EDITORIAL

Beyond the Current Crisis: Mobilizing for Health for All
Urgent Agreement and Agenda for Life:
Towards an Organic & Cohesive World Health Movement

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Dear comrades. I am sure we have all asked ourselves: What are the goals of this Third People’s Health Assembly? How can our reflections and work honor the memory of the many brothers and sisters who have dedicated their life to defend human rights and the rights of nature?

We stand at the turn of this century bearing witness to an exacerbation of human illness and to the environmental impact of the present capitalist civilization, which has provoked a wave of protest and resistance that expands globally. And so we ask: How are we to respond to the challenges that this adverse reality poses, without falling into the futile and permissive logic of recent conclaves like Rio + 20?

Our South African hosts, in their struggle against apartheid, demonstrated that people can defeat empires and extreme injustice. Inspired by their courage and strength, we gather here in the Western Cape to show the world that we are willing and capable of rebellion; that the social energy and creativity of our communities and cultures is the best antidote against the irrationality and social blindness of the powerful minority that rejects the building of a new world, where life blossoms and the common good is the fertilizing ground for healthy and biosecure ways of living.

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Our presence, here and now, coincides with the global dissemination of awareness of and rejection of the destructive ways and patterns of working, consuming, learning, relating to nature, communicating, and building our culture that have been imposed on us by capitalist society. We understand better now that these ways of living are clearly opposed to our wellbeing and the protection of Mother Nature.

So we assemble here with great internationalist spirit to hear, learn, share, and critically understand the roots of such social unrest. In different regions and countries, a diversity of problems are being denounced and protests are arising, but it is necessary to find the common denominator of all this malaise. What is the clue to understanding the structural and political links between the insurrection of Latin American communities against large scale strip mining and blind extractivism; the Johannesburg revolts against inequitable policies; the immigrant protests against discrimination in Paris and London; the Occupy movements on Wall Street and in Wisconsin; the Chilean students’ revolt and the Maple Spring student movement in Quebec and Montreal against neoliberal education policies? We need to understand the common underlying socioeconomic, political, and cultural roots of this wide range of upheavals that not only comprises the ever affected South, but strikes the conventionally affluent North. Our strategy for unity is to uncover the global mechanisms of aggressive capital accumulation, establish links amongst our local struggles, and avoid inorganic uninformed activism.

The present hour calls for firmness. This is not the time for bureaucratic ambiguity. We must not repeat here the indolence of recent global meetings like Rio +20, where entrepreneurial and government-
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tal representatives were incapable of recognizing in their final declaration that not one of the 27 commitments that were made in June of 1992 were seriously addressed and confronted by the States that signed the Rio agreement. To the contrary, the complicity of governments with irresponsible, unpunished industrial and financial practices reveals the core values of dominant thinking: functional adaptation to entrepreneurial strategies, anthropocentric vision, unicultural reasoning, and fruitless endeavor.

The metabolism and interdependence between social and natural life, which was clearly described by 19th century political economy and enounced by ancestral knowledge across many cultures, is more evident than ever. We now understand that the struggle for human life and health is not sufficient, not sustainable, and not even possible if we do not first overcome the civilization of death, which deteriorates human health and destroys the springs of life in our Mother Earth.

Public health projects that have been renowned for obtaining important gains towards more equitable conditions and have boosted health care accessibility (such as the National Program for the Disabled of the Vice Presidency of Ecuador – a program that our team has supported) operate in the broader context of disabling processes that counteract those gains. For instance, the massive exposure to pesticides in work places, in surrounding communities, and in the food supply drives up the incidence of disability by producing chronic intoxication, congenital malformations, genetic instability, impacts on the neurobehavioral development of thousands of children, and physical disability for many agricultural workers.

Our motto that “Another World Is Possible” can become empty rhetoric if we do not face the global need to stop the insatiable gears of the profit-making machinery of the capitalist economy, well-known as the bulldozer of human rights and nature’s rights and clearly identified as pathogenic, in a magnitude that no health system can counteract.

What can be expected then from the health sector in the face of this complex social determination of health? A key issue is the thorough understanding of the need to put an end to the preeminence of the biomedical model – born and nurtured in the realms of the entrepreneurial medical-pharmacological complex.

