

MFC: Looking back and looking ahead; some reflections

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As one of those who have been consistently quite involved in MFC, I had shared my reflections about what I think about MFC when MFC Bulletin published its 100th issue and again in Bulletin no. 258-59 when MFC completed 25 years. Now as MFC turns 40, in this short note, I would like to add to these reflections. My request is to read it in continuation of the earlier two, though there may be some overlap.

MFC's Strengths

MFC has ***continued for 40 years as a pro-people, democratic, secular, platform for a range of health-activists, analysts, workers.*** It has survived without hardly any institutional funding and despite considerable ideological diversity (within a broad, democratic framework) amongst its members. This has been made possible due to a certain tradition built over years of mutual solidarity and tolerance among various trends in the pro-people current in this field, despite differences in social-political orientation, expertise and areas of work; to which are added other barriers like personal preferences, angularities, problems due to geographical distances, language-barriers etc. MFC has survived and grown also due to the voluntary work done in turns by a number of Convenors, editors and some 'core group people'. This spirit of volunteerism in a world where people have become more professional (for many it primarily means going after money, prestige) is an important strength of MFC. (In MFC discussions this volunteerism for MFC is appreciated, though over years it has declined in practice.)

As I have said in my earlier note, MFC has been more of a ***'thought current'***. MFC as a body is a platform for discussion on health issues and as a body MFC hardly gets into any collective action. However, many of its members are quite involved in some concrete action either at local or broader level or are involved in socially relevant health research/exploration. Hence the discussions in MFC are grounded; they are on topics which are socially quite relevant. MFC Annual Meets and now MFC-e-forum have been discussing, debating in some detail, almost every important health-policy issue and event in India. Despite certain limitations of these meets and of the e-forum, many people working in the field of health want to join the MFC e-forum or want to participate in the MFC meets because of certain qualities of these interactions (briefly outlined below).

Themes of the MFC-discussions were ***in the initial years, mainly focused on issues in Primary Health Care and relevance of the Medical Education for PHC.*** However, since 1980s, especially after the Bhopal Gas disaster, ***MFC-discussions got more broadened*** and issues ranging from hazards of pesticides, to hazards of nuclear energy, to the critique of the private sector, have been taken up for some systematic discussion in various MFC meets. MFC Bulletin archives (now available at mfcindia.org) give an idea about this wide range. The four MFC anthologies¹ which are collections of selected articles published in the Bulletin have been a good introduction to critical, pro-people thinking that was discussed, shared in MFC in those days.

¹ ***In Search of Diagnosis: Analysis of the Present System of Healthcare*** ~ Editor: Ashwin Patel, First Published – 1977. ***Health Care - Which Way to Go?*** ~ Editors: Abhay Bang and Ashwin Patel, First Published - October 1982, ***Health and Medicine - Under the Lens*** ~ Editors: Kamala J. Rao and Ashwin Patel. October 1985, ***Medical Education Re-examined*** ~ Editor: Dhruv Mankad, 1991,

The **method of conducting MFC meets** has also been an important feature of MFC. In MFC meets, paper presentation is kept at the minimum and larger part of the time is reserved for discussion on issues which have been formulated in the preparatory mid-annual meet. Paper writers are requested to chip in more in these discussions on the basis of their papers. Thus MFC discussions are not dominated by 'resource persons', papers or presentations. Many background papers are circulated, some of which are specially written for the MFC meet. But half the time is reserved for discussions; something which hardly happens in most other fora. Many a times, there are no presentations and discussion starts with 'Key Issues for Discussion', which are have been prepared collectively in the mid-annual preparatory MFC meet. This mid-annual meet discusses for one full day in a small group, the issues that are germane to the theme of the forthcoming Annual Meet and background papers and discussion papers are planned.

The **overall atmosphere in MFC meets** is informal, friendly and there is emphasis on understanding, discussing, debating issues within a broad, pro-people but pluralistic framework. Hence anybody, within a progressive, humanist framework, especially a new comers generally feels at home in the MFC meets. Participants can bring their kids who can be around in the sessions while the discussions are going on. The overall objective of the MFC meets is to understand issues through in-depth discussions, understanding each other as activists as well as persons. The dialogues within and outside sessions, informal discussions sometimes go up to midnight and beyond. Despite many sharp debates, a broad sense of solidarity has been built up. The **Annual Meet in Nagpur on Universal access to Health Care**, was one the best Annual Meets and illustrates the kind of Meet that MFC tries to organize. **Annexure I** briefly describes the key features of this meet.

