



# Newsletter from the Sierra Madre #43

## November, 2000



### PROJIMO Community Based Rehabilitation Program

run by and for disabled villagers in western Mexico (Coyotitan)

### HEALTHWRIGHTS

Workgroup for People's Health and Rights

### PROJIMO Skills Training and Work Program

run by disabled youth in rural Mexico (Ajoaya)

*This newsletter looks at the struggles of disadvantaged people in Ecuador. The first article gives an account of a groundbreaking Regional Forum in Cuenca, in preparation for the People's Health Assembly, scheduled for December, 2000 in Bangladesh. At this Forum over 40 groups from diverse ethnic groups and habitats gave testimony to how the health of both people and the environment is being compromised by high level policies in the global marketplace that put corporate profits before basic needs. Commitment was expressed for global grassroots mobilization to work toward a fairer, healthier, more sustainable social order.*

*The second main article--in the form of a photo documentary--portrays innovative activities in a Regional Training Course for Community Based Rehabilitation (CBR) in Quito during September, 2000. Participants from community health and disability programs in 14 countries learned through hands-on praxis how important it is to work with the disabled person and family members as partners and equals in the problem solving process.*

## GLOBAL ILLS AND POPULAR STRUGGLES IN ECUADOR

*In September, 2000 David Werner visited Ecuador to help facilitate two very different activities. One was a three day Regional Forum for the Health of the People, held in Cuenca and organized by Dr. Arturo Quizpe and the Faculty of Medical Sciences at the University of Cuenca. The other was a six day Regional Training Course in Community Based Rehabilitation, held in Quito and organized by Christoffel-Blindenmission (CBM).*

marginalized groups.

The Forum was co-sponsored by the Cuenca Faculty of Medical Sciences, the Cuenca School of Public Health, Plan International, Doctors for Renovation, Society for Family and Community Health, Action Aid, Cuenca Child-to-Child Center, Nursing College of Azuay, and other organizations and NGOs.

**A key objective of the People's Health Assembly will be to give a voice to unheard and marginalized groups in the decisions that shape their health and lives.** To this end,

the Cuenca Forum welcomed health workers and spokespersons representing a spectrum of disadvantaged and indigenous groups from the central highlands to the coastal tropics to the Amazon headwaters. Speakers included shamans (medicine men) from the Shuar and Achuar tribes in the eastern jungles, activists working for the rights of women migrating illegally to the United States, community health promoters from underprivileged urban and rural settlements, and activists defending the rain forests and their inhabitants from the onslaught of multinational oil companies.

### The Cuenca Forum

The "Foro Regional POR LA SALUD POPULAR" (Regional Forum for Health of the People)--held in Cuenca, Sept. 26-28, 2000--was a preparatory event to encourage grassroots involvement in the People's Health Assembly (PHA), which promises to be a groundbreaking world-wide event to take place in Bangladesh, December 4-8, 2000. Similar regional fora in preparation for the PHA are taking place in Central America, Asia, Africa, Canada and Europe.

The Cuenca Forum was attended by over 500 activists and health workers from diverse programs, popular movements, and NGOs (non-government organizations) and various



The Cuenca Forum for Health of the People opened with a presentation by shamans (medicine men) from the Shuar tribe in jungles of Eastern Ecuador. The shamans insisted that to heal the people's physical ills, it is necessary first to heal their spiritual ills and to restore a healthy balance with the natural environment.

## SITUATIONAL ANALYSIS: Ecuador at the turn of the Century

An underlying theme in most presentations at the Cuenca Forum was the growing hardship and ill health that the poor in Ecuador are suffering because of the economic crisis and globalization. Many of the nation's ills were traced in part to Ecuador's suffocating foreign debt and to structural adjustment programs (SAPs) imposed jointly by the International Financial Organizations (World Bank and IMF) and Ecuador's elitist right-wing government.

**Suffocating debt.** To service Ecuador's huge foreign debt, the interest payments alone are over half of the government's annual budget. This puts the nation in the situation of a poor landless share-cropper who must forfeit half of his harvest to the wealthy land owner each year. Although the poor man works from dawn to dusk, he never has enough produce left to adequately feed his family. And every year he goes deeper into debt. Such is the situation not only of the poor majority in Ecuador, but of the nation itself.

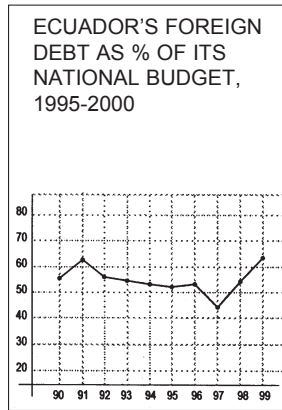
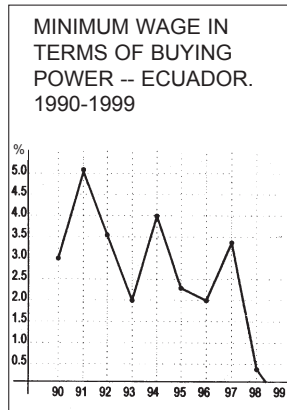
**Widening income gap.** At first glance, Ecuador appears to have a thriving economy. Elegant new housing and malls give cities a look of national prosperity. But as in many Third World countries, wealth is concentrated in the hands of a small minority: mostly big businessmen and financial speculators who thrive through links to multinational industries. Meanwhile the poor get poorer.

