CHAPTER 7

CONCLUSION:

IN SEARCH OF REMEDIES AND ALTERNATIVES
CHAPTER — 7

CONCLUSION
IN SEARCH OF REMEDIES AND ALTERNATIVES

7.1 Summing up the Basic Findings

In the preceding chapters an attempt has been made to explore the convergence and non-convergence between neo-liberal state and human security with special focus on the state of right to health care in Guwahati City. The basic findings of the study are as follows:

7.1.1 Theoretical Findings

(a) The neo-liberal state is a product of the change in global political economy and it represents the interests of the late global capitalism functioning in-unison.

(b) There is a fallacy between theoretical construct and the real mode of functioning of neo-liberal state. Rather than doing away with, the state has become more coercive and powerful today with huge military establishments and other coercive apparatuses. Market operates today under the patronage of the state.

(c) The discourse on human security, steered by UNDP and other mainstream forces, although, have developed a critical approach towards the unfolding nature of neo-liberal state, however, their criticism is permissible within the neo-liberal regime as it is devoid of radical politics as well as it helps in de-legitimizing radical politics. So, in the long run, the current discourse on human security provides legitimacy to the neo-liberal regime with its focus on possibility of ‘human security’ within a refined global capitalist regime.

(d) Neo-liberal state functions and generates its legitimacy not only through its juridical or coercive apparatuses but also through intellectual and political discourses like civil society and social capital etc.
7.1.2 Empirical Findings

(a) The neo-liberal policies have not been implemented uniformly around the world. Many developed countries refuse to implement these policies and indulge in protectionism while imposing them on the third world countries.

(b) The empirical manifestation in the health care sector reveals that only those countries that have refused to abide by the dogmas of neo-liberal principles have achieved higher status of health security.

(c) The neo-liberal policies have been implemented in the health care sector in India with all the pro-West bias that has virtually neglected the requirement of a society and culture specific health policy that can focus and address the actual nature and burden of diseases in India.

(d) There has been an attempt to replace comprehensive public health care system by other means like comprehensive health insurance packages. Experience, however, suggests that it cannot be a universal and viable alternative.

(e) Private health establishments in India availed state patronage through legal (and also through illegal) means without, however, delivering the service to the people in return.

(f) The consolidation of neo-liberal policies are explicit in the state of Assam too as we witness the cut in budgetary allocation and other government expenditure in health care sector as well as the proliferation of private health care establishments/diagnostic centers/laboratories in the state.

(g) Under neo-liberal paradigm of health care, the rural health care infrastructure is virtually becoming defunct resulting in huge inflow of patients to Guwahati City.

(h) Although Guwahati has been a health care destination for more than a century now, however, it has assumed more significance with the establishment and proliferation of private health care establishments in the city.

(i) The City got enriched in the health care infrastructure through the penetration of world-class technology in the city health care system. But, due to the virtual absence any social control mechanism, technology emerged as new domain of intervention and exploitation.
Although rich in health care infrastructure, however, Guwahati has failed to ensure people's right to health care due to various factors. Important among them are: flaws in private consultancy; too much dependence on technology and the consequent fragmented approach to health care; negligence towards the public health care infrastructure; inadequacy of Health Establishment Act 1993 and Health Establishment Rules 1995; dependence of almost all private health establishments on floating doctors and finally the huge cost of treatment in the private health care establishments.

Finally, under neo-liberal state, health care establishments are running without proper social control and it has emerged as a domain of profiteering over people's distress.

The basic findings prove the hypothetical assumptions of the study to be true.

7.2 In Search of Remedies and Alternatives

A researcher, who is not indoctrinated by the behaviouralism's ethos of 'value neutrality', cannot leave the things at the levels of investigation and diagnosis. His/her indispensable responsibility is to search for remedies and alternatives.

