

Work and Health : An Alternative Perspective

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The "work and health" question (SHR 1:3) is a historically specific one. Its meaning has changed with changes in the social structure. There are societies which do not face this problem at all. All these aspects of the problem have to be considered in formulating strategy and action in today's context.

There were societies which did not face the question of "work and health". These were societies which "work" is not defined in state, class, patriarchal, race or caste terms. Their vestiges exist today. Not only that but in them "work" is not regarded as "struggle" with nature or an attempt to master nature. When male and female human beings think of themselves as part of nature and live and act accordingly, they cannot separate "work" from play or pleasure. Appropriating from nature external to them does not become a thing separate from lively and creative intercourse with it. So the risks, hazards and dangers could not be considered as "work and health" issues, but as part of the total life of human beings along with nature.

Work and life got decisively separated from and turned against each other only after patriarchal, statist and class domination emerged. Casteist and later racist domination became part of these. It is only from this point that human existence and the enrichment of it becomes seen as a struggle with external nature, an attempt to achieve mastery over nature. It is only in such societies that the problems of health becomes seen as one of "work and health".

In these societies the life of the majority is decided not by themselves but by the state, males, dominating classes, castes and races. Once "work" got separated from other life it became the first health problem, giving rise to unhappiness and a sense of subjugation. This alienation was the first and greatest problem of "work and health", causing basic ill-health whether work contains other risks, hazards and dangers or not. People working under such conditions could not feel that part, the work part, of their lives as their own. Or they internalised this ill-health and became dehumanised apart from the attempts of struggle they gave against these conditions. This major aspect of ill-health because of work will remain in our lives until the end of various hierarchical subjugations

and alienations from remaining nature, no matter what changes take place in the technology. The nature of this ill-health has taken various forms depending on changes in the social structures.

Technology is not separable from the process of subjugation of the people who work with it. It is not free from the type of relations of humans with nature. Its structure internalises these relations. The particular kind of technology we are experiencing today which is destroying the ecological balance and creating disastrous health problems for people working with it shows these internalised social relations. The fight against ill-health and the hazards of "modern technology" cannot simply mean dislodging the ruling class which controls it but a fight against all the practices and social relations which structure it.

Patriarchy and the sexual division of labour create distinct health problems for women and children. This happens not only in the fields and factories but also in home work (which is not considered work at all in the male chauvinist culture). This problem of work is related not only to surplus value creation and technology but also to specifically sexual and patriarchal relations. Without a study of this aspect of "work and health" one cannot deal with the ill-health of a majority of the population.

Casteist social division and division of labour have been creating problems of health related to work for more than thousands of years in India. Apart from class divisions, these forced the majority (in some cases a minority) of the people to do work which obviously creates health hazards and traumas of all kinds. Today, even wrapped in capitalist relations of production on a wide scale, casteism and racism are creating specific problems related to work.

Class and state domination is both a part of this picture and a major factor in themselves creating ill health related to work. While it is true that these dominations are very much concerned about extracting surplus or surplus value, it is not the sole concern they have. Whether capitalists or the state will spend resources for reducing health problems at work also depends on their concern to maintain their continuing existence as dominating sections. At certain conjunctures they might even bear losses

or invest in "non-profit-creating" measures to maintain health in the long term interest of appropriating surplus or surplus value. Such actions might be deceptive for anyone who sees the picture only as one of "continuous greediness to increase surplus value no matter what happens with the workers' health."

Today, the new movements of ecology, health and safety groups in the unions, workers' control and grass-roots democracy, various kinds of peoples' science movements, women's health groups and so on are bringing forward studies and practice helpful to this question. Many left groups are becoming conscious of this aspect and trying to act accordingly. These are important advances and close

coordination of all the movements, unions, organisations of the rural poor community organisations, cultural organisations will deepen and extend this movement. It will be a movement that may start with efforts to reduce ill health in fields, factories and homes, but it has to fight to abolish class, state, caste, and patriarchal domination along with abolishing the technological monstrosities specific to these dominations. This only can establish harmony with nature and abolish "work" itself, the first and basic cause of ill health.

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Need for Population Control Cannot Be Ignored

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The editorial perspective (SHR, 1: 4) by Manisha Gupte does an excellent job of summarising the marxist critique of Malthusian view on the 'problem of population'. However, the perspective gives rather an incomplete picture of the situation. It is true that the ideology of population control, as preached and practised in the poorer countries of the world, is primarily used to divert attention from the real issues and factors behind poverty and other related aspects of life for a vast majority of people.

The perspective fails to adequately emphasise the well established fact that in the experiences of today's developed market economies, the changes in the family size and population structure since Industrial Revolution followed a rise in living standards of population. It was also significantly affected by a host of legal and institutional measures adopted by the government of the day as the needs and priorities of the ruling classes changed. This, of course, only enforces the view that population control is a consequence of the development process and cannot be a substitute for necessary structural changes in a system where a tiny minority is the prime beneficiary of the process of development.

Another important aspect that should have been reflected in the perspective is related to the changes in the pattern of population growth in the centrally planned economies of Eastern Europe, USSR and China in the last few decades. One does not have to agree with the details of alternative systems there to recognise the effectiveness of

medical system in these countries and its impact on their population growth.

The ideological misuse of the family planning and population control by the ruling classes in various countries of the world should not detract anyone from the possible disturbing effects of continuing high rates of population increase in large parts of the world. Again, one does not have to be a neoMalthusian to say that, unlike the historic experiences of the developed market economies which could afford the 'natural' adjustments in their population growth and structure spread over a long period, the world as a global entity has to take cognizance of the natural resources and their potential growth as well as limits to growth as the global population continues to increase. Family planning and population control must constitute an explicit objective of any meaningful strategy of development. Population control cannot be a substitute for development; development without measures to check population growth is not likely to be very meaningful either.

I am quite surprised to see the benefits of birth control and contraceptives only briefly discussed under the sub-title of 'the feminist perspective', as if there were no socialist perspective of birth control! I am sure the author views the feminist perspective as integral to the socialist perspective, but she fails to clarify that benefits of birth-control and contraceptives have much wider implications for the society as a whole and must be recognised as such, apart from their effect on sexual mores of the society.