### Poverty and Inequity in Ecuador today:

- 63% of the total population, and 80% of the indigenous people, live in poverty. 42% live in extreme poverty, lacking sufficient earnings to meet their most basic needs.
- The richest 20% have 61% of the income, and the poorest 20% have only 1.5% of the income, and the gap between rich and poor is steadily widening.
- Over 50% of children are malnourished – up from 45% 2 years ago. In rural areas 67% of children are malnourished.
- A third of the population lacks potable water and sanitary facilities.
- Half the population lacks adequate access to basic health services; a third lack adequate housing.



**Structural Adjustment.** Adding to the plight of the destitute, Structural Adjustment Policies have mandated that many public services be cut back or privatized. Likewise, user-fees have been introduced for health services and public education—services that used to be free.



**Privatization.** Plans to privatize the Social Security system (IESS) are also now underway. This will deprive even more people of health care. Currently the IESS covers just 22% of the population, providing health insurance only for the minority who are formally employed and pay a monthly quota. However the program tends to lack adequate medicines and services because the government "borrows" from IESS reserves (insurance payments paid by citizens) to help service the foreign debt and pad the pockets of corrupt officials. (When the UN recently "awarded" Ecuador the status of the most corrupt government in Latin America, the country's President responded that it couldn't be so because Ecuador had not entered into any such competition!)

**Inflation** in Ecuador has gone through the roof (48% in 1998, and 100% predicted for 2000). Prices of food, housing, and goods have soared, while wages have stagnated, even for skilled professionals. The poor have become more destitute and the middle class is disappearing:

- Buying power of the minimum wage (US\$40 per month) has dropped 75% in 5 years.
- Today the starting wage of a doctor working for the government is only \$56 a month.
- Half the population is un- or under-employed.

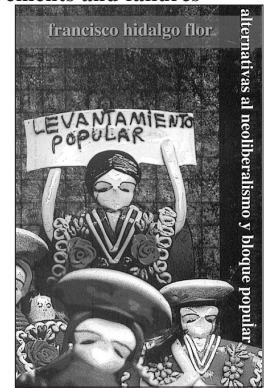
**Dollarization of local currency.** In an attempt to control runaway inflation and the threatened bankruptcy of the corrupt banking system, this year (2000) the Ecuadorean government converted the national currency from "sucres" to US dollars. Nevertheless, rampant inflation continues. People must pay increasingly large amounts for basic necessities. This has led to country-wide protests and revolt.

**Increase in crime.** As in Mexico and other countries that have also experienced falling wages, unemployment, and cut-backs in public services, Ecuador is now experiencing a pandemic of crime and violence. Street children, homeless people, prostitutes, and beggars have proliferated, as has domestic violence. Wealthier homes often have armed guards with sub-machine guns stationed outside their prison-like walls. Fear of car-theft

limits the mode of travel in certain areas.

## INDIGENOUS UPRISING IN ECUADOR, January 2000: Achievements and failures

In response to soaring prices, frozen wages, privatization, user-fees for health and education, and "dollarization," in January 2000 the indigenous peoples (Indians) of Ecuador launched a nation-wide revolt demanding a new, more pro-people government. Business and transportation ground to a halt as thousands of people from every tribal group filled the streets and blocked highways with logs, boulders, and themselves. Then, the Ecuadorean Army joined the insurrection, led by junior officers. Within 3 days the nation's president was ousted and the potential existed for a new more popular government.



Picture from the cover of Alternatives to Neoliberalism and the People's Movement. by Francisco Hidalgo Flor "Levantamiento popular" means People's Uprising.

Alas, however, the uprising took place without adequate plans for a workable popular alternative. In the confusion after the overthrow, top generals in the army betrayed the indigenous front and restored to power the same corrupt politicians who favor the globalized market at the expense of the poor.

One reason that the insurrection brought little change (and if anything a more deeply entrenched far-right power structure) was that indigenous organizations made little effort to seek solidarity with organized labor or the nation's powerful student and teacher organizations.

Another reason the January uprising brought little change was that the US government was quick to threaten Ecuador with trade sanctions (refusal to buy crude oil), and to halt international loans (including those from the World Bank) if the neoliberal oligarchy were dismantled.

In the last analysis, little was gained through the indigenous revolt, except for the lessons learned:

1. A well-organized peaceful mass uprising can topple an inequitable government (more effectively than corrupted national elections)
- 2) A practical plan for a more equitable and democratic alternative government must be well formulated before the uprising commences, and,
- 3) Given the power of today's globalized economy, any national struggle based on human needs faces enormous odds. Therefore, people's movements and organizations around the world must come together in the struggle for fairer, healthier, more democratic decision-making. *This is the goal of the forthcoming People's Health Assembly in Bangladesh this December.*

## ILLEGAL MIGRATION TO THE USA: Costs and Benefits

**Contrast in rural housing: mansions and mud huts.** As I traveled in the hills north of Cuenca, I was astounded by the abundance of lavish, modern, brightly colored two and three story homes. They stood out in ostentatious grandeur among the many small dung-colored adobe shacks.

