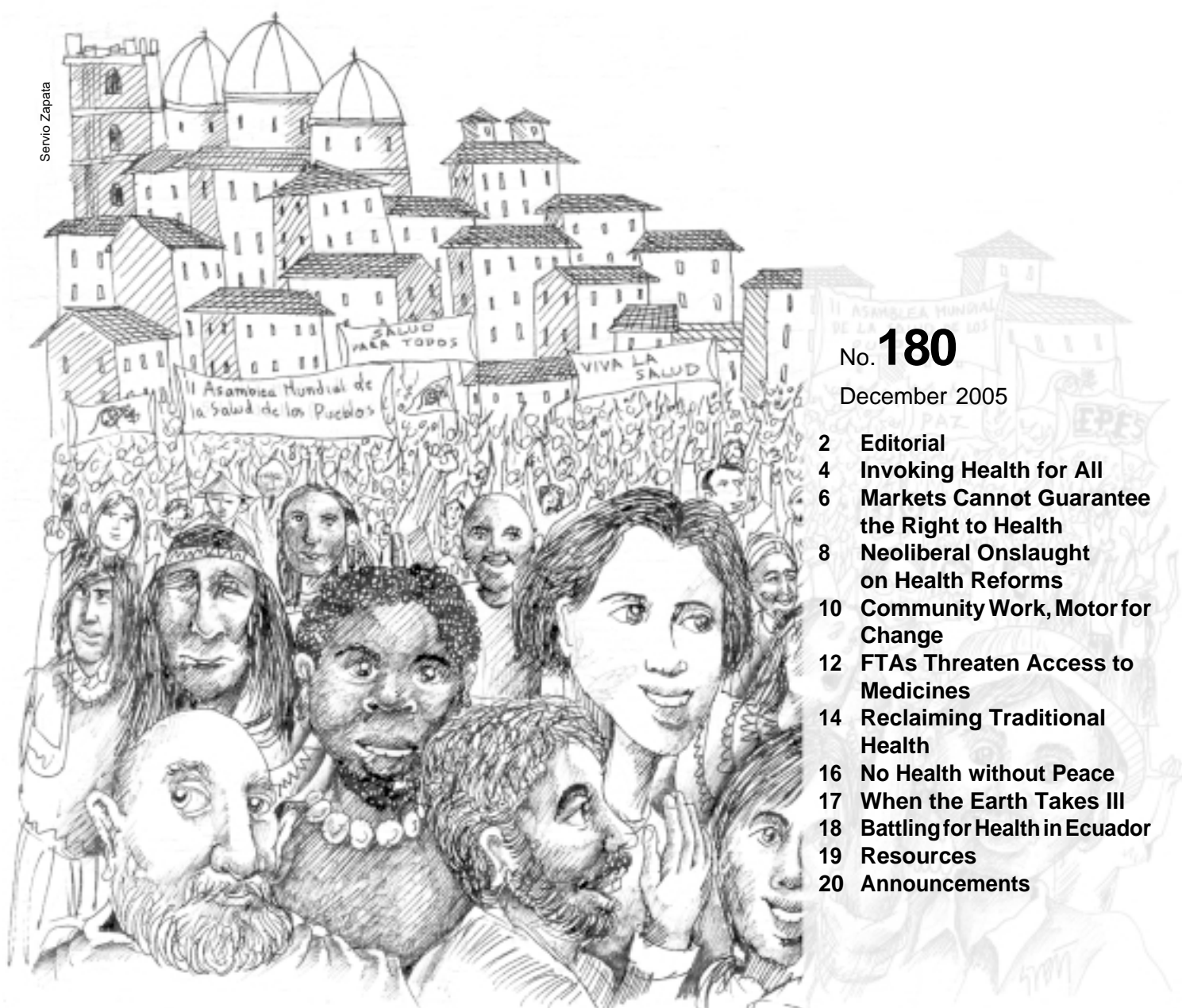


# contact

*Publication of the World Council of Churches*

## PEOPLE'S HEALTH ASSEMBLY 2 SPECIAL ISSUE



Servio Zapata

No. **180**

December 2005

- 2 Editorial
- 4 Invoking Health for All
- 6 Markets Cannot Guarantee the Right to Health
- 8 Neoliberal Onslaught on Health Reforms
- 10 Community Work, Motor for Change
- 12 FTAs Threaten Access to Medicines
- 14 Reclaiming Traditional Health
- 16 No Health without Peace
- 17 When the Earth Takes Ill
- 18 Battling for Health in Ecuador
- 19 Resources
- 20 Announcements



# People's Health Assembly 2

JULY 17-22, 2005 CUENCA-ECUADOR

Lezak Shallat



Opening ceremony

It is an enormous satisfaction for the People's Health Movement (PHM) to present this special issue dedicated to the second People's Health Assembly (PHA2), held in July 2005 in Cuenca, Ecuador.

A short summary of the People's Health Movement will help put this Assembly into context for our readers. The PHM, a network of more than 300 base organizations in 80 countries worldwide, was born at the end of the 1990s and held its first international Assembly in December 2000 in Savar, Bangladesh. That

meeting saw the launch of People's Health Charter, the historic document that summarizes the ideological position of our network and has been translated into 45 languages. The Cuenca Declaration reiterates and updates the principles of this Charter.

The People's Health Movement has garnered many achievements since its inception, including:

- active participation in the annual World Health Assembly of the World Health Organization
- collaboration, as co-author of the *Global Health Watch* study, launched in Cuenca (see page 19)
- key participant in the creation of the WHO Commission on Social Determinants of Health, and consultant to its upcoming report
- the Global Right to Health Campaign Initiative
- the launch, at the PHA2, of the International People's Health University, to prepare future leaders of the movement.

The PHM is organized democratically in geographic and thematic circles.

The voices of the PHM are spread through specific interventions by its members in diverse forums around the world and through its website: [www.phmovement.org](http://www.phmovement.org). Discussion and exchange also take place over an electronic listserve, open to all, at: [pha-exchange@kabissa.org](mailto:pha-exchange@kabissa.org)

In Cuenca, the enthusiasm of some 1,500 active participants was palpable and contagious. The photos in these pages reflect this energy and the many voices presented here will transmit to the reader something of this excitement.

Our thanks to the World Council of Churches who, in collaboration with *Fundación EPES (Educación Popular en Salud)* in Chile, produced this special issue of **contact**. Their efforts bring the reader an excellent synthetic and panoramic overview of events at Cuenca—not only its intellectual and political achievements, but also the spirit and hopes behind them.