The medicalized understanding of the health crisis interprets health rights as individuals’ private access to a form of commodity or the availability of public medical health care. We must contrast this reductionist approach with an integral notion of the right to health as the forthright enjoyment and multiplication of healthy settings for living, which are only possible under a new civilization. The quintessence of our struggle now is the social conquest of a new mode of living and lifestyles in healthy work places, neighborhoods, households, schools, public transportation, playgrounds, sports settings, market places, and natural surroundings, adapted to the human need of dignifying work, nourishment, sovereign cultural identity, non-alienated recreation and sports practices, integral biosecurity, and the enjoyment of beneficial ecosystems, that make possible the existence and heritable reinforcement of sound human bodies and minds. The typical capitalist bourgeois “American way of life,” traditionally exported as a sign of human development, has become an expression of alienation and decadence which contradicts the possibilities of the so-called good living and sustainable ecosystems.

The cultural conception of unbridled consumerism and individualistic success measured in possession of limitless goods was built during more than two centuries of mercantilism, in response to the interests of greedy businessmen. It now poses our planet and the human species on the brink of annihilation. In this societal setting, agendas like the “Millennium Development Goals” become preposterous placebo measures.

The centuries-long fraud of capitalism has become visible in its perversity and magnitude. In previous decades, the system could hide its flawed essence, overcome its cyclical crisis, and compensate for its social inefficacy by incorporating technologi

The concept of “good living” has two sources. It is contained the concept of “sumak kawsay” developed by indigenous American cultures and is an extension of the concept of a healthy lifestyle developed by Critical Epidemiology.
Key issues for our declaration and agenda

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One important instrument is a consistent, clear, comprehensive 2012 declaration that lays out an agenda to orient our work and identify the critical issues and action lines. We need to focus on crucial debates about our reality, research priorities and perspectives, public policy, and educational programs. Here is a draft of basic ideas for structuring our declaration.

A starting point is our position about the development model: we must firmly denounce the incompatibility of the present system and outline the alternative social-biocentric model of development, for which we can underline three policy requirements: a) the sustainable and sovereign capacity of every territory to generate the material and spiritual goods needed to reproduce and guarantee “good living”; b) an organizational solidarity to make possible the public and social pursuit of health governance and the democratic stewardship of power; and c) the construction of the technical expertise, national systems, and norms that are indispensable to consolidate and protect healthy, bio-secure scenarios/processes (in working units, domestic households, social organizations and unions, cultural artistic domains, and places where social interaction and communication develop) as well as policies and norms to guarantee the protection and reparation of the rights of nature.

The incompatibility of large-scale economies and health rights has become evident, most importantly in the fields of agriculture, mining, and commerce. To avoid this, we need to demand that regional integration projects include the promotion of human health and environmental sustainability as well as institutional mechanisms and norms that dissuade agricultural, mining, and commercial monopolies and promote economy at a regulated viable scale. At the same time, we need to implement a new financial architecture for strengthening and protecting middle and small-scale units, implementing affirmative action for supporting those who apply sovereign, ecological and bio-secure processes.

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The case of agribusiness is emblematic and clarifies the social determination of health, while affecting millions of workers, communities, children, and pregnant women of agricultural zones as well as urban food consumers. The application of the logic of big business to large-scale animal production also implies massive animal suffering and the loss of their rights as living creatures. Our declaration must highlight the urgent need to change the role of agriculture. One listens in conventional public health forums to the rhetoric of food security, while huge food production corporations grow endlessly and pesticide-intensive agriculture expands. The shocking expansion of “land grabbing” casts a dark shadow on the feasibility of food sovereignty. According to a recent scientific report, transnational corporations have purchased 50 million hectares of the best land in Africa, 30 million in Southeast Asia, 7 million in South America, and 3 million in Eastern European countries. It is known that water monopolies are part of this strategy. If we add the fact that corporations like the giant Monsanto hold a global monopoly on transgenic seeds and certain widely used pesticides, and that global supermarkets like Walmart and Carrefour handle an enormous percentage of food commerce, we can conclude that we are facing the menace of global food control. Under such conditions, the intention of certain governments to build food security for their people seems illusory.

If we are someday successful in changing the foundations of human civilization, this would surely imply a transformation of the energy matrix based on fossil fuel or nuclear energy. Meanwhile our movement must denounce the perils of entrepreneurial “green” solutions like biofuels and enormous transgenic cane plantations.

Unsustainable production systems produce immensurable quantities of hazardous waste. Urban consumerism adds the burden of massive waste, all of which implies the need to overcome the present fraudulent lucrative waste management.

