Inter Pares
BULLETIN
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Promoting health through justice

Photo: Claudine Sauvé

Nothing better motivates people to charity than the spectre of disease. Even the most hardened soul can be moved to kindness when confronted with illness close by. And of all the fundraising causes, the most successful are those that promise to care for the ill, or to "find the cure" for diseases that haunt our mortality. And why not? Disease is an experience we all share; death lives near all of us. And in any case, is not the first duty of charity to heal the sick?

Yet long ago it was discovered that the best way to care for the sick is to prevent illness in the first place. And the best way to prevent illness is to promote health: the wholeness of the person, the security of the person, and a full active life in a caring community. The most profound predictor of health status is a secure livelihood in a cohesive, safe and dynamic social environment.

Conversely, the factors that erode the conditions of health and vitality are also clear: poverty, war, domestic squalor, environmental pollution, and hazardous work conditions. Put another way, the most pervasive causes of illness and premature death are injustice, violence, and corporate crime; the most profound factors in health are justice, peace, and citizen and consumer rights.

So why do health programs not focus more on promoting economic and social justice, human rights, and corporate responsibility? Why do we not emphasize the fundamental causes of poverty and chronic ill-health among the more than two billion absolutely poor, and develop policies and programs with the potential to transform these causes permanently? Why are we moved by the need to care for the dying, but unmoved to promote measures that will transform the conditions that kill?

In matters of health we are often constrained by politics from developing programs that emphasize these universally-understood root causes. The elements upon which we are willing to campaign — microbes and viruses, ignorance and individual behaviour — are almost entirely based in program prescriptions that are convenient, and consistent with dominant economic ideology and interests. And these prescriptions almost always are technical and technological, rather than social and political. As such, they are never sufficient to confront fundamentally the realities of poverty and ill-health.

This can be seen in some of the major health and development issues of our time. It is a reason why, for example, the population control bias of international aid persists in spite of the evidence that far more can be achieved through programs that promote reproductive health, human rights, education, and economic opportunities for women. It also underlies the controversy that President Mbeki of South Africa has unleashed in questioning the descriptions and prescriptions concerning AIDS in Africa. The conventional definition of AIDS emerges from the policies perceived to be available to deal with it. These are primarily medical interventions, and programs of "behaviour modification", rather than innovations in social and economic policy that focus on issues of inequity and exclusion. We define it in terms of "disease" rather than "deprivation", because we have policies to deal with the first, while we do not have the political will to deal with the latter.

Of course, every person should have — as a human right — access to appropriate medical treatment and therapeutic health care. We need to continue the political struggle to achieve this universal access in every country in the world, including our own. At the same time, we need to be cautious about the medicalization of poverty and injustice which increasingly obscures the day-to-day reality of ill-health, misery and death that is the common lot among the poor.

The vulnerability of the poor to chronic ill-health and life-threatening disease are an inevitable by-product of the material conditions they experience. In the long run these are social problems, not medical problems, and require political and social interventions. And without such interventions it will not be possible to promote health globally, let alone to create the prospect of a viable universal health care infrastructure.

This Bulletin explores examples in our work of how health promotion intersects with other profound issues of peace, justice and human rights, and illustrates alternative perspectives on global health promotion.

A Renewed Commitment to Primary Health

Health is a social, economic and political issue and above all a fundamental human right. Inequality, poverty, exploitation, violence and injustice are at the root of ill-health and the deaths of poor and marginalised people... This Charter builds on perspectives of people whose voices have rarely been heard before, if at all. It encourages people to develop their own solutions and to hold accountable local authorities, national governments, international organisations and corporations. People's Charter for Health, Savar, December 2000.

The major threat to health is injustice. This was the simple, yet clear consensus reached at the People's Health Assembly (PHA) held in December 2000 in Bangladesh. The PHA, hosted by *Gonoshastaya Kendra* (The People's Health Center) was the culmination of several years of preparation. It brought together more than 900 delegates from 92 countries for five days, to share their personal and collective efforts to cope with and transform the appalling health conditions that the majority of the world's citizens are forced to endure.

