CHAPTER 1

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1.1 The Problem
The present work endeavours to explore the state of right to health care in Guwahati City- the capital city of the State of Assam, India -by locating it within the theoretical-cum empirical framework of Neo-liberal State and Human Security.

Both the categories of Neo-liberal State and Human Security assumed significance in the post- cold war period. However, both of these categories have diametrically opposite understanding about the interrelationships between the state and security. Historically, the state has been defined as the aggregate, legitimate and codified power structure of a given society. The collective endeavour of the state towards social or collective security has been comprehensively debated both within and outside liberalism. But, the centrality of the state as a codified form of power was hardly challenged. However, at the current moment in history, and particularly with the consolidation of the ideology of neo-liberalism, one witnesses the ‘dis-aggregation’ and ‘de-centering’ of the state as a collective domain and ‘pluralization’ of governance. The wave of liberalization, privatization and globalization, taking place around the world at this current moment in history, brings to the forefront new forces of governance- the market, NGOs, self-help groups etc. These forces claim to roll back the historical consolidation of the state. With all these, the centrality of the state as codified form of public domain in the society has been challenged. At many instances, on the other, the state has been placed at par with those institutions. The State has gradually been made socially defunct. But, this theoretical construct of a ‘thinned down state’ is not without contradictions. At the very moment of theoretical dis-aggregation of the state, one also witnesses aggregation of the state in various ways and forms.

Just in the opposite way around of dis-aggregation of the state under neo-liberalism, the notion of human security, currently propagated and promoted by the United Nations Human Development Programme (UNDP), through its Annual Human
Development Reports, presumes and advocates for an active role on the part of the state in the crucial social security sectors. The state is advised to perform these activities besides its minimum regulatory-juridical responsibilities.

The ideology of neo-liberalism theoretically ignores the conflict-ridden domains of power in the present day inegalitarian hegemonic (capitalist) world. It projects the individuals as separate rational categories. It argues, if left free or alone into the hands of the 'spontaneous' or 'self-regulating' mechanisms of market competition, the individuals themselves will ensure wide ranging human securities. In other words, the security and development of an individual has been projected as an individual pursuit. This moral and philosophical foundation of neo-liberalism has, however, been flawed by the actual manifestation of the current regimes of neo-liberal state.

As stated, the notion of human security, propagated by UNDP stands on entirely different set of principles. UNDP assigns a consistent distributive role to every nation state system to ensure wide-ranging human securities. To be short, whereas neo-liberalism projects human development or human security as purely an individual pursuit, on the other, UNDP projects it as both an individual and collective endeavour. The authoritative but accountable role of allocation or distribution of the state has highly been emphasized by UNDP. It, however, does not deny the role of the market or of other private entrepreneurs in contributing towards the achievement of wide-ranging human securities.

UNDP receives great applaud from national or international community for its works on human development and human security. It has compelled the national or local governments to come up with their National and Provincial Human Development Reports in accordance with the guidelines laid down by UNDP. However, at the level of policy formulation and implementation, the UNDP principles are yet to be taken sincerely and seriously either by the national governments or by the international financial institutions. Besides, UNDP has got its own limitations as it falls short to take into account the complex 'political issues' having far reaching implications on human security. Neither state nor security is merely a techno-economic problem. It is
also not merely associated with distribution of material means of life and livelihood. The multiplicity of power domains and arising out of it multiple forms power relationships make it a very complex problem.

The present work endeavours to address a few of those complex issues, both theoretically and empirically. Accordingly, the study of right to health care in Guwahati City- the capital city of the state of Assam has been placed within these complex issues involved in the discourse on state and human security.

1.2 State and Health Security: The Neo-liberal Dissent
Within the framework of the post-second world war consensus on welfare state, the issue of health security was projected as a collective endeavour and the state was entrusted a big share of responsibility in this regard. In the Universal Declaration of Human Rights, 1948, adopted and proclaimed by the UN General Assembly, 1948, this responsibility was very clearly mentioned by Article 25.

