

Needed: A People's Health Program

Faith Liebert

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Doctors have been screwing with people for a long time.

Those of us who have tried to have babies in the present structure of American medicine know how rigid, male dominated and money oriented that structure always is.

A friend of mine who had her child here in Detroit has had the following experiences. When she was six weeks pregnant she thought she was miscarrying and tried to get an appointment with a doctor, but every one that she called said he would not see her without a previous appointment (made three weeks in advance).

When this same friend finally found a doctor to care for her during pregnancy she and her husband asked the doctor if the husband could be present during the delivery. The doctor's total argument was, "Would you want your husband to watch you go to the bathroom?" (assuming that going to the bathroom and giving birth are equivalent, apparently—this from a man whose business is delivering babies. Also assuming that it's so strange to see one another in the bathroom occasionally, weird?)

After the baby was born, my friend had other problems. She wanted to nurse her baby. One doctor asked her if she belonged to the La Leche League "cult" (obviously, cultism is the only excuse for breast feeding).

La Leche League is a nationwide group of mothers who have breast fed their own children and who offer help to new mothers who wish to do the same thing. The whole situation was summed up when one doctor told my friend that a woman should not breast feed because she would have an orgasm while the baby was nursing.

My friend turned to him and said, "Doctor, don't you think I would be the first one to know if that were the case?" But apparently he didn't.

It doesn't HAVE to be that way. My son was born at a maternity Institute in New Mexico which was set up 25 years ago to prove that high quality prenatal and maternity care could be provided for a low cost, if one made creative use of personnel and resources.

Briefly, the Institute provided a total course of care using certified nurse-midwives instead of doctors (a doctor gave you your first examination).

Mothers and fathers were instructed in techniques of prepared childbirth and fathers were encouraged to participate in the delivery itself, which many did (the families who used the Institute were generally very poor, unlike most "natural childbirth" centers which are almost always middle class).

Delivery took place in "la casita," a family home which had been converted but maintained its pleasant homeyness.

Following dismissal from "la casita" the new mother and her baby were visited at home for two weeks following delivery—a most bizarre practice by contemporary American standards but a very good one. The general attitude of the staff was one of friendliness and helpfulness and they obviously enjoyed their work a great deal.

Medicine isn't just a problem for those wanting to have children (with the prices they charge, even for a ward delivery, only rich people "can afford" to have kids—not that that stops very many of us, but it makes it less pleasant). Have you ever had to wait in a doctor's office or at Children's Hospital with a child with a raging fever?

Those of us who have, know that the system seems to be designed to punish those who are sick and have no money. Have you tried to get a doctor in an emergency? If you have, you get the feeling that it doesn't make any difference to the doctors how sick you are.

If medicine served the people in this country it would do some of the following things:

1. Care would be available to all persons immediately, preventive as well as emergency with no financial obligation.
2. Such care would be based in neighborhood centers within walking distance of patients.
3. House calls would be made at all hours during emergencies.
4. Transportation would be provided for those unable to reach the center otherwise.
5. A community based board would run the medical center with doctors acting as professional advisors where appropriate.
6. All creativity would be used in increasing quantity and quality of care through use of nurses, nurse-midwives, aides, La Leche League, etc.—in examinations, education, home visits, etc.
7. Community people would be employed in all positions which they could fill (community people would do the hiring).
8. Community people would be trained in the medical profession to carry out community controlled medicine (through scholarships to established schools and through creative use of the center itself as a training facility).
9. The center would institute methadone blocking or other “good” addiction control program to be combined with an attack on the powers of the drug industry itself (the bankers, importers and police rather than street hustlers).

How to start such a program?

The Panthers have instituted this sort of program in many communities and Open City's clinic tried to do it for a limited community. But medicine is organized, much more organized than labor has ever dreamed of being, and the only way to approach the medical structure is through an organized effort of our own.

The goodwill of individual doctors here and there is not enough as they also are powerless to practice community controlled medicine as they might possibly wish to. Most doctors have no desire to practice Community medicine to begin with.

If there are any people who have their own ideas about medical care in neighborhoods and organizing around that issue, please contact me: Faith Liebert, 4502 33rd, Detroit 48210; 898-1782. Perhaps we can get it together.



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