

One Small Step

WITH this issue we complete four years of crowded life. As we begin a new volume we would like to share with you some of our experiences, some positive and some not so, in producing this journal. Also, we would like to collectively recollect how we began and why we launched a health quarterly at all in the first place.

As in any such venture, we too had some broad objectives in mind when we began. These objectives were evolved in response to a need many of us felt for such a platform in the context of the time. In the course of four years these objectives have themselves been re-examined — which we believe is a positive development. No journal can hope to survive without being conscious of changes in its milieu. At the same time it cannot afford to adapt itself too rapidly to every movement in its reference fabric. This creates a certain tension, the nature of which may be different for mainstream publishing and for the alternative media. *RJH* has generally been able to cope with this tension and work within it. Often some of the changes we make are mooted by pragmatism, and may not appear to further our goals. And this is why we are very much aware of the need to reflect on whatever has happened to us. This is not so much an exercise in self-criticism as a process of sharing our problems — which we are sure many other similar journals have experienced — and learning to deal with them.

In 1983 many of us independently began to feel the need for a forum for discussion and analysis of health issues from a left, marxist perspective. For one thing, since the 70s diverse groups with differing political and ideological perspectives had begun to work in health as part of 'development' activities. Individuals in these groups through their work and exposure to ground realities had become sensitised and come to feel the need for a substantial radical critique of health. Also, political activists through their involvement in or exposure to health issues of working people had been forced to realise the importance of health in all its aspects to the practice of politics. Yet another factor was the emergence of the people's science movement, which although it had not at that time taken health as a major focus of its activities, had generated a sharp awareness of the need to critique establishment science including medicine.

What did we understand by a marxist approach to health and medicine? As the editorial perspective in the first issue of the periodical pointed out, we meant an "analytical approach which takes a historical materialist and dialectical view of the health of people and the medical care system in a given social order." From this standpoint health was considered a part and consequence of economic, political and socio-cultural development of society. That is, "the problems of health and health care system reflect the problems of the dialectic of production forces and production

relations and the broader social order based on it." At the same time we also acknowledged that there did not exist "one single marxist analysis — an all correct perfect line so to say of health and medicine." What the periodical hoped to do was to facilitate a continuous interaction at the level of praxis amongst the different trends within the marxist movement.

However, we also agreed that there were other approaches or strands of analysis which had contributed to a radical understanding of health and health care. One such was the Illichian which locates problems not so much in the socio-economic formation as in the bureaucracy and in the centralising tendency of capitalist development, faulting rather the trends towards industrialisation and urbanisation rather than the socio-economic system that engenders it. Similarly, the women's health movement in the west had pioneered the critique of the ideological structure of health care and the medical establishment and in doing so had rewritten in many ways the history of medicine. These we felt, would contribute to the development of marxist analysis of health.

But why did we need a separate journal for fulfilling these objectives? Couldn't existing left — journals or health periodicals serve the purpose? This was indeed an important issue since we did not want to merely add to the large number of periodicals unnecessarily, and secondly, many of us though not all, had our introduction to health issues in forums such as the *medico friend circle* which published some kind of periodicals. As the first editorial made clear, while other health periodicals would always remain useful in introducing individuals to a critical perspective on health, it may not be possible for them, or even appropriate, to initiate and continue a debate with a coherent political perspective, such as a marxist one. While the richness of the interaction between ideological perspective could not be underemphasised, the development of a marxist approach to health through these journals may not be feasible. As for other left oriented journals like the *Economic and Political Weekly*, it was felt that since they covered all aspects of the analysis of society, it would not be possible for them, nor may they be so inclined as yet, to devote space to discussions and debates on health issues.

Thus was launched with great trepidation, the first issue of the *Socialist Health Review* in June 1984. In that one year not only had a collective of health and political activists from various parts of the country been formed, but we had also collected a small fund to cover costs through individual donations and pre-publication subscriptions. The response certainly surprised us and after the first few issues we were quite overwhelmed — we now have very few, a dozen perhaps, of the first issue on 'Politics and Health' and a few more

of the other issues except the second one, on Women and Health, and that was because it was reprinted with the help of a donation from a friend and well-wisher.

