ECUADOR TODAY

Enrique Ayala Mora • Carlos Larrea Maldonado
Editors

Ecuador Today

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Universidad Andina Simón Bolívar, Sede Ecuador
Toledo N22-80 • Apartado postal: 17-12-569 • Quito, Ecuador
Teléfonos: (593 2) 322 8085, 299 3600 • Fax: (593 2) 322 8426
www.uasb.edu.ec • uasb@uasb.edu.ec

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Alex Remache Gallegos • César Montúfar Mancheno • Carlos Larrea
Jaime Breilh Paz y Miño • Enrique Ayala Mora
Fernando Balseca • Esteban Nicholls

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Quito
2018

Ecuador Today
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First published 2018

ISBN 978-9978-19-907-7
CopyRight QUI-054807

Graphic Design: Taller Gráfico, Edwin Navarrete
Made in Ecuador 2018

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Ecuador: myths of "progressive" extractivism and technocracy
(The flaws of redistributive health governance)

Jaime Breilh Paz y Miño

Introduction

The discourse of a good extractivism, which pays for the social expenditures, appears as a common characteristic of auto proclaimed "progressive" technocratic Latin American governments during the past two decades. The political leaders of these regimes exacerbated their progressiveness defining their administrations as "revolutionary" in contrast with what was repeatedly demonized as the dark era of neoliberalism.

This contradictory economic and political model can be characterized as a redistributive neo-productivism. A form of governance, which built its legitimacy by taking distance with the wave of open privatization and private investment centered neoliberal policies of the previous years and opening a two track governance strategy. In the first place, switching market-centered policies with a public investment State model, focused in aggressive public infrastructural development and administrative modernization policies; mainly in fields of social interest like education, health and transportation. And secondly, by retaining the social compensation systems of focalized bonus deliveries for the extremely poor, applied in previous populist and neoliberal regimes.

The financial cornerstone of this State centered rule was the fast growth of public income, mainly through negotiation of concessions and taxes with transnational corporations and big companies, mainly around the extraction of oil and mining natural resources, which in their turn

provided funds for the development of big public infrastructure projects and equipping in areas like public transportation, educational facilities and health services.

The bulk source of fresh public funds has been oil and metal mining, activities that imply very serious social and environmental consequences, under the dominant international cannons that are applied in all the more lucrative negotiations. So it was under this excessively pragmatic mode of public policy financing and the urgent political need of funds for social investment, that the ghost of extractivism showed it darkest face. The progressiveness of governments that had initially taken sides with environmental justice and ecosystems protection, was diluted through the face saving rhetoric of a supposedly "good extractivism". The intent to justify it by a discourse of minimal negative impacts became the sad face of claudication.

Then, not only did governments go over the constitutional norms that many of them had previously help build in response to neoliberal carelessness, but their executive and legislative arms participated in the regressive move of developing technically biased mechanisms of environmental certification and permission, that concealed the magnitude and nature of the imminent hazards of the proposed extraction projects. A discourse was consciously or subconsciously developed by the technical cadres for minimizing the image of destructive and socially regressive conditions of big scale mining and agribusiness and disguising the social and health hazards that these those developments entail.

From an epidemiological perspective Social wellbeing standards and the health state of the population constitute important evidences when evaluating the overall impact and effectiveness of public policy and governmental strategies. they are true thermometers of the degree of healthiness and wellbeing obtained by successful social policies. Conventional reports based on mere irresponsible socio economic development projects concentrate on macro economical average indicators of economic growth and bulk data on social investment, but they can easily oversee the very negative and regressive implications of the sort of contradictory investment that we have described, so it is important to take a careful in depth look at health

A critical scrutiny and understanding of heath conditions in any period of a society being evaluated, is not only important so show if straightforward positive health effects are being attained –in this case the effects and goodness of socially oriented public revenues derived from extractivist practices-, but also to understand the degree of public health progressiveness that the model make possible, beyond the rhetorical recognition of mother natures´ and peoples´ health rights.

So in order to contribute to the evaluation of the wellbeing and health conditions generated during the extractivist period in Latin America, and to examine some of the flaws of redistributive governance, we have chosen to examine the health accomplishments of Ecuador´s "citizens revolution" government from 2006 to 2015. Not only that by doing so fit in the thematic of the present compilation, but because the Ecuadorian case provides the combination of fast growing extractivism and at the same time important expansion of public investment in health and public services.