This issue highlights:

- health as the outcome of the political and social determinants that generate it. It also reminds us that Primary Health Care has been betrayed and that a return to the vision of "Health for All" laid out at the 1978 Alma-Ata Conference is only possible through popular mobilization at the international level
- the right to health is a non-negotiable demand of all peoples and a key strategy of the PHM regarding the legal obligations of governments and international co-operation. The human rights strategy to health transcends the misdirected "basic needs" approach adopted in recent decades
- the disastrous impacts of the privatization of health services, with drastic cuts in social spending as dictated by neoliberal economic ideology. The PHM has publicly criticized the WHO for not taking a more proactive position against privatization
- community efforts with the potential to bring structural change by fostering new awareness, hope and direct action by the beneficiaries of health care
- the negative impacts on health of free trade and intellectual property agreements, particularly concerning the



need for generic drugs and access to medicines

- the vibrant presence of indigenous people who understand the value of an intercultural approach to health. Respect for traditional health care is indispensable in any process of health reform
- the effects of war on non-combatants and the use of sexual violence as a weapon, as described in testimonies from Iraq, Palestine, Africa, Asia and the Americas, are unacceptable
- the links between the health of the planet and human health must be seen in the light of the over-exploitation of natural resources and new agricultural technologies.

Above all, these pages record how the People's Health Movement creates and extends solidarity to all those who fight for HEALTH FOR ALL ...NOW.

Claudio Schuftan  
People's Health Movement

For information about the first People's Health Assembly, see **contact** #176 (2002), in: [www.wcc-coe.org/wcc/news/con172.pdf](http://www.wcc-coe.org/wcc/news/con172.pdf)



Lezak Shallat

Delegates sponsored by the World Council of Churches



Lezak Shallat

One of the many cultural events

## CREDITS AND ACKNOWLEDGEMENTS

- This special issue of **contact** covering the second People's Health Assembly (PHA2) was made possible by the World Council of Churches and *Fundación EPES* and aims to identify and disseminate a wide range of alternative approaches and experiences that showcase the role of community participation and organization in health.
- The articles in this issue were written by Lezak Shallat and Paulina Cid, who attended the PHA2 on behalf of EPES. Manoj Kurian of the World Council of Churches and Sonia Covarrubias of *Fundación EPES* participated in the Editorial Committee. Jorge Olivares of EPES put together the Resources section. A special thanks to editorial writer Claudio Schuftan, Chilean physician living in Vietnam and a member of the People's Health Movement, and to Servio Zapata, the Cuenca artist who contributed the cover drawing.
- Electronic versions in English and Spanish of this special issue are posted on the following websites:  
World Council of Churches  
[www.wcc-coe.org/wcc/news/con-s.html](http://www.wcc-coe.org/wcc/news/con-s.html)  
*Fundación EPES*, [www.epes.cl](http://www.epes.cl)
- A printed version of the Spanish version is available on request from *Fundación EPES*. (See address on back cover.)

— EPES Team



Lezak Shallat

Healthy food workshop in the Cuenca market

# INVOKING HEALTH FOR ALL

## Why are we here?

*"...to learn what's happening outside our country. We're surprised to find out that what happens with health at home and injustice happens all over." Marta Salinas, Municipal Health Council, Colina, Chile*

*"...to take back a message of hope that it is possible to fight against a neoliberal system that appears to be invincible." Nelsi Arias, indigenous community, Agua Blanca, Colombia*

A ceremony of spiritual offerings from indigenous cultures worldwide, of homage to Mother Earth, the elements, healing sounds and collective energies, launched the second People's Health Assembly (PHA2) in its quest to reclaim health as a human right and not a market commodity.

Some 1,500 people from 82 countries traveled to Cuenca, Ecuador from July 17 to 23 to give testimony to the impacts of neo-liberal policies and economic globalization and share their faith in the importance of community responses and resistance.

The central message of the Assembly was simple: economically and politically generated health inequalities have increased, but the social and political determinants that are the root causes of avoidable disease and death are not effectively addressed. Injustice in access to health care persists around the globe.

The Assembly sought new ways of examining the links between health and poverty, diminished access to services and growing environmental dangers, all social determinants generated by the expansion of neoliberal economic models.

Created by an international alliance of public health activists, medical professionals, academics, health sector workers, representatives of faith communities and environmental, indigenous, women's, consumer defense and other social move-

ments, the People's Health Movement (PHM) began this task in Bangladesh in 2000 when it convoked its first Assembly as a popular alternative to the forums of multilateral agencies and governments.

## Spirit of Alma-Ata

One of the spirits invoked at Cuenca was that of Alma-Ata, birthplace of the "Health for All in the Year 2000" declaration signed by 134 nations in 1978. This declaration introduced Primary Health Care as a UN strategy. At the PHA2, however, critics of current UN policies lamented the demise of the primary health care paradigm and called upon governments and the international health community to revitalize commitment to this approach.

The Cuenca Declaration calls upon people everywhere to "mobilize against the denial of the Right to Health." It notes that governments rarely see provision of health services as a "collective social responsibility," and denounces the global trend to place responsibility for personal health with the individual.

## Diagnosis

"Neoliberalism is bad for people's health," the Assembly concurred. Its most visible symptom is the impact of privatization on public health systems now underway in Latin America and elsewhere (*see page 8*). Economic globalization has subjected the future of national health services to the World Trade Organization and bilateral trade negotiations (*see page 12*).

But voices of dissent exist, many inspired by the ideals of Latin American social medicine. These reject the "commodification" of health care into a

Lezak Shallat



Calling upon the spirits



product and not a right. Dozens of testimonies presented at the Assembly made it clear that resistance is also a form of healing.

Many spoke in favor of “interculturality,” an approach to cultural diversity in health care that values the traditional medical knowledge of indigenous peoples and seeks to develop culturally appropriate health systems. But sharing traditional knowledge can also bring the appropriation of ancestral knowledge and resources by outsiders (*see page 14*).

The health of the environment and the Earth is essential for native peoples, whose cultures underscore harmonious coexistence with nature. As Eugenio Poma, a Methodist bishop from Bolivia’s Aymará community, said: “If the Earth is sick, we cannot be healthy.”

In contrast, the industrial world sees natural resources such as water, petroleum, wood and minerals as raw products to extract and sell with little concern for the consequences. The contamination of crops and entire communities by pesticides resembles low-intensity biological warfare. Exploitation of oil-producing areas, forests and mineral riches poses a threat to the cultures — and even the survival — of many indigenous peoples.

The “war on terror” has brought death in countries from Iraq to Afghanistan and in European and North American cities. In Africa, “slow” wars like those of the Sudan and the Congo displace defenseless populations and often involve the use of sexual violence against women.

Women’s right to make decisions about their health was addressed by feminist activists and *comadronas* (midwives, many from the Cuenca area). But in societies where fundamentalist religions are dominant, women are made invisible, hampering their struggle for sexual and reproductive rights.

Invisibility also affects the disabled, who seek policies toward inclusion and respect. “The world would be different if we started to see some people as disabled and others as temporarily able-bodied,” noted Anita Ghai, an Indian activist who asked participants to “respect human diversity in all of its dimensions,” including ethnic, physical and generational.

