

1 Introduction

In 1989 Dr. Mathura Shrestha helped me and a group of US medical students to prepare a presentation for the Department of Community Medicine of Tribhuvan University Teaching Hospital on health conditions in a rural part of eastern Nepal. He taught us then about the ways in which medical practice in Nepal was different from that in the United States. “Community medicine is the priority here,” he said, pointing out that sometimes even politics was a necessary part of health care. Social injustice could be a cause of ill health, and social injustice was particularly visible among Nepal’s rural poor. Our job, accordingly, had been to find out what villagers considered their most important political, social, and health needs, and his had been to try to attend to them. Four years later, and three years since the democratic revolution in which he had played an important role, Dr. Mathura had been asked to serve as minister of health for the interim government that had come to power as a result of it. I guessed that his brief role as minister had been at least partially determined by his willingness to listen to the villagers’ political demands.

Dr. Mathura’s medicine, I learned, derived authority from its political stance, but it did so by asserting that medical truths were scientific and so they transcended the corruption and bias of politics. Political corruption was, after all, what had brought down their old government. I was anxious to see him again, hoping that he would want to take the time to tell me about the revolution and help me make sense of what seemed to me a sort of ironic combination of a politicized medicine which relied on *apolitical* notions of truth. As I entered the Department of Community Medicine office, I noticed a slogan on the wall, scrawled there as graffiti during the revolution: *Itihas le bhancha janata nai Nepal ko suruwat ho!* “History says the founder of Nepal is the public!” Criticisms of the king were also painted here, an offense punishable by imprisonment only four years earlier. No one here had yet wanted to paint over them.

Dr. Mathura greeted me and apologized for being late. He had been occupied with the administration of flood relief in connection with the failure of a dam in the southern part of the country. The dam had broken

Cambridge University Press

978-0-521-58548-4 - Doctors for Democracy: Health Professionals in the Nepal Revolution
Vincanne Adams

Excerpt

[More information](#)

2 Doctors for Democracy

and the flood plains below it were submerged under millions of gallons of water. It was estimated that some 10,000 people had already died, and health professionals were concerned about the spread of cholera and starvation among the survivors. Dr. Mathura complained that the government was wasting foreign donations by dealing ineffectively with the disaster. In response, he mobilized teams of physicians and nurses to the area, offering help where politicians were unqualified or incapable of doing so. It was clear that he was, three years after the revolution, still engaged in the political battle for the survival of his democracy. For him, this was a battle on behalf of *truth* for the ordinary people of his country.

I knew that Dr. Mathura was not alone in his criticism of the government. On the day of my arrival a few weeks before, there had been a *chakka jam* (“wheel lock” – an interdiction against motorized traffic in the city) called by the leftist parties against the majority Congress party. That evening there had been tear gas, shooting, and young men in the streets inciting or running from more violence. People were angry, wondering if this new government was what they had fought for with their lives three years ago. For Dr. Mathura, the disaster relief effort epitomized the new government’s failure; it was acting just like the old government, displaying self-interested favoritism rather than helping the common man – capitalizing on human tragedy to gain political prestige rather than alleviating human suffering by the efficient organization and dissemination of modern technology and know-how. Confronting this situation required medical help from experts – physicians – not politicians. So, while politicians were making use of the disaster for political gain, he was organizing volunteers, medical supplies, and monetary donations to fly relief teams down to the flood areas. He insisted that his interventions were not politically motivated, but he wasted no time in informing me of the failure of the current political regime to attend even to the most basic needs of the average citizen, let alone their extraordinary needs during this time of disaster. They were busy trying to win public support through public spectacles and announcements about the statistical grandiosity of the medical event – spectacles that would create loyal voters, while he was trying to save lives. Whereas he was working to establish medical needs as top priorities, the government was politicizing truths about the disaster, using a medical crisis for political ends.

“I am neither Communist [party] nor Congress,” he said, despite the fact that most everyone who knew him publicly considered him a leftist. He considered himself a medical scientist – a physician whose concerns transcended political parties. The irony of his position, however, was that no matter how much he accused the new government of politicizing medicine, he himself had been a major contributor to this tactic.¹ During the

Cambridge University Press

978-0-521-58548-4 - Doctors for Democracy: Health Professionals in the Nepal Revolution
Vincanne Adams

Excerpt

[More information](#)

revolution, he forced medical practice to attend to both politics and objective truth. He showed that you should always put politics to work for the truth. In fact, he showed that being a good doctor required this. In the process, he showed that putting medicine to work for politics was also required, for political solutions to medical problems demanded political action. But now he was arguing that if medical truth was used for politics it should be called corruption. Was there a difference, I wondered?

