



# Inter Pares

BULLETIN

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## Health is Always Political

*In March of 2010, Inter Pares staff member Rebecca Wolsak travelled to the Philippines to meet with our long term counterpart Likhaan. Based in Metro Manila, Likhaan is a community-based primary health organization that works in impoverished urban and rural communities with an emphasis on women's reproductive health and health policy. Rebecca invited Dr. Cynthia Maung to join her, together with two other colleagues from the Mae Tao Clinic based on the Thailand-Burma border. Dr. Cynthia's clinic provides a wide range of health services for people from Burma who have fled their war ravaged country. This is an excerpt from Rebecca's trip report:*

On our first afternoon in Manila we headed to Paradise, where Likhaan has been working for fifteen years. The community was built on a former garbage dump and fish pond. When Likhaan first started working in the community, homes had been erected on top of the garbage; there was no electricity, violence was common and the place was ruled by gun-toting "electricity lords."

We crossed a bridge over a garbage-clogged creek and entered Paradise. Children came running forward asking to be photographed. Over the past few years the paths between shacks and shops, far too narrow for vehicle access, have – bit by bit – been paved with concrete poured over the garbage. Many of the shacks have windows close to the ground because the community is sinking. Likhaan has a small clinic here, and there is a birthing house fairly close by (with an average of three to a bed).

We arrived at Likhaan's tiny clinic and toured the four rooms from which it provides reproductive health care. Upstairs in the waiting room, there were dozens of recently acquired second-hand books on shelves. The clinic's new "library" offers a safe space for youth to drop by, organize social gatherings, and discuss taboo subjects such as sex.

Spilling out of the waiting room library, eighteen of us sat and shared stories. There was laughter and nodding as



Street scene in Paradise, Manila.

REBECCA WOLSAK

health workers from both countries talked about navigating conservative cultural norms when working on reproductive health. We heard about women from Burma and women in Paradise who were desperate to have access to family planning as a means to gain some control over their own lives.

Dr. Cynthia described her work at the Mae Tao Clinic and the context in which people live in Burma. The Burmese regime spends less than 3 percent of the national budget on health care while 40 percent goes towards military expenses, funding a war against its own people. Across the river from the Mae Tao clinic, in Eastern Burma, there are currently at least 470,000 internally displaced people. The region is heavily land-mined and between August 2008 and July 2009 alone the regime destroyed or forcibly relocated 120 communities. Research from Dr. Cynthia's health partners shows that in Eastern Burma one in five children dies before their fifth birthday, and one in twelve women dies during childbirth.

Communities like Paradise face similar obstacles. Education is "free," but students must pay for desks, a guard, toilet cleaning, books... about 50 percent of children are in school. Women in these communities have an average of six or seven children, some as many as eighteen. There are numerous obstacles to women's access to family planning and many women turn to Likhaan for post-abortion care.

# Equality, the Law, and Women's Well-being

In May 2010, Annette Msabeni-Ngoye, Acting Gender Thematic Manager, from the Agency for Cooperation and Research in Development (ACORD), travelled from Kenya to Canada to share the results of a study on women and girls' access to justice in cases of sexual and gender-based violence, entitled *Making the Law Count*. ACORD believes that addressing women's equality and the rule of law are essential to ensure women's well-being.

Once an invisible consequence of war, sexual and gender-based violence has now been recognized internationally as a weapon of war, a form of torture, and a crime against humanity. This is reflected in numerous international human rights instruments that give women and girls who experience violence a means to seek justice.

Despite this, ACORD's study of judicial, police, and health systems in the Democratic Republic of Congo, Burundi, Tanzania, Kenya and Uganda, found that international protocols are either not integrated into domestic laws or that governments lack the political will or resources for their implementation. Further, countries have not allocated the necessary legal and financial resources to ensure the protection of women and girls, especially those who are most vulnerable to violence due to conflict, displacement and marginalisation. The result, Annette explained, is that women and girls who experience political violence during the war have little access to justice, support in their healing, or reparations.