"I thought most people in rural areas were poor," I said. "How is it so many houses look so opulent?"

"All those big homes belong to men who migrated to the United States, got rich by Ecuadorean standards, and then returned," I was told. "It has caused a ghastly stratification in our society."

**The "Migration Problem"** was a major issue at the Cuenca Forum. Several speakers addressed health, equity, and human rights issues related to illegal migration from Ecuador to the US. Since the early 80s at least a million people from Ecuador have gambled their limited resources and sometimes their lives to live and work in the "land of plenty." Some succeed and some fail.

Getting into the US from Ecuador is arduous and risky. Poor farmers must raise or borrow up to \$9000 to pay a *coyote* (professional people-smuggler). Most travel by land, passing illegally from one Central American country to the next and then Mexico. Many are arrested along the way, die of hardships or hunger, or are "disappeared," sometimes by the coyotes themselves.

The sacrifices and risks that people take to get to the US are a measure of the desperate socioeconomic situation in Ecuador. Until recently, most migrants were poor Indians from rural areas. But with the current economic crisis, more and more professionals—frustrated by falling real wages and seeing no future in their country—are migrating. Doctors and nurses often go to Chile, Venezuela, Spain, or even El Salvador. This exodus of professionals is not only a brain drain but also an economic drain since the state pays a large part (though recently much less) of the cost for their education.

To raise the money to pay the coyote, often the father of a poor family will hock or sell his land or borrow from relatives, with an agreement that from the US he will send back funds for another family member to pay a coyote and travel North.

Some of the migrants make good. Others lose everything, including their ancestral homes and land. However hundreds of thousands of the illegal migrants do manage to get into the US and get jobs. Since Minimal wage in the US is 30 times that in Ecuador, many undocumented workers manage to save and send money home. It is common for migrants in the US to

work hard for 10 to 15 years, save what in Ecuador is a small fortune, and then return to Ecuador as the "New Rich." They build two or three large, colorful modern homes in the countryside, move their family into one, and rent the others. They live off the rent money, a small shop, or by loaning money to the poor at usurious interest rates (5% a month).

It can be argued that to a debt-burdened country like Ecuador, the influx of so much money from abroad is a vital boost to the economy. But there is a negative side. The return of the New Rich has widened the divide between the Haves and Have-nots. While some families come out ahead, others are driven into destitution. The numbers of malnourished children have increased, as have homeless people, street children, beggars, petty thieves, and glue-sniffing youth in the cities. (Sniffing glue muffles hunger and despair.) Most delinquents in the cities are "losers" from rural areas.

Another problem, especially in rural areas around Cuenca, is that the mass exodus of men (sometimes over 70%) has left many communities with only women, children, and old folks. As we drove through the countryside we saw mostly women—sometimes with children—plowing the fields, shoveling sand, and doing all sorts of labor.

Anthropologists have found that, with boys, the lack of close contact with a male role model can lead to socially dysfunctional and aggressive behavior. In some areas, gangs of adolescent delinquents are becoming a serious problem.

### TO MIGRATE, A WOMAN MUST BELONG TO HER COYOTE

Most Ecuadoreans who try to migrate to the US are men. But some are women (sometimes following in the footsteps of their husbands). For women it is a nightmare, almost without exception. At the Cuenca Forum, Dr. Miriam Maya Herrera, a women's rights activist, presented chilling testi-

mony of indigenous women who dared leave their families to migrate to the North.

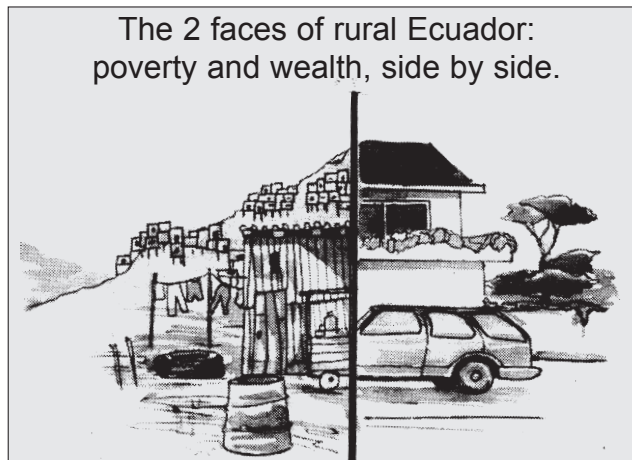
When a coyote shepherds a group of 8 or 9 illegal migrants toward the US, often he tries to include at least one woman, preferably young and pretty. The coyote—who demands absolute submission and obedience to his every command—not only uses the girl for his own pleasure (and that of other men in the group) but also uses her "services" to bribe immigration officials at the numerous border crossings and check points. In exchange for a night with "the coyote's girl," the officials are requested to give the whole group free passage.