A special plenary session on Africa showed a continent debilitated by HIV/AIDS, warfare and poverty but strong in community bonds. But in terms of health subsidies, noted South African activist David Sanders, “it is better to be born a cow in Japan than a child in Africa.”

Despite the harsh diagnosis, the Assembly teemed with optimism. “The People’s Health Movement has the power to change the world,” the Cuenca Declaration states. “A world that includes ‘Health for All’ is possible. We must all demand and work for a world in which health is a right, and is not subject to the forces of neoliberalism.”



Ceremony of fire



Nelsi Arias, Colombia

## THE WAY FORWARD

The People’s Health Movement seeks to build upon its strengths. Here are some thoughts on how to advance:

- “Mobilize masses and multiply voices.” — Joan Jubran, Palestine
- “Empower ourselves in the economics of health.” — Zafrullah Chowdhury, Bangladesh
- “Greater participation by workers and peasant organizations, because they are the prime movers of social change.” — Bert de Belder, Belgium
- “Remain decentralized while strengthening regional and local levels. That’s where the action is. Regional and local actors are the ones who should decide where the movement is going, and how.” — Ghassan Issa, Lebanon
- “Believe in the capacity of people to organize themselves. Help mobilize the sectors that can exert pressure on governments to meet their demands.” — Eduardo Espinoza, El Salvador
- “Dare to define clear political strategies for the movement that will determine which battles to wage and with what arms.” — Halfdan Mahler, Director General Emeritus, WHO

*Excerpted from Pijuan, the PHA2 daily bulletin*

# MARKETS CANNOT GUARANTEE THE RIGHT TO HEALTH

*Reclaiming a “rights” approach to health is a priority for the People’s Health Movement.*

EPES



Protesting for public health

The right to health is being violated systematically around the world and is increasingly under threat by trends that conceptualize health care as a commodity that can generate profits.

Speakers at the PHA2 denounced the World Bank, among other international agencies, for advancing the “commodification” of health care as a “sacred” model for service delivery given inappropriateness for impoverished countries devastated by epidemics and warfare.

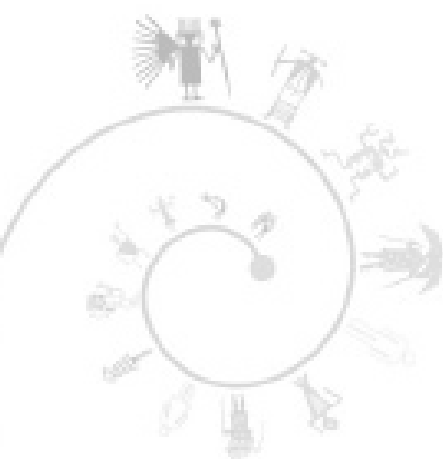
This has been masked by neoliberal discourses to persuade public opinion into believing that shifting responsibility for health to the market will provide access for all. This weakens the “rights” approach to health care, which is in danger of being supplanted by a “needs-based” focus. The former emphasizes universal obligations; the latter facilitates individualism and charity hand-outs. The needs-based approach ignores key social determinants like inequality, gender and ethnicity, restricting the notion of health to the merely biomedical. It also

welcomes the belief that international cooperation can resolve social inequality, thus absolving governments of responsibility for addressing deficits and ensuring access to health.

International aid is a form of charity that does not resolve economic justice in access to health, stated PHM activist Alison Katz. “The benefits of international aid are returned one-and-a-half times to the North in the form of trade imbalances,” she stated. “Who are the real donors and beneficiaries in these South-North transfers?”

Thomas Gebauer (Medico International, Germany) seconded criticism of hand-outs, saying “this type of cooperation only contributes to maintaining the precarious *status quo*. Donor aid limited to guaranteeing minimum living standards will not produce transformations. It is worth examining whether donations have become an end in themselves for those who offer them.”

Public health consultant Claudio Schuftan presented a conceptual framework to help revitalize the human rights



focus on health, identifying the following positive impacts:

- This approach motivates people to demand their rights
- It is based on international human rights legislation ratified by most countries
- It calls upon people to hold governments responsible for protecting these rights.

According to Schuftan, the difference between a “rights” focus and one of “basic needs” is that *needs* do not imply obligations.

“At most, *needs* imply a moral duty,” he stated. “In contrast, *rights* always involve a legal obligation that must be fulfilled or demanded by citizens.

*Needs* are not universal, Schuftan noted, but human *rights* are. *Rights* are indivisible, whereas *needs* are easily prioritized and minimum levels established that do not fulfill the *right* to health care. The *rights* perspective looks less at achieving targets and more at the processes that lead to results.

Lastly, the human rights approach makes community involvement a priority.

*Charity can meet needs but it doesn't guarantee rights. Rights focus on the fulfillment of obligations in a true social contract. We must fight to ensure that rights are met.*

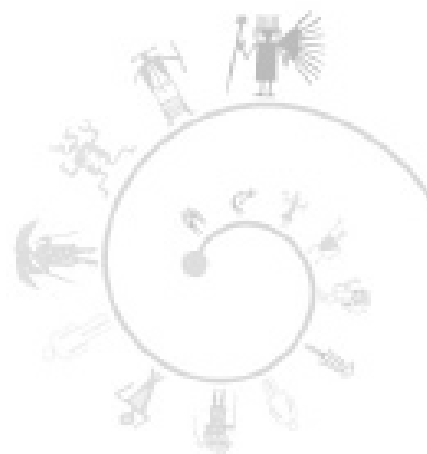
*Claudio Schuftan*



Servio Zapata

The right to health will have to be achieved through large-scale popular mobilization. The People's Health Movement must initiate or join in struggles related to the right to water, food safety and sovereignty, a healthy environment, dignified work, safe housing, universal education and gender equity — because people's health depends on them.

*Cuenca Declaration*







In the 1980s, Latin American governments launched health system reforms within a context of widespread neoliberal economic restructuring. Structural adjustment programs were implemented in response to International Monetary Fund demands for cuts in social spending. The World Bank became an influential agency in global health policy, with negative consequences, particularly for the poor.

Participants at the PHA2 concurred that the decade of the 1990s saw reversals in the quest for global health. Speakers questioned the system that, in the words of Alison Katz, “maintains inequity between rich and poor and is based on an irrational and unfair economic order.”

Community health — formerly viewed as the “motor” of the public health system, according to Salvadorean physician Eduardo Espinoza — has been replaced by the notion that “the aim of the health system is to generate income.” But the neoliberal model is incapable of providing universal access to health because universal access contradicts the logic of the marketplace.

Arachu Castro (Harvard University, US) referred to the “law of inverse care” by which the availability of medical attention is inversely proportional to the demand. In other words, those who need the most receive the least.

