EMPOWERING THE PEOPLE

FOR HEALTH AND DEVELOPMENT
INTRODUCTION

To really promote health, efforts must go beyond health care. In fact, the Christian Medical Commission has been attempting exactly that in its response to the growing demand from churches and other NGOs around the world to promote and strengthen primary health care movements. Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve health. At the heart of this process is the empowerment of people for their own health – that is, ownership and control of their own efforts and lives. But, what does the empowerment of people for health and development actually mean?

This question was discussed at length by the Christian Medical Commission and the Commission on the Churches’ Participation in Development (CCPD) of the World Council of Churches during their joint meeting in January 1988 in Tagaytay City, the Philippines. Two well researched papers were presented by eminent speakers who have themselves worked with people at the grass-roots level.

David Werner, winner of WHO’s first international award for health education, Director of the Piaxtla Project in the highlands of Mexico for many years, and presently Director of the Hesperian Foundation and author of Where There Is No Doctor (among many others publications), spoke on “Empowerment of People for Health”. Sarath Fernando, who has worked with peasants and small farmers as the Director of Devasarana Development Centre and Coordinator of the CCPS’s network in Sri Lanka, spoke on “Empowerment of People for Development”.

We wish to share with you, our readers, their excellent overview of what empowerment of people for health and development means in active terms. If you have any experience on this subject please share it with us.

Eric R. Ram, PhD
Director
EMPOWERMENT AND HEALTH
by David Werner, PhD*

How important is empowerment to achieving ‘health for all’? Extremely important! In reality, health depends more on empowerment of and by the people than it does on health care by itself.

Yet, when I am invited to speak on ‘empowerment’, I have misgivings. For when words become jargon they lose their power. The term ‘empowerment’, which in its fullest sense is a liberating grass-roots concept involving confrontation, has now been so sterilized and depoliticized by the health and development establishment that it has become more pacifying than liberating. We have all but forgotten its political roots in power by the people.

![drawing](image)

"In education that resists change, tests and exams make it clearer than ever that the teacher has power over the student".

I would argue that if the concept of empowerment is to have significant impact on the health of the world’s poor majority, it must be viewed as a political process – with a sociopolitical goal: the equalizing of power and basic rights.

We are all aware of the health-related inequities that result in millions of unnecessary deaths every year. Half of the world’s people never see a trained health worker. One-third are without clean water to drink. One-fourth of the world’s children are malnourished. Yet, the world’s leaders spend $50 billion every 3 weeks on the instruments of war – an amount that could provide health care to every one on earth for an entire year.

As we all know, in today’s world the biggest obstacles to ‘health for all’ are not technical, but rather social and political. Widespread hunger and poor health do not result from total scarcity of resources or from overpopulation, as was once thought. Rather they result from unfair distribution of land, resources, knowledge, and power – too much in the hands of too few.

It is often argued that the major obstacles to health are economic. And true, for most of the world’s people, the root cause of poor health is poverty – and the people’s powerlessness to do anything about it. Yet the economic resources to do something about it do exist. Unfortunately, control over those resources is in the hands of local, national, and world leaders, whose first priority too often is not the well-being of the people, but rather to stay in power.

Empowerment Must Be Taken

Empowerment is the process by which disadvantaged people work together to increase control over events that determine their lives. It is a personal and group process combined. Too often you hear planners saying, “We need to empower people to do this or that.” But the very idea that you or I can empower someone else contradicts the process of empowerment, which IS something people do for themselves.

Empowerment cannot be given or taught. It must be taken. However, we who would seek a healthier world can sometimes facilitate or open the way for people to empower themselves. Perhaps the best way to do this is to join in solidarity with disadvantaged groups.
on their terms, and to participate in their struggle for greater control over their lives.

Primary health care – as described in the Alma Ata Declaration of 1978 – is a comprehensive process whereby people work together to improve the total situation of their communities, and to deal with the underlying causes of poor health. It fully recognizes that, “Basic changes are needed in the social and economic situation of the poor majority,” and that “such changes are related to issues of social justice, equal access to available resources, and just return for the work people do.”

Primary health care goes far beyond curative and preventive measures. It involves overcoming the causes of poverty. This, in turn, requires organized action on the part of the poor majority to work toward a fairer distribution of resources, opportunity and power.

This means that primary health care, to be effective, encourages people to take positive action for their own well-being. It can start small, but necessarily evolves and expands to cover more and more basic factors affecting people’s lives. For example, by learning how to prepare and give adequate drink and food to a child with diarrhoea in the home, people can gain a little more control over the main cause of death in children. This can help them gain confidence in their ability to change other events that affect life and health.

However, people need to realize that oral rehydration, although very important, is a stop-gap measure. At best, it can reduce the death rate from diarrhoea by about 50%, which is still far from acceptable. Mortality from diarrhoea in children in the world’s poorest communities is 200 times higher than that in Sweden or Holland.