The current study on right to health care in Guwahati City also invites an in-depth search for remedies and alternatives to the current chaos in and gambling with people's right to life in the field of health care. However, as the preceding pages reveal, health care is no longer a local or regional issue. It is now inescapably associated with the global policies, controlled by hegemonic forces through various components of health care policies and practices. On the other, the health sector even in Guwahati City today has multi-national stakeholders as is evident in the penetration of high technology into the City health care system, manufactured and distributed by multi-national companies. So, a search for alternatives need to have proper insight about the current political economy operating at different levels- global, national, regional and local as well as the various stake-holders in the system.
There is another dimension to the whole problem. The current moment in history is not merely marked by domination and subjugation. This is also a moment of unprecedented wave of people’s democratic struggles. So, although, the hegemonic forces have been striving for comprehensive domination, however, at the same time, these forces have also been forced to acknowledge people’s unprecedented aspiration for substantive rights. Accordingly, various policy declarations are taking place and the states around the world are part of it. Although, the 1978 10-Point Alma Ata Declaration of Health For All has been pushed back, however, states’ commitments towards this and other social security sectors have been offered through other declarations like Millennium Declaration 2000 and emanating from it Millennium Development Goals. So, the struggle for people’s right to health care has to have multi-pronged strategies. One of the important strategies is to press on and exhaust the commitments emanating from these declarations and constitutional provisions of the respective countries.

Outlining the significance of these commitments and desirability of pressing on and exhausting them for people’s cause, Immanuel Wallerstein, the World System Theorist, argues that in this age of transition, when capitalism is facing the true systemic crisis after 500 years of its existence, the avenues of democratizations needs to be pushed unceasingly. “Push democratization unceasingly. The most popular demand on the states everywhere is “more”- more education, more health, more guaranteed lifetime income. This is not only popular; it is immediately useful in people’s lives. And it tightens the squeeze on the possibilities of the endless accumulation of capital. These demands should be pushed loudly, continuously and everywhere. There cannot be too much.”¹

In other words, the popular movements should continuously pressurize the liberal centre to fulfill its theoretical preferences.

However, historical experiences reveal that the liberal centre seldom means what it says or practice what it preaches. So, the hope within liberal paradigm is short-lived. It is not


212
going to bring permanent resolution of the problems as this does not permit to question the political economy of multiple deprivations at different levels—local, regional and global. So, a humane practice of the liberal paradigm will, indeed, keep democracy 'a low-intensity national level operation', as it will be conducive towards integration of the world (capitalist) economy, “for, it helps national governments to dispel popular democratic movements opposing implementation of structural adjustments and other policies handed down to them by the global power structure”

The limitation of the ‘liberal-democratic representational’ approach or the UNDP approach for that matter, necessitates a search for a more durable and pro-people approach.

Global experiences of people's movements in last more than three decades and so have brought forward many new perspectives on fighting against anti-people policies under the neo-liberal regimes. These are diverse by nature. In Latin America alone, as pointed out by James Petras, there have been three waves of overlapping and inter-related social movements over the last twenty-five years and so.

---


3 James Petras (2002) *The Unemployed Workers Movement in Argentina* (2002) Vol 53 No 8 p 32-. The first wave, roughly from late 1970s to mid 1980s, was largely composed of the *neo-social movements* and it basically challenged the military and civil authoritarian regimes of the time. Lower middle class professionals basically led these movements and it included human rights, ecology, feminist and ethnic movements as well as Non-Governmental Organizations (NGOs).

The second wave of people's movements centered on the opposition to neo-liberalism and imperialism, that is the neo-liberal economic regime and the growing concentration of wealth in the hands of the local and foreign elites. It started in mid-1980s and continues till date. These movements are largely composed of and led by peasants and rural workers and this wave is engaged in direct action to promote and defend the economic interests of the their supporters. The composition, tactics and demands of these groups varied, however, united on their opposition to neo-liberal policies.

The most interesting wave has been the third one, steered by the unemployed workers from different parts of the Latin American continent. This is interesting on the ground that this has exposed the fallacy of Orthodox Marxists' belief that the workers in the organized sectors only can carry a radical politics forward. This is important particularly for the victims of a health care sector, who are extremely un-organized and has hardly any common platform of organization and mobilization.
James Petras, who has taken extensive interest particularly in the unemployed workers movement in Argentina, argues that this movement has transparently challenges the assumptions of the atomized impotent urban poor. In contrast it bears the explosive possibilities of challenging the neo-liberal myths and tactics.