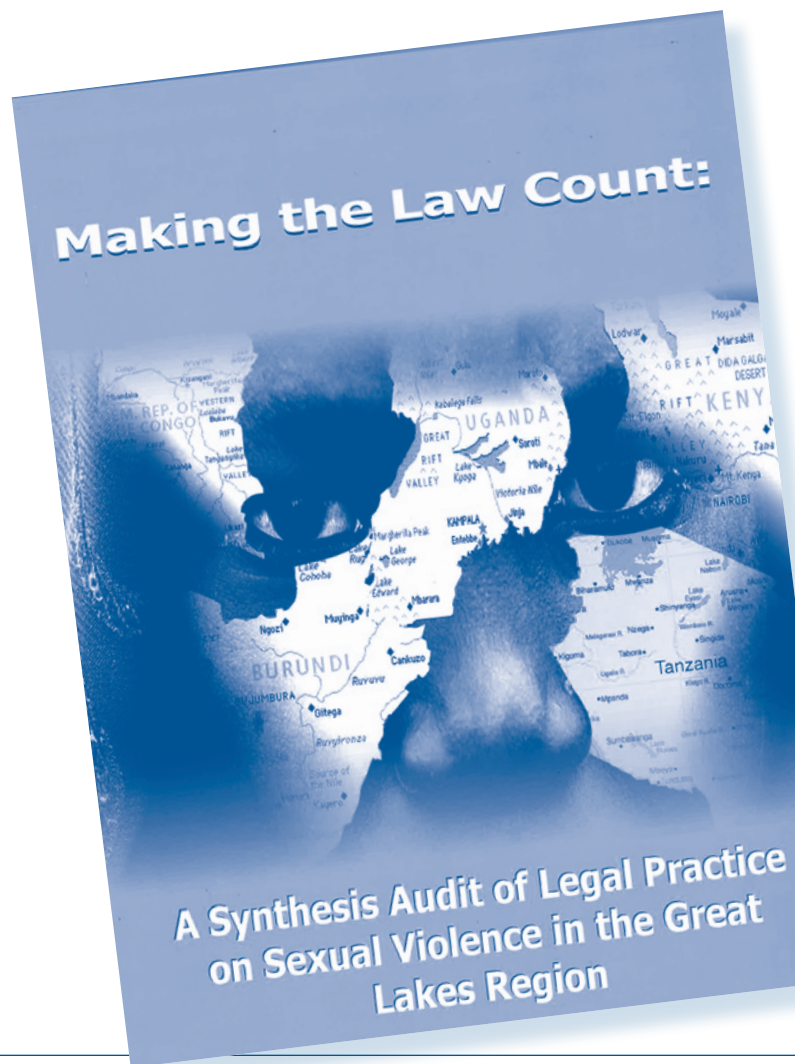
Furthermore, women and girls who survive sexual and gender-based violence rarely benefit from traditional justice systems – in which payment is made to the family for the harm done – and they often lack the psychological or medical support they need to heal and bring their case before the courts. Police stations are ill-equipped to collect and store evidence necessary for court cases, and often hold discriminatory views of women and girls who have been raped. "Police officers may even question the woman, asking her what she was wearing, and insinuating that it may have been her fault. Furthermore, there are few links between police stations and hospitals, which are supposed to gather evidence and offer women and girls medical and psychological care," Annette explained.

The full autonomy of women and girls is fundamental to ending sexual and gender-based violence. Given traditional attitudes towards women and girls, working on the issue of sexual violence runs the risk of converting the issue to one of chastity, and protection of chastity, rather than of promoting their equal status in society. In order to address violence, we must promote opportunities for women to exercise control over their own lives. For example, many survivors are turned away from their husband's home. When women are able to own land, and not be defined as the property of their husband or father, they can at least begin to rebuild lives for themselves after experiencing such violence, stigmatisation and rejection.

