

# Revolutionary medicine

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As we are aware that younger people are more likely to be progressive than older people,<sup>1</sup> we address these remarks to young health workers and health science students. This essay might be construed as something of a missive in the vein of Kropotkin's "An Appeal to the Young,"<sup>2</sup> from older radicals who accomplished little, to young radicals who must accomplish much. We intend our remarks as preliminary, for it will be the young who will re-make the world, and in the process, they will learn much to teach their descendants.

## *The taxonomy of socialism.*

The Harris Poll recently found that four in ten Americans, as well as 55% of women aged 18 to 55, would prefer to live in a socialist country. The respondents expressed various degrees of support for specific aspects of socialism. For example, 76% support universal health care, while 48% agree with "Workers own and control their places of employment."<sup>3</sup> This widespread popular support for socialism in the U.S. ranges from agreement with social democratic to democratic

socialist principles. The New York Times article equates communism with the political systems of the Soviet Union and China and notes "no federal official or Democratic candidate advocates communism."<sup>4</sup>

This does not, however, exhaust the taxonomy of socialism. While popular conceptions of the political spectrum often range along a single x-axis of left (collectivism) to right (capitalism), consider the addition of a y-axis of ranging from individualism (libertarianism, a premium placed on freedom) to totalitarianism (authoritarianism), as appears here.<sup>5</sup> On the left side of this two-dimensional grid, individual collectivism = libertarian socialism = anarchism, while totalitarian collectivism = state communism. Of note, many anarchists do not concede the term "communism" to the statist, though "Communism" (capitalized) is often equated with Marxism-Leninism-Maoism.

What are the implications for medicine? For the benefit of health workers and health science students, we examine here the ideological bases of different strains of socialism, focusing on the anticapitalist and revolutionary end of the spectrum.

## *Richard Horton on Marx, Luxemburg, and Goldman.*

In his "Offline" columns, Richard Horton, the chief editor of *The Lancet*, has been suggesting Karl Marx,<sup>6</sup> Rosa Luxemburg,<sup>7</sup> and Emma Goldman<sup>8</sup> as guiding lights of where we need to go in medicine. What does Horton mean by this choice of forerunners? In his column on Marx, Horton points to the imperative to combat the corporate takeover of medicine. Horton is thus calling for an anticapitalist turn in medicine. Marx, Luxemburg, and Goldman certainly share a critique of capitalism. However, their revolutionary zeal is another shared characteristic. Sources on Marx abound. Vicente Navarro's *Medicine Under Capitalism*<sup>9</sup> and the writings of

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Howard Waitzkin are useful introductions to applying Marx to health and medicine.

Luxemburg engaged in polemical debates contra Lenin in the Second International, which was limited to Marxist-style socialism in the early 20<sup>th</sup> century. Luxemburg called for a more democratic form of socialism than did Lenin, who may have called for “All power to the soviets (workers’ councils)” but actually arrogated all power to the Bolshevik Party in the name of the “dictatorship of the proletariat.” On the national question, Luxemburg argued that the socialist revolution needs to occur internationally and must include the advanced industrial countries, which in early 20<sup>th</sup> century Europe included Germany and Great Britain. Lenin maintained that socialist revolution can be implemented in a single country, even an agrarian one such as Russia. At the outset of World War I, the Second International died when German Social Democracy and British Labor voted for war credits for their respective nations, essentially selling out to the war fever promoted by their capitalist classes.

Thus, to invoke Luxemburg is to call for more democratic formations on the path to socialism and for international solidarity against capital, and to critique capital’s drive toward imperial war. Others may cite Lenin’s “Imperialism: the highest stage of capitalism.” With the 20<sup>th</sup> century and the historical experience of Lenin, Stalin, and Mao behind us, we look to re-invigorate the drive for socialism that avoids their errors. This is not the place to engage in a litany of the historic “crimes of communism” (capital’s apologists do enough for us all) - for the contemporary crimes of capitalism are what we, embedded in global capitalism, need to focus and act upon.

Goldman was an anarchist, and anarchists had been ousted from the First International when Marx expelled Mikhail Bakunin. Nonetheless, she visited Revolutionary Russia, where she was disillusioned by the Bolshevik takeover.

