



Newsletter from the Sierra Madre #35

October 1997



Project PROJIMO: a program run by and for disabled young persons in western Mexico

HEALTHWRIGHTS

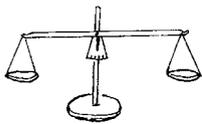
Workgroup for People's Health and Rights

Project Piaxtla: a villager-run health care network in the mountains of western Mexico

This newsletter begins with a presentation on "Health, Economics and the Environment" given by Jason Weston at TOES (The Other Economic Summit), which he and David Werner attended in Denver in June, 1997. Jason shows that the biggest threat to global ecology, and hence the future health of humanity, comes from an economic system based on growth-at-all-costs rather than on a healthy and equitable balance among all people, and between humanity and the natural world. Part of the solution, he suggests, is a sustainable development model based on need rather than greed

This Newsletter also presents readers with a few selections from HealthWrights' new book, Nothing About Us Without Us—Developing Innovative Technologies For, By and With Disabled Persons, by David Werner. From the book's Introduction, we present two pages which stress that for millions of the world's disabled children the biggest obstacle to well-being—and survival—is poverty and hunger. We include a couple of pages from Chapter 40, on ways disabled persons in rural Mexico have managed to win the community's respect. There is also an example from Malawi, Africa, on how a boy paralyzed by polio designed and built a hand-powered tricycle for travel to and from school on narrow trails.

Finally, there are 2 pages on "News and Activities of the International People's Health Council," with an update on the recent conference in South Africa.



Striving for Balance: Health, Economics, and the Natural World

— Jason Weston —



Human beings consume more than their share of global energy

As we near the close of the 20th Century, the state of health of the Planet Earth and its people is deteriorating. Health indicators of the world's poor (the majority of humanity) have stagnated or, in many cases, declined. Meanwhile, environmentalists and economists have debated the role of the global economy in the deterioration of the world's natural systems. To protect the health of both people and the environment, it is important to understand how the health of populations, the health of the ecosystem, and the forces of the global economy are interrelated. We need to recognize how the individual economic choices of the world's wealthy class drive the global economy and, directly or indirectly, affect the health of all.

Net primary productivity (NPP) is defined by ecologists as **the amount of energy captured from sunlight by green plants and transformed into living tissue.** The NPP is the base of all food chains and is the energy that powers all of nature. Donella Meadows of Dartmouth College points out that **human beings, one species of millions on this earth, consume about 40% of the land-based NPP.** What we take from the ecosystem deprives other life forms in a competition that most species are losing.

Overgrazing the Global Commons

Some of the best documented examples of the colossal environmental impact of this "human overgrazing" include global warming, the hole in the ozone layer, topsoil degradation, species extinction, loss of tropi-

cal rainforest, and depleted fisheries. By consuming a vast 40% of the world's NPP, humans are leaving too little for the natural world to maintain conditions for the long-term well-being of the ecosystem.

Tragically, most of our enormous consumption is not used to meet people's basic needs, which for millions remain unmet. A disproportionate amount is used to feed our top-heavy economic system which is increasing poverty and undermining the ecosystem at an alarming rate. In time, even the winners at the global casino will become losers. Wealthy people are as dependent on a viable ecosystem as is every other life form. If humans and nature are to have a future of any quality (or any future at all), our species must find ways to consume considerably less of the NPP. However, there are 3 significant bar-

However, there are 3 significant barriers to reducing the human share of the NPP, each of which contributes to a vicious cycle of human overgrazing and poverty. These are 1) an economic model that demands continual growth, 2) maldistribution of resources and Third World debt, and 3) over-population.

1) If economics were unrelated to the extraction of materials from the environment, continuous economic growth might be feasible. However, economic activity is closely tied to the environment. Joe Dominguez, a former Wall-Street analyst and environmentalist, pointed out that **money is a lien on the earth's resources**. In other words, each dollar a person has gives them the right to consume planetary resources in the future. Thus economic growth, as commonly pursued, implies increasing the human share of NPP. Ecological indicators show that this adversely affects the health of the ecosystem.

2) The second barrier to reducing the disproportionate and unsustainable human usage of the NPP is the maldistribution of resources, and the Third World debt. It is important to consider where the 40% of NPP that humans consume is going. The "champagne glass" diagram on this page shows the skewed distribution of global income. **Twenty percent of the world's people are consuming more than 82% of the resources, leaving the vast majority of people with far too little.** The big losers are the world's poor, especially children. As the world's wealthy continue to demand economic growth and an ever-higher standard of living, shortages become more severe for the over-stressed ecosystem, and for the large sector of humanity that already does not have enough.



This drawing is from a collection of awareness-raising cartoons used by Yoshi Ikezumi as "discussion-starters" in workshops. See pp. 10 to 11.