Located in the context of ravaging policies of neo-liberalism and its relative success in challenging those policies, these movements brings into force the new tactics to be adopted to fight against the ravaging policies of neo-liberal regimes.

It was stated in the preceding chapters that the global hegemonic forces attempted to eliminate the avenues of collective resistance through de-politicization. However, a set of micro movements in India and other parts in the world in 1990s have taken recourse to politicization as a strategy to fight against the adverse effects of globalization/neo-liberal policies. D. L. Sheth has pointed out that there is already a consolidation of a new approach emanating from the practices of these micro movements politics. As stated, this approach is based on an assessment of globalization's adverse impact both for development and democracy and in this context these grassroots movements 'conceive their politics in the direction of achieving two inter related goals: (a) re-politicizing development and (b) re-inventing participatory democracy'. 4 These movements/approach may prove to be light bearers for the movements on right to health care fighting against neo-liberal health regimes.

Outlining the basic thrust of this approach, D. L. Sheth writes:

---

This third and the newest wave of social movements in Latin America are centred in the Urban areas. It includes the mass movements of un-employed workers in Argentina, the un-employed and the poor in the Dominican Republic and the shantytown dwellers.

"The main effort of the movements today is to keep the debate on development alive, but to recast it in terms which can effectively counter global and national structures of power. They are thus formulating old issues of development in new political terms, although their objective remains the same as before, namely, those at the bottom of the pile finds their rightful place as producers in the economy and citizens in the polity. Accordingly, they now view development as a political struggle for people’s participation in defining development goals and devising means to achieve them."

Sheth has also pointed out that, thus, redefining issues of development in political terms, the groups working separately on different issues such as gender, ecology human rights or in the areas of health and education are now conceiving their activities in more generic terms, as a form of social and political action aimed at countering hegemonic power structures at all levels- locally, nationally and globally.

This new approach of micro-moments brings into force new insights, as these are free from the obsessive tendencies, which are very much inherent in the micro or grass roots movements.

And this new insight is all-important, as the adverse impact of neo-liberal policies is not confined to any particular sector of human security. It is all encompassing now. The interests of global hegemonic forces are embedded into almost all domains of social, political and economic life of a society today. So, they have penetrated into almost all domains of a society. For that, any resistance against neo-liberal policies need, first, to recognize this all-encompassing nature of neo-liberalism and then to develop strategies, which can target these forces at all levels.

Echoing this concern for a wider political insight on health care or health security, Richard Leivns- an expert on US health system, argues that a movement for health

5 Ibid p 49.
security under a capitalist system is a part of class struggle, not an alternative to it. To quote Levins:

“There are intellectual concerns about how to analyze data, about how to think about disease, about how widely we need to look at the epidemiological, historical and social questions they raise; there is also issue of health service and health policy. But they are all part of one integral system that has to be our battleground in the future. We need to take health as a pervasive issue as we do with problems of the environment; they are aspects of class struggle, not an alternative to it.” 6

Finally, locating of neo-liberalism in such a wider context invites us to believe that any effort towards getting rid off the archaic situation, it should bring the issue of health security to the core of the political discourse on development and democracy. It should constitute an integral part both of procedural as well as substantive interpretation of the rights like right to life and liberty. In the current epoch in history the issues like technology, medicine, telecommunication etc. cannot be kept outside the political discourse, as all these are important bases of domination and subjugation. The states under neo-liberalism have reduced its status to the position of subordinate facilitators of the new empires built around technology, medicine and communication etc. Euphoria of the open world and open economy is a myth in this grossly inegalitarian world. We have to do away with this. So, bringing the state back to a status of “public domain” is an urgent task. And, as has already pointed out, the consolidation of the grass roots movement is a positive indication in this regard. In Assam in general and in Guwahati in particular, the state of health insecurity is yet to evoke a political upsurge in the form of grass roots/micro movement. However, on certain other issues like development induced displacement has already evoked a grass root movement in places like Pagladiya in Nalbari district of Assam. At the global and national level, in the form of People’s Health Movement (PHM) and Jana Swasthya Abhiyan, some initiative are already under way.