But even then, in spite of our euphoria, we recognised that if this response indicated anything at all, it was the need for such a periodical. And also that our survival was in equal parts due to the support of our readers many of whom encouraged us in several ways by recommending *SHR* to others, collecting subscriptions, sending donations and most importantly, writing enthusiastic letters to us and other factors, not the least of which was our 'discovery' of our first printers, *Omega*, who shared our burden in producing the journal, not only because they were such professionals, but because of their philosophical and ideological orientation.

For the first two years, *SHR* had a comparatively smooth run — there were of course financial problems, 'administrative' as well, because there were so few of us wanting to do so much (!) and other day-to-day troubles. (On one occasion, the production of our issue was held up because of a transport strike, and for the moment whatever the nature of the demands of the strikers, we certainly did not feel very sympathetic!) Then came the problems in our third year.

We can't help wondering at this point if this isn't quite typical of this kind of publishing. And is there a lesson in all this? That unless the skeleton structures for functioning are formalised in the first few years, the natural decline of enthusiasm in the later years will affect the activity drastically. We did try to do this with the *SHR*. For instance, it was decided that the topic for each of the four issues would be decided well in advance. The editorial perspective, whether written by one of the collective or a 'guest', had to be circulated nine months in advance of the issue date. This would give enough time to organise a good collection of articles on a particular theme. This is how we have been functioning more or less, until recently and we hope to revive it very soon.

There were of course, many critical comments; perhaps the most important one, after the first issue, that *SHR* read too much like a 'high brow' journal. That is, the articles assumed a degree of familiarity with marxist analysis which may not exist among most readers. This led to the use of marxist terminology without explanation which sounded like jargon. This was a serious problem — either we could decide that those who did not have a grounding in marxist analysis were not our target readership and so we could not cater to their needs, or, we could attempt to 'dejargonify' the articles and in fact introduce the marxist approach to social analysis through the discussions on health issues. Almost unanimously we opted for the latter. We have attempted various ways of getting over this problem by trying to use a minimum of marxist terminology without damaging the analysis, and by presenting a mix of articles, some of which were more rigorously marxist than others. (Sometimes of course, we wonder if we have fallen between two stools

because we receive our share of criticism on this count from both groups.)

Together with other problems, we discovered that for some reason we could not register the journal under its name. Of all the near-*SHR* names we proposed, we were allowed to use the *Radical Journal of Health*. In January 1986, at a meeting of the collective, it was decided to set up a trust, which happily we could name the *Socialist Health Review Trust* to undertake the publication of *RJH* as one of its activities. We also decided to collect a corpus fund, introduce a life subscription and raise our subscription rate marginally. So far we had been subsidising the journal through donations collected in the first year or so but we could no longer do so. Moreover, this was also the time when *Omega* ran into a variety of problems and could no longer print *RJH*, which meant that our cost of production would also go up. Fortunately we found friends again, in the shape of *Bharat Printers*, Bombay and the *Economic and Political Weekly* who undertook to print the periodical and typeset the matter and produce layouts respectively painstakingly, at reasonable cost, bearing with all our now haphazard time schedules. With this issue the journal is now back with *Omega* and may this be the last word on the subject!

The journal has touched upon a variety of issues some of these have become the focus of debate. But others which had been consciously raised with a view to generate discussion, such as the issue of the socio-economic roots of the prevailing practice of witch hunting in tribal region of Maharashtra, failed to elicit much response. We have come to realise that the 'objective conditions' have to be right even for initiating debates — they need to be live and day-to-day concerns. While theoretical issues do get a response the debate does not continue for very long. This may also be due to the fact that academic interest in health-issues may be of recent origin in India.