Inequity is increasing both within countries and between them. In 1979, there was a net flow of \$40 billion (much of it in the form of loans) from the rich countries to the poor. In the 1990s more than \$50 billion per year flows from poor countries to rich. Meanwhile, the debt in underdeveloped countries has continued to grow. The effect on children's health has been catastrophic. UNICEF stated that:

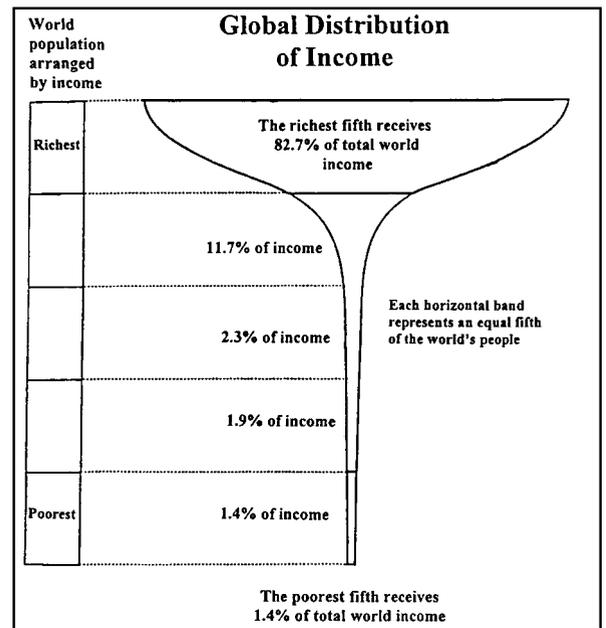
"It is children who have paid the heaviest price for the developing world's debts. Fragmentary evidence ... has shown a picture of rising malnutrition, and in some cases rising child deaths, in some of the most heavily indebted countries of Africa and Latin America."

The widening gap between rich and poor has been accelerated by structural adjustment programs (SAPs) imposed on debt-burdened countries by the World Bank and the International Monetary Fund (IMF), as well as the policies of the Global Agreement on Tariffs and Trade (GATT) and the North American Free Trade Agreement (NAFTA). Structural adjustment policies, imposed on poor countries to bail out the rich countries and their banks after they made irresponsible loans, have hurt the poor in a number of interrelated ways:

By lifting price controls while freezing wages, and by devaluing the local currency, SAPs have diminished purchasing power. This reduces the ability of poor families to buy food, health services, and other basic necessities.

The social programs that were introduced to protect the most vulnerable groups (such as feeding programs for underweight babies) have been sharply scaled back, at a time when falling wages and rising unemployment make the need for them greater.

Gearing agricultural production toward export rather than domestic consumption has created scarcity of local foods that drives prices up.



As with NAFTA and GATT, Structural Adjustment undermines the ability of poor people to take care of themselves. US economist John Kenneth Galbraith describes the debt crisis as an "astounding process of impoverishment of the poor for the sake of further enrichment of the rich."

3) One way to halt further increase in human (NPP) consumption would be to slow down growth in the number of human beings. But by what method? According to the Harvard School of Public Health, "Nearly all Northern countries that have achieved population stabilization have done so through promoting better quality of life rather than explicitly trying to reduce population growth."

Poor people tend to have many children when their basic needs are not assured. For many socially disadvantaged families, having many children is an economic asset, providing the security that society does not deliver. In both rural and urban areas, children contribute to family income from an early age, and provide support and care in times of parental unemployment, sickness, and old age.

In countries with a commitment to social equity, in country after country, birth rates have fallen. Consider Cuba. With a per capita GNP of about 5% of that of the United States, Cuba maintains as good health standards as the United States, and lower birth

rates, even with the US embargo undermining its economy. Meanwhile, in many countries wealthier than Cuba, but with enormous inequities and few social guarantees (such as universal health care, education, and basic nutrition, as provided by Cuba), birth rates remain high despite a strong government push for family planning.



In many countries, international economic policies such as SAPs and NAFTA have undermined poor families' ability to meet their basic needs.

Still, I often hear my First World friends say "the world's poor simply must stop having so many babies." It is true that poor people consume a portion of the NPP, depriving the rest of the Earth's inhabitants of their fair share. However, on the average, a person living in the US uses more than 500 times the energy used by a person living in Ethiopia. We must therefore be hesitant to blame the poor for human over-consumption of energy.

When considering stress on the environment, the effects of population size cannot be isolated from consumption rates. (Population size x per capita consumption rate = net impact on environment.) In view of this understanding, the organization, Zero Population Growth, says **the United States of America is the most overpopulated country in the world.** (It is interesting to consider that, while the world's majority poor are dying of diseases of poverty, such as dehydration secondary to diarrhea, the world's rich are dying of diseases of affluence, such as obesity and heart disease from eating, smoking, and drinking too much.)

To protect the future of humanity and the planet, the questions that must be asked are not how to expand the economy, or how to force or coerce poor people into having fewer children, but how to find balance. **Humanity must strive for balance between human need and the needs of the ecosystem upon**

which all rely. Likewise, within the human species, **we must seek balance between those who have too much, and those who have far too little.** To achieve this, we must learn to distinguish between "standard of living" and "quality of life." Contrary to the gospel of the advertising industry, once a certain threshold of basic needs has been met, owning more things does not necessarily improve the quality of life. Many of the things in life we value most—a walk in the park, a conversation with a friend, or love for another—use few resources and have no price-tag: None of the most valued aspects in life are enhanced by having more. Quality of life can be enhanced by choosing a "low-consumption, high-fulfillment" lifestyle, thereby leaving more for those who need it most and contributing to a healthier humanity, and a healthier environment.

Martin Luther King said that "History is the long and tragic story of the fact that privileged groups seldom give up their privileges voluntarily." Yet it is clear that this is exactly what needs to occur. Humanity must design and implement a balanced economic model that addresses the needs of the ecosystem and sustains the well-being of all people. If, after these obvious imperatives are met, there is enough to indulge some human luxury, let's share it. As a first step, we must personally try to live sustainable lifestyles, and encourage others to do likewise.

