

# BOOK REVIEW

## THE STRUGGLE FOR HEALTH - MEDICINE AND THE POLITICS OF UNDERDEVELOPMENT By David Sanders with Richard Carver, MacMillan, London, 1985

Go out and buy a copy of Sander's book now! This is a fine, readable book which is articulate, clear and presents a coherent argument about underdevelopment and health.

It is not an academic book but is a practical approach to understanding real day to day problems about health and the struggle to achieve it in the underdeveloped world.

It is a book which is relevant to all health and development workers and students, and should be a key reading for community and worker activists and organisers who want to know something about the struggle for health.

### Themes

The book was originally planned as a guide to volunteers about to work in health services in underdeveloped countries.

It became a broader project, focusing on a clear and concise approach to the problems of maintaining and promoting health in the underdeveloped world, and the role of health workers in the struggle to overcome those obstacles to health that lie in the structure of society.

Sanders states that "this book is dedicated to the proposition that problems of health, development and underdevelopment are intimately linked. It is for that reason that it might sometimes read like a lesson in history or politics rather than a health-care manual. There is no reason to apologise for this. For too long health has been widely looked upon as an issue apart from the real problems in society. The time has come to redress the balance."

This book certainly plays a part in this task.

THE STRUGGLE FOR HEALTH explores the rates and types of disease which are so common in the underdeveloped world. The discrepancy between the health of the population of the rich versus those in the poor countries is clearly pointed out with the help of lucid tables and photographs.

The diseases of underdevelopment also occur in the West and are not dependent on a "tropical" climate. Rather, they relate to social conditions, the lack of provision of adequate water, housing, education and health services.

The association between social class and health is made clearly; it is the poor in any country who suffer most deprivations and thus most ill-health.

How were the countries of the West able to overcome their health problems while the countries of the underdeveloped world are still struggling to achieve this?

Part of the explanation lies in an understanding of colonialism, imperialism and underdevelopment and the effects of these on the world. It is also important to note that in the West, the promotion of health did not result purely from industrialisation but depended very much on popular pressure.

Through the organisation of communities and workers, sufficient pressure was placed on the state to improve the environmental conditions which led to ill-health.

Although the debate of these issues is brief and at times superficial, it is a useful introduction to the concepts involved in underdevelopment and health.

Chapter 4 draws attention to the role of the health services in making Western penetration acceptable to the local inhabitants of the underdeveloped world. Health services drew the local inhabitants closer to the colonists, but also protected the colonists themselves from the ravages of disease.

Chapter 5 is titled "Medicine, Business and the State" and it analyses the major strands in Western medicine today. The question of inappropriate health care systems, the class position of doctors, and misguided priorities for research are tackled and explored.

The reproduction of professionalism, victim blaming, and women and health all receive attention from Sanders' sharp, albeit brief, coverage of these issues. The activities in underdeveloped countries of the private health sector, big business and the drugs, baby-food and medical supplies industries are well presented.

Can the medical sector play a part in promoting health? This section of the book draws primarily on experiences from China and Cuba, and raises issues about the appropriate training of health personnel, in particular, the barefoot doctor and village health worker.

Sanders argues that these levels of health personnel, combined with adequate political commitment, can achieve major changes in the restructuring of the health status of the community. Unfortunately, more recent data on the kinds of health problems experienced in Tanzania or newly independent Mozambique are not presented.

The final chapter looks briefly at the role of the "concerned health worker". Sanders indicates that health workers may come into a situation with many constraints - including culture, language, training, and social class - all of which make it more difficult to work directly with the poor.

Such workers will always be "outsiders" regardless of how well-up they are with the latest WHO publications or how familiar they are with primary health care jargon, unless they become part of a move to overcome the origins of ill-health in society.

He argues that changes in health and health care can ultimately only be made by the people in the communities themselves. Concerned health workers can, however, play a part by acting in solidarity with the community and by making their skills available to the poorest and most oppressed.

Health workers should encourage democratic control over the provision of health care and be willing to submit to the will of the majority. They should attempt to demystify medical knowledge and practice and should play a role in

breaking down hierarchies within the health sector, and promoting democratisation within health institutions.

Yet another role for progressive workers is the collection of statistics and facts, which, if coupled with information about relevant social conditions, may play a part in providing communities with the information they require to confront the state over health issues.

In the developed countries, struggles against cuts in health care, the provision of information about the state of ill-health in the underdeveloped countries, and the education of colleagues about the social origins of poor health are all important activities.

Sanders concludes that "it is here that the concerned health worker and all those concerned with health could introduce the issue of how ill-health is produced in our societies - and how any struggle for progressive social change and against the old order and power structures is also a struggle for health".

## Conclusion

This is a very useful book which all concerned health workers and activists, and every medical and nursing student should read. The book is not without flaws: at times the text is too superficial to be of much help to the uninformed reader, and those interested in learning about the finer points of debate around an issue will have to consult other texts.

This is not important as the book aims to be an introductory text and not an erudite discussion of the political economy of health.

There are some places where illustrations do not fit well with the text and where labels on illustrations are not very clear. However, the generally well chosen and plentiful supply of graphics, tables, and illustrations make this book very readable and useful for group discussions and workshops on the struggle for health.

Fortunately the book has been heavily subsidised to enable everybody to afford their own copy - a great benefit in these times when buying books is becoming the preserve of the rich!

**Anthony Zwi**

# THE STRUGGLE FOR HEALTH

Medicine and the Politics of Underdevelopment



David Sanders with Richard Carver

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# **FIRST AID BOOKLET AND VIDEO**

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During the State of Emergency declared in South Africa last year, Health Care Trust was called upon for assistance with first aid and emergency treatment. As a result of this, an emergency treatment team was set up comprising medical doctors (NAMDA), nurses (Health Care Trust and Nurses Support Group) and paramedical personnel.

Unfortunately, this structure was affected by the repression of the time and became virtually ineffective. Once again, Health Care Trust was *approached by the communities to conduct first aid programmes*. However, the request was for these programmes to be more localised.

The first group trained was the Ulwazi Christian Students. Requests were also received from outlying areas such as Beaufort West, Saldanha Bay, Worcester, etc. As the demand grew it became more and more difficult for Health Care Trust to conduct intensive programmes within each area.

With this problem in mind, we consulted the Ulwazi Christian Students and looked at how they could possibly pass on their newly acquired skills *to their community*. The idea of producing media on how to treat different injuries came about.

After further exploring this idea, it was decided to produce a booklet. This group was given the responsibility of writing on issues such as burns, teargas, etc. This booklet was to serve as a reference book for groups with whom it was difficult to have direct contact.

The Health Care Trust found that the booklet was not adequately addressing the needs of communities, especially in the outlying areas. *Practical demonstration was essential, and it was then decided that a video would meet this need.*

The video and booklet were first produced in Afrikaans as this is the medium of the outlying areas. It has now been translated into English.

The first aid booklet is available at 15 cents each.

The video is available at R30,00 in Afrikaans, English and Xhosa.

**Both are available from the Health Care Trust office,  
41 Scott Rd  
Observatory  
Cape Town  
7925**

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