Witness the tragic condition of Russia.

The methods of State centralization have paralysed individual initiative and effort; the tyranny of the dictatorship has cowed the people into slavish submission and all but extinguished the fires of liberty; organized terrorism has depraved and brutalized the masses and stifled every idealistic aspiration; institutionalized murder has cheapened human life, and all sense of the dignity of

man and the value of life has been eliminated; coercion at every step has made effort bitter, labour a punishment, has turned the whole of existence into a scheme of mutual deceit, and has revived the lowest and most brutal instincts of man. A sorry heritage to begin a new life of freedom and brotherhood.<sup>10</sup>

While Goldman did not completely disavow violence in defense of the revolution, she came to believe that the resort to violence encouraged a descent into brutality. Her view of the ultimate end of revolution was a de-centralized, organic society that valued health, beauty, art, and science.

Real wealth consists in things of utility and beauty, in things that help to create strong, beautiful bodies and surroundings inspiring to live in. But if man is doomed to wind cotton around a spool, or dig coal, or build roads for thirty years of his life, there can be no talk of wealth. What he gives to the world is only gray and hideous things, reflecting a dull and hideous existence, too weak to live, too cowardly to die. Strange to say, there are people who extol this deadening method of centralized production as the proudest achievement of our age. They fail utterly to realize that if we are to continue in machine subserviency, our slavery is more complete than was our bondage to the King. They do not want to know that centralization is not only the death-knell of liberty, but also of health and beauty, of art and science, all these being impossible in a clock-like, mechanical atmosphere.<sup>11</sup>

“By any means necessary” is a phrase popularized by Malcolm X. Do the ends justify the means? To achieve the desired society of the future, should we countenance violence? Should we countenance the dictatorship of the proletariat? Should we put our hands in the fate of a central authority? Emma Goldman counsels us against doing so.

Therein, perhaps, lies the problem with anarchism. Anarchists tend to believe that humans are by nature good, that if humans were freed from unjustified authority, that they would naturally organize themselves for mutual benefit, theoretically possible but undocumented in practice.

### ***Social medicine and revolutionary medicine.***

The revolutionary medicine espoused here is grounded in social medicine. As noted by

Anderson, Smith, and Sidel, the fundamental precepts of social medicine are that

1. Social and economic conditions profoundly impact health, disease, and the practice of medicine.
2. The health of the population is a matter of social concern.
3. Society should promote health through both individual and social means.<sup>12</sup>

In *The Second Sickness*, Howard Waitzkin identifies the forerunners of social medicine to be Friedrich Engels, Rudolf Virchow, and Salvador Allende.<sup>13</sup> Social medicine counts among its practitioners Ernesto “Che” Guevara, the Barefoot Doctors of Revolutionary China, and Cuban doctors around the world. The Declaration of Alma Ata, i.e. The Declaration on Primary Health Care of the Joint WHO/UNICEF Conference in Alma-Ata, USSR, 1978, drew on these forerunners as the key to attaining the goal of Health for All by the Year 2000.

Obviously 2000 has come and gone, and we do not yet have Health for All. Unfortunately, we are no longer in a position to hanker for Health for All. Rather, we must focus on the survival of the human species.

***Why we need revolutionary medicine now. Climate catastrophe, threat of nuclear war, inequality.***

Noam Chomsky (who calls himself a libertarian socialist or an anarchist) points to two existential threats to the survival of the human species: climate catastrophe and the threat of nuclear war. The effects of global warming caused by human activity, the loss of ice, the rise in sea levels, and altered weather patterns with more severe weather events are already evident. Our planet has crossed a tipping point at which the greenhouse gases already in the atmosphere will affect the climate for the remainder of the Anthropocene age. Will it be called the Anthropocene after human civilization has collapsed? The time scale for that collapse draws ever closer, with an Australian think tank predicting that it may occur before 2050.<sup>14</sup>

The Doomsday Clock, which appears on the cover of the *Bulletin of the Atomic Scientists*, is currently set at 100 seconds to midnight. While

the position of the minute hand takes into account worsening climate security, the clock is largely known for indicating the proximity of the threat of nuclear war. The *Bulletin* currently cites the U.S. withdrawal from the Iran nuclear agreement and the Intermediate Nuclear Forces Treaty (INF), the unresolved North Korea situation, and the turn toward high-tech, automated weaponry.<sup>15</sup>

