

## Book Review-2

**Nataraj Malakar, *Historicising the People's Health Movement in West Bengal, India, London: Palgrave Macmillan (Springer Nature), 2025, pp. 419.***

For a long time, historians in the Indian subcontinent neglected the post-colonial phase of our history. While other branches of social sciences have produced sufficient literature in this regard, historians remained somewhat silent. Over the past few decades, however, this trend has begun to change, with many young scholars turning their attention to contemporary history.

Since the turn of the century historians have shown particular interest in social history of medicine. Yet, much of this research has continued to focus on colonial period. This scenario is now shifting. In his book titled *Historicising the People's Health Movement in West Bengal, India*, Nataraj Malakar explores the trajectory of 'people's health' in post-colonial India. This book is the outcome of Malakar's PhD dissertation.

The book traces the history of People's Health Movement in post-independent India with particular focus on the state of West Bengal. From the very first line of the book the author makes it clear that he is addressing the global readers. He began his work with clearly defining his aims and objectives and also gave us a wholesome picture of global health movements and historically contextualising them.

It contains six chapters. In the first part, he traces the evolution of the concept of medicine since ancient times including idea of Ancient Greeks and Indian medicine, hospital medicine, introduction of the concept of public health, social medicine, medicine 3.0. Then he elaborates the concept of people's health and how it is different from public health and how the idea of people's health emerged in public discourse globally and especially in India. Finally, he talks about the scheme of the book by introducing chapters and shedding light on his research methodology and sources.

Second chapter begins with a discussion on the concept of public health and explains how the enlightenment laid the intellectual foundations for public health revolution of the nineteenth century. Industrial revolution and rapid urbanization in nineteenth century Western world brought radical changes in the society. Industrial revolution had bad effect on public health. These deteriorating conditions gave rise to organised movements demanding the right to health.

The state of public health was very poor in colonial India. According to the author the main aim of the colonial health policy was to secure colonial interests, leaving the Indian population to suffer. However, in Bengal voluntary initiatives were taken by various renowned Bengalis to improve the overall health condition.

Though after 1947 these voluntary initiatives were decreased. Post-1945 period was also the era of decolonisation. The author illustrates how, during the 1950s and 1960s, many countries, particularly in Global South, attempted to address public health challenges supported by international efforts led by the WHO. The chapter also discusses the Alma-Ata conference of 1978 and its landmark declaration calling for 'Health for All'.

The third chapter discusses the evolution of health policy in India since late colonial times. First two decades after independence saw improvement of public health system when special emphasis was given to control the epidemics. The book shows independent India's health policy was basically the continuation of colonial times, where curative measures were given more importance rather preventive measures. From 1970s onwards, condition of public health started to deteriorate. 1990s marked the opening up of the Indian economy and a growing trend towards privatisation. Allocation for healthcare both as percentage of GDP and revenue expenditure saw reduction. In West Bengal during early decades of independence, although public healthcare saw improvement under the leadership of Chief Minister Bidhan Chandra Roy; rural-urban divide remained glaring. Leftist rule of long 34 years brought no radical change; while the rural-urban gap continued even expanded, public expenditure on healthcare was inadequate. Most important revelation of the book, however, is the fact that while politically left continued to oppose LPG their government encouraged increasing privatisation in healthcare with PPP model since 1990s. The health policy of the TMC government's is essentially a continuation of that of the left government, in the words of the author 'old wine in new bottle'.

Fourth chapter provides a detailed historical and socio-political analysis of the People's Health Movement (PHM), arguing that this activism emerged as a necessary response to the profound failure of the post-colonial Indian state to deliver equitable health services. The text connects the health movement to the broader post 1960s disillusionment which motivated activists to turn their focus towards mass-oriented organizations like the People's Science Movement (PSM) to spread scientific temper and demand social change. However, People's Health Movement was not a mass movement incorporating people at the grassroots. This work highlights the central role of intellectuals and medical professionals, science activists, doctors, medical students, and junior doctors in initiating the people's health movement in West Bengal. PSM redefined the concept of people's health by incorporating social determinants such as proper sanitation, nutrition, a pollution-free environment, and basic housing. He has critically analysed the role of both the state and union government in prioritizing curative medicine—often through visible, insurance-based schemes over essential preventive measures and improving underlying infrastructure.

At the time of independence India didn't have any native pharmaceutical industry. India was dependent on imported drugs. Patents Act, 1970 was a progressive step by the government to revitalize the indigenous pharmaceutical

industry and to provide drugs at a reasonable rate. However, the intention of the pharma industry was to maximize profits. The government brought the Drug Price Control Order in 1979 to control the situation. However, the author shows that the pharmaceutical industry is one of the most powerful lobbies in the world. Post liberation pressure from IMF, World Bank compelled the government to adopt TRIPS (Trade-Related Aspects of Intellectual Property Rights) and amended the patent act. The author evaluates the systemic crisis of access to essential, affordable and rational medicines and traces the rise of people's health movement in response. He argues that ordinary citizens are deprived of modern medicine due to high cost and OoPE for medicine accounts for a very high percentage of non-hospitalised treatment; public facilities significantly lack essential and low-cost medicines, pushing patients to purchase branded drugs from private sector. The essential drugs movement gained momentum in 1980s, organizations like DAF organised protests demanding free, generic medicines and addressing the root crisis of societal malnutrition and published educational materials about harmful and unnecessary drugs.

The concluding chapter situates Health Movement in India within a broader global context of social and environmental movements. Neoliberal reformed and interventions by institutions like IMF, WB have increased people's deprivation. He talks about how governments have failed its citizens during Covid pandemic. Corporate power has even subjugated doctors; in many cases doctors have become assistants of corporate power. Governments have undertaken social welfare schemes within neoliberal framework like Swasthya Sathi and Ayushman Bharat to pacify resistance and protest. This study points out that it is necessary to pay attention to preventive medicine to build the health of the nation. Liberalisation forced patients to become consumers in the open market; LPG has become a major obstacle towards a better world and health for all. However, popular protest and resistance against the neo liberal order have raised hope.

Among the various challenges of writing contemporary history two deserve special attention: scarcity or unavailability of sources and historian's own bias and prejudice. As far as sources are concerned, the author has used both official and private papers, along with newspapers and periodicals. This book is a product of author's meticulous study of primary sources. He has used secondary sources proper citation has been followed. His arguments are not rhetorical; all are based on and backed by concrete facts. Throughout this book, the author has maintained a historian's commitment to objectivity. This work could have been an ideal example of how to write an unbiased, non-partisan and objective history of contemporary times.

This book traces the history of people's health movement in India, particularly of West Bengal not in isolation but wonderfully contextualises and evaluates it within the broader global context and global health for all movement. He does not focus solely on West Bengal but also discusses health from a pan-India as well as global perspective at length. Though this book is primarily meant for researchers

and subject experts, the author seems to have kept general readers also in mind; due to lucidity of language and simple explanation of complex ideas, conscious general readers would also be benefitted.

**Toton Roy**  
Visiting Faculty,  
PG Department of History,  
Vivekananda College Thakurpukur, Kolkata