

The Alliance for People's Health: A Primer



Spring, 2013

The Alliance for People's Health is an organization of health workers, grassroots organizers and people committed to the struggle for health for all.

OUR VISION

We envision healthy communities where everyone has access to healthcare, housing, education, transportation, child care, food, and meaningful employment. We believe these basic requirements for health cannot be achieved for all under a system that oppresses and exploits working class people, women, people of color and Indigenous people.

Therefore, the foundations of a healthy world are the just distribution of wealth, national self-determination, and the liberation of oppressed peoples from unjust trade, plunder of ancestral lands, militarization, occupation, and war.

To achieve this end, the struggle for health for all requires:

- Community organization
- Health workers joining local and international movements for social justice
- Public health care centered on the needs and visions of working-class communities in particular Aboriginal communities, communities of color.

The fight for our health is also the fight for our social, political and economic rights. Only through our united efforts can we make a significant contribution towards a just, liberated and healthy world.

This booklet provides a basic introduction to the way the APH analyzes health and subsequently our strategy for achieving health for all.

There are four elements of the APH strategy for health and liberation:

- 1. Build new working class knowledge on the social production of health and disease;**
- 2. Provide concrete solidarity to and learn from national liberation struggles and social movements;**
- 3. Re-distribute wealth by defending and expanding public services;**
- 4. Build alternative models of community owned, controlled and provided health and social services.**

In this primer we attempt to give a basic understanding of each of these strategies.

As the saying goes, ‘the wound reveals the cure’. When the ill-health of working class and marginalized communities is firmly rooted in exploitation and oppression of working class and marginalized communities under an unjust economic and political system, it follows that only by connecting our health work to local and international struggles for social justice can we truly work towards a healthy and liberated world!

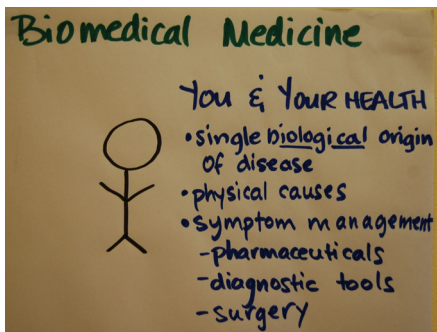


Build new working class knowledge on the social production of health and disease

What is health? This question is an important place to start.

If we look at the definition of health as the absence of disease or infirmity, then the answer to the question of “what do we need to be healthy?” would be a functioning body without any disease or discomfort, or pain; without any physical problems.

This is called the biomedical approach. **Biomedicine** is medicine which focuses primarily on the use of science to develop highly advanced diagnostic and curative medical technology. Because of the high degree of medical technology developed, biomedical medicine is increasingly expensive for the public and tremendously profitable for the corporations who create these tools. While huge profits are made by these companies, often through public funds, very little overall social benefit is created by these technologies. In fact, invasive treatments in the form of pharmaceuticals, diagnostics and surgical procedures can also have very serious and harmful side-effects upon the body.



Our healthcare system is designed on the biomedical model. If we look back through the history of medicine and the development of medical sciences we'll see that it's really founded on this reductionist principle that if there's something wrong in our bodies and we're unhealthy or we have a disease that it's

a matter of fixing a tube or a pipe or a chemical process that leads to a malfunction in our body in much the same way that we'd view our car. If our car breaks down, if the tailpipe starts to smoke, if we hear a rattle, we take it to the auto mechanic; the mechanic puts it up on a lift, looks underneath, runs a few diagnostic tests, and says, "Ah ha, you need a new carburetor". The answer is to buy a replacement part or add some kind of a chemical that makes the vehicle function better.

Most people we talk to at the APH don't define health as narrowly as the absence of disease or infirmity, but we're encouraged by the health messages we see to define health that way. We need to be thin, we need to eat nutritious food, and we need to get enough sleep at night in order to have a functioning body.

