

Power, People and Politics: An Ethnographic Study of Health Crisis in Rolpa District of Nepal

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Abstract

In Rolpa, historical degeneration and a politic of exclusion have played a significant role to affect the socio-political determinants of health. The nature of underdevelopment and the history of resource politics have created a situation of institutional crisis and are important in the Rolpa health service system. Consequently, there has been a low level of performances in both promotive and preventive services. As well as curative services that were also very poorly developed. It has been observed that due to the unhealthy kind of political contestations and lack of mature political leadership there has been a long-term stagnation, while constructing the important public health infrastructures like a district hospital and other health posts residing at peripheral levels.

Above that, the clashes of power between the people of this district, having different kinds of political orientations caused interruption of the natural growth of the health system, that ultimately supported the vested interests of control over resources. Specifically, within the Panchayat system there were many different political coteries who were interested to design and implement public infrastructures as per their interest. Such kind of vested interest had largely served the tiny section of the people rather than benefitting for the larger mass of the society. In Rolpa, mainly in the pre conflict context, the manipulative form of local power supported by central rulers and in the development of sociopolitical determinants of the health system development has played an unintended role in fulfilling the expectations of the people. The act of surveying, designing and building a hospital, airport, roads, or other physical infrastructures, as per the interest of politically powerful actors means sidelining the expectations of general people by using political power. This is the demonstration of influential "political forces" as explained by Banerji or "political and economic forces", as termed by Singer and Hans (1995) and Navarro (1976), and acts of manifesting "causal powers" defined by critical realists. Such kind of unhealthy demonstration of power has paralyzed the socio-political and institutional growth of this district, leading to the production and reproduction of ill health, poverty frustration and widespread grievances among the people. For a long time, this health post was not reconstructed and people had to make extremely long journeys to reach basic primary facilities. This kind of "non-decision making" to upgrade and construct the destroyed health infrastructures is also the manifestation of power that has deprived people from their basic rights of accessing state sponsored facilities. In this case, as Banerji has mentioned, political forces played a vital role. Such kind of power affected the decisions by the state concerning resource allocation, workforce policy, choice of technology and the degree to which health services are made available and accessible to different segments of the society. In Rolpa, historical exclusion by a central ruling structure, irresponsible leadership, local level

power conflicts and people's health as a notice failure has affected the construction and distribution pattern of the health service system.

In Rolpa, many human rights violations of torture, death, and sexual violence have been perpetuated by the state and fighting opponents. Many people were forced to find alternative means of survival outside their homeland. The crisis of primary health care constrained many people to travel long distances to access better health care. Likewise, in Rolpa, malpractices by private practitioners, irrational prescription of drugs and diagnostic technologies by both government and private practitioners also demonstrate the profit making interest of the medical market. CMA argues, in this context, that the economic forces of capitalism are manifesting not only at international and national levels, but in local settings and relationships as well. The long-term inefficiency of the government health centers eventually forced people to visit other expensive health centers in Kathmandu or different cities in India. In this context, many people often had to sell their lands, livestock and ornaments. Otherwise those people who could not afford to access expensive health services were compelled to survive with chronic illness and silent sufferings. As Qadeer (1985) mentions, such kind of 'health services' had an exchange value but not necessarily a use value, since it does not always produce good health but only suppresses the symptoms of ill-health. The act of suppressing ill health has its root cause in structural exclusion confounded by heterogeneous forces prevailing in a war-affected districts like Rolpa.