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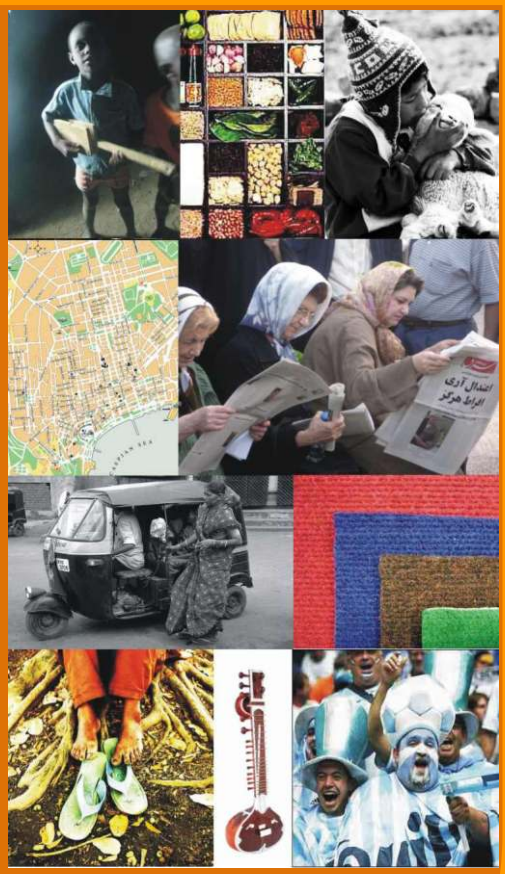

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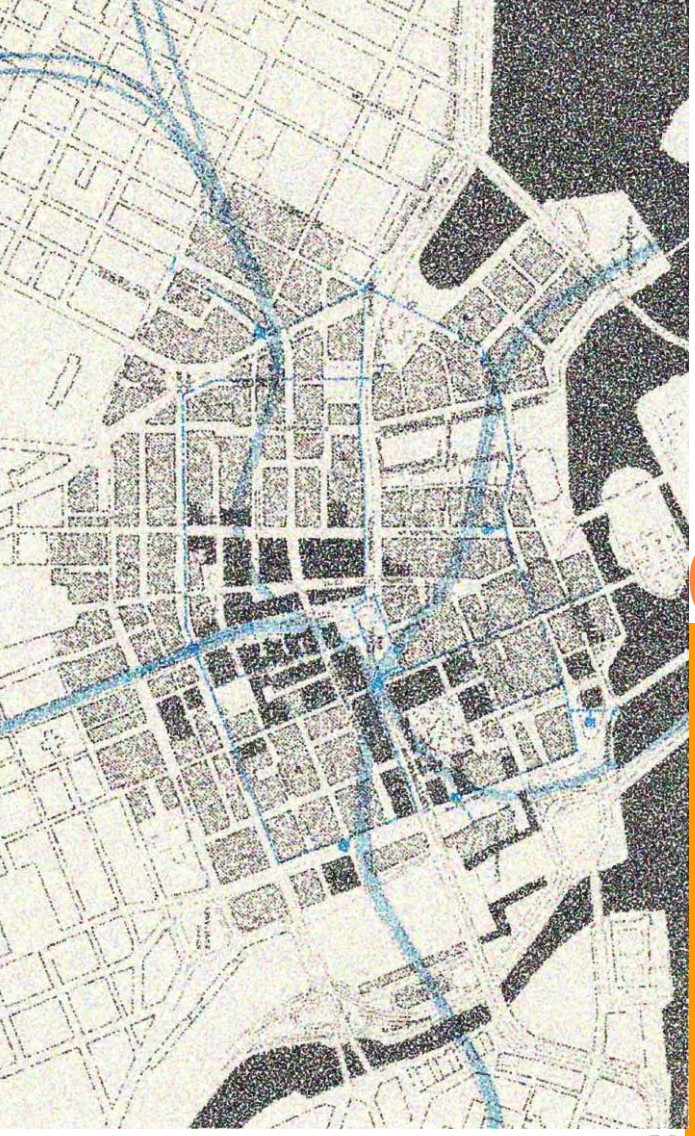

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Content

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history ★ power ★ culture

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Editorial

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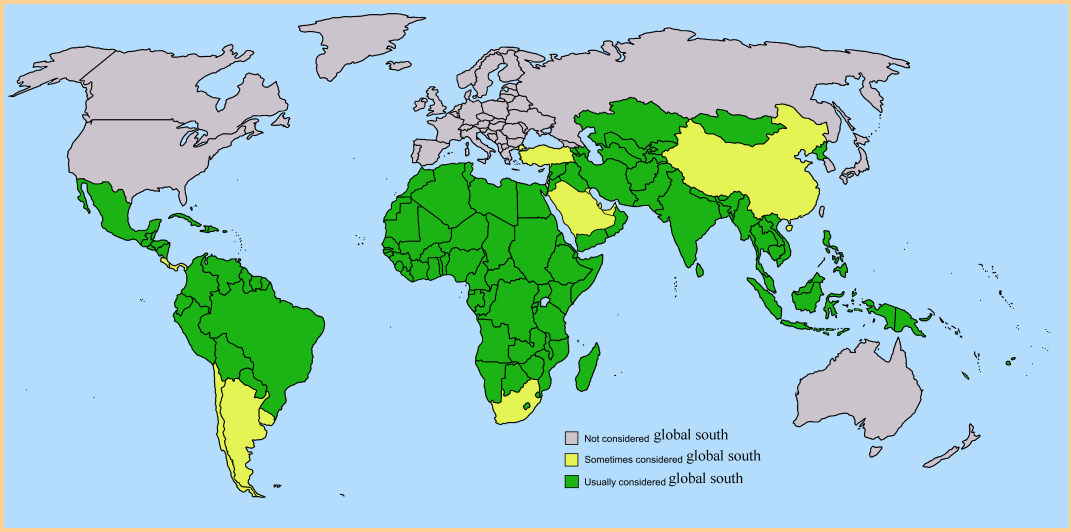

About a month ago, the Left Front, an alliance of various shades of the Indian democratic left, was dislodged from the government of West Bengal, a state in India. After having ruled the state for 34 long years, they were defeated in the state legislature elections, with an overwhelming majority of the population voting for an alliance led by Trinamool Congress (TMC), a West Bengal-based regional party revolving around a charismatic authoritarian leader, Mamata Banerjee. Among the various allegations that the TMC had been making against the previous regime for a long time was that the Left Front government had presided over a complete breakdown, if not a methodical destruction, of the public health sector of the state. The issue figured as one of the most discussed ones during the election campaigns of both the political groups and regularly featured in debates and arguments on various public fora. Both the TMC as well as a major section of the media and civil society began to accuse the Left Front regime of a misdirected developmental programme that focused more on private investment in heavy industries rather than taking governmental initiative towards betterment of basic public amenities, among which public healthcare was clearly considered to be the most important. Consequently, promises to rejuvenate public healthcare services were given prime importance in the election manifesto of the TMC. Once the elections were over and TMC formed the government, the new Chief Minister, Mamata Banerjee, immediately started paying surprise visits to various hospitals of the state and taking rapid action wherever she located instances of discrepancy, nepotism and slackness. The media highlighted these visits no end, hailing the new Chief Minister as a grand reformer and the much-needed savior of the public health sector of the state. The sections of the media and civil society backing TMC now claimed that ‘real development’ had finally begun under the new government,

with its central concern for improving the public healthcare services.

This case of one state in a south Asian country described above is not an isolated instance of public health becoming the site for debates over and discourses on development. Various human rights organisations and individuals have been raising their voice for quite some time against the low standard of healthcare services as well as public consciousness regarding health and hygiene in large parts of south countries. Exploiting the poor conditions of public hospitals in several countries, private hospitals and nursing homes have sprung up that charge exorbitantly for the new capital-intensive techniques of diagnosis and treatment. A marked initiative towards privatization of the healthcare sector can be seen in many south countries.

In West Bengal, the state in India we began this discussion with, Amrita Bagchi conducted a study, which reinforces many of these arguments. The issue has an article on the subject by her. She learns that right from the 1970s, private investment has been flowing increasingly into the public healthcare sector, a process that accelerated drastically in India after the liberalization of the Indian economy in the early 1990s. It was from this time onwards that more and more private hospitals sprang up all over the country. She notes how in the post-liberalisation era, organisations like the World Bank arrived in the scene of healthcare in West Bengal and loaned out money to the government for investment in public healthcare services. However, the general decline of governmental initiative in public health sector opened the floodgates for private investments, turning, argues Amrita, healthcare into a commodity.

Preston Bakshi goes back a little in time and deals with the medical world of post-colonial India. In a well-researched article, he studies the complex, and essentially intertwined, relationship between indigenous medical practices, modern Indian doctors trained in Western scientific medicine, and the pharmaceutical industry in newly independent India. The sector of modern Western medicine-trained doctors believed that the key to the successful professionalisation and consolidation of their profession depended on a strict control of the manufacture and distribution of pharmaceuticals. Basing his research principally on the publications in the *Journal of Indian Medical Association* between 1947 and 1967, Preston shows how this control proved extremely difficult to establish, much to the annoyance of the doctors. Also the continuing importance of quacks and unregistered doctors among the masses resisted the unilateral hegemony of modern doctors. The author also inspects the role of the Indian state in the process, the expectations doctors had from it and to what extent it was able to fulfill these. The marketing aspect of the pharmaceutical industry and how it influenced the administration of medicines by doctors has also been brought under the scanner. Finally he shows how the events in India were indicative of the complicated processes through which decolonisation of the medical and pharmaceutical industry happened in large parts of the south countries.

Caught between a declining public health sector and an increasingly expensive private sector, most of the population are left in despair and deprived of quality healthcare. Coupled with a general lack of public consciousness about diseases and their prevention, and overall low standards of living, this often leads to devastating health situations. In our present issue, Estella Musiiwa deals with precisely this kind of a situation. She studies the recent cholera outbreaks in

urban Zimbabwe in 2008-2009 that claimed a large number of casualties and left densely populated areas like Budiriro devastated. Beginning with a brief survey of the major waves of cholera epidemics over human history, Estella locates the epidemics in Zimbabwe in this long history. She then moves on to trace the unfolding of events related to the epidemic in the initial stage of the spread of the disease. She shows how social unawareness and poor sanitary conditions were responsible for the fearful outbreak. Even when the disease was raging on, awareness among the urban population was remarkably low and consequently, there were many cases of relapses. Many tried to administer domestic medicine on their own and did not approach medical authorities in time, thereby simply aggravating the already deteriorating situation. Estella's work thus demonstrates how the complex realm of social perceptions of disease and medicine can interact with poor conditions of lifestyle and hygiene to precipitate massive disasters like the epidemic in question.

Soji Oyeranmi delves into another hotly debated issue in his article in the present issue – the relationship between forces of globalisation and environmental issues in the context of south countries. Basing his research on the oil-mining industry in Nigeria, Soji shows how different Multi-National Oil Companies (MNOC) flout environmental ethics and thus go about destroying the rich environmental resources of the country. Spillage of huge quantities of oil, gas flaring and other related phenomena caused as a result of irresponsible management of the whole event by the MNOCs pose a potent threat to the country's natural as well as human and animal resources. Soji complains that the general response of the government on these issues has not been favourable as they have often sided with the MNOCs. He finishes the piece by suggesting some ways in which the forces of globalisation can be reconciled within Nigeria while sparing the environment of its devastating effects.

In a gripping article, Jerome Teelucksingh surveys the world of dancehall music in the Caribbean Islands. Dancehall music, related to reggae, is associated with the Jamaican island and has often been at the centre of heated controversy due to the apparently lewd, racist and sexist lyrics. The way this music is served to the audience by deejays, who perform various indecent gestures has also been challenged repeatedly. Jerome conducts a critical analysis of a wide range of dancehall lyrics. Without passing any moralistic judgment on the form and content of the songs, he has investigated the socio-economic and cultural backgrounds from which they emerge.

Last April Sephis organised an international workshop titled *The 20th Century: Revolutions and Nationalism Revisited* in Lima, Peru. The participation of students and experts from various south countries created an excellent atmosphere for free exchange of ideas and analyses on a wide range of socio-political uprisings from the recent past, including those in Latin America, the Caribbean Islands, south Asia and the more recent revolutions in North Africa and the Middle East. Three of these participants and the coordinator of the workshop have penned down their experiences in this volume of the Global South. Their perceptions of the few days packed with such nourishing academic activities bring back to life the successful workshop in all its vibrancy.

In the Symposia South section, we have Kingsly Awang Ollong studying the central role that MNCs have been playing in capitalist development all over

the world. Drawing upon a very rich literature on the matter, he traces the history of MNCs from the European joint stock companies of the seventeenth century and highlights how they assumed a position of unchallengeable dominance in the global economy by the twentieth century. He also observes how a continued, and in fact, an increased rate of exploitation of labour by big capital across national borders on the part of the MNCs underlines the forces of globalisation in our age.

Finally there is a book review by Percyslage Chigora. The book analyses different layers of the violent outbreaks that have plagued Central Africa in recent past. Chigora's is a succinct review of an authoritative work on the issue.

Happy reading!

Decolonising Medicine: Professionalisation and the Pharmaceutical Industry in Independent India

This paper examines the relationship between indigenous medical practice, modern doctors trained in scientific medicine, and the pharmaceutical industry in newly independent India. Doctors believed that the key to professionalisation was the control of modern pharmaceuticals. Yet, modern pharmaceuticals were already widely distributed through indigenous medical circuits. At the same time, the pharmaceutical industry was undergoing a therapeutic revolution that rendered Indian doctors, like all doctors, dependent on pharmaceutical industry marketing for up-to-date medical knowledge. As a result, modern doctors lost whatever colonial hegemony had been established as the power to produce and distribute medical knowledge shifted towards industrial medicine.

Preston Bakshi

Preston Bakshi is a Ph.D. candidate in history at the University of California, Irvine. He studies the history of Modern Britain and the world, specifically the history of medicine after the Second World War and decolonisation. He is currently writing his dissertation entitled 'The Gift of Health' on the relationship between general practitioners, the state, and the pharmaceutical industry after the formation of the National Health Service in Britain in 1947. Decolonising medicine is part of a larger world history project which connect to the medical processes occurring globally during this period.
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Introduction

The May 1952 edition of the *Journal of the Indian Medical Association* (*JIMA*) contains correspondence from an Indian medical professional, outraged about the way 'modern' doctors were depicted in the new blockbuster Hindi film 'Sansar.'[1] The film centred on a woman's attempts to convince a modern doctor to treat her sick husband. The doctor demanded an exorbitant fee, not for the examination, but rather for the cost of medicine. To pay the fee, the woman visited the rich employer of her son and begged for a loan. When he refused, she knocked him unconscious, stole the money, and went back to pay the doctor. The doctor still refused to go, informing her that he had to go and see a very rich and influential patient who turned out to be none other than her son's employer. Desperate, the woman tried to strangle the doctor, which finally convinced him to treat her husband. The letter published in *JIMA* protested that 'the entire picture is divorced of reality' for 'melodramatic effect.'[2] Indeed, the stereotype of the modern medical professional driven by purely economic calculation and class concerns is as old as the profession itself.[3] However, the reality within which these stereotypes could be imagined was peoples' everyday struggle for access to medicine and the modern doctor's assumed role as distributor of scarce medical resources.

Modern Indian doctors in newly independent India believed that the key to successful professionalisation and scientific hegemony could mainly be achieved through the control of pharmaceutical distribution. The first two decades of Indian independence coincided with a global 'pharmaceutical boom'. For the first time in history professionally dispensed medicine (as opposed to preventive measures) made a significant difference in raising life expectancies. This therapeutic revolution was primarily due to the discovery and industrial manufacture of antibiotics and sulfa-based antimicrobials.[4] However, Indian doctors' control over the distribution of powerful new modern drugs was limited. Modern pharmaceuticals circulated widely throughout India from so-called 'quack' doctors to Ayurvedics to the domestic 'mushroom' manufacturers competing with European and US multi-national firms. As a result, control over pharmaceutical distribution became doctors' main priority in their drive to professionalise within a nation of competing medical authorities.

Modern doctors' increased dependence on modern drugs also entailed the profession's increasing dependence on pharmaceutical firm marketing for medical knowledge. The 'pharmaceutical boom' produced hundreds of new drugs each year, many obsolete within months of release. Doctors had difficulty keeping up with these increasingly rapid and technical advances through traditional media like journals and conferences. Doctors complained that they used journals far more for catching up on brand names than for reading time-consuming clinical reports. Instead of attending scientific conferences, doctors found their practical needs more productively met at pharmaceutical firms-sponsored exhibitions. The medical profession divided between those who rationalised advertising as information and those who believed that it threatened their status both as doctors and men. The irreconcilable paradox was that modern doctors had become dependent on precisely the kind of 'quack' marketing that the profession had historically vilified.[5]

Historical research on medical practice in India is dominated by a focus on the colonial period. Historians have closely examined the primary role western medicine played as a tool for British imperial expansion in India and its use as a cultural force for expansion of European ideological, social, and cultural hegemony.[6] Nevertheless, the history on medical practice and science in India after independence has received considerably less attention.[7]

A primary focus of the history of medicine in India has been on the counter-hegemonic

and mutually-constitutive development of Indian indigenous systems of medicine in the face of modern medical sciences.[8] The development of Indian indigenous medicine is part of the way Indians fashioned their own version of modernity during the nationalist movements of the twentieth century.[9] However, for all the attention historians have paid to indigenous systems of medicine in India after independence, relatively little is known about the modern medical profession during this same period.

Modern medicine's apparent 'near total dominance' was far from hegemonic immediately after Indian independence.[10] While the British may have extended the modern drug market into India to subvert indigenous medical systems, doctors after independence considered the proliferation of pharmaceuticals in India to have become the primary threat to modern science.[11] Pharmaceuticals made anybody a modern doctor and Indian people incorporated these tools into their practice of indigenous medicine. This was nothing short of a threat to the modern medical profession dependent on modern pharmaceuticals for legitimacy of practice. Modern doctors needed India to 'modernise' on a European model so that they could secure a privileged market position as pharmaceutical distributors.

The historian of post-colonial Indian medicine should not replicate doctors' narratives of progress. Post-colonial national histories tend to become variations on a master narrative based on the history of Europe.[12] Similarly, historians of colonial medicine produced variations of a master narrative called 'the emergence of modern medicine.'[13] Rather, this article shows how modern medicine drowned under a tide of industrially produced drugs and their high-pressure salesmanship.. This process was not particular to India only, but reflected a moment in the history of the globalisation of medicine.[14] India gained its freedom at a time when free market competition in pharmaceuticals already heavily advantaged US and European firms. So while India may have gained political independence, it was remained medically dependent.

