

**REPORT ON LATIN AMERICA WEEK 2004  
17<sup>TH</sup>-24<sup>TH</sup> APRIL 2004**

**'HEALTH AND WEALTH FOR SALE IN LATIN  
AMERICA' –  
The effects of commodification on health in Latin  
America**

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# 1. INTRODUCTION

## 1.1 The purpose of the report

This report is to serve as a record and report of Latin America Week 2004, an annual event linking Latin America and Ireland and organised by the Latin America Solidarity Centre. Latin America Week 2004 focused on the theme of the commodification of health and featured three Latin Americans speakers on an exchange visit to Ireland. It documents all the activities that took place during Latin America Week 2004, and gives details of methodologies and findings. It is hoped that it will be valuable to all organisations which took part in Latin America Week 2004 and will also be of use to others interested in examining the issue of health from a local - global perspective. It also includes background information on the focus theme of the commodification of health.

## 1.2 The nature of the event

Latin America Week in Ireland developed from the Central America Week concept. 2004 marks the 18<sup>th</sup> annual Latin American Week in Ireland and the 5<sup>th</sup> Irish Latin American Film Festival. Latin America Week is a unique opportunity for people in Ireland to connect with Latin America – through hearing or meeting with one of our guest speakers from the region or attend a film screening or other event. Each year the week has a specific focus and brings together people working around similar issues in Ireland and Latin America. In 2004, leaders campaigning on health for their communities in Latin America (representing Peru and Mexico) were linked with organisations and individuals in Ireland including hospitals and doctors, community groups, ethnic minority support groups, environmental pressure groups and health campaigners. The week also featured a one-day seminar featuring various Latin American and local speakers, public meetings, a photo exhibition, a film festival and workshops.

## 1.3 The organisers of the event: Latin America Solidarity Centre

Latin America Week is organised annually by The Latin American Solidarity Centre (LASC) along with a coalition of 42 affiliated non-governmental organisations. The Latin America Solidarity Centre was founded in 1996, and is a non-governmental campaigning, educational and cultural organisation which seeks to link the Latin American reality to the Irish experience. LASC's mission is to challenge the current social and economic injustices in Latin America and Ireland by raising public awareness, education and information exchange in regards to these issues. The aim of the organisation is to promote and facilitate active, mutual solidarity with, and between, those working for a progressive change in Latin America and Ireland. LASC seeks to bring an understanding of the contributions and opportunities that the Latin American experience can offer to the Irish community.

## 1.4 Partner organisations

Latin America Week 2004 was organised in partnership with the following organisations and individuals:

### 1.4.1 Community Worker's Coop (Stephanie Whyte)

The Community Workers Co-operative (CWC) is a national network of individuals and organisations involved in community work and working for social change in Ireland. They work on promoting and supporting community work as a means of intervention for radical social change. The CWC advocates a social model of health care, where people are the prime agents in their own health, where there is partnership between the community and health care personnel. This is in contrast to the traditional medical model of care. The CWC also advocates an approach to preventative health care which takes into account social, economic and cultural factors affecting those who are disadvantaged and which make it more difficult for them to make the choices which would lead to better health. (<http://www.cwc.ie/work/health.html>)

### 1.4.2 Cairde (Stephanie Whyte)

Cáirde, established in 1985, is a non-governmental organisation committed to responding to the health needs of ethnic minority communities- mainly refugees, asylum seekers and immigrants. Cáirde has adopted a holistic approach to health based on the understanding that health, both at an individual and community level, is affected by a wide range of factors including; Accommodation, Education & Training, Employment, Childcare, Financial Security, Asylum/ Immigration Issues. (<http://www.cairde.org>)

### 1.4.3 Department of Languages and Cultural Studies, Spanish Section, University of Limerick (Nancy Serrano)

Nancy Serrano is a Peruvian lecturing at the University of Limerick. She has been active with LASC for several years, as a workshop facilitator and event organiser. Nancy's research and teaching interests include culture awareness and cross-cultural issues in the foreign language teaching-learning process; Latin American culture studies: identity and 'indigenista' and 'negrista' literature; Latin American culture: history, politics, popular culture and literature of Andean countries. (<http://www.ul.ie/~lcs/spanish/infora1.html>)

### 1.4.4 One World Centre, Belfast (Stephan Mc Cluskey)

The One World Centre is a voluntary non-governmental organisation which uses education to promote sustainable development and social justice both locally and globally. The Centre's ethos is centred around the need to stimulate discussion and raise awareness of the relationship between Northern Ireland and developing countries. (<http://www.belfastdec.org/aboutus.htm>)

### 1.4.5 Ellen Weaver, Derry

### 1.4.6 Comhlamh, Cork (Wendy Weaver)

Comhlamh is a membership based organisation, which educates and campaigns on global justice issues, with a focus on global trade, global migration and development aid and cooperation. Comhlamh has offices in Dublin, Belfast and Cork. ([www.comhlamh.org](http://www.comhlamh.org))

#### **1.4.7 Sustainable Ireland**

Sustainable Ireland is an education based workers' cooperative committed to raising awareness about sustainability and offering ideas and solutions to issues related to sustainable living. Sustainable Ireland organise the annual 'Convergence Festival' which celebrates the development of an exciting "New Culture", one that celebrates creativity, offers solutions to economic, social and environmental problems and builds enduring community. ([www.sustainable.ie](http://www.sustainable.ie))

#### **1.4.8 Galway Action for Latin America**

One World Centre  
The Halls Quay St.  
E-mail: [galarebelde@eircom.net](mailto:galarebelde@eircom.net)  
Phone: 087 203 1764

### **1.5 Visiting Latin American Speakers**

#### **1.5.1 Nilton Deza, Peru**

Nilton Deza is an academic from the University of Cajamarca and is the director of an NGO called Ecovida and a community activist representing the community of Choropampa, affected by mercury poisoning in Cajamarca, Peru. Ecovida works on sustainable development of communities which are close to mines, environmental monitoring, environmental education and produces news bulletins and flora and fauna inventories. This issue has already received some international NGO attention - a film produced by Guarango Film and Video productions sponsored by Oxfam America which was shown by Trócaire and LASC at the Irish Social Forum in October 2003

#### **1.5.2 Dr. Jaime Miranda, Peru/London**

Jaime graduated as a physician and received his MD degree from Universidad Peruana Cayetano Heredia, Lima, Peru. He has experience working with students' organisations, including the International Federation of Medical Students' Associations, is involved in health and human rights activities and has published on these topics. Jaime was the Founder Director of the Civil Association for Health and Human Rights Education, EDHUCASalud in Lima, Peru. He has worked as Health Unlimited's Technical Co-ordinator for the Quechua Community Health Project in rural communities from Ayacucho in the Peruvian Andes, and completed a Fellowship at Johns Hopkins Bloomberg School of Public Health in Baltimore, USA. Jaime co-ordinates the global health electives programme at the International Health and Medical Education Centre, University College London, UK.