If we struggle for democratic health reform, we need to strive for public and social participative health system governance, which must articulate around an integral conception of the right to health, without restrictions, and comes to be in force only if other fundamental rights are enforced and if the State provides concrete mechanisms to guarantee enforceability. The development of a national health service for the people must combine a sectorial component for health care and familial preventive programs, based on a free public service network, supported by a national public drug production and marketing program. Complementarily, the system must develop an inter-sectorial health prevention and promotion program designed in accordance with the critical problems that have been identified in a social determination of health analysis. A substantial element of health reform is a people’s system of accountability and citizen control.

But as we have argued, health needs do not start or develop essentially in individual persons or the equitable access to means for solving their clinical problems (individual health). Crucial components of health have to be observed and confronted in social conglomerates and their social spaces. We must go beyond the limits of classical medical reasoning to approach urgent preventive actions in the fields of economic activity and juridical enforcement and, in general, actions focused on the transformation of inequitable unhealthy social relations and institutional reform (collective health).

If the People’s Health Movement wants to make a substantial contribution to the enforcement of the right to health, it must encompass more than just health care services reform (individual health rights) and take on the problems of communities and social groups and their environments (collective health rights). In judicial terms, that broadens our challenges to encompass what lawyers call the justiciability (obligations and orders of protection) and enforceability (mechanisms for compliance).

In every region, we must establish laws and norms that counteract and prevent determinant processes which negatively affect collective rights, individuals, and their families. Nevertheless we must
be aware that those achievements cannot be totally fulfilled, in academic forums, isolated legal complaints and appeals to the good will of the powerful. Consistent advances of our rights presuppose the creative and militant confluence of three elements: a clear fully-understood political and legal project of transformation, based on an innovative health determination paradigm; the organization of a cohesive sociopolitical bloc of presently or potentially affected social subjects, willing and capable of mobilization; and, finally, the mastery of skills and technical resources of all necessary sorts that prepare the mobilized people to face technical confrontation with opponents and prepare specific components of new laws and regulatory norms. Only then will we be able to break the halo of impunity and false legitimacy that sustains the legal invulnerability of big business.

Our movement is based on the integration of different cultural perspectives but our option is critical interculturalism, which we define as a strategy between social subjects with distinct cultural perspectives to build an emancipatory project. We recognize that the notion of interculturality has been distorted by functionalist culturalism; however for our movement it implies this: linking culture to the social power relations; building cultural equity; respect for other cultures as valid sources of knowledge; and the need for mutual consent in designing strategies.

We must implement an efficient and sustainable international network for investigation, monitoring, and proposal-sharing in the face of international agreements that reinforce market monopolies – not only of medicines and therapeutic resources but of vital means for life – that impose unfair market relations in order to define the distribution of those goods. The so-called free trade agreements have been designed to impose the loss of sovereignty, the dismantling of national autonomous public procurement, the legal shielding of foreign investment, the appropriation of intellectual property, and other mechanisms of dispossession and transnational fraud.

Our movement must denounce the financial system of health research and scientific publications due to the frequent subservience of their conceptual framework, methodology, and evidence construction to the strategic interests of entrepreneurial sponsors.

The movement must observe the governance systems of WHO and other international cooperation agencies, demanding permanent accountability for their deeds and proof of their political and financial independence, as was demanded during our the Second People’s Health Assembly.

Mass media frequently serves as an instrument of powerful groups. Most times, newspapers and television stations operate as agents of political control, disseminating ideas, information, and values convenient to the hegemony of the medical-pharmacological industrial complex. The so-called power of the media, linked to industrial and financial corporations, becomes an obstacle for the development of health rights. Our movement must consciously explore all the potentialities of information and communication technologies and social networks to articulate their communicational potential to our lines of action.

In brief, the main challenge we face at the present hour is to untie the Gordian knot of the opposition between the economic growth that is needed to provide economic resources for public services and the sometimes contradictory need to place limits on and regulate the scale of economy to allow for the transformation of accelerated market civilization of capitalist modernity. The lack of awareness and understanding of the complexities of this opposition and the unabashed application of the capital accumulation model as a provider of surplus resources for equitable social development is definitely failing, and compelling governments that proclaim themselves as progressive to repress their people and criminalize social protest.

Finally, allow me to express my sincere gratitude to this beautiful country for its hospitality, to our South African comrades, to the historical University of the Western Cape, to the People’s Health Movement and to all this colorful and proactive assembly, for the opportunity and privilege of sharing with you some ideas born of critical Latin American epidemiology, of the struggles of my own people, and directed towards the building of an organic cohesive world health movement.