Another, mediating threat to human survival is severe inequality – among nations and within nations. For having contributed little historically to the greenhouse gases in the atmosphere – many developing states are most vulnerable to climate catastrophe. Sea-level rise poses a threat to the very existence of small island states and low-lying coastal regions. States in the pathway of tropical cyclones are particularly vulnerable. Those who experience racial discrimination, and the poor are particularly vulnerable to severe weather events. They live in inadequate dwellings. Their houses are in low-lying areas which experience more flooding. Large regions of the world also face deteriorating social, political, economic, and environmental conditions due to conflict, pollution, corruption, famine, population displacement. The Anthropocene Age is characterized by catastrophic loss of biodiversity whose global consequences will be disastrous for all species, including our own. Possible unanticipated consequences of synthetic biology and artificial intelligence conjure unimaginable future threats to all humanity.

Globally, health, health care, and health delivery systems are in crisis. Despite major advances throughout the last two centuries extending life-spans, reducing infant mortality, and eliminating smallpox, the promise of improved health and better health care for all people everywhere recedes. Individuals and communities, particularly the poorest and most marginalized in every country, continue to suffer from avoidable infectious diseases such as tuberculosis, malaria, HIV, cholera, Zika, dengue, Ebola, and COVID-19, even as antimicrobial resistance increases and vaccination refusal results in a resurgence of preventable childhood diseases; populations everywhere (not just the poorest and least privileged, though they are less likely to receive treatment) have rising rates of chronic noncommunicable diseases, including diabetes, cancer, heart disease, and obesity. Other threats

urgently needing to be addressed include the surveillance state, automation and job loss, imperialism, racism and xenophobia, sexism, LGBTQ exclusion, and reproductive injustice.

Incremental reforms will not be enough to mitigate these existential threats to human survival. It is increasingly evident that we cannot eliminate these threats unless we throw off capitalism as the fundamental basis of our economic and social life. This situation demands of us that we adopt revolutionary thinking and revolutionary practice.

### **The scientific basis – against reductionism.**

The perspective of most who work in medicine is a scientific one. Throughout our primary and secondary education, we become familiar with the scientific world view. The perspective is also a materialist one. An aside: Both Bakunin and Marx wrote extensively about their commitment to materialism and atheism. Of course, there are many people who are deeply religiously committed and who disagree with the philosophically materialist viewpoint. Yet many religious people are anticapitalist and participate in revolutionary action.

In health professional schools, we delve into the basic biological sciences. The perspective of much of Western science is reductive and Cartesian. If a phenomenon can be explained by the more reductionist science (e.g., a biological phenomenon via biochemical mechanisms) – that makes it more scientifically plausible. Physicists are thus wont to see themselves as having a front seat to reality. The underlying assumption is that science is “the paradigmatic human activity, and that natural science discovers truth rather than makes it.”<sup>16</sup>

As Marx noted, however, in his eleventh thesis on Feuerbach: “The philosophers have only interpreted the world, in various ways; the point is to change it.”<sup>17</sup> For the practitioner of revolutionary medicine, there may be reasons to think not reductively, but rather dialectically, as in Levins and Lewontin’s *The Dialectical Biologist*. In the most public health of the chapters, “Research needs for Latin community health,” Levins notes

For instance, a man's decision to smoke may increase his risk of heart disease and

cancer in the long run, but as one of the few ways he has of coping with stress, it may save the lives of his wife and children. Our assumption of conditional rationality means that we cannot expect to change behavior by education alone: rather, we must alter those circumstances that make such harmful choices seem optimal.<sup>18</sup>

From the reductionist, individualist perspective, we might say in the name of harm reduction, “Go ahead and smoke.” From the revolutionary perspective, we need to work with the man, the woman, their workplaces, and their societies to combat alienation, addictions, and violence against women and children.

Revolutionary medicine is the medicine wherein health workers understand the social origins of illness and the need for social change to improve health conditions. It is created from the practice of the people’s struggles against their oppressive conditions. Revolutionary medicine serves the oppressed classes in advancing their struggles.