It is however important to highlight that one important limitation of this exploratory assay is the limiting structure and depth of the available health information. Conventional health state reports, as is the case of Ecuador, limit themselves to the fragmented, decontextualized and uprooted description of broad average morbidity and mortality rates, nutritional indexes, and indicators of health services provision and access, as if those empirical facts would have a self explanatory nature. While offering a disintegrated presentation of certain variables and their empirical indicators on national, regional or local basis, they do not provide an integrated description of the social conditions to which they are inextricably connected, and therefore it is very difficult to explain their presence, magnitude and severity in the determining conditioning of preponderant contextual processes.

To overcome that limitation and critically analyze the relation of health conditions to the neo productivist governance, we recur to by restating the epidemiological conditions and and demonstrate the we begin have tried to Our empirical evidences should be built so that we are able to rightly interpret the socio political roots of our present health conditions and problems, and must guide us in understanding the economic, political and cultural processes that shape the social determination of health.

One important conclusion of our reflections is that the contemporary case of the past Ecuadorian government, especially during the oil prices boom (2006-2014), depicts the deleterious logic of extractivism, and demonstrates the limited effectiveness of a type of public health investment, which is mainly circumscribed to individual curative actions and provision of conventional individual health care services through hospitals and other health units.

Under the premise that health levels are a sound indicator of the success of social policies, health coverage indexes and morbidity/mortality rates reduction are considered the gold standard for weighing the effect of such governance. Therefore, national state of health evaluations often limit themselves to the analysis of programs and services provision indicators and classical epidemiological tracers.

While conventional reports of that sort provide information on national, regional or local trends of empirical health phenomena, they do not allow us to explain the socio epidemiological determination of the state of health. Our empirical evidences should be built so that we are able to rightly interpret the socio political roots of our present health conditions and problems, and must guide us in understanding the economic, political and cultural processes that shape the social determination of health.

In order to evaluate the expected effects on the health of the population, our analysis went beyond the empirical reductionist methodology of conventional epidemiology, which operates through description of isolated evidences, merely describing them and their external connections.

To overcome the empirical evaluation of health conditions we have to insert and interpret health data of related to the affections and psychobiological characteristics in their social context, link connect data built about important variables which restricts description to health phenomena or expression that constitute the peak of the iceberg peal of the ice do not allow us to apprehend the real, integral, collective health condition, we have analyzed data in their historical context, deciphering the social

In order to fulfill this commitment

The contradictions of "progressive" extractivism

The concept and practice of extractivism appear in countries with abundance of valuable natural resources. It applies to a form of governance that subsumes the logic of the State, which is negotiated and financed by powerful international corporations. It entails aggressive investment in extraction of exportable, non renewable, goods. Through oil and mining concessions or similar mechanisms it a preferred form of capital accumulation acceleration that operates and accelerated appropriation / concentration of life goods (land, water, genome and in general of the biota).

Countries get trapped in a perverse logic which converts their abundance in a paradoxical impoverishment.

The main argument of a "good extractivism" that supports the construction of equity through social investment and a redistributive process –without undermining the principles of progressive development–, has been subject to profound national and international scrutiny and questioning. There is a wide range of criticisms. Some focus in the different pathways for the expropriation of resources, the loss of autonomy and destructiveness (Acosta 2011).[1] Other highlight the operation of loans which intertwine a a gain-loss scheme: from the side of the receptor heavy public debt building and from the side of the donor an aggressive blow to win diplomatic allies, invest its funds, promote its currency and secure much-needed natural resources (Krauss and Bradsher 2015).[2] Others map the oil concessions in sensitive territories and foresee a major ecologic disaster (Foucart, Holzinger, Malécot & Patricolo 2015).[3] Some researchers have demonstrated through rigorous field research the slow, unstable and now critical nature of oil industry, with its recurrent cri-

1. Acosta, A. (2017). *Maldiciones, herejías y otros milagros de la economía extractivista* (2011) (1a. ed., pp. 341-78). Quito: Abya Yala.
2. Krauss, C., & Bradsher, K. (2015, julio). China's Global Ambitions, With Loans and Strings Attached. *The New York Times*.
3. Foucart, S., Holzinger, F., Malécot, V., & Patricolo, C. (2015). Dilemme pétrolier en Equateur. *Le Monde*, Samedi Juillet 4, p. 7.