This collective responsibility of the state towards health security was articulated, basically on two grounds:\footnote{S. Guhan (2001) in S. Subramanian (2001) India's Development Experience: Selected Writings of S. Guhan, P 87}

(1) Health is both a public and merit good. Public health, sanitation, and the eradication of communicable diseases have to be provided by a collective basis, that is as items of collective consumption, since they can not be feasibly supplied or consumed, or paid for at an individual level. They will not be provided at all if left to the market mechanism;

(2) Secondly, health care being so basic to the well-being and productivity of society, access to it needs to be universal. It cannot be constrained by affordability, and cannot, therefore, be left to the market. This is the sense in which primary health care, like primary education, qualifies as merit good for the provision of which the state has to bear a special responsibility.
A few other landmark developments and declarations in the post Second World War period, particularly the Alma-Ata Declaration of 1978, also recognized healthcare as a collective responsibility and called upon the states of the world to take special care of this sector. Alma-Ata Declaration very clearly stated:

“Governments have a special responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures. A main social target of Governments, International Organizations and the whole world community should be the attainment by all people’s of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life.”

However, from late 1980s onwards, with the consolidation of the hegemonic wave of disaggregation of the state, the emerging consensus on the state’s responsibility towards health security has been turned upside down. With the intervention of the World Bank, the states were asked to withdraw their responsibility towards health care and security and to implement the following agendas:

(1) Cuts in public spending in the health services including tertiary level medical care and shifts to strengthen population control;
(2) Shifting curative care to the private sectors;
(3) Introducing cost-recovery mechanisms in public hospitals;
(4) Defining “essential” clinical and public health packages;
(5) Tackling poverty through structural adjustment policies, education and women empowerment.2

The World Development Report, 1993, titled Investing in Health was crucial in this regard. The Report replaced the term ‘primary health care’ by ‘essential and clinical services’, omitted communicable diseases from the category of essential public health activities and outlined the treatment of diabetes, cardio-vascular diseases, cataract.

schizophrenia etc. as priorities for the government. Critics have pointed out these as attempts to cater health care to an exclusive class.

The WDR, 1993, has also taken public health out of the specific socio-economic and cultural contexts and universalized it as a set of fixed intervening strategies, especially for the third world.³

Most of the third world countries including India accepted these World Bank prescriptions and in case of India this got reflected in budget cuts, a new drug policy with decontrols and privatization of medical care etc.

The present study endeavours to address some of these complex issues with a special focus on right to health care in Guwahati City.

1.3 Origin of the Research Problem
The research problem originates in the state of incommensurability between the high claims of neo-liberal state and its real outcomes.

Growing interdependence among the countries in the world under globalization and spectacular achievement in science and technology should have provided more affordable health care facilities to the human kind. With the supposed end of the parasitic and bureaucratic state, the health care system under energetic and innovative private entrepreneurship should have been more transparent. The competitive edge of liberalization and privatization should have brought down the prices of medicine and the cost of treatment. But, whatever information is available from authentic sources like UNDP or WHO, things have not moved in the desired direction. Except the instances of a few countries, which have checked and controlled the current trend of liberalization and privatization, the over all impact of privatization and liberalization on right to health care have been negative for the common people both of the advanced capitalist countries as well as of the third world countries. It has been negative even for the new entrants to market economy like China.

³ Ibid p 57
In India also, the outcome of privatization and liberalization of health care have been negative in terms of people's affordability and reliability. Guwahati is not an exception in this regard.

Guwahati is the capital city of the state of Assam. It is the nerve centre of the region for public as well as private health care facilities. The city has a few important public health care institutions namely Gauhati Medical College and Hospital, established in 1964; Government Ayurvedic College and Hospital, established in 1948; B. Borooah Cancer Institute, established in 1973 and Mahendra Mohan Choudhury Hospital, established in 1984. Gauhati Medical College Hospital is a Post-Graduate Teaching Hospital with more than 1500 bed capacity, whereas Mahendra Mohan Choudhury Hospital is a multi specialised secondary hospital with 350-bed capacity. The Government Ayurvedic College and Hospital - a postgraduate teaching institute- runs with 100-bed capacity, whereas the B. Borooah Cancer Institute is equipped with 85-bed capacity. All these hospital provides indoor and outdoor health care services to a huge number of patients' everyday. Altogether, these public hospitals are equipped with around 2000 hospital beds.