Though MFC is primarily a 'thought-current', MFC as a body has **at times undertaken collectively some concrete challenge, action.** –

After the **Bhopal gas Disaster**, MFC's was the first published epidemiological study of the impact of the gas disaster on the health of the people and on the reproductive health of women in the bastis surrounding the Union Carbide factory.² MFC members took lead in concretely suggesting specific measures to get medical relief for the gas-victims, financial compensation based on the classification of the nature of injury. MFC members also participated in the People's Health Clinic which was set up to give intravenous sodium thiosulphate to the gas-victims as a relief measure for the chronic, recurrent problem of breathlessness due to the gas leak. Later on MFC as a body was not involved in the Bhopal issue, but some MFC members, notably Sathyamala continued her involvement doggedly. Later in 1994, some MFC members including Sathya were part of The International Medical Commission on Bhopal to investigate the continuing ill-health of the gas victims.

Immediately after the Gujarat carnage an MFC team visited some relief camps in Gujarat to examine in some systematic manner, the conditions there and to understand the health, health care, agony of the people in these camps as well as the response of the medical professionals in response to this carnage. In May 2002, Based on this visit, MFC published a report, 'Carnage in Gujarat: A Public Health Crisis' (available on the MFC web site). It was the only report of it's kind by a health team and was a good source for different activists on the health and health care for the people in the relief camps.

After Binayak Sen's unjust arrest, MFC as a body got involved in the broader 'Free Binayak Sen Campaign.' MFC published a small booklet, which summarized Binayak's work in the field of health and human rights. This booklet also briefly, accurately exposed the hollow, unjust nature of charges slapped on Binayak. MFC members visited Binayak during his imprisonment, attended the court

² **The Bhopal Disaster Aftermath: An Epidemiological and Socia-Medical Survey ~ 1988**
Distorted Lives: Women's Reproductive Health and Bhopal Disaster ~ October 1990

hearings in Raipur and participated in various activities undertaken by the 'Free Binayak Sen Campaign.'

MFC has had small MFC groups in Mumbai, Maharashtra State, Sevagram, Vadodara etc. and many of us graduated in health activism through these local groups and their small actions. MFC has been directly, indirectly influential in inspiring/fostering action groups like the All India Drug Action Network (AIDAN), LOCOST. Many will be pleasantly surprised to know that MFC had an important role to play in inspiring, guiding Kerala Shastra Sahitya Parishad in their health campaigns. In a piece titled 'KSSP and MFC' published in the MFC Bulletin (no. 258-259) on the occasion of completion of 25 years of MFC, Dr. B Ekbal, the leading health activists of KSSP says the following. –

“It was the contact with the MFC friends at Kottayam that forced us to look closer at the developments in Health at the national and international levels. The MFC book "In search of Diagnosis" was a great eye opener to many of us. KSSP published this book in Malayalam. Also we heard about the contributions of iconoclasts like Ivan Illich from our MFC friends. We also got Illich's book "Limits to Medicine" published in Malayalam by a group of health activists at Payyannor. ---Most of the health related campaigns by KSSP were taken up because of the stimulus and information we got from MFC”

To summarise it's strengths, MFC has been for 40 years, an **Open Health University** for health workers, activists in the People's Health Movement in India as well as for health researchers. Moreover, on occasions MFC has contributed to the practical struggle for justice in the field of health. Almost all leading health activists in People's Health Movement in India have learnt from and contributed to this Open Health University.

Great Limitations and Huge Deficiencies

Some MFC members may emphasize that MFC is an important part of the 'People's Health Movement' (PHM) in India, understood in the broad sense of the word. I would not disagree. But I continue to feel that the overall performance of MFC in this respect is quite limited, quite erratic and currently quite marginal. In a way MFC's current low in PHM in India is a reflection of the still very weak nature of the PHM in India and it's current trough.

Apart from some contribution to the 'Free Binayak Sen Campaign', MFC has not contributed to any practical work during last 10 years. MFC-e-forum provides a good medium to get quickly in touch with whatever campaign is taking place in any part of India. But barring exceptions there is hardly any response by e-forum members to various appeals coming from these campaigns. To give some examples from the recent past, when an appeal was circulated twice and reminder sent to sign an online petition against privatization of radiological services in Maharashtra, out of some 300 MFC-e - forum members only about 30-40 signed the e-petition. Even some of those who are opposed to privatization did not sign! If it is felt that such e-petitions are useless, there has been no discussion on this. When an appeal was sent to contribute to the legal expenses of the petition in the Supreme Court (in which MFC is a co-petitioner) on price-control of medicines, only 6 members responded. When Indira Chakravarty sent a very detailed account of gross injustice perpetrated by the police on Soni Sori, (an aadivaasi teacher in Chhatisgarh, falsely alleged to be a naxalite) and her torture, along with an appeal to sign an e-petition, there was deafening silence on the e-forum, despite the fact that in Soni Sori's there was some parallel with Binayak Sen.