At the APH we define health more broadly. The World Health Organization definition of health is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". And so if we're saying health is complete physical, mental and social well-being, what are those **social determinants of health**? When we talk to people in the community, their biggest determinant, honestly, is economics; do they have money? Do they have money to access to have those things that they need? So we say access to money and resources are the social determinants of health. We need employment, we need housing, we need food, we need childcare, and we need education for ourselves and for our families.

What do we need to be healthy? We need to have our basic needs met and we need to have something in our lives that we do, or a place that we fit, where we're welcomed and where we feel like we have fulfillment as human beings.

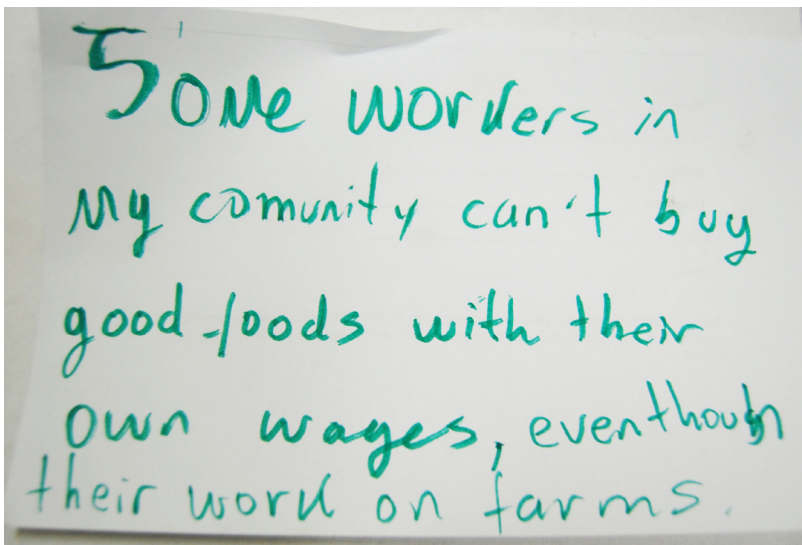
The Alliance for People's Health makes a distinction between the social determinants of health, which is that idea of having your basic needs met, and the structural determinants of health.

What is this distinction and is it important?

Taking off from the social determinants of health, we have working class communities where all of their needs are met and they still lead significantly less healthy lives than their counterparts in upper and middle class communities. And we say, "Why is that"? So we have to dig a little bit deeper.

Then we get into the work of someone like Richard Wilkinson who says there's a social gradient, and people are unhealthy along that social gradient. At the APH we call that **class**. Everyone has a social location in the economy and where that social location is, according to the role they play in society, determines whether they're going to be healthy or not.

If we say it's not just the social determinants of health and it's not just your social location, then we get into what Vicente Navarro calls the **structural determinants of health**. That's really the root of our analysis at the Alliance for People's Health. It's not just having access to those resources, but actually having control over those resources, that fundamentally makes the difference in people's health.



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Some workers in
my community can't buy
good foods with their
own wages, even though
their work on farms.

We can give someone food at a food bank, or we can have someone actually possess enough money to go to the grocery store and go shopping and choose their own foods. We can guess who's going to be healthier at the end of the day. It's the person who has the ability, the money, the control in their lives to decide what they're going to eat, that actually has better nutrition, a better sense of self, well-being, and control over their lives. And to take the analogy one step further, to envision a society that would truly promote healthy human beings, we need to think about how people are socially linked to the production of food - how being involved the growing, harvesting, preparation, serving and eating of food is profoundly part of being a whole, healthy human being.



At the APH we say ultimately what we need to be looking at are the structural determinants of health. That's power in our society to make decisions, not just over your own life, but over the whole functioning of your community, and the control over the resources that you need to make the changes that need to be addressed. That's why we see the social gradient. It's not just happenstance that working class communities suffer less health, they suffer less health because they rely on state services and charity and have to struggle for the things that they need, whereas people in the upper classes actually live off of the labour and the lives of the working class in a parasitic process called exploitation.

