FACTS AGAINST MYTHS

VIKAS ADHYAYAN KENDRA | January '94 VOL I # 6 | INFORMATION BULLETIN

COMMENT

THE MYTH OF HEALTH AND HEALTH CARE

The World Bank-influenced liberalization policy and market forces that is already taking a toll of the economy is now manifesting itself in the domain of public health with all its inherent and attendant ills. Malpractices are increasing with alarming frequency :

* *Action is being taken against an MNC, Johnson & Johnson, by the Food & Drug Administration (FDA) for marketing a new feeding bottle in open contravention of the Feeding Bottles Act that outlaws ads and promotion of feeding bottles in any form.*

* *The State Government recently ordered suspension of the license of another MNC, Glaxo, and its closure for 110 days for allowing rejected drugs to be siphoned off into the market without destruction.*

Another offshoot of this policy is making public health services the domain of the private sector which the World Bank considers "more efficient" than the public sector which admittedly offers abysmal services to the poor. Despite the element of truth private hospitals are, however, unregulated and profit-driven, preoccupied with the chase for Dollars in the name of "earning foreign exchange for the country"(!?). Patients at best either have to fend for themselves or be content with being at the mercy of the nursing staff who may be incompetent and unscrupulous as the above illustrations is an indicator of this growing trend. This indiscriminate transfer of public health services to the private sector is something unheard of even in the West which the health-care system in the country is trying to emulate. In Germany and the U.K. for instance 6% of the GDP continues to be retained by the public sector.

With hunger and malnutrition still widespread the promotion of the private sector in the health field has encouraged the practice of importing costly medical technologies — and at concessional rates (!). A Bombay hospital for instance has imported seven Magnetic Resonance Scanners costing a massive Rs.5,80,00,000. This sort of promotion has led to the drastic change in public perception of health-care: good health is now understood as hi-tech and together with curative medicine is looked upon as the only viable health-care available. Clients therefore end up with the misimpression that their lives inevitably depends upon such hi-tech equipment.

The health-care industry has become a virtual preserve of the Western health-care system and with globalization is looked upon as a potential market for attracting health and health related products.

Providing basic health-care especially to the poor has so far failed. One reason for the failure is that health planners have imposed technocentric solutions to problems that are basically socio-political and cultural. When they, however, *do* succeed in examining the human causes of ill-health, all too often they focus on the behaviour and attitudes of the poor rather than those of the privileged minority.

This fact and the abysmal health situation makes it necessary to evolve an alternative paradigm of health-care, far removed from the current biomedical model and nearer to a socio-political and spiritual one. Contemporary health-care has become more of a consumer product to be bought and sold freely in the market, slickly and aggressively packaged and marketed like (say) soap. It is no longer an organic part of community-care as it once was. The need is to move from free-for-all, consumerised medical care, providing excellent but costly services for the few who can pay, to a genuine-commitment to *'Health For All'*. It is essential to look for a more humanistic model that encompasses a sociocultural perspective. In the process, however, false notions and misimpressions about modern medicines and health-care systems need to be cleared and demystified.

MYTH:

THE UNDERLYING CAUSE FOR ILL-HEALTH AMONG PEOPLE IS DISEASE.

FACT:

Doctors and drugs do not bring health today any more than they did in the heyday of the development of allopathic medicine. What they do bring is the notion that disease is what ails people and medicine is what cures them. They hold out the hope of an end to pain. But in almost every case that hope is unfounded; the medical profession usually ends up just playing with the pathetic, disintegrated bodies of people as they die. In the US for instance, 60 percent of the expenditure on health is spent in the final years of peoples' lives: not to ease their deaths but to the effort to keep life in their disintegrating bodies for a few more days.

No wonder that allopathy has little success against the rich world's degenerative diseases like cancer, heart diseases and now AIDS. Imagine an average American worker in his death bed: every cell and fibre thoroughly permeated with food additives, pesticides residues, heavy metal pollution and radiation, his thoughts rebounding from the pain in his body to worries about his credit-card loans to frustrations with domestic life. The electron microscopes, infibrillators and lasers of medical science are about as relevant to him as they are to a local slum dweller. A few hospitals in the South, premature baby units have achieved rates that rival the best in the West. Yet 70 percent of these tiny newborns die within three months when they are taken home to overcrowded, ill-ventilated slums by their poor and undernourished mothers. Just as the lives of those tiny-tots could have been saved if their mothers had enough food when they were pregnant and if slums had drinking water with effective drainage and sewage systems, so the overweight American worker dying of cancer at 52 could have been saved if he had had a diet free of carcinogens and a job providing satisfaction and joy rather than frustration and pollution.