The rise of an industrial medical authority which usurped modern science also inspires a historiography investigating how the power to produce medical knowledge is as much socially and culturally constructed as it is based on a belief in objective science.[15] Scholars have shown that originally the power to speak of medicine and illness was located in the patient.[16] As doctors professionalised, it necessitated that doctors imagine that patients no longer knew of what they were speaking.[17] From doctors, medical authority moved to clinic where patients were imagined as only the accidents of their illness and observation was limited to the affected organs.[18] Finally, medical authority moved to the laboratory and the patient was only considered as containing individually affected microscopic cells.[19] Far less is known about the mid-twentieth century switch to industrial medicine and how medical authority was reconstructed.[20]

This paper primarily relies on articles and doctors' correspondence published in the *JIMA* between 1947 and 1967. *JIMA* was the official publication of the Indian Medical Association (IMA) which was formed in 1930 to protect the interests and authority of practitioners of modern scientific medicine in India. The journal functioned not only as a venue for publication of scientific research but also as a public forum for the medical community to debate issues. Indigenous pharmaceutical houses originally funded *JIMA* to promote locally manufactured products, but the journal was soon inundated by advertisements from European and US multi-nationals. Far from presenting an objective reality of medical practice in India after independence, *JIMA* is useful to the historian for understanding how modern doctors imagined the ways both modern and indigenous medicine functioned in a newly independent India. In this way, medical journals can be valuable historical documents for researching a cultural history of scientific medicine.

The historian of post-colonial Indian medicine should not replicate doctors' narratives of progress. Post-colonial national histories tend to become variations on a master narrative based on the history of Europe. Similarly, historians of colonial medicine produce variations of a master narrative called 'the emergence of modern medicine.' Rather, this article shows how modern medicine drowned under a tide of industrially produced drugs and their high-pressure salesmanship. India is not experiencing a bounded national history but rather reflects a moment in the history of the globalisation of medicine. India gained its freedom at a time when free market competition in pharmaceuticals already heavily advantaged US and European firms. So while India may have gained political independence, it was freed to be medically dependent.

Quackery and Spurious Drugs

Modern doctors became aware of India's dependence on foreign pharmaceuticals during the Second World War. European drug manufacturers, operating as a quasi-monopoly in colonial Indian markets, restricted drug imports to India to keep up with domestic war production requirements.[21] Thousands of patients under the care of modern Indian doctors died because pharmaceuticals were either not available or too expensive for most people to afford.[22] As a result, hundreds of Indian-based drug houses sprouted to meet this demand.[23] By 1945, domestic pharmaceutical manufactures supplied close to seventy per cent of India's total medicinal requirements.[24] On the eve of its independence, India was well on the way to pharmaceutical self-sufficiency.

However, freedom for India meant it was no longer free to be medically self-sufficient. By 1951, only fifteen per cent of pharmaceuticals sold in India were domestically manufactured.[25] Returning to normalcy, European and US firms flooded Indian markets with drugs in high demand due to wartime shortages. The overseas marketing archives of Britain's second largest pharmaceutical manufacturer, Burroughs, Wellcome & Co. (BWC), provides a key insight into this process. BWC learned that Indian market domination was tending to firms which supplied the greatest bulk at the lowest price. BWC's own calculations projected huge losses from pursuing a high bulk/low price penicillin policy in India and pulled out, despite the tremendous need there, concluding that Indian markets will go exclusively to the firm which can afford to take financial losses the longest. Only once all competition pulled out of the penicillin market in India, the last remaining firms raised its prices again to recoup losses.[26]

Free-market competition in India was not only difficult for European-based firms but practically impossible for domestic Indian houses. Indian manufacturers often attempted to compete by producing an inexpensive version of the same (but slightly different) product produced by a European firm. To fight back, European firms showed a 'murderous spirit of competition' by lowering their prices enough to put the start-up Indian firm out of business before raising the prices to even higher levels afterwards to recoup their losses.[27] Indeed, new patented drugs were ultimately sold at prices marked up higher than in any other region in the world.[28] Indian manufacturers did not gain a foothold in its own domestic market until the mid-1960s and only after a painful period of import restrictions that denied essential drugs to most of the Indian population.[29]

The drug shortage in India during the Second World War revealed modern doctors' dependence on pharmaceuticals for professional authority. 'Drugs and pharmaceuticals are the weapons of the medical profession,' read a *JIMA* editorial, 'Are we self-sufficient?'[30] The need for self-sufficiency is crucial because when the doctor is disarmed of antibiotics 'modern treatment practically becomes a myth.'[31] Doctors strove to ensure that a shortage of drugs in

India did not occur again not only because of lost lives, but also because deaths are bad for business. One doctor in Dehli complained, 'Our patients are not satisfied unless we give them a bottle of medicine.'[32] So when doctors demanded that an 'ample supply of pure reliable drugs is ready at hand at all times' they were as concerned with the authority of the profession as they were with patients' health when discussing the role of pharmaceuticals in independent India.[33]

To gain control over their pharmaceutical armamentarium, modern Indian doctors moved quickly to establish closer ties with manufacturing firms themselves. 'Practitioners of this country,' remarks Dr. B.V. Mulay, 'have the keenest interest in the prosperity of the drug industry…and the members of our profession should have at least a partial share in the responsibility of running the [pharmaceutical] concerns.'[34] While doctors' aims to help run pharmaceutical firms failed, manufacturers instead reached out to doctors through a series of industrial and scientific exhibitions. These exhibitions met once a year for the purposes of trade, making contacts with the industry and informing doctors of new pharmaceuticals. 'The medical profession and pharmaceutical profession are very much inter-connected, inter-dependent, and interrelated,' said Dr. Indubhai B. Amin opening one such exhibition, 'they must go hand in hand for mutual growth, development and progress and should work in close cooperation, coordination, and harmony.'[35] At first, doctors gladly took the hand of the industry, which provided them with 'souvenirs,' 'entertainments,' 'hospitalities,' 'teas,' 'luncheons,' 'dinners', and 'picnics' all funded by an impressive list of firms based in Europe, the U.S., and India.[36] This was the beginning of a process which ultimately would produce the medical profession into an audience dependent on the consumption of drug marketing.

Another weapon Indian doctors utilised in their drive for hegemony included the discipline of anthropology. The early 1960s demonstrates a significant change in the narratives doctors used when talking about the Indian population and medicine. Earlier, doctors primarily referred to popular use of quack and indigenous medicine in terms of Enlightenment era discourse that constructed oppositions between reason/emotion and rational/affective. In order to get people to adhere to modern medicine, they need to be 'liberated from sorcery and superstition, medieval ignorance and irrational bigotry.' However, doctors increasingly begin to argue for the 'anthropological study of culture' to 'understand the total way of life of a people' so that they may 'institute a change in health planning' among the rural population.

Doctors made it a priority to control pharmaceutical dissemination among 'quack' or unregistered doctors to ensure the privileged market position that the profession was supposed to provide. Doctors believed that quacks armed with modern pharmaceuticals were everywhere. Quack doctors were described as being 'primary teachers,' 'village postmen,' 'pharmaceutical compounders,' 'palmists,' 'retired government servants,' 'hospital hamals,' 'barbers,' 'a tutor of my child,' 'a mill jobber,' 'a press representative,' 'opium addicts,' 'diabetic patients,' 'homoeopaths' and 'just about anyone that could claim mere previous association with a doctor, vaidya, or dispensary.'[37] Doctors imagined that anybody who cannot find employment turned into a quack and settled in a village. One could buy any kind of drug one wanted, including poisonous drugs, sulpha drugs, antibiotics, and biological products, from anyone including stockists, dealers, drug agencies, and chemists without prescriptions signed by registered practitioners.[38] The quack, now equipped with glass syringes and a few rusty hypodermic needles helped himself and his family and 'by and by within a couple of days his reputation flourishes and so the sphere of his practice widens.'[39] Eventually quacks begun to advertise their services through 'extensive propaganda' claiming to be able to cure any illness, one doctor even claiming to have seen an advertisement for 'homoeopathic penicillin.'[40] Quacks, with hypodermic syringe, antibiotics, and some sulpha tablets, 'go about visiting villages on their

bicycles and irrespective of any indications go on injecting people.'[41] Another doctor claimed to have caught an ayurvedic doctor 'carrying a stethoscope and injection equipment in his kit.'[42] Since quackery 'swept Ayurveda off its feet' there was nothing to prevent it 'from undermining modern science today.'[43] Rather than modern professionals achieving medical hegemony in India, doctors were forced to recognise the limits of their authority as modern drugs moved through indigenous medical circuits.

Modern Indian doctors found that the proliferation of modern drug distribution through quackery was supplied by hundreds of small, India- based pharmaceutical manufacturers that doctors named 'the mushroom industry.' Mushroom manufacturers were generally characterised by the modern medical profession as having no properly qualified technical staff, inadequate installations, and inaccurate product testing procedures.[44] Many mushroom laboratories operated in 'domestic kitchens', and 'tenements without even a floor' with 'appalling' hygienic conditions.[45] One doctor claimed to have found 'properly licensed manufacturing houses having no more equipment than only a rickety autoclave and a dozen flasks.'[46] Indeed, many mushroom manufacturers were licensed by the Indian state to provide inexpensive alternatives for needy regions.[47] A 1954 Bengali documentary entitled 'Worse Than Criminals' claimed that many mushroom manufacturers promoted a 'spurious' drug trade in which the manufacturer paid 'unwary housewives' and 'compounders of small pharmacies' for empty medicine phials and bottles with the original label intact of well known drugs and injections. The manufacturer then filled the empty containers with imitation products and resold them to quack doctors.[48] Indeed, one doctor described the proliferation of mushroom houses as coming 'from that pathological state of mind which wants to earn money at any cost.'[49] Indeed, the blatant commercial motivations of the mushroom manufacturers' trade was thought to disgrace the imagined humanitarian aims of modern medical science while at the same time it not so coincidentally competed with modern science in the market for distribution.

Doctors blamed the rampant circulation of pharmaceuticals in India on the state itself and its supposed negligence in enforcing the Medical Registration Act and Drug Law of 1940. This law was intended to give modern medicine the exclusive power to distribute medicines but doctors claim it was never backed with the necessary disciplinary surveillance measures. According to *JIMA,* the state had 'no statistical data,' was 'wholly ignorant', and operated 'no registration system' on quackery. Doctors complained there were 'no adequate agency' or effective 'police action' in India and its constituent states to stop mushroom manufacturers and the sale of spurious drugs.[50] Most of all, doctors resented the state's inability to eliminate the market competition coming from quacks complaining that there was 'nothing the government can do to prevent quacks and take the bread from their mouth.'[51] Quacks' ability to make a living was as much the problem to doctors as the health of the people.

Doctors' failure to have the state enforce their war on drugs resulted in a profession-wide critique of liberal democracy. Democracy was the problem because 'in these days of democracy…some sections of the people are willing to be treated by them [quacks]' and as a result the state is 'ignoring its responsibility for the health of the people.'[52] In 1954, the Bhore committee concluded that 'the individual citizen has the absolute right to take his ailments to anybody he chooses.'[53] Doctors felt so maligned that *JIMA* editors remarked the government must then think quackery 'directly or indirectly helped them solve their population problem.'[54] In other words, the freedom of choice inherent in the Indian peoples' choice of medical freedom was precisely what was threatening their lives.

Anti-democratic feelings among modern doctors prompted some in the profession to yearn for totalitarian systems that would have the strength to insure their authority. Doctors

claimed that the proliferation of spurious drugs manufactured by mushroom companies would continue until India abolished the patent system of western capitalism, nationalised the domestic drug industry, and would 'go with the Soviet made drugs.'[55] The appeal of Soviet-made drugs to doctors was raised when a contingent of Indian doctors, visiting the United Kingdom to investigate the possibilities of pharmaceutical manufacturing, had a 'terrible experience' because they 'had difficulty in even entering the plants to see them.' The representative from this trip concluded that this was because 'technology is treated as private property in the west' and so India must go with the Soviet Union because there 'it is quite otherwise.'[56] Shortly afterwards, India entered into an agreement with the Soviet Union for the construction of five pharmaceutical plants including the world's largest penicillin factory.[57] Soviet pharmaceuticals did its part to help free India from a free market, which was decidedly in favour of the U.S. and European firms.

Varieties of Medicine

Another weapon Indian doctors utilised in their drive for hegemony included the discipline of anthropology. The early 1960s demonstrated a significant change in the narratives doctors used when talking about the Indian population and medicine. Earlier, doctors primarily referred to popular use of quack and indigenous medicine in terms of Enlightenment era discourse that constructed oppositions between reason/emotion and rational/affective. In order to get people to adhere to modern medicine, they needed to be 'liberated from sorcery and superstition, medieval ignorance and irrational bigotry.'[58] However, doctors increasingly began to argue for the 'anthropological study of culture' to 'understand the total way of life of a people' so that they might 'institute a change in health planning' among the rural population.[59] The people no longer adhered to indigenous and quack medicine due to 'ignorance' and 'superstition' but rather to 'psychology' and 'sociological factors' and 'social values and self image.' The medical profession called for more anthropological studies to effectively change people's minds about medicine and secure it.[60] In this way, hegemony came not through the enlightening of superstition, but rather the production of knowledge on popular psychology.

Other alternatives doctors considered to deal with the problem of free medical markets in India included the use of modern medical propaganda through advertising. The use of medical propaganda, especially among doctors in Europe and US, was considered to be highly unethical. 'I know that we as individuals cannot do propaganda for ourselves,' stated a *JIMA* editorial, 'but we can certainly place before the public the advantages of our system especially when extravagant claims were made and advertised in the public about other systems of medicine.'[61] Not only was democracy the problem, but now the ethics of modern medicine was also seen as a hindrance to modern scientific hegemony.

Between 1960 and 1965, the Indian state implemented a series of measures to foster the growth of the domestic pharmaceutical industry with the hopes of weeding out mushroom manufacturers and spurring pharmaceutical exports to balance trade deficits. First, the state approved centralisation for the enforcement of the previously neglected Drugs Act of 1940 in

order to empower the central government to control the manufacture of drugs.[62] A second bill for the persecution of spurious and adulterated drugs which included a new maximum punishment of ten years in prison and confiscation of property was passed in 1963.[63] Also in 1963, the Drugs and Magic Remedies Amending Bill, also known as the 'Objectionable Advertisements Bill' was passed, despite 'freedom of speech' protests from the press, to control mushroom industry propaganda and prevent self-medication.[64] In 1964, reports surfaced that the Madras state had been the first to successfully seize and freeze 'almost the entire stock' of spurious drugs.[65] For the first time, in 1965, an 'intelligence cell' was created under 'an experienced police officer' for 'vigilance work' against 'corrupt practices' in the drug industry.[66] Also in 1965, the European practice of importing finished preparations in readymade packages only to be marked 'Made in India' to escape taxation after import was 'virtually stopped.'[67] Finally, a 1966 report announced that imports of sub-standard drugs by European firms, often with expired dates had decreased from fifty per cent in 1937 to five per cent in 1966 due to testing in new state operated import laboratories.[68] Indian state efforts to curb spurious and sub-standard pharmaceutical trafficking were beginning to work. However, far from these developments resulting in modern medical hegemony, doctors found their authority usurped by the new medical authority of industrial medicine.

The Marketing Aspect of Pharmaceuticals

The threat that industrial medicines' global advance into India posed to the medical profession was first discussed in the early 1950s. 'The point is that our science makes us not self-reliant but dependent on others,' wrote an Indian doctor, 'we have almost become the agents of big manufacturers.'[69] Framed under a title 'The Conference That Did Not Meet,' this prophetic critique of the profession was relayed in an article exposing what Indian doctors' were not talking about. 'Flooded with propagandist literature – nicely printed pamphlets and even scientific brochures – we fall into their trap.'[70] In 1956, an Indian doctor complained that 'the busy practitioner has little time to keep abreast with the modern advances in the newer drugs and he depends upon the pharmaceutical industry to supply this information to him.'[71] Doctors' began to pressure *JIMA* to drop the pharmaceutical advertisement on the cover because it was 'derogatory to a journal of such eminence.'[72] Nevertheless, during the 1950s doctors' anxiety over advertising was still small in comparison to their concerns about quackery and the mushroom manufacturers.

From 1960 through 1965, the perceived threat of pharmaceutical advertising became the main problem of Indian doctors. 'Doctors are being informed by drug company literature…each doctor receives daily a number of leaflets printed on glazed paper, beautifully illustrated propaganda brochures and unsolicited samples,' proclaimed a *JIMA* main-column article, 'The new teacher is the sales agent – a well dressed individual with polished manners and persuasive tongue…all advertising has replaced the old teacher, making modern medicine fall into quackery.'[73] Where earlier quacks were those who believed the claims of mushroom house marketing, now the modern medical profession believed the claims of pharmaceutical firms' advertising, 'The profession has become agents of the pharmaceutical firms…they prescribe drugs from ads and are now quacks themselves.'[74] However, it was not the advertisements in themselves that threatened doctors the most, but what they did to doctors personally that raised the largest outcry.

Pharmaceutical advertisements threatened doctors because they were perceived to appeal to science's antithesis: The irrational. 'The general practitioner has to be on his guard against

the subtle propaganda of the medical advertisements and the detail men,' warned the professional medical journal, 'under the influence of much advertisement feelings, not reason, move people to buy. It weakens their ability to choose rationally…and all the wholesome lessons of his student days are given the go by.'[75] Even worse, the doctor will 'succumb to the charming personality and persuasiveness of the salesman…he has a responsibility to his patients and for no reason whatsoever can he afford to forget this at the altar of the so-called fancy propaganda.'[76] Doctors were not only seduced by charming salesmen but also 'brainwashed to think in terms of brand names of drugs and automatically prescribe in brand names' rather than their pharmacological equivalent.[77] Far from a monolithic disciplinary power colonising the bodies of Indians with modern medical hegemony, the Indian medical profession was succumbing itself to an invasion of twentieth century industrial medicine.

To understand to what extent advertisements were effective on doctors in India, it is helpful to examine pharmaceutical marketing from a leading firm's perspective. According to BWC overseas marketing division, Indian people generally negatively viewed European products as devices through which individual capitalists grew rich. This applied to firms' advertising of specific drugs which often failed to attract the interest of Indian doctors. Much more successful were firms which claimed that doctors who prescribed their brand were making positive contributions to the welfare of all Indian people more generally. Despite pressure from their Bombay division, BWC refused to make such claims insisting that this approach was unethical.[78] Meanwhile, competitors like Imperial Chemicals Inc. peppered *JIMA* with advertisements suggesting that if a doctor prescribed I.C.I. he will be contributing to the future of a young Indian studying chemistry in college. The success of this advertisement testified to the ways modern doctors imagined they were contributing to their nation's independence and modernisation despite the fact that India was becoming increasingly dependent on foreign

Modern Pharmaceutical Drugs

Some modern Indian doctors resisted dependence on pharmaceutical propaganda by suggesting the profession reject modern science altogether. 'Let him [general practitioner] not desire to be modern in his use of drugs. The craze for drugs is an appalling modern phenomenon and the modern patient should not be pandered to his primitive desires.'[79] In fact, it was suggested that doctors reject modern science's basis in enlightenment rationality in order to become more human. 'Medical men should remove the apron of science that enveloped them and be clothed with the natural skin of humanity.'[80] More generally the profession called for testing drugs advertised in the medical journals 'to see whether the claims are true' and 'see that their own doorsteps are clean' to make sure journals advertised modern drugs can 'stand the test of science'.[81] It was no longer only the spurious drugs of quacks which need regulation by superior medical science but superior medical science itself which had become the object of suspicion.