#### **1.5.3 Ramón Martínez Coria**

Ramón is a Mexican Sociologist and Ethnologist who has worked with numerous civil organisations concerned with indigenous peoples' rights. Ramón is now working with communities in Chiapas and on the "Comprehensive and Sustainable Social Development" project in the same region. The project has secured some EU funding.

## 2. THE EFFECTS OF COMMODIFICATION ON HEALTH: THE CURRENT SITUATION

### 2.1 Introduction

In the last two decades great changes have taken place in Latin America which have negatively affected the health of its people. The processes of neo-liberalism and globalisation have stimulated more industrial development, often with an adverse effect on environment and health. Unfortunately this development has not delivered a better standard of living for most Latin Americans. At the same time, government spending on health care has declined. Adding to this scenario is the proposed Free Trade Area of the Americas, which would increase the power of corporations in Latin America, and could further reduce public access to pharmaceuticals and traditional medicines. Considerable progress must be made if the aim of 'health for all' is to be achieved in Latin America' and people in Latin America are more active than ever in shaping their own futures. All across the continent there are examples of civil society organisations campaigning around health issues, strikes and protests around privatisation of health services and community-led health and sustainability initiatives.

In Ireland too, the health care system is seen by many to be in crisis. Protests are taking place all over the country against hospital closures and long waiting lists for treatments. More and more, the income of an individual determines whether they can pay for private health care and access decent and efficient health care. Also paralleling Latin America, infrastructural development in Ireland is continuing at a rapid pace, with consequences for natural environment and the health and well-being of people here. Indeed, Ireland has much to learn from groups in Latin America in regards to a broader, more holistic vision of health which goes beyond disease control to encompass the social, economic and environmental factors influencing the overall well-being of communities and individuals. Ireland and Latin America can share experiences and lessons in dealing with health issues in an increasingly commodified world.

### 2.2 Globalisation and Neoliberalism in Latin America

Latin America was very prominent in the world's media during the 1970s and 1980s, a time of oppression by brutal military dictatorships and guerrilla uprisings and struggles in opposition to these. A new wave of uprisings and organized struggle is sweeping across the continent today. This time the oppressor is the neoliberal economic model and it is the poor and increasingly marginalized who are rising in protest against it. Privatization, reduction in public spending and trade liberalization comes as a necessary element of approval of investment, loans and debt relief by the IMF and the World Bank. The enforcement of these conditions in Latin America has had the effect of worsening the economic and social crisis of the area and left the poor as badly off as ever before. States must find roles for themselves amid intense worldwide competition. Many states seem to be devoting more attention to international competitiveness than to the welfare needs of their own citizens.

There are many questions about the sustainability of the neoliberal model. It was expected that this would result in economic growth, that small production firms would thrive. However, local production of manufactured goods has suffered greatly due to the impact of imports. Maquiladores (assembly plants belonging to US multinationals) provide employment but the goods are mostly for export so they don't stimulate much development in the economy. Neoliberal reform has also led to changes in agricultural practice. Many small farmers are being marginalized and are leaving the land altogether. The neoliberal state of the 21<sup>st</sup> century gives priority to the interests of corporate capitalists, both national and foreign. Increasingly, multinational companies are exploiting the natural resources of Latin America (gold, oil, minerals) resulting in huge infrastructural developments to enable export (highways, ports etc) which destroy and pollute the natural environment and local cultures. Dependency on international relief also challenges local sovereignty and results in an erosion of government autonomy.

### 2.3 International trade Agreements: The FTAA & PPP

The Free Trade Area of the Americas (FTAA), the most ambitious intergovernmental free-trade pact ever in the region, looks set to accelerate the expansion of commodification into hitherto unexploited areas. The strongest proponents of the FTAA are the Mexican and US governments, and transnational corporations. They argue that it will create much-needed jobs and economic growth in the region by attracting investment from transnational corporations (TNC's). Its many critics, however, argue that it is little more than a "charter of corporate rights". It is regarded by civil society groups all over Latin America as the single biggest threat to sustainable development in the region for the coming decade. Under the FTAA, the governments of Latin American countries will be obliged to:

- 1 abandon national industry in favour of multinational industry;
- 2 privatise public services and programmes such as energy, transport, water, natural resources, health, and education;
- 3 reform rules that regulate foreign direct investment (e.g. by linking it to labour standards), to allow for its free flow;
- 4 reform labour legislation so as to allow for greater labour flexibility

In other words, TNC's will be attracted to move operations to Latin America to avail of lower wages, longer working hours and restrictions on freedom of association (e.g. the right to join a trade union).

Severe consequences to the FTAA are foreseen in terms of the environment, with the loss of irreplaceable natural resources, and the threat to national and cultural identity through the effects of cultural homogenisation and a reduction in national sovereignty. The FTAA is regarded as the strategy which underpins expanding commodification in Latin America, to the detriment of the poor majority. A crucial part of the development of the FTAA is the Plan Puebla–Panamá (PPP), a 25-year programme of industrial development and transportation infrastructure for Central America and Southern Mexico. The PPP has been described as the infrastructural plan for implementing the FTAA and envisages the construction of 5,565 miles of new or improved roads, 1,130 miles of electricity supply lines (the electricity being generated by gas or dams) as well as the construction of six "development poles" with *maquiladoras*. This will mean that hundreds of thousands of people will be displaced off their land. The construction of the dams alone will displace some 40,000 people. While the PPP offers those displaced from rural areas jobs in *maquilas*, the devastating effects of *maquila* work and rural-urban migration on peasant and indigenous communities have been well documented.

## 2.4 Health Care Issues In Latin America

### 2.4.1 Pollution and impact on health

Toxic waste is generating serious health problems in Latin America, according to the Pan-American Health Organisation (PAHO). In the past, major hazardous waste problems resided in industrialized countries but transnationals have now set up in developing countries due to cheap labour, the lack of controls on social and environmental impacts, abundant natural resources and a favourable political and economic climate for foreign investment. These transnationals are responsible for a host of ecological disasters. All over Latin America there are high levels of ground contamination by heavy metals and pesticides in mining areas and farmlands. Similarly, in rivers like the Amazon, which cuts across Peru and Brazil, the levels of mercury contamination have totally surpassed acceptable levels. Industrialized nations are responsible for exporting polluting materials, particularly those produced by the petrochemical industry, to Latin America and another issue is the development of technologies in Latin American countries which are no longer utilized in more developed areas. Mexico and Brazil, for example, now have the technology to produce pesticides which are no longer made in industrialized countries because of environmental concerns, and sell them to other developing nations. Mexico is one of only three countries that still produces DDT. 30% of pesticides sold by transnationals to developing countries are banned in industrialized countries.