Far from being a riddle, the causes of cancer and heart disease, prime killers of the affluent classes, are as well-known as the cause of TB. If this is surprising it is mainly due to the knee-jerk tendency of looking for the cures of illnesses rather than for their causes.

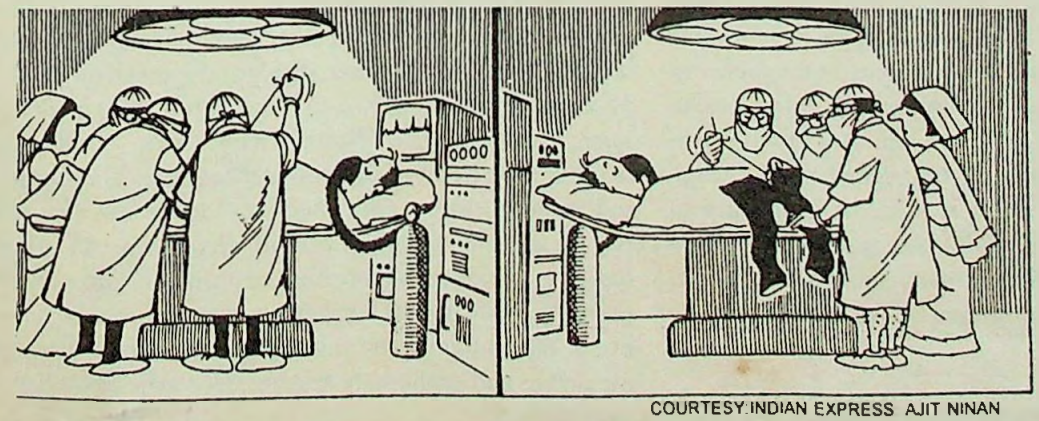
It is well-known that cancer is almost a totally preventable disease caused by smoking, food additives, alcohol, workplace and environmental pollution and radiation. The same is true for heart disease caused by faulty diet, lack of exercise and stress. Inspite of all this knowledge, the search still goes on for the so-called cancer virus, a search that takes 50 times the amount of money spent on researching of the diseases in the South. There is no cancer virus. Hunting for such a virus is as crazy as looking for the parasitic worm that leads to (say) unemployment in the country. Moreover, environmental hazards have set up a barrier to further improvements in life expectancy. And if a cancer 'germ' is to be discovered that germ would be like any other germ—flourishing in bodies weakened by pollution, by faulty diet and discontentment.

MYTH:

THE HIGH RATES OF DISEASES, ILL-HEALTH AND DEATH IN THE SOUTH ARE LARGELY DUE TO NATURAL CAUSES E.G. BACTERIA, CALAMITIES, VIRUSES, ETC.

FACT:

Today more than 'natural causes', man-made causes are more to be blamed for high rates of illness and death in the world. Many of these causes are related to avarice: the efforts of some to prosper at the expense of others. A number of MNCs, both international and national, are taking a massive toll on the health and lives of billions of people with enormous negative impact on the health and survival of children. These health-effecting industries include pesticides, infant formula, tobacco, alcohol, drugs, non-essential, dangerous, overpriced pharmaceuticals, arms and military hardware; including international finance. Each of these represents a huge, powerful and massive profitable multi-bullion dollar industry. Their cost in terms of human life and health is inestimable. The weakened physical resistance and the economic, mental and social problems provoked by these unscrupulous businesses add enormously to the impact of infection and malnutrition. And as



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usual, it is the poor who bear the brunt of the damage, especially as these industries have all increasingly targeted the South as their new, most valuable market, with India as the latest prize catch.

Human rights and action groups, the UN and some governments of SAARC and other countries have tried to control the damage caused by these powerful industrial agglomerates. But in the case of each and every one of these killer industries, TNCs for instance, the US government has defended their interests at the expense of health, quality of life, and often survival of millions.

