Alternative Health Report
A Tool for the People

Jaime Breilh

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LATIN AMERICAN HEALTH WATCH

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EDITOR

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- CEAS - Editor

PEOPLE'S HEALTH ASSEMBLY 2

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ECUADOR, JULY 2005

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Alternative Latin American Health Report

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Global Health Action is a campaign tool based on the first Global Health Watch, published in July 2005.

The Watch is a broad collaboration of public health experts, non-governmental organizations, civil society activists, community groups, health workers and academics. It was initiated by the People's Health Movement, Global Equity Gauge Alliance and Medact.

This alternative world health report is an evidence-based assessment of the political economy of health and health care – and is aimed at challenging the major institutions that influence health.

The Watch is available for free download at the website **www.ghwatch.org**, and on CD, available by contacting **ghw@medact.org.** It will be published by Zed Books in December 2005.

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LATIN AMERICAN HEALTH WATCH

Alternative Latin American Health Report

Jaime Breilh
CEAS (Editor)

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1 Alternative Health Report : A Tool For The People

Jaime Breilh

Health reports are supposed to be knowledge and monitoring tools of public health (collective health) for the promotion and defense of life. If their information is realistic, they make evident the deep wounds of inequality in peoples' current health situation.

Unfortunately, most of the renowned reports on regional health, ones that are amply disseminated through institutional health offices, allow neither a clear understanding of the profound deterioration that characterizes Latin-American peoples' health, nor of the relation between that decline and the unprecedented wealth concentration that our societies experience. Despite being elaborated in fancy editions and supported by important data bases, they are not conceived to unveil reality, and with the mass communication media that masks or conceals evidence of political and social inequity, official health reports hide the devastating effects provoked by market fundamentalism in the quality of life of our people. Likewise, human and health rights have been converted in the last two or three decades into commodities. So beyond their authors´ goodwill, and regardless of their frequently robust solid mathematical and formal fundaments, official health information and conclusions are commonly restricted to a logic that disguises reality. From a positivist paradigm, they obscure the health situation, since they magnify insignificant average health outcomes of national programs, while concealing major problems, or presenting these problems in a manner impossible to determine their structural origins.

Several examples might help us appreciate these types of fallacious constructions, which mislead our interpretation of the true health picture of our re-

gion. To illustrate our argument we could mention the fact that official health registers of countries with growing inequities and social abysses are full of statistical tables and graphs, showing a discrete improvement of various average health indicators, such as mortality in early age. In the eyes of the specialist these do not constitute any proof of sound improvement of children's living and health standards, as these averages can be found stable or even declining slightly despite aggravation of living quality contrasts among regions and social classes in many places. Further, these discrete improvements can induce the false image of sustainable health development. For this reason, I have in the past thoroughly analyzed these types of fallacies in official reports [Breilh, 1990]. As I have frequently argued, it is not intellectual mercenaries –like Carlos Montaner- who perform these calculations. They are well-intentioned technicians, even some with progressive ideas, who by applying a lineal reductionist methodology and thus end up contributing to the reproduction of hegemonic interpretations of our reality. Just to reaffirm our line of reasoning we could add another illustrating finding. The so called human development index (HDI) of the United Nations (UN) has been used to provide a mathematical image of social well-being, in manifestly unfair countries. That amply cited index elaborated by the United Nations Development Program (UNDP), including compound indicators that portend to reflect according to its authors "a long healthy life, knowledge and a decent living standard" [PNUD, 2001], showed an ascending trend, suggesting a significant human development improvement ($r>0.94$; $p=0.00$) in countries such as Argentina and Ecuador from the years 1984 to 200, precisely when the neoliberal model was unmercifully affecting their peoples, provoking a clear social decline and massive malaise, all of which operated as a source of growing dissatisfaction that triggered violent outbreaks and the overthrowing of presidents blamed for introducing these voracious policies and further fostering inequality [Breilh, 2002].

Certainly, in the last few decades of neoliberal economic policy, the magnitude of impoverishment and expansion of social contrasts often rule out those discrete statistical maneuvers, and data cannot conceal social corrosion. However, when deteriorated health indicators are registered, these appear disconnected from the social unjust relations that generated them. Correspondingly, the categories and variables chosen to picture health, and the way they are associated, dissolve systematically their structural determinants, such as economic concentration and social exclusion, institutionalization of repressive violence and aggression, legal deregulation and reduction of public norms for social security, which leaves citizens and working population unprotected and at the service of greedy labor arrangements, loss of human rights and their transformation into merchandise, cultural aggression and imposition, and big business destruction of biodiversity and appropriation of vital resources such as water, energy, genetic resources.