During the revolution, Dr. Mathura helped bring to life the politically activist medicine which he had introduced to me in 1989 when he showed me that social injustice can be a cause of ill-health. This, for him, was a modern and scientific approach to medicine. Becoming political had become for him a necessity for practicing medicine in a modernizing and developing nation like Nepal. He learned this, he explained, from his “Western” predecessors and teachers. He reminded me of a passage I had sent to him in an essay: Rudolf Virchow, writing about the 1848 typhus epidemic in Upper Silesia, Prussia, said that “. . . medicine is a social science, and politics nothing but medicine on a grand scale” (Taylor and Rieger 1984: 202).² His concern, like that of Virchow, was that more than any biological factors it was social, economic, and political inequality which led to the massive number of deaths and that only social, economic, and political reforms would help to end them. Then, he noted, as if an echo to Virchow’s polemic, the World Health Organization and UNICEF convened their conference on Primary Health Care 130 years later in Alma Ata, Russia, and established that if universal health is to be achieved, medicine must attend to social, economic, and political needs. Health, they wrote, is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity; moreover, they claimed that health so defined was a fundamental human right, therefore the practice of medicine demanded activism and political will (Osmanczyk 1990: 31).³ Dr. Mathura reminded me that Nepal had sent two representatives to that meeting, two people who helped formulate the international position. This was the perspective he still held, and the one which compelled him to fight, as a physician, for democracy in his country three years earlier. How then did he get from this position that welcomed the use of medical tools to fight political battles to one in which he felt that political uses of medicine constituted a corruption not only of politics but also of truth? When should a politicized medicine serving political goals be considered a corruption of medicine and when should it be considered the achievement of it? To answer this, I offer an introduction to this ethnography that explores the role played by biomedical health professionals in the democracy movement of Nepal in 1990 and thereafter.

Cambridge University Press

978-0-521-58548-4 - Doctors for Democracy: Health Professionals in the Nepal Revolution
Vincanne Adams

Excerpt

[More information](#)

4 Doctors for Democracy

As the political events between February 18 and May 16, 1990 escalated to the point of revolution, Nepali health professionals adopted what to them were the overtly politically and socially activist stances of Virchow and the Alma Ata Declaration, becoming revolutionaries for the sake of democracy. Backed by a history of political activism focused on establishing a multiparty elected government, doctors, nurses, and paramedicals (auxiliary health workers) became catalysts for a movement aimed to bring down what they saw as a repressive panchayat system,⁴ to end underdevelopment and the corruption that nurtured it, and to establish the basis for a healthy democratic nation with full rights to political freedom. In the process, the movement would also bring an end to the absolute rule of the monarch. The oppositional activities of Nepali medical professionals made a decisive difference in the People's Movement. The voices of Nepali physicians were heard partly because of their political actions, including dissemination of information, strikes, and assertions of professional authority at strategic times and places. They alerted the news media about what they surmised was the government's use of bullets outlawed by the Geneva Convention; they protected leaders of the opposition from arrest by placing them under hospital bed rest; they made triage decisions which placed the lives of injured civilians above the needs and demands of soldiers and policemen by claiming medical expertise and by appropriating a *moral* and *scientific* high ground based on universal human rights. In doing so, health professionals were able to transform the revolutionary debate from a partisan one to one about universal truth. Their actions helped to inspire foreign democratic governments to threaten the withdrawal of aid unless the people's demands for political freedom were met. The highly visible protests of this cohort of scientific professionals dashed the king's hopes for a modern monarchical Nepal, for surely he recognized that a modern nation could not exist without support from rising professional scientific classes like theirs. A hunger strike by the physicians and other health personnel during the final days of the revolution helped compel the king to agree to a multiparty parliamentary democratic constitutional monarchy.

Many of the health professionals involved, particularly from the Department of Community Medicine at Tribhuvan University Teaching Hospital, had long espoused the argument of Alma Ata that the best medicine for Nepal was preventive, appropriate-technology, rural-based health care for the masses. Observing that social inequality and poverty were the root causes of ill health among the masses, some doctors reasoned that the most direct medical interventions they could promote

were those of political and social reform. Politics, in their view, could be used to reveal and attend to objective truths and therefore could enhance medical practice without compromising scientific objectivity. This objectivity was born from the perceived efficacy of technical interventions provided by a scientific approach to social problems.