Clearly, in view of these massive, officially condoned assaults on life and health, ranging from the IMF-mandated hunger to poisoning for profit, technological interventions like the "Green" "White" or "Blue" revolutions including UNICEF's Child Survival Revolution are less than enough. In fact, with their apparent simplicity of coping with the biological causes of poor health, they distract and lure people away from confronting the far more deeper and deadly social causes of the plight of the poor.

MYTH:

THE HEALTH AND SURVIVAL OF CHILDREN IN THE SOUTH DEPENDS PRIMARILY ON A FEW SIMPLE INTERVENTIONS, VIZ. GROWTH MONITORING, ORAL REHYDRATION THERAPY, BREASTFEEDING AND IMMUNIZATION.

FACT:

The plight of children will never improve on just these "few interventions". A number of other more relevant factors are essential. These include health of parents, family survival skills, peace and violence in communities; on the availability, quality and cost of education, health services, water, shelter and transportation; the ability of people to organise and defend their rights; on local consumption of alcohol, tobacco and drugs; on who has power over whom; on war; on military expenditure relative to public service expenditure; on international trade economic relations; on the preservation and destruction of the environment; on the distance the mother has to trudge for cooking fuel; on the undermining of grassroot movements; on terrorism etc.

This myth is largely the brain-child of UNICEF whose analysis of the cause of poverty etc., has otherwise, been highly commendable. On offering solutions, however, it chickened out by proposing and promulgating stopgap technocentric interventions and measures. In trying to change the underlying causes of poverty it instead launched a "safety net" approach to the issue via the strategy called "Child Survival Revolution", — dubbed "the revolution that isn't" — aimed at specific diseases rather than improving the quality of life. The strategy, not surprisingly, has the blessings of the World Bank, IMF, USAID, including a number of government and large international agencies.

Apart from being a blatant reversal of the Alma Ata Declaration this approach based on epidemiological foundation, is extremely fragile, and its logistical designs contains serious flaws. No one who is concerned would suggest that immunization of children against communicable diseases is itself an undesirable act. However, in this case, an obviously poorly designed and dependence-producing programme is an impediment to the implementation of primary health-care as enshrined in the Government's National Health Policy. There are also serious sociological and political implications. Because of the distribution of power, the ruling bloc in the industrialized North have long used access to health services as a means of perpetuating their social and economic control over the peoples of the South.

Besides, past experience with special programmes has shown, again and again, that they do not have an impact due to overestimation of the likely epidemiological impact on selected disease and major problems in implementation. Yet planners and powers that be consciously choose to ignore past experience and use their politico-economic clout and media hype to sell their cause.

There is also the possibility that even in the very unlikely eventuality of it being able to implement the immunization programme in such a way as to give satisfactory coverage and make an epidemiological impact, the children who might have benefited from the programmes would fall prey to other diseases caused by the unhealthy environment in which they are forced to survive. Thus even in the most optimistic situation, it can be claimed that the operation was successful but that most of the patients died.

MYTH:

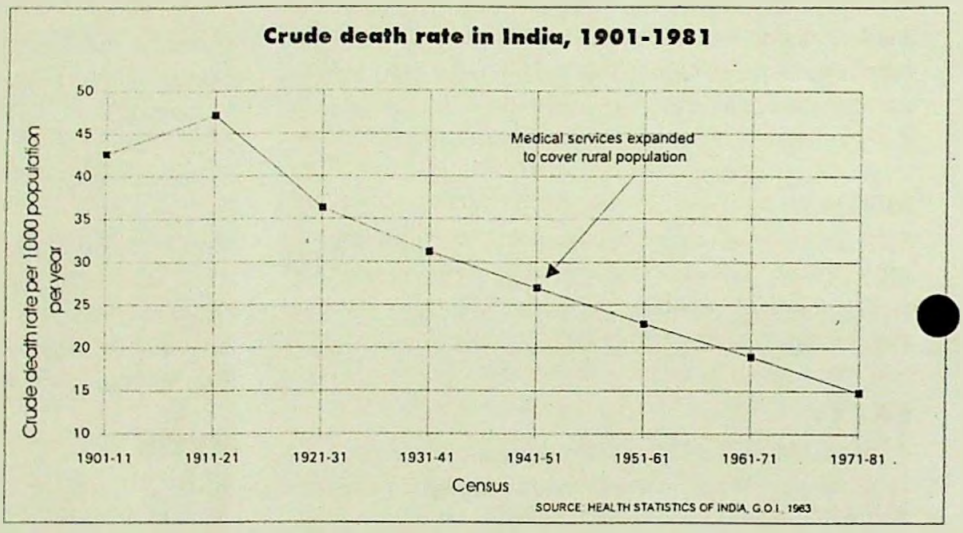
ALLOPATHIC MEDICINE IS THE ONLY RATIONAL ANSWER TO ILL-HEALTH.