Conclusion

The authority of the modern Indian medical profession depended on doctors' control of pharmaceuticals. Pharmaceuticals in the hands of modern doctors were as much a weapon for the conquest of modern science as a means to heal the population. Yet, Indian doctors struggled to monopolise the legitimate use of pharmaceuticals in independent India. Doctors found that modern pharmaceuticals circulated throughout India and that this undermined their professional authority as well as their privileged market position. In addition, modern doctors found that their dependence on pharmaceuticals made them students of a new medical authority: Industrial medicine. In order to keep up to date, doctors had to become as adept at reading pharmaceutical advertisements as they were previously in producing medical science.

Modern doctors in India did not act as agents of modernisation in a new European prototypical nation but rather as nodes for the integration of global commercial medicine. The Indian medical profession was not alone, but experienced a process occurring to medical professionals world-wide as colonial medicine decolonised into the new authority of twentieth-century industrial medicine.

1 *Sansar* was among the first films in Hindi produced by the new Indian national film industry. Directed by S.S. Vasan. Produced by Gemini pictures, 1951. 'Modern' is the term Indian medical professionals used to differentiate their own scientific training from the practice of indigenous, 'quack', or Ayurvedic medicine. Modern will be used here without quotes to represent the imagined category of the 'scientific' medical profession and does not suggest any inherent quality or value of practice.

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4 Jordan Goodman, "Pharmaceutical Industry," in Roger Cooter and John Pickstone, (eds.), *Medicine in the Twentieth Century,* Harwood, Amsterdam, 2000, pp. 141-154.

5 Roy Porter, *Health for Sale: Quackery in England, 1660-1850,* Manchester University Press, Manchester, 1989. See also Nancy Tomes, "The Great American Medicine Show Revisited," *The Bulletin of the History of Medicine,* 79, 4, 2005, pp. 627-635.

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7 David Arnold, *The New Cambridge History of India: Science, Technology and Medicine in Colonial India,* Cambridge University Press, Cambridge, 2000, p. 213. However some

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23 *JIMA,* "Drug Manufacture in India," *JIMA,* 21, 10, July 1952, p. 442.

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27 P.B. Mukherjee, "Scientific and Industrial Exhibition," *JIMA,* 22, 5, February 1953, 208. This process obviously favours the firm with the highest capital reserves at the outset.

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29 See for example *JIMA,* "Drug Import Policy," *JIMA,* October 1958, p. 292.

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Picture Source:

1. http://www.skolnik.com/pharmaceuticals_and_healthcare.shtml
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Charisma and Controversy in Jamaica's Dancehall Culture

This article examines the powerful impact of Dancehall artistes and their music on Caribbean culture. Lyrics from artistes such as Lady Saw, Buju Banton, Shabba Ranks and Bounty Killer are used to reinforce findings that this genre of music has influenced gender relations, cultural interaction, religion and contestations for space. Furthermore, I have addressed the fact that dancehall is a means of communication to express frustration, chastise politicians and reflect the harsh realities faced by the lower class. Some of the dancehall artistes deal with social issues such as AIDS and seek to educate their supporters.

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Emergence of Dancehall Music

Dancehall music, which represents a phase in the evolution of reggae, is associated with the West Indian island of Jamaica. During the early decades of the twentieth century, plays, songs and musicals emanating from the United States were assimilated into the Jamaican society. The transmission of music from the United States to Jamaica, a former British colony, increased after the 1950s, particularly via what is known as the *soundsystem*. The types of dance music imported from the North American mainland and played in dancehalls in Jamaica included rock and roll, rhythm and blues, and jazz.[1] During the turbulent decade of the 1960s in which liberation movements were blossoming all across the world, there emerged a unique brand of Jamaican music known as *ska*. Gradual changes in *ska* resulted in it being transformed steadily from rock to the now popular reggae.

The eclectic art form of dancehall has undergone a metamorphosis since the days of its origin resulting in the creation of a unique vocabulary. It has carved out its own niche in the world of music. It has been identified by various names– *ragga*, DJ (deejay) style and Jamaican rap. Rapping, on the other hand, has been called chatting, toasting and chanting. Dancehall has been wrongly stereotyped as being mostly 'gun talk' and 'slackness.'[2] The disciples of this music who religiously spread its gospel include Capleton, Shaggy, Lady Saw, Beenie Man, Elephant Man, Merciless, Bounty Killer and Snow.

Beenie Man

Controversy over Dancehall Lyrics

The uninitiated listener, who is not aware of the lyrical flexibility and unique cultural expressions of dancehall music, often commits the mistake of taking its lyrics too literally. Such people are oblivious of the fact that it is an art form which incorporates metaphorical language and allegory. Hence, to the untrained ear, dancehall might appear to be cacophonous and incoherent, or even offensive. But its messages are hidden in the Jamaican patois and creole.

Capleton

Gender War and Dancehall

The male dancehall artists have often attempted to bolster their masculinity by deriding and

mocking women. The lyrics, with their sexual innuendo and graphic depictions of sex, are hallmarks of the projected image of Caribbean masculinity.[3] Aduku Addae, a Jamaican residing in the United States, contends that relations of power and gender politics are entwined in dancehall:

> Politics is about who rules in society and gender politics is no different. Women want to rule, plain and simple…. The gender war is a political struggle not a 'bedroom conflict'…. This political drama is played out in the public arena, in this instance the Jamaican dancehall. The objective of this struggle is the institution of a system of Matriarchy.[4]

The macho image of the Caribbean male is embodied in the lyrics of the song *Mr. Loverman* by Shabba Ranks:

> If a loving yuh looking for yuh buck upon the right one
> Search nuh more yuh buck upon the right one
> Yuh have it in a yuh mine fi come thrill me wid it
> A gwayne lay down and mek yuh kill me wid it
> because thrilling that is Shabba favorite habit
> and when me lay dung yuh know me nah run from it.[5]

Similarly, in *Housecall* by Shabba Ranks and Maxi Priest, the lyrics sung by Priest are sexually suggestive:

> Girl just let me show you how
> Your body can't lie to me
> Cause I know just what you're needing.
> Your body can't lie to me
> Cuz you're in need of some sexual healing.[6]

In the song there is also the claim by Ranks that he is not a 'heart breaker' but a 'Love maker'. Men listening to these songs too literally might come to believe that women have only one purpose in life– to satisfy men sexually. Thus, certain dancehall lyrics will inadvertently contribute to producing a distorted masculinity. However, this is not true for all of dancehall

Lady Saw

Lyrics of several tracks like *Gimmi Di Woman Dem* and *Good in Her Clothes* by Capleton, *Slam* by Beenie Man and *Trailer Load of Girls* by Shabba Ranks have been deemed sexist. In 1991, Banton's first major hit *Love Mi Browning*, praised light-skinned women. Not surprisingly, it created an uproar among dark-skinned women in Jamaica who felt slighted. In an effort to make amends and win over a vital section of his fan base, he subsequently released *Love Black Woman*.[7] Such an outburst and the eventual reconciliation reinforced the idea that the Caribbean society is extremely gender, class and colour conscious.

Lady Saw, the controversial dancehall queen, has a devoted fan base as strong as her league of critics. The misogynist lyrics of Saw, the objectification of the female body in her

songs, together with her suggestive body language has also generated considerable amount of controversy. Obaiagele Lake, a researcher, views the songs of Saw as demeaning to all females.[8] In 1993, a reggae radio DJ from Utah, United States, attended the 'Dancehall Night' at Reggae Sunsplash in Jamaica, and exclaimed in shock on viewing the 'indecent' antics of Saw.[9] Likewise, the *Jamaica Observer* also harshly condemned her 'sheer filth and vulgar lyrics.'[10]

Carolyn Cooper identified elements of 'contradictory representations of female sexuality' in dancehall lyrics. She arrived at this conclusion on the basis of a comparison of the dancehall culture with the female *orishas* in Nigerian culture. She suggested that Saw and others like Lady Junie and Lady G were actually rebelling against a patriarchal society with double standards. The female artist had become a radical warrior who was intent on transforming the society by directly challenging its traditions and norms.

In contrast to such uniform condemnation from various quarters, Velma Pollard made an interesting observation: 'The female DJ stands doubly indicted for singing "slackness" and for using it to denigrate her own sex following the lead of the male DJ.'[11] Pollard's statement is a comment on the hypocrisy of a male-dominated society. Adopting a stance similar to Pollard's, Carolyn Cooper argued in 'Lady Saw Cuts Loose' that the topic of sexual prowess for the female DJ is 'an essential element of the kudos of the entertainer'.[12] Cooper defensively highlighted the genius of Saw as a female who fully understands the power of her sex appeal, and whose lyrics are interpreted to be conveying a message of sexuality enriching gender politics.[13] This is similar to the stand of Tanya Stephens, who praised the elements of display of female sexuality in *Yuh Nuh Ready*.

Furthermore, Cooper identified elements of 'contradictory representations of female sexuality' in dancehall lyrics.[14] She arrived at this conclusion on the basis of a comparison of the dancehall culture with the female *orishas* in Nigerian culture. She suggested that Saw and others like Lady Junie and Lady G were actually rebelling against a patriarchal society with double standards. The female artist had become a radical warrior who was intent on transforming the society by directly challenging its traditions and norms.

It would be a grave injustice to casually judge Saw as slack. Some of her songs are politically conscious and provide advice to women. Likewise, Beenie Man has dabbled in ballads, hip hop, country and gospel music. In retrospect, I feel tempted to see Saw as a radical feminist who was fighting for women's liberation through the medium of her songs. The extreme reaction to the apparent 'lewdness' of dancehall is not a new phenomenon but was also previously expressed against other musical forms, like *mento*. Songs of this genre, typified by 'salaciousness and literalness' include those by *Miss Goosy* and *Matty Belly*.[15]

For long, male artists have dominated the dancehall stage and women were considered outsiders. The bravery displayed by women in transcending sexist norms by publicly singing about sexual relationships has appealed to a noteworthy section of the public.

Shabba Ranks

Homosexuality and Dancehall

Dancehall lyrics condemns homosexuality, or any other form of deviance from heterosexuality. Such songs include *Get Up, Stan(d) Up* by Ranks, and *Bump Up* and *Mad Puss Tonic* by Lloyd Lovindeer. Buju Banton in *Boom Bye-Bye* (1992) strongly condemned homosexuality and warned gay men to run or suffer from a bullet in their head:

> The world is in trouble, Anytime Buju Banton come, Batty boy get up and run, ah gunshot in ah head man, Tell dem crew…it's like, Boom bye bye, in a batty boy head, rude boy nah promote no nasty man, them hafi dead.

Not surprisingly, *Boom Bye Bye* was extremely controversial among transgender, homosexual and bisexual groups. The song was branded homophobic and violent, and there were protests in the United States, especially among gay activists who demanded that a ban be imposed on the song as well as the singer. Banton was accused of gay-bashing by the Gay and Lesbian Alliance Against Defamation (GLAAD) and Gay Men of African Descent (GMAD). Faced by such condemnation, Banton blatantly provided a strong rebuttal, 'Homsexuality runs contrary to my religious culture.'[16]

Following this lead of Banton, one feels it imperative to dig deep into the religious background of dancehall artists in order to comprehend the reasons behind this hostile attitude of dancehall music towards homosexuality. Adherents of Rastafarianism, which many dancehall artists follow, believe that homosexual acts are abnormal and that this is actually a part of the corrupt White man's culture. Cooper argued that within the domain of dancehall, 'Heterosexuality is culture and class; homosexuality is slackness and ass.'[17] It is evident that among dancehall artists, there is little or no tolerance and sympathy for such sexual deviance. They remain steadfast advocates of heterosexuality and refuse to compromise.

Public Image of the Dancehall Singer

The overwhelming majority of dancehall artists come from a social background characterised by hardship and poverty. Buju Banton, for example, was born in a slum on the outskirts of Kingston in Jamaica. His mother was a poor street vendor, a higgler, who had to raise fifteen children, Banton being the youngest. Hence the rise of Banton and other dancehall artists to stardom provide inspiration to many of the poor and dispossessed sections in the slums and ghettoes in Jamaica and abroad.

The art forms of calypso (*kaiso*) and dancehall share a troubled history. There is frequently a public outcry to ban the calypsoes containing smut.[18] Erna Brodber in 'The Emergence of Reggae in Jamaica: A 1986 Overview' identified the sexual suggestiveness in calypsoes and songs in Trinidad and Jamaica and argued, '[P]erhaps sexual innuendo in song was part of the African heritage.'[19] However, such a statement seems nothing more than a mere hypothesis.

The *kaiso*, with its *picong*, has been utilised by dancehall practitioner, Lloyd Lovindeer, in *Panty Man*.[20] The lyrics cannot be unfairly stereotyped as smut and derogatory but should be seen as crude gossip or public confessions. However, in the final decade of the twentieth century, the Jamaican government banned Bounty Killer's songs including *Fed Up*, *Can't Believe Mi Eyes*, *Look* and *Anytime*.

As a result of the markedly different behavioural patterns exhibited off-stage and during performances by certain artists, some members of the audience would perceive the former as

suffering from a 'Jekyll and Hyde Syndrome'. An illustration is Saw herself, who sees performance 'as a strategy for masking the self.'[21] In a radio interview in 1998 in Jamaica, Lady Saw confessed that her stage performances were merely an act and do not reflect her personality. 'I'm a nice girl. When I'm working, you know, just love it or excuse it', she says. Cooper interprets this response as, 'Pure role-play. Distinguishing between her job and her identity, she claims a private space that allows her the freedom to escape her public image.'[22] This will explain singers whose lyrics include sex and violence whilst singing of Rastafarianism and living in harmony. Thus, singers seem to speak with forked tongues and their actions and words certainly appear contradictory and hypocritical.

Some performers undergo a symbolic process of rebirth, a purification process in which they claim their songs are purged of slackness. An illustration is the case of Shabba Ranks in *Roots and Culture*, who said 'Is a new page me turn over' and claimed to be an avid supporter of 'culture':

> Some of dem ah bawl how dem want culture,
> And some of dem waah people be vulgar,
> I rather to stick to I culture.
> Than to be, a dirty culture.[23]

Banton similarly claimed, 'I love my dancehall to the brim, but I nah sing no derogatory song.'[24] This transfiguration is not unique to dancehall and among calypsonians. A notable example of this is Lord Shorty who was charged in the 1970s for indecency due to his antics during the performance of a song entitled *The Art of Making Love*. He eventually became disillusioned, sang spiritual songs, changed his name to Ras Shorty I and began wearing white robes.[25] The need for singers to publicly distance themselves from dirty lyrics possibly stems from an upsurge of negative opinion or reproach from the media. It might also be an eleventh-hour effort to reconcile with their fans.

Interestingly, Banton has pioneered a social movement called "Operation Willy" which seeks to assist and support children with AIDS in Jamaica. He also visits some of these children. Bounty Killer has arranged for scholarships for school children. He has done considerable charity work and much of the profit generated from the marketing of his songs is donated to institutions such as inner-schools.[26] This aspect of caring, empathy and sensitivity is not usually associated with singers whose songs contain gun talk and violent lyrics. Capleton in an interview in New Orleans in 2002 provided sound advice: 'We have to organize and centralize, collectively. Anything we do we have to do it collectively. Capleton alone can't make it happen, Sizzla alone can't make it happen….'[27] Jolivette Anderson, a poet and educator residing in Mississippi, portrayed Capleton as an activist, 'He is a master of using art as activism for fostering humanitarian and political thought and consciousness. His honesty and truthfulness burns away ignorance and confusion and it has a healing power.'[28]

The artists take stand on a number of socio-economic and political issues, which certainly appeal to the interests of their supporters. Similarly, calypsoes have been used to embarrass governments, which are considered by citizens as inefficient, corrupt and uncaring.[29] Some of the songs provide historical insight and prove useful in educating the public. Whilst a student, Banton learnt of the Black nationalist hero of Jamaica, Marcus Garvey. Later, Banton in one of his albums included an excerpt from one of Marcus Garvey's speeches. Unfortunately, the inaccuracy of lyrics sometimes contributes to hatred and ignorance. For instance, in a concert in Virginia in the United States, Capleton sang that in World War One, Napoleon Bonaparte was the antichrist.[30] This is a fallacy because Bonaparte was obviously not even alive to see the First World War.

Cooper believes that Saw, in her song *Condom*, is on 'firm moral ground' and 'a role model of responsible sexual behaviour.'[31] Indeed Saw seems as a firm advocate of safe sex as evident from the chorus:

> A condom can save your life (men),
> Use it all with your wife (yes)
> All when she huff and puff
> Tell her without the condom you nah
> Do no wo'k
> Don't bother play shy
> Tell the guy, "No bareback ride
> No, no, no"
> No watch the pretty smile
> Remember AIDS will tek you life.[32]

However, the Caribbean Islands have an uncontrollable and frightening AIDS pandemic at present. Thus, it could be seen a lack of farsightedness on the part of both Saw and Cooper, who do not realise that this could send the wrong message and encourage premarital sex and promiscuity, especially among children. Instead, some feel Saw should be encouraging abstinence, because the need to use protection when engaging in sex with one's wife, to prevent AIDS, suggests the noticeable presence of infidelity and a general decline in morals in the society. Furthermore, Saw and others of her ilk have failed miserably to educate the public that the condom is not one hundred per cent foolproof. Such lyrics rankle many religiously and morally inclined individuals and groups to angrily condemn the dancehall arena and threaten them with retribution.

Singing Prophets: Dancehall and Religion

The ideas expressed through dancehall are similar to those of the liberation theology of Christianity. The art form promises to free, at least temporarily, the masses from exploitation. It induces a momentary escape from their troubled existence. On stage, the dancehall artist is imbued with almost messianic qualities. This is also reflected in the adoration and adulation expressed by the fans who tend to feel intoxicated by the presence of their hero.

The artists attempt to portray themselves either as innocent victims of religious persecution or as being blessed for leadership. Capleton claimed, 'Anytime you try to uplift righteousness and upliftment of the people them, then you ah go get a fight.'[33] Banton mentions that 'spiritual realisation has to be felt by an individual.' When questioned about the inspiration underlying *Destiny* and *Til Shiloh*, Banton revealed, 'Inspiration behind these things are in the heavens. (sic.)'[34] As a result of the impact of Til Shiloh, Banton has been dubbed by his fans as the 'Bob Marley of dancehall.'[35] Bounty Killer has been described as being highly favoured too, 'A God-blessed youth has been dispatched to lead the battle for the oppressed people, the sufferers across the globe.'[36]

Some of the artists have paraphrased Biblical teachings in their songs. For instance, Shabba Ranks in *Roots and Culture* advised, 'Honor your muddah and fader. So dat yuh days will be longer…Live good in your neighbourhood, Live good and love good as you should.'[37] The lines indicate the use of religious undertones in the formation of inspirational lyrics.

However, the conservative spirit of religion clashes with the outspokenness and brashness of the dancehall. Thus, religion cannot be used as a yardstick to judge the merits of dancehall, the latter being very often portrayed as a bastard form of reggae. In fact, the spiritual

dimension of dancehall is only one of its many layers. The lyrics deal with a host of social issues such as politics, class relations, discrimination, ethnicity and poverty. Thus, dancehall must be respected or at least acknowledged for its active role in understanding the dynamics of Caribbean society. It embodies both good and evil. It cannot simply be overhauled with the intention of removing its objectionable content.

