Assemblée populaire pour la santé
People's Health Assembly
Asamblea de salud de los pueblos

Montréal 15 - 8 - 2016

Report from the North America People's Health Assembly

Background and introduction

Globally, the People's Health Movement has held three People's Health Assemblies (PHA) for sharing, strategizing, coming up with a common vision and goals. These PHAs were held previously in Bangladesh, Ecuador, and South Africa and resulted in a group of passionate health activists coming together to advance PHM's global agenda–*health for all now!*

As exciting and energizing as these PHAs have been, there is an increasing recognition that costs to organize global events such as these are prohibitive and travel can often be restricted. In response, local PHM country circles and networks have begun to organize country-level and regional assemblies in order to be able to gather and also to focus in on particular issues facing their local movements.

In the Canada and the US the sense of health as an issue cutting across several movements–dealing with international trade, extractive industries, climate change–with cross-border impact had been steadily growing. With a regional PHA, PHM-Canada and PHM-USA hoped to bring together these diverse movements to build relationships, to strategize ways forward together, and to plan actions for activists and organizers in the movement.

In this vein, PHM in Canada and the US successfully carried out the first ever North America People's Health Assembly in Montreal on 15 August 2016, immediately following the World Social Forum.

Participants from across North America shared an invigorating day with each other discussing issues of shared interest, sharing strategies, and developing common health and social justice framings useful for working in alliance across borders and difference. Together, participants worked to strengthen and build coherence among health justice movements across the continent and within new and existing networks.

A wide array of approximately 50 people (including organizers) who passionately work individually, with organizations, and in groups on health and social justice issues attended the PHA. (See Appendix II)

Organizing and preparing for the PHA

Planning for the PHA started with informal discussions in the winter of 2013. When it was announced that the World Social Forum would be held in Montreal in 2016, more formal planning began in the spring of 2015. Organizers considered the World Social Forum an opportunity to bring activists together with global movements and situate local actions in an international context.

THE TEAM

Once the idea to have a PHA was decided within PHM-Canada and PHM-USA, everyone who expressed interest volunteered and formed a core organizing group. This group culminated in about 10 people who took a continuously active role in the planning.

LOGISTICS

Organizing, planning and logistics were facilitated by having a point person in Montreal who took the lead in identifying a space for the PHA and coordinating many of the logistical details. Regular (monthly at the beginning and every two weeks as the date of the event approached) conference calls were held as plans evolved and frequent follow up via email helped solidify details.

All communications were circulated in Spanish, French, and English with translations being handled by members of the core organizing group.

OUTREACH AND MOBILIZATION

PHM members and friends of PHM were contacted individually, on social media (Facebook, Twitter) and through listservs. The core group reached out to individuals with whom they had personal or professional contact and who did not already have a relationship with PHM but were engaged in similar work. About two months before the PHA, a registration form was circulated which included questions about what interests registrants may have. A webpage with information about the PHA was also created. A Facebook page was set up in order to connect interested people and keep everyone up to date on any developments as they happened.

IDENTIFYING THEMES/TOPICS FOR THE DAY

As the final list of participants solidified, three particular themes or areas of interest emerged based on participants' current work and interests. From these, a draft agenda was created and feedback on this draft was requested from participants who responded to clarify the themes and ensure that their area of interest was reflected. Organizers also made clear that the agenda was only a draft and that these themes could be changed even on the day of the event, depending on who showed up.

FACILITATION

After a tentative agenda was agreed on a small team met with a facilitator to organize, or "design", step-by-step how the day would go. Another meeting with the facilitator was held in Montreal, with the entire core organizing group, the day before the PHA to walk through the day and address any last questions.

FUNDING

This PHA was organized with no funding but solely on the work of volunteers who donated their time and skills. Participants covered any travel and accommodation costs associated with the event themselves. While there was no registration fee to attend the PHA, participants generously donated money during the event to help defray costs.

A synopsis of the Assembly

OVERALL OBJECTIVES OF THE DAY

The following objectives were set for the day:

- Participants know what they are going to do next–there are small, actionable steps to keep the movement and momentum going
- Participants leave with a new strategy, tool or connection; that attending has been worth their time
- Participants leave with a deeper understanding each other's realities

Overall, it was very important to organizers that everyone left the assembly with a sense of what they can do to help move forward the struggle for health justice in their communities.