This is the crux of the first point in our strategy. We've got to take a lesson from the experiences of the working class and oppressed and exploited communities. That's where we're going to find the expertise and knowledge necessary to truly achieve health for all, and where we're going to find vibrant examples of how communities have organized themselves to build and create responsive health care systems that meet the needs of all.

Provide concrete solidarity to and learn from national liberation struggles and social movements

This is the second component of the APH strategy to achieve health for all. In order to have health, we must also struggle for liberation.

A lot of what we can learn on making structural change will come from those places in the world where there are active struggles for social and economic transformation. The local health sector is often deeply immersed in these struggles, with their own health programs geared towards supporting the movement for social change and tackling the structural and social determinants of health. The power of the elites, the institutions of imperialism, must be completely transformed in order to address inequalities and structural violence in health!



Cultivate land for life not death.

It is from these active struggles that we learn the role health work play in exposing and opposing structural violence, and how health work can and should contribute to liberation movements and struggles.

People Power! Is the place to start.

It is easy to find information on the internet and in textbooks on public health about doctors who gave their skills and their lives in service of the most oppressed and exploited in an alternate to biomedical medicine which many call **social medicine**.

Freedom fighters such as Dr. Che Guevara and Dr. Salvador Allende prioritized the struggles for national and social liberation as the first steps towards healthy communities for all. And many Canadians will have heard of the surgeon Dr. Norman Bethune, who dedicated his medical studies and skills towards helping the Communist Party of China heal the Red Army fighters and build a national health care system for all. However, the work of these individual doctors was not in isolation from the movements which they served! These doctors used their skills in the service of the broader aim of building people power.

In order to practice liberation medicine, we must first have a liberation movement!

What is a liberation movement?

There are two broad types of liberation movements. Those that aim to free nations from colonial occupation and unilateral direct exploitation – often called **National Liberation Movements**; and those that are fundamentally anti-imperialist, internationalist movements against capitalism and the fundamental economic structures of society – often called **Social Liberation Movements**.

We can see dozens of current examples of liberation movements, often containing elements of both national and social liberation struggles. These movements, from Cuba and Venezuela, to Palestine, to Nepal and India, to the Philippines, and to Indigenous struggles against colonial occupation in Canada are all current examples of struggles we can support and learn from in the health sector.

If we are to truly address the structural determinants of health, we've got to take a liberatory approach to our health work.

What is liberation medicine?

We understand **liberation medicine** to be a community-based democratic process, rather than a particular method of medical practice. The basic building block of liberation medicine is community organization. Barrio Nuevo in Venezuela or the Community Based Health Programs of the Philippine revolutionary movement are excellent examples of liberation medicine in action.

While liberation medicine is a long-term goal of the APH, in the short term we start now by actively engaging communities to determine their own health needs and start working towards meeting those needs in a collective fashion.



Outdoor operating room run by Community Based Health Program

Build alternative models of community owned, controlled and provided health and social services

The APH Community Health Work responds to the challenges working class and marginalized communities face with the current healthcare system and within an economic system that creates a health/wealth gap where our communities face multiple health challenges due to poverty, exploitation, and oppression.

The primary purpose of APH Community Health Work is to cultivate systemic change towards a new form of health care under the control of working class and marginalized communities. Where expertise is in the hands of the people, and struggles for structural change are a component of creating healthy communities.

The APH Community Health Work has the following principles:

Respond to the needs of the people in our community

... And help bring about behavioural change to improve health and build strength

Encourage community life through creating space to tackle our issues together

... And build community self-reliance along the way

Encourage ownership by the community

... And foster community-based leadership

Encourage the appropriate use of and access to timely medical care

... Yet look beyond biomedicine to liberation as the cure

Encourage cooperation and integration into the health care system

... And yet envision and promote a new way of providing health care from the bottom up!

Examples of the community health work of the APH:

Community Diagnosis workshops: Throughout 2007 and 2008, the APH conducted 'Community Diagnosis' workshops in the Mount Pleasant community to learn about the most pressing health issues facing our community.