The stage performer imitates the Pentecostal and Evangelical preachers so that their 'fire and brimstone' sermons appeal to people to repent and change their lifestyles. By judging, condemning and attempting to reform individuals, the singer inadvertently adopts the role of a saviour. The stage represents the chancel or pulpit in which the singer can preach. Shabba Ranks in *Roots and Culture* alludes to this role:

> And some of dem waah people be vulgar,
> I rather to stick to I culture.
> Than to be a dirty character.
> I love me roots & culture,
> I goin' teach all yeh youngster.
> It's a new page the Ranks turn over
> Teach 'em just like a teacher,
> Make them listen, to me like a pastor.[38]

The dancehall singer carries the responsibility of delivering the message of the need for conversion. This is unequivocally evident in *Heart of a Lion* by Shabba Ranks:

> Dem have the heart of a pagen (sic)
> Jah children have the heart of a lion I know.
> Evil a move with Satan.
> Righteous trod in the countinance (sic) of the Almighty One.
> Dem have the heart of a demon.
> Jah children have de heart of a lion I know.
> Evil a move with Satan.
> Righteous walk in the countinance of the Almighty One.[39]

This song represents a stark contrast to the image of Ranks in North America as the 'czar of slackness' and the 'ninja of nasty sex.'[40]

To a large extent, the religious connotations of the songs are indicative of their strong links to reggae. The linkages between this spiritual dimension of reggae and the socio-economic condition of Afro-Jamaicans is explored by Linton Johnson, 'The musician, the singer and the dub lyricist are mostly sufferers. Through the music, song and poetry, they give spiritual expression to their own beings, to their own experience.'[41] This is lucidly explained in Saw's *Glory Be to God*:

> Yes, the hardship and the sufferation
> I have to go on my knees
> And sing praises to God
> Glory to God!
> Praises to his name!
> Thanks for taking me
> Out of the bondage and chains.[42]

The aliases of certain dancehall artists strongly suggest a concerted attempt to promote a religious aura. Capleton, for example, is known as 'The Prophet.' The imageries, allegories and metaphors used in the dancehall lyrics are often strikingly similar to Biblical descriptions. The frequent references to exploitation and oppression in songs can be compared to verses in

the Old Testament in which the prophets appealed to Jehovah (God) for justice and sought liberation. Capleton is also known as 'The Fireman' for his frequent references to fire in his songs. An illustration of this can be found in his emphasis that Jah (God) would return with fire and the Old Testament says that Shadrach, Meshach and Abendigo passed through fire. Capleton elaborated that his appeals for 'bunning down Sodom' and other iniquities are not to be literally interpreted. As for the mention of a blazing fire in some of his songs, he defensively divulged:

> It is not really a physical fire. Is really a spiritual fire, and a wordical fire, and a musical fire. You see the fire is all about a levity. But is people get it on the wrong term. People get confused. So when a man say 'more fire' him think that mean say you fi go light the cane field or go light the church….fire is for the purification of earth…The water cleanse, but it's still the support from the fire that burn the water, burn out of the bacteria so the water could heal we fi cleanse. The herb heal, but it's still the fire fi burn the herb so the herb coulda heal we also.[43]

Undoubtedly, it is through the medium of dancehall that the perception about the religion of Rastafarianism has radically changed. Whereas previously it was despised as being a religion of social rejects, now it has been embraced by a large section of the Brown and Black lower classes in Jamaica.

Contest for Space

Each dancehall artist seeks to carve out a niche not only in Jamaica but also abroad. For the youth in the ghetto, dancehall serves as a space for creative expression, recreation and solace from the troubles of society. It is eager in its ambition to successfully enter the ranks of reggae and obtain respect from the dancehall fraternity. Lady Saw is viewed as struggling for 'the right to public space in Jamaica.'[44] It surely is difficult for her to work in a professional space dominated by men. Therefore, there is a need for the DJ to be unique and for her presentation to contain an element of surprise to evoke the emotions from the crowd.

An overwhelming majority of dancehall performers are of African descent. A notable exception is Darrin O' Brien, a Canadian of Irish descent. He spent his early life in the Allenbury projects in North York in Toronto which had a concentration of Jamaicans. O'Brien's stage name is Snow and his exposure to reggae music and Jamaican patois make him the master of the art of toasting. This resulted in the production of best-selling albums like *12 Inches of Snow*, *Two Hands Clapping* and *Murder Love*.[45] The appeal of Snow is his unique style, 'I'm not a dancehall artist, hip-hop or reggae…. I mix it up and that's the way I've been doing it from the first album. I don't really follow what's new, I just follow what I feel.'[46]

Undoubtedly, stage presence is vital in capturing the hearts of the audience. The manner of 'chanting wythe the mic' in the dancehall is internalised by the crowd. The 'massive' in the parties judge the verbal skill of the DJ by his or her ability to 'ram dancehall an cork party.'[47] The stage represents a space where the energetic artist is in full control. At times, it has seemed as though the person who holds the microphone is empowered enough to transgress the laws of the country. An illustration of this is Bounty Killer's use of obscenities in a concert in Trinidad in 2004, only to be fined subsequently by the police for breach of law.[48]

Occasionally, the lyrics seek to inspire Blacks and promote unity. Capleton in a concert in Virginia appealed to the spectators for 'black upliftment' and claimed '…that just because he wants the upliftment of black people it does not make him a racist.'[49] Similarly, Ranks in *Roots*

and Culture strongly advised Blacks to be united:

> See how black people a suffer,
> It's what have black people under pressure,
> Just because we don't stick together.
> Woy yo!
> United we stand, and divided we fall,
> Black man know yourself before your back is against the wall.[50]

Whilst there is acknowledged rivalry among dancehall artists, there is also considerable camaraderie, mutual respect and support. Some realise that the contested space is very limited and that this requires high standards of performance.

Dancehall has irreversibly transformed the private into the public. This is evident as the lyrics and antics unfolding on stage provide intimate details of bedroom behaviour. The space of dancehall is not limited to the venues for live stage performances but also extend to street corners, bars and rumshops, where music is played from *soundsystems* and jukeboxes. It is this attribute which results in dancehall being described as 'a publicly acknowledged safety valve.'[51] The black lower class is able to use this art form as a means of communication to express their frustration. Thus, it is no wonder that dancehall has been described as 'a grotesque masquerade' and 'a new age Jonkunoo.'[52]

Arrival on the stage immediately changes the persona, as the artist undergoes a transformation and starts displaying his charisma. One of the presentations of Panakhi, in the United States, has been vividly described: 'It had a pumping beat which sounded just like African drums, the lyrics were tight and full of righteousness.'[53] The extensive use of the stage by the exuberant singer incorporates rapid oscillations, dancing, gesticulations and jumping. The stage performances of Capleton have been described as 'dynamic' and 'explosive.' Thus, some may appear to be pompous and overbearing but can never be labelled as being obsequious or monotonous. The creation of an electric atmosphere is a conscious ploy to attract supporters. Indeed, it would be difficult to visualise a dancehall artist with static performances as being successful and popular. Les Back noted, 'The dancehall constitutes a black space, a microcosm which is defensible and an arena for support and celebration.'[54] For instance, the 'rude boys' are often present in dance yards and dance halls.[55] Dancehall does not represent the ragamuffin belonging to this stratum of society but a space for the convergence of writers, singers, toasters, DJs, dancers and the audience. Indeed, it is a musical ecosystem which depends on all its actors for the maintenance of a state of equilibrium.

The spread and acceptance of dancehall means that the space of dancehall is no longer limited to Jamaica and the Caribbean. Furthermore, the hybridising impact of globalisation implies that in the near future the association of dancehall with Jamaica can become tenuous. Society must accept the fact that dancehall is a unique and viable musical form with considerable and increasing global following. Dancehall prophets have courageously transcended political spheres and ventured into taboo subjects. In the process, they have generated considerable amount of controversy. However, their songs are not merely designed to shock but rather to reflect upon the harsh realities of poverty and sickness and voice the feelings of discontent. Undoubtedly, dancehall must be credited for making the public more aware of the existence and crippling problems of a sub-culture which constantly yearns for equality, respect and justice.

It seems that the more controversial the lyrics are, the more likely the artist will be able to obtain publicity and crowd approval. Lovindeer provided an insight which is often overlooked by researchers and the media, 'The slacker the lyrics you can come up with, the

more gun salute and pram-pram you get.'[56] The approval from the crowd is evident when they shout 'Whoa,' 'puuuul up!' or 'Wadat' during the singer's performance. In turn, the artist also ensures that he or she gives 'big ups' to the crowd and their favourites. Some have unique callouts and refrains as Beenie Man with 'Oh Na Na Na' and 'Zagazow.' This boosts recognition and assists in the formulation of a unique identity.

The fans play a pivotal role in the newspapers and radio as defenders of the singers' lyrics. This is particularly important when the songs are controversial. An illustration of this is Beenie Man whose potential on the international markets was affected by an anti-Beenie Man campaign by detractors comprising gays.[57] Indeed, the fans are often the medium to convey the message of the song. Artistes such as Banton have warned his fans, '…to be strong in this time and not to get deceived, hold faith and have courage. Be of strong heart because it is important for us not to be weak.'[58]

Dancehall is far more than a genre of music; it is a movement. It is controversy and action incarnate. It is an exaggerated musical drama with seemingly extrovert performers. The prominence of any artiste depends on the size of their fan base. The approval of each artiste from the crowds is pivotal in determining the sale of records and the market potential. But the importance of fans is not limited to merely financial issues in the form of gate receipts or sales of records. They are the lifeblood of the genre and their approval determines a singer's survival in the cut-throat world of dancehall.

1 Erna Brodber, "The Emergence of Reggae in Jamaica: A 1986 Overview," *Jamaica Historical Review*, 20, 1998, p. 22.
2 In dancehall, 'slackness' is blatant sexual lyrics and 'gun talk' is violent lyrics.
3 Within the realm of dancehall there are pejorative words which are used to refer to female genitalia—glamity, punaani, glibity and punninash.
4 Aduku Addae, "Reflecting on "Love Puny Bad: Negotiating Misogynistic Masculinity in Dancehall Culture," http://www.nathanielturner.com/reflectingonlovepunybad.htm.
5 http://www.lyricsondemand.com/s/shabbarankslyrics/mrlovermanlyrics.html, accessed on 20 May 2011.
6 http://www.tsrocks.com/s/shabba_ranks_texts/edit_housecall.html accessed on 20 May 2011.
7 http://www.caribplanet.homestead.com/Artist_Profile_Buju_Banton.html.
8 See chapter entitled "Misogyny in Caribbean Music" in Obiagele Lake, *Rastafari Women: Subordination in the Midst of Liberation Theology*, Carolina Academic Press, Durham, 1998.
9 Papa Pilgrim, "Reggae Sunsplash '93: Report from Yard," *The Beat,* 5, 1993, p. 49.
10 Ibid.
11 Velma Pollard, "Dance Hall Lyrics- Accentuating the positive," paper presented at the annual Conference of the Caribbean Studies Association, Barbados, May 1989, p. 4.
12 Carolyn Cooper, "Slackness Hiding From Culture: Erotic Play in the Dancehall," *Jamaica Journal,* 22, 4, November 1989-January 1990, Part 1, p. 20.
13 Carolyn Cooper, "Lady Saw Cuts Loose: Female Fertility Rituals in the Dancehall," *Jamaica Journal,* 27, 2-3, 2004, p. 19.
14 Ibid., p. 15.
15 Pollard, "Dancehall Lyrics." p. 2.
16 Melissa Henry, "'Boom Bye-Bye in a Batty Boy Head': Reggae Icons, Jamaican Culture, and Homophobia," paper presented at the Fourth Annual Composition and Cultural Studies Conference, George Washington University, 24-26 April 2003. http://www.gwu.Edu/~english/ccsc/2001_pages/MelissaHenry.htm. Rastafarianism is a religious movement which began in the 1920s. It was the foundation for the reggae music. The Rastafarians

believe Africa is the birthplace for humanity and the throne of Emperor Haile Selassie.

17 Cooper, "Slackness Hiding From Culture", 1, p. 17.

18 Examples of calypsoes with smut include Roaring Lion's *Dorothy Went to Bathe* (1945), Zandolie's *Stickman* (1966), and Trinidad Rio's *Big Shot Party* (1989). Calypsoes tend to examine a wide range of issues such as complaints, scandals and travels. For more on the origins of calypso see George D. Maharaj, *The Roots of Calypso: A Short Passage into the world of Calypso,* Printing Press, Toronto, 2004.

19 Brodber, "Reggae in Jamaica", p. 24.

20 Cooper, "Slackness Hiding From Culture", 1, p. 13. Picong in kaiso is the use of humour, wit and ridicule.

21 Cooper, "Lady Saw", p. 19.

22 Ibid., p. 16.

23 http://www.lyricsondemand.com/s/shabbarankslyrics/rootsculturelyrics.html accessed on 20 May 2011.

24 http://www.murderdog.com/june03_articles/dancehall _artists/BujuBanton.htm

25 See Georgia Popplewell, "All in the Family," *Caribbean Beat,* November/December 2004, pp. 42-48.

26 http://www.bountykiller.com/b2kbirth2aking.html

27 Interview with Jolivette Anderson at the International Arts festival in Louisiana 2002. http://www.dancehall101.com/jolivette accessed on 20 May 2011.

28 Ibid.

29 See Louis Regis, *The Political Calypso: True Opposition in Trinidad and Tobago 1962-1987,* The Press, Jamaica, 1999.

30 http://www.westindiantimes.net/stillblazin.htm accessed on 20 May 2011.

31 Cooper, "Lady Saw", p. 18.

32 http://www.jouvay.com/interviews/carolyncooper.htm accessed on 20 May 2011.

33 "The Prophet Capleton" http://www.westindiantimes.net/TheProphetCapleton.htm.

34 David Katz, "Buju Banton" http://www.murderdog.com/june03_articles/dancehall_artists/BujuBanton.htm accessed on 20 May 2011.

35 "Endless Vibrations," *Caribbean Beat,* September-October 2004, p. 69.

36 'Bounty Killer- A living "Ghetto Dictionary"' http://www.jahworks.org/music/features/bounty_dictionary.html accessed on 20 May 2011.

37 http://www.lyricsmania.com/roots_culture_lyrics_shabba_ranks.html accessed on 20 May 2011.

38 Ibid.

39 http://www.lyricsbox.com/shabba-ranks-lyrics-heart-of-a-lion-43wkw2g.html, accessed on 20 May 2011.

40 Nicky Baxter, "Top Ranks". http://www.metroactive.com/papers/metro/01.08.98/shabbaranks-9801.html accessed on 20 May 2011.

41 Linton K. Johnson, "Jamaican Rebel Music," *Race and Class,* 25, 1976, p. 399.

42 http://www.lionmix.com/forum/showthread.php?t=1670, accessed on 20 May 2011.

43 "The Prophet Capleton" http://www.westindiantimes.net/TheProphetCapleton.htm.

44 Cooper, "Lady Saw", p. 19.

45 Among Snow's hits are *Informer*, *Girl I've Been Hurt*, *Sexy Girl*, *Anything For You*. See http://www.sonicnotes.com/raodstories/guests/snow.htm. Also http://www.dancehallreggae.com/snow.html. The alias Snow means Super Notorious

Outrageous Whiteboy.

46 Howard Campbell, "Snow-ing Again" http://www.jamaica observer.com/lifestyle/html/20021205T23000-0500_36238_OBSIT_S_SNOW_ING_AGAIN.asp.

47 The term "massive" denotes people in a party and "ram dancehall an cork party" is a Jamaican expression for the skill of the deejay.

48 http://www.caribplanet.com/community/archive/index.php/t-24869.html, accessed on 20 May 2011.

49 http://www.westindiantimes.net/stillblazin.htm accessed on 20 May 2011.

50 http://www.lyricsmania.com/roots_culture_lyrics_shabba_ranks.html, accessed on 20 May, 2011.

51 http://www.nathanielturner.com/reflectingonlovepunybad.htm accessed on 20 May 2011.

52 Ibid.

53 http://www.westindiantimes.net/stillblazin.htm accessed on 20 May 2011.

54 Back, "Coughing Up Fire", p. 203.

55 Brodber, "Reggae in Jamaica", p. 32. The "rude boys" were poor youths from the slums of Kingston, Jamaica who mimicked the gangster films from the United States and attacked the police. These rude boys were disappointed that the achievement of political independence had not changed their economic status.

56 Lovindeer, "Women in Dancehall", p. 51.

57 http:// www.jamaicasunrise.com/entertainment.html accessed on 20 May 2011.

58 Merton McKenzie, "Buju Banton" http://www.dancehallreggae.com/buju.html accessed on 20 May 2011.

Picture Source: Author

Reforms or Dictates: Role of the Donor Agencies in Healthcare in West Bengal

The push towards privatisation of health care sector and the fast growth of private hospitals has taken solid footing since late seventies. In India, the current wave of privatisation in post-liberalisation era adopted planned, pro private, government policies depending firmly upon the processes of divestiture (sale of public –sector assets) and franchising out. India has also undertaken large-scale reform programmes in health sector based on the framework provided by World Development Report subtitled *Investing in Health Care* 1993. International donor agencies like International Monetary Fund (IMF) and the World Bank have given loans to the developing countries under the Structural Adjustment Programme (SAP) for the infrastructural improvement of public health care services in West Bengal. Global compulsion in the name of 'reform' of the public health care services opened the floodgates to the business houses in government hospitals and converted health care to a lucrative commodity, similar to any other consumable products of the market.

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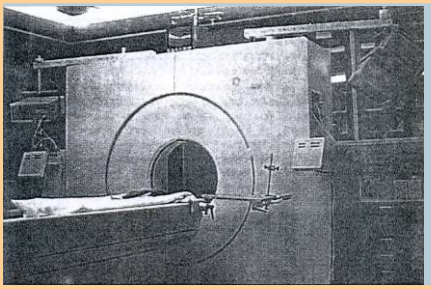
Introduction

For the last two or three decades, India, like other developing nations, has been forced to come to terms with the prevalent compulsions of globalisation. A push towards privatisation of the healthcare sector, alongside the fast growth of private hospitals, has gained momentum since the late seventies. In India, the current wave of privatisation in post-liberalisation era adopted planned, pro-private government policies depending firmly upon the processes of divestiture (sale of public-sector assets) and franchising out. India has also undertaken large-scale reform programmes in the health sector based on the framework provided by the World Development Report subtitled *Investing in Healthcare* 1993. Being a welfare state, India was committed to provide healthcare to its citizens via the Directive Principle of the State. The recommendations for a people-oriented health service were formulated in the Reports of the Bhore Committee, which became the blueprint for the development of health and medical services in India. It should be mentioned that during the same period, the private health sector, including the hospital sector (in secondary and tertiary level), expanded rapidly, on the one hand, and, on the other, the public health system was being reformed on the basis of a private model by the introduction of user charges and contracting out of services. This entire phenomenon had global linkages, since the collapse of the Soviet Union and the oil shock of the late 1970s. This threatened the economy of both developed and developing countries, which felt the fiscal crunch and had to cut back on welfare spending.