Inter Pares has worked with Bangladeshi and other health activists since our birth 26 years ago. Over these years, Inter Pares has joined in health activism with groups in the South and in Canada, sharing information, analysis and promoting actions to strengthen the international movement for primary health care.

As part of this commitment, Inter Pares facilitated the participation of two Canadians to the PHA: Jennie Stonier, a midwifery teacher and practitioner from Massawippi, Quebec, and Donna Chiarelli, a local health activist and member of Women's Health Interaction (WHI) in Ottawa. Joining Jennie and Donna in Savar was Julie Delahanty of the Rural Advancement Foundation International (RAFI), who is also a member of WHI. Jennie, Donna and Julie brought their combined knowledge and experiences in women's organizing and policy advocacy on issues of traditional healing practices, aboriginal women's health, preserving genetic diversity, and reproductive health and rights, among others.

The People's Health Charter, adopted at the PHA, emphasizes that, "governments have a fundamental responsibility to ensure universal access to quality health care, education and other social services according to people's needs, not according to their ability to pay." The Charter provides a very useful tool for the many individuals and organizations working nationally and internationally for a renewed global commitment to health, and an end to the causes of suffering and injustices worldwide.

The entire text of the People's Charter for Health can be obtained on the internet, at www.pha2000.org/

On Common Ground: *Mining and Health*

On June 2, 2000, a truck carrying metals from the Yanacocha mine site in Cajamarca, Peru, spilled 151 kg of mercury on a mountain road. Mercury poisoning causes neurological, respiratory and other illnesses, and sometimes death. Once it was proven that people had been poisoned, Yanacocha Mines began a clean-up program, recovering some 87 kg of mercury, plus some previously gathered by the villagers themselves at the direction of the company. Health testing and medicines were provided to people who came to village health posts. As people continued to get sick, villagers requested that the company provide further assistance, including fair compensation for illness.

The company responded by printing a booklet, in collaboration with the Ministry of Education and Health. The booklet, called "The Mercury Spill: Ending the Confusion", tells people—with drawings and in simple language — that they need to educate themselves about what to do when this kind of accident occurs. It makes no mention of what the company or the government will do to prevent future accidents.

At the same time, the results of environmental monitoring being carried out by Yanacocha Mines and the Ministries of Health and Agriculture are not being revealed to the villagers. Neither are the results of their blood and urine analyses. The only thing villagers receive are prescriptions for five to ten different kinds of drugs, depending on the severity of their illness.

Photo: Jean Symes

This case was related to us by ECO, a Peruvian environmental organization, as an illustration of the difficulties that indigenous and peasant communities face when dealing with mining companies and government agencies concerning environmental contamination and health. ECO provides technical assistance to communities dealing with the environment, agriculture and the effects of mining, and for studies on mining and hydroelectric energy. Inter Pares is working with ECO to strengthen local democratic processes in an area that has suffered a very brutal war, and has no history of non-violent conflict resolution. In Huancavelica — where 100% of the territory has now been staked by mining companies, and where most people live off the land — the issue of mining and its effects on health and livelihoods is central.

With Inter Pares' support, ECO provides technical advice to communities affected by mining, including assessments of mining company proposals, and information on the environmental rights, obligations, and redress mechanisms under Peruvian law. Through such training and technical assistance, communities are increasing their capacity to exercise their rights as citizens to participate in the management of natural resources, and to oversee the safety of their environment and health.

Inter Pares' program in Peru is supported by donations from the Canadian public, as well as grants from CIDA NGO Division, CIDA Peacebuilding Unit, and ACT-Netherlands.

Burma: The Struggle for Freedom and Health

Photo: Rita Morbia

Inter Pares staff member, Rita Morbia, shares some personal reflections on her first visit with counterparts on the Burma-Thailand border, February, 2000.

Nu Po is a picturesque place. The dirt paths and alleys of dusty terracotta are punctuated by bright green banana trees and other tropical greenery. There are houses of thatched roofs and bamboo floors elevated in traditional ethnic Karen style, many with tiny flower gardens. There are women in colourful, hand-woven skirts and barefoot children smiling, laughing, playing and teasing. Like other children, in other places, their eyes are bright and they are curious about visitors. When I smile or wave, they smile or wave back. Young mothers sitting in doorways smile too. It makes me feel welcome in this place, a refugee camp, that seems so distant from my own experience.