### 2.4.2 Deteriorating health care systems

In the 1980s, economic globalisation led to profound changes in many developing countries, including extensive social policy reforms. The IMF and the World Bank encouraged reduction in public spending, often tying this requirement to debt relief. In Latin America, budget cutbacks in the public sector have opened the door for increased private sector activity in health care. The provision of health care services has deteriorated all over Latin America as a result. The World Bank has, for several years, encouraged and funded the involvement of US-managed care companies in Latin America, despite the recognised failures of managed care in the States. This has prompted protests and strikes all over Latin America – in El Salvador health care workers held a nine-month long strike in 2003 against the health care privatisation scheme of President Francisco Flores. Flores was forced to accept a plan for national health care reform that includes representatives of all sectors of Salvadoran society, including the workers and their trade unions.

### 2.4.3 The pharmaceutical industry

Only 10% of global health research is devoted to 90% of world diseases. However, the pharmaceutical industry's profit margins are the highest of any industry and its wealth is growing rapidly, jumping 20% between 2001 and 2002. While the big pharmaceutical companies (Big Pharma) spend lavishly on marketing to push their wares in the wealthy west, increasingly medicalising our lives (shyness is now 'Social Anxiety Disorder' and can be treated with 'Seroxat'), tropical diseases which kill millions of people unable to pay for drugs are virtually ignored. In fact, one third of the world's people cannot afford drugs. How can Big Pharma continue to convince rich consumers that we need their wares? They spend more on lobbying politicians and regulatory bodies than any other industry, thereby helping to 'convince' medical professionals and other bodies that their products are legitimate.

#### **2.4.4 Patenting of and access to drugs**

Industry lobbyists are pushing for wider patent protection under TRIPS (the Trade Related Intellectual Property Rights Agreement). If they are successful, the cost of drugs in some countries could increase by 200%. Similarly, these Big Pharma lobbyists are pushing for increased patenting rights under the proposed Free Trade Area of the Americas agreement (FTAA), threatening to further restrict public access to drugs in Latin America. Powerful pharmaceutical transnationals want to ensure that generic drugs cannot be produced (e.g. paracetamol for example would be branded by a particular company and only sold under that brand) and that all drugs are only to be sold in pharmacies. This would mean that manufactured drugs would become even more inaccessible for millions around the world and that the 80% of the rural population in the world that uses medicinal plants for health purposes would no longer have the right to do so. Big Pharma essentially want to guarantee the right of multinationals to apply monopolizing patents on living organisms and to stop medicinal plants being distributed freely.

## 3. THE EVENTS

### 3.1 Latin America Week Seminar: 'Health in a Globalised World: Communities or Corporations?'

Teacher's Club, Parnell Sq, Dublin 1  
Saturday 17<sup>th</sup> April 2004, 10am-5pm

#### 3.1.1 Panel Discussion

##### Panellists:

- |   |        |  |
|---|--------|--|
| 1 | (ND)   | Nilton Deza, Peru  |
| 2 | (JM)   | Dr. Jaime Miranda, Peru/UCL London                         |
| 3 | (RMC)  | Ramon Martinez Coria, Mexico                               |
| 4 | (DH)   | Dr. David Hickey Beaumont Hospital                         |
| 5 | (SW)   | Stephanie White, Cairde/ Comm. workers Cooperative         |
| 6 | (CC)   | Catherine O'Connor, Silvermines Environmental Action Group |
|   | CHAIR: | Molly O'Duffy  |

##### Note:

The format for the morning session entailed three prepared and considered questions coming from the floor. Each panellist replied within a general time limit per question of five minutes. Finally after all questions were answered Molly opened the discussion by inviting unprompted comments and questions from all participants.

##### Question No 1: What is health?

ND Nilton began by making a connection between health and the environment. He said that an individuals and community health was determined by factors such as food, housing and a clean environment. Health prevention was tackling these issues first. He concluded by saying that health is having a healthy environment.

JM Jaime began by exploring the different models and concepts of health. He highlighting some differences between the developed and developing world E.g. some peoples idea of health in the US or Europe may include plastic surgery. As a doctor his work entails treating individual health problems, not the social problems and causes. However he said that health should be viewed from a cultural and social outlook.

RMC Ramon continued the connection between health and respect for the environment. He told the wonderful story of the turtles to express his views. The Turtle Story: Ramon spoke of a village in rural Mexico where human health means having a healthy environment, water and food. The community eat corn and supplement their diet with turtle meat from a nearby river. The river is also used by local women for washing clothes. The value of having clean water to support the turtle habitat is imperative to the community therefore no chemical or biological washing agent is used to wash clothes. However late one evening a local women broke this rule when washing her family's clothes. Subsequently the turtles died and the general health of the community deteriorated. The woman responsible fell very ill and was taken to the doctor however he found nothing

medically wrong with her and had no conventional cure. After some time the women still had not recovered and was advised to see the local traditional healer. Immediately he knew what was making her sick - she had "the guilt of the turtles." To become well again he told her she would have to go to a nearby village, admit her mistake and ask for their help to provide some turtle meat to give to the hungry from her community. She did so and was cured of her sickness. She had a genuine sickness "the guilt of the turtles." Ramon concluded by saying that health is not a simple question or idea but a more complex relationship amongst communities.

DH David looked at health from a global perspective saying that the well-being and health of individuals and communities was not viewed from a national or country perspective. He spoke of food production, poverty and health and he cited countries such as Argentina which has the highest food production per capita yet still have many hungry people.

SW Stephanie spoke of health from a broad understanding which includes knowledge of physical and biological resources within a given community and country.

Question No. 2: What influence does globalisation / commodification have on health in the context you work in?

ND For Nilton globalisation has had an influence on the Hamika gold mine in Peru. The company is owned by businesses in the USA and UK and receive large loans from the World Bank; however the company does not need such loans and deny other more needy areas receiving the loans.

JM Jaime spoke of new developments in enrolment in medical schools in the city of Lima, Peru. Schools which were once public have now become fee paying. This has greatly reduced the number of scholarships attained by eligible applicants from poorer backgrounds. Overall this has had an effect on the health of the poorer communities in Peru, mainly because the "doctors hearts are not in the right place" and "there is little commitment to work with the poor". Doctors who can afford it take up private constancies whilst other with less resources to do so; work in badly paid jobs in the poorer communities.

