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ERADICATING VIOLENCE: A POLITICAL COMMITMENT TO WOMEN’S HEALTH AND RIGHTS

Pilar Muriedas Juárez

Board Member

Mexico

Latin American and Caribbean Women’s Health Network

In the name of the Board of Directors of the Latin American and Caribbean Women’s Health Network, please receive a message of hope at this grand international meeting, which call us to reorient our actions on behalf of a healthy life free from violence, for women in the Region.

The Health Network, composed of more than 2,000 groups and persons, is a movement space, born 18 years ago, that promotes holistic health, the full exercise of our human rights and citizenship for women from a feminist perspective.

Even though it is true that health has been considered a right for more than 50 years, ratified in treaties and international conventions and national laws, it is obvious that this right is far from the reality experience by millions of women.

Women’s right to health is severely affected by the violence experience by women and girls because of their gender, in both private and the institutional realms. This is why the eradication of violence, in all its forms, has been at the core of the Network’s actions since its beginning.

Since 1996, the Network has spearheaded, every year, political activism campaigns regarding health and domestic violence that involve more than 270 organizations and national networks to make visible the magnitude of the problem and to launch initiatives that seek solutions.

One of greatest concerns is the silence due to fear, shame and desperation that clouds the lives of the majority of women who experience some form of violence in our region. This despite the legislative advances and programs launched by governments from diverse viewpoints, in all the countries in the Continent and the Caribbean.

We are heartened by the fact that institutions in the Health Sector and agencies in the United Nations are willing to invest and make greater contributions to fighting this serious problem as demonstrated by their commitment throughout this symposium and their resolutions for action.

We believe its fundamental to place within the reach of **all** women the judicial tools and social conditions that will guarantee their ability to be autonomous citizens, with the power to exercise their rights and their will. Without this ability violence will continue being a nightmare for millions of women.

Is the health sector ready to contribute to women's empowerment and to fight gender violence?

Many believe the answer is an obvious yes. Nevertheless, we cannot overlook the fact that health institutions possess certain characteristics that make it difficult for them to have egalitarian relationships with the women who use their services.

How can we fail to mention the technical and social subordination of women in the face of medical power? Subordination that has historically placed them in the role of "patients" (in relation to the passivity they expect from them), as the bearers of mistaken knowledge and as responsible for their own illness.

Women's organizations, and feminists in particular, have insisted on the need to build a culture within health institutions that modifies this asymmetrical and asocial way of relating to women. We have also taken on an infinite number of actions to give women the conceptual and political elements that will help them to leave this subordinate position with regard to medical power and become protagonist in their health-disease process both individually and collectively. The challenge is great and we begin to see the progress.

This is why the incorporation of the subject of gender violence as a public health problem, aside from being an achievement in and of itself in favor of women, gives us the opportunity to continue building health policies and programs that guarantee quality care for women in each village, each country and each region.

Our first call for attention is to stop the medicalization of the problem of gender violence. We need to incorporate a social, cultural and political perspective about the origins of gender violence to contribute to the holistic healing of those who suffer from gender violence and to implement measures to prevent gender violence.

This means undertaking objective, critical and proactive analysis, between the public institutions and health care personnel, the academy and women's groups about the reasons and consequences of gender violence. Analysis that seeks to empower women by treating them in a dignified manner, that honors their rights and trusts the truth of their words, with respect for their decisions and deconstructing their socially learned vulnerability. Assistance measures that are loaded with pity, moral prejudices and institutional authoritarianism do not contribute at all to the eradication of gender violence.

Therefore the social good to be repaired and preserved by the health institutions is not the "honor" of the women but rather their physical, emotional and social integrity. A necessary condition for an effective contribution from the health sector in the abatement of gender violence is the sensibility, commitment and professional knowledge of their staff. Integrated and holistic health services take on a key role in quality care of the consequences of violence.

Public health programs need sufficient resources to attend to the multiple physical and emotional consequences of violence. The violence experienced by women who are internally displaced by armed conflicts in their countries; those sexually assaulted within and outside their homes and those who have been victims of violence in their families or at work. The violence experienced by those who are pregnant and are assaulted by their partners "there were it hurts the most". Programs ready to attend women who become HIV+ after being sexually assaulted and those who decide to have an abortion after being raped. Programs that can identify the women who are at serious risk of being assaulted and to care for the children who suffer and see physical abuse in their daily lives.

We are talking about millions of women who require special attention in health services.

Nevertheless, the generalized tendency in Latin America and the Caribbean is to reduce the budgets designated for the development of public health programs. The thought, from an economic perspective, is this an expense and not an investment in development.

This is where the question arises regarding whether the health sector in our countries is capable of delivering quality care and universal access to the women who suffer the consequences of gender violence.

We reiterate our call for public health policies that are defined within the health sector with the organized participation of citizens in each country, in coordination with other governmental organizations such as the women's institutes and magistrates, subordinating the rules of the large financial institutions. We call on everyone present to mobilize and guarantee that the legislative powers will consider programs that fight gender inequities, assigning sufficient financial resources.

Finally I would like, on behalf of the Latin American and Caribbean Women's Health Network, to express our sincere appreciation to all the women and organizations, who with their testimonies, denunciations, pressure and actions, were able to take the subject of violence out of the private sphere and into the public arena. Our thanks to those who have known how to take gender inequities into the field of politics to demand accountability from those who have power, to demand that electoral promises be kept and that feminist be placed in decision making positions.

We also take advantage of this occasion to praise those persons and governmental and international organizations that have decide to incorporate a health perspective in the fight to eradicate gender violence instead of only looking at it from a judicial perspective.

We now need to strengthen our achievements, to continue building new alliances and political action commitments to eradicate gender violence to insure the health and rights of women and to build equitable and democratic societies.

Many thanks.