Carmen San José Pérez (Network for the Right to Health, Spain), explained how privatization subverts the quest for universal access to health care:

- private companies play a key role in establishing health policies
- the redistributive capacity of the public health system is lost
- private entities begin to define health priorities
- processes are slow and hidden from public opinion.

Colombian physician Manuel Vega discussed this tendency in testimony on the closure of Bogotá's oldest hospital, San Juan de Dios, which offered free medical services to the poor. "Under the new model, it was forced into a perverse market logic in which it could not compete," he stated. "And since as a private entity, the government no longer provided it with an income, it had to close."

The People's Health Movement criticizes the World Health Organization for promoting processes that undermine the primary health care paradigm of active community intervention. This approach sees social justice as a prerequisite for reaching the "Health for All" goal adopted by the international community.



This ideal, expressed by the 1978 Alma-Ata Declaration, states that “the people have the right and duty to participate individually and collectively in the planning and implementation of their health care.”

“There is once again growing support for Primary Health Care as a valid measure for promoting and improving human development,” Hernán Montenegro of the Pan American Health Organization told the PHA2.

“The WHO says there is no evidence that comprehensive health care is a solution to confronting inequity,” stated PHM activist David Sanders. But once projects that provide comprehensive care have been widely implemented, “we will be able to show the WHO that it is wrong.”

PHA2 denounced the “neoliberal fundamentalism” promoted by the WHO and stated that the organization is looking to hide the relationship between poverty, social inequities and health indicators. Certain “average” indicators (e.g. life expectancy and infant mortality) dominate public discourse and make invisible new illnesses and previously controlled diseases, like tuberculosis and cholera, that have reappeared. These indicators obscure the enormous disparities between regions, social classes, gender and ethnicities.

A new report launched at the PHA2 provides an alternative vision. The *Global Health Watch* examines the social factors minimized in WHO reports. “This is a wake-up call to the WHO,” said Mike Rowson, editor of the report (see page 19).

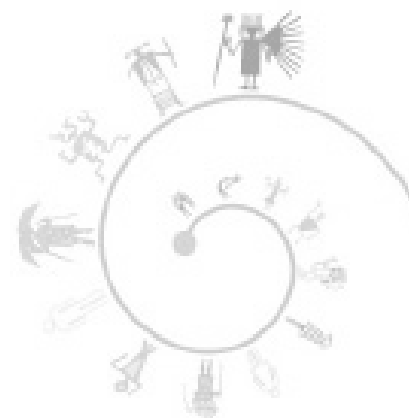
Community and primary health care survive in part due to the diverse forms of protest and resistance employed throughout the world, many of which were presented in testimonies to the PHA2.

For example, when the Colombian government eventually closed Hospital

Juan de Dios, “workers turned it into a space for resistance and solidarity,” said Vega. And though there is no hope that the hospital will be reopened, “resistance has spread and efforts are being made to ensure that this won’t happen elsewhere.”

Miguel Ayllón (Consumer Defense Committee, Bolivia) alerted the PHA2 to privatization of public hospitals in a nation where protests over the privatization of water and gas reserves has brought down two governments in two years.

From Argentina, where economic crisis and bankruptcies have undermined the physical and mental health of many workers, Jorge Kohen described the recovery and self-management of these industries by their workers as “healthy ... (since) manifestations of creativity and resistance are also ways of healing.”



*“Genuine commitment and participation have sustained the importance of primary health care, and this is what the People’s Health Assembly promotes.”*

*Halfdan Mahler*

## CONTRASTING APPROACHES TO HEALTH CARE

NEOLIBERAL	SOCIAL JUSTICE
<ul style="list-style-type: none"> <li>• Short-term approach to symptoms</li> <li>• “Magic” medicines</li> <li>• Interventions through health services</li> <li>• Focuses on individuals and makes individuals responsible for their own health</li> <li>• Sees charity and international cooperation as sources of funding</li> <li>• Maintains the <i>status quo</i> of extreme concentration of wealth and power</li> </ul>	<ul style="list-style-type: none"> <li>• Looks at long-term causes</li> <li>• Attempts to free people from miserable living conditions</li> <li>• Satisfaction of basic needs (food, water, housing, etc.)</li> <li>• Focuses on poverty and structural violence, makes the system responsible for the health of the population</li> <li>• Promotes a fair and rational international economic order</li> </ul>

Chart presented by Alison Katz

# COMMUNITY WORK, MOTOR FOR CHANGE

*This was a workshop of hope that identified community efforts as the most genuine and transforming response to the globalizing economy. We highlight seven innovative experiences.*



- **The Philippines:** For the Community Health Program, 30 years of training grassroots monitors has brought home a fundamental principle. "True health care is a process by which people become aware of their own situation," in the words of María Teresa Guevara. More than 10,000 people nationwide have been trained in primary care. Results include overall improvements in health awareness and action.

Contact:  
Council for Health  
and Development.  
[chd@compass.com.ph](mailto:chd@compass.com.ph)

during years of repression. A documentary presented by Eduardo Espinoza showed home medical visits, health news broadcasts over Radio Sumpul, and data gathering house-to-house.

Contact: [espinoza@telesal.net](mailto:espinoza@telesal.net)

- **Peru and United States:** Strengthening patient-community bonds by working with families and schools is helping to fight TB in Peru. "We have increased success rates by accompanying patients, visiting families, working with schools and offering group therapy," reported Esther Montes and Genaro Anco, health monitors from Lima.

In Boston, a "direct observation" model developed by the PACT Project monitors HIV patients through daily home visits.

Contact:  
Peru:  
[www.pih.org/wherework/peru/index.html](http://www.pih.org/wherework/peru/index.html)  
Boston:  
[www.brighamandwomens.org/socialmedicine/pact.asp](http://www.brighamandwomens.org/socialmedicine/pact.asp)



Natural remedies

- **Guatemala:** The priorities of ASECSA (Community Health Services Association), a network of 63 indigenous organizations, include direct primary health care, natural medicine and community development with a social focus. "For us, health is not an end but a means," said Hugo Icu, a Maya Kakchiquel physician. "ASECSA affiliates have no intention of abandoning the healers, bone-setters, midwives, Mayan priests and traditions they believe in simply because the State does not value them."

Contact: [asecsa@intelnet.net.gt](mailto:asecsa@intelnet.net.gt)

- **El Salvador:** Refugees returning the village of Guajila have built — with no government support — a health system with better maternal-infant health rates than the national average. This is due to the organization and discipline developed by the community

- **India:** In Chhattisgarh, the *mitanin* ("trusted friend") project is a massive government effort to mobilize women as health promoters. Launched three years ago, it has recruited 60,000 volunteers to promote use of health services and denounce lapses in care. The greatest challenge — apart from "staying motivated and managing frustration" according to one participant — is to maintain critical distance from other government policies.

