

*July blog*

**Claudio Schuftan**



Many greetings! In my Association member's profile, posted this month, I try to explain the thinking behind my writing and advocacy, of which this first column of mine is an example.

Here is what I believe in, based on much experience over some decades in many countries. There is no alternative but to deal with nutrition problems as indivisibly linked to social, political and environmental problems. We need to address them as such. The question is: are we all prepared to do that? The answer decides whether we are part of the solution or part of the problem. Travelling and living in different parts of the world has reinforced my conviction that we need to get down from our academic ivory towers, and need to change the curricula of our young and upcoming colleagues, to give them the tools to act in such a context. To me, public health nutrition cannot be anything but that.

I also believe that in order to make sense of our teaching and practice, we have first to see the world we live in as it actually is. We do not live in a bubble. As I say, this and my future columns are written in this spirit. We have to expand our thinking. Much of my own thinking is about the forces that create the circumstances which we live in, whether we are materially rich or poor. I am also committed to the human rights approach to public health nutrition, and to the movement towards genuinely empowering people. My columns will be written in this spirit.

*Neoliberalism*

**Decency crumbles in the face of greed**

**WE ARE REALLY IN CLOUD CUCKOO LAND IF WE ACCEPT THAT NEO-LIBERALISM IS A BENIGN SOCIAL IDEA THAT BACKS THE HUMAN RIGHTS FRAMEWORK**

*Theodore MacDonald*

People in a healthy society are mindful of the human rights of all of its members

In so-called 'neo-liberal' orthodoxy, certain inalienable laws govern the give-and-take of market forces. One dogma of this ideology is that to interfere with the 'self-regulation' of markets is to court economic suicide.

This month's commentary  
**World Nutrition**



Urban Jonsson

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June commentary  
Harriet Kuhnlein

In that sense, the neo-liberal outlook regards market forces as being akin to the great force fields in physics, such as magnetism or thermodynamics. In other words, like these other forces, humans must respond according to the laws of the market or else face annihilation. The entire edifice of neo-liberal rationality and certainty is based purely on financial considerations. This outlook is, for sure, not new. It has had a number of incarnations since the early days of history. We now call it neo-liberalism.

### *We need good government*

In reality, however, to mediate in conflicts between different interests, and to protect against human rights violations, it is government that must play the dominant role. That is why we invented it! Therefore, such ideas as markets being allowed to make major social, political and human rights decisions, without the mediating influence of the government as a duty bearer, are simply nonsense. No wonder democracy is seen as an obstacle by the proponents of orthodox neo-liberalism. The keep-government-out-of-economics argument is actually a form of red-in-tooth-and-claw social Darwinism. For neo-liberals, 'free markets' are an article of faith and, in such a naked struggle, the odds are against the community and against the upholding of human rights. This undercuts healthy societies that protect the weakest of their members as a measure of their social strength and integrity.

Not to be forgotten is the role trades unions have played historically as, over time, they have protected the human rights of workers. We can thus perhaps consider them the first organised claim holders. They were also among the first to consistently confront authorities in an open way with their demands.

In modern times, more and more, the human rights-based framework has allowed us to jump-start work that directly aims at solving the problems of discrimination and of marginalization. Coming from a different (or an added) set of principles and standards.

### *The death of health*

Neo-liberalism has vigorously promoted mechanisms that remove both wealth and dignity from the bottom of the social ladder and that shift wealth to the top. It does so by fostering unrestrained competition that promotes and honours inequity of a type that very fast rewards the successful and crushes the beaten. Neo-liberalism is a philosophy for the winners, not for whining losers, we are told. Its constituency is only the top 10 or 20 per cent of the income scale. It defines anything publicly owned, as opposed to privately owned, as inefficient. It is certainly not the expression of natural human nature. In the case of health, it undercuts physical and mental health, and is ever ready to mortgage it for the financial advantage of a few.

At the centre of neo-liberalism is the 'ownership society' of a type that has relentlessly emphasised privatisation, deregulation, disregard for human rights, living beyond one's means, and huge tax cuts for the already wealthy. Moreover, the proponents of the 'ownership society' have a messianic enthusiasm to change the attitudes of those that do not think like them. The message is: 'You are on your own -- your problems are not ours!' For many the possession of a credit card just defers the home economics judgment day for a few months. The same is true for the printing of more money by central banks.

### *Media bread and circuses?*

In the 'ownership society', the ever-corporate-compliant media keeps people entertained, misinformed, only partly informed and, worse, informed at length and in detail about trivial events and about 'lifestyles' that require wealth. Institutionalised disinformation is the modern means of social control. This is also not new, it goes back to the Roman policy of bread and circuses for the plebians.

Every now and then somebody, in the press and elsewhere, keeps calling for 'market transparency'. But the transparency they call for is a myth; it promises a politics-free solution within the confines of the system itself.

It is not enough to have a passion for justice and for human rights. One has to look straight in the face of reality and to become acquainted with the laws and wheels of politics. Unfortunately, in the ownership society few do so and, worse, the justice system finds guilty people where there are only victims (often of human



## Here is the good news

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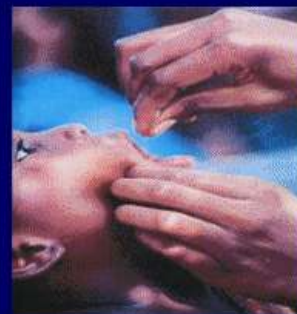
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**News of the Young PHN Network**

WVN

May commentary  
Michael Latham

## The great vitamin A fiasco



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rights violations, and there is no punishment for the rich when guilty).

To me, all the above shows that decency rapidly crumbles when faced with greed. If it is all about becoming richer, most proponents of the ownership society will sacrifice their souls... and certainly human rights.