RMC Globalisation has had an effect on farming communities throughout Mexico. Agro-chemical companies have dumped cheap synthetic fertilizers on the Mexican market without mentioning the negative long-term effects. Farmers are wrongly encouraged to overuse such fertilizers and change their traditional methods of farming. Also US banned pesticides and agro-chemicals are sold and used in Mexico having serious effect on food and on the health of consumers.

DH David began by saying that "health care has now become a commodity like coffee" and gave examples of companies bidding for health care in Ireland. However in a larger context he said that health has become a global issue with the incidences of SARS. Also political decision-making (in the context of global trade, EU farm subsidies) has had a negative effect on local producers in developing countries and contributed to poverty and bad health. He went on to mention that the commodification of health and the large salaries

of doctors and consultants in the developed world have helped to increase the brain drain from developing countries.

SW Stephanie spoke of a two-tier system in the health service in Ireland. Those who can afford private health care and those who cannot. She reaffirmed that health had become a commodity and people were now buying health credits. She highlighted three groups with this system

1. Those holding medical cards.
2. Those with private medical insurance.
3. Those without health benefits that are generally on the margins of society.

Finally she said that the commodification of health was a political decision taken a number of years back.

Question No. 3: What is the best way to protect public health?

ND The best way to increase protect public health would need planned sustainable development and increased government investment. Nilton quoted the statistic that "Consumers in the USA spend more on cosmetics than African countries spend on health."

JM Jamie opened by saying that the question was a big one and that the models of health are different in different areas of the world. However models have adapted to deal with local situations. E.g. maternity health care in Peru has kept the tradition of home births but increased the training to local midwives.

RMC Ramon continued on the topic of different models of health stating that the protection of public health in Ireland would be completely different to public health protection in Mexico.

DH Suggested that health in Ireland should be de-politicalized as political pressures often determine location of health facilities. Salaries of consultants should be regulated to reduce costs. To conclude Dr. Hickey made comparisons between the health service in Ireland and Cuba, where there is universal free health care. Reaffirming the link between education and health and highlighting that Cuba had a higher literacy rate than Dublin.

SW Public health in Ireland is the remit of the Department of Health which tries to provide an adequate service to the public. Stephanie suggested that the best way to protect public health would necessitate the Dept. Health achieving a greater inclusion of the public at a community level. She continued by saying that there was a direct link between poverty and health. Poorer people have a lower life expectancy. The health status of a person is based on 10% health services and 90% on their surrounding environment which include family, friends and community. Therefore the best protection would include an increase in health education and awareness which would increase self analysis in the community. And as a result the community would achieve greater inclusion in policy making.

### **3.1.2 Post Seminar talk: The Silvermines story**

After all questions were concluded, Joan O'Connor from the Silvermines Environmental Action Group (SEAG) took the floor to speak of their experiences, SEAG have been trying to deal with the potential health and environmental disaster area left behind by the Mogul mining group in Silvermines.

Silvermines Co. Tipperary has had a history of mining for over one thousand years. In recent years the Mogul mining company industrially mined silver and tin and inadequately stored the toxic residue in a tailing pond on nearby adjacent farm land. Land became contaminated and farm produces such as milk and beef could not be sold or consumed. As well as the economic implications, the full risk to public health was not known. After mining had finished and Mogul sold the adjacent land, the size of the health risk became apparent. No contingency plan was formulated to deal with the toxic tailing pond which leaked and contaminated local water.

In 1998 the local community formed an action group to raise regional and political awareness. Their actions prompted the government to form a committee to assess the environmental and health implications and make recommendations on the rehabilitation of the mine. Recommendations were made to the Departments of Health and Agriculture. However, to date few of the recommendations have been implemented. The costs to fully rehabilitate the tailing pond, which includes a gravel limestone base coated with a rubber membrane and capped with topsoil and grass, has not been approved. The Silvermines Action Group are committed to seeing the rehabilitation fully completed, ensuring the future health of their community and livestock in the area. The Silvermines story, coming from a small rural community in Ireland, encompasses all main themes of the health seminar, connecting health, environment, globalisation and the best way to protect public health.

### **3.1.3 Presentations**

#### Nilton Deza

Nilton spoke about the current tendency of TNCs to locate in developing countries where there are less stringent environmental, labour and health & safety laws. 30% of total investment in world mining is in Latin America where there is an open door policy to incoming companies, as this brings tax revenue to the state. The industry does not however employ many local people. Some of the problems associated with the mining industry include environmental destruction, local poverty and social disruption. The mining industry in Peru has been a very significant agent of social change since the economy was liberalised in the early 1990s.

Yanacocha is Latin America's biggest gold mine and is a joint venture between the US company Newmount, Peruvian ownership and the World Bank. When it was started, local peasants were paid a low price for the land they occupied. The mine has created problems such as delinquency, alcoholism, increased venereal disease due to migration and the local cost of living has increased.

The mining operation has also caused water pollution (certain species of fish are now gone from local rivers) as the mine is on high ground near the water source. There are consequentially high rates to pay in water treatment. Local corruption has increased: policy of Yanacocha is divide and defeat. Yanacocha also want to mine on Mount Quilish, a local sacred mountain close to the tap water source – this would cause even more pollution.

The World Bank is supposed to have a policy of respect for human rights and diversity in development and are supposed to ensure that indigenous people don't suffer adverse effects of development projects. This is not the case. Instead they are financing multinationals by providing them with loans and these companies are implicated in creating social and environmental problems in Cajamarca.

### Jaime Miranda

Jaime introduced himself as a Peruvian doctor who worked for a year and a half in the Andes and is now teaching in London on international health. In his presentation he covered the following points:

In the mid-90s, Peru was told by an international development committee that it had to reduce its average fertility rate to just over 2 children per woman. The Minister of Health knew that contraceptives were already available and promoted, so decided to focus on female sterilisation. A quarter of a million women were sterilised without consent, in the name of 'development'. The scandal exploded in 1997-1998. The women affected were poor women. There was also a policy of exchanging rice or oil with women as an incentive to undergo sterilisation. The practice did not involve any consultation with affected people.

In 1978, the World Health Organisation (WHO) Alma Ata conference sought to establish guarantees to meet the basic health needs of every human being, or 'health for all' by 2000. The high expectations of Alma Ata have not been met, and in the 2000s, the new buzz word is health as a human right. The concept of human rights is based on the 1950s Universal Declaration, and is not a binding agreement. Because of this, various covenants (social, cultural, civil and political) which are legally binding if a country has signed it were declared. However the US hasn't signed the covenants. The Peruvian state was found guilty under these laws in regards to the female sterilisation programme.