The first section of this paper will make an attempt to unravel the story of the emergence of the private healthcare sector in India and the subsequent thrust towards privatisation in. The second section will discuss the role of the international donor agencies, such as the International Monetary Fund (IMF) and the World Bank, in giving loans to the developing countries under the Structural Adjustment Programme (SAP) in the context of the public healthcare services of West Bengal.



CT Scan machine

Emergence of Private Health Sector: Local and Global Linkages

For the last five decades, the government has systematically nurtured the private health sector. Such a consistent support and encouragement given to the private health sector has turned out to be a very important reason for the failure to provide universal basic healthcare to all people of the country.[1] India after independence followed the guiding principles adopted by the Bhore Committee in shaping the healthcare services of India.[2]

However, after independence the recommendations of the Bhore Committee Report remained unimplemented. The main reason for this, and for the poor performance of other social sectors, was the role of the Bombay Plan in shaping India's economic policy. The Bombay Plan directed the nation's economic policy to serve the needs of private capital by making the state invest in heavy industry and economic infrastructure under the justification that such participation by the state in economic production would engender a socialist society. As a

result, the welfare sector (health, education, social security etc) was ignored.[3] Moreover, in the health-service sector, the government let the private practice of medicine flourish. For this, the government significantly subsidised the growth of private medical practice by training medical personnel with tax payers' funds. However, the government took on the entire responsibility of public health, largely the preventive and promotional programmes, with curative services taking a backseat.[4]

Therefore, the entire public healthcare infrastructure began to show signs of unsatisfactory performance and degeneration from the time of its inception. The welfare state had skilfully deprived this sector by allocating poor funds incommensurate to the demands of the population. On the other hand, due to these inadequacies, the private health sector emerged as an obvious alternative to meet the healthcare need of the population at large.

At the time of independence, the investment in the healthcare sector was at best marginal. Expenditure on hospitals, dispensaries, health centres, health personnel and pharmaceutical production was too low to have any impact on the health of the population. Between independence and the present day, the growth of the state health sector has not kept pace with the needs of its population. However, the private healthcare sector has grown from strength to strength because there is a vast demand which must be met. The government has failed to meet this demand but the private sector has served it, in whatever manner or quality.[5]

After mid-1970s, the state provided various incentives like concessional lands, tax-breaks and duty exemptions for imports for setting up private hospitals and pharmaceutical industries. While constitutionally the Indian state was committed to providing healthcare to its citizens via the Directive Principles of State Policy, provision of healthcare was not a fundamental right. Through the policy route, various healthcare entitlements were created over the years, like one primary health centre (PHC) per 30,000 people, one first-level referral hospital per five PHCs and one civil hospital per district. But public commitment of resources for healthcare was minimal and, hence, public healthcare has remained under-developed.[6]

The year 1967 marked the beginning of a steep decline in the health services, culminating in the present state of its serious "sickness". An all-out effort to push forward the Family Planning Programme at all costs had a devastating impact on the wider provision of health services. Owing to the overriding priority given to the family planning programme, plan allocations for it jumped a phenomenal 10,000 folds— from Rs 6.5 million in the First Plan (1950-1955) to Rs 65,000 million in the Eighth Plan (1991-1995).[7]

During the 1980s, public health spending peaked and this was reflected in major health infrastructure expansion in rural India via the Minimum Needs Programme. In fact, the entitlements mentioned above were achieved during the 1980s in most states. However, in the 1990s, the public health sector was woefully neglected with new public investments being virtually stopped and expenditures declining. During the same period, the private health sector, including the hospital sector, expanded rapidly, on the one hand, and, on the other, the public health system was reformed to fit the private model through the introduction of user charges and contracting out of services.[8]

The failure to support public-sector personnel to perform their duties in the skeleton comprehensive programmes inevitably created a big 'market' for the private sector.[9] In the pre-liberalisation era, the trend of privatisation of healthcare services and the emergence of the private healthcare sector, however, demonstrated a different nature of growth compared to that in the era of globalisation.

The literature on privatisation in developing countries shows that there are indeed two types of privatisation— incremental privatisation and planned privatisation. Incremental

privatisation is largely a response to the failure of the public sector.[10] India, during this phase, adopted the move towards incremental privatisation.[11] The various committees set up on healthcare by the welfare state (India) since independence also identified private healthcare sector as one of the significant healthcare providers. A survey of medical institutions by the Bhore Committee revealed that 92 per cent of the institutions were maintained on public funds and the remaining eight per cent were wholly looked after by the private agencies. Moreover, the proportion of individual private practitioners was as much as 73 per cent and the remaining 27 per cent were employed in government service.[12] The Mudaliar Committee in 1961 showed that nearly forty to seventy per cent of doctors in different states were private practitioners.[13]

As far as the growth of institutionalised private healthcare is concerned, the policy documents on healthcare formulated by the Government of India also reflect a pro-privatisation drive. Indian Council of Medical Research pointed out that, 'like our mixed economy, the healthcare services also are based on the principle of a simultaneous operation of the private and public sectors.'[14]

Mention should also be made of the fact that during the Sixth Five-Year Plan, the Health Policy Document (GOI 1982)[15] which was published, officially recognised the importance of the private healthcare sector in India. The Government of India made an open reference in this respect for the first time.

Thus, what is significant is that India, being a welfare state, had not only deliberately provided space for the private healthcare sector to flourish successfully, but at the same time it had also given an official legitimacy to this sector by mentioning its considerable role in health services. Government took proficient measures to establish the private healthcare sector in India as the remedy against the degenerating public healthcare conditions, which was in effect the result of their intentional act of shirking their basic responsibilities. The increasing pressure of the move towards privatisation is also a global phenomenon even in the pre-liberalisation era. Privatisation as a major policy has emerged in the USA and the UK under Ronald Reagan and Margaret Thatcher respectively. Rama V. Baru argued that it was only during the late seventies that there was a boom in the private sector, which led to the growth of hospitals in and across developed and developing countries. The philosophy, which gained momentum, was to roll back the welfare state and give more prominence to the market in the provisioning of medical services.[16] The solution was in cutting back on state intervention in the economy, reducing taxes, spending on welfare and privatising numerous state-owned enterprises.

After mid-1970s, the state provided various incentives like concessional lands, tax-breaks and duty exemptions for imports for setting up private hospitals and pharmaceutical industries. While constitutionally the Indian state was committed to providing healthcare to its citizens via the Directive Principles of State Policy, provision of healthcare was not a fundamental right. Through the policy route, various healthcare entitlements were created over the years, like one primary health centre (PHC) per 30,000 people, one first-level referral hospital per five PHCs and one civil hospital per district. But public commitment of resources for healthcare was minimal and, hence, public healthcare has remained under-developed.

Privatisation of welfare services in the industrialised countries had ramifications for the developing ones. In the case of India and several other developing countries, one finds that the growth of private hospitals took place from late seventies onwards and this was linked to developments in the national as well as the international scene.[17] Until the late 1970s, nationalised systems arose for providing welfare services across both developed and developing countries.[18] During this period, many developing countries in Africa, Asia and Latin America managed to build National Health Service systems with their meagre resources.[19]

According to the India Health Report, a recent study estimated that 93 per cent of hospitals and 64 per cent of beds in India are in the private sector.[20] The report clearly reveals that the share of private hospitals has increased remarkably between 1974 and 1996, while that of beds has shown an increase though not as significant as in the number of institutions. While there are exceptions, the majority of these are small institutions, with 85 per cent of them providing less than 25 beds. Most such institutions offer maternity and general services and are managed by doctor entrepreneurs. Tertiary speciality and super-speciality private institutions comprise only one to two per cent of the private sector institutions.[21] It has been estimated that about 57 per cent of the hospitals and 32 per cent of total hospital beds are in the private sector.

From the above discussion, it is clear that prior to the advent of the process of globalisation in India, private healthcare sector not only occupied a considerable physical space, but it also made its appearance in policy documents. So the conventional way of identifying the starting point of the emergence of private healthcare sector in India along with other developing countries with the publication of the *World Development Report 1993* subtitled *Investing in Healthcare* cannot be fully accepted. But it is beyond doubt that corporatisation and the commercialisation of healthcare services is a twentieth-century phenomenon. Since the stage was already prepared, the new wave of privatisation gained momentum in the post-liberalisation era. Alongside this phase witnessed the emergence of programmed privatisation characterised by the implementation of the pro-private government policies.

With the World Bank entering the social sectors, lending by bilateral agencies declined, and, as a result, the former became the single largest financer of the health sector in developing countries during the 1990s.[22]

Certain states with underdeveloped and thinly spread private-sector facilities show lower utilisation, such as Himachal Pradesh, Orissa, West Bengal, the north-eastern states, Rajasthan and Madhya Pradesh. More advanced states, with a developed private sector, show a greater reliance on private health facilities. These include Haryana, Panjab and Maharashtra.[23]

One interesting aspect can be noticed regarding the growth of the private sector in India. The number of public hospitals in 1996 was 4808 while in 2002 the number of hospitals was reduced to 3579. So, there has been a sharp decline of 25.56 per cent in the number of hospitals between 1996 and 2002. On the other hand, the number of private hospitals in 1996 was 10289 and, in 2002, the number rose to 11344. Thus there has been a 10.25 per cent increase in the number of hospitals in private sector.

The private sector in India has emerged to play a significant role in the healthcare delivery system.[24] Initially the message from international institutions, such as the World Bank, and bilateral donors, such as USAID, was a simple one: Reduce the level of government involvement in healthcare and promote private sector.[25] Instead of simply advocating a greater role for private providers, more complex strategies have emerged such as creating competition between providers through competitive contracting, expanding access to services through subsidising private providers, and encouraging the more wealthy to use private providers so that government resources can be better targeted on the poor.[26]

Despite the rising oil prices and import bill beginning in the mid-1970s, India did not face a balance-of-payments (BOP) crisis, owing to the Gulf boom and large worker remittances. However, in the 1980s, the complacent Indian economy moved into an import-dependent growth strategy. The rising import bill, slackness in the foreign exchange inflow, and heavy external commercial borrowing in the late 1980s developed into a BOP crisis following the Gulf War in 1991. India was compelled to approach the IMF for a loan, and thus began the Adjustment era.

The need for increased public spending on health was greater. While total spending on healthcare in India in the 1990s was over five per cent of the GDP, public spending, at less than one per cent of the GDP, was one of the lowest in the world.

In India's economy— allegedly committed to 'socialism'— the share of public expenditure in total health expenditure is only around fifteen per cent, compared to 75 per cent in Western Europe's 'market economies', rising to 84 per cent in Thatcherism-ravaged Britain. In fact, the share of public expenditure in total health expenditure is lower in India than in any other major region of the world (See Table 3).[27]

TABLE 3: Expenditure on Health and Family Welfare (in crore rupees)

Plan	Period	Amount	Total Plan Investment (All Development Heads)	Health (Centre and States)		Family Welfare		Control of Communicable Diseases	
				Outlay/Exp	per cent of Total Plan	Outlay/Exp	per cent of Total Plan	Outlay/Exp	per cent of Total Plan
First	51-56	Actual	1960	65.2	3.33	0.1	0.01	23.1	16.5
Second	56-61	Actual	4672	140.8	3.01	5	0.11	64	28.4
Third	61-66	Actual	8576.5	225.9	2.63	24.9	0.29	69	27.7
Annual	66-69	Actual	6625.4	140.2	2.12	70.4	1.06	23.1	10.2
Fourth	69-74	Actual	15778.8	335.5	2.13	278	1.76	127	11.1
Fifth	74-79	Actual	39426.2	760.8	1.93	491.8	1.25	268.12	11.5
79-80		Actual	12176.5	223.1	1.83	118.5	0.97		
Sixth	80-85	Outlay	97500	1821	1.87	1010	1.04	524	27
Sixth	80-85	Actual	109291.7	2025.2	1.85	1387	1.27		
Seventh	85-90	Outlay	180000	3392.9	1.88	3256.3	1.81	1012.7	7.7
Seventh	85-90		218729	3688.6	1.69	3120.8	1.43		
90-91		Actual	61518	960.9	1.56	784.9	1.28		
91-92		Actual	65855	1042.2	1.58	856.6	1.3		
Eighth	92-97	Outlay	434100	7582.2	1.75	6500	1.5	1045	4.2
Ninth	97-02	Outlay	859200	5118.1	0.6	15120			

Source: Government of India, Planning Commission (1997). Ninth Five Year Plan, 1997-2002. Vol II.

The central government has paid scarce heed to the recommendation of allotting ten per cent for health. Whereas in the First Five-Year Plan 4.98 per cent of the total budget was allocated to public health, through the successive decreases it has touched a miserable figure of 0.6 per cent.

The structural adjustment and economic reform programmes, which began in 1992 after the 1991-92 fiscal crises, further shrunk resource allocations to public health services. In the mid-1990s, the Fifth Pay Commission added to the catastrophe leading to allocative inefficiencies due to budgetary allocations being sufficient only for financing salaries.

The recovery from this had only been marginal when the introduction of user fees struck the final blow to the poor who are the vast majority of users of public health facilities. The national health surveys provide clear evidence of the declining use of public health services from sixty per cent for hospitalisations in 1986-87 to 45 per cent in 1995-96 and for outpatient care from 26 per cent to nineteen per cent during the same period.

The same health surveys also reveal that the rates of hospitalisation have very strong class gradients with the top quintile reporting over ten times hospitalisation rates than the bottom quintile. This is because of increasing market dependence to seek healthcare that makes the poor postpone attention to medical care. The 2002 National Health Policy recommends that public health investment and expenditures need to be more than doubled in the next five years in order to provide a reasonable level of primary healthcare.

The NHP failed to come up with a plan of action to remedy the existing situation. All this has helped the private health sector to consolidate its position as well as manoeuvre for privatisation of public health facilities. The above trend is in fact a global phenomenon and this is well documented in the 2003 Social Watch Report which focuses on privatisation of basic services and documents the shift from social contract to private contract for basic services like health, education and water.

The Social Watch Report declares access to basic services as a human right and advocates the maintenance of social contract for these basic services, as social contracts promote equity and universality ensuring a minimum level of access for all.[28]

Although central government expenditure on the health sector was not affected, capital disbursements and grants-in aid to the states were reduced, severely constraining all state expenditure, including local spending on health. Given this, many states availed of the World Bank loan for health sector reforms.

The reforms were intended to help establish efficient and effective health systems, and address burdensome diseases in a cost-effective manner. Two common policy aims in all states were to:

- increase the health budget
- implement user charges

Andhra Pradesh was one of the first states to initiate reforms in 1995-96, followed by Karnataka, Punjab, West Bengal, Maharashtra, Orissa and Uttar Pradesh. So did this result in increased public spending on healthcare in the reformed states?[29]

Capital expenditure on medical and public health (such as upgrading hospitals) has increased due to World Bank loans. But this level of investment is not sustainable and this expenditure will almost certainly be reversed once the loans are completed.

Furthermore, since the loans financed capital expenditure, this should have released state resources for revenue spending on health services. The reality is that there has actually been a decline in revenue spending since the reforms.

An initial analysis suggests that the drop in spending has been smaller in reforming states than in those states that did not reform. This supports the view that in the face of a national decline in health expenditure, health sector reforms did alleviate the effects of that fall. However, on closer examination, if the contribution of user fees is accounted for, the decline in health spending in the reforming states is larger. There is actually no difference between reforming and non-reforming states. This implies that health sector reforms have not helped even to maintain the current levels of health spending.[30]

Moreover, all the states that received loans from the World Bank had to adhere to a common agenda for initiating reforms which included a shift from direct provisioning by

governments. This essentially entails greater reliance on private and voluntary services, contracting out to the private sector as a way of improving efficiency and patient satisfaction and initiating user fees. This is the basic set of assumptions upon which all health sector reform initiatives are based.[31]

The Indian government, as a junior partner of IMF and World Bank, pursued the policy of privatisation by depriving the ailing masses of their right to health. This scenario deepened the crisis in healthcare services gradually leading to large-scale malpractices and medical negligence.

The government has taken various measures for strengthening health infrastructures and improving the efficiency of the health delivery system. A medium-term health sector reform programme has been initiated in order to provide efficient, affordable and equitable health system to all, especially the poor. The reforms encompass a wide gamut of interventions ranging from the upgrade of physical infrastructure in the primary, secondary and tertiary sector to manpower planning and rationalisation of the district and block health and family welfare *samitis* and grant of functional autonomies to hospitals through the formulation of Rogi Kalyan Samity (Patient Welfare Committees).

World Bank Reforms in Government Hospitals of West Bengal.

In this section an attempt will be made to analyse the health sector reforms which West Bengal undertook as a consequence of World Bank loans. The State Health Development Project (SHDP), a World Bank-assisted project, is being implemented in the state. The World Bank aided Rs 701 crore in SHDP which covers the improvement programme in 170 secondary-level hospitals and 36 primary health centres in the Sunderbans. Civil work has been completed in eight project hospitals and civil work in another 82 project hospitals has started in 1998-99. In 1999-2000, civil work in 68 project hospitals will be completed and civil work in another 110 project hospitals will start. Necessary funds have been provided in eight hospitals to purchase medicine and equipments. Apart from this, considerable progress has been made in the improvement of healthcare waste management, disease surveillance, quality assurance and training of health personnel.[32]

The state government is exploring various ways of improving the quality of service from medical facilities under its control. In a move to involve the beneficiaries in the running of primary health centres, the state government has decided to hand over primary health centres to the Panchayat Bodies and selected NGOs.[33]

The vacant posts of teachers under West Bengal Medical Education Service have been filled up through walk-in interviews in a very short period of time. Instruments like hysteroscope, ultrasonography machine, and laparoscope instruments for different abdominal operations were installed in different medical colleges for better teaching and research and patient care. At R.G. Kar Medical College, a new intensive treatment unit has been opened.