In the Great Lakes region of Africa, ACORD is building a movement to end all forms of violence inflicted on women by challenging impunity and bringing perpetrators of sexual violence to justice, while restoring the health and livelihoods of the survivors. Through its grassroots networks ACORD mobilizes women's groups, survivors of sexual violence, and civil society organizations to work with local leaders to not only punish crimes but address stigmatisation and support effective compensation and reparation for survivors. They educate police forces and create gender units that respond to the needs of women and girls, train magistrates and judges so as to not re-victimise women and girls when they are giving testimonies, and work with the media to challenge violence and stigmatisation in society in general.

Annette's visit to Canada builds on the relationship that Inter Pares has developed with ACORD, and will help us draw links with our colleagues in Latin America and Asia who are working on similar issues so that we may learn and support each other, across borders, in advancing justice for women and girls. ✎

*The full report Making the Law Count is available on the ACORD Web site, [www.acordinternational.org/silo/files/making-the-law-count-a-five-country-judicial-audit.pdf](http://www.acordinternational.org/silo/files/making-the-law-count-a-five-country-judicial-audit.pdf).*



## We are Here to Bloom

The violence against civilians perpetrated during the internal armed conflicts in Guatemala and Peru in the 1980s and 1990s disproportionately targeted indigenous people. In Guatemala, the massacres of indigenous people amounted to genocide; in Peru, 75 percent of the victims were indigenous.

Accompanied by local NGOs, indigenous people organized themselves to seek truth, justice and reparations (TJR) on their own terms. While preparing testimonies for TJR processes, it became evident that witnesses needed psychosocial accompaniment that took into account indigenous people's experiences. The consequences of the violence were not only individual – they were communal, familial and cultural. The impacts of the crimes committed over the few decades of internal armed conflict were exacerbated by the long history of violence against indigenous people in the Americas. The scars of this systemic violence are deep, affecting the livelihoods, health, and sense of identity of indigenous communities. In particular, indigenous women have borne the brunt of centuries of gendered and racial violence. The sexual violence they experienced during the armed conflicts deepened the trauma of this history.

*“They destroyed the tree,  
but not its roots. Now it’s time to see  
the tree bloom again so we can  
harvest its fruits.”*

Inter Pares' counterparts DEMUS in Peru and ECAP in Guatemala have been accompanying indigenous communities on their healing journey. In this process, the communities and NGOs have developed community-based methodologies that have played an important role in allowing indigenous women to rebuild their sense of self, community, and identity as indigenous women. As one Ixil woman from Guatemala described it, “They destroyed the tree, but not its roots. Now it’s time to see the tree bloom again so we can harvest its fruits.”

In Peru, when DEMUS began providing legal and psychosocial accompaniment to indigenous women affected by sexual violence, they recognized the limitations of western counselling approaches in which they had been trained. Many indigenous communities in the Andean region do not have a concept of mental health, but a concept of physical and social health. *Allin kausay*, a Quechua term loosely translated as “living well”, is what indigenous women in the community of Manta referred to when describing what was now missing in their lives. *Allin kausay* is the equilibrium between a series of elements, thoughts, emotions, work,



Garden in Huancavelica, Peru commemorating the women survivors of sexual violence.

nature, divinity, and more. The *allin kausay* of an individual is linked to the *allin kausay* of his or her community. Women survivors of sexual violence identified one of the consequences of violence as their incapacity to “balance” themselves, and they welcomed support from outside the community to help them do that. Whereas in western psychology, a therapeutic process attempts to overcome sadness, Andean indigenous communities were asking for support to re-balance the sadness against the other elements.

In Guatemala, ECAP went through a similar process while accompanying members of the Association for Justice and Reconciliation (AJR) in the context of building legal cases for crimes of genocide. The community-based approach they used explored the consequences of the conflict on indigenous people's “life project” – so that it went beyond the immediate physical and mental consequences of sexual violence. It considered the impacts of this violence on an indigenous woman's life aspirations, her identity not just as a woman but as an indigenous woman, and her understanding of her place in the universe. This approach recognized the links between physical and mental health, and the individual and collective identity of indigenous people. And it permitted ECAP and other collaborating organizations to simultaneously meet the rigorous demands of national and international law, while supporting indigenous women in rebuilding their life projects and those of their Mayan communities.