The 'health for all' discourse was idealistic but the human rights approach has legal back-up, anyone can take a government to court under certain universal conditions. The international community, via the UN, have also worked and produced a document outlining what it means by the right to health. Essentially, this means access to an affordable and appropriate health service, with emphasis on the concept of cultural appropriateness. The right to health does not mean access to expensive treatment or cosmetic surgery. One of the main set backs of the human rights discourse in Peru is that it is a western discourse, the developing world has not played an important part in the debate. Also, the state needs to be present in the region concerned – if the state or judicial system is not present in the region then the human rights discourse is meaningless. Ultimately the human rights discourse is useful in providing us with a framework.

### Ramón Martínez Coria

Ramon introduced himself as an ethnologist who has been working for 20 years with the indigenous population, fighting for collective rights, particularly linguistic access, justice, territories, control of resources and protection for sacred sites.

NAFTA proves that the rich countries help TNCs to get contracts which go against the interests of indigenous peoples and the social warranties of developing countries. Ramon works in Chiapas for indigenous communities, in the context of conflict with

Zapatistas.

There are 100 million Mexicans in Mexico and 20 million in southern USA. In the state of Chiapas, there are 4.5 million people. Of the total Mexican population, 14% is indigenous, one third of which live in Chiapas, where there are 12 linguistic communities. There are 1.8 million indigenous people in Chiapas. There are tropical forests in southeast Chiapas, the last in the north of the continent, but they are in danger of disappearing. The forest is an important resource for everyone, e.g. indigenous communities, for Mexican patrimony and for large corporations who wish to exploit the genetic data of plants there in order to make a profit. This region also has the highest poverty level in Mexico. The EU project Ramon is working on tries to maintain the traditional systems of the forest. The fight for legal ownership of these resources is also hampered by the fact that they are inside the area controlled by the Zapatistas.

Since 1994 the Zapatista communities haven't recognised the Mexican state. The Zapatista movement is one example of the many possible ways of organising but it is an extreme one in terms of its relationship to the state and to globalisation. In Mexico it is difficult to talk about indigenous rights. There is an international convention on collective rights not signed by any Latin American country.

### **3.1.4 Workshops**

#### Workshop 1: Nilton Deza

There were 6 participants in this workshop including a member of Silvermines environmental action group, LASC activists, two members of the Ogoni support group (campaigning around oil drilling in Nigeria) and Pepe Gutierrez who is a former Chilean coppermine worker.

Nilton Deza presented information on his organisation and the effects of the Choropampa mercury spill and then invited questions from the group. Catherine O'Connor from the Silvermines Environmental Action group outlined a brief history of their problems with Mogul Ireland and the health hazard posed by the Tailings Pond. Nilton explained the chemical process of mining. There was also input from Pepe Gutierrez on copper mining in Chile.

The main points raised were that pollution associated with mining has detrimental effects on health. Mining companies are determined to avoid responsibility – there is a reliance on the corruption of the Peruvian legal system to avoid paying compensation. This was compared to the Silvermines situation in Ireland. Companies change their name and declare bankruptcy to avoid responsibility. Exploitation and displacement of campesino people takes place in both Latin America and Nigeria. There is plenty of similarity in the situations in Peru, Ireland, Chile and Nigeria. When profit is involved, environment and people do not matter. Governments encourage this - tax exemptions are given by governments. There is a need to adopt a global strategy as individual struggles are not very effective, e.g. networking, forums. There is a need to encourage solidarity and people power and to have a global consideration of labour issues. There was a suggestion to have a postcard campaign.

#### Workshop 2: Jaime Miranda and David Hickey

A discussion took place about the health systems in Cuba and Peru and the value of

volunteering in these countries.

### Workshop 3: Ramon Martinez Coria

A presentation was given to a group of 10 people, on the indigenous situation in Mexico, focusing on international agreements relating to indigenous people and how they affect the way indigenous groups organise and campaign.

#### **3.1.5 Evaluation**

An evaluation of the event was carried out. Participants were asked how the event impacted on them, and what outcome it would have. The following is a list of some of the replies:

- 1 'More knowledge of different realities.'
- 2 'Idea of learning from rather than teaching lower income countries.'
- 3 'I will raise issues discussed in oncoming general election.'
- 4 'Good to see how issues effect both 3<sup>rd</sup> and 1<sup>st</sup> world.'
- 5 'I liked the variety of speakers and the intercultural approach.'
- 6 'Lots of very interesting information and enthused groups of people.'
- 7 'Also want to make a difference'.
- 8 'Better understanding of some development issues. Desire to get more involved'.
- 9 'Will develop the network with Mexican organisations to keep pushing and making exchanges possible with Ireland.'
- 10 'A better understanding of the issues around MNCs and health.'
- 11 'The contacts that will be an asset for development of my groups aims – Gortmore. Looking forward to visit of Anne and Mr. Deza – much information to take back.'
- 12 'Linked with Silvermines group.'
- 13 'Will help in postcard campaign for Peruvian mining.'
- 14 'Will be more aware of Irish mining campaign.'
- 15 'Increased belief that 'another world is possible!'

### **3.2 Public Workshop, 'Health And The Environment In Choropampa, Peru' with Nilton Deza**

Convergence Festival, Cultivate: Sustainable Living Centre, 15-19 Essex Street West, Temple Bar, Dublin 8, Ireland  
Saturday 24<sup>th</sup> April 2004, 4pm-5pm

Nilton Deza gave a short talk on the extent of the mining operation in Choropampa, mercury spillage and the complete negation by the company of its responsibilities to the local people and the consequences of the extension of the mining operation to the holy mountain of Mount Quilish, that is damage to drinking water and the desecration of the site.

One positive outcome of the discussion was interjections by Christine Warner, Harry Owens and Gerard McDonnell on the possibility of campaigning against Newmount by questioning Irish jewellery dealers about the origin of the gold they use and also linking with the No Dirty Gold campaign. (<http://www.nodirtygold.org/home.cfm>)

### 3.3 Exchange Meeting: Irish Community Development Workers and Nilton Deza, Jaime Miranda and Ramon Coria Martinez

Cairde Offices, Belvedere Place, Dublin 1  
Wednesday 21<sup>st</sup> April 2004, 2-4pm,

An exchange meeting took place between visiting Latin American speakers and Irish community workers and organisations with concerns in the area of health. The aims of the meeting were to exchange information, approaches and ideas; to gain a global perspective to work around health & globalisation and to exchange practical and moral support

#### **3.3.1 General introduction to 'Health Care Systems in Latin America'**

For the benefit of the Irish participants at the meeting, a short presentation and discussion took place on the general nature of health care systems in Latin America. The main points covered were the following:

Lack of access to healthcare for large segments of the population is a major problem in several Latin American countries.