High mortality from diarrhoea cannot be adequately resolved until we squarely confront its underlying causes. Just as death from diarrhoea is determined, to a large extent, by socio-economic factors, the same is true for most of the other major health problems affecting the poor. Thus primary health care – if it truly involves the people in seeking solutions for themselves – creates a demand for fairer social structures. The primary health care worker who earnestly works with people and learns from them the obstacles to health, will necessarily become politicized. The community worker can become “an internal agent of change, not only for health care, but for the awakening of his or her people to their human potential and ultimately to their human rights”.

Primary Health Care: A Threat to Those in Control?

Today, it is often said that primary health care is an experiment that was tried and failed. But in most countries, it has never really been tried, at least by the governments. Is this not because primary health care in its fullest sense has a liberating and empowering potential? By helping people gain control over some aspects of their lives it can catalyze collective action for social change. In its fullest sense, primary health care is, indeed, revolutionary. It is no surprise, therefore, that in most countries, primary health care has not been allowed to succeed.

The very few countries where governments have given it a fair chance are mostly those where social transformation has recently taken place. But, in most countries, comprehensive primary health care has been opposed indirectly or directly in a number of ways:

Many countries that officially subscribed to the Alma Ata Declaration introduced so-called primary health care “packages” that were, in fact, centrally and rigidly controlled. Rather than help people take greater charge of the issues concerning their health, they tended to create more dependency on outside supplies, services, and regulations. Participation, although much voiced, was often reduced to required unpaid labour. The role and functions of the village health worker were narrowly limited to a few preventive and even fewer curative functions. Such a model of health care does little to empower or build confidence in anybody. Instead it reinforces centralized power and social control.
In countries where the gap between rich and poor is enormous and where those holding power use strong-arm tactics, the extremes of poverty and oppression can actually catalyze the process of social awakening. In such countries, religious groups, NGOs (non-governmental organizations), and popular movements have often promoted community health and development initiatives to help the poor cope with their needs. Many of these self-help initiatives began from a humanitarian, politically naive perspective. But the injustice undermining people’s well-being was so blatant that they evolved into collectives of people demanding and strategically working for their rights. In short non-governmental community health programmes and workers have often become the focal points of community awareness and organization, which has helped both to foster and to strengthen popular movements for social transformation.

In response, governments have often reacted repressively and even violently. In Nicaragua under the dictator Somoza, and in the Philippines under Marcos – as in Chile, Guatemala, Honduras, and El Salvador today – a major attempt was made to suppress people-centred health programmes or to absorb them into the centrally-controlled governor ‘primary health care’ schemes. Village health workers in non-government programmes have often become special targets of attacks, torture and disappearances.

In Nicaragua today, health posts and health workers are a chief target of (U.S. government-sponsored) CONTRAS. Similarly, in Mozambique, health posts and health workers are targets of the RENAMO terrorists sponsored by the apartheid South African government.

Repressive governments do have good reason to fear the empowering potential of community-directed health care initiatives. In Nicaragua, the process of ‘conscientization’ and community action initiated through non-governmental health programmes played a key part in the mobilization of the people that led to the overthrow of Somoza. Likewise, in the Philippines, the process of ‘structural analysis’ and collective action widely promoted by scores of ‘community-based health programmes’ played a critical role in the empowerment of the people to where they were able to rise up and peacefully oust the dictator Marcos.

So we see how primary health care, when it is allowed to become a truly people-centred process (and sometimes even when it is officially not allowed) can be a powerful and empowering process which helps unite, educate and activate people in the struggle for health.
Perhaps the biggest threat to primary health care as an empowering process has come about in the 1980s in relation to the so-called ‘adjustment policies’ imposed, to a large extent, by the international banking system and precipitated by the current world economic crisis. The massive foreign debts and suffocating interest payments that most Third World countries have fallen prey to during the 80s have forced these poor countries into an even more powerless and dependent position. As part of the ‘adjustment’, poor countries have been required to increase production for export (rather than for local consumption), to freeze wages and free prices, and to limit public spending. These adjustment measures, while they may permit poor countries to keep servicing their huge debts, have resulted in increasing malnutrition and child mortality and cutbacks in available health services.

It is important that all groups genuinely concerned for the well-being, rights and overall health of the people carefully examine the full implications of selective primary health care and the Child Survival Revolution. All NGOs should think very carefully before jumping on this ‘bandwagon’.

Selective primary health care is in many ways a major step backward in the process of getting at the root problems affecting the health of the world’s poor majority. As the health statistics of the 80s progressively worsen in many countries, advocates of selective care argue that there is no longer the time nor money available to implement a comprehensive approach. Rather, they have decided to focus on a few cost-effective interventions that can fairly quickly reduce mortality of high risk groups, and which neither require nor promote fairer social structures.