People's Health Series 2008 - 2009: The APH launched our first 'People's Health Series' (PHS) in 2008. The PHS was a series of popular health workshops aimed at increasing our understanding of the roots of our issues while providing concrete and practical information and skills to improve our health in the immediate. Issues addressed included nutrition, stress, workplace injury and worker rights, access to health care and MSP coverage, dental care, and back and neck pain.

Women's Health Series 2009: The Women's Health Series extended our activities to examine in more detail the health issues that working class and marginalized women face, such as patriarchy and sexism in the medical system, sexual health, stress and anxiety, violence against women, and access to appropriate health care.

Advocacy nights: Drawing on our growing expertise in the health care system, the APH organizers led 'Advocacy Nights' where community members could come to seek information and peer support.

The Women's Health Series
A Project of the Alliance for Peoples Health



A series of 6 workshops to build the health skills and knowledge of women fighting for healthy communities and social justice

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| September 15th, 6:30-8:30pm Women's Health Matters | October 27th, 6:30-8:30pm Women's Sexual Health |
| September 29th, 6:30-8:30pm Stress & Anxiety: A Class, Race and Women's Issue | November 10th, 6:30-8:30pm Health Services for Women and Families |
| October 13th, 6:30-8:30pm Violence against Women: From Survival to Resistance | November 24th, 6:30-8:30pm Putting the Pieces Together: Community Health & Social Change |

All workshops at 672 E Broadway
This series is free of cost and dinner
provided starting at 6:30pm.
For free childcare registration is
suggested.

Bus tickets available after the workshop.
Registration is required and participants
are encouraged to attend all 6 workshops.
(Maximum 25 people)

For more information or to register please contact us at:
allianceforpeopleshealth@gmail.com ' 604.215.2775 ' 672 E Broadway (at Fraser)

Community Health Projects: Through the People’s Health Series and the Women’s Health Series, the need to create ongoing community health projects was made clear. As a result of the PHS, two community health projects were launched: the Bitter Melons Radical Therapy Group and the Food Action Collective for Transformation and Sustainability, or FACTS.

Mutual Aid: A component of our community health work is mutual aid, where community members help each other meet our needs in a collaborative and cooperative fashion. This builds community self-reliance, freedom from charity, and fosters new relationships based on respect.

People’s Health Series 2010: The second round of the People’s Health Series deepened our understanding of the issues facing our communities.

Popular Education Training: In order to promote new leadership within the APH Community Health Work, the APH invited past participants in the Health Series’ to join us in popular education training.



The Immigrant and Refugee Health Series

September 30th to November 25th

10 free health workshops and activities for low-income immigrants and refugees

Share how migration and settlement impact health
Gain valuable preventative health skills & information
Find out what health and social services are available
Participate and lead cultural and social activities
Learn skills to do community health advocacy

Topics and Activities

Our Health: Maternal Migration and Resettlement
Work with Dignity, Deskilling and Worker’s Rights
Relaxation Techniques for Stress and Anxiety
Healthy Eating for Life
Collective Cooking Party
Rebuilding the Body: Exercises for Back and Neck Pain
Healthy Heart and Lungs
Smiles with Dignity: Why Dental Care Matters
Culture of Resistance Night

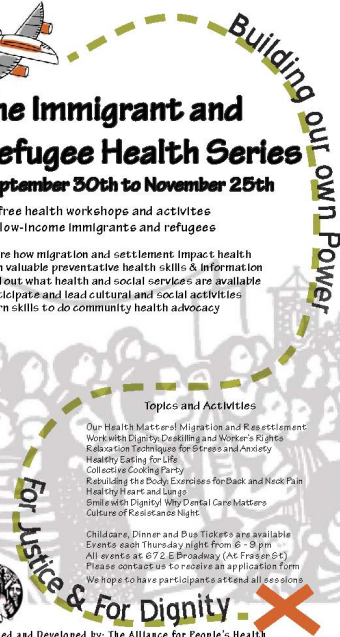
Childcare, Dinner and Bus Tickets are available
Events each Thursday night from 6 – 9 pm
All events at 675 E Broadway (at Fresno St)
Please contact us to receive an application form
We hope to have participants attend all sessions



Organized and Developed by: The Alliance for People’s Health

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Immigrant and Refugee Health Series 2010: The Immigrant and Refugee Health Series extended our PHS to address the pressing health needs of immigrant and refugee communities, joining an examination of forced migration with information and action to improve the health of immigrant and refugee communities.