ANNOUNCEMENTS

Jakarta International Health Conference Co-opted

Fran Baum, Australian representative of the International People's Health Council (IPHC), attended the 4th International Conference of Health Promotion, organized by the World Health Organization in Jakarta. Fran reports on the way transnational corporations (TNCs) tried to influence health policies. She writes: "A Coca Cola executive (I kid you not) gave a keynote address and informed us of all the wonderful health promotion work Coca Cola does by creating jobs!!!" Other corporate bigshots had similar spiels. Participants from non-government organizations (including Fran and Zafrullah Chowdhury from the IPHC) were so alarmed that they signed **an open letter pointing out that the private sector can also be extremely destructive to health.** For a copy of the letter, or to join in the protest of the way some TNCs try to manipulate health policies to increase their profits, write to Fran Baum, c/o Flinders Medical Centre, Bedford Park 5042, Australia; E-mail: Fran.Baum@flinders.edu.au.

Scholarships for ecological studies at Schumacher College

Scholarships for a wide range of 10-day courses on **ecological anthropology and people's interrelationship with the environment** are available for US citizens at Schumacher College, London. Contact: Administrator, Schumacher College, The Old Postern, Dartington, Totnes, Devon, T09 6EA, UK. Tel: +44 (0) 1803 865934; Fax: +44 (0) 1803 866899; Email: schmcoll@gn.apc.org; www.gn.apc.org.schumachercollege.

PROJIMO launches new skills-training program

PROJIMO needs donations of Windows-capable computers and leather, wood, and metal-working tools, as well as short-term instructors to help the local program facilitators develop this new program.

Politics of Health, Annotated Reading List

The International People's Health Council (IPHC) is updating its Politics of Health reading lists. **If you want to help, or to suggest new entries,** please contact David Werner at HealthWrights. (IPHC folks who already offered to help, please respond ASAP!)

POVERTY AND DISABILITY: SURVIVAL COMES FIRST

Persons trained in the field of rehabilitation, as in other fields, tend to see people's needs in terms of their specialty. A rehabilitation worker, on seeing a disabled child in an urban slum, may think first of the child's disability-related needs. The worker may want to foster an "integrated approach," including assistive devices, access to schooling, and social involvement. But it is essential to remember that for that child and millions of other children, their basic health and survival needs come first.



For many children, the biggest threat to their well-being is hunger

Most important for any child, whether disabled or not, is meeting her basic needs for food, shelter, and essential health care.

Too often, rehabilitation planners overlook or give too little attention to the economic limitations of the family. As a result, sometimes hundreds of dollars are spent on an orthopedic brace, hearing aid, or on special schooling—only to see the child die from untreated infection ... or from hunger.



When including marginalized people in "development for all," it is essential to respond to their most urgent needs—as they see them.

Quite rightly, many community rehabilitation initiatives are putting more time and energy into helping disabled persons and their families find ways to produce food or add to their income. For example, some programs give a goat, rabbits, or chickens to a disabled child, and help her learn to care for and breed them.

Hard and Soft Technologies

Poverty and disability together put people, especially children, at double risk. Both must be dealt with. People who are disadvantaged for whatever reasons need to *join in the struggle for equal rights and full participation in a fairer, more caring society.*

Therefore, when we think of "rehabilitation technology," it is important to consider not just the *hard technology* of aids and equipment, but also the *soft technology* of ideas and action that can help disabled persons to survive, meet their needs, and be more self-determined.

The last two Parts of this book look at innovative soft technologies. These include activities and methods whereby disabled people can defend their rights, integrate into society, and learn skills to earn a living and keep the wolf from their door.



United action is needed to overcome the social disadvantages occurring with poverty and disability.

Adapting to Extreme Poverty in an African Squatter Settlement

One of the most innovative community based rehabilitation (CBR) programs that I (the author) have visited is in a huge shanty town called Matari Valley, in Nairobi, Kenya. This settlement was formed in colonial times by young women from rural areas who worked in the city as house girls and mistresses for white masters. When the girls got pregnant, they were thrown onto the streets and settled in Matari Valley. Today hundreds of thousands of single mothers survive there by brewing illegal liquor, selling their bodies, begging, and picking through garbage. A large number of children are disabled. Many mothers leave their disabled child shut up all day, sweltering in tar-paper shacks. The mothers do this, not by choice, but in their efforts to earn enough to feed their children at least one meal a day.

A CBR worker named Penina, who went to Matari Valley several years ago found that the first concern of mothers with disabled children was not "rehabilitation," assistive equipment, or schooling. **Their worries had to do with food, sickness, and survival.**

So Penina modified her rehabilitation plans. She put the survival and basic needs of the children first. She began by looking for ways to **help mothers earn a little income in their homes, so that they could spend more time with their children.** At times this meant giving mothers small loans to start selling lamp oil or charcoal. She helped groups of mothers form **child-care cooperatives**, so that they could take turns caring for one another's children while the rest sought outside work. She then helped mothers form sewing, chicken-raising and other **small work cooperatives** to produce an income and have **shared child-care where they work.**



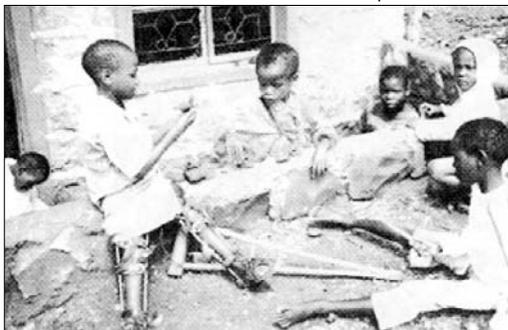
Mothers and grandmothers work together to build a cooperative bakery. Here they make mud bricks of earth mixed with straw.

