Health Perspectives

Undergraduate Health Studies Journal

Volume Three | March 2012
University of Toronto

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CONTENTS

Editor's Note

It is with great pride that I present the third volume of the undergraduate Health Studies Journal, Health Perspectives. This journal has been an effort completed entirely by undergraduate students, in order to provide our colleagues with the opportunity to share their research and ideas through an academic publication.

It is my belief that the field of Health Studies encapsulates three seemingly simple principles: that health is much more than the presence or absence of disease; that an individual's overall health is not simply the result of their genetics or behaviours, but of a variety of external social and political factors; and finally, that when the health of one part of society is poor, the surrounding population suffers as a result. The editorial team strove to ensure that each article was a fair representation of these principles, and that each provides not only a multi-faceted look at health, both in Canada and around the world, but also a strong, thought provoking contribution to the academic dialogue of health literature.

This initiative would not have been possible without community support, and the dedicated work of the Health Studies student editing team. The contributions of all involved have made this year's Health Perspectives a successful venture, where we are able to share the ideas and values of the Health Studies programme.

It is my hope that this volume, as the previous two have; will provide a broad perspective on health, and be reflective of the critical thinking, multi-dimensional approaches, and the socioeconomic contextual understanding of health that is an integral part of the Health Studies programme.

Angela Turner

Editor in Chief | 2012

International Bill of Rights, Economic Inequality, and Structural Violence: Our Right to Health Suffers

Tayyaba Khan

Historically speaking, it seems violence is the key to how systems of justice and governance are prompted to change. It stands to reason that structural violence should provide the same impetus to reform the human rights framework (first established in 1948) to address structural violence and what Ho calls "structural violations of human rights" (2007).

Poverty, a growing income gap between rich and poor; and high levels of unemployment are prevalent social epidemics affecting nations all over the world. Canadian society is no exception to this phenomenon, nor is it immune to it. Even more disturbing are the health outcomes of individuals, communities and entire populations which are unquestionably being determined by such social conditions. These alarming societal conditions pose great health hazards and constitute remarkable human rights violations. In fact, current social conditions have reached levels comparable to genocide in Bosnia, Rwanda, and even Nazi Germany, the 'major genocidal event in history (Fields, 2003). As James Gilligan (1996) points out "every single year, two to three times as many people die from poverty throughout the world as were killed by the Nazi genocide of the Jews over a six year period" (p. 196). Gilligan is illustrating the idea of structural violence as he goes on, "this is, in effect, the equivalent of an ongoing, unending, in fact accelerating, thermonuclear war, or genocide on the weak and poor every year of every decade throughout the world" (p.196).

Unlike physical violence, structural violence demonstrates the systematic torture of groups of individuals based on their position in a social hierarchy. Moreover, it reflects violence of a different nature; one embodied by images of child hunger and mortality, occurrences of preventable diseases, and elevated levels of absolute and relative poverty (Ho, 2007). The last time the world witnessed comparable levels of torture (systematic killing of Jews during WWII), it lead to the creation of the Universal Declaration of Human Rights (UDHR) by the United Nations (UN). The attack on human dignity during the war brought to light the importance of setting moral standards and institutionalizing international human rights (Tremblay et al., 2008). Historically speaking, it seems violence is the key to how systems of justice and governance are prompted to change. It stands to reason that structural violence should provide the same impetus to reform the human rights framework (first established in 1948) to address structural violence and what Ho (2007) calls 'structural violations of human rights'. The purpose of this paper then is to outline how the UDHR and its associated covenants fail to adequately account for the causes and consequences of structural violence (such

as poverty resulting from socioeconomic inequalities). Specifically, it will focus on UDHR's inability to see structural violence as a violation of the right to health. Finally, modifications and alternative approaches to address structural violence and its relation to the right to health are discussed.

As noted above, the UDHR was established in 1948 and was adopted as a morally, but not legally binding proclamation of fundamental human rights. Not only was it the first declaration on human rights but it was the first attempt at defining universal human rights as a basis for international human rights law (Fields, 2003). Other documents were adopted to prohibit the violations of specific rights, such as the International Convention on the Elimination of All Forms of Discrimination (1969), created in response to the apartheid system in South Africa. Two covenants created in response to the political turmoil during the Cold War were drafted to make the UDHR's articles legally binding. These were the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR), both implemented in 1967. The UDHR, ICCPR, and the ICESCR are together known as the International Bill of Rights (Tremblay, 2008).