Coyotes are reportedly among the wealthiest people in the Ecuadorean countryside. Those who have a reputation for successfully delivering their wards into the US charge US\$9,000 or more. Those with more doubtful reputations may charge as little as \$5,000 or \$6,000. A portion of the money goes for counterfeit visas and bribes. It is illegal in Ecuador to work as a coyote, recruiting people to migrate to the North. However, if arrested, most coyotes are wealthy enough to quickly buy their freedom and return to their work.

A coyote who recruits a young woman, invariably assures her and her family that she will be safe. But she must prepare herself. To escape detection as an illegal alien, she is required to change her appearance. An Indian woman who has all her life worn her hand-woven tribal dress is required to dress and look like "a middle class city girl." She must cut her hair and use lipstick and make-up. She must also begin taking "the pill." The last thing the coyote wants is for a girl to become pregnant on the long trip north. If she does become so, he will likely abandon her mid way—or worse.

Dr. Maya, who described these events at the Forum, told of one teenage girl who, in preparation for traveling north, was told by her coyote to start taking "the pill." The coyote did not explain what for, but through her friends the girl found out why. She told the coyote that since she was a virgin and was determined to remain one, she had no need for the pill. The coyote assured her that in his group she had nothing to fear, but that she still must take the pill, "just to be sure." The girl had no idea what was in store for her, or why the coyote had chosen her over other women who had applied.

Sexual violence related to migration is rarely revealed. In the indigenous culture any discussion of sexuality is taboo. Therefore the vast majority of women who are violated on their way north never breathe a word of what has happened to them, even to their husbands and families. But they live, and sometimes die, with the trauma and unspeakable shame. Only when pregnancy or an STD (sexually transmitted disease) appears is the secret outed and the woman punished accordingly.



Picture from *Alternativas al neoliberalismo y bloque popular*, by Francisco Hidalgo Flor. CINDES, University of Cuenca, 2000

## INCREASE IN VIOLENCE AND AIDS as an outcome of mass migration

For “illegal aliens” life in the North is not all milk and honey. Even for those who make it without being caught and deported, things often do not turn out as hoped, either in economic or human terms. Living in constant fear of being caught and deported can be traumatic and humiliating. In order to secure and keep a job in such a vulnerable status the migrant must learn to swallow his pride and suppress his feelings when subjected to racial prejudice, unfair treatment, humiliation, and deplorable working conditions. Frequently this leads the migrant to embitterment, misdirected anger, and heavy drinking. He often tends to develop a more hostile or aggressive personality.

Despite good intentions, many men who migrate north never send back money to their wives and families. Others never return. Some remarry, sometimes to a US citizen in order to become a legal resident.

A common pattern for the men separated from their wives through migration is to have a sequence of affairs with prostitutes or other women (or men). The health consequences can be far-reaching and sometimes deadly.

**Wives and families who stay home.** We have spoken of the hardships of women who migrate North. But also many of the wives left behind are subjected to cruelty and sexual exploitation. When a husband is absent, his wife and children typically stay with his parents. The lone woman is considered fair game for neighbors and relatives. Sometimes her courtiers make an effort to seduce her. Sometimes they simply violate her. Then they often use her “infidelity” as a bribe for further favors or to extort from her money sent by her husband. If she gets pregnant—and even if not—the “soiled woman” tends to become a social outcast, ridiculed and shamed in the community. And if her husband returns, her infidelity—real or suspected—is even more severely paid for.

In districts of high migration, the incidence of violence to women has escalated into a major health problem. Even the children of women left behind are subject to sexual exploitation. Premature pregnancy in such children in one community (Gualaceo) reached 28%.

**HIV/AIDS.** A consequence of the high rate of migration, whereby men separated from their wives tend to “play around” with other women, has been the growing spread of HIV and AIDS. In one presentation at the Forum, two doctors told the heart-rending story of a mother whose husband had migrated to the US. He sent back no money, and his wife struggled to keep her 3 children fed and healthy. When at last her husband returned he brought no money. Although he had been gentle to her before, now he was cruel and arrogant with her and took no interest in the children. In time the couple divorced. But even then, when drunk, the ex-husband would

come and force the woman to have sex. In time the woman’s health began to fail. She had splitting headaches, and sought help at the University Hospital in Cuenca. Doctors performed tests, suspecting everything from depression to tubercular meningitis. Eventually they diagnosed an opportune fungal infection (Cryptocytosis). A test for AIDS proved positive. As the poor woman approached death, her biggest concern was for her children. She worried they might suffer and die, not from AIDS, but from abandonment and hunger.