At the last global policy planning meeting of UNICEF, I nearly wept to witness the way in which their spokespersons carefully analyzed, and then accepted as inevitable, the increasingly unjust world economic order of the 80s, with its debilitating adjustment measures. UNICEF analysts predict that this devastating situation will continue unabated through the 90s. And so, feeling powerless to do anything about the root causes, UNICEF has proposed a variety of alternative measures, including its own ‘adjustment policy’ for health care. In essence, it has sacrificed the potentially liberating concept of ‘comprehensive primary health care’ and replaced it with ‘selective primary health care’, under the name of ‘GOBI’ or the ‘Child Survival and Development Revolution’. Some critics have described this as the “revolution that isn’t”, for by focusing on a few ‘cost effective’ technological interventions (now mainly immunization and oral rehydration), it falls far short of the empowering process implicit in comprehensive primary health care. Indeed, it has the potential to undermine the basis of primary health care, which calls for a truly revolutionary mobiliza-
Immunization and oral rehydration are very important, and can save many children's lives, at least temporarily. But we must remember that the children who die most from diarrhoea are the most poorly nourished. Therefore, if we focus on saving children’s lives with Oral Rehydration Therapy (ORT) without adequately combating the causes of their poverty and malnutrition, both the number and proportion of malnourished children may increase in accordance with the success of ORT programmes. Ironically, the net result of all our efforts in ORT—and also immunization—may actually worsen the quality of life of many of the world’s children. This distressing trend is already being documented in some countries.

Survival Is Not Enough

We all agree that children's lives should be saved wherever possible. But survival is not enough. If quality of life is to be improved, it is essential that ORT, immunization and the other high priority interventions be integrated into people-centred approaches, which are part of a global struggle for the redistribution of resources and power.

I would like to stress that the difficulty with selective primary health care is not so much that it concentrates on a few priority interventions. Any problem-solving approach considers priorities. Instead, the difficulty lies in who decides those priorities, who controls those selected interventions, and the ways in which they are implemented.

In evaluating any health or development strategy, we must always ask ourselves, “How much are the people actively involved and empowered? In what ways do the methods used help or hinder the long-term process of combating the social, economic and political causes of ill health?”

Too often, selective primary health care as it is now implemented places more decisions and control in the hands of central authorities, businessmen and even foreign ‘experts’. Rather than promote greater equity, too often it further justifies the existing inequitable power structure.

In some of the most repressive countries, soldiers and security police have been ‘mobilized’ to participate in mass immunization campaigns. In effect, this upholds and covers up ‘in sheep’s clothing’ the very forces that perpetuate injustice and poor health. Fewer children may die of measles and diarrhoea today. But what does this mean for tomorrow?

Rather than choosing alternatives that increase self-reliance, the promoters of selective primary health care too often opt for alternatives that create greater dependency.

Thus we see that government oral rehydration programmes almost invariably choose Oral Rehydration Solution packets over ‘home mix’. This is unfortunate. For not only do cereal-based home mixes have the potential of saving more children’s lives with lesser risk and at lower cost than do these packets, they also put management of the major killer of children squarely in the people’s hands.

Agreed, there is still more debate about the relative advantages and disadvantages of the different ORT alternatives. But are the families whose children’s lives are at stake given the chance and information to effectively take part in this debate? Or to decide for themselves?

Marketing For Whose Best Interests?

In selective primary health care, the ‘experts’ make all the major decisions. But not always, it seems, in the children's or families' best interests. For the ‘experts’ are pressured and influenced by current trends in international development. Thus we see a recent move in many countries toward privatization and commercial distribution of ORS packets. As a result, in some countries, families have to pay
nearly a day’s wages for a single packet. And so, where ‘social marketing’ has been successful, a family willingly spends its whole day’s food allowance for 1 magic packet.

This is but 1 of many reasons why most national ORT campaigns have fallen far short of the predicted results.

Selective primary health care, with its focus largely on technical interventions, on products rather than process, on survival rather than quality of life, on social marketing rather than awareness raising, on compliance rather than true participation, on private enterprise rather than collective action, and on courting the support of NGOs, government institutions and public figures rather than that of the poor majority, fits in well with the West’s current move toward conservative policy in its attempt to impose a profit-based ideology on the entire world.

If we are ever to have a healthy and sane society, the disadvantaged and oppressed of the world – the women, Blacks, harijans, disabled people, the urban and rural poor – together with those of us, the educated, the comfortable, the elite, who nevertheless have a human conscience and the will to social justice, must all join together at the community, country, and world levels, North and South, to work toward forging a more just society with leaders who truly serve the people.

From Personal Understanding To Group Action – How Empowerment Grows

By looking at the process of empowerment of and by marginalized people we can learn something about strategies and methods that seem to work. Then perhaps we can begin to apply these to the larger solidarity movement at national and international levels.