### ***Proletarianization of health workers.***

Writing in the New York Times, Danielle Ofri notes that the increasing complexity of patient care and administrative burdens, including the electronic health record, are accomplished by nurses and doctors who work harder and longer hours. She wonders if this exploitation of health workers is simply the business plan of the corporations that increasingly control the health care system.<sup>19</sup> In Marx’s labor theory of value, difference between the price that a good (in this case, health care) commands in the marketplace - and the cost of producing this good, which is largely labor – is the profit margin, that is the surplus labor that is extracted from the worker. Thus, commodified medicine leads to the proletarianization of health workers.<sup>20</sup> That is to say, they find themselves alienated from their patients, the products of their work (better health for their patients), and their workplace. Consequently, we become alienated from our fellow workers, and ultimately, from ourselves. Health worker alienation from oneself is sometimes described as “burnout,” but a more accurate term would be “moral injury.” Health as a commodity is unacceptable, not only diminishing

the health care of individual patients but causing the entire society to be ill, dis-eased.

We have less and less control over how we work: insurance corporations require adherence to their specific formularies. They pile burdensome prior authorization work on us. They deny treatments we order for our patients. Our employers escalate their documentation demand in a coding arms race with insurance corporations. Granted, nurses and doctors are professionals who command salaries far higher than trades workers or unskilled workers – they are increasingly proletarianized. Nonetheless, we health professionals need to develop class consciousness as a class of workers that is having surplus labor value extracted from us, that is increasingly alienated from the service we perform, and from our own humanity.

Solidarity among health care workers will ensure that health is recognized as a human right, not something to be bought and sold, that surplus labor should not be extracted for profit within the health care profession, but used by the health care workers themselves to ensure healthy lives for themselves and their communities. In the future, electronic algorithms may do much of the diagnosis, treatment, and "curing" of common complaints, allowing health care workers to once more focus on patient-centered "healing," not on electronic charts, billing, and administrative hoops, instead aiming for a healthier population in its widest sense, and at the individual level of the health care team themselves.

For as soon as the distribution of labour comes into being, each man has a particular, exclusive sphere of activity, which is forced upon him and from which he cannot escape. He is a hunter, a fisherman, a herdsman, or a critical critic, and must remain so if he does not want to lose his means of livelihood; while in communist society, where nobody has one exclusive sphere of activity but each can become accomplished in any branch he wishes, society regulates the general production and thus makes it possible for me to do one thing today and another tomorrow, to hunt in the morning, fish in the afternoon, rear cattle in the evening, criticise after dinner, just as I have a

mind, without ever becoming hunter, fisherman, herdsman or critic.<sup>21</sup>

The post-revolutionary health care worker will not be limited to being a neurosurgeon or a nurse anesthetist. She will be a family doc that just has to upload a program. One can imagine a scene taking place in the near future in a remote hospital:

Nurse Neo to family doctor Trinity: Can you fix this subarachnoid hemorrhage?

Dr. Trinity: Not yet. (She speaks into her phone.) Tank, I need a program for the surgical approach to clipping an aneurysm. Hurry. (Her eyelids quiver briefly.) Let's go.<sup>22</sup>

She will not waste her evenings and weekends remotely accessing her EHR. She might write some science fiction, or she might kick some counter-revolutionary agent butt.

Throughout history, empires have flourished and collapsed without threatening the existence of the entire human population. Epidemics typically (with notable exceptions) had very limited geographic distribution. Neither scenario now fits the world today. We are now global citizens, who need to create cohesive, equitable, socially just societies that address health everywhere, or all of us will face increasing threats to our own health and well-being. Revolutionary medicine is required to create such a society.

## Conclusion

This essay has drawn on both Marxist and anarchist currents in its formulation of revolutionary medicine for the current situation. Marx is necessary for his analysis of capitalism, his historical materialism, for his labor theory of value, for his formulation of history as the history of class struggle, for his emphasis on praxis. Anarchism is necessary for its hatred of capitalism, emphasis on freedom, its defiance of authority, and its radical democracy. For you, the reader, who is inescapably free (as Sartre tells us), you are free to choose what you like from this essay. May it help you with your own praxis.

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