ses - especially since 2013, when there was an abrupt 60% drop in value. They explain the vulnerability of an economy with limited diversification, whose benefits are concentrated and do not solve the poverty and social inequity indexes. They describe the forest devastation, the affected communities and the minimum institutional development that the model implies. They question the anthropocentric vision of a blind economic system in the face of social and environmental rights and demands (Larrea *et al.* 2017).[4] Later studies have penetrated in the periodization megamining projects in Ecuador and the shifting strategies used by junior corporations from 2001 to 2007 basically dedicated to exploration, whose profit depends mainly on financial speculation in the stock exchange market, around territories of low concentration of precious metals, operating through asset valorization of projects of massive, highly destructive material intensive extraction (Sacher 2018).

Nevertheless during the blossoming years of oil extraction and rising mining investment, the planning voice of government repeatedly argued in a triumphal tone the consistent success of productivism and defined those years as a "gained decade" (SENPLADES 2017).[5]

The advent of a new government last year (August 24th, 2017) raised a wave of cautious hope in the country but at the same time intensified the interpretative dispute. One recent analysis profiles this period´s complexity, stating the potentialities of the new political moment, but at the same time cautioning about the vulnerable scenario that faces any reasonable, well informed and consistently democratic option to be built (Acosta Cajas-Guijarro 2018). Qualifying optimist positions in this new political cycle of economy the analysts demonstrate that in the declining productivist years from 2014 to 2017, there was a clear contraction of production, investment, employment, labor time an its value. At the same time the disturbing growth of fiscal deficit as percentage of GIP, of an important fall of the international reserve and a four fold increment

4. Larrea, Carlos. *¿Está agotado el periodo petrolero en Ecuador? Alternativas hacia una sociedad más sustentable y equitativa: un estudio multi-criterio.* Quito: Universidad Adina Simón Bolívar; Ediciones La Tierra; UASB-E, 2017.
5. SENPLADES. Informe a la Nación 2007-2017. Quito: Publicaciones de la Secretaría Nacional de Planificación y Desarrollo, 2017.

of public debt. This preoccupying mortgage forced upon the country´s economical future, not only reaffirms the abounding criticisms we are portraying but also becomes hurtful when the data confirm that not even basic social equity gains were obtained. Indicators as the Gini income concentration index and the percentage of poverty appear stagnated. And even some crucial social equity indicators like the land concentration index was incremented during the years considered in the analysis.[6]

So these are the social historical circumstances that demanded us to look at what happened to the population´s health in the period an urged us to explore the readings of the epidemiological thermometer of real human development during the neo-productivist years.

Collective health: indispensable conceptual precisions and hypothesis

In the academic and institutional field of public health there is currently a dissent among those who approach health from a functional empirical paradigm, which assumes a reductionist and linear logic that considers it as a fundamentally individual problem caused by the so-called "risk factors", and, on the other side, those who sustain an integral critical paradigm that explains the generation and distribution of health problems through the theory of social determination of health.[7]

The application of the empirical-analytical logic to the "diagnoses of the health situation" emphasizes the systematization –even rigorous– of epidemiological and environmental evidences, but fragmenting them in a factor system, converting health into an array of fragmented variables, that the researcher associated by a formal mathematical model. A vision that works on the "peak of the iceberg", flattening reality to the phenomenal, with evidences only formally connected, but lacking a structural explanation. This model of Cartesian foundation, reifies collective health