Dr. Mathura seemed right in pointing out how different this medicine was from that found in my own country. Although a commitment to politically attentive medicine is arguably often the “mainstream” view in schools of public health in centers of medical power, in many western industrialized, developed countries like the United States, a politicized medicine that actively offers politics as a cure is typically treated as marginal at best and problematic at worst. When attentive to politics, mainstream biomedical practitioners are often questioned about compromising their objectivity, as if political neutrality were a requirement of objectivity. Politically sensitive physicians are often subjected to criticisms of bias – of placing truth in the service of partisanism, whether the debate is on, for example medical insurance or the risks versus benefits of abortion. In this view, even though one could politicize medicine to serve objectivity, objectivity comes to stand for a perspective which is apolitical, which is above and beyond political bias. Objectivity and political neutrality are made to perform a fragile dance with one another. Political involvement is seen as capable of serving objective truth, but it can also be seen as corrupting it. True objectivity is often thought to carry with it certain assumptions of political neutrality. So had Dr. Mathura’s criticisms of his government come to reflect our own conundrums around objective truth and politics? Had he cultivated his own similar sense of the need to transform politics into a technical – a politically neutral – category for social action?

I recalled that in the metropole, where powerful health development agencies have called for political commitment on the part of community members and recipient developing-country governments, there is a tendency to transform overtly political solutions into technical ones; political reforms that aim to redistribute power, wealth, and privilege to improve health are transformed into technical fixes that expressly evade political questions. This process of depoliticization reveals what Michel Foucault (1979) referred to as an effect of governmentality (also Ferguson 1994). Governmentality refers to the distinctly modern phenomenon arising with government institutions devoted to providing technical interventions that are assumed to be politically neutral because they are based on objective and scientific truth. This assumption of neutrality places science in a category of truth that is thought to transcend politics.

Cambridge University Press

978-0-521-58548-4 - Doctors for Democracy: Health Professionals in the Nepal Revolution
Vincanne Adams

Excerpt

[More information](#)

6 Doctors for Democracy

However, this view belies a much more subtle truth – that scientific neutrality is the practice of contested politics, wherein debates over truth stand in for debates over power (Ferguson 1994). Medical policy and development intervention can be instruments of governmentality, particularly when they treat something like social inequality as a technical problem with a technical solution, rather than a political problem with a political solution. When the Alma Ata Declaration embraced politics by generating calls for “political will” to support the Health for All goal, the attempt was to establish unbiased commitments to scientifically efficient medical strategies. The idea was that a form of medical politics existed which was essentially *non*-political – a form of politics not embroiled in contestations of power between different interest groups. This had to be the ideal, for clearly it became obvious to many that articulating the call for political will through local political institutions could derail primary health care programs entirely (Morgan 1993).

This book offers another case study of this unfolding ethnographic scenario at what some might refer to as the “periphery” of biomedical institutions of power. Nepali medical professionals adopted mainstream metropole health development priorities and in doing so held onto ideals of political impartiality while using them to deploy actual political solutions that were strong enough to overthrow a monarchy. Nepali professionals took up the call for a politicized medicine and remained committed to it, arguing that all medical practice and knowledge must be seen as political in part. At the same time, the events of the revolution also generated arguments against politicizing medicine, and these arguments are worth paying attention to because they attend to the problem – not just in Nepal – of the extraordinary fragility of this dance between objective truth and political neutrality, showing how one might be contingent upon the other. The Nepali case shows how very fine the line is between politically convenient truth and scientifically objective truth when political acts are called medical acts and medical truths are placed in the service of political regimes.

The health professionals in Nepal became revolutionary not just by invoking scientific objectivism but by invoking it as the foundation for a democracy. Democracy was taken as an objective set of institutions and practices – like science – replicable anywhere in the world if conditions were right and based upon fixed notions of universal truth. Moreover science, for them, was inherently democratic, and therefore becoming political to promote democracy was simply a matter of making scientific truth more visible. Medical professionals associated the objective qualities of their medical practice with the type of government and polity they hoped for. They took the position that a democracy – a political system

Cambridge University Press

978-0-521-58548-4 - Doctors for Democracy: Health Professionals in the Nepal Revolution
Vincanne Adams

Excerpt

[More information](#)

that would foster equality, opportunity, the benefits of science, welfare, and wealth for all – was the best prescription for health. They also believed the reverse: that promoting scientific medicine would bring about a more democratic polity. This view that linked medicine to politics did not initially consider politics a corrupting influence on science, because it maintained that both, when practiced correctly, were democratic. Thus, what became particularly interesting about the stand of the medical professionals was their insistence on the visibility of the sources and beneficiaries of medical truths. And this, I show, may be where the troubles, like those encountered by Dr. Mathura in the wake of the flood, began.

