

Medicine and the Emergency. Re-reading Vincanne Adams' *Doctors for Democracy: Health professionals in the Nepal revolution*. Cambridge: Cambridge University Press, 1998. ISBN 0 521 58548 1 (paperback). 251 p., illus., index.¹

Reviewed by Ian Harper

In this short essay I re-examine Vincanne Adams' *Doctors for Democracy* in the light of the current crisis in Nepal, and assess this work's explanatory value in the light of the Emergency. In what ways might a re-reading of this theoretically innovative and intellectually challenging book be of use in attempting to understand and explain some of the dynamics of the current situation?

Firstly, consider these two recent events. Shortly after the declaration of the Emergency in November 2001, I received an e-mail from a doctor friend of mine in Nepal regarding, what he called "one of the facets of the present day political situation in Nepal". It related to the arrest and detention of a practicing doctor in December 2001, while he was working in one of Nepal's Medical College. He was arrested by armed police and accused of "medical treatment extended to the Maoists". Information received by the Informal Sector Service Center (INSEC) – working for human rights and social justice – had been forwarded to a number of concerned organizations and individuals, including the group Physicians for Social Responsibility, Nepal (PSRN). He was later released in early January 2002. In March 2002, Dr. Mahesh Maskey, a member of PSRN, while on his way to Delhi for a human rights meeting in light of the current situation, was similarly arrested, allegedly for support given to the Maoists. As perhaps the most prominent intellectual – and long-standing health activist – arrested since the Emergency, he was released following an outpouring of both national and international protest. These two events then, represent two aspects of the contemporary relationship between medicine and the state in Nepal. One, the precarious position that many health workers find themselves in, scrutinized by a state apparatus granted

¹ Since this essay was written Nepal's political situation, which is changing rapidly, has again significantly shifted. Fortunately, the Emergency has been lifted, a ceasefire proclaimed, the Maoist party is no longer outlawed, and discussions with the current government are underway to define the terms of peace talks. The democracy process, however, has been suspended under the terms of the constitution and the current cabinet was selected by the King. This essay was written prior to all these events occurring, and so the context into which we read the significance of the practice of health workers has shifted. As this is one of the points of the article, and since by the time the essay comes to print further changes may well have occurred to Nepal's socio-political scenario, I choose to leave it as it is. However, I ask that those familiar with Nepal read it as written at a particular point in this country's troubled recent history.

exceptional power. The other, the dangers of attempting to articulate solutions and positions on the current crisis that run against the grain of current government opinion.

Over a decade previously, the arrest and detention of Professor Mathura Shrestha, a close associate of Mahesh Maskey, is related as one of the turning points of the Nepal revolution of 1990, an event given key interpretive space in *Doctor's for Democracy*. In many respects ahead of its field of scholarship on Nepal, the text deals with contemporary issues concerning the relationship between professionals and the workings of the modern state. The issues it raises in relation to the political involvement of the professional classes and the modern state are, if anything, now more important and relevant than they were then. Yet the arrest of Dr Mahesh Maskey, doctor and medical activist, seems to have made little difference in the current context of the Emergency. Why might this be? There are two issues I shall explore here (although there are almost certainly others as well), both stimulated by reading Adams' book. Firstly, is this because medicine is a less powerful force in the political workings of the modern state than Adams suggests - that is, that medicine in the workings of the state is over-determined in her text? Or is it because the issues she highlights, the relation between medicine and state politics, are of less explanatory value to the current situation as the political context is so different today? Re-reading her book in light of the current situation involves more than just reading for the facts of what happened; it also raises a number of issues of interpretation and theory. Keeping these two questions in mind I will briefly summarize her work.