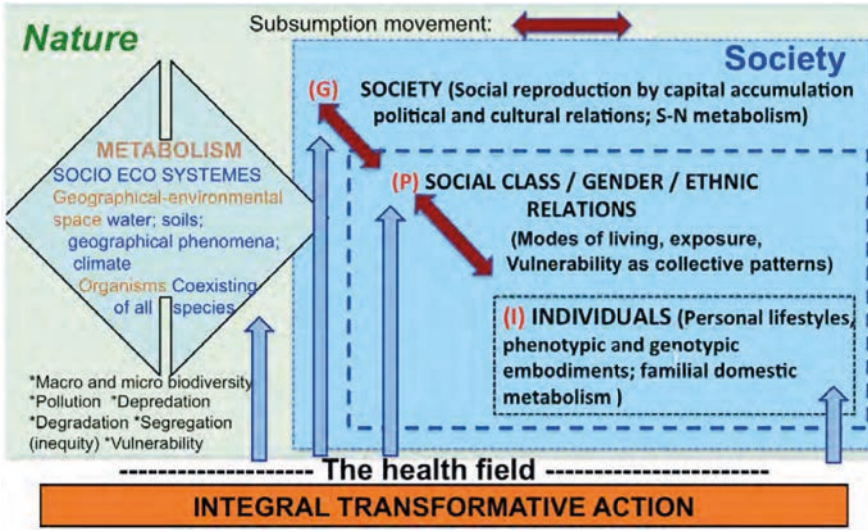
6. Acosta, A., & Cajas-Guijarro, J. (2018, enero 12). El proyecto económico del gobierno de Lenín Moreno (De una política sin rumbo a una propuesta alternativa).
7. The social determination of health theory, propossed and amply discussed by Latin American authors (explicada por autores de la salud colectiva o medicina social latinoamericana).

understanding as the statistical summation of individual events and associated factors.

If one is dealing, as is the case of this assay, with the assessment of collective health in the productivist era, the Cartesian model would reduce it to the statistical systematization of indicators and, at best, the correlation of those fragmented pieces with some isolated "risk factors."

In contrast, to evaluate the health situation from the paradigm of complex thinking and social determination, we assume it as a multidimensional process where what happens with human health in the individual domain and the social (collective) are not related only externally. Instead of looking at social "factors" as external to the human and environmental biological impacts, their intimate connection is established, mediated by a process that is not just external contact but the subsumption of the biological in the social, that is, the concatenation narrow social life with what happens in our bodies, in the physiological processes of the phenotype and the genotype reaction norms. In this way, it is understood that

Figure 1. **Integrating Health model (Complex critical reasoning) Social Deetermination social DS (multidimensional)**
G: general / **P**: particular / **I**: individual



Breilh, J. (2015). Epidemiología crítica latinoamericana en *Tras las huellas de la determinación salud* (pp. 19-75). Bogotá: Universidad Nacional de Colombia.

phenomena such as morbidity and mortality in the case of human beings and the condition of the ecosystems of the affected nature must be explained within the framework of collective ways of life, and these in turn they must be analyzed within the broader framework of the social movement that is established in the general domains of society and particular of the economic, cultural groups of said society.

Critical epidemiology inserts the understanding of the impacts on human and environmental health in the movement in the social reproduction of each society that takes place under typical forms of relationship with nature, in the form of a metabolism. Said movement of social reproduction is concomitantly a conscious process of creation of culture, forms of organization, and power relations, as well as the construction of relationships with nature itself, of which human beings are part. The conceptual map of figure 3 summarizes the spaces, dimensions and relationships that participate in social determination that redefine the scope and essence of health (Breilh 2003, 2017).

If we are going to analyze and evaluate the health of the Ecuadorian society of the productivist period, for example, we must not disconnect the phenomena that are expressed in individuals –such as morbidity and mortality– or from local territories, from the processes of the dimension Social. When in a social space the logic of the general processes (G; macro), the particular processes of the typical groups' living modes (meso) and the individual processes of the lifestyle in the individual order (micro) fulfill the conditions that we have called the 4 "S´s" of life (i.e sustainable, sovereign, solidarity and biosecure) then are healthy spaces and processes, otherwise they are unhealthy spaces and processes, which are evidenced in epidemiological indicators (Breilh 2015). See Figure 1.

From this perspective, the "hypothesis" of this work emerges:

> Even though conventional curative public health installations and professional resources were expanded and modernized since 2006, the potential favorable impact of this policy was masked and counteracted by the proliferation of unhealthy processes under conditions imposed by productivism, this is why their was no consistent improvement of health indicators in the period. The resulting unhealthy modes of living counteract the favorable effect of expanded health services. Since health impacts data cannot be statistically linked to social determination data it is practically impossible to discriminate the net effect of health care services.