Once the mothers were earning a bit more income, they could feed their children better and spend more time with them. So Penina began to introduce **early stimulation and developmental activities** into the child-care groups. From among those mothers who showed the most interest, love, and natural ability, she trained several to help as facilitators, teachers, and neighborhood rehabilitation assistants.

As day-to-day survival became less of a struggle, the mothers were able to devote more time to assisting their disabled children. Penina began to teach the mothers exercises and activities they could do in the home to help their children learn skills and become more independent. As much as was possible given the limited resources, she helped them to access the aids and services that they needed.

As the mothers began to see signs of improvements in their children, their confidence grew, both in themselves and in the potential of their children.

Eventually the mothers, with help from neighbors, built a modest community center (called *Maji Mazuri*) for meetings, rehabilitation, skills training, income generation, games, awareness-raising theater skits, and child-care. The women also built a cooperative bakery. **The initiative for disabled children became a spearhead for community development.**



Children at the Maji Mazuri Center

Ways Disabled Persons Win Community Respect

CHAPTER 40

Making Unusual Abilities Available. Many persons with disabilities have outstanding abilities. One of the best ways that disabled persons can win the respect and appreciation of those around them is by making their particular abilities visible or publicly available. Here are a few examples.

Welding service and repair shop. Several of the disabled workers at PROJIMO learned welding and metal-working skills in order to build wheelchairs. Because there is no other welding shop in town, farmers began to come to them with broken plows, boys came with broken bicycles, and women arrived with leaking buckets. Completely unplanned, the wheelchair shop has become a village repair shop. People have come to see the disabled workers not in terms of their disabilities, but in terms of their ability to provide services that no able-bodied person there is able to do.



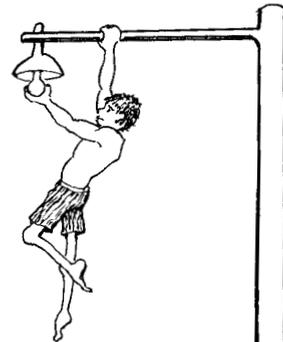
Leopoldo Leyva, a wheelchair rider and builder at PROJIMO, welds a village boy's broken bicycle

Unusual strength that comes from weakness. One time, when a street light in town burned out, the only person who was daring and able enough to change it was Marcelo.



Marcelo's legs are weak from polio. But his arms and hands are very strong because he has used crutches to get about on mountain trails since childhood.

Marcelo is also a master craftsman, brace maker, and limb maker. Here, he makes a plastic leg brace.



Marcelo has won the respect of the PROJIMO team and of the villagers because he is a peace maker in times of dispute, a loving father to his four sons, and he does not waste his modest income on liquor, as do many of the village men.



A Christmas dinner for lonely old folks.

A few years ago, when disabled youth at PROJIMO were planning a Christmas dinner, someone recalled that of the many elderly folks in town, some were abandoned and alone: "They must feel lonely on Christmas Eve. Why don't we invite them?" Everyone agreed. The occasion was a warm reunion, with music, stories, and lots of conviviality.

The old folks were touched that someone remembered them, as was the rest of the town. The villagers realized that, on this special day, the disabled group showed more social responsibility—more caring and sharing—than did the larger community. The disabled young people provided a good role model for all. Year after year, PROJIMO continues to invite old folks to Christmas dinner.

The old folks were touched that someone



Courage in the Face of Repression

Abuse of authority in the Sierra Madre. In the mountains of Mexico, almost everyone fears the state police and the soldiers, who are often brutal to those who have committed no crime. One time, I (the author) had to help amputate the hand of a 10-year-old boy who was hit by a high-speed explosive bullet. Soldiers had fired at villagers at an outdoor dance. When someone shouted, "Here come the soldiers!" everyone ran in fear. So the soldiers fired at them. The logic: *If they run, they must be guilty.*

These were anti-narcotics troops, part of the so-called *War on Drugs*. The United States government supplies them with automatic weapons and high-speed bullets. (This violates international law, which prohibits use of such destructive bullets against civilians.)

Such brutality might be more excusable if the War on Drugs were not such a sham. The anti-narcotics troops are notorious for accepting bribes from the large drug growers. They do more to promote than to control the growing and trafficking of illegal drugs. I personally treated a man with broken ribs who was beaten up by the soldiers for *not* growing drugs.

When the US government demands from Mexico a "massive wave of arrests," the Mexican soldiers raid villages and drag men out of their homes at night. They divide their captives into two groups. They torture one group until they sign statements accusing those in the other group of drug growing. One time, those men and boys who refused to "confess" were thrown off the back of a speeding pick-up truck onto a gravel road. A friend of mine was still limping a year after this ordeal. In sum, the illicit drug scene and corrupt narcotics control program is a major cause of violence, death, and disability in the Sierra Madre.