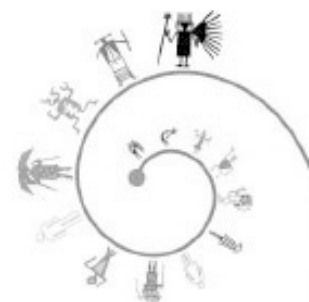
Contact : [weareraman@gmail.com](mailto:weareraman@gmail.com)



• **Ghana:** Nurses on motorcycles in search of patients — this is how health arrives in the subsistence farming community of Navrongo. The nurse is available 24 hours a day and payment is negotiable in cash or kind. The experience,

presented by journalist Santuah Niagia, may soon be replicated in Ethiopia and Burkina Faso.

Contact: Community Based Health Planning and Services  
[www.ghana-chps.org/](http://www.ghana-chps.org/)



## STANDING UP TO BREAST CANCER IN CHILE

In Chile, “*apechugar*” is to stand up to adversity and “*pechugas*” are breasts. The play on words produced the slogan “*¡Mujer: Apechuga con tus pechugas!*” for a campaign by grassroots women in Santiago to improve access to mammograms and early detection of breast cancer.

Breast cancer is the primary cause of death from cancer in Chile, taking the lives of 2,000 women per year. When a group of women organized by EPES (*Educación Popular en Salud*) decided to inform themselves about the problem, they discovered more than a lack of medical technology.

The campaign began in the year 2000, when interviews revealed that women with tumors so large they could be felt had waited up to 10 months for a mammogram.

Visits to primary care clinics showed that nurses were not making referrals for mammograms because of a strict protocol under which the exam was allowed only once cancer had already been detected.

Research revealed that the nearest hospital, El Pino, did not have a mammogram machine. At a second hospital, Barros Luco, exams were only available half-time. Women discovered that the municipal health system had “externalized” mammograms to a private company that was not only expensive but using such poor quality materials that tests were being rejected by the same doctors who had ordered them.

A first campaign — *Woman to Woman: Let's Teach Ourselves about Breast Cancer* — was carried out using posters, pamphlets and clothes lines in public markets. Health monitors made necklaces with wooden beads representing mammary nodes which they distributed at health centers and used in educational workshops.

The women contacted health authorities, who assured them that there was no scarcity of mammograms and that appointments that could be easily scheduled. But activists began to fear for the survival of women who were not receiving treatment in time because of unnecessary unacknowledged delays in detection.

The monitors gathered 3,000 signatures for more mammogram machines. The women were received twice by two Ministers of Health and presented statistics to demonstrate the urgent need to increase the number of exams being given.

As a result, the mammography service at Hospital Barros Luco was extended to full time. Collaboration with neighborhood organizations and support from municipal authorities were key in obtaining a new machine for Hospital El Pino, increasing capacity by 5,000 mammograms a year.

But getting a machine isn't the same as making it work. In this case, the apparatus went unused

because no resources were available to make it function.

The women's campaign took place during a period of new health sector reforms in Chile that now guarantee free and timely care for more than 50 priority conditions, including breast cancer. But the plan does not cover early detection.

Authorities have promised to come up with the funds needed to operate the machine. Meanwhile, the health monitors have painted a five-meter long mural about breast cancer on hospital gates. And they are keeping a close watch on local authorities, to make sure that they keep their word.

Contact: [epes@entelchile.net](mailto:epes@entelchile.net)



Paulina Cid, EPES, Chile

Lezak Shialat



# FREE TRADE AGREEMENTS THREATEN ACCESS TO MEDICINES

*One-third of the world population lacks access to medicines  
because they are too expensive.*



Lezak Shallat

Banner reads "No to FTAs"

*"We are here to protest  
the onslaught of the  
pharmaceutical industry  
and its mortal toll."*

*Unnikrshnan,  
PHA2 coordinator of  
communications*

New obstacles to accessing essential medicines are on the horizon, in the form of Free Trade Agreements (FTAs) that are opening the door to stringent TRIPS (Trade-Related Aspects of Intellectual Property Rights) accords.

FTAs have made patents unaffordable for the majority of people living in the poorest countries, putting the profits and privilege of few over the lives of millions who need affordable medicines.

The PHA2 addressed this topic in a session that examined the importance of protecting the right to access to medicine as an integral component of the right to health care.

Gema Domínguez (Medecins Sans Frontieres) reported that one-third of the world population lacks access to medicines, and that lack of AIDS medi-

cation causes some 8,000 deaths each day. Antiretroviral therapy costs up to 12 times its base price, with a price tag of up to US \$10,000 per year per person in poor countries. However, measures adopted in Brazil and South Africa to manufacture generic drugs now allows these countries to lower this price to \$300.

"There is nothing 'free' about trade in these agreements," said Hugo Noboa and Elsie Monge (Ecuador Ecumenical Commission for Human Rights). "This is a fiction created and spread in the interest of the powers that dominate the market."

Selling medicine is the world's most profitable business after petroleum, according to Eduardo Espinoza, and pharmaceutical companies welcome

the intellectual property agreements that prioritize favorable economic treaties over health.

However, in 2001, the World Trade Organization adopted the Doha Accord, which established that member states cannot be prevented from taking steps to promote access to medicines in public health emergencies.

TRIPS agreements “can and should be interpreted and applied in a way that supports the right of World Trade Organization member states to... promote access to drugs,” former WHO director general Gro Harlem Brundtland has said. But economist Martin Khor (Third World Network, Malaysia) told the PHA2 that just the opposite is happening.

Critics of free trade negotiations between the US and Central American nations claim that these accords exceed TRIPS rules and offer even more beneficial terms to pharmaceutical companies, extending ownership of drug patents to 25 years and creating obstacles to registration of generic drugs.

Gema Domínguez emphasized that countries with fewer resources should not be pressured to accept measures that will only benefit the pharmaceutical industry.

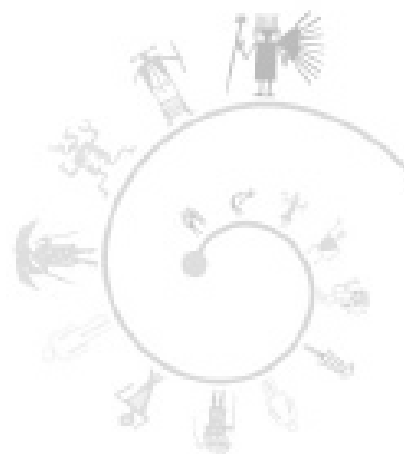
“Diseases we thought were under control, like diarrhea, measles, TB and dengue fever, are killing thousands of people each year due to a lack of prevention,” she stated. “Despite the enormous scientific advances that allow for control of epidemics, vaccinations and medicines are increasingly inaccessible.”

Domínguez called upon social organizations to demand fairer drug price policies and the introduction of generic drugs.

Initiatives to denounce the impact of FTAs on the health of millions are a key element of the People's Health Movement platform.