There is no fixed formula for empowerment. It happens in many ways. It is a process which leads from increased personal understanding to group action. People often seem apathetic or feel powerless because they temporarily lack the awareness, confidence and competence to take action leading to change. Paulo Freire formulated one of the early strategies of empowerment, by bringing together small groups of people in squatter settlements, to 1) discuss problems, 2) analyze causes, and 3) formulate strategies to confront oppressive forces in society. After reflection, the process is then repeated.

As the number of involved people grows, along with their experience and sense of strength, the group can begin to take on more difficult, underlying problems. But risks must be weighed against benefits. Conflicts of interest between those on top and those on the bottom in the community need to be clearly defined. Strategies for action try to bring about the greatest benefit with the least harm. Any attempt at equalization of power or rights involves an element of danger. In fairness, this needs to be discussed by all participants.

Mass mobilization is critical. To avoid being crushed by those in power, the marginalized group that is struggling for greater control needs to recruit as many supporters as possible. It should try to get a substantial majority of like persons actively mobilized in support of the movement. If a strong majority of the community is mobilized, those in power may be more hesitant to take repressive or violent action.

As marginalized groups unite and try to bring about more fundamental changes, the risk of repression increases. In the early stages, land owners have employed local brutes to put down land invasions. As the movement grows, the army or ‘security police’ may be called in. And if the people’s movement grows too strong, this may lead to outside intervention from more powerful countries that have economic or military interests in maintaining the inequity of the status quo. Especially where repression is severe, there is a need for a coalition, or agreement of mutual support, among community-controlled health and development action groups.

PHOTO: BANK PHILS. Photo

Voicing what they believe to be fair at a peasant rally in the Philippines: “Implement genuine land reform.”
Local Villagers Overcome Poverty and Poor Health: PROJECT PIAXTLA

Now here is an example of how a community health programme directed by local villagers evolved into an empowering process whereby poor farming families have organized and managed to take control over a number of the events that previously kept them in poverty and poor health. The programme I am speaking of is Project Piaxtla in the mountains of western Mexico.

It is run completely by local villagers. When it started 23 years ago, the health of many people was poor. Thirty-four percent of children died in the first 5 years of life, primarily from diarrhoea and infectious disease. Seventy percent of women were visibly anaemic, and about 10 percent died during or after childbirth.

Although most families were very poor, there were a few wealthy land and cattle owners. Constitutionally, after the last Mexican revolution, the good river bottom land held by these few rich families should have been redistributed. But due to corruption of the land reform authorities, the rich had managed not only to maintain but to increase their large holdings. Poor families had no choice other than to sharecrop for the rich or to subsist by shifting cultivation on the steep hillsides.

Occasionally some of the poor farmers had tried to demand their rights or take over some of the good land. But the rich kept the poor divided. Whenever poor families tried to organize, their leaders were killed and their efforts blocked. Although decisions in the community were officially supposed to be democratic, in fact, the few wealthy families completely controlled both the meetings and the votes, where disputes were invariably decided in favour of the rich.

This was the situation when the health programme began in 1965. The programme started naively, without any political objectives other than that it should serve and be controlled by the poor. It began with a focus on curative care, which was what people wanted. Village health workers were trained using non-formal participatory methods.

As people became more skilled in curative self-care, they grew more aware that the same illnesses often reappeared with alarming frequency. So the focus of the programme gradually shifted to preventive measures: vaccinations, latrines, water systems, etc. As a result, there was some improvement in health. Nevertheless, there were still many malnourished and sick women and children, particularly in years when harvests were poor. The main reason seemed to be poverty. The rich had endless ways of exploiting the poor. These were discussed. Finally people began to organize and take action to fight exploitation and improve their economic base.

Do RICH People Steal From POOR People?

One of their first actions was to combat the system of loans with excessively high interest rates. By the beginning of the planting season, poor farmers would often run out of stored maize and were forced to borrow from the rich. For every sack of maize loaned they had later to return 3 sacks. After payment, many families had almost no grain left. And if they could not pay, the rich would strip their homes of all their possessions. As a result, many families had to migrate to the city slums.

To combat this situation, the village health team helped the poor organize cooperative maize banks, which now function in 5 villages. These maize banks improved the economy and therefore the nutrition and health of many families. They also helped bring about greater cooperation, accountability, and organizational skills to groups of poor farmers. People

Project PIAXTLA Photo

Rosa Salcido (left) is in charge of the clinical laboratory in Ajoya and has trained some young village people as lab technicians. She has never been to school. Yet, she is able to perform a wide range of analyses, such as urine, stool, blood and pregnancy tests.
began to gain confidence in their own ability to improve their situation. The organization of poor farm workers in the central village of Ajoya grew to where they were able to take control of the community council, formerly controlled by the rich.

Next, poor farm workers began to collectively fence their land to keep the cattle of the rich from eating their mountainside crops. Before, they were forced to borrow from the rich for fencing and perpetually give-up their grazing rights in exchange. Now they were able to rent the grazing rights to the rich. Their economic base— and sense of their power to bring about change— continued to grow.