FACT:

Modern medicine has had only a minor role for instance in reducing mortality both in the West and rest of the world. Available data show that specific medical technology for each of the various infectious diseases in the West developed after a major decline in mortality had already taken place. (Cf. The Sociology Health and Illness.

Conrad & Kern, 1981). Medical interventions for TB, Typhoid, Measles and Scarlet fever were introduced when death rates for each of the diseased were already negligible and still high. None of these death-rates, except polio, however showed the sharp decline that would have been expected if medical interventions had had the intended impact (Cf.Conrad & Kern above). In fact, it has been estimated that only 3.5% of the decline in mortality due to infectious diseases took place because of medical interventions. What this means is that more money for food, clean drinking water, sewage and drainage systems to flush away diseases-ridden filth had cut down deaths from infections diseases significantly by 80 percent before medical interventions discovered 'cures' for them. (Present medical technology, incidentally, does not have any effective solutions to 'killer' diseases like cancer, etc., let alone AIDS.)

made a dramatic impact on the health status of the people, as claimed, there should have been a sharper decline in death rates in the period following Independence. This however was not the case. (Cf.Bhore Committee Report, Vol.1,1946). In fact, death rates have declined at a slower rate during the 30 years after independence as compared to the decline of death rates during the 30 years before independence.



The same is the status regarding health in India. That is, mortality statistics show that the death rates also followed the same pattern as in the West. Death rates began to decline long before any effective medical technologies were accessible or used in the country. The only medical technologies that were available in the early years were vaccinations against smallpox and cholera. And although it has been considered a major disease, smallpox accounted for only 0.1% to 0.8% deaths per thousand population between the years 1880 to 1940. This disease was considered major because the then League of Nations had reported that the rate of incidence of smallpox in India was highest among all the countries for which statistics were available. But in the context of overall death rate, smallpox was not a major disease.

The same again is true for cholera and plague. The death rate due to cholera was between 2 to 8 times the average death for smallpox. But research showed that cholera vaccination during cholera epidemics was of little consequence. Epidemics could not be prevented. Similarly, with plague. Only after it had begun to decline, did the anti-plague vaccine become widely used.

Apart from the fact that most medical technologies were at the time either ineffective or unavailable, death rates in the country had anyway begun to decline from 1921 onwards. (Cf. Health Statistics of India, Govt. of India, 1983). It was only after Independence that medical technologies were extended to the general public. If technology, had

The same is true for malaria. Despite enormous resources allocated to eradicate the disease, the impact of the malaria vaccine has been limited. Besides, the result of the anti-malaria strategy has been to produce DDT and other drug resistance while the incidence of malaria has increased. In fact, as per the latest report of the Parliamentary Committee on the National Health Programme, the evidence of malaria in urban slums has risen to 2,11,890 in 1991, i.e. around 2 million people in the country are affected by malarial fever. This has led to renewed efforts to develop new vaccines to combat the disease.

Medical technology therefore, has not made any dramatic impact in the country. Infectious and parasitic diseases are still leading to mortality. Even though the technology for controlling many of these diseases have been developed, these technologies have left diseases pattern in the country unchanged. The success in improving the health of the people has been marginal, at best.

MYTH:

THE TRADITIONAL HEALTH-CARE SYSTEM PRIMITIVE AND STEEPED IN MYTH.

FACT:

Traditional systems like Ayurveda, Sidda, Unani and Yoga as other such prevailing indigenous systems elsewhere in the South are highly advanced indigenous systems of

health and medical care. This fact is now recognised and Scientists in the West have begun exploring and experimenting with these indigenous systems. TNCs are already exploiting and even patenting some of the indigenous plants like neem, turmeric and garlic. Therefore it is important to look at such systems and guard against some of the dangers inherent in the Western model in attempting to evolve an alternative health- care system. Therefore it is important to look at such indigenous systems and guard against the pit falls of the western mode in an attempting to evolve an alternative health-care system. At the same time there is need to be alert to the attendant danger of exaggerating the efficacy of such a system; neither idealising nor romanticizing it.