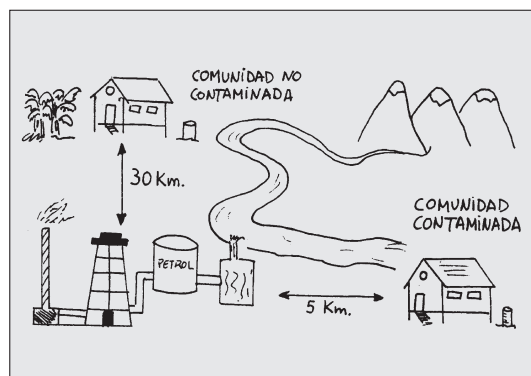
## BLACK GOLD! — Damage to environment and health caused by oil companies drilling in the Amazonian rain forests

At the Cuenca Forum a report was given by Dr. Jose Pozo on “Oil and Health in Amazonia.” The Quechua Indian term for crude oil is *Yana Curi*, or Black Gold. For 20 years tribal peoples in the Amazonian rain forests of eastern Ecuador have been protesting the damage to their habitat and their health caused by the environmentally reckless extraction of oil by Texaco and other transnational oil companies. In spite of protests by the Indians together with environmental and human rights groups in Ecuador and beyond, the oil companies have done very little to make amends. In 1991 the book “Crudo Amazónico” by Judith Kimerling documented the extent of the harm. In 1993, 30,000 tribal people sued Texaco for irreparable environmental damage. They have subsequently brought claims for health damages, with demands that Texaco clean up the contamination it has caused.

But to date the courts have not sustained the charges. Texaco, backed by the Ecuadorean government, has said there is insufficient evidence that contamination by crude oil has harmed people’s health.

For this reason, in 1997 the Frente de Defensa de la Amazonía and a team of local health workers conducted an epidemiological study—in collaboration with the London School of Hygiene and Tropical Medicine. The study, which covered 9 oil contaminated communities and 14 non-contaminated communities, produced strong evidence of ill health caused by crude oil:

From this study, the Amazonian Defense Front



A health worker’s diagram shows which communities are contaminated by crude oil. From Informe Yana Curi, Coca, Ecuador, 2000.

## Study Results: Contamination by Crude Oil

- River water (used for drinking) in the contaminated area had levels of toxic hydrocarbons up to 100 times the legal limit in European countries.
- People in contaminated villages had more skin infections, nose, throat and eye irritations, earaches, headaches, diarrhea and gastritis than those in non-contaminated villages.
- Risk of miscarriage was 2.5 times higher in the contaminated communities.
- Risk of cancer was 2.3 times higher in contaminated as in non-contaminated villages. Increased risk of stomach, larynx, and liver cancer was especially evident in men.

concludes that “To avoid the occurrence of situations like this and to assure that development projects promote health rather than harm it:

- the government should legislate new environmental standards and institutions with power to control the petroleum industry, to eliminate hazards to health or environment, and hold the industry responsible for any harm they might cause.
- studies are needed that consider the impact on health (not just environment) and that integrate measurements of environmental risk and health, with adequate community participation.”

However, getting the Ecuadorean government to tighten regulations on the oil industry will be an uphill battle. Oil export is the government’s main source of funds to service its huge foreign debt. To boost such payments, the World Bank is now pressuring Ecuador to raise the price of gas by 40%. This will push up prices of other basics, increase inflation, and make it even harder for poor Ecuadoreans to feed their children.

## Conclusion: Forging a Fairer World

The presentations at the Cuenca Forum provided testimony by diverse persons and communities who have suffered everything from hunger to sexual assault to AIDS, as result of a widening income gap and deepening poverty. These inequities are aggravated by global decision makers and transnational corporations that put profit before people.

The Forum concluded that **there is urgent need for a united effort—both within Ecuador and among concerned people and groups around the world—to protest the current unhealthy and inequitable policies of the global market economy.** Together we must forge an alternative model of economic and social development that promotes equitable and sustainable Health for All.

The forging of a plan of action to achieve a healthier, fairer, more democratic, ecologically balanced society will be the goal of the People’s Health Assembly in Bangladesh (see page 7). To this end, the Regional Forum in Cuenca was a groundbreaking preparatory event.

# A Regional Training Course in Community Based Rehabilitation

## Quito, Ecuador, September 18-24, 2000

This course was organized by Christoffel-Blindenmission (CBM) for participants in programs assisted by CBM in 14 Latin American countries. The course was skillfully coordinated by Karen Heinicke-Motsch of CBM Ecuador. Facilitators included Dr. Molly Thornburn who for 3 decades has done outstanding work in community health and child development in Jamaica. David Werner was also a guest facilitator.

The course focused strongly on management, organization, and evaluation. It also included hands on, learning-by-doing activities, in the areas of Appropriate Technology and Child-to-Child.

Although each program had been asked that at least half the participants sent to the course be disabled, in fact only 2 of 50 participants had notable disabilities.

Therefore one of the main objectives of the course was to help participants learn how important it is to include disabled persons and their families in CBR initiatives.

To emphasize the importance of listening to and including disabled persons in every aspect of CBR, a number of activities were planned, including allowing local disabled persons to express their concerns and recommendations.

Here we will focus on the activities involving the Appropriate Technology workshop (coordinated by David Werner). First the course participants visited disabled children in their homes, observed the limitations, possibilities, and resources in the home environment, and discussed with the children and their families their needs and wishes. They explored

what the child and family felt might be helpful in terms of assistive equipment or devices. Together they made a provisional design (or cardboard model) of the equipment and later presented their ideas and designs in a plenary session for more input.