But, Guwahati assumed wider significance as the health care destination since late 1980s with the coming up of a number of multi specialty and super specialty hospitals under private initiative. Today there are more than 60 private hospitals and more than 70 private diagnostic centers in the city. Apart from it, there are around 400 private consultancy chambers attracting huge patients. The city is also marked by the penetration of world-class technology into the health care sector. There are also important regional information centers in the city providing information about health care facilities out side the state. With all these facilities, Guwahati City attracts around 18-20 lacs outdoor and around 1.4 lacs indoor patients every year.

However, the city health care establishments are operating without a comprehensive public monitoring and regulatory mechanism. As a result, the health care sector has emerged as a domain of profiteering over people's distress.
There is no scrutiny and regulation cum control over the charges in the private hospitals; no ethics on the technological intervention and use of medicine; no mechanism to control the growing nexus between private health establishments and health practitioners for appropriating profit.

These significant dimensions related to people's right to health care invite a comprehensive research on it. The present work is an attempt towards exploring the opportunities and hindrances towards people's right to health care in the city in the contemporary political context of neo-liberal state.

1.4 Interdisciplinary Relevance
Human security is a concern that transcends all disciplinary boundaries. Disaggregation of the state is also a concern not only of political science, but also of all disciplines dealing with the collective well being of human kind. Any comprehensive research on human security in general and health security in particular at this critical juncture of liberalization, privatization and globalization necessitates a researcher to develop a grip over a good number of disciplines, particularly political science, economics and sociology. The case study in the present work i.e. Right to Health Care in Guwahati City also necessitate a researcher to develop a grip over wide ranging policies both of the state and central government as well as that of various international organizations. So, policy research, which has emerged as a distinctive discipline, will also be very much relevant for the present work. Besides, a study of constraints and opportunities in regards to people's right to health care necessitates the investigation of important issues like access to sanitation, improved water sources etc, which are interdisciplinary by nature.

1.5 Significance of the Study
Despite the fact that there has been worldwide concern and debate on opportunities and constraints of people's right to health care in the context of liberalization, privatization and globalization, in Assam, these issues have yet to invite a systematic debate. There has been clear penetration of these policies and processes in Assam since Indian State had adopted the policy of structural adjustment in 1991. Guwahati
city witnessed the consolidation of private health care institutions during this period. There has been negligence of public health care institutions in Assam in general and in Guwahati in particular. Even the Medical Council of India (MCI) has threatened to withdraw its recognition both to Assam Medical College, established in the year 1948 and Gauhati Medical College, established in 1960, for inadequate staff and poor infrastructure. There has been mushroom growth of private diagnostic centres and most of them do not follow the prescribed norms. There has been no proper regulation to control the public health care institutions. As informed by the authority of Non-Govt. Health Establishment Association, only a few numbers of private health care institutions have been duly registered. There has been gross misuse of public money in the recent past in the health department. Over testing and over prescription, particularly in the private health care institutions and diagnostic centres, have become the norms of the day. Frequent deaths due to negligence on the part of the doctors have also been reported both in the public and private health care institutions. Drugs control officers in the city are reported to be keen in collecting commission rather than controlling fake drugs.

In other words, human security in general and health security in particular is at stake in the state of Assam and also in Guwahati city. However, all these problems have yet to receive adequate attention from the researchers. Some empirical investigations are taking place on the issue of health Care- for example, Report by the Directorate of Health and family Welfare 2003; Assam Human Development Report 2003 and Socio-economic Development through Health Care Development, GNRC Health Foundation, Guwahati (2002) by N. C. Borah etc. The vernacular press has also extensively reported on the sorry state of affairs in health care. However, a comprehensive investigation and analysis with theoretical insight and within the context of changing global and national scenario has yet to receive extensive and systematic treatment from the researchers. There has not been, even, adequate documentation of the health care institutions, the facilities available, the ratio of public and private investment in health care, and the variation in charges between the public and private health care institutions and within the private health care institutions etc. of Guwahati City. In different cities of India, these issues have
received comprehensive attention and treatment from the researchers. From that perspective, the ongoing work assumes great significance and it attempts at filling up, of course, a very little portion, of a big vacuum in this important field of research.

1.6 Objectives of the Study
In conformity with the problems raised above, the present work proposes the following objectives for debate and investigation.