MYTH:

PRIVATISATION AND INCREASED COMPETITION WILL "DELIVER THE GOODS AND ALSO IMPROVE THE GENERAL STATUS OF HEALTH-CARE IN THE COUNTRY".

FACT:

Competition in the health-care profession leads to false expectations. With the health industry being rapidly converted into market economy with hi-tech inputs and the profit motive as the driving force, widespread malpractices have crept into the whole industry, costing patients' lives, with malpractices becoming rampant. So much so, one such malpractice led a High Court Judge to order a survey of the 500 private hospitals and nursing homes in Bombay. One-third were found to be unregistered. On January 31, 1994, *Indian Express* reported the High Court ordering suspension of the license of Torrent Pharmaceuticals Limited in Gujarat on "Cardiwell Plus" tablets, for treatment of cardiac attacks and paralysis, that were found to be unconsumable following lab tests. Thoughtless privatisation of the health-care system has led to a great deal of damage. For instance in China where over 36,000 people die of TB ever year. Through the 60's and 70's the country had made good progress on TB control. Since the early 80's however the infection rates have either stagnated or increased mainly due to its decision to make patients pay for their treatment. But as soon as it reverted to free treatment for TB, the situation improved.

Apart from enjoying public subsidies in the form of free training of their personnel and various tax concessions, private hospitals have been responsible for distorting the country's medical as well as social values and influencing medical education away from care to super-specialization.

Intense competition is also leading to unnecessary and even dangerous over-investigation, over-medication and over-surgicalisation. And yet many of their services are no better and sometimes even worse than that of the government and municipal medical college hospitals which have much better resident staff and no personal monetary consideration in providing services. With the exception of a few, nursing homes are mere converted apartments attracting those who can afford the expensive private medical care or who avoid going to public hospitals crowded by the poor.

Trained in medical colleges, medical practitioners today, especially in rural areas — lacking in most basic facilities for investigation and treatment — "practice a form of blunderbuss therapy with medical representatives as their chief source of the latest information and education."

Moreover, the World Bank's worldwide promotion of its so-called structural adjustment programmes which introduced cost-recovery and reduction in health services had led to rise of maternal mortality rates as poor women can ill-afford clinic attendance. Zimbabwe is a case in point.

MYTH:

MEDICAL TECHNOLOGY AND ECONOMIC DEVELOPMENT ARE MAJOR DETERMINANTS OF HEALTH.

FACT:

The major determinants of health are social and political. Far reaching improvements in the health of the people have instead occurred with gradual improvements in the quality of life; everything from fairer wages, improved working conditions to better water supply, public education, and social guarantees to meet people's essential needs.

The accompanying myth that the answer to widespread poverty and ill-health was imposed on the poor countries by the World Bank, IMF, among others, as a strategy to promote national growth through large scale industry and agribusiness. They however, realise that such an equation would mainly benefit the industrialists, the bureaucrats, the rich landlord and farmers. So they floated the theory that by stimulating the growth of a poor nation's total Gross National Product (GNP), the fruits of development would 'trickle down' to the poor. But this did not take place. As the economy and production grew, the gap between the rich and poor widened; more trickled up than trickled down; the rich grew richer and the poor poorer. In the process, the problems of poverty, homelessness and the diseases of poverty worsened. Obviously then neither medical technology nor economic growth are determinants of sound health. Some countries, in fact, have even achieved favourable health sta-

tistics inspite of very low national income. For instance, Kerala, has achieved good health at a low cost.

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Average annual deaths in British India
(excluding Burma) 1932-1941

Disease	Average annual deaths	%
Fevers (including malaria)	36,22,869	58.4
Respiratory disease (including tuberculosis)	4,71,802	7.6
Dysentery & diarrhoea	2,61,924	4.2
Cholera	1,44,924	2.4
Smallpox	69,474	1.1
Plague	30,932	0.5
Other causes	15,99,490	25.8

SOURCE: BHORE COMMITTEE, Vol I, 1946

Facts Against Myths is a monthly bulletin of factual information on a number of development myths and fallacies, etc, including information against disinformation campaigns, propaganda and canards spread by communal and fundamentalist forces.

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Vikas Adhyayan Kendra (VAK)
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882 2850 *and* 889 8662
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