Roberto and other disabled leaders of PROJIMO have publicly protested abuses by the soldiers and police, and have called on the *Commission of Human Rights* and on *Amnesty International* to become involved. Consequently, two of the disabled workers had their lives threatened. However, word of the abuses reached the President of Mexico, who gave orders that the drug-control troops cut back on violence. A period followed in which the worst violence, torture, illegal arrests, and clandestine killings were reduced.

Disabled women protect the village doctor.

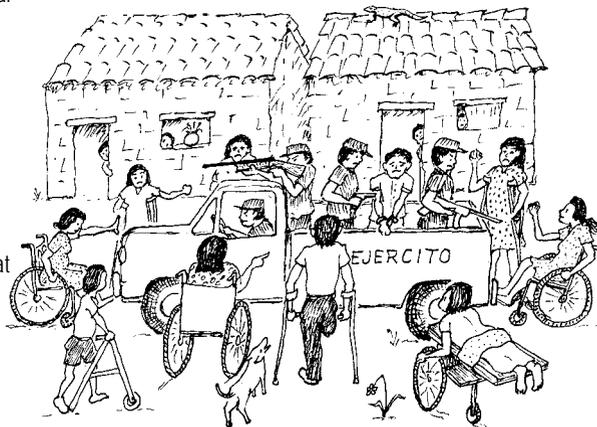
The soldiers prohibit health workers from giving medical care to persons wounded by gunfire, and they are sometimes brutal with those who do. One time, four soldiers burst into the village health center and arrested Alvaro, a young doctor who had been a village health worker and who has worked closely with the PROJIMO team. They accused him of having provided emergency care to a man they were hunting and whom they had wounded. The soldiers marched Alvaro out of the clinic and threw him into the back of a pick-up truck.

The villagers, watching from behind closed doors, worried for the well-being and even the life of their doctor, but they were afraid to speak out. However, when word of the doctor's arrest reached PROJIMO, the team took action. In wheelchairs and on crutches, they surrounded the

soldiers' truck, which was about to leave. The soldiers ordered them away. But the group refused to move until their doctor was released.

The soldiers were taken aback. Reluctant to attack women in wheelchairs, they released the doctor.

As a result of this action, the disabled people at PROJIMO won even greater respect and appreciation in the village. As one of the village elders commented proudly, "What they lack in muscles, they make up for in guts!"



PAFUPI BUILDS HIS OWN TRICYCLE FOR NARROW TRIALS

PAFUPI lived in a remote village in Malawi, Africa. Because his legs were paralyzed by polio, he had started school later than most children. The school was too far away to walk to on his braces and crutches. He dreamed of having a hand-powered tricycle. But the trails where he lived were much too narrow for the big, wide tricycles made in the cities.

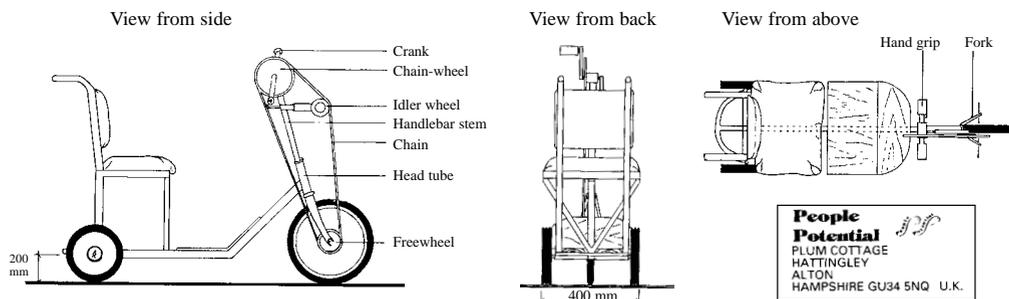
Pafupi was good with his hands and had an inventive streak. As a child he had made a guitar from old tin cans and scraps of leather. And he had learned to play it fairly well.

When he was 17, Pafupi decided to make a small tricycle that was narrow enough to ride on local trails. He used parts of 3 old bicycles, an old flywheel, and bits of scrap metal. He had no welding equipment. So he hammered the ends of the pieces together precisely, like interlocking fingers. Although the joints were slightly flexible, they were remarkably strong.



On his way home from school, Pafupi rides his improved "narrow gauge" tricycle, designed for the narrow trails.

The tools Pafupi used to make his tricycle were very basic: a small block of iron which he used as an anvil, 2 hammers, and a piece of an old hack-saw blade held in a curved metal pipe.



On a trip to Malawi, Kennett

Westmacott, an innovator of disability aids, saw Pafupi on his home-made tricycle. (In England, Kennett and his wife, Jean, run *People Potential*, where they teach ordinary people to design and make simple assistive devices. See pages 72 and 74). Fascinated by the appropriateness of Pafupi's home-made tricycle, Kennett and his students tried to build one like it in a training workshop. But their modified version had problems. To get it to work well, the group had to rebuild the tricycle, closely following Pafupi's design. Then they modified it with a bigger front wheel and other helpful changes.

An outstanding feature of Pafupi's tricycle was that he could pedal it in reverse (make it back up), something Kennett had not seen before in small, chain-driven tricycles.

The group was amazed that Pafupi—a village boy in primary school—was able to create such a well-adapted and functional vehicle, all done with very simple tools and without welding. Their respect for the skill and creativity of disabled villagers increased greatly.