(a) *General objective*: To debate on the convergence and non-convergence between the Neo-liberal State and Human Security- both theoretically and empirically.

(b) *Particular objective*: To study the availability, accessibility, affordability and reliability of health care facilities in Guwahati City and their impact on people's right to health care in the city.

(c) *Policy related objective*: To explore the inter-linkages between international, national and regional health care policies in the 'globalize

(d) *Futuristic Objective*: Basing on the theoretical analysis and empirical investigation, to explore the ways and means to get rid off the current constraints towards right to health care in Guwahati City and to suggest measures accordingly.

1.7 Methodology
The present study is both a theoretical and an empirical one.

The theoretical framework on Neo-liberal State and Human Security has been developed through the survey of wide-ranging debate emanating from contesting perspectives. Drawing light from those debates, the researcher's own understanding arising out of continuous engagement with his own society, has also been added to it.

The empirical part is related basically to the health right/security issue. Although, the study focuses on right to health in Guwahati City, however, in the present
moment in history, health policies/health care infrastructure or health care practices are no longer local or regional in nature. With the paradigmatic shift in the global discourse on state and global coordination/cooperation in almost every domain of our life, the regional or local assumes global dimensions. Keeping in mind this *globality* in *locality*, the empirical part covers a wide-ranging survey of data in spatial terms, which have been drawn basically from the available secondary information published in international/national reports. However, the specific empirical part i.e. right to health care in Guwahati city is based on primary investigation.

First of all, available *un-published Profiles; Annual Reports; Charge Lists* and also *Brochures* of various public and private hospitals and also of diagnostic centers and laboratories have been collected. Government notification; statistics lying in un-published forms as well a important documents from the Association of Non-Government Health Establishment Association have been collected. The major part of the empirical investigation of Right to Health care in Guwahati City is based on these primary information/data.

Apart from these, a *well-structured questionnaire* has been developed to interview a select numbers of owners/entrepreneurs of private health establishments in the City. A questionnaire to investigate the health care facilities and hindrances in Government Hospitals was also developed and accordingly the concerned authority of all four leading public hospitals were contacted and interviewed.

The basic thrust of the analysis has been content analysis of the primary information, data collected through the ways mentioned above.

1.8 Chapterization and Basic Arguments
The present work has seven chapters including introduction and conclusion. The first chapter i.e. *Introduction*, as the preceding section reveals, outlines the basic thrust of the whole work; constructs the theoretical framework; formulates the basic objectives of the study as well as refers to the research and development
in the area of the study. The basic proposition of this chapter, while outlining the significance of the study, is that there has been comprehensive study both on neo-liberal state and human security and their convergences and non-convergences. Extensive empirical works have also been done on the state of right to health care—-a core component of human security—under the regime of neo-liberal states both in India and other parts of the world. However, such an empirical study with strong theoretical foundation is lacking in the context of Assam in general and Guwahati in particular. So, the current work attempts to fill up this gap in academic research in this part of the country.

The Second Chapter, titled *Debate on Neo-liberal State*, comprehensively analyzes the historical foundation of the neo-liberal state and its class configuration. The chapter, with theoretical insights and empirical notes, argues that the neo-liberal state is a product of changes in global political economy and particularly the change in the *modus-operandi* of the global capital. Exploring the wider dimensionalities of the neo-liberal state, the chapter argues that the neo-liberal state has consolidated itself with a comprehensive networking in the intellectual and political discourse on development and democracy. Projection of neo-liberal state as a panacea for all problems that the human kind is facing today has been made possible through the emerging discourses like civil society and social capital etc.

The third chapter, titled *Debate on Human Security*, investigates the long trajectory of the discourse on human security passing through different phases with different nomenclature like human rights and human development etc. It stressed that the discourse on human security needs to recognize the people's historic struggles towards the realization of comprehensive liberation from multiple domains of domination, subjugation and exploitation. It argues that whereas the discourse on human rights endeavours to recognize the legal entitlements, the discourse on human development, on the other, recognizes the desired mode of development for the realization of the legal entitlements focused by human rights. The discourse on human security is all about recognizing as well
as enforcing the wide-ranging conditionalties necessary to enforce the legal entitlement and the desired order of development. The chapter comprehensively discusses the UNDP discourse on human security and outlines its merits. However, an attempt has also been made to explore the reasons behind non-implementation of the principles of human security despite the global consensus on that. In that context, it is argued that, in the long run, UNDP, rather than illegitimating global neo-liberal regime has in fact provided legitimacy to it through its focus on the possible humane dimension within global capitalism. Accordingly, alternative discourses on human security have been outlined and the necessity of radical politics with comprehensive understanding of multiple challenges to human security is being stressed.