“We are at this Assembly to resolve two problems: access and legislation,” said Amitaba Ghud, a physician from India. “We want to solve the problem of HIV/AIDS medication through greater flexibility in parallel imports and compulsory licensing.”

Local drug manufacturers need to be allowed to provide low-cost medicines. India is already producing low-cost medicines for export, even to the United States, he noted.



Fliers from Peru: "With the FTA, the price of drugs will go sky-high... along with the patients."

# RECLAIMING TRADITIONAL HEALTH CARE

*“‘Interculturality’ is a fundamental element to promote social equity and build a fair health system”. — Cuenca Declaration*

Lezak Shalati



Offering

*“We call for the construction of a better world in which people’s health represents joy, solidarity and harmony.”*

*Statement of the Native Peoples of the World*

The concept of “interculturality” was not developed in university classrooms but in native communities. Its purpose is to preserve ancient knowledge and practices.

“It is a question of recognizing ethnic diversity,” says Manuela García

Pú, a Mayan activist. “But it also means recognizing the central thing that makes us similar and brings us together: the universal and inalienable right of all peoples to health.”

While there are differences among cultures, native peoples “share a vision of health in harmony with the environment within a healthy ecosystem.” Native peoples approach health from that equilibrium, she explains.

Nelsi Arias, an indigenous Colombian woman who is the administrative leader of her district, believes that “the model we seek is to value our cultural heritage first, but not to ignore the world outside. It is important to incorporate new things, but we must do so without exterminating what is ours.” Protecting our heritage is also a form of resistance to the “voracious and misguided” models of socio-economic development imposed from without.

The return of traditional medicine is a goal shared by both indigenous communities and many contemporary physicians and health seekers.

But attaining this recognition is difficult because traditional medicine “continues

to be opposed and repressed, even where it has become part of the system,” a Bolivian healer noted. According to this traditional practitioner, “it is not enough to bring ‘cultural adjustment’ plans to clinics for doctors to learn a bit about the local culture or language. What’s needed is “full cultural complementation” to bring Western medicine closer to ancestral approaches that see human life as linked to the natural and spirit worlds.

One of the strongest calls to respect ancestral knowledge was made by one of the youngest PHA2 participants. Laura, a Cañari teen in typical dress, began her presentation by saluting her *machi comadres* (sisters in healing) and arguing for the right of *comadronas* (traditional birth attendants) to official recognition from health authorities.

Indigenous women hold similar concerns in the Mexican state of Guerrero, noted Martha Sánchez, an Amuzga community leader representing the National Indigenous Rural Assembly for Autonomy (ANIPA) and the Guerrero Indigenous Women’s Coordinating Group. This region suffers from the highest maternal mortality rates in Mexico, due to discrimination, lack of culturally appropriate information, and the “lack of harmony” between the hospital system and traditional care provided by midwives.

“There is a hospital nearby,” Sánchez explained, “but indigenous women are treated badly there because of their dirty feet, lack of Spanish and appointments missed due to the distances they must travel.” If they feel they’ve been harassed, they don’t return. Instead, they go to midwives, who they trust.

Using political savvy, Sánchez and others created the Indigenous Women’s House





of Health in the regional capital of Ometepec. "We won't allow them to exclude us from policy or medical discussions simply because we're not professionals," she said. "That was a major battle."

The Casa receives members of the Amuzga, Mixteca, Tlapaneca and Nahua communities, acting as a go-between and training both midwives and doctors. It is self-sustaining and receives no government support.

"The house is small, but we make good use of it," says Sánchez. When not providing shelter to birthing women, it receives women and children fleeing from domestic violence.

Another positive model of indigenous care comes from Australia, where the aboriginal health movement has achieved a significant level of control over their health services. But the process has gone through many changes, Stephanie Bell (Australian Aboriginal Congress) told the PHA2.

"At first, we believed that people had to take their demands to governments and make governments accountable. But I now think that governments mostly do nothing, or do the opposite: they divide and conquer. Governments change, power shifts. Government funding brings its own dangers, including competition for the infrastructure works that are now called 'social determinants.'

"We began this battle, and now we find ourselves competing for resources."



Lezak Shallat

## Bishop Eugenio Poma: "Healing requires equality and collective responses"

*Eugenio Poma, Aymará and Methodist, attended the PHA2 with a delegation of Bolivian healers and physicians.*

*The son of hacienda workers who spoke no Spanish, Poma worked as a secondary school teacher and a language instructor for the US Peace Corps before spending a decade in Geneva with the World Council of Churches, where he took part in the creation of the UN Permanent Forum on Indigenous People. He returned to Bolivia at a time of profound political crisis in which the voice of the indigenous community is being raised with new force.*

"What does health mean to indigenous people? Health, education, development, participation: the modern world sees them as separate but indigenous people see them as integrated. They think of the health of the cosmos not as human health only, but also as plant, animal and spiritual health.

In Bolivia, indigenous communities will tell you that they are Catholics or evangelical Christians, but there's always an Andean cosmovision hidden underneath.

Bolivia is a sick society for both its elite and indigenous groups. There is historic discrimination, an apartheid that has left most of the population without access to quality health care and that has no respect for its cosmovision.

There has never been justice. The other Bolivia did not make room for indigenous Bolivia when it could have. Tupac Katari's words are coming true: 'I die today, but I will return and I will be millions.' The majority could oppress the minority. There might be thirst for revenge. It is the church's role to seek peace, to stop any vengeance that could surface.

The community knows how to diagnose its own ills. Healing involves participating in the life of the nation. The medicine is equality and collective action."

Lezak Shallat



Martha Sánchez, México



Emergency call in Palestine

# NO HEALTH WITHOUT PEACE

It couldn't have been any other way: the urgent testimony of an Iraqi doctor denounced the destruction of thousands of non-

combatant lives and the country's health infrastructure.

"They've sent us back to page one," said Salam Ismael of the Iraqi Physicians' Association. "The national health system has been destroyed. Hospitals have been sacked and left without even the most basic supplies. Medical neutrality and the Geneva Convention are violated daily. 'Brain drain' and escape from violence has decimated a generation of medical professionals. Privatization of the little that's left has begun under an omnipresent and uncontrollable wave of corruption."

No one can say how many have died. British doctor Judith Cook presented the last estimates issued by Medact, an NGO whose mission is to use health information to prevent war. ([www.medact.org/](http://www.medact.org/)) "The health system is overwhelmed by the levels of violence, which are increasing. And the impact on mental health is incalculable."

However, Bert De Belder, coordinator of Medical Aid for the Third World, did present an exact number: US \$66,650 — the sum of the bill sent to the US Embassy in Brussels for the medical care of Hiba Kassim, a 15-year-old girl injured by a cluster bomb during the invasion and transferred to Belgium for treatment by MATW. "According to international law, the occupying forces are responsible for the well-being of the civilian population under the state of siege," explained De Belder. "So we charged them for it. But so far, they haven't responded."