Healthcare is mainly provided through the public hospital system in most countries in the region, with little in the way of a primary care infrastructure or GP systems. Hospitals are run mainly as commercial enterprises in some countries such as Colombia.

In some countries the public healthcare schemes only cover salaried public workers, and exclude large percentages of the population (mainly the unemployed).

In other countries, the public health care systems are overcrowded and under funded. Healthcare spending as a proportion of gross domestic product (GDP) varies – from a low of just 1.8% in Venezuela to a reported 8-9% in Colombia in 2002.

Many Latin American governments are promoting the privatisation of healthcare systems, based on the US model. However, this is dependent on income and most Latin Americans cannot afford private health insurance. (In the US, half of all cases of bankruptcy are because of spending on health).

Latin American governments are under pressure from international financial institutions (IMF & World bank) to which they often owe money to reduce public spending.

All over Latin America traditional methods of health care, e.g., herbal treatments etc. are still being used.

#### **3.3.2 General introduction to 'Health Care System in Ireland'**

For the benefit of the Latin American participants at the meeting, a short presentation and discussion took place on the general nature of Irish health care systems. The main points covered were the following:

There is a public health system in Ireland, with two categories of coverage, those with very low income and others. If a person has a very low income, they have a 'medical card' and medical hospital, general practitioner and prescribed medication costs are covered. Otherwise, all residents are entitled to initial hospital costs, accident and emergency services and some maternity services. There is some provision for refund on prescribed drugs charges. However the general practitioner service is not covered, and is expensive.

Due to huge waiting lists for treatments in the public health services, 1.4 million of the 3.5 million people in Ireland have private health insurance, which is very expensive. This means skipping long queues and a higher standard of care.

Life expectancy and health rates in Ireland are amongst the lowest in the EU as is spending on health.

For many migrants, there are problems accessing the system, both in terms of entitlement and other barriers such as linguistic and cultural. Travellers, an ethnic minority, also suffer from poor access to the health care system.

### **3.3.3 Latin American Perspectives on poverty and access to health care**

#### Mexico (Ramon)

Poverty is a huge problem, public institutions just look after public sector workers, and rural and indigenous people not covered by public health care.

Many NGOs work on health care, and try to bring in special resources.

#### Peru (Nilton)

When people from the highlands of Peru go to jungle areas to look for work, they are very susceptible to tropical diseases.

Rural people go to hospital if they are seriously ill and then they have to sell an animal for money to go to doctor.

Self-diagnosing - It is possible to get any medicine in a pharmacy without a prescription, people use their friend's prescriptions (not relevant for anti HIV drugs, as too expensive)

#### Peru (Jaime)

Advocates free health care for all (when Jaime was a doctor in rural Peru he spent a large percentage of his time going to social services with his patients to advocate on their behalf).

In Peru, it is shown that the more you have to spend on health, the poorer you are likely to be.

The point that health care is not the main way to deliver better health is illustrated by the fact that proper sanitation/water supplies is the single most effective way of improving over all health.

The 'trickle-down' theory in regards to investment in health care systems doesn't work - more than 50% of the income of public health sector is paid by the poorest people. The poor wait longer before seeking medical help and they get sicker and have more complications.

### **3.3.4 Latin American perspectives on cultural appropriateness in health care**

#### Mexico (Ramon)

Different communities have their own ethnic systems, and have their own concept of health but there are lots of diseases they can't control as they come from outside their systems/concepts.

NGOs try to push the Mexican State to recognise different concepts of health, as doctors don't understand the different Cosmo visions of ethnic groups.

AIDS is one of the major problems because of migrants going to US and coming back with Aids. This firstly affects women and then gay men. Gay men cannot talk about HIV/Aids, as it is taboo in indigenous society. In the case of AIDS, NGOs efforts are not enough to resolve the issue. Countries in Latin America nearer the US have more problems with HIV than those further south.

Moving beyond whether the health care system is free and public or private and expensive, another problem is that we are always referring to a system that only uses the clinical approach. In Mexico, this is displacing traditional or indigenous health care models, even though clinical medicine cannot answer all health problems.

In the West you have the rise of New Age models and in Asian cultures clinical and traditional models co-exist more successfully than in the West.

In many Western countries traditional ways can offer answers. In Ireland, for example, travellers have their own concept of health, which is not recognized by the clinical model.

We have to be intercultural; other groups do have some answers. We need to train medical personnel into cultural traditions of the indigenous and we need to train indigenous medicine men and midwives about new diseases which are entering into their communities.

Cuba has the most developed public system in Latin America, apart from the problems with supplies, due to the US blockade. However it is still limited as it follows the clinical model and doesn't take from traditional models e.g. Afro-Cuban.

In Latin America we know how to fight against privatisation but we don't know how to rescue knowledge.

#### Peru (Jaime)

- 1 In Peru doctors don't want to go to rural areas – in 50% of the area of Peru, indigenous languages and not Spanish is spoken.
- 2 Culturally appropriate birthing practices in the South Andes are very important – there indigenous birth practices haven't changed in 5000 years.

### **3.3.5 Latin American Perspectives on training of doctors**

#### Peru (Jaime)

- 1 In the West there is an opportunity for change because the training of doctors is with public money so there is an obligation to make them accountable to produce professionals who serve communities.
- 2 In Peru there is a lost generation of doctors -most doctors receive no training in Quechua, but the government has no power to change this as people pay for their own training.
- 3 One of the options is local management of small clinics-negotiation with doctors is very important to persuade them to do things they haven't read about or studied. It is also hard to get communities to do things differently.

- 4 Doctors are technicians, not communicators- how can a 23 year-old graduate from the city know what is best for rural indigenous women?