For the last 4-5 years, huge changes are taking the health-care scenario. The vaccine policy, pharma policy issues including control over prices of medicines, takeover of Indian pharma companies by MNCs, clinical trials, Medical Council of India, NRHM and now NUHM, health chapter in 12th Five Year plan, proposed huge changes in human resource planning including doctors, Then Clinical Establishment Act --- in all these issues MFC members have been chipping in the advocacy work but not as MFC members; MFC has hardly contributed to their interventions. These individuals, groups draw their strength, support from other organizations in which they are employed/associated with. In a

way this is quite logical since unlike in the seventies and eighties, MFC is no more unique. Many groups have emerged which have a perspective similar to MFC and who have a focus on action at local or broader level. Emergence since 2000, of the action-coalition Jan Swasthya Abhiyaan is obviously the largest such organizations and MFC is now a part of this network. However, thanks to the extreme organizational amateurism of MFC, MFC discussions have hardly played the role it can and should play vis a vis JSA. Since JSA is an action-coalition, it is difficult for JSA to spare time during its meetings to undertake the kind of detailed analysis of various issues that MFC does. MFC can be one important national platform where such detailed brainstorming can take place. But except for the Annual Meets in last three years, on *Universal access to Health Care*, MFC has not played this role.

Even as a thought current, I think it has played a marginal role in recent years. MFC- e- forum is a good medium for short discussions, debates and is a welcome addition. But not more than 10% of the MFC e forum members participate in these discussions. Bulletin has more or less ceased to be the medium of debate. (Even then it has a role). Due to some technical problems some e-forum members are automatically get dropped from the e-forum. But very few of them write to the moderator that they are not getting the MFC mails anymore!

Very few MFC members write for the Bulletin and I have a suspicion that many even do not read the Bulletin. Hardly anybody among us makes efforts to make new subscribers, or to make renew subscriptions of friends, colleagues. There is big financial loss every year on the Bulletin account and we have somehow managed to overcome the deficit through sundry, occasional donations. But there is hardly any effort to increase the number of subscribers. Mercifully thanks to Manisha Gupte and Sangita Kumbhar of MASUM, MFC's accounts have been managed systematically for the last more than 10 years. Very few people even think of writing in the MFC Bulletin. Chinu Srinivasan, has been managing single-handedly the editing, printing, posting of the Bulletin for more than 8 years! If for any reason, he quits, I do not know whether the Bulletin can continue. We have not published any anthology of the Bulletin articles for the last 20 years! We have not even reprinted the four MFC anthologies which are out of print for years together. Even the MFC brochure was not reprinted for 3 years after being out of print! Given these and other inactions, I sometimes feel that many MFC members merely pay lip service MFC. It is as if, it is politically correct to say once in a while at an opportune moment and time that one is part of MFC. (Even saying this has a value, but much more is needed).

Way ahead

Whether groups like MFC will grow, play an appropriate role, at least as a thought current, will partly depend upon progressive social struggles which would generally foster a wave of broader democratization, conscientization in the society at large, including among the intelligentsia. MFC was borne out of such wave of conscientization in the early seventies. Some broader democratic conscientization has been taking place in the last couple of years as can be seen with the tremendous response from within even the middle class or the elitist intelligentsia through India to the demand for Lokpaal Bill and to the outrage against the Delhi gang rape in December 2012. But whether MFC as such grows and plays any meaningful role in this the broader social process of conscientization will partly depend upon (as I keep saying) whether a larger number of MFC members take up the work of MFC on a slightly higher level of priority and also whether MFC sheds its extreme organizational amateurism. As I said earlier, MFC is no more a unique national level centre for conscientization around health issues. But to be sure with a democratic, long-standing tradition of MFC, MFC can and should play much more role to catalyse the broader social process. The three recent Annual Meets on Universal Health Care have demonstrated what kind of role MFC can play. The question is - would at least some MFC members collectively, consciously take upon themselves this limited yet important role in years to come ?