WELCOME AND INTRODUCTION TO PHM

Representatives from PHM-Canada and PHM-USA welcomed participants and gave an introduction to PHM. They explained PHM's global work and programs and also the organizing that happens at regional and local levels. You can view the presentation here.

FOCUSING ON THE DAY'S THEME

The organizers thought it was important to orient the day by introducing the substantive discussions with presentations from activists on the ground. Dr. Rhea Boyd, an Oakland-based pediatrician and part of the Bay Area Collaborative, spoke about police violence as a public health issue in a pre-recorded interview. Candyce Paul, a member of the English River First Nation in Northern Saskatchewan, of the Committee for Future Generations joined via Skype and spoke about the impact of uranium mining on Indigenous communities in her region, and the challenges in organizing a response from a health-based perspective.

LOOKING AT OUR WORK THROUGH THE LENS OF HEALTH JUSTICE

During the next part of the day, we began a discussion about how health justice is an aspect of our work and what common struggles or challenges we see or face in our activism. In order to facilitate this discussion, we used World Cafe.

World Cafe is an activity that helps develop discussion and ideas through having different groups build on each other's conversations. This World Cafe consisted of five groups that rotated through three questions.

The questions groups discussed during each round were:

> Round 1: What issues are you trying to address in your work?
>
> Round 2: Are you already using a health lens in relationship to these issues? If so, how? If not, how could you work on the issues you care about using a health lens?
>
> Round 3: Taking in all that you've heard and shared, what 2-3 common struggles do you see across groups/movements?

Each table had a scribe who took notes for each rotation. (Appendix I) From these discussions we hoped to solidify the key issues/themes that would be addressed in the afternoon sessions.

DEVELOPING THEMES FOR THE AFTERNOON

After the World Cafe, during lunch, a small group of core organizers gathered notes and identified three themes that emerged from the discussions. Keeping the original themes from the draft agenda in mind the following were solidified: 1) using health to focus on environment, 2) research and data collecting, and 3) anti-privatization. Upon reconvening, a fourth group on anti-capitalism formed organically.

SMALL GROUP DISCUSSIONS

The goal of small groups was to better understand how those in the room could work together on similar themes. Organizers hoped that the groups would also begin to strategize and plan steps for action beyond the PHA.

The small group discussions began with a "discovery dialogue" based on the questions: What work are we currently doing? What can we imagine doing?

This discussion was followed up with an "action dialogue" focusing on the questions: What can THIS network of health activists do together to strengthen this work? What support could you use from PHM to move this issue forward?

Below are summaries of the small group discussions:

1) Using health to focus on environment:

   This theme was initially identified with the intent to focus on environmental issues such as climate change and extractive practices. However, when the group members came together it expanded into occupational and environmental health to include health hazards in the workplace. The group discussed the need for education and awareness-raising about the dangers of pollution in the environment and toxins in the workplace. Participants shared interest in an International People's Health University (IPHU) on environment and health. Participants agreed that, because ideas were very much in a brainstorming stage, they would continue the discussion via email and work to identify opportunities for collaboration and support.

2) Research and data collecting:

This group explored the question of what qualified as expertise and how communities can gather, analyze, and use their own data for themselves. Learning from examples around the table, the group talked about the challenges in doing this work, especially in the context of austerity. The participants teased apart some of the issues of power in knowledge management between the contemporary university and communities. The group talked about developing plans of intervention in medical education, in university ethics boards, and in challenging the pharmaceutical industry. A monthly reading group on capitalism and health has been started in Montreal to fuel further action.

3) Anti-privatization:

This group discussed solidarity efforts around the world in support of the public sector and resistance against privatization of resources and services that ultimately concentrates wealth and access into the hands of the rich. Comrades from France shared information about a global day of solidarity planned for April 2017 to protest privatization of health and social protections. Another action item was to collect stories of effective organizing against privatization around the world and publish them in book or web format.