But, the durable solution will depend on to what extent this can be converted into a high intensity political campaign.

The same line of conclusion is also applicable as far as the state of right to health care in Guwahati City is concerned. The search for remedies and alternatives to the current state of health insecurity in the city invites at least three-pronged strategies:

(a) Putting constant pressure on the Government to fulfill its own commitments. For example, there are some important and pro-people dimensions of the National Health Policy 2002. However, these are yet to be implemented. Government of Assam also has come up with the Health establishment Act 1993 and Health Establishment Rules 1995. The Government, through these Acts and Rules, promises to provide a quality health care to its people. There are flaws within the Act and Rules. However, flaws apart, the provisions in the Act have also not been implemented. There must be constant pressure from the public to implement the existing provisions and amending the flawed provisions. The issue of charges may be one of the important issues. Right to Information Act is already in operation and the Government should be pressurized to compel the private establishments to provide all categories of information in regard to charges; procedures adopted for treatment or any other information asked by a client.

The Government, on the other hand, has no regulation for the practitioners in the private chambers. No regulation on the use of technology. These may be important issues to put pressure on the government as these constitute important components of a better and quality health care system, promised by the Government.

(b) Bringing health care to the centre stage of political discourse and initiating political mobilization on this issue. This will assume more vibrancy compared to other social movements as this issue concerns every one across caste, ethnicity or locality.
As stated, there have been diverse grass roots movements even in the state of Assam focusing on specific issues. For example, of late the movement for land entitlements has become very strong with the peasants of Daiyang and Tengani in Golaghat district coming on the street and taking recourse to various strategies like Cycle March etc.

However, the health sector, despite being so crucial for overall human security and universal in impact, has yet to assume this political magnitude. Time has now come to initiate a movement- a political mobilization on the issue of right to quality health care. Such a movement will be more vibrant, as it will receive wider support compared to other ethnic or issue based movements. The clients are, of course, unorganized compared to other movements. However, the experience of the unorganized workers movement in Latin America particularly in Argentina reminds the fact that although very difficult, this is not at all impossible.

(c) As suggested by Richard Levins, health is a part of class struggle today. This is not an alternative to it. What does it mean is that the movement for right to health care need to focus constantly on the class configuration behind the neo-liberal health regime of our time. Although, the issue of health is local in appearance, as stated, it has its global dimension. In Guwahati, one witnesses this global dimension in the domain of technological penetration in health care. So, exposing the movement for right to health care to the changing global scenario and policies and to link it up with other social movements so as to generate sustaining capacity of resistance is a must for a humane and affordable health care system.

7.3 Suggested Areas for More Research

The current study cannot claim to be a conclusive one. Its findings are preliminary as due to scope and also due to its time bound nature varieties of other areas crucial to fulfill people’s right to health care could not be examined. So, to substantiate the
arguments and the findings of the current study, a good number of other areas need to be researched. Some important areas of comprehensive research are as follows:

(a) Detail investigation on the pattern of public and private investments in health care in the state of Assam
(b) Comprehensive investigation and documentation of the integrated public health care infrastructure and its functioning in Assam;
(c) Comprehensive documentation on the mode of functioning of private chambers;
(d) Investigation on the network of commissioning doctors in the health care sectors by various stakeholders;
(e) Comprehensive client survey focusing on the pattern of health care expenditure; sources of health care expenditure; arising distress out of expenditure incurred in health care.
(f) Comprehensive documentation on positive and negative fallouts of technological intervention and investigation in health care;
(g) Nature of the functioning of private health care establishments focusing on the fulfillment/non-fulfillment of the criteria laid down by various institutions like Pollution control Board, Health Establishment Act etc;
(h) Full-fledged research on the world of medicine in this part of the country;
(i) Documentation on Floating Doctors and the consequences.
(j) Comprehensive research on poverty, health care and human security;
(k) Documentation and research on gender dimension/bias in the health care sector.

Comprehensive study and research on those issues will help in identifying the wide-ranging hindrances towards the realization of right to health care in the city. Basing on the findings new policy measures could be suggested as well as viable way of fighting against these hindrances could be planned and carried out.