News and Activities of the INTERNATIONAL PEOPLE'S HEALTH COUNCIL



The International People's Health Council (IPHC) is a worldwide coalition of people's health initiatives and socially progressive groups and movements committed to working for the health and rights of disadvantaged people. The vision of the IPHC is to advance toward health for all — viewing health in the broad sense of physical, mental, social, economic, and environmental well being. If you want to learn more about IPHC, become part of the coalition, or communicate with the regional IPHC coordinator in your area, contact either David Werner at HealthWrights, or the global coordinator of IPHC, Maria Zuniga, at CISAS, Apartado 3267, Managua, Nicaragua (Fax: 505-2-661662; e-mail: cisas@ibw.com.ni).

Third International Conference of IPHC, held in Cape Town

From January 31 to February 2 the IPHC held its third international meeting at the University of the Western Cape in Cape Town South Africa to discuss the theme: "The New World Order: A Challenge to Health for All by the Year 2000."

Co-organizers of the conference were the National Progressive Primary Health Care Network (NPPHCN) and the South African Health and Social Services Organization (SAHSSO). The conference was attended by over 400 persons from 20 countries.

Guest speakers included: Fran Baum, Martin Coyle, Zafrullah Chowdhury, Michel Chossudovski, Irwin Friedman, B. Ekbal, Teresa Guevarra, Maria Zuniga, David Sanders, and David Werner.

South African health workers related both the advances and new obstacles to the goal of adequate health services for all since the end of the apartheid regime. They explained that among the biggest barriers to a healthy society is the enormous inequality that still exists, with millions of people still jobless and homeless. Impatient for change, outbreaks of crime and violence have become one of the biggest threats to health.

South Africa is at a crossroad. There is still a strong movement for social justice and equal opportunity that was the foundation of the struggle for emancipation from rule by white masters. But the government is fraught with shortage of funds and scarcity of skilled administrators and planners. It is under strong pressure by the World Bank and global market to enact structural adjustment policies that would put the nation on a course of "economic recovery" (for the rich). This would be likely to further impoverish the poor, as it has done in many other countries.

Health workers from South Africa—while they are seeking their own solutions—especially welcomed the perspective of participants from other countries, who related their own, usually disastrous experiences with structural adjustment policies, and who warned the South Africans of the pro-big-business, poverty intensifying strategies of the international financial institutions and global power structure.

One of the high points of the conference was the presentation of local solutions and stories of how people at the local level have succeeded, at least in part, in safe guarding their health.

The net outcome of the meeting was a new sense of solidarity, and the recognition of the need for a united front of concerned people and groups from around the world to communicate the truth about the man-made causes of poor health in today's world: **to move toward a "globalization from below" that is both people and environment friendly.**

Proceedings of the 1997 IPHC Conference will soon be available through HealthWrights.

"HEALTH EDUCATION: METHODS THAT EMPOWER"

Following the IPHC Conference, several of the international participants who for many years have been organizers and facilitators of community-based health education jointly facilitated a course in the Summer School program (headed by David Sanders) of the

new Department of Community Health at the University of the Western Cape.

The course facilitators were Dr. Zafrullah Chowdhury (from Bangladesh), Yoshi Ikezumi (Japan), Teresa Guevarra and Jocelyn Andawi-Apalla (Philippines), Maria Zuniga (Nicaragua), Martín Reyes (Mexico), and David Werner (USA). Participants were health workers, social workers, teachers, and health planners, mostly from South Africa.

The goal of the course was to exchange ideas and try to develop new teaching/learning methodologies for the new situation at the turn of the century. The challenge was to try to develop ways to help ordinary people—workers, farmers, students, home-makers—to analyze and understand both the micro (local) and macro (global) causes of poor health.

Readapting the participatory "education of the oppressed" methods of Paulo Freire and others, the group experimented with role plays, story-telling, community-diagnosis, "But why?" games, and various graphic teaching materials. We all learned a lot from each other, and returned to our various homes and work places with new tools and renewed commitment.



This poster, shown by Yoshi Ikezumi of Japan, symbolizes the pecking order of the global market system.

**THE NEW WORLD ORDER:
A CHALLENGE TO HEALTH FOR
ALL BY THE YEAR 2000**

INTERNATIONAL CONFERENCE



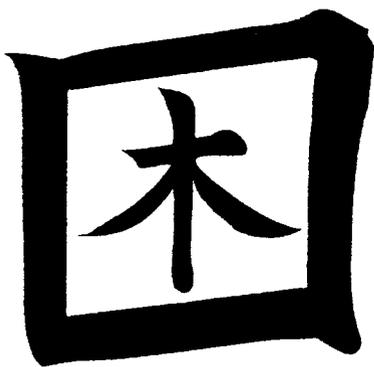
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HOSTED BY
International People's Health Council of IPHC,
National Progressive Primary Health Care Network (NPPHCN),
South African Health & Social Services Organization (SAHSSO)

Yoshi — a Health Educator Who has Adapted Paulo Freire's Methodology to Japan.

Yoshi Ikezumi—who for many years has been a leader at the Asian Health Institute—is one of the newest members of the coordinating group of the IPHC. He is now trying to pull together an IPHC contingent in Japan and eastern Asia. Yoshi's quiet wisdom and eye-opening methods for health education and awareness-raising were a high point in the post-conference Summer School Course in Cape Town.