The emergency ward at Kolkata National Medical College has been renovated for better patient care. Magnetic Resonance Imaging (MRI) instrument has been installed at Bangur Institute of Neurology. A dialysis unit at Sambhunath Pandit Hospital has been opened. Renovation of the heritage building of Medical College, Kolkata, is complete. The state government has been trying to improve the quality of service available from health facilities under its control. In addition, the state government, in order to improve the physical facilities available for health services, renovated seventeen health clinics. The implementation of SHDP to improve 170 hospitals of different categories is continuing. Apart from civil work, the provision of modern medical equipment to the hospitals is progressing satisfactorily. The number of seats at Burdwan Medical College has increased by fifty. The posts of 336 RMOs or demonstrator have been filled up through a process of walk-in interviews. The posts of

professors and associate professors, numbering 455, have been filled up by way of promotion. M.Sc. in nursing course has been started from this academic session at the nursing college in Kolkata. The nurse-doctor ratio increased from 1:10 nurse per doctor in 1997 to 1:13 nurse per doctor in 2000. Sophisticated equipments are being installed in various government organisations to improve the quality of service. Electronic Display Board has been installed at the SSKM Hospital to show the bed vacancy position.[34]

Unused Autoclave in a primary health centre in Maldah

West Bengal is well placed in terms of population served per doctor and nurse respectively. What is notable is that these ratios have been falling in recent years except in 1998 when population served per doctor went up and in 2000 when population served per nurse increased from that in the previous year. To strengthen the secondary medical healthcare, 95 different categories of posts have been created. In addition, 1300 posts have been approved by the cabinet for institutions covered by SHDP. Eight posts of Assistant Chief Medical Officer of Health (ACMOH) have been created. In order to meet the shortfall of doctors at primary healthcare level, 458 posts of Medical Officers on contractual basis have been retained. This is in addition to 1347 candidates selected through Public Service Commission who have been offered appointments. Intake capacity for medical students in Bankura Sammilani Medical College and North Bengal Medical College has been increased by fifty seats each. Tufanganj Subdivisional Hospital has been expanded from 68 beds to 100 beds. After a bifurcation of the administrative district of Midnapore, a new district hospital at Tamluk has been set up and rural hospital at Egra has been upgraded to a subdivisional hospital.[35]

The West Bengal SHDP has been extended to March 2004. The project covers 214 hospitals inclusive of 36 primary hospitals at the Sunderbans.[36] The target for improvement of the physical infrastructure of the health services under SHSDP-II is to upgrade 214 secondary-level health facilities.[37]

The government has taken various measures for strengthening health infrastructures and improving the efficiency of the health delivery system. A medium-term health sector reform programme has been initiated in order to provide efficient, affordable and equitable health system to all, especially the poor. The reforms encompass a wide gamut of interventions ranging from the upgrade of physical infrastructure in the primary, secondary and tertiary sector to manpower planning and rationalisation of the district and block health and family welfare *samitis* and grant of functional autonomy to hospitals through the formulation of Rogi Kalyan Samity (Patient Welfare Committees).[38]

From the above discussion it seems clear that the health sector reform in West Bengal under the SHDP has brought forward certain evident improvements in the overall healthcare infrastructure. But in reality it has worsened the situation without bringing any constructive results in any sector. The blue print of a public-private partnership is being promoted now. Though the government in its official document has emphasised the positive impact of the health sector reform, these reforms have in fact deepened the crisis in healthcare, transforming it

into a marketable commodity. The Left Front Government of West Bengal published a document 'Public Private Partnership' (PPP) on 6 October 2004, in its official website www.wbhealth.gov.in, boldly announcing its intention to privatise the government health sector step by step. It set up the target of attracting eighty per cent of the total health budget as investment from private business houses in the coming ten years. However, the preparation for this paradigm shift started way back in November 1992 when it introduced fees for outdoor tickets in government hospitals, levied charges for diagnostic investigation, reduced the number of free beds, etc. This was done to show allegiance to the conditions laid down by the World Bank for its loan of amount Rs.701 crore which started coming from the year 1995. In accordance to the second phase of structural adjustment for which DFID provided a loan of Rs. 745 crore, the user fees increased in amount and free services became more and more restricted. Supply of free medicines and other appliances were also constricted.[39]

Thus, to conclude, it can be said that the health sector is trapped in a vicious circle of privatisation. Healthcare which is the responsibility of a democratic welfare state has now been converted into a commodity. Global compulsion in the name of 'reform' of the public healthcare infrastructure has opened the floodgates to the business houses in government hospitals. Globalisation, privatisation and liberalisation in the 1990s systematically engineered the breakdown of the public healthcare infrastructure and the state virtually remained a silent spectator by inviting the principles of market economy into the healthcare sector.

1 Ravi Duggal, 'Tracing the Root of Private Healthcare Sector' in *Express Health Care Management*, April 1-15. http://www.expresshealthcaremanagement.com accessed on 28.12.2007.
2 See 'Report of the Health Survey and Development Committee (Bhore Committee)', Government of India, Delhi, 1946.
3 Ibid, p. 55.
4 Ibid.
5 Ibid, p. 56. Between the beginning of the First Plan and 1986, the number of hospitals increased from 2,694 (117000 beds) to 7,764 (594,747 beds). However, in terms of availability to the population, the improvement in the situation is only modest. Thus, in 1951, one hospital served 134,001 persons (3085 persons per bed) and, in 1986, 99176 persons (1295 persons per bed). It also appears that compared to the growth of the private health sector; the growth of the state health sector is very low. For instance, in 1974, 16.0 per cent of all hospitals were in private sector (16.2 beds) but, within a decade, in 1984, private hospitals had grown to 42.3 per cent of all hospitals (26.7 per cent beds) and, by 1988, the proportion of private hospitals further increased to 56 per cent and hospital beds to 30 per cent.
6 Duggal, 'Tracing the Root'
7 Debabar Bannerji, 'Landmarks in the Development of Health services in India,' in Imrana Qadeer, Kasturi Sen and K.R. Nayar, (eds.), *Public Health and the Poverty of Reforms: The South Asian Predicament*, Sage Publications, New Delhi, 2001, p. 46.
8 Duggal, 'Tracing the Root'
9 Banerji, 'Landmarks in the Development;' p. 46
10 Sara Bennett, Barbara McPake and Anne Mills, 'The Public/Private Mix Debate in Healthcare,' in Sara Bennett, Barbara McPake and Anne Mills (eds.), *Private Health Providers in Developing Countries –Serving the Public Interest?*, Zed Books, London and New York, 1997, p. 5.

11 Incremental Privatisation means self-management, market liberalisation/deregulation and withdrawal of state provision.
12 'Report of the Health Survey and Development Committee (Bhore Committee),' Government of India, Delhi, 1946.
13 'Report of the Health Survey and Planning Committee (Mudaliar Committee),' Ministry of Health, Government of India, New Delhi, 1961.
14 'Health for All: An Alternative Strategy,' Report of the study group set up jointly by Indian Council for Social Science Research and Indian Council for Medical Research, India Institute of Education, Pune, 1981.
15 'With a view to reducing government expenditure and fully utilising untapped resources, the planned programmes may be devised, related to the local requirements and potentials to encourage the establishment of practice by private medical professionals, increased investment by non-governmental agencies establishing curative centre and by offering organised, logistical, financial and technical support to voluntary agencies active in health field.' Ministry of Health and Family Welfare Statement on National Health Policy, Government of India, New Delhi, 1982.
16 Rama V. Baru, *Private Healthcare in India: Social Characteristics and Trend*, Sage Publication, New Delhi, 1998, p. 39.
17 Ibid, p. 39.
18 Rama V. Baru, 'Health Sector Reform: The Indian Experience,' in *Healthcare Reform Around the World,* Auburn House, Westport, Connecticut, 2002, pp. 267-268.
19 With the oil shock of the late 1970s both the developed and developing countries started to feel the crunch, and in many countries, a cutback in welfare spending was seen as a measure to deal with the situation. As a result, most developing countries had to cutback even their minimal spending on welfare and this had an adverse impact on the growth services. It was during this period that there was a reduction on spending on public services and a greater role for markets in providing welfare services. Ibid, p. 268.
20 See http//cbhidghs.nic.in/hia/8.02 htm.
21 Tenth Five-Year Plan, Planning Commission, Government of India, New Delhi, 2002.
22 Baru, 'Health Sector Reform,' p. 268.
23 Rajiv Mishra, Rachel Chatterjee,& Sujatha Rao (ed.), *India Health Report*, Oxford University Press: New Delhi, 2003, pp. 108-109.
24 M.C. Kapilashrami, A.K.Sood and B.B.L. Sharma, 'Involvement of Private Sector in Health: Suggested Policy Guidelines and Mechanisms', http:// medind.nic.in/hab/t00/i2/habt00i2p53.pdf, accessed on 23.5.2009.
25 Bennet, McPake and Mills, 'The public /private mix debate,' p. 2.
26 Ibid.
27 Delampady Narayana, 'Adjustment and Health Sector Reforms: the Solution to Low Public Spending on Health Care in India?', in www.idrc.ca/fr/ev-118491-201-1-DO_TOPIC.html, accessed on 13.12.2009. Also see, 'The World Bank and India'. www.ieo.org/wb-index.html; Baru, 'Health Sector Reform', Dr. Mohan Rao, 'The State of Health in India,' *South Asian Journal*, 14 October-December 2006.
28 Duggal, 'Private Healthcare Sector'.
29 Delampady Narayana, 'Global Issues, Local Voices', Issue 3, http://www.gdnet.org, accessed on 11.9.2007.
30 Ibid.
31 Baru, 'Health Sector Reform,' p. 268.
32 The Damkal Block Primary Health Centre has been upgraded to subdivisional hospital. In

the current year, an acupuncture clinic has been opened at Basirhat. See Economic Review-1998-99, Government of West Bengal.

33 Economic Review-1999-2000, Government of West Bengal.

34 Economic Review-2000-01, Government of West Bengal.

35 Economic Review-2001-02, Government of West Bengal.

36 The total project cost is Rs 701.46 Crore. The share of the state government in the total project cost is 14.5 per cent and that of the World Bank is 85.5 per cent. The project envisages all-round development of the health system in West Bengal both at the infrastructure and at the policy levels. Procurement of medical and other equipments, vehicles etc. are being done in three phases. In the first phase, 21 types of equipments with a total cost of Rs 23.08 Crore have been supplied except for a portion of hospital furniture. In the second phase, 37 types of equipments valued at Rs 17.20 Crore have been supplied. Procurement under the third phase is continuing. Important medical equipments were commissioned including dialysis machine, lithotripsy machine and 4 spiral CT scan machines. Effective maintenance of the installed equipment has also been ensured under the project. A healthcare waste management system is also being implemented under the project. See Economic Review-2002-03, Government of West Bengal.

37 Construction of drug Reserve Store in each district has started. The State Government has initiated a comprehensive maintenance policy for the new equipments procured under SHDP, CMOH and hospital authorities have been provided with greater financial power for funding the maintenance of equipment. Revenue from user charges which were introduced in all hospitals upto the state general hospitals in November 2001 is being ploughed back to the districts by special allotments. These funds can be used for the maintenance of equipments in the hospitals. See, Economic Review, 2003-04. Government of West Bengal.

38 The reform process under the World Bank assisted SHDP (1997-2004) is now being extended to the primary sector. Apart from the state budget and national programmes, the Government of West Bengal received financial and technical support from external sources. DFID-funded health system development programme was launched by the Government on August, 2005. The Government also launched National Rural Health Mission on 12 April 2005. See, Economic Review, 2005-06, Government of West Bengal.

39 Debashish Dutta, 'Privatisation of Health: A Letter from West Bengal,' www.cpiml.org/liberation/year_2009/dec_09/feature.html, accessed on 13.12.2009.

Picture Source: Author

Globalisation as a Source of Environmental Tragedy in Sub-Saharan Africa

To many, globalisation has been producing inequality and deterioration in living standards particularly in sub-Saharan Africa without the improvement in efficiency which was predicted. But according to its proponents, globalisation has aided the integration of national economies into the international economy through trade, foreign direct investment etc. But this did not happen without enormous costs; especially environmental cost. It has placed uncontrollable pressures on the global environment by straining its capacity to sustain itself. The primary concern of this essay is to examine the environmental problems arising from Nigeria's natural resources exploitation and the roles of foreign interests as made manifest by the activities of the profit driven oil multinational companies in the country.

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Introduction

Multinational Corporations (MNCs), Transnational Companies (TNCs) or International Corporations (INCs) control the largest share of Third World economies, with a huge capital base and a body of international networks.[1] These companies hold themselves accountable to no one but their shareholders, and largely dominate many areas like oil exploration and production, extracting, mining, production and merchandise sectors of their host economies. Nevertheless, they are subject to no control or regulation, and their negative impact have more devastating effects on both the lives of peoples and environment, due to their orientation towards profit-making and internationalism– which is often an effective guarantee of their immunity against punishment for crimes including the destruction of their host communities' environment.[2] The Multinational Corporations have activities in areas like gold mining, petrol, chemicals and food industry which have potentially large impact on the environment in developing countries like Algeria, Angola, Congo, Libya, Malaysia, Indonesia and Nigeria. And their activities have grown drastically in this era of globalisation.

Globalisation has aided the integration of national economies into the international economy through trade, foreign direct investment, capital flow, migration, and the spread of technology.[3] But it has also placed pressures on the global environment and natural resources, straining the capacity of the environment to sustain itself. In this paper, our concern is to examine the environmental problems arising from the exploitation of Nigeria's natural resources and the roles of foreign interest as made manifest by the activities of the Multinational Oil Companies (MNOCs) in the country.

A Nigerian militant levels his machine gun from his war boat on the Escravo River in Delta State, Nigeria.

According to the environmental activist Oronto Douglas, 'the multinational companies are assassins in foreign lands.'[4] Their mission is to maximise profit, suck and rape their host's natural resources with little or no regard for the environment. Apart from the relative economic prosperity that goes along with transnational trade, the cost benefit in terms of the heavy environmental degradation, coupled with destruction of natural resources (especially on the part of developing countries like Nigeria) is alarming.

Nigeria booked its place in the global market with her abundant natural resources. Out of these resources, oil has been the only economic driving force. Currently, Nigeria is the eighth largest oil exporting country in the world with oil revenue accounting for about eighty per cent of total government revenue, 95 per cent of foreign exchange earnings, forty percent of the GDP and four per cent of employment.[5] Nigeria's proven oil reserves are estimated to be thirty six billion barrels while the country's natural gas reserves are even bigger, estimated at hundred million cubic feet. However, the structure of Nigeria's oil industry favours foreign domination. The legal leverage given to Shell D'Arcy (now Shell) in 1938 to prospect for and exploit oil over the mainland of the country, an area of about 367,000 square miles was more of a blank cheque, which basically signalled the handing over of the economic fortunes of the state

to foreign conglomerates, a process that has continued from colonial times to date.[6] To further open up the economy to foreign domination, Shell's area of influence was reduced to 16,000 square miles in 1957 to accommodate other oil firms.[7] This led to the admission of other firms like Mobil, Texaco, Elf, Chevron, (Formerly Gulf Oil) etc. into the oil trade. This domination and the activities of these oil firms remain central to most of Nigeria's environmental problems and to a large extent, the crisis in the Niger Delta region.

Niger Delta Volunteer Force(NDVF) militants display their weapons.

The MNOCs and the Nigerian Environment

From the aforementioned facts, it has become clear that the oil industry has a significant adverse impact upon the environment of the oil producing areas. Their activities not only exacerbate other environmental problems but also create unique problems originating from corrupt and careless practices with no regard for global standards. Asking him why the activities of the MNOCs in Nigeria bring so much environmental problems, Oshita Okechukwu gave the following reasons:

> Firstly, dirtying industries are choosing the countries that do not have severe legal arrangements. Secondly, the public opinion in developing countries like Nigeria is unconscious of the harms that economic activities give to the environment…[8]

The environmental problems of Nigeria are both significant and consequential. These problems, which include air pollution, water pollution, noise pollution, land degradation, erosion, etc., have continued to multiply due to the carelessness and nonchalant attitudes of the foreign oil firms. Streams, creeks and other water bodies in the area have become highly polluted to the extent of making them very harmful to both terrestrial and marine lives.[9] They have caused the deaths of plants, animals, fishes and crabs.

In 1970, the quantity of crude oil production recorded was 395,689,000 barrels. Then there was just one reported case of oil spill which accounted for a loss of 150 barrels of crude oil.[10] However, 1979-1980 witnessed crude oil productions totalling 845,463,000 and 760,117,000 barrels respectively. The quantities of oil spills during these two periods were respectively 630,405 and 558,053 barrels. These were the largest spilled oil during the fourteen year period. One source calculated that the total amount of oil spilled between 1960 and 1997 is upwards of 100 million barrels (16,000,000 cubic metres).[11]

Oil spillage has a major impact on the ecosystem into which it is released. Immense tracts of mangrove forests, which are especially susceptible to oil (mainly because it is stored in the soil and released annually during inundations), have been destroyed.[12] Several species of fish, crabs and other marine lives have been decimated. Moreover, large tracts of agricultural land were covered and rendered useless by crude oil. An estimated five to ten per cent of Nigeria's mangrove ecosystems have been wiped out either by urban settlement or oil. The rainforest which previously occupied some 7, 400 kilometres of land has disappeared as well. Spills in populated areas often spread out over a wide area, destroying crops and aquacultures

through contamination of the groundwater and soil.[13] The consumption of dissolved oxygen by bacteria seeding on the spilled hydrocarbons also contributes to the death of fish.[14] In agricultural communities, often a year's supply of food can be destroyed instantaneously. Because of the careless nature of oil operations in the Delta, the environment is growing increasingly uninhabitable. The Niger River is an important ecosystem that needs to be protected, for it is home to thirty six families and nearly 250 species of fish, of which twenty are endemic, meaning they are found nowhere else on Earth.[15] The Niger Delta has the third largest mangrove forest in the world, and the largest in Africa. Mangrove forests are important for sustaining local communities because of the ecological functions they perform and the many essential resources they provide including soil stability, medicines, healthy fisheries, wood for fuel and shelter, tannins and dyes, and critical wildlife habitats.[16]

Movement for the Emancipation of the Niger Delta (MEND). Militants display their weapons - heavy machine guns and rocket-propelled grenade launchers to journalists.

Gas flaring is another major problem associated with oil exploitation activities in Nigeria. There are more flares of natural gas associated with oil extraction in Nigeria than in any other country on the planet, with estimates suggesting that of the 3.5 billion cubic feet (100,000,000 cubic metres) of associated gas (A.G.) produced annually, 2.5 billion cubic feet (70,000,000 cubic metres), or about seventy per cent is wasted via flaring.[17] This equals about 25 per cent of the United Kingdom's total natural gas consumption, and is the equivalent to forty per cent of the entire African continent's gas consumption in 2001.[18]

The compositions of the flared away gas included such toxic pollutants as carbon monoxide (CO), Sulphur dioxide (SO_2) and oxides of Nitrogen (NO_x).[19] Apart from the injurious effects of these pollutants to health, they also add appreciably to the problem of global warming and the consequent green house effect. Another problem gas flaring poses is the release of large amounts of methane, which has very high global warming potential. The methane is accompanied by the other major greenhouse gas, carbon dioxide, of which Nigeria was estimated to have emitted more than 3,438 metric tonnes in 2002, accounting for about fifty per cent of all industrial emissions in the country and 36 per cent of the total CO_2 emissions.[20]

The releases of a variety of poisonous chemicals through gas flaring also portend grievous health hazards to the residents of the affected communities. As demonstrated by E.O. Adeniyi, such people are usually exposed to the risk of variety of respiratory problems such as chronic bronchitis and especially asthma which have been reported among many children in the delta without adequate investigation.[21] A chemical called benzene has also been singled out by researchers as being a major causative agent for blood related diseases especially leukemia.[22] A study done by Climate Justice estimates that continuous exposure to benzene would result to eight new cases of cancer annually in Bayelsa State alone.[23]

Furthermore, the illicit land use practiced by the oil companies has also constituted enormous problems to the people. This could be exemplified by the heinous activities of Shell in Umuebulu community in River State, which harbours unlimited chemical waste belonging to the company.[24] Most MNOCs in the Niger delta usually construct the infrastructure for their oil

facilities with little or no regard for the environment .This not only leads to sudden and drastic degradation of the local environment, but sometimes results in direct loss of lives. For example, it was reported that five children were lost to 'burrow pits' dug by Elf to extract sand and gravel for road construction in the Egi community in the last few years.[25] Apart from this, the deplorable environmental practices of the oil industry could equally lead to loss of about forty per cent of Niger delta's inhabitable terrain in the next thirty years. This situation would have been different if the stakeholders had heeded the warning contained in a 1983 NNPC report that:

> We witnessed the slow poisoning of the waters of this country and the destruction of vegetation and agricultural land by oil operations. But since the inception of the oil industry in Nigeria, more than 25 years ago, there has been no concerned and effective effort on the part of the government let alone the oil operators, to control environmental problems associated with the industry".[26]

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For Irume Okonko, a school teacher at Iko village in Cross River state, nobody really cares to go fishing any more because the fish smells of petroleum when eaten.[27] It is based on these dastardly effects of the oil industry in the Niger delta that oil has been described as a Frankenstein monster that is slowly killing the areas that produce it.[28] The effects of these spillages and gas flaring often persist for over two decades. In reality, the full impact of the degradation of the environment is usually felt immediately, but the nuisance caused continues for a long period.