In Palestine, in contrast, self-sufficiency has been one of the most important responses to 50 years of military occupation. "You learn to cope," said Amal Daoud

(Palestinian Medical Relief Society). "Otherwise you can't survive."

Relief teams have built a bulletproof model of care — literally. It operates mobile clinics for a community under siege, training thousands of young volunteers to provide first aid and leadership. According to Ghassan Hamdan, physician and member of the PHA2 Steering Committee, the model is worth replicating because it is "progressive on both a political level and a medical one."

However, Israel's construction of a 750 km wall that isolates more than 40 Palestine primary care clinics and blocks transit creates "a new geography of segregation" that is even more difficult to overcome.

From Africa, where several "slow wars" progress far from the eyes of the world, Jacques Byucinda, of the Congo, reported that the use of sexual violence as a weapon represents an insurmountable stigma to its victims.

Another kind of indelible pain was expressed by the Mothers of the Plaza de Mayo, whose children "disappeared" during Argentina's dirty war in the 1970s and '80s. This style of war continues in Colombia, where the Women's Pacific Route (*Ruta Pacífica de las Mujeres*) demands "necessary truths, urgent reparations."

The legacy of Agent Orange, the herbicide that continues to take the lives of three generations of Vietnamese, was not forgotten, as testimony reminded the PHA2 that reparations for its victims are still pending.

But communities are also tenacious. The health sector learns to resist, as testimonies from Zimbabwe, the Philippines and Chiapas (Mexico) made clear. And resistance can become resurgence, as reported from Guajila, El Salvador (*see page 10*).

Colombia's pacifists offered these words to Israel's Women in Black, on the other side of the emblematic dividing wall. "We want to tell you that neither you nor we are alone. We are women from all continents and colors fighting to make possible a life without war and injustice."

*"Health needs peace  
and peace can never be  
achieved through  
violence."  
Salam Ismael*



"Sorry, friend." Detail from a drawing by a child from Ecuador

# WHEN THE EARTH TAKES ILL

"Veiled genocide" is the term used by residents of Ituzaingó (near Córdoba, Argentina) to denounce the toll that the fumigation of nearby fields has had on their health. Residents suffer from leukemia, other cancers and birth defects. Water and soil samples are contaminated with glyphosate, DDT, malathion and other pesticides. Blood samples showed the same results. The situation has gotten so bad that when residents asked the Ministry of Health to relocate the community, the answer was, "Why bother, if you're contaminated already?"

Meanwhile, genetically modified soya thrives in the fields, creating dependence on an agricultural model whose impact on environmental and human health has yet to be determined. What is certain is that this technology "places extraordinary power over food safety and biodiversity in the hands of translational corporations," according to biologist Elizabeth Bravo (Network for a GM Free America).

To the north, the US offensive against coca cultivation is best described as "biological warfare," according to Elsa Nivia (Pesticides Action Network). Plan Colombia is responsible for human and animal deaths, as well as the destruction of peasant crops (*see page 18*).

## Oil or Blood?

The sad history of natural resource exploitation in Nigeria was succinctly presented by poet/activist Nnimmo Bassey: "We thought it was oil, but it was blood."

A study of the Ecuador's oil fields presented by Alberto Maldonado (Ecological Action) showed that five years after wells went into operation, area residents had a five-fold greater chance of developing cancer. Today, four-out-of-five people in the region suffer from a pollution-related illness.

## Water: Vital Liquid

The PHA2 joined the international campaign to promote a new UN Treaty

on the Human Right to Water ([www.righttowater.net](http://www.righttowater.net)). The rights to health and water are "indivisible," in the words of Anil Naidoo (Blue Planet Project, Canada).

## Primary Health Care for Ecosystems

This concept was presented by Sandra Isabel Payán (Colombia) and Julio Monsalvo (Argentina). It promotes the parallels between care for human health and respect for the environment.

One of its goals is to replace the current paradigm of exercising "power over" people and natural resources with the "power to" heal human beings and ecosystems.

*"Sure, there's a record harvest of GM soya. But an entire community has taken ill."*

Sofía Gatica



Child's view of Plan Colombia

## Alegremia

Alegremia — a fanciful concept based on *alegría*, the Spanish word for happiness — is a health indicator that symbolizes the level of joy in the blood. The children of Cuenca adopted this indicator at the Global Children's Forum, which ran parallel to the PHA2, and made the following diagnosis of how to achieve it:

- The **AIR** is polluted because of companies and factories. Filters should be installed in large factories. We must be aware of toxic gas emissions from vehicles, smokestacks and the use of aerosols.
- The **WATER** in our rivers, lakes and oceans is polluted. Campaigns are needed to educate people about the limits of discharging wastes into their waters. People living far from cities must have drinking water because we all have a right to clean water.
- We should eat **HEALTHY FOOD**, not junk food. We shouldn't eat

products with dangerous pesticides, genetically modified organisms, artificial colorings or chemical preservatives that bring on obesity and low academic performance. The hunger suffered by millions must be eradicated.

- We must fight to ensure **SHELTER** for all children, so that their parents don't have to migrate. This means creating more jobs with fair salaries. Children have the right to a decent home.
- We must give **LOVE** to everyone. War affects children first. We must promote a "culture of peace and mutual respect" that avoids adult greed and selfishness.
- **ART** should be interactive and contribute to the preservation of our cultural identity. We will promote music, dance, theater and especially the handicrafts that are basic to the economic sustenance of many families.



Paulina Cid



Participants from Ecuador

## BATTLING FOR HEALTH IN ECUADOR

*"The battle has only just begun and Goliath is not an ordinary opponent.*

*But neither are the people of Ecuador."*

*Amazon Defense Front  
(contact No. 157)*

The real size of this geographically small and ethno-culturally diverse country was clear throughout the PHA2.

Free health, education and social security for peasants are universal rights that, although not always respected, are enshrined in the Constitution.

The National Front for the Health of the Ecuadorian People, national sponsor of the PHA2, calls upon all governments "to create health policies outside the impositions of neoliberalism." The Front forms part of the Health Defense Collective Against FTAs and the Ecuador Decides Campaign, alliances that gathered 10,000 signatures to protest the trade negotiations and their potential impact on medicines and public utilities (see page 12).

While the PHA2 in Cuenca was debating privatization, protestors in Quito took to the streets to demand the return of social security funds usurped by the government.

Political instability in Ecuador has led to the downfall of three presidents in eight years. Current President Alfredo Palacio took office in April 2005 when Congress ousted his predecessor following violent uprisings.

Palacio has promised to increase the taxes paid by transnational oil companies in

order to bolster government spending on health and education. Days after the close of PHA2, Ecuador's oil exports were interrupted by protestors calling upon the government to do just that.

