

## **E Postscript: resistance**

The earlier chapters in this book highlight inequities and injustice lying at the root of much ill-health, human suffering and premature death. The exploitation of many by a few is illustrated by an increase in poverty during a period of unprecedented wealth generation. While medical advances result in ever increasing longevity among the rich, an average in excess of 26,500 children die every day (almost ten times the death toll of the 11 September 2001 World Trade Center attack) from causes that are preventable and treatable.

This book has argued for changes of policy; more research; better systems of accountability; bigger amounts of aid; the proper regulation of markets; and appropriate intervention when markets fail. However, since many of the causes of global public health problems arise from imbalances in power that permit exploitation and subjugation, our moral obligation to address the political determinants of health is inescapable. As the German physician and scientist Virchow reminded his colleagues in the nineteenth century, ‘Medicine is a social science, and politics is nothing but medicine on a large scale.’

In tackling the root political and economic causes of ill-health and injustice, it’s useful to be reminded of one fundamental point. Those who currently suffer the brunt of the consequences of injustice are not passive. There is resistance, courage, inspiration and hope to be found in the actions of ordinary individuals who stand up to the abuse of power. This final chapter describes three people’s movements that have done exactly that.

To begin with, I ask you not to confuse resistance with political opposition. Opposition does not oppose itself to power but to a government, and its fully-

formed shape is that of an opposition party; resistance, on the other hand, cannot be a party, by definition: it is not made in order to govern but ... to resist. (Segovia 1996)

### **The People's Health Movement Right to Health campaign**

The People's Health Movement (PHM) has grown from the fundamental premiss that health care is not a commodity but a human right. The PHM arose from the first People's Health Assembly in 2000 in Savar, Bangladesh. Approximately 1,500 people from 75 countries met for five days to share, discuss and develop strategies to put health care back into the hands of the people. The meeting unanimously resolved to establish a People's Health Movement.<sup>1</sup> The foundations include various health groups campaigning against growing disparities in access to health care; the expansion of user fees; and the abandonment by the WHO of the principles of the 1978 Alma Ata Declaration. It grew from a need to analyse the state of global health through a political lens.

At the core of the PHM is the commitment to give a voice to those who are being excluded and violated by the system. By supporting people affected or excluded by the system to speak out in public forums, there is a building of solidarity that is deeply empowering. In identifying violations, these forums have sometimes led to confrontation with those responsible and to the regaining of health rights.

The PHM's vision of health care is based on the primary health-care approach that includes preventive, curative and rehabilitative health services,



**IMAGE E1** **People's Health Movement: launch of Right to Health campaign in South Africa**

as well as health promotion through public provision of adequate and safe food, sufficient clean drinking water and sanitation and adequate housing, as well as other social goods. Whilst the PHM has a special focus on health systems, other determinants of health are actively promoted by the PHM and engaged with at various levels, including campaigns on the right to water, education, housing and food. The PHM recognises the fundamental role of oppressive power structures and encourages resistance against the injustices of the neoliberal system.

Illness and death every day anger us. Not because there are people who get sick or because there are people who die. We are angry because many illnesses and deaths have their roots in the economic and social policies that are imposed on us. (voice from the People's Health Assembly, Cuenca, Ecuador)

In India, the health system has been in a state of crisis for some time. The intensification of privatisation and the grossly inadequate levels of public funding have led to a deterioration of health services and high rates of denial of care, maltreatment and household impoverishment.

The 'Jan Swasthya Abhiyan' (JSA) (or PHM India) emerged in 2000 out of the growing activism for health.<sup>2</sup> In 2003, the twenty-fifth anniversary of the Alma Ata 'Health for All' declaration, the JSA launched the 'Right to Health Care Campaign'. The first phase of the campaign involved documenting individual instances of denial of health services and recording of structural denial of health care. A national public consultation was organised in Mumbai and attended by hundreds of delegates from sixteen



IMAGE E2 **Right to Health Campaign march, South Africa, 2007**

states across India. At the consultation, over sixty cases of ‘denial of health care’ were presented. Testimonies included the deaths of children from common illnesses and of women due to botched sterilisations in badly equipped camps. The chairperson of the National Human Rights Commission (NHRC) acknowledged the frequent accounts of human rights violations and promised action.