Then the farm workers began to take over the river bottom land, illegally held by the rich. When the land reform authorities at the state level refused to back them, they sent a committee to the Ministry of Land Reform in Mexico City. The farm workers pursued officials for 2 weeks until at last orders were passed down to state level to comply with their demands.

To date, the farm workers have managed to repossess nearly half of the good river bottom land. This year, aided by some outside ‘seed money’ to buy a pump, they have begun to irrigate this land in the dry season, so that they are now able to double the number of crops per year. As a result, people are able to eat better, and to save some money for medical and other emergencies. Child and maternal mortality continue to decline.

The women have also begun to discover and exercise their power. Drinking of alcoholic beverages has long been a major cause of violence among men, and of hardship and hunger for the women and children of the men who drink. Because of the violence, the public bars in Ajoya were closed down many years ago. But in 1982, the municipal president decided to open a bar for his personal profit. The village health workers helped the women to organize and protest the opening of the bar. Although 6 of the health workers were temporarily jailed, the women finally succeeded in closing the bar.

Project Piaxtla has also given birth to a sister programme, called PROJIMO, run for and by people with disabilities. The team of disabled rehabilitation workers are also going through their own process of empowerment. They insist that they do not want to be ‘normalized’ into a society which so often is unfair or unkind to persons who are in any way different or weaker than others. As disabled people, they feel they would rather join together with all who are treated unfairly, to work for a new social order that is kinder, more just, and more sane.

As the Piaxtla programme has evolved, some of the village team have had the opportunity to visit other community-directed programmes in Mexico, Central America, and as far away as the Philippines, India, and Bangladesh. They have helped forge a solidarity with ‘those on the bottom’ in various parts of the world.

Risking Personal Safety

In conclusion, Project Piaxtla and the farm workers’ organization that grew out of it have initiated a process of empowerment which locally has had a limited but significant impact. For example, the death rate of children has dropped from 34 to 7 percent. Yet the activist team knows it is playing with fire. Health workers and members of the farm workers’ organization have repeatedly been jailed or threatened. In a sister programme higher in the mountains, 2 of the health workers were killed by state police for trying to organize people over their timber rights.
The village workers realize that from one day to the next, they may face severe repression. Attempts have been made to close the programme down. There have also been efforts to make the village programme redundant by the introduction of one government health programme after another into the area (rather than into areas where there are no health services at all). But whatever the future for the individual programme, the participants realize that they are part of a much larger process.

The agencies which have created the slogan of ‘health for all’ must not be allowed to accept and adjust to the unjust and unhealthy world economic order. Rather everybody in the world who wants to see poor children get enough to eat should join together to form an international movement against exploitation and for social justice. Only then will empowerment of and by the people forge the way for lasting improvements in health.

In the world today, it has become increasingly clear that the struggles for health, development, and social justice, even in a remote village or slum, are inseparable from the global struggle for a more just world economic and social order. Poor people in a single village will not gain control over the factors that determine their health and lives, until they join together with many others to bring about transformations at the national level. Similarly, a single poor country that tries to answer to the needs of its people through advancing a more egalitarian system, will find that certain powerful nations try to prevent it from succeeding. Just as the poor people in a village can find strength through unity, so the more progressive poor nations must join together and take a stand against their exploiters. For such a stand to have any hope of success, developed nations whose leaders have more of a social conscience must stand behind the peoples of poor countries to form a coalition of solidarity. This coalition must try to restructure, realign, and help empower the United Nations, including UNICEF, WHO and the World Court, to take a strong stand on opposing the unjust international economic order, the health-destroying ‘adjustment’ mandates, and other policies that aggravate poverty and poor health—even if this means defying the United States’ Government and its allies, and therefore operating on half their present budgets.

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I am thankful to Dr. Werner for clearly defining the word 'empowerment' as something that cannot be given by others, but as the process of people realizing their own potential strength and power – which happens during organized struggle, and through the deepening analysis of their own problems and situations.

People have not only been weakened economically, socially and politically, they have also been blinded to their own strengths and creative abilities inherited through centuries of experience. A genuine effort to understand these potentials and to help people recover and reactivate them is essential for all who are committed to helping people to empower themselves.

I have been working for the past 10 years with the peasants in Sri Lanka, who form nearly 70% of our population. The large majority of them have small farms, but are now being reduced to landlessness and extreme poverty. Our small-farm agriculture has flourished for thousands of years, during which a large variety of seeds, natural methods of fertilizing and pest control, systems of sharing labour, using cattle for farm work, etc. have been developed.

The 'Green Revolution’ Has Withered

When the ‘Green Revolution’ strategies were introduced in the 1960s, the situation began to change. Within a very short time, this rich collection of seeds disappeared, and has been almost totally replaced by the new high yielding varieties of seeds. The need for heavy use of chemical fertilizers and pesticides, large scale irrigation, and the use of machinery was the consequence. Initially, these inputs were less expensive, and the Government provided services such as agricultural training, subsidies, and liberal loans.