4) Anti-capitalism:

A number of participants held the view that the interrelation of the three themes put forth did not lend itself well to discussing one particular topic in a sub-group. This group instead sought to articulate an overarching statement of the need to take into account the intersections of oppression within the dominant capitalist, materialist, individualist *modus operandi*, and require an overall anti-oppressive, anti-capitalist framing of all health issues. Not to be deterred by the enormity of that task, participants shared ways that they actually attempt to practice those principles in their own organizations.

CLOSING THE DAY

We finished the day with summaries from the small groups and extra time for participants to chat informally, exchange information, and get to know each other.

Evaluation and summary

Following the PHA we sent an evaluation to participants and received only two responses. However, throughout the day participants and organizers shared observations and commentary:

- There was a problem with technology in that the Skype group rooms did not function properly, so a few people who joined remotely were not able to follow. In the end we substitutes the Skype video with a live UStream feed and used the Skype group for video and text chatting.

- One person was disappointed that Mexico is not included in the PHM-North America region.

- Several people shared the sentiment that they had also seen or felt the need for an event like the PHA-NA and were grateful that PHM had worked to put this Assembly together.

- There was concern that the time was very short, with little time, outside of lunch, for introductions and for people to get to know each other.

- Organizers considered, as a team, that the wide variety of activists and movements represented, while great for understanding context and networks, was challenging to reach common goals together.

Outcomes & next steps

The PHA-NA was an incredible lesson and experience for everyone involved. Both PHM-Canada and PHM-USA made new connections with activists in their respective countries and with activists working on similar issues across the border.

Each group made separate plans to continue the discussion that began and also follow up on action items. These included:

- organizing a series of global case studies to learn from where anti-privatization campaigns in healthcare have been successful

- a reading group on capitalism and health in Montreal

- a discussion group on environmental and occupational health

- engaging in organizing a global day of solidarity in April 2017 to protest privatization of health and social protections.

Please email phm@hesperian.org for specific information on these or other activities and to become involved.

PHM-Canada and PHM-USA offer our sincere appreciation to everyone who supported the PHA from near and far and to those who joined us in Montreal! We look forward to continuing our work together.

Health for All Now!
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Appendix I: World Cafe

Round 1: What issues are you trying to address in your work?

Health is more than treating an illness People are agents of their own health: empowerment, self-determination Women's health and empowerment Impact of social relations and social/economic determinants of health Prevention and communities Link between health and empowerment Challenging the individual view of health Challenging environmental racism; gender discrimination; social exclusion; poverty and illness Redefining healthcare to respond to people Accompanying/Working with the most excluded people to help them. Working to overturn the paradigm of medical system! (Solidarity across sectors, holistic, not just health priorities) Mining (Canada, Mexico) harming Indigenous health Privatization, lack of access to care in public system	Research related to big pharma's influence on public health Finding and collecting meaningful data for those injured by the HPV vaccine Fighting corporate lobby against mining and water grabbing in Canada Fighting big money in research Health/health care as a civil and human right Fighting "sacrifice zones"where people are considered disposable objects Environmental health and combating pollution Out-of-pocket expenses & access to health Sex workers & human rights HIV & Hepatitis C Frontline workers – grief & trauma Emotional/spiritual health Promoting appropriate use of pharma. Community-originated research To secure funding for mental health in communities	Health issues of temporary migrant workers Reproductive health issues (women and work) Privatization and inequalities Democratization of public services Immigration detention Access to health care for people who have no health insurance Affordable accessible equitable health care Union work around accessible health care Health care as a civil and human right State and structural violence Racism in health Food security (lack of healthy food) and food sovereignty (control over the food system) Public provision of services Trade & health Right to healthcare and the Affordable Care Act in the US Interdisciplinary teams making space for different ways of treatment

Round 2: Are you already using a health lens in relationship to these issues? If so, how? If not, how could you work on the issues you care about using a health lens?