Health development, she suggests, is an instrument of modernity that hides its own political contingency. She is concerned here with broad theoretical ideas concerning whether medicine can be politicised without undermining its claims to objectivity, and she explores the links between medical science, politics and truth. It is, as Adams puts it, the line "*between politically convenient truth and scientifically objective truth when political acts are called medical acts and medical acts are placed in the service of political regimes*" (p. 6) that her text explores. It is on these weighty and important issues, on this central theme and conundrum that Adams focuses, using Nepal as a case study. To address these questions then in the Nepal context, she explores the role of medical practitioners in the revolution of 1990. The bulk of her empirical data is drawn from six months of interviews she conducted in 1993.

Her narrative is structured in the following way. Placing an interpretive boundary around Nepal, the state, she articulates the links between medical practitioners and politics (in fact mainly left wing politics, though this is not clearly delineated) and the revolution of 1990 resulting in the re-introduction of democratic polity. She offers a brief overview of the history of Nepali politics, and its movement towards democracy, within a framework, latterly, of "development". The rise of individualism promoted via health development agencies, the rise of the

objectification of disease and the associated delineating of *difference* in order to deal with it are key to Adams' constitution of what makes up modernity. Yet modernity emerges within traditional cultural values, those of family, caste, reciprocity, and within religious, ethnic and monarchical privilege. Her argument is that in the context of Nepal, modernity is seen to emerge within an existing Nepali culture (of *difference*) which is then seen as a barrier, preventing further development, and comes to be classified as corruption within the workings of the modern state.

To illustrate this, she outlines chronologically the events of early 1990, the revolution that led to the formation of a democratic polity in Nepal, focusing particularly on the roles and increasingly important activities of health and medical practitioners in this process. It was, she suggests, particularly the involvement of health professionals, able to speak truth to oppressive political realities in Nepal because of their privileged position in health institutions, that significantly helped shift public opinion against the Panchayat government. This leads into an analysis, based mainly on interviews with doctors and health professionals involved in this critical event, of their motivations for becoming involved. Her concern is with the process of what happens when scientific truths, like medicine, once politicised then become open to accusations of corruption, as medical truths are turned into what she terms "politically convenient" ones. She uses a number of examples, including the Black report in the UK, to illustrate the politicisation of medicine in a number of comparative historical and social settings, as examples of how medical science is sacrificed to the altar of partisan interests. Next she turns to post-revolutionary medicine in Nepal, and how party political affiliations had (by 1993 when she did her six months' fieldwork for this book) become another site for favouritism and corruption, and thus, how the scientific claims to the universality of these truths also come into question. Finally she suggests what some of the implications may be for the development of a distinctive Nepali style of democracy, one that wishes to distance itself from what some consider to be Western and neo-colonial hegemony.

This book is characterized by a tendency to oversimplify historical shifts into all too easily compartmentalised eras. A single chapter on "history and power" in Nepal, for example, simplifies a complex and multi-faceted mosaic, a fact Adams' acknowledges by stating that those who know Nepal may find this section too brief. Also the form of the book is molded by a radical skepticism towards modernity produced by a Foucauldian determinism, reflected in much recent American anthropological scholarship. Theoretically driven, her empirical data and interviews nestle comfortably into this intellectual armchair and much of her book is sweeping in its scope. A legitimate criticism is, I think, that her theory tends to reach beyond the empirical evidence provided. In short, it may over-determine the relationship between modernity, medicine and the state. The revolution of 1990 was a much broader based movement than is apparent from Adams' work, involving other intellectuals and movements in addition to those in the health profession. It would have enriched her account – but simultaneously diminished the force of her

theoretical arguments – to have contextualised the contributions of health professionals within this broader based movement, rather than over-determining their role. What of the lawyers, teachers, writers, artists, journalists and so forth who were also part of the “modern” powers she is attempting to articulate? It could perhaps even be argued that the group of exceptional individuals and activists she highlights and centralises in her narrative just happen to also be doctors and health professionals.