Subsequently ‘Jan Sunwais’ (People’s Health Tribunals) were held in some states: these were public hearings at which people were supported to make public testimonies concerning their experience of being denied health care in front of impartial adjudicators and government health officials. This strategy of holding hearings in front of large audiences publicised health rights violations, put pressure on health systems to become accountable, and raised awareness of health rights among the masses.

In 2004, the JSA, in collaboration with the NHRC, organised Public Hearings on the Right to Health Care in all regions of India. Each hearing was attended by hundreds of delegates from various districts and states, along with key public health officials. The hearings were widely advertised in regional newspapers and many people came forward to present their testimonies. This opportunity to share was hugely empowering and the movement began to take on its own momentum.

These hearings culminated in a National Public Hearing on the Right to Health Care that was attended by the central health minister, senior health officials from twenty-two states across the country and the NHRC chairperson and officials. Over a hundred JSA delegates from over twenty states presented numerous health-rights violations, and nine sessions on key areas of health rights were held, including on women’s and children’s health rights, mental health rights, and health rights in the context of the private medical sector. The hearing concluded with the declaration of a national action plan to operationalise the Right to Health – jointly drafted by the NHRC and JSA.

Prior to the 2004 elections, discussions took place between JSA panellists and representatives of several political parties on the need to strengthen public health services. In 2005, the newly elected government launched the National Rural Health Mission (NRHM), expressing a renewed commitment to strengthen public health systems. The Mission envisages a substantial increase in the national health budget, a woman community health worker in each village of the eighteen focus states, provision of united funds and strengthening of public health facilities at various levels, and decentralised planning of public health services. However, being a programme for ‘health system reform in the era of globalisation–privatisation’, it is a mix of policy elements, making provision for semi-privatisation and privatisation

of health services. JSA members continued to fight to strengthen the core public health rights in the Mission and introduced a number of monitoring mechanisms to counter the negative provisions leading towards privatisation. In direct response to the NRHM, JSA launched a 'People's Rural Health Watch' in eight northern states, through which communities actively monitor the quality of care and are enabled to propose suggestions and alternative strategies for the improvement of health.

As a follow-up to the public hearings, JSA represented civil society during national review meetings on health rights organised by NHRC in 2006 and 2007. JSA representatives testified on the state of implementation of the national action plan and on the status of public health services. The idea of developing People's Health Plans has also emerged in discussions in JSA. The Plans were seen as a necessary component in the process of making public health systems work effectively and in a responsive manner. This kind of local, appropriate people's control and planning could pose one of the most definitive challenges to hegemonic globalisation. JSA continues to provide a platform for collaboration among various streams of the health movement dealing with the health rights of various groups with special health needs, taking an overall health system perspective.

There is now a global 'Right to Health and Health Care Campaign' (RTHHCC) and groups in other countries have embarked on a similar process to that undertaken in India. There are currently about twenty countries with active committees signed up to the RTHHCC, some of which have begun implementing campaign activities, including Guatemala, Brazil, Uruguay, Paraguay, Ecuador, South Africa, Benin, Congo, Democratic Republic of the Congo, Cameroon, Gabon, Egypt, Morocco, Burkina Faso, Bangladesh, the US and India. A further seventeen countries have groups that have expressed interest in initiating a campaign in their country, but have not yet started activities.

But the struggle for health is more than a struggle to ensure responsive and effective health care. It is also a struggle against an economic and political system that keeps millions of people oppressed and impoverished. Millions of people experience life as a series of economic and political assaults upon their dignity and livelihoods and this inevitably undermines their health.

### **Resistance in Mexico**

The Zapatistas are a people's movement in Mexico fighting for freedom, democracy and justice. The Zapatistas, the majority of whom are indigenous, fight for the rights of vulnerable and indigenous people in Mexico

and affiliate themselves with subjugated groups globally. While resistance to oppression and exploitation has existed for decades, a more focused and explicit form of resistance began in 1994 when the Zapatista National Liberation Army (ZNLA) occupied four areas of significance in Chiapas. The date was chosen to coincide with the launch of the North American Free Trade Agreement (NAFTA) in Mexico – an agreement that is already threatening the survival of poor and indigenous communities. The military responded to the ZNLA by forcefully trying to recapture the towns. Chiapas, the ancestral land of the Mayas and Zoques, has a wealth of natural resources. Extraction and exploitation, however, have made it the poorest state in Mexico.