But since the introduction of the new economic adjustment programmes and so-called 'export-led growth strategy' (promoted by the international financial institutions of the World Bank and IMF), these Government provisions have been withdrawn and new taxes and tremendous increases in the cost of these inputs have taken their place. This is a common phenomenon in most Asian countries, and has resulted in one of the most rapid increases in rural poverty and displacement.

As Dr. Werner described, we are now helping peasant men and women to organize at the grass-roots level, to resist the actions of corrupt officials, including the new water taxes, efforts to obstruct the drought relief, corruption in various Government projects, and foreign company operations. But people need to understand how global financial transactions first influence and later lead to collaboration with local officials.

People who had successfully been growing food, using the economical system of
multi-crop farming without chemical fertilizers or pesticides, are being forced off their land. The sugar that is currently produced by one of these companies is being marketed by the Government at nearly 300% more than the free market price of sugar. All consumers are compelled to pay this price.

... High Costs ... No Benefits ... Serious Damage ...

The company deducts its initial expenses from the farmers and many of them find themselves in debt after selling the sugar cane which is the only crop they are allowed to cultivate now. What was introduced in the name of ‘development’ has resulted in high costs for the consumers, no benefit to the farmers and serious damage to the environment.

So, people in this area are struggling to protect their land and ensure against the setting up of other sugar companies.

The point I want to make is that empowerment for development today cannot be limited to grass-roots community organizing for small improvements. It should begin there, but must lead to a critical understanding of the overall operation of multinationals collaborating with national governments, as dictated by institutions such as the World Bank and IMF.

It is clear in both these cases that small-farm communities need a strong, solid network of support nationally and internationally, since they are resisting powerful multinational companies and the national Government’s state machinery. Such solidarity can be mobilized only if there is real understanding of the negative impact of these so-called ‘development efforts’ and a realization of the damage done to the potential that had existed before for more appropriate development. ‘Development Aid’ from Western governments received without a critical understanding of the results is very harmful.

The replacement of local traditional practices by imported modern ones is also occurring in the ‘Ayurvedic System of medicine’. This system evolved over thousands of years, carrying with it a strong emphasis on prevention of disease, participation of local people, and a reliance on environmental resources. Unfortunately, the ‘intellectual dependence’ on what comes from more developed countries in the name of ‘science and technology’ has encouraged people to discard these valuable and ancient practices.

Growing dependence on imported ‘science and technology’, including drugs and processed food, has resulted in increased use – and misuse. Alcoholism is becoming a serious problem worldwide. Here, at a local bar in Lesotho, people sit all day drinking home-made beer.

To Participate Meaningfully...

I am not suggesting that everything people have inherited is positive and liberating. The process of empowerment should lead to a critical re-interpretation and understanding of present realities, including the religions and ideologies that have sustained people through the ages.

Buddhism, for instance, in Sri Lanka and in many other parts of Asia has influenced
people's understanding of society and life, and has a great potential to empower people in resisting the present trends of consumerism, competition and greed. In my view, the idea of finding ‘true happiness’ without attachment to possessions has potential to help even those who currently embrace the ideology of capitalism in the West. Perhaps they can be helped to see how they are heading towards a serious crisis, as they require more and more THINGS, and compete harder and harder, leading them to an extreme form of individualism. As machines replace humans in the quest for greater profit, widespread unemployment has resulted. People are being discarded as ‘redundant’.

If we are to participate meaningfully in the struggle of oppressed peoples, we must remain humble enough to recognize each person's intrinsic value and unique contributions. Regardless of religious and cultural heritage, if we can realize the beauty of their creations, we will be able to communicate in their ‘language’ with due respect and reverence. We will then be qualified to participate with them in the process of re-interpreting these gifts in relation to the concrete realities of today. Thus together we will be able to identify and adapt their positive contributions to the needs of the struggle.

This process of helping large masses of people to develop new faith in their struggles is taking place in the ‘People’s Churches’ in Latin America, the Philippines and possibly some African countries: It should not be limited to these areas alone.

Today we are confronted with a very integrated approach on the part of ‘global capital’ to ‘remould’ all nations, large and small, including their economic, political, and cultural systems. The goal of this effort is greater profit, and the arms of the operation have been extended to the remotest parts of the world and to the households of the poorest people.

The war that has been declared against any form of resistance to this operation is also well organized. International collaboration and coordination to suppress this resistance in the name of ‘suppression of terrorism’ and ‘internal security’ is a growing phenomenon.

What is needed, therefore, is to integrate all ‘grass-roots’ efforts into a coordinated strategy of ‘total resistance’. It is in this united front that people will discover far richer alternatives.