The Alternative Health Report in Latin America thus recovers these types of categories and relations that tend to be overlooked by "dominant science", in order for epidemiological analysis to become impregnated with reality, and so that our people can benefit from an analytic tool which penetrates the roots of their suffering, and allows for projecting, on reliable bases, a strategy to transform an inhumane and pathogenic social order.

Alternative Reports´ Brief History

Starting with the recognition of the insignificant health achievements in the world population's health in the last two decades, voices arouse demanding a different type of health monitoring and reporting system.

Social forums demanded a focus on the dramatic health problems of the socially excluded, the workers and the marginal urban masses thronged in cities, the rapidly increasing rural populations submitted to extreme impoverishment, and above all, that they be aided by dependable organizations not representing the biased perspective of the powerful.

To begin with, specialized scientific organizations with research experience were summoned. Facing the middle of the 1980's, different movements of civil society initiated discussions on the necessity to inject "reality" into international health policies and information required to evaluate the situation of peoples' health. Following several preparatory events held in different places of the World, the First Peoples' Health Assembly was convoked in Bangladesh in December of 2000 with the participation of 1.500 delegates from 75 countries. They represented civil society organizations, nongovernmental organizations, social activists groups, health professional associations, and academic and research nucleuses. The main issue of the first assembly, still envisaged as an urgent need, was, "listening to the ignored".

Within this fundamental meeting the well-known "Declaration for Peoples' Health" emerged, which summarizes the principles of our health struggle. Briefly, it is to fight for the highest level of human health under equitable access to care and preventive resources; the conquest of an integrated and democratic health system, with solid high-quality primary care; to promote the right to health, as such and not as a commodity; the implementation of an integral system conducted by collective and communitarian organizations to their own benefit; and finally the ethical and sanitary responsibility of understanding health development as a process determined by socioeconomic, cultural and political conditions, and not only by the provision of medical care services, which hitherto continue to be a privilege of affluent social groups. In view of these antecedents, the organization of the Second World Assembly was made possible.

This urge for an alternative analysis to the World Health Organization's "World Health Report" was proclaimed. There was a clamor for a type of report to be issued independently of official power structures and not influenced by the agendas of international cooperation agencies. The need was for a tool to assist the Peoples Movement on views of health, an instrument for their struggle for equity and human/social rights, and the need to monitor international health institution policies. In short, a tool for social justice in the health field. The idea of an alternative report culminated in the initiative of Global Health Watch.

The Watch has been coordinated by internationally renowned organizations, such as "Global Equity Gauge Alliance" and "Medact", and has been projected in working groups throughout all the continents. A whole set of organizational efforts will now converge in the introduction of a First World Alternative Health Report, during the Second Peoples' Health Assembly in Cuenca, Ecuador, on Wednesday, July 20th of 2005, before delegations of all continents, and simultaneously echoed in ten cities throughout the world.

The complementary publishing of a Regional Alternative Report for Latin America was decided on this year, not only for the fact that the Second Assembly is taking place in a Latin-American country, but also in recognition of valuable contributions made by this region´s researchers and health organizations in innovational research and successful alternative health programs. The International Committee and Global Health Watch designated the Center for Health Research and Advisory of Quito (CEAS) as the central organizer and editor of the report. CEAS is now celebrating 25 years of scientific production dedicated to the development of critical thinking, and the fostering of emancipatory health programs.

Equity Forsaken: Conventional Reports Methodology

The flaws of conventional reports cannot be fully understood solely from an ethical perspective. Though a number of conservative governments conceal inefficacy, or even corruption with biased statistics, the problem is that even well-intentioned experts generate flawed reports, as I have noted above, not because their calculations are mistaken in themselves, but because biased analysis models are applied, which merely display health outcomes, without evidencing the social processes that generate them, or substantiating the power relations that provoke scarcity and suffering in health and constitute the very barriers hindering the achievement and recognition of human rights.

How can we understand the fact that conventional health reports comprise a form of renunciation of equity, when they occasionally refer to inequitable conditions? Actually, the construction of health evaluation or epidemiological models is based on concrete scientific ideas organized under specific paradigms. Experts who design and plan health reports, whether they are cognizant of it or not, apply specific interpretative frameworks or paradigms. What does this signify? On assembling diagnoses, we use concepts, we make viable or prioritize various facts and relegate others, we choose several variables and not others, we demonstrate relations among variables in a particular manners, and we recognize certain values. This set of methodological decisions and operations form a matrix from which we describe and interpret reality. Here, I will not dwell upon an explanation of the interpretative models commonly used to describe health, as it is sufficient to recognize that lineal and reductionist (positivist) methodologies have posed an extremely negative influence on health thinking.