As campaigns for the 2006 national elections began in Mexico, the ZNLA launched ‘The Other Campaign’. This was to campaign for an end to privatisation of public resources and autonomy for indigenous communities; and to raise consciousness and open space for dialogue.

The state of Oaxaca, ancestral land of the Mixtecs and Zapotec people, is also rich in natural resources and has the greatest biodiversity in Mexico. It is home to a third of the country’s indigenous population. It is also the second poorest state in the country, with three-quarters of the population living in extreme poverty. Education provisions are severely neglected and health care is minimal. The state’s resources and residents are heavily exploited and corruption is common.

In 2006, Oaxaca city and much of the state of Oaxaca became a government-free autonomous zone. In today’s world of heightened control of populations, this was, and continues to be, an incredible display of strength and resistance. It began in May 2006 when teachers held a peaceful strike and protested against their poor working conditions. In June, the governor, Ulises Ruiz Ortiz, responded to the protests by sending state and municipal police on a raid against 15,000 encamped protesters. The encampment was set aflame and protesters and their families were assaulted and fired upon. The protesters fought back and later regrouped en masse – between 300,000 to 500,000 people marched to express outrage at their treatment.

The injustice and violence of the state’s attack transformed a peaceful protest into resistance that has drawn widespread national and international support. Social organisations, co-operatives, unions and civilians organised to form the ‘The Popular Assembly of the Peoples of Oaxaca’ (APPO in its Spanish initials). APPO organised protests and demanded the resignation of Governor Ortiz on the grounds of abuse of power and corruption. Baricades were also erected to prevent the police from re-entering the city.

University students set up ‘Radio Universidad’, creating a crucial space for discussion, analysis, information exchange, education and solidarity. A

group of Oaxacan women marched to the government-owned television station, 'Canal 9', indignant at the biased portrayal of the uprising. When they were refused airtime, they took over the station and began broadcasting the causes of the uprising. Throughout, they emphasised the need for non-violence. At this time, the governor went into hiding.

Over the next months, the uprising built momentum and a series of 'mega-marches' were held. In a state of three and a half million people, an estimated one and a half million people were actively resisting. Meanwhile, paramilitary activity increased and state repression worsened. Many APPO members were tortured and imprisoned and some 'disappeared'. In October, thousands of state troops were sent to bring an end to the uprising. As the battle continued, the repression deepened and many people were forced to go into hiding. Unsurprisingly, the mainstream media distorted coverage of the events in favour of the government.

The resistance persists today. State and federal police continue to use force, but the spirit of the uprising has not diminished. Demonstrations and strikes continue and the people are demanding the release of hundreds of political prisoners. Oaxaca is now labelled 'ungovernable' by the state.

### **People's opposition to building dams in India**

According to archaeologists, the Narmada Valley is the only valley in India that contains an uninterrupted record of human occupation from the Old Stone Age. The Narmada river winds its way through beautiful forest and some of the most fertile land in India before joining the Arabian Sea. The valley is home to 25 million people, mostly Adivasi (indigenous) and low-caste Dalit farmers, who live almost completely autonomously, in a symbiotic relationship with the delicate ecosystem.

The Narmada has been targeted for 'water resource development'; this means the building of 3,200 dams along the 1,300 kilometre river. Whilst big dams have become obsolete in rich countries due to the harm they cause, India has become the third largest dam builder in the world. In 1985, the World Bank offered a loan of \$450 million to fund the Sardar Sarovar mega-dam in Narmada, before any studies had been done and before the project had been cleared for human and environmental impact.

In her essay 'The Greater Common Good', Arundhati Roy exposes the disturbing facts of dam construction. Although the government has no records of the number of people displaced by dams, the conservative estimate is a staggering 50 million (Saxena 1999) (more than double the population of Australia). The Narmada Valley Project will submerge and destroy 4,000 square kilometres of natural deciduous forest along with the

homes, lives and histories of those who live on the riverbanks. People are being moved, with court orders or forced by policemen and government-controlled militias, into camps. In these substandard resettlement colonies, people are cut off from their means of subsistence, and with no prospect of earning an income their health deteriorates and poverty increases.

