



# PHA3 DAILY NEWSBRIEF

*A special edition of PHM Global News*

• 9 July 2012 •

## CASE STUDIES EXEMPLIFY SOLID ACTION BY PHM GLOBALLY

### Highlights for today:

#### TRANSPORT DURING RAIN

A shuttle will be provided during rainy weather to residences and to the documentary festival

7:30 – 8:30 from the residences  
18:00-22:00 from the Great Hall

#### Workshops

17:00

#### Film & Documentary Festival

*Dawn of a New Day* 17:00 (S1)  
*Congo in Four Acts* 20:15 (S1)

#### Exhibitions

1-in-9 Campaign UWC Library  
Streetwork UWC Library  
Mamelani GH1 Foyer Upper

#### PHM Merchandise for Sale

T-shirts, Notebooks, GHW3

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Friends from PHM-Kenya, PHM-Brazil and PHM-Uganda presented case studies at the plenary on social and physical environments that destroy or promote health on the morning of July 8. The case studies were a striking example of how even with varied manifestations of issues PHM action remains constant and strong.

PHM-Uganda focused on the issue of food insecurity in their country while PHM-Kenya honed in on poor infrastructure that impedes access to safe health services. Marta Giane Torres of PHM-Brazil gave a strong testimony of the extreme environmental harm that the construction of the Belo Monte Dam is causing to people living in the Amazon.

These case studies distinctly demonstrated the damage that low prioritization of structural and environmental determinants of health by governments cause to local people. The testimony from

Brazil brought forth the strong point that socioeconomic inequalities increase, especially among women, when injustices to the environment persist. Marta noted that the Belo Monte Dam brings absolutely no benefits to the local people in Alta Mira, financial or otherwise, and their poor health outcomes worsen.

The case studies highlighted the types of action necessary to combat these challenges: active engagement in the community, speaking out against the injustice with a loud voice and using partnerships such as those created through PHM to broaden efforts. Moreover, the PHM-Kenya case study emphasized action is essential to forward momentum in the movement.

All of PHM, no matter what the cause, can take note of the successful actions these PHM activists undertook and implement them in building the movement.

## RIGHTS VIOLATIONS SUFFERED BY WOMEN “GROSS INJUSTICE”

Contributed by Lumumba

The session on Gender, Equity and Reproductive Justice was so moving. The session highlighted the issue of women's abuse and Ivy Ruitze from Namibia gave a moving testimony of how HIV positive women are sterilized by state hospitals. Her testimony was evidence of how women are abused by institutions: they were forced to sign consent forms and in other instances

sterilization was performed when they were diagnosed as HIV positive.

This is a gross violation of these women's human rights and the Namibia Positive Women Network has been fighting these malpractices by the government. They have been making some progress and have pursued legal action, taking matter to court with a large group of women have

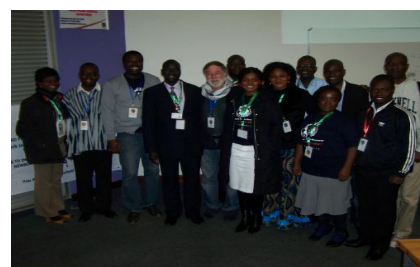
been violated. The case will be heard on the 30th of July in Namibia. The women and their supporters are calling for solidarity across the board for people to be united with them during this time.

We must remember: fundamentalism goes against the diversity within our cross cultures.

Amandla!

# PHM GHANA & NIGERIA DISCUSS MOTHER, CHILD HEALTH

Contributed by PHM-Nigeria & PHM-Ghana



Members of PHM Ghana & Kenya with Prof. David Sanders



## A MESSAGE TO INTERNATIONAL DONORS TO INDIA

Contributed by Dr. Sylvia Karpagam

There is no dearth of funds to India. Unfortunately, when the donors visit India, their contact is almost exclusively with the upper caste who determine how donor understanding of untouchability, exclusion and human rights violation can be made 'glossy'. Discrimination in India is like a clever demon – it sometimes dances at cultural events, sometimes it gives speeches, it represents India's country's poor at international fora.

The 'lower caste' has

no word to offer and no history except what is allowed and sanctioned. One will only hear ABOUT them. And one will only hear so much as one is allowed to. This process of exclusion is physical, social and psychological.

If donors do not demand moral and social accountability for the funds they give, then they do demonstrate a rather unforgivable flaw. The money that donors spend, would never have reached the genuinely marginalized. This is

the serious flaw in fund contribution to India. Donor agencies should insist on leadership from the marginalized and representation by a dalit on their project management committees. As a donor, this would be your moral obligation to the most deprived and marginalized in India.

Dr. Sylvia Karpagam MD, MBBS is a public health doctor and writer. She has worked with NGOs and feels that international donors have a poor awareness about the caste hierarchy in India. She blogs at <http://drsylviakarpagam.wordpress.com>