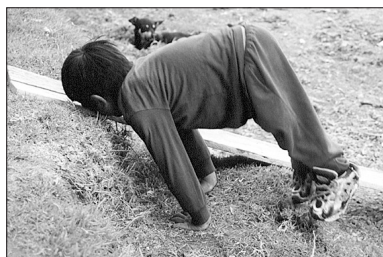
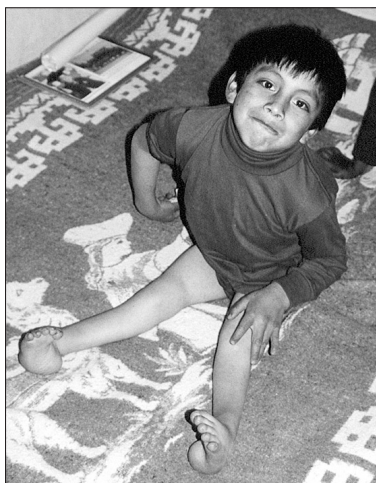
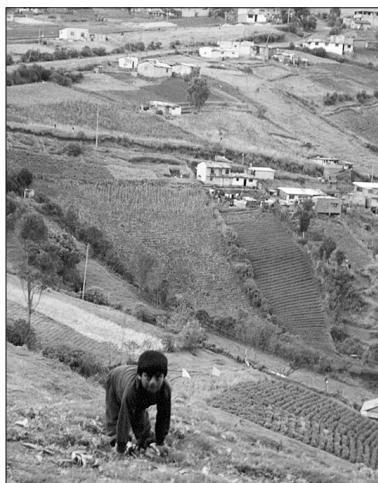
The next day the course participants made assistive devices together with the children and their relatives. They did this in a local wheelchair-making workshop run by The Paraplegics Association of Pichincha. This was a valuable experience for the course participants, since the disabled workers had far more technical skills (such as welding) and experience than the participants. Results were impressive.

Here we present briefly the process of working with families to create the assistive devices.

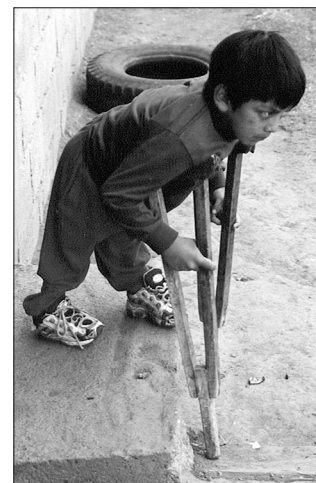
**Alex** is a seven year old who lives with his single mother and siblings in a borrowed house on a steep hillside near Quito. His family is quite poor.

Alex has arthrogryposis (stiff joints) affecting both legs. His knees don't bend (except to the side) and his feet double inward (varus contractures).

The boy loves to run about on all fours. On the steep slopes he is agile as a mountain goat. He also has crutches for going to school. They keep his hands cleaner and protected, but he doesn't like them because with crutches his knees hurt more and he feels less secure on the steep paths.

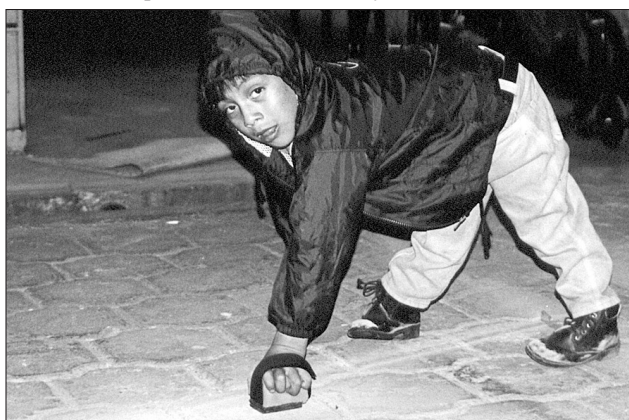


The course participants saw that Alex's crutches were too small. They made him bend over while walking, which contributed to his mild hip-flexion contractures. Also the hand grips were much too high, making it harder to bear his weight on his hands, so he was bearing too much weight in his armpits.



A debate arose about what would be best for Alex. A therapist thought Alex should only use crutches, because it is "more normal" to walk upright and because properly adjusted crutches (standing straighter) might help correct his hip contractures. Others, listening to the child, agreed that it was safer on all fours. So they made for him some simple "hand boots" to protect his hands and keep them cleaner in muddy weather.

They also made Alex new crutches. Although he still preferred walking on all fours and loved his "hand boots," he also found walking easier and less painful on his new crutches, which let him stand straighter and bear more weight on his hands (less on his feet). Alex and his mother were happy with the devices, and with taking part in creating them.



**Emerson** is an intelligent young man, now 20 years old, who has a form of progressive muscular atrophy. He lost the ability to walk when he was 4 years old. He has a dislocated right hip and severe contractures of his fingers and one wrist, and severe scoliosis.