Many parts of this refugee camp are familiar. Clinics for healing, schools for learning, gardens, offices and small shops. But much is vastly unfamiliar. A young man with a full prosthetic leg stands in his front yard. Thai military officers idle at the entrance of the camp. There is talk of recent refugee deportations. I am invited into one family's kitchen, containing the remains of their monthly rations: some rice, a little fish paste, oil and chillies. There may have been some peanuts. I think of my own cluttered kitchen in Canada, and the bounty of its contents.

In the town of Mae Sot, I visit the office of the Backpack Health Workers Program. It is an unassuming house, situated next to the police chief's residence. Inside are a few offices containing some desks, books, computers. Except for the photos on the walls documenting their work, I would not guess that this office is the hub for 56 "backpack" health teams. In discussion with the coordinators of the Backpack program, I'm told that these teams consist of trained medics who risk their lives providing primary health care to villages along the Thai-Burma border. The pictures on the walls testify to the harsh realities these young medics face, and the dehumanizing conditions of those they serve.

I also visit a clinic in Mae Sot where the medics receive training. It is run by Dr. Cynthia Maung who escaped from Burma 13 years ago. This clinic began in 1989, in an old barn, and now has almost 60 beds serving an annual caseload of 30,000. It is one of the few places where illegal migrants in the area can receive healthcare. Dr. Cynthia tells me that the largest single problem is malaria. In the area of women's health, many women arrive at the clinic suffering complications from botched abortions. I imagine the clinic must be a very heavy responsibility, but Dr. Cynthia's quiet, calm demeanor and gentle handshake belie her burden, and her drive.

What is most moving is not the immense suffering I see; it is the hope, struggle, commitment and aspirations of those like Dr. Cynthia, the backpack workers, and the refugees and displaced themselves, who believe so deeply in the vision of a free and democratic Burma.

Thanks in part to assistance from CIDA International Humanitarian Assistance and the CIDA Food Aid Center, Inter Pares has supported the activities described above for several years.

The Canadian Health Coalition: *Working to preserve our public health system*

Since 1979, the Canadian Health Coalition has dedicated itself to preserving and enhancing our public health system. Comprised of groups across Canada representing unions, churches, seniors, women, students, consumers and health care professionals, the Coalition's latest campaign urges Canadians to take action to stop the dismantling of our public health system.

A critical focus of the campaign is to reverse the deregulation and privatization of our health protection tools, including the erosion of the Food and Drugs Act. The campaign aims to stop the use of growth hormones in Canadian beef, expose the risks of genetically modified food, and examine the dangers to health in the new food safety legislation being proposed by the federal government.

The campaign also examines public health care in the context of international trade negotiations, particularly in the WTO. These negotiations set the context for the deregulation and privatization of healthcare, putting at risk the health and safety of Canadians and people all over the world, particularly in the Third World.

Strong public advocacy and citizen action can help preserve Canada's public health system. Inter Pares supports the Canadian Health Coalition's campaign to hold our government accountable for the health and safety of its citizens.

For more information, write to the Canadian Health Coalition, 2841 Riverside Dr, Ottawa, Ontario, K1V 8X7; or see www.healthcoalition.ca.

AIDS Revisited

No health issue has so galvanized the world and public attention as has the acquired immune deficiency syndrome. At the same time, there is controversy about the nature of AIDS and the best way to respond to it. In approaching this debate, many feel that we have no choice but to rely on dominant medical explanations, and reject alternative explanations posed by other scientists and practitioners. Given the apocalypse that is being predicted in Africa and other parts of the world, it is important to scrutinize the lines of this debate and what we are seeing in the world.