### **3.3.6 Irish perspectives on limitations of the Irish health care system**

- 1 Ireland has a small population but still a relatively bad system (despite more money going into health care) –there are long queues and high costs for private care.
- 2 The system has failed the travellers (35,000 in Ireland) - they have the same health conditions as the settled population did in the 1940s.
- 3 Barriers for travellers include discrimination/racism, lack of access, lack of literacy and education and a lack of recognition of their cultural perspectives on health The Irish health system was inherited from the UK, and is based on one model of how to do something, and this excludes lots of people.
- 4 However there are different models of doing things, some based on models from the developing world – e.g. peer-led community health models where people from within community identify their own needs and pass on knowledge.
- 5 Ireland has impressive health promotion plans, which embraces idea such as healthy cities etc., allow for community involvement. There is lots of talk about preventative health care but no investment in community health.
- 6 However, on the ground the culture is one of ‘doctor knows best’, and although there are many good people in the health care system, they are stuck in a poor structure.
- 7 The grand plans for prevention are not resourced.
- 8 The problem with thr system here is that it is the opposite of preventative health care and primary care - people only get care when they are sick.
- 9 There is a lack of access to the system; it should be free from primary care upwards.
- 10 Many women’s groups want to work more on prevention but are not getting funding – if information was provided from within communities, it would be better received.
- 11 There is a lack on information on sexual health issues and around maternity health care.
- 12 Women want better communication from doctors and better access to information. This can only exist if the system is turned on its head.
- 13 One of greatest barriers is the dependency culture created by the welfare system.
- 14 People do not want to lose their medical cards so avoid taking jobs which although don’t pay much, do pay enough to mean they will lose their card.
- 15 Communities have been campaigning for temporary extension of medical card when going back to work but this has been unsuccessful.
- 16 The dependency model means people feel they have nothing to say.
- 17 In Latin America, although the situation is much more precarious, people use their own initiative and creativity to get by.
- 18 If income taxes are going into the health care system then there shouldn’t be a need for a medical card.
- 19 There has been a huge deterioration in ‘care’ – the immediate response to health problems is to prescribe drugs and people are not listened to or encouraged to let their bodies heal.
- 20 In Ireland we have lost sight of ancient health practices and can learn from older, more basic systems in developing countries.
- 21 People being treated with drugs when they need understanding, and then they

become dependent on Valium etc. Also there is a lack of concern/questioning when women present at A&E with injuries caused by domestic violence and pretend they fell down the stairs etc.

### **3.3.7 Irish perspectives on community development and health**

- 1 There is a need to start with people where they are, before they get to the health system. It is necessary to focus not only on health but also on human rights, as there are high levels of marginalisation in Ireland. Problems in St.Micheals Estate in Inchicore include heroin addiction, isolation, HIV, poor housing, depression and violence. Having a medical card does not deal with all of these issues.
- 2 The St.Micheals Estate community project is based on local community-led responses to problems, and on a community development model. They provide community counselling, outreach for woman experiencing violence, drugs team.
- 3 In the Whitefriar area, the community is bordered by a rich area where others are making money from the 'heart industry' with private gyms and so on. However, the community is not involved even though there is lots of talk on community involvement.
- 4 The rhetoric on community partnership has become patronising and has increased the voicelessness of communities. Even if people are uneducated or ill they still have valuable contributions, life experience, and centuries of experience in their own locality.
- 5 So one barrier is the rhetoric, which says people have a voice when in fact they don't - whether in mountains in Peru or inner city Dublin, people have to have a voice.
- 6 In education the notion of life-long learning is now recognized but this is not happening in the area of health and money is not being put into prevention.
- 7 There should be a place to go to have a consultation on life-long health habits (lifestyle etc.) not quick fix mode.

## **3.4 Exchange Meetings with Derry-based organisations and Ramon Martinez Coria**

1.4 Derry  
19<sup>th</sup> April 2004

Organised by Ellen Weaver

Ramon Martinez Coria met with representatives from Gasyard Development Trust, Bloody Sunday Trust, Feile organisers, Bogside and Brandywell Health Forum, Archive community history project, Well Women Centre and Conradh na Gaelige.

Findings:

An exchange around the areas of poverty, health, community development women's health; indigenous cultural rights and development, indigenous language education, for both children and adults took place between Ramon and the organisations listed above.

## 3.5 Visit by Ramon Martinez Coria to Derry primary school

Bunscoil Edenmor- P5& 6 class

## 3.6 Exchange Meetings with Belfast-based organisations and Ramon Martinez Coria

### 3.6.1 Gerard McCann

Belfast, St. Marys University College, Falls Road, Belfast

20<sup>th</sup> April 2004, 1pm

Organised by One World Centre Belfast.

Ramon Martinez Coria met with Dr Gerard McCann, lecturer in St. Mary's University College to discuss possible linkage with Chiapas project. This meeting was organised by the One World Centre, Belfast and was attended by four people.

#### Content:

An outline of the current situation in Chiapas and Mexico was given and some discussion on the FTAA took place. An overview of the Chiapas project was given and a discussion took place on how St. Mary's could get involved.

#### Findings/results of workshop/event:

Ramon will forward further details of the project to St Mary's – main contact is Dr Gerard McCann. The initial outcomes of the meeting were very positive.

### 3.6.2 Samuel Brush (HIV Centre)

Belfast, St. Marys University College, Falls Road, Belfast

20 April 2004 in the HIV Support Centre, Belfast from 3-5pm.

A meeting took place between Ramon Martinez Coria and Samuel Brush (HIV Centre) to discuss possible involvement by the HIV Centre in the EU-supported Chiapas project. This meeting was organised by the One World Centre, Belfast

#### Main points discussed/raised:

An overview of HIV / Aids problem in Chiapas was given, particularly on how it is affecting gay men and indigenous communities - Public Health Centres will only provide support to HIV victims if they are working. Indigenous communities need more help in providing treatment to HIV victims. Ramon also talked about the isolation of HIV victims indigenous communities. The HIV Centre in Belfast offered their full support of the project and talked about the HIV situation in the north of Ireland.

#### Findings/results of workshop/event:

It was found that there is a need for external support of Mexican NGOs that provide support services to HIV victims in Chiapas. There are strong similarities in the stigma attached to HIV in Ireland and Mexico. The meeting was extremely positive and contact details exchanged. Ramon agreed to contact the HIV Centre soon to involve them in the EU sponsored Chiapas project. This may lead to the introduction of peer education programmes on sexual health in the future.

### **3.7 Public Meeting with Ramon Martinez Coria**

Belfast, St. Marys University College, Falls Road, Belfast  
20 April 2004 in the One World Centre, Belfast from 7.30 – 9.00pm.

A meeting on the Free Trade Area of the Americas and its potential impact on Mexican society, particularly indigenous communities in Chiapas. The talk was delivered by Ramon Martinez Coria, organised by One World Centre Belfast. It was attended by a Lecturer in Geography of Queens University, a Rural Development Student, a member of Latinamerica Unida and other university students/teachers and OWC staff and volunteers.