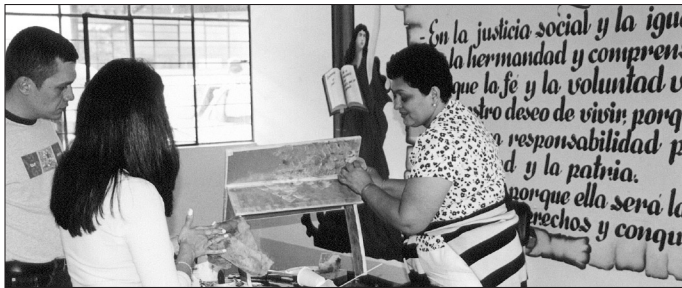
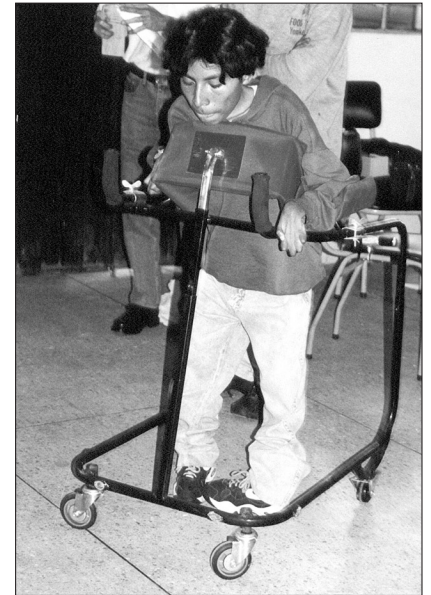
When the course participants talked with Emerson in his home, they first suggested a wheelchair. But the youth refused, insisting that he wanted to walk. Unrealistic as this seemed, the group designed a walker for him.

In a plenary session (below) they demonstrate how the walker is designed to support his forearms and chest, so that only part of his weight will be on his deformed feet.



Mauricio, head of the Paraplegics Association of Pichincha, helped with building the walker (modifying one his team had already built) and then he welded 2 wheels on the back and 2 castor wheels on the front. Through trial and error and a lot of suggestions from Emerson himself, the arm-rests and chest support were adjusted to suit him.

When Emerson first tried the walker, he was unstable and his dislocated hip hurt. An elastic hip-band seemed to help, and he took a few steps. He was thrilled! It was the first time he had walked in 16 years! With practice he improved, and to everyone's amazement, at the day's end he walked proudly to the bus.



Emerson likes to read but has trouble holding a book. So while one group was adapting his walker, other participants made a laminated cardboard stand to hold a book while Emerson lies down (which he has to do often to reduce back pain.) Yet another group made a simple night splint (a padded piece of wood) to help gradually straighten Emerson's contracted wrist and fingers.

Both Emerson and his mother (who helped make some of the equipment) were delighted with the results of the workshop. Emerson's spirit was lifted greatly by realizing that so many people cared about him and responded to his felt needs.

**Javier** is 18 years old and has spastic cerebral palsy that greatly limits his movement and speech. When a small group from the course visited his home, at first his family was quite sceptical. His mother explained that time and again charitable programs had come, given advice without listening, taken photos and made promises for assistance, but without results. The family was fed up.



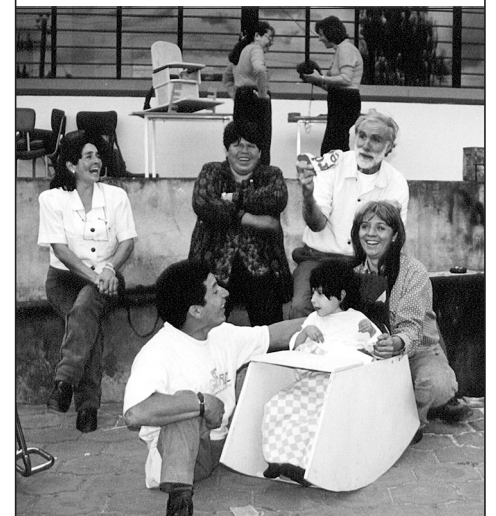
In a corner of the house, gathering dust, was a donated wheelchair. For Javier it was useless. It was so wide he fell sideways in it. The arm-rests were way too high. The foot-rests projected far forward, out of reach of his contracted legs. His pulled-back feet bumped into the front caster wheels.

At the workshop the group modified Javier's wheelchair to meet his needs. To make it narrower they reduced the width of the vinyl seat and back. This closed the X-brace somewhat (which also raised the seat, in effect lowering the arm-rests.) They cut and rewelded the foot-rests between rather than in front of the castors. And they added a seat belt to keep his butt from slipping forward.

Javier and his family were so delighted, they joined the course the next day, to help others learn from such interactive problem-solving.

**Overall, the workshop was a great success.** Altogether the course participants designed and made 14 devices for 7 children.

Most importantly, they learned how to work together with disabled persons and their families as partners and as equals.



# Update on the PEOPLE'S HEALTH ASSEMBLY (PHA2000)



The purpose of the PHA is to give a voice to concerned people around the world, especially the disadvantaged, in the events and decisions that shape their health and well-being. Today, the health of millions of people is compromised by global economic and development policies that concentrate wealth and leave a third of humanity living on less than a dollar a day. The PHA hopes to contribute to a bottom-up approach for decision-making and to a new, people-centered model of development in which all people live compassionately with one another in a social order that is equitable and sustainable.