To any retrospective reader it may appear that the *RJH* has glossed over three health issues which have been very much the focus of public attention in the years of our existence: pharmaceuticals, the Bhopal disaster and the campaign against amniocentesis and sex determination techniques. Although we did carry a couple of articles on Bhopal, we have not had a sustained focus on it. Similarly, while the *RJH* has published reports and discussion pieces on pharmaceuticals, it is only in our last volume that we have carried substantive articles on the drug policy or for that matter an entire issue on pharmaceuticals. We have done a little better on the amniocentesis campaign our very second issue carried an article on the topic and a recent number did as well; but nevertheless, we did not in a major way, contribute to the ongoing struggle to obtain a ban on the technique. Perhaps this needs an explanation of sorts.

Early on, it was felt that we did not need to publish 'something' on every issue, (unless we had something to say (

(Continued on page 15)

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25. Opinion and correspondence in "Watchdog" column in *Cape Times* March 20, 1985; March 26, 1985; April 2, 1985; April 9, 1985. The law permits new schemes to spend a maximum of 14 percent on administration, and established schemes, a maximum of 10 percent.
26. Navarro V. Commentary : The public/private mix in the funding and delivery of health services : An international survey. *Am. J. Public Health*, 1985; 75: pp1318-1320.
27. Barney Hurwitz, past chairman of the Representative Association of Private Hospitals, commented that there was probably as much overcharging as undercharging given the complicated billing system. "Killing off the paymaster." *Financial Mail* November 29, 1985, p 37.
28. 'Take them off the drip.' *Financial Mail* June 7, 1985, p 31.
29. 1985 *Hospital and Nursing Yearbook for Southern Africa*. Cape Town: H. Engelhardt and Co., 1985, p155.
30. Barney Hurwitz, managing director of Clinic Holdings, quoted in 'Take them off the drip'. *Financial Mail* June 7, 1985, p 32.
31. Rand Mines Corporation Health Department. *Annual Medical Report* for 1984 p 15.
32. Watt J M, Derzon R A, Renn S C, Schramm C J, Hahn J S, Pillari G D. the comparative economic performance of investor-owned chain and not-for-profit hospitals. *N.Engl. J. Med.* 1986; 314: pp 89-96.:
33. See e.g. essays in McLachlan G & Maynard A. *The Public / Private Mix For Health: The relevance and effects of change*. London : Nuffield Provincial Hospitals Trust, 1982.
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41. 'Killing of the paymaster' *Financial Mail* November 29, 1985 , pp 36.
42. 'Medical aid near collapse'. *Cape Times* July 7, 1985.
43. *Financial Mail* November 29, 1985, op.cit. pp 37

Continued from page no. 2)

other than what was already being written about. We were in no competition with fraternal journals which were focussing on these issues. And most of the ongoing debate on the three issues, whether in the mainstream or in the alternative press were themselves major contributions to the radical critique of health. There was another perhaps more important reason. For all of us on the collective the *RJH* was the second or third area of activity. That is all of us at different levels with different groups were already very much involved with these issues. The other forums, such as the **medico friend circle, the All India Drug Action Network, The Health Services Association and the West Bengal Drug Action Forum, Kishore Bharati, women's groups and others**, were putting in a tremendous effort to generate a public debate on critical problems in these areas. By tacit consent we decided to put our energies into these for a rather than in bring out substantial material in the *RJH*.

What now? Do we still feel that the journal can fulfill a need? Have we contributed to the development of a marxist debate on health care? Certainly things have changed much since we began. For one

thing the last four years have seen an upswing in the interest in and awareness of health issues. Interestingly the three issues we mentioned above have been both a cause and consequence of the changing situation. During this period we have also seen a large number of health periodicals, some occasional, some regular, emerge. Also, publications encompassing a broader canvass of social analyses have begun to devote more space to health issues.

We do not attempt here to answer these questions. Because we really have no means of evaluating the *RJH* qualitatively. We invite you, our readers new and old, to give us your feedback. Because after all the whole point in starting this journal was so that it could provide a forum for participating in the evolution of a radical, marxist critique of health. In the meanwhile we will continue to do our bit as best as we can.

So here comes a fifth year of *RJH*!

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