Elucidating positivist operations to readers not familiar with the debate on scientific ideas, epistemological analysis of scientific work, is not an easy task to be undertaken within this short paper. But some basic reflections are indispensable. In the first place, positivism is neither the only paradigm, nor does it always appear in evident visible forms. Nevertheless, it is important to highlight the interpretative consequences of its application and its conservative nature, which contradict the views of the Peoples Movement. The positivist approach, as rigorous as it appears, presents facts in a fragmented or disconnected manner that separates health phenomena from its social historical context. Variables are placed out of context, reality is atomized in many variables or factors, all of which are separately assumed as causes of illness, although detached from the processes that explain their appearance and movement. In sum it is the outlook of a reality crushed into pieces, mechanically associated.

The Analysis of Inequality Without Inequity is a Flaw

To the ruling groups, the fact that health report information is shown in pieces deprived of their social origin is not a problem. On the contrary, it is a desirable procedure. This type of diagnosis dissolves historical health determinants and produces the illusion that illness factors can be rigorously dealt with one by one, when in fact, those fragmented pieces of reality cannot be assembled in an integral explanation of societal health, and thus the image we are able to elaborate from that viewpoint, reality in fact, ends up being veiled and obscured in statistical tables and sophisticated mathematical models.

On the other hand, people interested in understanding thoroughly their reality in order to be capable of transforming it, must overcome this reductionism and specific interpretation of problems. They must emphasize the slants that constitute the health situa-

tion core and never neglect the association of those problems with wide-ranging social relations derived from the power structure and social domination relations which characterize hierarchical societies such as ours.

Referring to inequality and allowing tables and indicators to pervade our experience on urban-rural social inequality, among "social strata" and genders, etc, may result in solely rhetoric if we fail to connect knowledge of the mentioned inequalities with studies on inequities and the specific social contrasts that generate them. Hence, usually displaying inequality numbers without an inequity analysis is an illusion, and an operation perfectly acceptable to those not interested in changing the world, but merely modifying its most negative and evident facets. The dissemination of superficial inequality indicators does not threaten the hegemonic health prescriptions of the powerful. To the contrary, their acknowledgment of certain social differences can convey an image of magnanimity. On the other hand, the announcement of clearly unfair social relations and the existence of an economical, political and cultural system of dominance, that operates as a fundamental health determinant is for them intolerable, since it discloses the essentially inequitable nature of our societies, and points to real changes that imply demolishing those domination structures.

Within Latin America, perhaps on account of historical proximity of progressive scholars and researchers with grassroots struggles, a renewed view on collective health emerged as early as the 70's in public health writings. Epidemiology, for instance, and the consequent health diagnoses and reports of this discipline. Accordingly, in conjunction with the activation of a Latin-American Movement named Social Medicine, at present known as Collective Health, renovation began concerning studies on the evaluation of health[1], which several authors appreciate as one of the most vital movements toward science oriented in social justice and rooted in a creative renovation of health paradigms [Waitzkin; Iriart; Estrada & Lamadrid, 2001].

In recent years, signals of openness to a social approach based on health determinant processes have resounded in First World academic nucleuses and international agencies. Events such as the "Conference on Health Impact Assessment and Human Rights" at the Harvard School of Public Health[2], where attention was drawn to the need to open health interpretations to socioenvironmental determinants, and further link them to human rights and inequity; or the configuration of the Commission on Health Social Determinants by the WHO[3] in March of this year, with the express mandate to surmount approaches restricted to particular illnesses, and tackle general problems derived from social inequality, confirm a reaction against positivist schemes for which Southern movements have called attention for decades.

In the last Health Research World Forum[4], the existing distortion of the health research priorities allocation system was discussed a propos the "10/90 research gap", since only 10% of resources are assigned to the bulk (90%) of peoples' health problems. The "10/90 gap" has been proclaimed as a result of commercial reasoning that prevails within institutions that conduct health research investments and have the economic power to assign resources. The minor significance conceded to problems affecting social masses depicts the implicit recognition that their research is

1. In the Internet site of the Health Sciences Center of the University of New Mexico (http://hsc.unm.edu/lasm), a bibliographic database may be found on the scientific production of Latin-American Social Medicine and its innovating view.
2. Harvard School of Public Health (2002). Conference on Health Impact Assessment and Human Rights. Boston, august 16-19.
3. OMS - Comisión sobre Determinantes Sociales de la Salud (http://www.who.int/social_determinants)
4. Foro Global de Investigación en Salud. México, 16-20 Noviembre del 2004.

not considered as "highly profitable". Within the same event, an international commission put forward a "combined approaches matrix" [Ghaffar; De Francisco; Matlin, 2004] to prioritize investments in research based evidences. The flaws of the model depicted cannot be fully discussed here; I can only underline that, albeit the cited matrix proposes a broader analysis field that acknowledges the impact of macroeconomic policies, the health system, and other sectors such as labor, legal standards, education, and ecological problems as health determinants. It nevertheless reproduces the conventional reduction of interventions to the institutional sphere, without putting forward any serious critique of the consequences of social dominance and the associated inequitable power structure.