Raising health investment and stagnation in the Productivist Era

The financial administrative strengthening policies of the public health sector in Ecuador for the period 2006-2012 are evidenced in the investment budget items (accrued expenditure and advances). Thus according to the Ministry of Finance´s figures, public investment was on the raise: in the health field it grew from 0.64 to 332 million US dollars; in education from 88.86 to 537.0 million. Likewise, investments in energy went from 3.8 to 912 million and road investments from 279 to 986 million.[8]

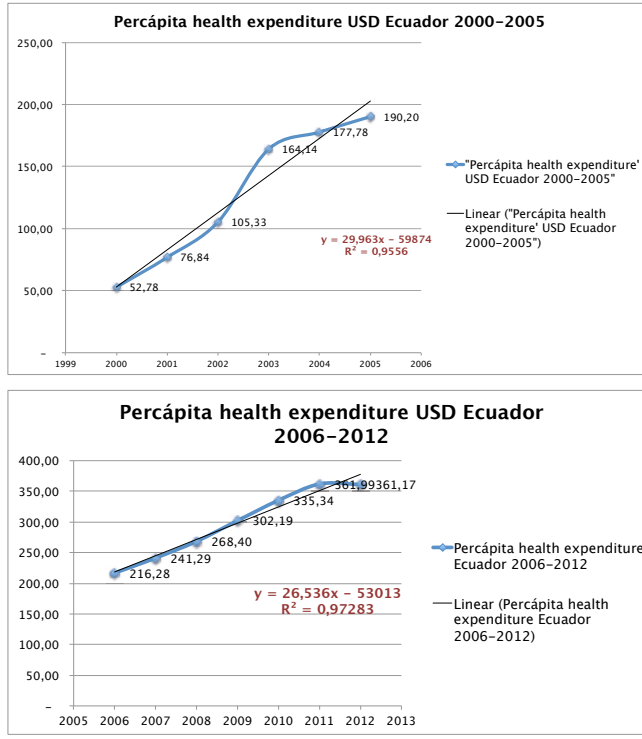
The political decision to consolidate public health as a priority is evident in the year-over-year growth of the budgets accrued in the sector that went from 775 million in 2006 to 2,829 million in 2012 and more than 3,294 million in 2013.[9] With the turn of the century, spending on health in Ecuador as a percentage of GDP increased notably from 2000 to 2012 and remained above 6% with discrete fluctuations.

As well as a rising tax collection, which doubled in the period, social investment per capita grew from 147 to 446 USD according to National Planning Office figures reported by the Ministry of Public Health.[10] At the same time, social indicators such as the basic salary showed a discreet growth to reach 329 USD. The redistributive trend was also manifested in the consolidation of housing bonuses which grew in 2010 from 263 to 14567 solutions.

When comparing the trend of per capita public health expenditure in several countries of Latin America during the current century (2000-2012) according to World Bank data, Ecuador reports the highest percentage growth (584.33%) although in absolute terms the per capita assigned in 2012 is barely 361,17 USD; much higher than in previous years, but much lower than Uruguay (1313.44 USD) or Chile (1103.36 USD), Argentina (995.18 USD) or even Colombia (529.82 USD). If we com-

8. Secretaría de Planificación y Desarrollo–Informe Ministerio de Finanzas al 21 de Diciembre de 2011.
9. Presupuestos institucionales devengados y Resol.CD.441(2000-2013), MCPE (PIB 2013 estimado), INEC (Proyecciones Población) MSP–CGDE-DES.
10. MSP. El Plan Nacional del Buen Vivir, determinación social de la salud y la gestión pública. Quito: Informe de la Ministra, 20 de noviembre del 2013.

Figure 2. **Gasto percápita en salud.** USD actuales
Diferencia de crecimiento no significativa. Prueba *t*= 1.76056: valor *p*= 0.112



Fuente: Estadísticas de Recursos y Actiivdades de Salud 2003-2012. INEC. Disponible en htpp//www.ecuadorencifras.gob.ec/actividades-y-recursos-de-salud/ (tabulados). Elaboración: J.Breilh.

pare the figures between two political sub-periods 2000-2005 and 2006-2012, we find that although an absolute increase in both phases persisted year after year, the rhythm was greater in the first (260.38%) than in the 2006-2012 phase (66.99%) (Figure 2).[11] Tendency similar to that which occurred in the national public social security system. In general, despite the imperfections and shortcomings in accessibility, or compliance with the free medicines policy, it is evident that a significant expansion of conventional coverage was achieved.