Historically, it was nothing less than a wholesale change of long cherished social values that rendered selfishness intellectually respectable. As an example, you can take the acceptance and promotion of a privatisation ethic in impoverished countries.

### *The Peoples' Health Movement* **Power from the people**

Now for some good and hopeful news. I first heard about what was going to become the People's Health Movement in late 1998. I definitely thought it was the idea whose time had come: A growing number of us knew that, after years of 'structural adjustment programmes, there were people out there in the world that were fed up with the state of affairs of deteriorating public health services and the concurrent move towards privatisation of these services.

Most of us were independent individuals, academics or grassroots organisations scattered around the world, that would simply not take this untenable situation any longer; enough was enough: We had already been cheated out of the people's achievements in the 1978 Alma Ata Declaration on primary health care.

#### *The first assembly*

I was then invited by the eight founding organisations to join the task force that was to prepare the background documentation for what was then a dream: A Peoples Health Assembly convened as a milestone to mark the millennium.

At that time, the dream was to bring together all the dispersed and disgruntled sheep into a flock that would change the world. We all had read the message on the wall: People struggling to improve health conditions around the world demanded solidarity and demanded action. Poverty, exploitation, violence and injustice were (and are) at the root of excess ill-health and deaths of poor and marginalised people, and our coordinated effort was an imperative.

Our spirits were high, and a burst of enthusiasm put us to work using the newly discovered power of the internet as used by civil society.

#### *The Peoples' Charter*

Assignment number 1 was to come up with a People's Charter for Health --'the document of documents'-- that was to be, and became, the manifesto to call on all good shepherds to join together in action, at the same time setting the bases of what we were all going to be doing, during and after the Peoples' Health Assembly.

Millions were suffering from preventable ill-health, malnutrition and premature deaths. Corporate-led interests were leading to further and further declines in health. Powerful interests had to be challenged; political priorities had to be drastically changed, we reckoned.

The challenge was not an easy one to live up to: We had to put in six pages all our creative anger about what was wrong with a health care system in crisis the world over, characterised by growing inequities within and among countries, and, at the same time, mark a new direction to get to where we all thought the Alma Ata Declaration was supposed to have led us to in the first place.

A face to face meeting of a task force that I was part of, met in Dhaka and then in Amsterdam. We came up with a first draft of the Charter, to be circulated worldwide for discussion before delegates arrived at our grand finale, the Peoples' Health Assembly in Savar, Bangladesh, beginning in 2000 on 8 December. We thought we had assembled a rather radical document. But we were surprised that, during the Assembly --where 1453 persons from 92 countries met-- successive days of work on the text resulted in what is today the most quoted political public health document in the world. now available in 43 languages. ([www.pbmovement.org](http://www.pbmovement.org))

It took us roughly 20 months to do all the preparatory work --the fundraising and

as advocated, taught and practised worldwide  
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logistics of such a huge international meeting not having been the smallest of challenges. The assembly was a great success and there were roaring calls for more. Only then did it dawn on us conveners that the assembly, a one time event, could and should become the Peoples' Health Movement. So it did, and so it is.

People whose voices had rarely been heard before had their say. They declared themselves ready to develop and work for their own solutions. They also committed to hold to account authorities that had led us to, and kept us in, the crisis in public health. This is a crisis of which, as Association members must know, the crisis in world nutrition is an important part.

The rest is living history. We are now the largest coalition of networks of health activists in the world. Hundreds of organisations and individuals working in health, the environment, on livelihood issues, on sustainable development and human rights are now part of the Peoples' Health Movement.

### ***What is it all about?***

We have come together to challenge the prevailing system of health care delivery and economic development, which fails to serve most of the poor people in the world.

We target government policies that are driving the unfair elements of health care worldwide. We work on issues related to the right to health care and on health and trade issues. We actively oppose militarism and war. We see health as a social, economic and political issue and, above all, a fundamental United Nations-sanctioned human right.

Our efforts are directed to equitable development and equity in health as our top priorities in local, national and international policy making. We have adopted comprehensive primary health care as the strategy to achieve most of these priorities. We draw on and support people's movements in their struggles to build long-term sustainable solutions to their health problems. We seek a world where people's voices guide the decisions that shape our lives.

### ***Our call to action, now***

Our call for health as a human right means that, in our daily work, we tackle the social, economic, political and environmental determinants of health.

We are active in the struggle against war, violence, conflict and natural disasters given their catastrophic health consequences. Day in, day out, we build a people-centered health sector and foster people's participation for a healthier world.

Much has happened in the decade since 2000. We had a second assembly in Cuenca, Ecuador in 2005. It was as successful as the first assembly in Savar. The Cuenca Declaration was approved. This confirmed that our Charter was every bit as valid five years after its drafting, and updated it to accommodate what was happening in the world since 2000.

We have a successful website ([www.phmovement.org](http://www.phmovement.org)) and an active listserver for over 2600 recipients worldwide. We launched a global right to health and health care campaign, now active in 16 countries and growing. Peoples' Health Movement members had a prominent role in the preparation of WHO's Report on the *Social Determinants of Health* launched in 2008.

We further decided that we did not see eye-to-eye with the yearly *State of the World's Health* reports put out by WHO. So together with others, we launched our own acclaimed alternative *Global Health Watch* of which there are already GHW1 and GHW2 (find the respective links to them in the PHM website) and a GHW3 is to be published in 2011. These show why so little progress is being made in a vast range of health-related topics, and call a spade a spade. Next year, 2011, we plan to hold PHA3 in Cape Town, South Africa.

Visit our website, cited above. Come and join us in our demand for health for all, now!

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*This column is reviewed by Geoffrey Cannon.*

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*July blog: C;audio Schuftan*

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