The best starting point for such an examination is the middle ground of common understanding among mainstream and alternative practitioners in the debate. The acquired immune deficiency syndrome is a condition in which a person's immune system is severely compromised and left vulnerable to a broad range of infections and diseases that debilitate and can lead to death. It is a medical construct that captures many disease phenomena in one basket for purposes of investigation, diagnosis and treatment. Within this complex syndrome there are many factors. No one factor — including the various viruses associated with immuno-deficiency — is alone sufficient to bring on the onset of chronic critical immune deficiency. The most determinant predictors of immune suppression and associated disease — in the north and the south — are factors directly related to social and economic status, or to medical treatment itself. Not surprisingly, therefore, the front line in the "fight" against acquired immune deficiency is increasingly in the area of basic health promotion.

Closely read, the in-house literature of the international health institutions and multilateral development agencies explains all of this. Acquired immune deficiency syndrome is multifactoral, and social factors predominate. Yet there has been a tendency to obscure these fundamental understandings for fear of "confusing" people, undermining prevention programs, and eroding political support for program and research funding. It is far easier to mobilize support to fight disease than to fight poverty and injustice. Extensive resources are available for those who develop their programs within the conventional medical framework, and most programs and public education campaigns are built on the "HIV/AIDS" metaphor and image.

Those advocating a more comprehensive and balanced approach in health programming and public education do not insist that poverty is the sole cause of extreme and chronic immune suppression, nor that viruses and microbes can be declared with certainty to have absolutely no role in all cases. Indeed, most resist precisely the notion that what is called acquired immune deficiency syndrome is a single phenomenon or that it has a sole and solitary cause. They do say that the factors and conditions that lead to such immune suppression are dominant among poor populations, that the poor are the most vulnerable, and that it is on poverty and its roots that we should focus.

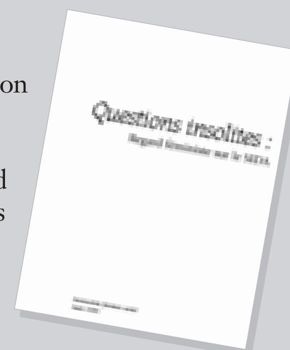
A virus is a convenient and simple "target" to rationalize medical responses, but it also obscures other factors that would focus responses on long-term, substantive social and economic transformation of the conditions that make people vulnerable to the diseases that take advantage of chronic immune deficiency. The role of "medicine" — that is drugs — in resolving the crisis can only be very limited, and there is profound controversy about the actual effects, negative and positive, of pharmaceutical approaches.

Many have concluded that although prevailing medical theory is not accurate or complete, it is what we have to go with until something better comes along. We can never do away with poverty so we had better make medicine work. Controversy about the nature and cause of acquired immune deficiency syndrome, they believe, undermines the good that medical science and humanitarian aid can accomplish. Scientific issues are matters for scientists to resolve, and not for politicians, or ordinary citizens. Debate only leads to public confusion and "politicization" of the issues. Controversy needs to be contained, and a consensus created to fight a "war" against the disease.

While perhaps understandable, this approach to knowledge is undemocratic and relies on coercion and propaganda as much as education; it has always failed in the long run, and cannot succeed in this case. To actually overcome acquired immune deficiency syndrome requires that we build a broad public consensus towards a campaign against global poverty itself. It requires a relentless focus on the social and economic conditions that make people vulnerable to the chronic immune deficiency that threatens poor people the world round.

This struggle clearly cannot ignore those presently enduring the deadly effects of immune deficiency. It will, of necessity, involve building the physical and legislative infrastructure to ensure universal access to effective remedies and health treatments. This has to include long-overdue scrutiny and regulation of the research and marketing practices of pharmaceutical companies. But to be truly effective, the emphasis has to be the transformation of the political, social and economic structures that make the lives of the poor a permanent emergency in the first place.

Questions insolites: Regard féministe sur le SIDA is a discussion paper by Women's Health Interaction, an organization with which Inter Pares has collaborated for more than a decade, on issues of women's reproductive health, primary health care, and women and pharmaceuticals.



Questions insolites, and the original *Uncommon Questions* from which it is translated, challenges mainstream theories regarding AIDS, raises concerns about dominant medical treatments, and explores the implications of the AIDS "paradigm" for women's health and human rights. Both French and English booklets are available on the WHI Website: www.web.net/~whi, or by writing to Inter Pares.

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