11. MSP, CGDES-DES.. Cuadro elaborado sobre cifras del Banco Mundial 2000-2012.

The recovery of public services quality provoked a remarkable increase in patient demand. The umber of attended patients rose from 16.2 million in 2006 to 40.3 million in 2012. Similarly hospital discharges rouse 26.30% from 1999 to 2005 and 33.97% from 2006 to 2012. In 2012, 72.98% of treated cases were public (843205) and 27.07% (313032) were private.[12] The rate of expenditures was higher in provinces with stronger entrepreneurial development.

Availability of medical doctors per thousand inhabitants, also experienced a significant increase of 10.62% in the 2007-2012 period. The most recent report registers 1.71 doctors x 1000. Although these figures indicate an important raise in public medical employment, the country has not achieved levels of coverage such as that of Uruguay (3.7 x 1000) (Figure 3).

The political will to improve the basic living standards of the poor was framed in a set of social investment policies based on public social spending and a subsidy-based program to palliate inequality. Initially from 2007 to about 2013 some discrete redistribution was evidenced in a modest reduction of national income concentration, the % of population empirically defined as poor, and the land tenure concentration, but even the trend of those basic indicators was reversed from 2014 to the present.[13] Table 1.

Table 1. **Stagnation of basic living standard indicators for the poor (Ecuador)**

Basic wellness indicator	Period: years 2007 - 2017		
	Initial year	Middle year	End of period
Income Gini index	0.551 (2007)	0.47 (2011)	0.46 (2017)
Poverty % of population	36.7 (2007)	22.5 (2014)	23.1 (2017)
Land concentration Gini Index	0.78 (2007)	0.77 (2013)	0.8 (2016)

Source: A. Acosta and J. Cajas-Guijarro, 2017 (Based on: BCE; INEC; Supercias).

12. INEC. Egresos hospitalarios, 2012.
13. SENPLADES. Estudio citado en MSP. El Plan Nacional del Buen Vivir, determinación social de la salud y la gestión pública. Quito: Informe de la Ministra, 20 de noviembre del 2013.

On the other hand to ponder how much this public policy model has contributed to improving health, and given the limited space in this paper, we summarize some important findings, on health disorders that tend to become widespread in contexts of an accelerated economy with increasing levels of wealth concentration and social exclusion which yield ever growing cases that end up in hospitals. The increase of morbidity prevalence rates, of an increasingly complex and expensive to treat pathologies, exerted increasing pressure on public health care services. Lets illustrate these phenomena.

Stagnation of infant and maternal mortality

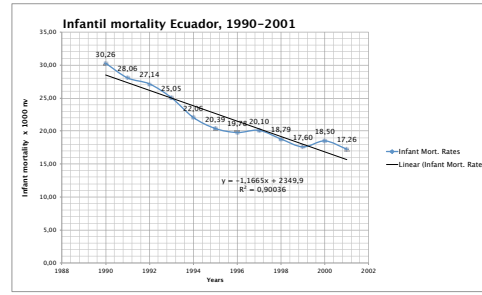
These epidemiological rates are adequate tracers for evaluating the state of health because they are sensitive –although non-specific– indicators of basic social and service infrastructure development.

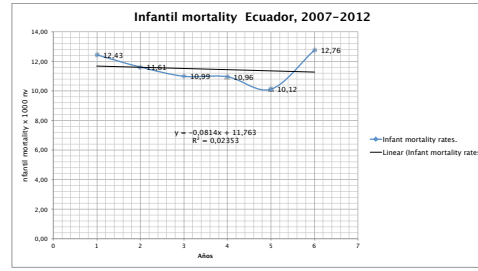
We analyzed the time series of infant and maternal mortality from 1990 to 2012, subdividing them in: *a) a neoliberal modernization period* (1990-2001); *b) a crisis of neoliberal hegemony and transition period* (2002-2006); and *c) the neo-productivist period with redistributive governance, that we are evaluating* (2007-2012). When comparing the linear regression slopes of infant IM of the threes sub-periods, we observe a non significant ($p= 0.15$) difference in the decline of mortality between the neoliberal and the neo-productivist subperiods. That is to say, the very modest improvement of these socially sensitive mortality rates, does not withstand the argument of a profound "health revolution" that the official discourse disseminates. Our infant mortality rates are still much higher than those of countries in the region with consistent development of basic living conditions and health infrastructure Conversely, one can speculate that the public health system has been clearly inefficient, or that the ever growing accumulation and persistence of destructive unhealthy social processes counteract the potential effects of expanded infrastructure and professional resources made available (Figure 3).