While a politicized medicine enabled these professionals to help provoke and sustain a revolution for democracy, their desire to constantly politicize medical truths also became a source of some tension for some professionals in the years afterward. The reasons for unequal distributions of privilege were always clear to people in Nepal before the revolution; it was largely this inequality which lay behind the People's Movement. Many claimed that these inequalities were caused by corruption, and health professionals noted that corruption was found in all sorts of ways (false statistics, promotions through nepotism, politically motivated health policy, etc.) – in practices which disregarded truth for the sake of political and social favoritism. The latter were not scientific, therefore not democratic, bases for action. Nepali revolutionaries argued that a politicized medicine could reveal and therefore root out corruption. But the revolution to make political parties legal by ushering in a true democracy also made political parties a new basis upon which to gain access to privilege and, consequently, to offer new, but still inevitably unequal distributions of resources. Consequently, political parties came to be seen as the basis for new forms of corruption. Health professionals got caught in similar entanglements. By politicizing their medicine, medical professionals in the years after the revolution found themselves occasionally being accused of political bias for doing what they believed was simply scientifically prudent medicine. By 1993 the distinction between using politics as a medical weapon and using medical truth as a political tool had indeed become blurry. Mis-steps in the fragile dance were easily made.

Medical professionals called for a recognition of scientific universals during the revolution, but their very involvement in politics, and the politicization of medicine which ensued, had by 1993 made them vulnerable to the same sorts of charges of corruption once leveled at the king. Partisan constructions of truth were set in opposition to inviolable truths of medical science, which were believed to be above politics, but that

Cambridge University Press

978-0-521-58548-4 - Doctors for Democracy: Health Professionals in the Nepal Revolution
Vincanne Adams

Excerpt

[More information](#)

8 Doctors for Democracy

stance had become increasingly difficult to sustain as party politics penetrated ever deeper into the public health, clinical, and even pedagogical practices of biomedicine.

As much as this story is about heroism in Nepal's democracy movement, then, it is also about the relationship between science, politics, and truth – in particular, about whether medicine can be politicized without undermining its claims to objectivity. The fact that this story takes place in Nepal raises equally important issues of cultural context. The commonly held Nepali professional's conviction that democratic politics and a scientific medicine (biomedicine) are inevitably linked takes interesting turns in the context of a cultural environment that still places high priority on the moral bases for social action. The linkage between democracy and medical science was for many Nepali professionals based on two ideas: the first was that truth could be universal because objective, and the second was that objective truths were constituted in a realm that was distinct from that of religion. Indeed, sacred moral knowledge and behavior were distinct from the moral knowledge and behaviors produced by the scientific mind. But the two were not entirely incompatible or separable in Nepal. As Nepal has become democratic, many believe that she can and must retain her identity as a nation marked by respect for and devotion to the morally sacred. This is expressed among Nepalis in religious behaviors that take place on a daily, weekly, monthly and annual basis (one need only reckon with the calendar of official holidays and daily work schedules to see the importance placed on religious ritual in everyday Nepali life), but also in behaviors which prioritize family responsibility, respect due persons in certain kinship and extra-kinship, including caste, relations to oneself creating a moral community (see Parish 1994). But morality is also expressed in appropriations of scientific rubrics that appeal to universal truth. For example, the doctors' collective interest in fighting for human rights as a weapon for democracy partially worked because they were as compelled by morally-based, scientifically objective concerns.

At its core, the Nepali commitment to a morally rich, religiously tolerant modernity led some to claim that they would have a distinctive Nepali democracy, wherein objective systems of government coexisted alongside sacred gods and the moral obligations towards them and others held by Nepali citizens. A democracy did not require the elimination of the sacred because its truths were generated and sustained in a realm beyond that of culture, in a realm of scientific objectivity. At the same time, it was felt among some that science's abundant truths could accord and fulfill the moral demands of a moral society, because truth, scientifically ascertained, did not lie about such things as equality and moral worth; its

truths did not contradict those that upheld the moral sphere. In fact, however, the blurring of the domains was inevitable. I suggest here that it was partially this desire to retain a hold on the sacred quality of moral life among Nepalis that came to interfere with the “objective” functioning of a politicized medicine in the aftermath of the revolution. A politics of science became intertwined with a politics constructed around notions of sacred moral power and duty. New wine in old bottles of power. This basis for morality was in place for several hundred years in Nepal and continued to be sustained after the revolution regardless of its repackaging into institutions of objective science and democratic political parties. It was also sustained because it was deeply tied to Nepali desires for a distinctive national identity.