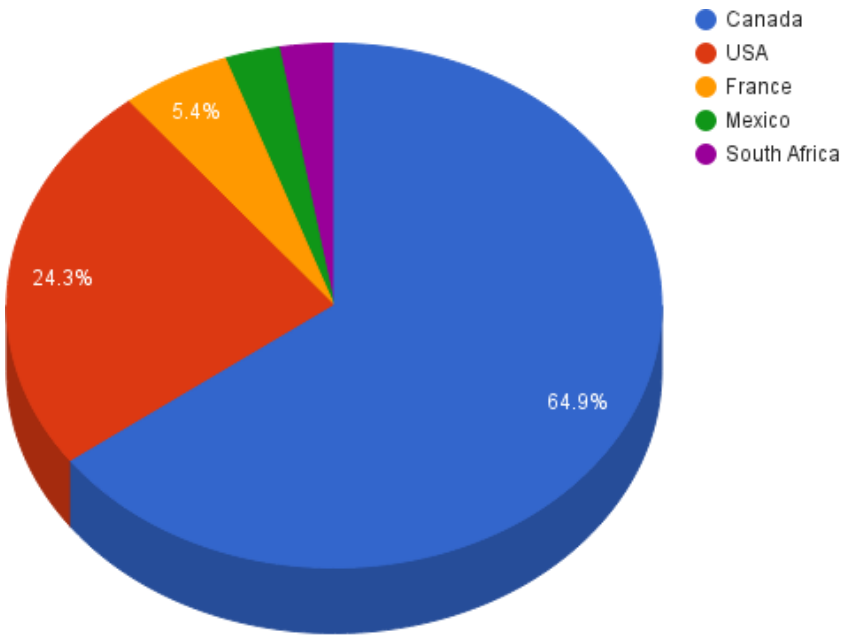
Listening and understanding the reality of homeless people and, together with them, find solutions Redefining the value system Communities collecting their own data. Using health impact to assess effects of mining industry De-mystifying knowledge so we can impact the factors that affect our health How to balance fund allocation, budgets Understanding that people are centrally important Evaluating doctors on if people get well. Holding them accountable to that standard Collectively find solutions and data outside of the current structure How to question and re-define “expertise” Healing the health system and health professionals	Health only being tied to not completely relying on medicines Monitoring mining issues in small, isolated communities and making proactive change. Holistic health prevention in workplace Privatization, access to care, government Building resilient networks and systems to respond to disasters Making research matter on the ground Indigenous health Healthy enterprises, including small businesses Climate change and energy policy Just transition and regenerative systems to respond to racism in low-income communities Health literacy/numeracy	Inequality as a contributor to poor health Keeping health a collective enterprise Promoting health impact inequity assessments Promoting community and home gardening Medicalization and professionalization of health Access to healthy food Recognizing culture in healthcare decisions Safety in hospitals Holistic approach to health and access to care Patents, property rights, trade agreements Health lens as a way of organizing around environmental health

Round 3: Taking in all that you've heard and shared, what 2-3 common struggles do you see across groups/movements?

Transnational solidarity Rallying politicians and shaming poor government standards Challenging corporate power and corporations "buying" our health Abuse of power/criminal justice for excluded and marginalized people Reforming education to include an understanding of health and healthcare Possible lawsuits relating to trade policy and patent law Bringing in new people and empowering those already in the struggle	Manual for community empowerment, guiding people to create their own baseline data Health impact assessments created by the community Advancing the question of cumulative impacts of projects Community ownership of data and solidarity with academics Community-driven information and data systems, and identifying the role of allies w/ expertise Unveiling conflicts of interest Trade justice	Changing the value system to reflect health as a human right Changing the relationship to expert/expert knowledge Challenging economic and political power and profit Form a community of resistance against corporations (big business) that impact health policies and health Empowering people with information for their own health. Linking research and science to activism, militants, actual medicine, and political action Self-managed community care and clinics

Appendix II: Participant Information

COUNTRIES REPRESENTED



ORGANIZATIONS

Several participants were affiliated with organizations, including following:

Breast Cancer Action Quebec
Centre for Gender Advocacy
Concordia University
Committee for Future Generations
Conseil provincial des affaires sociales
Fédération des femmes du Québec
Friends of Public Services
Groupe entreprises en santé
Health Alliance International
Hesperian Health Guides
National Association for the Advancement of Colored People
Stella
Street Medicine Institute
Réseau québécois d'action pour la santé des femmes
Resist Collective
Washington Fair Trade Coalition