

20 Years is Just the Beginning: EPES Looks Towards the Future Filled with Hope

María Eugenia Calvin Pérez

The author is a social worker and member of the EPES team.

In commemoration of our 20th anniversary, we are here not only to celebrate this long history but to redouble our efforts as part of a larger social process.

From its beginnings, EPES has developed a successful strategy of health education inspired by proposals from the 1970s for a system of primary health care which included the training of community health workers and a commitment to the goal of "health for all in 2000." EPES was also strengthened in its early years by the direct actions of the grassroots social movements of the 1970s to improve the health of the poor and other basic needs, especially in regards to housing.

EPES' development was also inspired by the fervor of the 1980s: the Chilean people's efforts to organize and confront the scars of the 1973 military coup as well as the structural changes imposed by the neoliberal model. In this context, EPES offered the women and men of poor neighborhoods in Santiago and Concepción an opportunity to receive training and to organize themselves around their needs and the struggle for the right to health.

EPES applied the principles of grassroots education because we understand that information alone does not generate change in the community and in people's lives. Processes of change based on people's needs require their participation through forms of organization and mobilization that enable them to claim and exercise their rights and to strengthen their communities, which are their source of support and solidarity.

Grassroots education also has provided us with methodological elements for addressing health needs, an area traditionally restricted to medical professionals. By providing grassroots organizations with information, supporting the development of specific health care skills and, above all, encouraging the recognition of the knowledge these caregivers already have in the daily practice of health care, we have provided the health groups and promoters with tools for empowerment in their homes, their communities and in the public sphere.

The perspective of comprehensive health is also an integral part of our educational efforts and has allowed us to include a wide range of issues in the training we provide for the health groups. We not only address specific illnesses, but also sexuality, human rights, violence, the environment, leadership and other topics, providing the participants with tools that will allow them to meet their neighborhoods' needs.

By working in networks, joining forces in the effort to make an impact on real problems – such as environmental contamination in Hualpencillo, domestic and sexual violence, or HIV/AIDS – EPES has been challenged to broaden our scope. These new efforts include documenting our proposals and the methodologies developed by the communities themselves through the systematization of our experiences and research which can then be shared at the local level as well as nationally and internationally.

The community strategy that EPES has supported these many years has helped build strong ties with other organizations in the sectors in which we work and with individuals and institutions in a wide range of areas. Forged in the debates on globalization and reflections on gender and the struggles of sexual minorities, these links have helped us comprehend the complex social reality in which we work and have also encouraged us to incorporate other methodological tools.

The new century presents tremendous challenges. "Health for all" is perhaps farther away than ever. The advancement of neoliberal ideology and the processes of globalization have widened the gap between the rich and the poor. The deterioration of the environment and

our quality of life affects our physical and mental health. And in addition to the new problems associated with environmental contamination and stressful living conditions, some of old public health foes are back: illnesses such as tuberculosis and meningitis, which affect the poor in a far greater proportion.

The privatization of social services, including health, education and social security, have generated tremendous profits and shameful gaps in access to even the most basic services. In Chile, the weakened role of the state has resulted not only in a deterioration in health care but also a decrease in health prevention and promotion. While in the 1990s our country's public health budget increased from 0.8 to 1.6% of the Gross National Product, this figure is still far from the 2.5% spent on health before the military coup (as cited in the working paper "La reforma solidaria del sector salud que Chile necesita," prepared by CONGRESS in 2001).

Today, EPES' proposals for participation in health and our emphasis on prevention and health promotion encounter paradoxical responses. International agencies that collaborated with the destruction of Chile's social security and health care systems are now leading initiatives for citizens' participation in the development of public policies. Health promotion also is more significant in the discourses of these agencies than it was some five or ten years ago. Nonetheless, while this change of heart may seem like a step forward, we must remain alert: participation and promotion are not always understood as strategies for increasing people's power and control over the decisions that directly affect their lives.

At the same time, once-solid social movements are fragmented; the organizations have lost the strength of numbers and organizing capacity that they once had. Today, a multiplicity of non-governmental organizations advocate the participation of civil society, but few have preserved their autonomy from the state and are truly involved in the grassroots communities.

As a result, we face the tremendous challenge of recovering our faith in social change and our ability to recognize the need for justice and equal opportunity. In this important undertaking, one of our strategies is to promote forms of organization that can contribute consistently to the generation of identities and the strengthening of individual and collective abilities.

In this effort, EPES relies on its collective memory, harking back to the health rights we once had, rights that we knew and exercised. As the result of years of repression in which the word "rights" sounded subversive, our society gradually lost the concept of citizens as individuals with civil rights. As a result, the recovery of the notion of citizenship on an individual level as well as the concept of collective rights is a challenge for all of us. Now, as the right to health of health care systems' users is about to become law in our country, EPES and its partner organizations want to raise consciousness that the right to health is a basic human right that cannot be restricted solely to the users of one system or another. We also insist that the right to comprehensive health is not restricted to medical actions alone, but intrinsically linked to all of our basic human rights, including the right to housing, education and justice.

The inequalities that affect us as women and that reproduce cycles of violence that oppress us both in the public and the private spheres and limit our personal development are another source of motivation and action for EPES. Our proposals emphasize strategies to empower women, to encourage women to speak out, to develop leadership with a gender perspective, to educate and to promote specific rights – such as sexual and reproductive rights – while also recognizing that in addition to gender-based discrimination, most Chileans endure conditions of poverty, injustice and lack of opportunities.

There are still many reasons for us to continue our work. As the primary providers of health care, women must take action to ensure access to health and social security regardless of their status in the labor market. The women's health movement has accepted this challenge,

and EPES and the health groups are part of this struggle for the social and economic recognition of women's silent but constant labor caring for their families' and children's health and well-being in their own homes.

EPES itself has been strengthened by the many achievements in its history, as evidenced by the processes of personal transformation in the community of which we form a part. Our participatory strategies create opportunities for personal development and collective empowerment. As one health monitor commented in 1995, "We are no longer the same: now we have stepped into the spotlight." We are part of the social processes that are forging a path of hope towards a meaningful world, a more humane existence with opportunities for our children. That is why we are here today, looking towards the future and saying that 20 years is just the beginning. We are standing on a road that we have all helped to build, by making history out of our daily experiences, out of our fragile and transcendent lives.