Community Health Workers are the backbone of community-based health care

A Community Health Worker, or CHW, is someone from the community who is well-trained and supported to provide basic preventative and curative health services and education to members of their community. CHWs start with the very basics of preventative health education, and then advance their skills through further training. Generally CHWs work with Community Based Health Programs (CHBPs), which are non-governmental community-run health programs serving marginalized and poor communities with direct health services, popular health education, community-based training, and community action to improve health of individuals and whole communities.

CHWs and CHBPs seek to understand the role that social and structural determinants play in the lives and health of community members; CHWs are in touch with the current health issues and attempt innovative ways of making positive changes to improve health in a collaborative fashion that don't rely on a profit-based or a biomedical framework.

CHWs play a critical role in advancing people's health through community action for social change in the form of health campaigns. Building community organizations which can respond to the economic, political, and social issues of the community is also a part of the CHWs organizing work.

The vast majority of CHWs work in the developing countries, but there are examples of CHWs successfully working with marginalized and working class communities in the USA and elsewhere around the world.

A CHW has three roles:

Health Promoter: providing popular health education and helping community members, and the community as a whole,

to improve their health, promote wellness, and prevent illness.

Health Provider: sharing our health skills to provide care where able, and refer to appropriate health care services where needed.

Community Organizer / Agent of Change: this is the most important role at the APH! APH CHWs bring together the community to analyse our experiences of health/ill health, analyse the roots of these experiences, and organize for social change!

At the APH our community health work promotes the role of the Community Health Worker and the expertise of working class and oppressed communities.

Redistribute wealth by defending and expanding public services

The last element of our strategy is to demand from the state the services that our communities need and deserve. This is an important method to redistribute wealth from the rich to working class and marginalized communities. We demand that public money be spent on social services, and not war, the military, or plunder of ancestral lands through such means as funding the oil, gas, and extractive industries!

No war, no plunder, fight for people's health!

State-funded and run social programs are an important way that wealth is equitably distributed in our society. Public social programs are an essential social wage, assisting those who live on inadequate incomes to meet their basic needs. Through progressive taxation public spending takes a portion of the income of the middle and upper classes, and provides services equally to all.

The APH supports the expansion of public health care and all

public services for the common good, such as childcare, education, and public transportation. To this end we engage in political campaigns led by and for the benefit of working class and marginalized communities. We adopt both a long-term and a short-term perspective, attempting to adopt winnable campaigns that build on leadership in our communities for the long-term struggle for social justice and health for all.

Popular education is the foundation of our work, and our campaigns are designed to be participatory, inclusive, and democratic.

One of our key campaigns is to demand the expansion of publicly insured health care services. In particular, we believe that oral care is an essential component of our overall health.

Dental Care is a Human Right



As the under and un-insured in Canada, we have lived experience to demonstrate how those without adequate access to dental care suffer. Working class people wait until there is trouble to access dental care, with the result that we're more likely to suffer: loss of teeth, chronic infections, chronic pain and all its many complications, as well as an increased incidence of some chronic diseases such as diabetes and heart disease. We

also know first-hand that Poor oral and dental health impacts our: self-esteem and sense of self-worth, employment, access to education, nutrition and the pleasure of eating, emotional expression, communication and relationships, participation in community activities, quality of life, and our sense of human dignity.