The PHA Process is gathering more energy and enthusiasm as the Assembly is drawing near. Regional preparatory workshops and seminars are being conducted in Africa, Asia, the Arab States, the Americas, the Pacific Islands, and Australia. In many countries people have prepared stories or testimonies of the way in which the globalized economy, structural adjustment policies, transnational corporations and other powerful forces have affected their local health and quality of life. Others are building coalitions and planning united actions to work toward building fairer and healthier alternatives at the local, national and international levels.

## PHA FACT SHEET

Date of the major PHA International Event: Dec. 4-8, 2000

Location: Savar, Bangladesh, hosted by Gonoshasthaya Kendra.

Participants: 600 persons from 100 countries

Who is invited: Persons concerned about and prepared to work for sustainable health and well being, from local and global levels

First chance for attendance will be given to:

- Persons in grassroots organizations or NGOs actively working to confront and correct the sociopolitical causes of poor health (poverty and inequity)
- Especially those from poor countries or from less powerful groups (women, refugees, oppressed minorities, disabled persons)
- Persons selected by local groups that have been involved in preparatory activities or meetings for the PHA

Travel assistance: May be available for some persons from poor countries

Preparatory materials (which you can request) for discussion and action include:

Packet of guidelines and materials for preparatory activities

PHA Framework Paper

Background papers on:

Political economy

Social environment

Health sector

Physical environment

Communications for social action

Outline for a People's Charter for Health

If you want to attend, want to be involved in some way, or want materials, contact:  
PHA Secretariat, CI ROAP, 252-A Jalan Air Itam, 10460 Penang, Malaysia  
Tel: 604-229 1318; Fax: 604-228 6506  
E-mail: phasec@pha2000.org ----- Website: www.pha2000.org

A periodic PHA News Brief with updates on PHA events and activities, including a draft of the Assembly Program, is available from the above address.



Announcing  
A new video of PROJIMO:



## Our Own Road (Nuestro Camino)

by Peregrine Productions, produced by Charlotte Beyers,  
directed by John Montoya

available in English or Spanish--from HealthWrights  
US\$20.00, postage included (see the order form)

This beautiful, high quality video shows the day to day adventure of innovative participatory problem solving at PROJIMO (Program of Rehabilitation Organized by Disabled Youth of Mexico) in villages in the Sierra Madre. An epic portrayal of independent living and empowerment, it shows how disabled youth caringly provide skilled services, at low cost, for and with needy families. Here is the Community Based Rehabilitation Program that gave birth to the books *Disabled Village Children* and *Nothing About Us Without Us*.

In November, 2000, the film won a Freddie Award for "Special People" in the Time Inc. international medical competition. "The Oscar of medical films!"

## HELP WANTED

As we near the end of the year 2000...

Please remember HealthWrights  
and the PROJIMO Rehabilitation  
and Skills Training and Work Programs  
in Mexico.

If you can help us in our work for the  
health,  
equal opportunities  
and self-determination  
of disadvantaged and disabled people  
we thank you.

To make a donation see the order form  
enclosed in this newsletter.  
Many thank. Mil gracias.

# HEALTHWRIGHTS

Workgroup for People's Health and Rights

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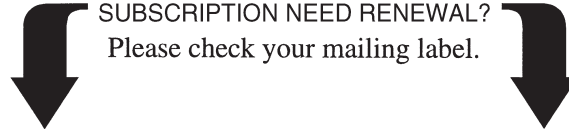
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November 2000

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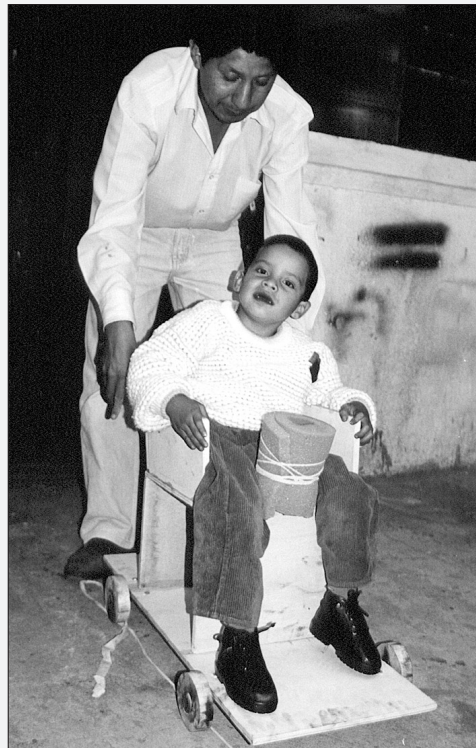
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### Please Note!

If you prefer to receive future **news-letters online**, please e-mail us at: [healthwrights@igc.org](mailto:healthwrights@igc.org)



The father of a boy with cerebral palsy helped participants in a Community Based Rehabilitation Training Course in Ecuador build this special seat on wooden wheels. A photo essay on the course begins on p. 5.

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This issue of Newsletter from the Sierra Madre was created by:

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Efraín Zamora - Photo scanning and formatting

*Not until the creation of decent conditions of life for all people are accepted as a common obligation of all people and countries shall we be able to speak of mankind as civilized."*

—Albert



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