Yoshi began his session by drawing a Japanese word on the blackboard. It looked like the character shown here.



Through a game like “20 Questions,” he had the group figure out what the different elements of the drawing meant, and what word they formed putting them together.

Through thoughtful discussion, the group figured it out. The object inside the square was the word for TREE. The square is the word for BOX. The combination of the two, a tree inside a box, is the Japanese word for SUFFERING. “Why do you suppose that is?” asked Yoshi.

“Because a tree in a box is closed in. “It isn't free” “It can't grow.” answered the group. “It can't meet its potential.”

“And how is the tree like you and me?” asked Yoshi.

The group concluded that we, like trees, need to keep growing, and to do so our minds must be open, free, and not be boxed in.

“To free the tree we must draw it out of the box. To free our minds so they can grow we must draw them out too. That is what education means. ‘E’ = out. ‘DU’ = draw. Education is the art of drawing ideas out of a person, not just dumping them in . . .

“That is what Paulo Freire in Brazil called **education for liberation** and the health promoters with whom David and Martín work in Mexico call **discovery-based learning**. It has to do with observing, thinking, and taking action—not just memorizing facts and following instructions.”

Yoshi had brought with him a marvelous collection of drawings and posters (see next page) which he uses as **discussion starters**, to draw observations out of participants and get them thinking about and analyzing key issues. We all learned a lot from him.



Yoshi leads a discussion about education as a process of drawing out learners ideas.

Questioning the Solution into Japanese

Yoshi Ikezumi now has a team of people in Japan working on a Japanese translation of David Werner and David Sanders' new book, *Questioning the Solution*. The book has already been reviewed in Japan and has stimulated a lot of interest.

Children in a Cape Town Child-to-Child Initiative Provide an Update on Their Activities

During the 1997 Summer School Course on *Health Education: Methods that Empower*, one afternoon we were visited by the group of primary school children who had participated in the Child-to-Child course the year before (see Newsletter #34). These children, who had identified violence and hunger as two of the biggest obstacles to health, presented posters and role-plays on actions they had taken during the past year.

One of the role plays portrayed a classroom where one boy was unhappy, did not pay attention, and then started crying. His classmates asked him what was the problem. They learned that his father sent him to school every day without anything to eat. The children talked with their teacher who in turn talked with the boy's father. The father apologized. From then on, he made sure his child did not come to school hungry.

The role of the teacher in this skit was played by a small boy who appeared to be a born educator. His classmates had nicknamed him “Professor.” He did a splendid job of leading the other children in the activities and making sure that each child participated.