Main points discussed/raised:

- 1 NAFTA has severely weakened the Mexican economy and reduced the incomes of Mexican farmers.
- 2 Free trade is obviously geared to benefiting rich countries and a small elite in the developing world.
- 3 Indigenous communities are becoming increasingly marginalized within Mexican society and suffering severe health problems.
- 4 The FTAA should be opposed within Ireland and the EU.
- 5 There is increasing opposition to FTAA in Latin America, including Argentina and Brazil. There are reasons to be positive and optimistic.

Findings/results of workshop/event:

There was a lot of interest in the FTAA from those present. Ramon established new links with potential partners throughout his visit.

### **3.8 Events In University Of Limerick With Nilton Deza And Jaime Marin**

University of Limerick Campus  
20 April 2004

A meeting/workshop was held with Nilton Deza and Jaime Marin. The workshop was attended by 14 people, including students and lecturers at the university and was organised by Nancy Serrano.

A video on the case of mercury poisoning in Choropampa Peru was shown. A discussion followed, covering the following points:

- 1 The mining operation in Cajamarca had no long-term benefits to the region, as local labour was only used at the start.
- 2 The early benefits mask long-term failure.
- 3 A rise in the cost of living took place because of the presence of the mines.
- 4 End of subsistence farming was also a consequence - therefore what happened was a 'stunting of development through development'.

### 3.9 Public talk with Ramon Martinez Coria: Galway

Where? County Library, Augustine Street, Galway

When? Thursday 22nd April at 7:30 pm

Organisers: GALA Galway Action for Latin America

A public talk about the effects of the Free Trade Area of the Americas on health in Latin America was held.

### 3.10 Public Meeting with Nilton Deza: Cork

Imperial Hotel, Cork

22 April 2004 8pm

Nilton Deza addressed a gathering of Comhlamh supporters, speaking about goldmining in Cajamarca, Peru. This event was organised by Comhlamh Cork. A lively question and answer session took place after the talk.

### 3.11 Exchange meeting with Nilton Deza and Silvermines

Environmental Action.

Sunday 25<sup>th</sup> April

Silvermines region in County Tipperary.

The visit:

At the invitation of the Silvermines Environmental Action Group, Mr Nilton Deza, environmental activist and university professor from Cajamarca, Peru and Anne Payne, LASC committee member, visited the Silvermines region in County Tipperary. The previous weekend, Silvermines Committee members Catherine O'Connor and Joan O'Brien had spoken at the LASC Latin America Week Seminar on Health in a Globalized World.

The group first visited the Tailings Pond, a 149 acre toxic mining pond which up to 1982 was used as a dump for its waste by-products by the local lead and zinc mine. At the site, chairman of the environmental group, Mr Michael Leamy explained how both local wildlife and farm animals had been severely affected by lead contamination from the pond. He pointed to the noxious yellow material seeping out of the hillside into the river and pointed to the nearby farm where three cows had died with toxic levels of lead in their organs. Cattle from the surrounding farms are still being tested for lead contamination when being presented at the local meat factories. Nilton described similar incidents in Peru. Group Treasurer, Mrs Catherine O'Connor told us that the group had just received news that they had been victorious in blocking the application to 'rehabilitate' the site by covering it with sewage and other organic matter. The fight to persuade mining company Mogul, now Ennex International, to clean up the site has been ongoing for years.

Later, at the Magcobar open cast barytes mining site, Joan and Richard O'Brien gave an account of the committee's long fight to prevent the area being turned into a superdump. The plan had been to empty the water from the lake which had formed and to fill it with refuse from 12 local authorities. Nilton said that this was happening in some large open cast mines in Peru but that these areas were far from human habitation. He was particularly concerned about contamination of the water supply. The group visited the playing field adjacent to the school in Silvermines village which due to concerns for childrens' health had its surface sealed and was re-sown with grass seed.

The outcome:

Nilton Deza said that those involved in the struggle against international mining companies in Peru would be amazed to hear that the same struggle was happening in Ireland. He said that in all successful struggles it was people power that won in the end. He stressed the importance of solidarity and said that he valued the links formed with the Silvermines Environmental Action Group.

### **3.12 Jaime Martin visit To Beaumont Hospital**

Beaumont Hospital, Dublin

21 April 2004, 8am-12pm

Organised by: Dr. David Hickey

Jaime Marin visited the hospital where he had an opportunity to visit wards, participate in various meetings and meet patients and health staff.

Jaime Marin gave presentation and led a discussion on

- 1 Health care in Peru
- 2 The Brain Drain and new professionals
- 3 International analysis of local problems
- 4 Politics, policy and health impacts
- 5 Analysis of cultural appropriateness of health systems and the training of doctors in 'western models'.
- 6 Analysis of female sterilisation from a human rights perspective.

### **3.13 Photo Exhibition**

Cultivate Festival, Sustainable Living Centre, Temple Bar, Dublin

April 22-May 1

and

University of Limerick campus

20-21 April

An exhibition of photos entitled 'Health and Community in Mexico' by Ninna Gay taken on a trip to Oaxaca State, Mexico.

### 3.14 The Fifth Irish Latin American Film Festival.

The Fifth Irish Latin American Film Festival, linking Ireland and Latin America was based on the theme Sustainable Development/Agenda 21. The festival focused on short films and documentaries by Latin American filmmakers or about Latin America. A new focus in 2004 was a programme of films from the Celtic countries that not only feature Latin America but also the theme of Latin America Week, health. The Festival (with two screenings in Whitefriar Community Centre) took place in The Dublin Institute of Technology (D.I.T.), Aungier Street, Dublin 2 (Fourth floor / Theatre 4027 – accessed by lift/elevator) and in Whitefriar Community Centre. A selection of films also went on tour to Portlaoise and Limerick.

## 4. USEFUL RESOURCES & CONTACTS

<http://www.foei.org/ifi/> - Friends of the Earth campaign on oil, mining and gas. Also details various Latin Americas campaigns.

<http://www.medact.org/tbx/docs/Curriculum%20report%20p49-71.pdf> - Excellent teaching resource on Globalisation and Health

[www.medact.org](http://www.medact.org) - UK health professionals organisation challenging barriers to health. They highlight the health impacts of violent conflict, poverty and environmental degradation, and with others act to eradicate them.

<http://phmovement.org/index.html> - People's Health Movement. The goal of the People's Health Movement is to re-establish health and equitable development as top priorities in local, national and international policy-making, with comprehensive primary health care as the strategy to achieve these priorities. The People's Health Movement (PHM) aims to draw on and support people's movements in their struggles to build long-term and sustainable solutions to health problems.

[www.nodirtygold.org](http://www.nodirtygold.org) Around the world, mine-affected communities, grassroots organizations, and national and international organizations are working to end dirty gold mining practices. This campaign seeks to support these efforts and to collaborate with other like-minded organizations.