The maternal mortality curve for the same periods yields similar findings. But in this case there is a very pronounced increase in the third sub-period, probably implying a higher percentage of detected cases, that in the

Figure 3. **Contraste tendencias de mortalidad infantil Ecuador**
1990-2001 / 2007-2011. Diferencia de pendientes. P= 0.15

Infant mortality Ecuador 1990 -2012			
PERIODS	**Years**	**Rate x 1000nv**	**% Variation**
"Neoliberal modernization (Tax reform; labor deregulation; State modernization law; Agrarian reform law)"	1990	30,26	**-42,70**
	1991	28,06	
	1992	27,14	
	1993	25,05	
	1994	22,06	
	1995	20,39	
	1996	19,78	
	1997	20,10	
	1998	18,79	
	1999	17,60	
	2000	18,50	
	2001	17,26	
Model crisis and transition	2002	16,45	**-18,96**
	2003	15,21	
	2004	15,50	
	2005	14,71	
	2006	13,33	
Redistributive gobernance	2007	12,43	**-18,60**
	2008	11,61	
	2009	10,99	
	2010	10,96	
	2011	10,12	
	2012*	12,76	





* Cambio sistema de registro.
Fuente: INEC, Nciminetos y defunciones, 2012.
Elaboración: J. Breilh

previous moments fell into underreporting, but which the health system could not solve.

When you break down the mortality rate contrasts to the provincial level and you compare those provinces characterized by higher entrepreneurial development, which include the bigger cities and accumulate slum informal population, in respect to those of less developed socio economic capitalist development, you find rate differences of 30 to 40%.[14]

14. Estratificación basada en el análisis censal por el sistema INSOC del autor.

Growing malnutrition and the agrarian inequality model

The nutritional condition of any society depends much more on the productive, commercial and cultural processes of food systems, rather than on health care programs. Agricultural activity is a vital and defining process of planetary life and human health. It strongly determines both in rural productive areas as well as in urban consumer areas the real nutritional capacity of a society and the healthiness of its metabolism with nature. The quality of life and health depend deeply on agriculture. Agricultural practices define if land is fertilized in a sustainable way or not; it conditions how seeds are transformed and distributed. Agrarian trade determines the equitability and sovereignty of food distribution. Food biosecurity, which is the main indicator of the safeness and ethical fundament of agricultural practices is systematically deteriorated in dominant conventional agriculture. And finally, the type of agrarian model is also expressed in the degree of contamination, waste or generation of waste.

Agricultural extractivism has expanded its territorial presence in the historical period we are analyzing. Vast zones of conventional for export agribusiness are growing exponentially, through land concentration, water monopolization, intensive pesticide use and climate warming agriculture. Small and medium farm producers that feed the country are in retreat. Agroecological producers fight to survive under unfair market and policy conditions.

During a decade of agrarian productivism, nutritional health indicators have worsened. Obesity, is on the raise (ENSANUT 2012)[15] and under nourishment is stagnated; there are worrisome signals of growing

15. Freire, WB., Ramírez-Luzuriaga, MJ., Belmont, P., Mendieta, MJ., Silva-Jaramillo, MK., Romero, N., Sáenz, K., Piñeiros, P., Gómez, LF., Monge, R. (2014). Tomo I: Encuesta Nacional de Salud y Nutrición de la población ecuatoriana de cero a 59 años. ENSANUT-ECU 2012. Ministerio de Salud Pública/Instituto Nacional de Estadísticas y Censos. Quito-Ecuador.

multiple food contamination (Curillo 2015)[16] that even affects breast milk (Breilh J & Felicita O 2017).[17]

Progressive extractivism is a clear demonstration of the flaws of redistributive health governance. It has not only drained our valuable productive resources but also the faith of our people in the discourse of the deviant left.

16. Curillo, Sofía. 2015. Dávila Análisis de residuos de plaguicidas químicos en alimentos de consumo humano con la metodología de laboratorio ELISA. Quito: Colegio de Ciencias e Ingenierías, Universidad San Francisco de Quito.
17. Breilh, J., Felicita, O. 2017. Contaminación de la leche materna en madres de zona agrícola de la Sierra Norte de Ecuador. Avances del Proyecto de Soberanía y Bioseguridad Alimentaria. Quito: Programa AndinaEcoSaludable–TEG3 de la UASB-E.