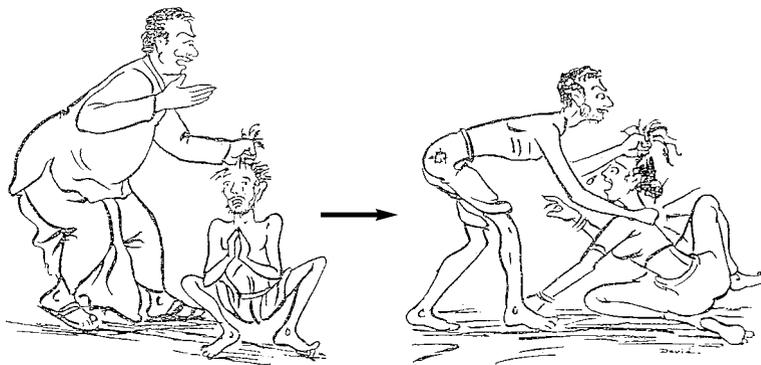
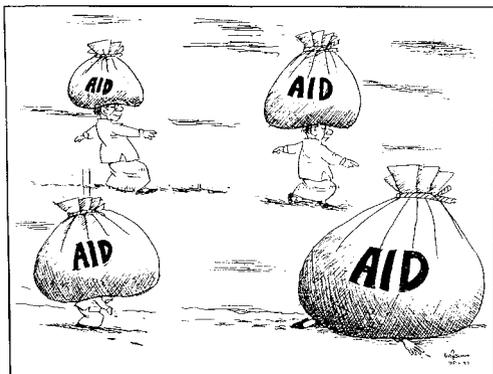
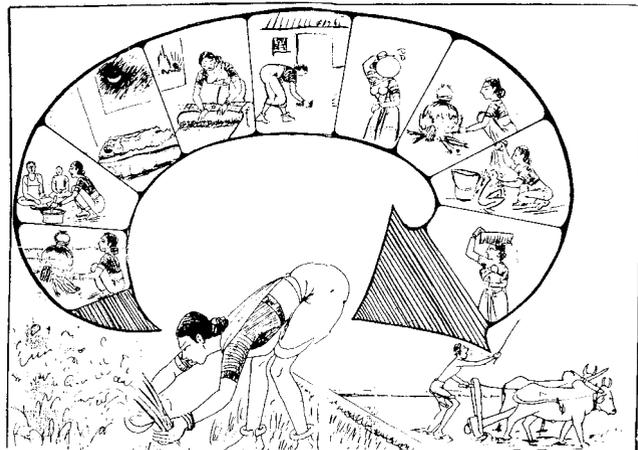
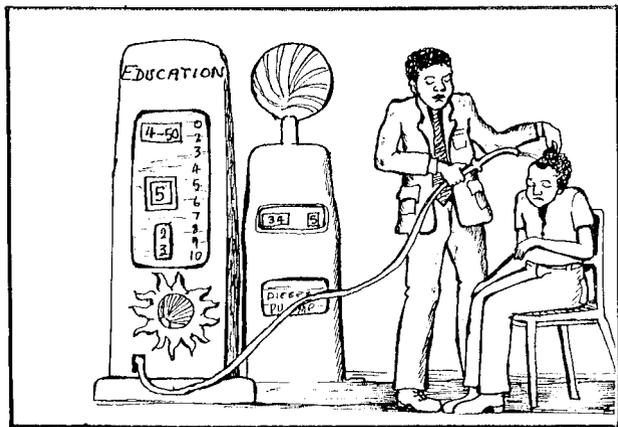
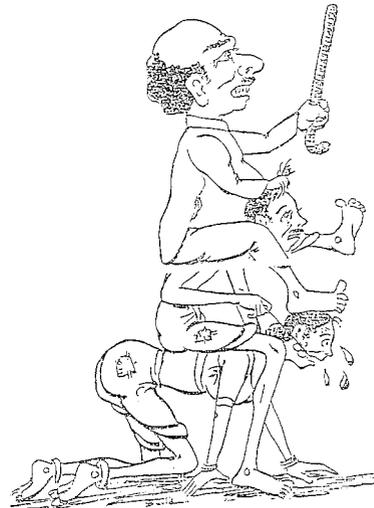
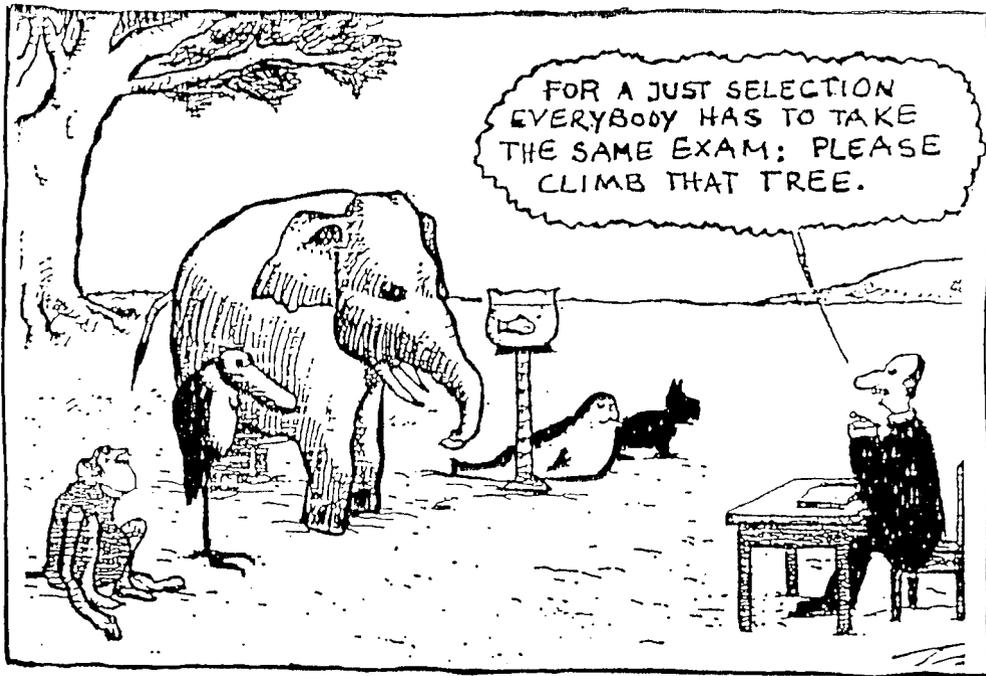
At the end of their presentations, one of the adult members of the Summer course asked the children, “When will you reach an age where you feel you are too old to continue these Child-to-Child activities?”

The little Professor replied. “Never! You need to understand that these activities have to do with all of us helping one

another, with trying to understand our problems and working together to find solutions. That is something we hope we never outgrow. When I'm married and have my own children, I hope to continue these and other activities with them.”



The little professor (center) skillfully led the children's activities.



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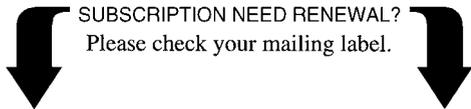
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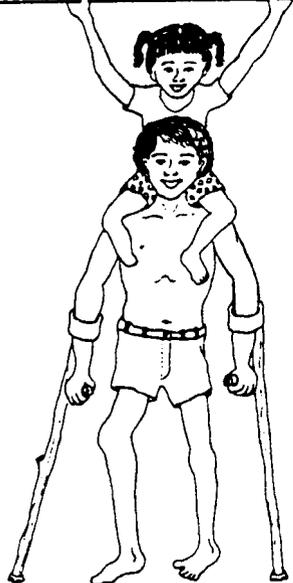
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October 1997

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HOT OFF THE PRESS!!
*Nothing About Us Without Us:
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TWO NEW BOOKS: <i>Questioning the Solution: The Politics of Primary Health Care and Child Survival</i> and <i>Nothing About Us Without Us: Developing Innovative Technologies For, By and With Disabled Persons</i> . See the inserts included with this newsletter.	

This issue of
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