Response of the Government

Whereas the interests of the oil firms in the Delta centre around maximisation of profit and the unhindered production of crude oil, the Nigerian state is largely concerned with the continued flow of her royalties and taxes from these oil firms. To ensure regular payment, the government consistently secured and protected the oil firms from all manners of adversity that could rise in the troubled region, in order to guarantee a conducive environment to pursue their profit maximisation objective.

To realise this, the instruments of coercion and violence as well as the apparatus of state including the bureaucracy, the judiciary, the legislature and the executive arms of government are mobilised to the service of the firms against the people.[29] It was the judiciary with the authoritative prompting of the military despots that promulgated the Anti-Sabotage Decree of 1975 which imposed death sentence or twenty one years imprisonment for activities adjudged detrimental to oil production and distribution.[30] Again the 1978 Land Use Act, validated by the 1979 constitution, aimed to ensure uninterrupted production for oil firms on the one hand and the expropriation of land from the local indigenous population without their consent as the ownership of all the land and mineral deposits were vested on the federal government.[31]

Financially, an important element must be re-iterated to the effect that the alliance of foreign capital and its Nigerian collaborators have played the major role in brutalising and

subjugating the indigenous population and in the process, accentuate the crisis and conflict in the region. The execution of Kenule Saro-Wiwa on 10 November 1995, along with eight other Ogoni, by the despotic regime of General Sanni Abacha for championing the campaign against environmental abuse by the oil-producing companies and calling global attention to the plight of the people in the Niger Delta region is the perfect example of how the Nigerian government has helped in silencing its peoples against the oil multinationals.[32]

Group of kidnapped foreigners in the den of the militants.

However, governmental response to environmental challenges in Nigeria has not been always that negative. Though it might be ineffective and inconsistent, the Nigerian government has taken some positive steps in managing and addressing environmental problems in the country. First, an important step taken by the Federal government was Nigeria's participation in the United Nations Conference on the 'problem of the human environment' held in Stockholm, Sweden in 1972. This Conference gave Nigeria the opportunity to examine its environmental problems in a national report to the conference. The awareness of the existing problems led to the establishment of National Advisory Committee on the environment which was later replaced by the Environmental Planning and Protection Division of the Federal Ministry of Housing and Environment.[33]

The discovery of a major toxic waste dump at Koko, a small port town in the then Bendel State in 1987 led to the establishment of the Federal Environmental Protection Agency (FEPA) a year later.[34] The Obasanjo administration, that came to power on 29 May 1999, gave a new fillip to the environmental battle by prioritising the environmental cause in the government's development programmes. For the first time in the history of the country, a Ministry of Environment was created in June 1999, barely a month after Obasanjo took office.[35] However, institutional problems of overlapping roles among the agencies constitute a major source of weakness in their strategies of the management of the environment.[36]

The Shehu Shagari administration set up a presidential task force, better known as the 1.5 per cent committee in 1979 with the same course of addressing the peculiarities of the region. However, it was later abandoned by the Babangida regime, and replaced with the OMPADEC in 1992 with little or no effect in solving the heavy ecological problems facing the region. In 1999, the Obasanjo government came up with the Niger Delta Development Commission (NDDC), with the mandate of facilitating the rapid and sustainable development of the Niger Delta. This commission is also faced with such problems as poor funding and lack of political will from the government. The last administration released less than a hundred billion Naira to the commission from 2001 to 2006, which was about eight per cent less than what it should have got during the period. It took the commission's ingenuity and contributions of other stakeholders for it to raise over 241 billion Naira.[37] Yet it is inadequate for the work that the commission has to do in nine states. This situation leaves the commission with about five billion Naira to spend annually on each of the states that makes up the Niger delta, an amount which is not enough to execute some major projects.[38]

The initiative of the late President Yardua's amnesty programme which was geared

towards achieving relative peace and security in Niger delta by rehabilitation of ex-militants was also yielding positive results. However, as argued by Shola Omotola, the creation of OMPADEC and NDDC, as responses to environmental insecurity in the Niger Delta was 'the most outstanding institutional responses to a deepening crisis and contradictions of the delta by the federal government of Nigeria.'[39] Although we now have Ministry of Niger Delta, it is too early to conclude on its necessity and credibility or otherwise. However, though these responses (which began with the Henry Willink Commission of 1958) have moderated the crisis, they remain inadequate and ineffective. This is epitomised by increasing environmental degradation, excruciating poverty, rising tension and ethnic militias, and general underdevelopment of the area despite the huge national resources accruable from the land.[40]

Niger Delta, Nigeria

Responses of the People

Niger Delta has a long history of struggle which essentially began with militant activism of Isaac Adaka Boro in the 1960s before he met his untimely death in 1968. But the struggle was epitomised in the 1990s by a non-violent campaign led by Kenule Saro-Wiwa (1941-1995) a Nigerian author, television producer, environmental activist and winner of the Goldman Environmental Prize.[41] And Shell, which is believed to have had its corporate image tainted with Saro-Wiwa's blood, is certainly not having a tea party in what has become Nigeria's turbulent oil industry due to what is now known as 'echoes from the wasteland.' While the 1970s and 1980s witnessed disparate and uncoordinated peoples' protests against the MNOCs, the unrest in the Niger delta reached remarkable heights in the early 1990s especially with the emanation of civil society.[42] In 1992, the Movement For the Survival of the Ogoni People (MOSOP) was formed and led by Ken Saro-Wiwa as a major civil society initiative representing the Ogoni people in their struggle for ethnic and environmental rights. MOSOP's main targets and adversaries were the Nigerian Government and the oil companies (Shell, Chevron and the NNPC).[43]

The All Ijaw Youth Conference, held in December 1998, crystallised the Ijaw struggle for petroleum resource control with the formation of the Ijaw Youth Congress (IYC) and the issuing of the Kaima Declaration. In it, long-held Ijaw concerns about the loss of control of their homeland and their own lives to the oil companies were joined with a commitment for direct action. In the declaration, and in a letter to the companies, the Ijaw called for oil companies to suspend operations and withdraw from Ijaw territory. The IYC pledged 'to struggle peacefully for freedom, self determination and ecological justice.'[44]

If the 1960s and 1990s saw the growth of generally peaceful and partially forceful coordinated struggles in the Niger Delta, the 2000s are witnessing a new dangerous twist to the gory story of the meteoric rise and popularity of militancy and violence in the region.[45] Although many reasons could be adduced to it, but it was basically the high-handedness of successive governments, especially Obasanjo's regime, that led to a sporadic spread of militias in the region.[46] For example, at around 2 p.m. in the afternoon of Saturday 20 November 1999,

Obasanjo approved the invasion of Odi (a small community of less than 15,000 people in Bayelsa state) by the military. Also, on 19 February 2005, troops attacked the town of Odioma, in Bayelsa State with a claim that it had come under fire from militants in the village. At least seventeen people were killed, including a two year old child and an elderly woman, both of whom were burnt to death.[47]

There are seven oil producing states (Akwa -Ibom, Bayelsa, Cross-River, Delta, Edo, Ondo and Rivers) but the activities of the MNOCs are more pronounced in three– Bayelsa, Delta and Rivers because most oil wells are located there. So, they experience more oil drilling with dire consequences on the people and the environment. Hence, the States also became the most dangerous dens of the militant groups such as the Movement for the Emancipation of Niger Delta (MEND) led by Henry Orkah; Asari Dokubo's Niger Delta Volunteer Force (NDVF); the Joint Revolutionary Council (JRC); Movement for the Survival of the Ijaw Ethnic Nationality (MOSEIN) and many more.[48] Although, the amnesty programmes initiated by Yardua's government in August 2009 is yielding positive results; the bomb blast during the fiftieth independence celebration on 1 October 2010 (where scores of precious lives were lost), for which MEND has claimed responsibility, clearly showed the problem of militancy is far from over.[49]

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International Focus

For a long time, there had been minimal attention by the international media on the environmental crisis in Nigeria especially the Niger Delta situation. This may be as a result of what Michael Zimmerman and Deborah Robinson referred to as Environmental racism.[50] But things are changing fast as the environmental crisis in the Niger Delta of Nigeria is attracting increasing international attention due both to the growing security threat it portends for the Nigerian state and, particularly, its impact on international oil prices. Although the Niger Delta problem has been around for several decades, the emergence of organised and militant pressure groups in the 2000s has added a new dimension to the crisis in the region. Protests and outright violent rebellion against the state are now ubiquitous. Environmental activism and militancy are a direct response to the impunity, human rights violations, and perceived neglect of the region by the Nigerian state on one hand and sustained environmental hazards imposed on local Niger Delta communities as a result of the oil production activities of MNOCs on the other.[51] According to Victor Ojakorotu, the internationalisation of the Niger Delta crisis derives from the global attitudinal change in the 1990s, occasioned by the de-emphasising of 'high politics' for 'low politics', which brought hitherto soft issues such as the environment into the focus of international discourse.[52] It was also as a result of systematic publicity and struggle of the environmentalist, the late Ken Saro-Wiwa. He did not only succeed in directing the attention of the international community to the plight of the people of the Niger Delta but also– through his advocacy– paved the way for robust international/civil society engagement with the issues at the core of the crisis in the region. This fact has been illustrated by the intervention of organisations

such as Amnesty International, Green Peace Movement, Rainforest Action Group, the Commonwealth of Nations and the United Nations. Such intervention effectively internationalised the Niger Delta crisis.[53] The United States Appeals Court ruling against Shell Nigeria in favour of the Ogonis and Saro Wiwa's family on 3 June 2009 actually brought to fruition the long struggle of the people.[54] Despite all this, the coverage of and attention on the Niger Delta is still far from adequate. For example, with the global media outburst over the April 2010 oil spill in the Gulf of Mexico (which many claimed was dwarfed by Niger Delta incidents), the bias of the global media still continues in the reportage and coverage of the environmental crisis in the global south especially in Nigeria.[55]

Niger Delta oil station

Conclusion

The above study examined the effects of globalisation on the Nigerian environment, its causes, consequences, and in the concluding section, seeks ways to help resolve the conflict between globalisation and the environment. Before moving further, one must understand that globalisation is a sensitive issue that nations cannot shy away from. Thus, the question is not the necessity of globalisation in Nigeria– that trend is already here. However, what is needed is the proper choice of the benefits of globalisation and the development of the people. This is one basic headache the Nigerian government has had, as they diffuse every vice and pros of globalisation in an illusion of prosperity.

In keeping up with hybridisation, a strict enactment of laws is almost inevitable to achieve sustainable environment. The government uses instruments of coercion and violence as well as the apparatus of state including the bureaucracy, the judiciary, the legislature and the executive arms of government to serve the MNOCs against the people. Thus, draconian laws such as the Anti-Sabotage Decree of 1975 and the Land Use Act of 1978 are means to ensure the environmental rape of the region. However, the enactment and unconditional upholding of environmental laws and standards would be of immense value to the cause. There is also the urgent need to carry out on Environmental Impact Assessment (EIA) of all the activities capable of causing environmental degradation, preferably before all other activities.[56]

Adequate legislation is an immediate necessity. Current legislations include the Oil Pipeline Act (1958), Petroleum Regulations (1967), Oil in Navigation Waters Act No. 3A (1968), the International Convention for the Prevention of Pollution of the Sea by Oil (1954) and the Petroleum Act of 1969. Even these lack effective implementation. Today, it appears as if little or no cognisance is taken of the existing laws since there is no mechanism to enforce them by the government.

However, despite the initial lack, more laws have been put in place since, not only for the oil industry but for other solid mineral resources as well. Pursuit of more realistic laws such as the Mineral (Safety) Regulation of 1963 and its updates are required. Although the government has set up parastatals such as Natural Resources Conservation Council of 1989 and the NDDC etc., more organisations should be created and inspected to manage the

environment.[57] It is only with those laws that the country can successfully shield herself against the lure of unbridled globalisation.

Oil and Gas Flaring

Perhaps one of the most important solutions to the terrible incursion of globalisation in Nigeria is the evolution of a new group of selfless leaders, with respectable knowledge of management. The absence of this has made the people believe that oil is a curse rather than a blessing. Since 1958, when exploration of oil began in the Niger Delta, over twenty trillion US Dollars has been realised as proceeds. Yet the central government overlooks the decay in environment of one of the most resource-rich yet poorest regions of the country. The situation is so bad that the inhabitants are used to witnessing first degree environmental degradation. To buttress this point a report of petroleum resources may be cited. It states that over 95 per cent of the volume of oil spilled in the region is not recovered. Thus a government, concerned for citizens' welfare, is needed to solve this myriad of environmental and environment-induced problems. Astute leadership would help insulate the nation from the unbridled incursion of multinational companies. Interestingly, as many observers have noted, that organisations in the parent countries of MNOCS have to abide by standard systems of mining and industrial activities. However, while operating in the third world countries, the same organisations indulge in activities that would be considered unlawful in their respective nations.

Furthermore, proper environmental management strategies can help ameliorate pollution and its impact on human lives. It may not be able to stop people from using the environment, but it is their responsibility to ensure that no nuisance ensues from such activities. One area of this environmental management application is in the effective management of the generation, collection and disposal of industrial, domestic, agricultural, commercial and other types of wastes arising from human activities. In addition, the pursuit of recycling culture in Nigeria is one way of working towards a pollution-free environment. The gas flares, hundreds of feet of high flames of natural gases, are a potentially valuable asset for the anaemic power supply of the nation.

Nigeria bears the brunt of global warming and all the ills connected with it. Thus, it has become imperative that global frameworks such as Agenda 21, which reiterated its stand on the environment in the 1992 World Conference on Environment and Development and the subsequent follow-up international meetings of the United Nations General Assembly be put into practice. Thus, acceptance of this international framework and advice from NGOs such as Green Peace International would not only help individual countries to embark on the path of sustainable development but will also represent a means of forging greater international cooperation, realisation of faster economic growth in a better and safer global environment.

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A Revolutionary Gathering in Lima-Peru

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The workshop titled "The 20th Century: Revolutions and Nationalism Revisited" was held in Lima-Peru between 19 and 29 April 2011. This was our second workshop in the Sephis Programme. We had focussed on Latin America in the first one, held in 2009. For this purpose, we had gathered twenty researchers from all over Latin America. The topic of that workshop was 'Alternative Methodology'. In the second Workshop we were able to assemble ten researchers from different countries including Nigeria, Indonesia, India, Zimbabwe, South Africa and Tunisia. The lecturers were: Professor Brien Meeks from Jamaica; Professor Bela Bhatia from India; Professor Ricardo Peñaranda from Colombia and Professors Olga Gonzalez and Ponciano del Pino from Peru. We also had an invited lecturer Edilberto Jimenez Quispe from Peru.

One of our main concerns in the workshop was the situation of societies during and after conflict and violence and how the notions of democracy, identity and citizenship get redefined in such societies. In Peru we had our own 'revolutionary' experience with Shining Path and MRTA[1], which seemed to have started as a dream but ended up being a nightmare. At a personal level, it was this specific and proximal historical process that motivated us to organise a workshop on this topic.

In the beginning, we were apprehensive about our ability to connect all the research papers to form a single and coherent thread for the seminar. Soon after we started, this fear disappeared as we realised that the similarities between the papers clearly overrode the differences between them. Professor Bela Bhatia wisely pointed out that there were moments when one came to realise that the only

possible difference between societies is language. We also came to learn how violence has a terrible impact on these post-conflict societies. We understood that this workshop was not only about Revolutionary processes around the world, but also about democracy, citizenship and humankind.

During such periods of disturbance, often new forms of narratives emerge (e.g. graffiti and other forms of art), existing ideas and notions transform and identities get restructured. All these issues are challenging for an academic, because their analyses demand newer and comparative approaches and new methodologies. This is where intellectual exercises like these workshops become crucial, because they allow researchers and students to learn more and to share their experiences. These spaces are not just academic in their nature but they also serve as an important medium for everyday communication. It is this communication and sharing of experience that provides the space for new methodologies to come up. For all these reasons this workshop has been one of my greatest experiences as Sephis Coordinator at the IEP (Instituto de Estudios Peruanos).

Participants of the workshop

1 Shining Path and the Movimiento Revolucionario Túpac Amaru – MRTA (Túpac Amaru Revolutionary Movement) were two revolutionary groups active in Peru from the early 1980s and the main actor in the internal conflict in Peru was Shining Path.

The First Arab Revolution? Socio-Demographic Aspects of the Jasmine Revolution

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Sofiane Bouhdiba

My participation in the workshop on revolution, held in Lima between 19 and 29 April 2011, gave me an opportunity to enrich my knowledge on the histories and representations of revolutions, particularly of those which have occurred in Peru, Colombia, India and Indonesia. I also got the opportunity to present my views on the Tunisian revolution. This exercise facilitated a healthy discussion and exchange of opinions on the matter with the instructors and the other participants.

On 14 January 2011, Tunisians managed to end the totalitarian regime which had been established by the General Zine El Abidine Ben Ali 23 years ago in what is being referred to as the *Jasmine Revolution*. Several factors played important roles in precipitating this revolution, most of them being socio-demographic in nature. These included the pyramid of ages involved in it, the high level of education, the prevailing situation of unemployment, proliferation of cyber technology and communication, and the forces of globalisation.

I tried to show to what extent these socio-demographic factors could now play a positive role in the process of emergence of Tunisia from the longstanding crisis. In fact, it can be argued that the crisis in Tunisia started way back at the time of Tunisia's attainment of independence which had brought the dictatorial presidency of Bourguiba into power. Thus problems have prevailed since 1956, much before the Ben Ali regime came to power.

The other participants present in the seminar were interested to know what the main socio-democratic factors behind the *Jasmine Revolution* were and whether or not these would help the Tunisian population in emerging from half a century of

crisis. They were eager to know to what extent a domino effect could be expected in Tunisia's neighbouring countries. The chances for other Arab countries such as Egypt, Libya and Jordan to engage in revolution were also brought up as an important question in course of the discussion. They also asked me why the United States or the European Union did not suspect anything before the revolution actually happened.

I arranged my presentation on the case of Tunisia in three sections. In the first one, I enumerated the characteristics of the Tunisian revolution, arguing that they reminded us of the political cycle proposed by the Arab historian Ibn Khaldoun in *El Moqaddima* (prolegomena). In my second section, I discussed the socio-demographic factors that led to the *Jasmine Revolution.* The question I raised in this context was whether or not the Jasmine revolution would have taken place had the Tunisian population been more aged or less urbanised. In the last section, I proposed ways in which Tunisians could now complete their revolution and reap the benefits from it. However one is afraid that just in the way that Ibn Khaldoun had predicted, yet another new dictatorial leader might emerge from this revolution.