The unpredictable but intractable blurring of scientific and sacred politics points my analysis to one more final topic: the confrontation between Nepali convictions about the inherently democratic tendencies of science and postcolonial critiques of science which see it, and biomedicine, as ethnoscience and an instrument of Western hegemony. Nepali revolutionary medicine challenged my understanding of the debates about science in a global arena. Nepali medical professionals were promoting science at a time when intellectuals throughout the postcolonial world were criticizing it as an instrument of Western hegemony. Such criticisms focus on the cultural specificity of science truths and the neocolonialism of science’s claim to universalist objectivity. Indeed some authors identify a fundamental incompatibility between sacred notions of truth and scientific, objectifying ones on grounds that both are culturally based. In the end, I note that the Nepali medical professionals provoked me to acknowledge the issue not of power but of privilege in relation to science versus sacred truths. The ability to propose social and political foundations of scientific truths has much to do with how much is at stake in adopting such a position. Nepali medical professionals opted for an objectivist science that was capable of providing insights about whose interests were served by one medical truth over another because their struggle for democracy depended on this sort of objectivity. Moreover, their ability to see this objectivity as compatible with their nationalist aspirations for retaining all that was good of their religiously rich and sacred nation cannot be dismissed by Western or postcolonial critics. Nepalis’ very notions of democracy depended on it. Rather than paving the way for Western neocolonialism, good science they felt gave them the means to avoid such neocolonialism by giving them freedom. This freedom would infringe neither on their science nor their sense of moral duty to their nation, its gods, or their fellow citizens.

What this case shows is that the signs that circulate in medical cultures

Cambridge University Press

978-0-521-58548-4 - Doctors for Democracy: Health Professionals in the Nepal Revolution
Vincanne Adams

Excerpt

[More information](#)

10 Doctors for Democracy

are often the same as those that circulate in political cultures as “science” and “democracy.” This ethnography is a study of these valued signs that circulated in the 1990 revolutionary era of Nepal. It reveals the ways in which the logic of science itself became increasingly visible as being politically and culturally saturated, despite its claims to be above and beyond both culture and politics. At the same time, science was used by Nepalis to stabilize the democracy they hoped to establish and sustain. Signs like “democracy” and “science” are in the end revealed as cultural products – as free-floating signifiers deployed in the service of those who can make the best use of them, whether for the benefit of others or not. At the same time, democracy and science are enabling practices, and questions about their factuality can reveal much about the relative privilege of those who raise them.

Concluding, I suggest that we try to understand the political stance of Nepali medical professionals in the context of their struggle to construct a distinctive Nepali democracy – one that has what are perceived to be all the benefits of efficiency and fairness seen in many other democracies in the world, but still capable of nurturing those social and cultural institutions which make Nepalis feel “at home.” Like the Nepali science advocated by Dr. Mathura, this sort of “neutral” institution called democracy (imagined to function something like a neutral science) may in fact be a distinctive democracy fraught, no less than any other, with conflicts and oppositionalism over, in their case, the meaning of *being* Nepali. Just as using science for politics is seen by some as a corruption of science, so too might we wonder whether promoting “Nepali” ways of life has the effect of appearing as a corruption of democracy. It forges a democracy infused with sensibilities of morality derived from those modeled after the relationships Nepalis historically had with their king, and their gods. Dr. Mathura’s uneasiness with his new government’s use of medicine to gain political power is perhaps a result of this blurring of sacred and secular, political and apolitical in the new democracy.

Before turning to a description of the chapters which follow, then, I offer the following notes concerning the context of my research. Although the view of events here is medico-centric – in fact at times doctor-centric – I try to discuss them in terms of the social contexts that made it possible for doctors and other medical professionals to make claims of truth and power. I have been doing research in Nepal since 1982, but most of my data for this book were collected over six months of intensive fieldwork in 1993, less intensive information gathering beginning in 1990, and another short visit in 1995. In 1993 I interviewed people mostly in the Kathmandu Valley and in a few of its surrounding villages, but in this book I draw from my experiences of living an additional two years over