The fourth chapter, titled *Neo-liberal State and Human Security: Global Empirical Trend in Health Security with special reference to India*, explores the convergence and non-convergence between neo-liberal state and human security with special focus on the state of health security. The neo-paradigms of managing the state of health security have been outlined first, particularly the third generation of reforms in health security. It is pointed out that the novelty of public-private partnership has not worked under the neo-liberal regime and the health security was more stable in those countries that have disobeyed the dogmatism of neo-liberal principles. Focusing on India’s situation, it has been stressed that the dogmatism of neo-liberal principles are under consolidation in the Indian context despite India’s pledge of commitment towards human development and human security paradigm offered by UNDP and other international organizations. It also argues that all problems that the Indian health sector is facing today are not the sole product of neo-liberal policies. Rather, these have their roots in the pre-neo-liberal regimes in the country. However, the state of health insecurity has been intensified with India’s growing proximity to the global neo-liberal regime and the policy changes taking place in the health sector under its aegis. Various important issues like trend of investment in health sector; the state of accreditation of the private health establishments; issue of health insurance; policies on drugs; new
Patent Act and its fallouts etc have been discussed to reveal the non-convergence between neo-liberal state and human security.

The fifth chapter titled *Contextualising the Problem of Right to Health Care in Guwahati City: The State of Health Security in Assam*, attempts to explore the growing significance of Guwahati City as a health care destination and the huge inflow of patients to the city in the backdrop of the state of human and health insecurity in the state as a whole. The chapter argues that the health care infrastructure in the State as a whole and particularly in its rural areas is in a terrible state of affairs and it is deteriorating day by day with the implementation of the neo-liberal policies in the health sector. The chapter first outlines the pattern of disease in the and then the corresponding infrastructure and policies. The study reveals that the existing infrastructure is extremely inadequate and the changing policies on health care under the neo-liberal regime are detrimental towards it. This is basically due to two factors

*First*, these policies do not correspond to the burden of diseases in the state; and

*Second*, the financial allocation is extremely low.

The chapter also outlines the other phenomenal development like proliferation of private health care establishments and their concentration in the urban areas particularly in Guwahati City, which ultimately has forced the people to migrate to Guwahati for all forms of treatment.

The Sixth chapter- the core chapter on empirical investigation- titled *Investigating the Problem: A Study of Right to Health Care in Guwahati City*, first outlines the history and significance of Guwahati City as a health care destination. It argues that of late, Guwahati emerged as one of the important health care destinations not only for the State of Assam or of the North Eastern Region alone but also for the neighbouring countries like Bhutan, Bangladesh and Myanmar etc. It is basically due to the establishment of a good number of multi-specialty & super specialty private hospitals and diagnostic centers in the city since late 1980s onwards. This
coincides with the process of liberalization, privatization and globalization in the country. The chapter, first, outlines the OPD and IPD turn out to the city; health care infrastructure; technological consolidation etc. Then, taking up the issue of the state of right to health care in the city, the chapter focuses on the flaws in private consultancy in the city; technological consolidation and its fall outs; negligence towards the public health care institutions; inadequacy of Health Establishment Act 1993 and Health Establishment Rules 1995 and the increasing cost of treatment in the city. The chapter argues that, as of today, despite huge health care infrastructure; availability of world-class technology and concentration of qualified health personnel, the health care sector in Guwahati City has emerged as an arena of profiteering over people's distress due to the factors cited above.

The Seventh and the concluding Chapter titled *In Search of Remedies and Alternatives*, apart from outlining the research findings, also reflects on the necessity of exploring remedies and alternatives to the current state of insecure health care system in the city. The chapter stressed on bringing the issue of right to health care to the centre stage of political discourse and political mobilization.