If this criticism is correct, then my first suggestion – that there may have been a tendency to over-determine the place of health workers in the revolution – implies that it is not surprising that following the arrest of Dr. Mahesh Maskey little has changed (this is not to deny that health and modernity are crucially linked, just that this may work most effectively beyond the bio-political domain Adams delineates). Mahesh Maskey then becomes one of the few intellectuals at this time – he happens also to be a doctor and health activist – articulating positions against the state use of force. Secondly, the political transition from Panchayat politics to one of democratic polity was perhaps clearer then than it is now. To what utopian space will resistance to the state’s use of force lead, in an era in which we have supposedly witnessed over a decade of democracy in practice? For many in Nepal the post-revolutionary experiment with democracy has not been positive and cynicism pervasive. The perceived rise in corruption combined with the fact that development benefits are quite obviously not being equitably distributed has undermined democratic idealism, and in no small part this has fuelled more radical alternatives. What spaces are left now for political idealism in Nepal? What spaces for a politically active medical practice, long the cornerstone of an engaged public health? I for one cannot answer this question and, like so many others, I watch with increasing ill ease as the current scenario plays itself out.

The Ministry of Health has stated that all possible war-related injuries are to be reported to the authorities. At a time when people need medical care perhaps even more this indicates that state politics and medicine are certainly linked. In the current situation this says much about the realities of repressive state authoritarianism, currently supported too uncritically by a globalised anti-terrorist mandate in the wake of September 11. Many health workers are now in positions of extreme vulnerability, as they attempt to continue their work. Along with human rights activists, health workers are positioned better than anyone to witness the atrocities committed by government and Maoists alike. Like it or not, those who practice medicine in Nepal will witness human rights abuses, extra-judicial killings, and other excesses carried out by both the Maoists and at the hands of the state granted exceptional powers. The government knows this, as do the Maoists. But both treating and speaking out has become much more dangerous in a situation of political intolerance where unconditional support for the government is demanded from health workers. Not to report injuries to the security forces is to risk accusation of being with the Maoists, an example of the draconian polarisation occurring under the Emergency.

Highlighting issues such as these – to the British government, for example, who are providing support to the army in the current situation – is part of an intellectual's task of speaking truth to power. This surely does not make those who do so necessarily supporters of terrorism, as seems to be the accusation made against anyone in Nepal who currently dares to speak out. It is a terrible indictment that doctors and health workers in Nepal at present are neither able to freely treat, or to freely record and make public the excesses of current politics in Nepal. That more are not doing so, testifies to their vulnerability and the climate of state terror they find themselves in. Those who speak out, and they are all too few, take great personal risks at present, and I for one offer them all the support I can. Looking then at the current Emergency through the awful privilege of witness afforded by medical practice, does bring issues of the current situation in Nepal into sharp relief, as indeed it did in 1990, and as Adams highlights for us.

This too is metaphysically related to issues of the ambiguous relationship between truth (who does not believe we have that on our side), science (including our rationally developed arguments) and politics. That Adams' book challenges us to acknowledge this and think more widely on the subject, and within a theoretical frame that is both provocative and contestable, is the gift of a well-undertaken intellectual exercise. We need now, more than ever, more nuanced ways of talking about, and discussing, the complex political realities that face Nepal in its current crisis, rather than those of good against evil or good government against terrorist. Reflecting on the role of medicine in the current conflict, following on from Adams' work, may be one such window onto a labyrinth of complex political realities facing Nepal. It may not provide any easy answers, but it should make all of us who take positions uncomfortable. Re-reading Adams' book in the current situation in Nepal reminds me of this, and of the need for challenging and innovative interpretive perspectives on a complex, shifting situation full of violence.

***State of Nepal* edited by K. M. Dixit and S. Ramachandaran. Lalitpur: Himal Books, 2002. ISBN 99933-1322-x, vi, 312 p.**

Reviewed by Marie Lecomte-Tilouine

Sixteen essays by scholars from the Indian sub-continent, mainly Nepal, have been brought together in *State of Nepal*. Its ambitious aim is "to try and explain contemporary Nepal to the world, particularly its evolution over the last dozen years of democracy" (p. v). This task is very nearly fulfilled by the book, which provides a description of a great many aspects of present day Nepal, and does so in an unprecedented way. Clear and easy to read, the views expressed by the authors have