No single religion or culture today can claim to possess the whole truth and thereby hope to civilize or save the world. We must try to bring together the valuable creative potential of all peoples in the struggle to form a new, moral civilization out of a world that has become so uncivilized and immoral. We have to critically assess how we ourselves have contributed to the tremendous mental blockage that has blinded us to the power of negative forces.

I would like to conclude by quoting Xavier Gorostiaga of Nicaragua, who addressed a large gathering of Europeans and other representatives of developed countries at a conference on World Development:

What we need is not so much aid, but rather the understanding and legitimacy to the efforts made by the people...

We need to realize the importance of providing legitimacy to all forms of struggle carried out by people within their own religious, cultural and ideological backgrounds, against the integrated forces of evil.

* Sarath Fernando is Coordinator of the Asia Regional Fellowship of CCPD at the World Council of Churches, and Moderator of the Devasarana Development Centre in Lubagamuva, Sri Lanka.
Cross-fertilization of love
Mother Teresa, founder of the Missionaries of Charity and 1979 winner of the Nobel Peace Prize, shares worship in this Jewish synagogue in Calcutta.
CMC and CCPD TOGETHER
IN TAGAYTAY: January 1988

A local congregation prepared a cultural evening on the Wednesday of our week of meetings. We were invited to take part in some of the more important events of village life. For weeks, church members had prepared for the show:

Sunday school children, very self-conscious and serious, paraded in a fashion show with costumes from all the provinces. We followed a young man courting his beloved and winning her parents approval, helping her family in their daily work as tradition bids. We were then invited to join in the dancing at the wedding party. The barrio-fiesta (village feast) was the grand finale. There was singing, folk-dancing and good food with relatives and visiting friends. So we all tried some Filipino specialities.

Health Care was debated. We questioned the West’s affluent lifestyle with its exploitation of nature and longterm effects on the health of human beings.

After 13 regional consultations, the “Health, Healing and Wholeness Study” is drawing to a close. The preliminary findings were reviewed and a small group of staff and commissioners were given the task to draw conclusions and write the final report, to be ready for the Central Committee Meeting in Moscow in 1989.

The 2 Commissions met one day for a joint session. In the morning we listened to David Werner (author of Where There Is No Doctor) and Sarath Fernando on “Empowerment of People for Health and Development”. They both challenged our concepts of development and health services and gave much food for thought and discussion. The Filipino struggle with transnational companies was reported on. The discussion especially focused on the babyfood industry and the pharmaceutical industry. Themes common to the World Council of Churches: Justice, Peace and the Integrity of Creation, (JPIC), and The Ecumenical Sharing of Resources filled the afternoon. Justice, peace and environment form the basis of our work, and the struggle for more equal access and use of the world’s resources must continue.
Returning to Manila after the meetings, we visited one of the Philippines’ foremost “psychic surgeons”. This was a very strange experience – unbelievable to many of us -- but if seeing is believing... ! After an introductory sermon praising Jesus for his healing power, this healer received his patients in a small office behind the open veranda/waiting-room. The patient lay down on the table and the healer moved his hands over the body, stopping above the area of disease. Often a tumour was below the surface, which he removed, without using any instruments and without leaving a scar.

After the Commission meeting, we split into small groups to visit different parts of the Philippines and see some of the programmes of the churches and other groups working to improve the life of the people. For many, this was our first time in the Philippines. We were impressed by the wholehearted involvement of many people, especially the young, in the struggle for better living conditions for those most exploited. The Philippines is a country with great injustices, with some very rich people amid many more who are starving. Two American military bases and many foreign companies (Europe, Asia, Australia and America) are installed there. This strong foreign presence and domination influences the life of everybody and prevents the Filipinos from developing their country independently and to the benefit of the majority.

Shocking to many of us was the widespread prostitution business. This was most obvious around the American bases, where a “rest and recreation industry” has developed, with several thousand local (and imported) “hospitality women” helping the soldiers to relax. An even more disturbing aspect was child prostitution, involving both boys and girls from 5 to 12 years of age. Many of their clients are older men from Australia, Europe and North America, who come to spend their vacation in one of the hotels specializing in child prostitution. It is important to see this problem not only from the point of view of the poor women and children who are suffering, but to expose the men who go abroad for exploitive pleasures they would not admit to at home, and those who make money on the business.

The meeting ended with a Health Colloquium in Manila arranged by local voluntary organizations involved in different aspects of Primary Health Care. We were all impressed by the devoted involvement of so many in improving health care.

The minutes and full report of the Commission Meeting will be published soon and will be available to those who are interested.

Birgitta Rubenson,
Programme Secretary CMC
USEFUL PUBLICATIONS


"Learning by objectives" has been the main educational methodology for the last 30 years. Many claim it has failed to sufficiently prepare persons for the duties and tasks of the profession. The criticism was the same for the old method of concentrating on facts, for the sake of knowing them. This small publication from WHO describes the basic ideas of the method, explains why it has often not worked, and shows how it should be used. It is written to help teachers find ways of making their training programmes more relevant.


