short letter. We hope, somebody else would take up these questions in some detail.

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