The UDHR was one of the founding documents of the UN and was built on the concept of human dignity (Fields, 2003). According to the declaration, the most basic human right is the equality of dignity, "All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood" (Article 1). This asserts that all human beings are endowed with reason and the realization of rights and freedoms rests on this ability to reason. Therefore, from our ability to reason comes the notion of fundamental rights. In the context of the right to health, the idea of reason, consciousness, and equal dignity begs the question 'If we all are born with equal dignity (in other words, equal merit and equal capacity), what exactly keeps an individual or groups of individuals from acquiring health? This is an important question because no one chooses to be sick.

Societal conditions put certain populations at greater risks of experiencing poor health. As a result, there are great health disparities within and among countries. For example, the United States spends the most money on health care (13.9% of its GDP) compared to all other countries of the OECD (the Organization for Economic Co-operation and Development) (OECD Health Data, 2003). Yet, it has an average life expectancy of 77.9 years, placing it below Canada (80.0 years), Sweden (80.3 years), and 41 other developed countries. In fact, life expectancy differences between countries range from a high of 82 years in Japan to a low of 43 years in Sierra Leone (National Human Development Report, 2006). What's more, only ten to fifteen percent of improvements in health outcomes since 1990 can be attributed to the provision of health care (Raphael, 2003). This re-evaluates the contribution of medicine, suggesting it played a minimal role in improvements of health status. These data again raise the question: What is keeping some populations from attaining a better standard of health?

In an attempt to answer this question, many researchers employ the idea of the social determinants of health (SDOH) which places responsibility for health outcomes on the organization of society itself. SDOH reveal how socioeconomic differences (and not differences in access to health care) between members of a society lead them to experience drastically different levels of health and illness (Wilkinson and Marmot, 2003). There is much truth to this notion as "individuals of different socioeconomic status everywhere show profoundly different levels of health and incidence of disease" (Raphael, 2006, p.116). Health inequalities have been linked (through numerous investigations) to socioeconomic status, commonly measured by income and the degree to which it is unevenly distributed (in other words the levels of economic inequality) (Marmot, 2005; Baum, Begin, Houweling, and Taylor, 2009). Evidence of this exists within Canada and elsewhere around the world as low income earners and those living in poverty experience worsened conditions and exhibit poor health outcomes compared to people with higher income.

Today, the effects of low income on health and illness are clearly evident and experienced by poor, low income Canadians. Emerson (2009) found a relevant relationship between the relative child poverty rate and child mortality rate in high income OECD countries. However, the relationship only exists in countries with wide income gaps and consequential high poverty levels (Emerson, 2009). This is a significant finding because it reveals that the greater the disparity between the rich and poor, the worse the population health outcome will turn out to be.

The term structural violence was first defined by Johan Galtung (1969) as "the cause of the difference between the potential and the actual, between what could have been and what is" (p.182). Our right to health, defined in the International Bill of Rights as "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health" (ICESCR, 1967, Article 12.1) suggests when our potential health (i.e. 'highest attainable standard') is higher than our actual health, then structural violence is occurring (Ho, 2007). This is because if the best possible health status is attainable (the potential to reach it exists), than it is reasonable to assume that the opposite health status (ill-health) is avoidable. Therefore, when life expectancy differences (mentioned above) range from 82 years in Japan (the potential) to 43 years in Sierra Leone (the actual), the citizens of Sierra Leone are experiencing violence that is costing them 39 years of life; clearly a violation of their human right to the highest standard of health.

Robert Gilman (1983) defines structural violence as "physical and psychological harm that results from exploitative and unjust social, political, and economic systems" (p.8). From this definition, it becomes clearer how the International Bill of Rights has failed to address structural violations of the human right to health. Although the UDHR, while defining the right to health, makes due note of some of the SDOH, it remains focused on the more immediate influences on health instead of accommodating, in every respect, the SDOH paradigm. For example, Article 25 of the UDHR states:

> Everyone has the right to a standard of living adequate for the health and well being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or lack of livelihood in circumstances beyond his control. (Article 25.1)

Furthermore, Article 22 reaffirms our right to health:

> Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.

These two articles are weak attempts to incorporate SDOH into the human rights framework because they fail to account for the broader societal structures that determine, to a large extent, the quality of SDOH (i.e. the causes of the causes). This includes the norms and standards of society which create the conditions that makes people vulnerable to sickness in the first place. To illustrate this point further, let us look at gender differences in health.