The Alternative Report: Critical Thinking and Liberating Action

The Alternative Health Report for Latin America presupposes a critique of the pathogenic effects of social inequity and the need to transform the prevailing power structure as a way to achieve a healthy and dignifying quality of life for our people, and as a basis for sustainable institutional and technical changes in the health field. Thus, the construction of an authentic alternative approach presupposes a critical knowledge paradigm and transforming view of intervention in health.

To fulfill its commitment, in its first part the Alternative Report penetrates the devastating effects of the economic accumulation model applied within Latin America in the last decades. The idea is not merely to speak of globalization, as there is no contemporary forum in which problems are not interpreted and justified alluding to globalization, as an issue of worldwide economic and market system relations. The idea is to visualize the new characteristics of our social system which distinguish it from other epochs that have immense weight and influence on health.

In late capitalism, the technological basis of digital communication and other technical resources are crucial. Even if it is important to acknowledge the significance of this technological revolution, we must not disregard the fact that the roots of present social domination reside rather in the structural processes of a new capital accumulation system, defined by Harvey as the accumulation by dispossession [Harvey, 2003]. According to this author, contemporary capitalist logic not only exerts itself through the extraction of surplus value from workers and the traditional market mechanisms, but it now depends heavily on truly predatory forms of practice, fraud and violent exaction, which are imposed by taking advantage of inequalities and power asymmetries to dispossess weaker countries or vulnerable groups directly.

Case studies rendered throughout the different chapters of section I ("El Modelo de Acumulación por Despojo y la Salud" - Accumulation Model by Dispossession and Health) examine the extreme impoverishment of peoples, the destruction of their living conditions, and the deterioration of environmental integrity. They illustrate how the logic of large corporations operate, whose profit increases demolishing living conditions, while social mobilization struggles creatively to defend human rights and health. Distinct chapters interweave to illustrate the expansion of monopolies that permanently reinvent mechanism of social and cultural subordination and inequity; the institutionalization of violence; the cases of deregulation of labor and social protection laws, with the ensuing degradation of working and living conditions; the gradual transformation of human rights into commodities; the cases of cultural aggression; and the varied manners of biodiversity destruction.

In section II ("Esa Otra Salud Posible" - That Other Health Which is Possible), a more optimistic or

progressive side of Latin American health is presented regarding the advances accomplished by national and local governments of humane social nature, in spite of the previously cited adverse conditions. Workers' victories in defense of justice and living conditions are documented and illuminated, like the case of recuperated factories in Argentina and successful self-managed community driven proposals are explained. Even fields conventionally considered as tangent to health are taken into account, like the case of emancipatory sports programs in Brazil. And finally, experiences of intercultural relations that tender bridges among peoples' different knowledge bases and the liberating academic knowledge that is resultant to this interchange is illustrated.

Creating this report from design to completion in a short five month period, with Spanish and English versions simultaneously prepared, CEAS (Health Studies and Advisement Center, Quito-Ecuador) defined a fast moving strategy, identifying key issues and calling for the contribution of specialists and social organizations with which it had developed fraternal work during its two and a half decades of institutional struggle for collective health. Overall, our summon was positively responded to by 60 individual authors from ten separate countries, and more than 30 organizations of the region (among the most representative academic nucleus or peoples' organizations). Obviously, an effort of this magnitude could not achieve in such a short time all the desirable characteristics of a complete Latin American Report; however, its representativeness and authenticity are supported and justified by the scientific and political relevance of the work its authors and their organizations have accomplished. The Alternative Report coming from such a diverse set of experiences attains unity in the emancipatory nature of their resistance against the irrational, genocidal, and inhumane social system in which we live.

We sincerely hope that the Alternative Report will accomplish the two basic goals that inspired its devising: to become part of our collective memory in the progressive sense that the celebration of memory acquires when, as Subcommander Marcos stated, memory faces tomorrow and "...that paradox makes it possible to avoid the same nightmares and thus recreate happiness"; and secondly, to make clear the difference that Brecht established between conservative rhetoric and emancipatory cultural works: not being "a simple mirror held up to reality but a hammer with which to shape it".

The Alternative Health Report reaffirms our right to build our collective memory, without mediations of the powerful, as the peoples´ memory is only liberating when it registers the substantial side of their pains and happiness, when it nourishes and celebrates a different tomorrow.

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