Only 1 in 4 poor Canadians have any dental insurance

It is time to take action! It is not enough to fight the privatization of public health services, though this is a critical battle. We must also stand up and demand the expansion of public health services! Health, including dental care, is a human right. It is shameful that in a country with such wealth, 98% of the middle and upper classes have their natural teeth while 25% of the poor have no teeth at all.

The Alliance for People's Health demands:



Access to dental care determined by need and not by ability to pay!

Structural issues undermining equality in oral health must be addressed!

Include basic dental care services in our BC Medical Services Plan!

We believe a person's smile should not depend on how much money they make!

Some of Our Favorite Resources

Vicente Navarro. ***What we mean by the social determinants of health.*** International Journal of Health Services, Volume 39, Number 3, Pages 423–441, 2009. Available for download at: <http://cmdss2011.org/site/wp-content/uploads/2011/07/What-we-mean-by-social-determinants-of-health.pdf>

Richard Levins. ***Is Capitalism a Disease? The Crisis in U.S. Public Health Care.*** Monthly Review 52 no.4: 8-33 S, 2000. Available for download in google articles and on the Monthly Review website.

Nancy Krieger and Mary Basseti. ***The Health of Black Folk: Disease, Class, and Ideology in Science.*** Available for download at: http://www.elegantbrain.com/edu4/classes/readings/depository/race/rac_pol_eco_scienc_health.pdf

Bert De Belder, M.D. Coordinator: Medical Aid for the Third World, Belgium. ***Health Under Threat by Imperialist Globalization: Keynote address for the workshop on health Founding Assembly, International League of Peoples' Struggle*** Zutphen, the Netherlands, 25-27 May 2001. Available for download from: <http://aphvan.files.wordpress.com/2011/08/health-under-threat-by-de-belder.pdf>

Laravic T. Flores. ***Health of the People Health of the Nation.*** Chapters 2 & 3 available for download from: <http://aphvan.files.wordpress.com/2011/08/health-of-the-people-health-of-the-nation-pdf.pdf>

Pol De Vos, Wim De Ceukelaire, Geraldine Malaise, Dennis Pérez, Pierre Lefèvre, Patrick Van der Stuyft. ***Health through People's Empowerment: A Rights-Based Approach to Participation.*** Health and Human Rights, Vol. 11, No. 1 (2009), pp. 23-35. Available for download from: <http://aphvan.files.wordpress.com/2011/08/health-through-peoples-empowerment-a-rights-based-approach-de-vos-et-al.pdf>

Anne-Emanuelle Birn. ***Making it Politic(al): Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health***. Social Medicine (www.socialmedicine.info) Volume 4, - 166 - Number 3, September 2009. Available for download from: <http://www.socialmedicine.info/index.php/socialmedicine/article/viewFile/365/719>

David Werner. ***Health Care, Empowerment, and Social Change***, from "Questioning the Solution: The Politics of Primary Health Care and Child Survival": http://www.healthwrights.org/hw/content/books/QTS/qts_ch16.pdf

Martha Roberts. ***Social and Structural Determinants of Health in the Philippines***. Available at: <http://thistinyglobe.wordpress.com/health-work/social-and-structural-determinants-of-health/>

Willie Baptist. ***On The Poor Organizing The Poor***. Available for download from: <http://aphvan.files.wordpress.com/2011/08/on-the-poor-organizing-the-poor.pdf>

James Petras. ***NGOs in the Service of Imperialism***. Available for download from: <http://aphvan.files.wordpress.com/2011/08/ngos-in-the-service-of-imperialism.pdf>

Julian Tudor Hart. ***Mental Health in a Sick Society: What are people for?*** Published in the Socialist Register, 2010. <http://socialistregister.com/index.php/srv/article/view/6777#.URSzM2fG-8A>

Unnatural Causes Video Excerpts: <http://www.unnatural-causes.org/>

World Health Organization ***Commission on the Social Determinants of Health final report***: http://www.who.int/social_determinants/thecommission/finalreport/en/index.html

Dennis Raphael and folks: <http://www.thecanadianfacts.org/>



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