GUIDELINES FOR INTRODUCING SIMPLE DELIVERY KITS AT THE COMMUNITY LEVEL, 1987, 42 pages, by Maternal and Child Health Unit, Division of Family Health, World Health Organization

In the developing world more deliveries are conducted at home than in health institutions. They are attended by the mother, another relative of the woman, or by a local birth attendant. They perform their duties based on experience and traditional knowledge handed from one generation to the next, with little or no resources. This well-illustrated booklet gives ideas for preparing the locally available materials essential for a safe normal delivery. It would be very useful for training (TBAs) and women's health programmes.

Available from: Maternal and Child Health Unit / WHO / CH 1211 Geneva 27. WHO staff are grateful for comments and input, as the publication will soon be revised.


Schistosomiasis or Bilharzia is a chronic, weakening, sometimes fatal disease, occurring in tropical and sub-tropical countries. Where endemic, its control is of major human and economic importance. Control seemed unattainable until quite recently. Now, with the combination of adequate water engineering and the availability of curative drugs for mass use, Schistosomiasis can be controlled over wide areas, and even eliminated in isolated localities. This book, written for engineers and public health officials, shows how this can be achieved. The language is technical and requires some knowledge of the subject.

Available from: Macmillan Publishers Ltd. / Little Essex St. London WC2R 3LF, U.K.
MAP INTERNATIONAL announces its next workshop: "CHANGE: How Does It Happen?" Participants will learn how to make community health programmes more effective by applying key change strategies to planning, learning, and behaviour!

Montreal, Canada will be beautiful between 2-7 June 1988. Workshop will be held at John Abbott College, conducted in French and English.

Fees: US$290 / Canadian $377

More information from: MAP INTERNATIONAL / Box 50 / Brunswick Georgia 31520, USA.

IHMP (Institute of Health Management, Pachod) offers a 6-week course for health supervisors in the Management of Primary Health Care. Its objectives include reinforcing managerial skills in health managers, developing a problem-solving approach, and relating health administration to the wider socio-cultural and political dimensions of health.

This course will be held 2 times a year, in January and August at Pachod, Aurangabad for 6 weeks.

Fees: Rs 3,000, including tuition, board and lodging. Several scholarships are also available.

More information from: IHMP / Pachod / District Aurangabad 431121 Maharashtra / INDIA

ANNUAL AWARD OF MERIT

The World Association for Orphans and Abandoned Children (WAO) is offering to contribute an annual award for distinguished services in the cause of orphans and abandoned children during the course of the year.

The award will consist of:

1) an appropriately engraved medal;

2) air travel, to Geneva, combined with a celebration honouring the event.

Readers who know of someone who merits this distinction through his or her work, for orphans in orphanages, schools, or in the streets, are asked to send an account of their life story and experience, if possible with photo, to:

World Association for Orphans and Abandoned Children, 12 rue Jean-Calvin, 1204 Geneva/Switzerland.

INTERNATIONAL ASSOCIATION FOR ADOLESCENT HEALTH

A new worldwide network for advocacy, health promotion and the improvement of health care for young people was formed at the Fourth International Symposium on Adolescent Health, held recently in Sydney. Priorities include:

- establishing a sound financial structure
- circulating a regular newsletter on a worldwide basis
- choosing a location for the 5th Symposium (probably in 3 years)
- stimulating interest among workers and youth themselves through communication
- deciding on a name for the International Association

Members of this newly created network feel these priorities:

represent "an important step towards integration, mutual recognition and cooperation between individuals, professional disciplines and organizations representing different viewpoints, but all concerned about advocacy and better health for young people."

... and...

"provide a basis for cross-cultural research and policy development in a wide variety of areas."

More information available from: Dr. M.G. Williams, Chairman / Interim Committee / International Association for Adolescent Health / CANBERRA COLLEGE OF ADVANCED EDUCATION / P.O. Box 1 Belconnen A.C.T. / Australia 2616.
WORTHY MENTION

The editors of CONTACT find the following effort most heartening, as it is in keeping with the publication's goal of reporting on "topical, innovative and courageous approaches to the promotion of health and integrated development."

THE INTERNATIONAL NURSES DAY 1988 has the theme "Safe Motherhood". All around the world nurses and midwives will commemorate Nurses Day on 12 May with special activities to highlight and promote "Safe Motherhood".

Each year more than 500,000 women die in pregnancy and child birth, and for every death it is estimated that an additional 10 to 15 women are permanently disabled. Most of these deaths and disabilities could be prevented, if the women had access to primary education, ante-natal care, basic delivery care and adequate family planning services. The work of nurses and midwives is essential in ensuring that women get the support they need during pregnancy and child birth.

The International Council of Nurses have produced a resource kit called "Help her have a Happy Birthday" to help nurses' groups plan activities for the day. It can be ordered from: International Council of Nurses, 3, place Jean-Marie, 1201 Geneva, Switzerland.