Large dams are sold under the slogan of 'People's Dams'; in fact, they take from the people and provide for the powerful. The government claims that the Sardar Sarovar will produce 1,450 megawatts of power. In fact, the dam will consume more than it produces. It is claimed that the immense reservoirs will provide water to millions. In reality it will be providing for sugar mills, golf courses, five-star hotels, water parks, water-intensive cash crops and urban centres. While 85 per cent of Gujarat state's irrigation budget goes on the Sardar Sarovar project, smaller and more appropriate local water projects have been neglected. In the words of Arundhati Roy:

Big dams are to a Nation's 'Development' what nuclear Bombs are to its Military Arsenal. They're both weapons of mass destruction ... both twentieth century emblems that mark a point in time when human intelligence has outstripped its own instinct for survival. (Roy 1999)

When construction of the Sardar Sarovar began in 1988, a community worker, Medha Patkar, started speaking to people to ascertain whether the resettlement plans for those who were being displaced by the water were adequate and fair. She found them to be completely inadequate and unjust. As the true horror of the dam's impact became clear, various peoples' organisations grouped together and the Narmada Bachao Andolan (NBA) was established. In 1988, the NBA called for all work on the Narmada Valley to cease.

People declared that they would not move from their homes, even if that meant drowning. The NBA was joined by other resistance movements, and in 1989, 50,000 people gathered in the valley to resist. The state responded by turning the site into a police camp and barricading people in. The people pledged to drown rather than move. As international pressure from activist groups developed, the repression intensified. Protesters were repeatedly lifted from the rising waters, arrested and beaten.

In 1990, 6,000 men and women walked over 100 kilometres accompanying a seven-member sacrificial group who had decided to lay down their lives for the river. Police stopped the protesters, whose hands were tied as a statement of non-violence. They were beaten, arrested, and some were killed. The protesters returned and continued their march. In 1991 the sacrificial group went on an indefinite hunger strike.

Resistance to the building of the dam continued, and as national and international media interest increased the World Bank announced that it would set up an independent review of the Sardar Sarovar Dam. The resulting *Morse Report* criticised the Indian authorities and the World Bank and recommended that work on the dam cease immediately (Morse and Berger 1992).

The Indian government, as an emerging superpower, is reluctant to give up the 'nation-building' dams despite the widespread devastation they cause. However, the World Bank withdrew from the Narmada Valley project. They are now more cautious in selecting the countries where they finance projects that involve mass displacement. In China, Malaysia, Guatemala and Paraguay, signs of revolt against dam building have been swiftly crushed.

The stories from Mexico and India describe those under attack – the poor, the indigenous, the landless, those deemed 'lower class' and exploitable by society. However, the vulnerable are affected around the world by a political and corporate complex that concentrates wealth in a few and places profit ahead of lives. As John Berger writes, 'Anybody ... who does not consume, and who has no money to put into a bank, is redundant. So, the emigrants, the landless, the homeless are treated as the waste matter of the system: to be eliminated' (2001).

In April 2008, the Johannesburg High Court in South Africa handed down a historical judgment which declared the city's forcible installation of prepaid water meters in Phiri (part of the huge Soweto township) both unlawful and unconstitutional. The City of Johannesburg has also been instructed to supply residents with 50 litres of free water per day instead of the current 25 litres. Residents must also be given the option to have an ordinary credit metered water supply installed. Currently, residents are only able to either use a standpipe or prepaid water meters. The residents of Phiri and other townships have resisted the installation of prepaid meters and have been fighting for accessible, affordable and sufficient water supply. Although this judgment may be appealed against, residents are confident the decision will be upheld. Other examples of the struggle for clean, affordable water can be found in Chapter C5.

In 2003, an estimated 30 million people in approximately 800 cities around the world protested against the US-led invasion of Iraq. This unprecedented, powerful act of solidarity was the largest demonstration in history. Although this demonstration was significant in size, its overall effects have been minimal at best. The occupation and the injustices it has caused continue. Despite this, the sense that 'another world is possible' has progressively become more tangible. Coordinated global demonstrations continue across a range of struggles against exploitation and injustice.

Ultimately, all these diverse struggles are connected, and each in its own way is a struggle for health.

I believe in people. People's health is safest in people's hands. The objective is to empower individuals and communities with the knowledge and skills necessary to achieve health for themselves. (Dr John Oommen, Orissa, India, 2003)

### **Notes**

1. See [www.phmovement.org](http://www.phmovement.org).
2. <http://phm-india.org/>.

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