In the Amazon, spear-bearing Huaorani warriors have declared war on any company that tries to invade their territories. Thousands of native people have already been displaced by oil exploitation, which is threatening the cultural survival of this and other indigenous communities.

From Sucumbios province, along the Ecuador/Colombia border, Daniel Alarcón (Federation of Peasant Organizations) blamed Plan Colombia (see page 17) for "causing hunger and disease, creating ghost towns of displaced populations and generating terror by armed groups. In the name of the 99 communities that make up my region, I implore the US and Colombia: let us live in peace, poor but unpolluted."

With Amazonian, Andean, black and mestizo populations, Ecuador's small territory embraces Latin America's main ethnicities. A training manual presented at the PHA2 by the New Moon Popular Women's Movement (see page 19) acknowledges this heritage of diversity and asks readers to "seek the lifestyles that cultivate the knowledge, technologies, practices and emotions ... from our place in this world."

### ECUADOR AT A GLANCE

**Population** (2005): 13.4 million

**Capital:** Quito

**Area:** 272,045 sq. km.

**Languages:** Spanish, Quechua and indigenous languages

**Life expectancy:** 71 years (m), 77 years (f)

**Principal Exports:** Petroleum, bananas, shrimp, coffee, cacao, cut flowers

**GNP per capita:** US\$ 2,180 (World Bank, 2005)

## USEFUL PUBLICATIONS

### ***Global Health Watch and Global Health Action 2005-2006***

*Global Health Watch* is a call to strengthen the global community of health advocates taking action on ill health, inequity and their underlying political and economic determinants. It is divided into five sections and comes with the *Global Health Action 2005-2006* advocacy document. Produced by the People's Health Movement, Global Equity Gauge Alliance and Medact, it draws from an evidence-based assessment of political economy of health and health care.

This report was released to coincide with the PHA2.

**Contents:** Building a Fairer World; Extending and Defending the Public Sector; Immigration; Climate Change; Militarism

21pp

*Global Health Watch* and *Global Health Action* are available at: [www.ghwatch.org](http://www.ghwatch.org)



### ***Latin America Health Watch: Alternative Latin America Health Report***

Breilh, Jaime/CEAS, ed. July 2005.

**Contents:** This report presents a critical analysis of growing inequality in health in Latin America and the obstacles to preventing disability and premature death.

It aims to identify barriers and promote social mobilization for the Global Right to Health Campaign.

ISBN: 9978-44-257-X

284 pp.

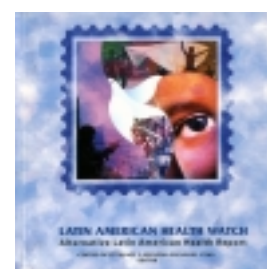
Centro de Estudios y Asesorías en Salud (CEAS)

Asturias No. 24-02 y G. de Vera, La Floresta

Quito, Ecuador

Telefax: (593 2) 2506175, 2566714

E-mail: [ceas@ceas.med.ec](mailto:ceas@ceas.med.ec)



### ***Aprendemos haciendo. Renovamos nuestros saberes. Construimos una nueva Era. (We Learn by Doing. Renewing Our Knowledge. We Build a New Era)***

Calle Pérez, Graciela and Molina Loyola, Cecilia / Fundación Savia Roja

**Contents:** The 10 modules of this training manual use group dynamics to introduce economic, political, social and human rights aspects of Ecuador. It provides tools for leadership development, social organization and participation.

75 pp.

Fundación Savia Roja

Avenida Los Fresnos 2-71

Cuenca, Ecuador

Telefax: 288 7735

E-mail: [potxola@etapaonline.net-ec](mailto:potxola@etapaonline.net-ec)



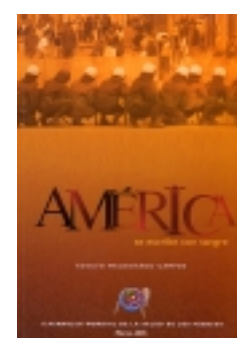
### ***América se escribe con sangre (America Is Written in Blood)***

Maldonado Campos, Adolfo

**Contents:** The author examines Latin America through the three central ideas: occupation, militarization and health. From the occupation and exploitation of the land and living beings, he reflects on militarization and foreign bases in the region and their impact on the health of people and ecosystems. In demonstrating the inequities of consumption-driven development, Maldonado invites the reader to visualize a healthy America.

100 pp.

E-mail: [grafher@agilweb.net](mailto:grafher@agilweb.net)



# ANNOUNCEMENTS



## THE MILLION SIGNATURE CAMPAIGN.

The spirit of Alma-Ata and the ideal of "Health for All" are being attacked by anti-health and anti-poor policies, new diseases, new challenges and the imposition of profits over public health.

The "One Million Signatures" Campaign of the People's Health Movement and the International People's Health Council gathered popular support to strengthen the core values and strategies of Alma-Ata.

<http://phmovement.org>



## WOMEN'S ACCESS TO HEALTH CAMPAIGN

The Women's Global Network for Reproductive Rights has participated in the People's Health Movement and its "Health for All" campaign since 1999. The slogan of the WGNRR's most recent campaign is "Health for Everyone — Health for Women."

Women's Global Network for Reproductive Rights

Vrolikstraat 453-D, 1092 TJ Amsterdam

The Netherlands

(31-20) 620 96 72

[office@wgnrr.nl](mailto:office@wgnrr.nl)

[www.wgnrr.org](http://www.wgnrr.org)



The Cuenca Declaration can be found at:

[http://phmovement.org/pha2/es/papers/cuenca\\_dec.php](http://phmovement.org/pha2/es/papers/cuenca_dec.php)

<http://phmovement.org/ph2/>

Download programs, information on workshops, press releases, documents, presentations, pictures and posters in English, Spanish and other languages.

Find information about PHA2 parallel events, including the International People's Health University, Communication Forum, Global Children's Forum, March for the Globalization of Solidarity and Dignity, Writing Peace, and the Festival of Voices from the Earth.

**contact** is a publication of the World Council of Churches that looks at church and community involvement in health and reports on innovative and courageous approaches to promotion of health and healing. Articles can be reproduced free of charge, citing the source: **contact**/World Council of Churches. English and Spanish-language versions (5,000 and 1,500 copies, respectively) of this special issue have been published by the WCC in collaboration with *Fundación EPES*, Chile.

Fundación EPES

General Koerner 38, El Bosque

Santiago, Chile

Phone: (56-2) 548 76 17. Fax: (56-2) 548 60 21

E-mail: [epes@entelchile.net](mailto:epes@entelchile.net) Website: [www.epes.cl](http://www.epes.cl)

**contact** is posted on the following websites:

World Council of Churches

[www.wcc-coe.org/wcc/news/contact.html](http://www.wcc-coe.org/wcc/news/contact.html)

Fundación EPES: [www.epes.cl](http://www.epes.cl)