Sephis Workshop in Lima: A Meeting that Met My Need

Babajide Ololajulo holds a doctorate in Anthropology and teaches at the Department of Archaeology and Anthropology, University of Ibadan, Nigeria. His research interests and publications cover Identity Politics, Social Conflict, and the Political Economy of Oil Exploitation in Nigeria. He has participated in several international conferences and workshops including the thirteenth session of Fabrica de Ideias and the recently concluded Lima workshop on Revolutions and Nationalism, both sponsored by Sephis.

Babajide Ololajulo

When I responded to Sephis's call for applications for its workshop, 'The 20th Century: Revolutions and Nationalism Revisited', I knew that I was accepting a great academic and intellectual challenge. Before this I had read some literature on revolutions and my interest in identity politics in Nigeria had exposed me to discourses on nationalism as well. However, what had caught my interest presently was the coupling of these two issues and subsequent interrogation of different movements against these two registers. My ongoing work on post-civil war national identities in African States, appeared to be relevant in this regard although I was wary of representing ethnic or religious conflicts as instances of revolution. It was amidst this conceptual uncertainty and theoretical inexperience that I submitted my application hoping that its acceptance would not only help my understanding of the theme of the workshop but also enrich my ongoing research. Fortunately for me, my application was selected for the workshop.

The first few days of the workshop exposed the participants to classical as well as modern theories of revolution. It was a great opportunity for me to determine whether the African civil wars and *coup d'état* cases were fit to be described as revolutions, especially when nationalism and ethnicity were being identified as important driving forces of revolutions – a dilemma which I have since resolved. Furthermore, the theoretical frameworks which were deployed to

analyse the recent North African and Middle Eastern uprisings opened up prospects for a reworking of the concept of revolution.

The latter part of the workshop was devoted to addressing specific cases of revolutions in the twentieth century and the state's response to them. The Sandinist revolution in Nicaragua, the Naxalite movement in India, the Peruvian Shining Path, and the instances of armed struggles in Colombia were specific cases that provided the participants with the opportunity to reflect on basic similarities that ran through such radical social movements. The centrality of the obsolete Maoist ideology in the struggles in India and Peru was particularly revealing and raised huge questions about the nature and course of political evolution in the part of the world regarded as the Global South.

The sharing of experiences was an invaluable aspect of the workshop, especially due to the fact that the participants came from different countries – Nigeria, South Africa, Zimbabwe, Tunisia, Indonesia, and India. I learnt a lot about the movements and struggles of the 'untouchables' (*dalits*) and the tribals (*adivasis*) in India. I also acquired knowledge about what has been referred to as the 'Jasmine Revolution' in Tunisia.

Enriching me in this way, the Lima workshop made me rethink the armed movements in my own country – the Movement for the Emancipation of the Niger Delta (MEND), the Odua Peoples' Congress (OPC), the Movement for the Actualisation of the Sovereign State of Biafra (MASSOB), the Boko Haram, and a host of ethnic conflicts. Thus the experience gained from participation in the Sephis/IEP workshop will surely have a long lasting impact on my academic career.

Author with other participants

Personal Experiences during the Nationalism and Revolution Workshop in Lima, Peru

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Blessed Magadzike

I feel greatly honoured to have taken part in the workshop mentioned above. This workshop is one of the many programmes through which SEPHIS has been encouraging and training students and scholars of history in the global South. This report is about the impact of the workshop on my personal academic work as a student of history and on history as a disciplinary subject that has a role to play in the development of South countries.

Participants during a break

For a student trying to study and write history with a strong inclination towards questions of national memory and the concept of the nation itself, the workshop in Lima provided the necessary foundation which helped me understand the histories of many South countries and their endeavours to define the concept of nationhood. This endeavour can be found in many revolutions that have, and are still, characterising most of the countries in this category. What emerged as important during the course of discussions was the need to find out the meaning of

these revolutions and their relationship to questions of national development and the move towards democracy. Further, I was also able to understand the nature of the revolutions that took place in most of these countries, such as the Latin America, the Caribbean, India and the more recent revolutions in North Africa and the Middle East. In addition to this, let me also point out that I was the only participant pursuing Masters degree in this particular workshop as the rest of my fellow participants were at levels higher than mine academically. This gesture alone primarily meant that the selection criteria was not only flexible enough to choose an amateur like myself, but also kind enough to let me enter a place where I was surrounded by highly experienced people. This also meant that I was the biggest beneficiary of the ideas that were shared. In addition to all this, the Lima workshop provided me with an opportunity to present the findings of my research work based on *Zimbabwe's Contemporary Heritage Practices of Memorialising War* at a public forum for the first time since commencing research work.

An academic session underway

However this report cannot be concluded without mentioning the vast knowledge imparted to us by the various convenors of the classes. All the convenors were experienced in their respective areas of research. More importantly for me, there was also a section on the significance of the Museum in the study of history and the critical role it may also play in the case of revolutions. I was able to gain an in-depth understanding of the Museum as an institution that has a role to play, not only in documenting and preserving memories by using different media but also in defining how the nation can re-unite with itself and develop positively after bloody revolutions.

Participants on a lighter note

SEPHIS has a role to play in the development of history writing in the South, an endeavour critically linked to nation-building in the parts of the South where it still is an ongoing process. The programme of SEPHIS, particularly in this workshop, needs to be continuously supported through our recommendations. So that it can continue to improve and ensure further development in the area. Most good projects in third world countries usually fade away because they lack follow-up. In this case, there is a need for follow-up workshops that will assess the progress of various discussions on the revolution and nationalism workshop. Such endeavours will not only be useful for the assessment of participants' projects, but will also help students to critically analyse their work.

MNCs as Catalyst of Capitalist Development

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Kingsly Awang Ollong

Introduction

The first multinational corporations (MNCs) were the East Indian Company established by the British in 1600 and the Dutch East Indian Company established in 1602.[1] These started as private corporations chartered by the states of their respective countries. These early MNCs were not only fully supported by their states and administered other lands under their countries' flags. When the Dutch company went bankrupt and was on the verge of being liquidated, its debts were socialised, that is, borne by the Dutch state, while its profits had always been private.[2]

Since their not-so-humble beginnings four hundred years ago, MNCs have been a key feature of capitalist development as they spread their wings across the world. The globalisation discourse in the past few decades has, however, given added fillip to the need for a deepened understanding of what MNCs are, what they do and how they fit into the framework of capitalism as a whole.

This is not surprising and is not just about the 'discourse' of globalisation. The 'global reach' of MNCs represents the arm with which capital breaks down all walls, moulding the entirety of the world in its image, as Marx and Engels asserted in the *Communist Manifesto*.[3] It is pertinent, thus, to examine if despite the century and a half separating today's globalisation from the *Communist Manifesto*, MNCs represent a qualitatively different organisation from the most minute of firms.

In this essay, I intend to contribute to the critical discourse on MNCs and capitalist development, within the dimensions of the discipline of economic history. The thesis of the paper is hinged on an assertion that MNCs epitomise the essence of capitalist development. Despite the complexities of their forms, processes, operations and relations, they are and remain the theatre for the production and reproduction of the socio-economic relations for the exploitation of labour.

I therefore present the following propositions:

• Capitalism is of necessity a multi/transnational phenomenon; the relations of production and exploitation inherent in it operate essentially within the same locus at both its unit level and within the transnational reality of its materiality.

• MNCs are not just a peculiar feature of capitalism and capitalist development at a particular point in time. They might evolve and differ in some aspects from other types of firms, but remain essentially typical in their origins, determinant dynamics and goals.

• 'Free market' is a myth; capitalist development rests implicitly on power relations situated within administrative structures which rather become explicit in the market, as against originating from within it.

The implications of our point of departure impinge on the perspective of MNCs' expansion in the age of capitalism's neoliberal globalisation which situates this in structural changes such as the falling transaction costs associated with transportation and communication, dominance of new technologies in the production process and the development of new financial instruments and a concomitant retreat of the state.[4]

MNCs' continued expansion, dominance and role as the captains of the capitalist economy rests squarely within the logic of capitalist production's trend towards monopoly and corporate-organised production and trade.

In the light of the above, the approach taken by this study is that of a microeconomic analysis situated within the post-sceptic paradigm on globalisation[5] which takes note of the factual reality of globalisation, without losing sight of the fact that with capitalist development, as an old axiom goes: 'the more things change, the more they remain the same.'

Operational Definition of MNCs

It might be necessary to make a clarification on the term 'MNCs', which is used throughout this essay, before proceeding with its analysis. The term 'MNCs' was coined by the Harvard Multinational Enterprises Project mid-last century and soon became largely accepted in describing what authors like Penrose, and Vernon had described earlier as 'international corporations.'[6] In the 1970s and subsequently with both the preference of the United Nations and the spread of neo-Gramscian perspectives on International Political Economy, the term transnational corporation, became popular in describing firms which operated in more than one country.[7] In this essay, to avoid doubts we shall use the term MNCs, to refer to this category of firms which to borrow from Dickens[8] have 'the power to coordinate and control operations in more than one country, even if it does not own them.' In doing this, we take note of, but choose to avoid, the 'unsettled disputes' on possible differences that 'distinguish between MNCs, global enterprises, international business organisations, transnational corporations and so on' identified by Persaud,[9] due to this analysis' limitations of space and time.

MNCs as Firms

MNCs are first and foremost firms. They are administrative organisations of persons with the primary purpose of valorising in-puts, towards appropriating profits accruing from the sales of the commodities or services that they produce in the market.

Penrose in her seminal work on the growth of the firm considers the possibility that large firms might need to be considered as separate species even if of the same genus as the traditional smaller business firm dominant in advanced capitalist economies before the middle

of the twentieth century.[10] Her position, however, does not vitiate the fact that firms they still are, even with such species-complexities.

Chandler would further the horizons of this perspective stressing the importance of scale and scope as determinant features of industrial capitalism. Not surprisingly, it could be argued, he thus identifies 'organisational capabilities' as the 'core dynamic' of the firm in this form of the capitalist firm.[11]

The firms with the largest scope and scale, of course, are the multinational firms. Their organisational capabilities within and across the frontiers of states cannot be disputed. Indeed, it is not our intention to do this. Rather, it does buttress our position that capitalism and capitalist development can not be understood strictly within the paradigm of the free market which MNCs and the neo-conservative ideologues of neo-liberalism hold forth as a mantra.

The Schumpeterian argument of 'creative destruction' where competition over innovation, and not a market-driven competition over prices, prevails gives an inkling of our position.[12] Quite instructive though is the fact that a world dominated by MNCs is not genuinely one of a 'free market'. Indeed, with the capitalist firm as the site of production of commodities, how the market is constructed can be inferred from Richardson's perspective in 'Organisation of Industry.'[13]

Richardson points out that the perspective of firms as 'islands of planned co-ordination in a sea of market relations' is quite misleading. He further rightly argues that 'firms are not islands but are linked together in patterns of co-operation and affiliation.'[14] Planned coordination as he points out 'does not stop at the frontiers of the individual firm but can be effected through co-operation between firms.'[15]

Considering the wealth MNCs control across the whole world, a picture thus arises, whence the perspectives above are taken into consideration. This is a picture of the co-operation of the personifications of capital across borders with the market as being subordinate to the aims of this co-operation. The aim of this co-operation is quite clearly that of enhanced and enhancing of profits. The market is thus not the invisible divine god it is claimed to be. It is but the hand-maiden for a mystified administration of an ever-concentrating regime of capital.

The Transnationalising Firm

We have looked at MNCs from the general perspective of being a firm-organisation. This might not adequately address the questions of why and how, some firms transnationalise, while others do not.

Peter Dickens[16] carries out an incisive study on 'transnational corporations' identifying them as 'the primary "movers" and "shapers" of the global economy.'[17] Pointing out the significance of transnational corporations not only in shaping the contemporary global economy, but also in undermining the autonomy of nation-states, he presents possible macro- and micro-level explanations for why firms 'transnationalise.' We shall be concerned here with the possible economic propositions made, in line with the thrust of our analysis.

The microeconomic-level approaches which he engages with, focus on the firm. The seminal works of Hymer[18] and Dunning[19] serve as the substrate for his analysis.
Hymer reveals the fact that market imperfections which firms with the requisite resources to exploit can find is actually at the heart of their transnationalising quest.[20] This for us is indeed very instructive as it runs counter to the oft held litany of governments in the global south that seek foreign direct investment, supposedly at the altar of the market, while what they actually tend to do is to bend the supposed freedom of the market in the interest of MNCs.

The 'eclectic' paradigm of Dunning, who sees the possible challenges to global capitalism as moral and is concerned with making it a good phenomenon, is nonetheless insightful as well.[21] It presents three conditions as being conditional for a firm to transnationalise. These are: Ownership-specific advantage; inherent internalisation of advantage such that it is best wielded directly by the firm as against leasing it for example; and location-specific factors. A cursory look at each of these shows that they boil down not to a submission to the market, but rather to their providing interstices within the market framework within which extra-market powers and capacities of such concerned firms are best utilised towards the valorisation of capital.

The MNC's oligopolistic characteristic also fuses with an increasing dominance of finance market in maintaining capitalist imperialism as the highest stage of capitalism.[22] This macro-might of the MNCs, economically translated into political might, would amount to nought if MNCs did not wield much more than only power at the micro level. The continued exploitation of the labour of the immense majority of the population by an infinitesimal minority cannot be wrought without the forging of hegemony at the workplace.

Burawoy[23] gives a succinct analysis of how with the age of monopoly capitalism, this phenomenon that inheres in the firm, becomes more strengthened. A closer look at this might be beyond the purview of this analysis. The crux of his position which we concur with, however, is in highlighting the fact that the production process not only results in the production of use value and valorisation but as well manufactures the consent of the working class who see their fates as being tied in with the continued existence of the firms and thus capitalism as a going concern.

Conclusion

In this essay, I have argued basically that while MNCs might in size and complexity be considered as variants of sorts of non-MNC capitalist enterprise, the same logic and interests bind it. This line of argumentation, nevertheless, does not lose sight of the variants of types within the fold of MNCs as a category, but rather abstracts from this towards its micro-analytical pursuit.

The aim of the analysis has been to underscore the continuity within the not merely seeming, but indeed changing, realities of our present age of globalisation which MNCs are 'primary movers and shakers' in and of. This qualitative continuity in scope and scale, geographically and organisationally, is one of the continued and indeed enhanced exploitation of labour by capital and the organisation of the labour process within and across borders to engender this.

The analysis' contribution to micro-theory has been largely economic but notes the sociological dimensions that make such economic materiality possible within an equally micro-level operationalising of the theory of hegemony. With this we summarily captured both the most pervasive danger of the multinational firm to humanity and the hope that spurts from its transnationalising additive feature on its essential sameness to capital's primary unit of domicile and expansion, the firm.

MNCs as firms, in summing up, we must say, present the most visible personification of capital for organised labour and indeed all forces that believe another world is possible to confront in making such world come to be born, building from our communities, the shop-floor of the firm and to the transnationalised global world.

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War and Violence in Central Africa

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Percyslage Chigora

Rene Lemarchand, The Dynamics of Violence in Central Africa, University of Pennsylvania Press, Philadelphia, 2009, pp. 323, ISBN 978 0 8122 420-4.

Central Africa, also known as the Great Lakes Region, has seen the perpetration of great violence, on the verge of genocide, in the recent past. Understandably, the region has been at the centre-stage of academic debates about conflict and peace in Africa. The recent book, *The Dynamics of Violence in Central Africa,* is a welcome addition to this field of study. It examines in detail the dynamics of conflict and violence in this area.

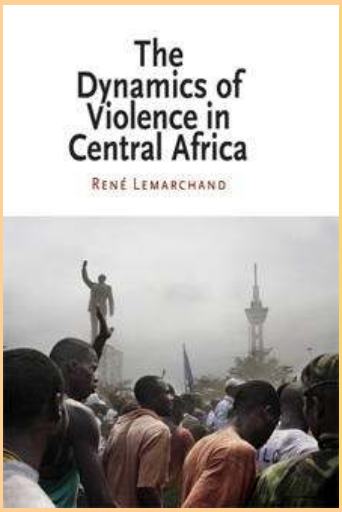
The book is divided into three sections, each focusing on a particular aspect of the topic in question. The first part contextualises the conflict situation by outlining its regional setting. It takes on a number of views, which were once held about the conflict in the region. In this part the author examines the key features which have characterised the conflict throughout its history, largely exploring the role of ethnic domination, land problem, migration, aspects of kinship, fragmentation of the society, questions of nationality, resource-management and participation of international actors, among others. While talking about conflict in the region, the author notes, '*we are dealing not with one war but an aggregation of wars; in each instance the logic of unforeseen lies at the root of the endless and violent episodes generated by the initial event; and ultimately, leaving behind nothing but worst and destruction in its work'* (p. 28).

The second part of the book comprises an exploration of actual conflict situations and the genocide that occurred in Burundi and Rwanda. The author investigates how ethnicity itself became a site of conflict. The analysis of myths that surround the major ethnic groups- Hutu and Tutsi- in Rwanda and Burundi substantiates his arguments here. This section also traces the historical origins of the genocide and highlights the sequential unfolding of accusations and counter-accusations centering this incident. The author refutes the idea that the genocide might have been the result of an unplanned spontaneous outburst and traces its history back to the legacy of the Hutu revolution of 1959-62, the eventual emergence of groups of counter-revolutionaries, the regional dynamics of the issue, Ndadaye's assassination and the shooting down of Habiyarimana's plane. In his own words, *'There is evidently more to the genocide than the sudden outburst of murderous irrationality rooted in fear and prejudice'* (p. 121).

Keeping in mind these long-term factors that were, and still are, at play in Rwanda, the author concludes that prospects of national reconciliation are indeed extremely bleak. During his analysis of the violence in Burundi, the author highlights the role of what he calls the forgotten genocide of 1972. He then goes on to explore the causes, the regional dynamics, the key actors involved and the various dimensions of the crisis. He also brings into his discussion the immediate political context which includes the effects of the civil war, efforts to rein in the situation and the elections leading to the coalition government. The political dynamics which resulted from the interplay of all these factors ultimately conspired to precipitate such wide-spread violence. For the author, Burundi today depicts a situation '*where the state institutions are fragile and where elected leaders are desperately trying to adjust to a civilian form of government and are confronted daily with new formidable challenges'* (p. 188).

The third section focuses on the Democratic Republic of Congo (DRC) and analyses the causes and the course of the conflicts there. In the context of Kivu, he observes: '*The roots of Kivu crisis are directly traceable to the rise of a settler sponsored, agricultural capitalism nurtured and encouraged by the colonial state'* (p. 208). This part also explores the contribution of other international actors in the crisis and the prospects for a democratic form of government in future. Here again, the author finds the prospect of the establishment of peace and harmony, the restoration of communal trust and the cessation of violence extremely shaky.

The book is well-informed and goes beyond conventional wisdom to explain the diverse dimensions of an extremely complicated phenomenon. For any one wishing to study violence and conflict in central Africa, this book is a must-read.



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