Indigenous women have a long journey ahead to mend the scars of systematic violence against them, but they are finding that, more than ever, they are part of the tree of life in their communities, and they are helping it grow. ☘



PHOTOS: REBECCA WOLSKA

Top left: Dr. Junice Melgar (left), Likhaan health care worker (center) and Dr. Cynthia Maung (right).

Top right: Boys we encountered in the community of Paradise, Manila, Philippines.

Bottom: View of the community of Paradise.

There is a high level of drug abuse and trafficking, and it is not uncommon for girls to turn to prostitution, sometimes even with their parents' encouragement. Malnutrition is a growing issue with more breast-feeding mothers needing to work. Young teenage pregnancies are very common.

Dr. Junice from Likhaan spoke about the difficulties they faced when trying to train community health workers. Initially, women could not attend workshops for longer than three hours because their husbands or fathers would not let them. As community trust grew and as the men in the health workers' families took on more household responsibilities, the women were able to participate in five-day trainings. The Mae Tao clinic has also struggled to find ways to support women's participation.

Both The Mae Tao Clinic and Likhaan know that in order to improve health in their communities, they need to address poverty and oppression. Their work is rooted in this understanding and the particularly lethal impact of these realities on women.

The discussion reminded me of our Inter Pares annual general meeting several years ago when Likhaan's co-founder, Dr. Sylvia Estrada-Claudio, spoke passionately about the politics of health. Noting the connection between poverty and well-being, she said "...health, while non-partisan in the sense that it should be available to all ... is nonetheless always political." She went on to say that "People are less poor when they feel that they have the skills to intervene and that social institutions can be made to change to meet their demands. They not only feel their poverty less, they are also more likely to seek solutions and to make those solutions work."

Back in our crowded waiting room exchange, one of the health workers asked Dr. Cynthia a final question: where do you find the inspiration to keep on working?

Dr. Cynthia did not pause: "relationships with others" she answered. She explained that working with other community organizations provides a multi-faceted approach to the root causes of poor health. Building these relationships, collaborating and learning from each other, gives her hope and determination to keep on working.

Touched by Dr. Cynthia's answer, one young woman jumped up announcing that she wanted to give her a gift but had nothing to offer but a song. Several others joined in as she serenaded us in the library in Paradise. ☞

The full text of Dr. Sylvia Estrada-Claudio's speech at our 2006 AGM can be found on our website at [www.interpares.ca/en/publications/pdf/Lessons\\_from\\_the\\_Philippines.pdf](http://www.interpares.ca/en/publications/pdf/Lessons_from_the_Philippines.pdf)

A slideshow of photographs from this trip can be viewed at [www.interpares.ca/en/publications/multimedia/paradisestideshow.php](http://www.interpares.ca/en/publications/multimedia/paradisestideshow.php).

## The Canadian Health Coalition

The Canadian Health Coalition is comprised of organizations representing seniors, women, churches, nurses, health care workers and anti-poverty activists from across Canada. The Coalition is dedicated to protecting and promoting Canada's public health system. For-profit, privatized health care is a serious threat to accessible public health services. Inter Pares and the Coalition invite you to join the national campaign promoting public health care by signing the Medicare pledge at: <http://medicare.ca/medicare-pledge>.

**"As a Canadian, I believe access to quality health care must be based on need, not ability to pay. Our public health care reflects those values of equality and fairness. We must improve our public health care for everyone, instead of expanding private for-profit services that benefit only a few. I pledge my support for the protection and improvement of public health care in Canada."**

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With the support of thousands of Canadians, Inter Pares works in Canada and around the world with social change organizations who share the analysis that poverty and injustice are caused by inequities within and among nations, and who are working to promote peace, and social and economic justice in their communities and societies.

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