It is well known that a person's gender influences how much money they can possibly make, how much education they can possibly attain and the job position within their reach, (thus further contributing to the growing economic inequality). Armstrong (2006) suggests gender is a fundamental construct of society; one that is used to define a person at birth, forcing them into the confinements of the category in which they have been placed (girl or boy). In this way, gender becomes one of the most important determinants of health. If, for example, a girl is born, she is automatically more likely (as opposed to a baby boy) to work under minimum wage, making her more likely to live in poverty, affecting her health for the worse. Questioning the very nature of these gendered constructs can help figure out why women are more likely to be in poor health than men. Indeed, Armstrong (2006) has found the patriarchal norms and standards of society that set up these conditions. This means that better health care for women, as part of their right to health, requires a transformation of the male-dominated ideologies that predetermine the opportunities available to women. These structural determinants of health are essentially absent from the International Bill of Rights, and until they are addressed, a woman's right to health will continue to be violated.

The terms "health" and "health care" are often considered synonymously because the general public does not understand that health is a multifaceted concept and it can only truly be cared for through a multifaceted approach, such as the SDOH approach. The basic principle of the SDOH approach is that economic and social factors are the primary determinants of health. When applied to our right to health, it encompasses a wide range of attributes that may or may not account for individual and population health outcomes. Structural violence

reveals a complicated interaction between economic, political, social, and cultural factors. Therefore, the International Bill of Rights, by virtue of its division of political and civil rights from socioeconomic rights is unable to fully account for economic inequalities, which lead to poverty and ultimately structural violence. This dichotomy or separation of our rights excludes economic inequality from the right to health. It views the right to health as separate from and second to political rights. The issue over a hierarchy of rights and whether some rights should or should not be considered as primary entitlements is an ongoing debate. However, Fields (2003) while quoting Christian Bay sums it up quite nicely:

> I believe that a good standard of living is a prerequisite for the fullest attainment of freedom of expression…if people starve, it is nonsense to expect them to care for free speech…Starvation can confine the freedom of expression more effectively than can political tyranny (p.59).

The UN still supports an underlying medical/biomedical model to health, believing health can only be reached by the provision of adequate health and social measures. SDOH places responsibility for health outcomes on the organization and resulting structures of society. Therefore mere mention of SDOH within the ICESCR is not enough, the UN needs to wholly adopt the paradigm shift and start to view health form all aspects of that perspective.

We live in a time where governments of Western nations (that predominately control the UN and therefore had a significant influence over the UDHR) serve the interests of the market at the expense of their citizens. For example, the Canadian government, in the name of a liberal welfare state, is taking less and less action in assisting those in need. This political and economic discourse (found within liberal or neo-liberal regimes) approaches health from a biomedical and behavioural perspective. This means that health, illness and disease are seen through an individualistic lens and the primary solutions to health problems are presented as behavioural interventions. This individualism is evident in the International Bill of Rights, leading to an individual-centered view of human rights. However, as many critics of this perspective have pointed out, human beings are not immune to the effects of and influences from the environment. Therefore it would be unwise to brush away the much-supported notion that structural violence is a violation of our right to health.

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Ideologies in Bloom: Feminization and the Cut Flower Industry

Cara Evans

The appalling working conditions that face flower workers– characterized by low wages, long hours, barriers to unionization, sexual violence, and physical hazards–are not isolated or aberrant. Rather, the feminization of the cut flower industry is produced by, and emblematic of, globally hegemonic ideologies.

In 1993, a guidebook aimed at attracting industry to the nation of Colombia boasted to prospective cut flower producers: "The climactic conditions of the country are ideal... In addition, there is a ready supply of cheap female labour for sorting and packing the flowers (1993, 71)" (cited in Talcott, 2004). The women comprising this "cheap" labour supply are subjected to low wages, the erosion and restriction of their social roles, and the imposition of violent and physically dangerous working conditions. These conditions engender health risks and violations of women workers' social, civil, and reproductive rights. However, while risks and violations are proximally produced by conditions at the level of the workplace, the globally relevant ideologies of neoliberalism and patriarchy make such conditions possible. This paper considers the production of cut flowers, focusing on greenhouse workers in Colombia and Ecuador, within the context of these intersecting, globally hegemonic constructs.

Neoliberalism is an economic ideology that holds free markets and decreased state regulation as key to growth and prosperity (Navarro, 2007). According to neoliberal ideology, society benefits when private individuals and corporations profit (ibid). Meanwhile patriarchy, although a contested concept, can generally be understood to refer to ideals and practices that normativize maleness and subordinate women and women's roles (Walby, 1989). These two ideologies overlap and entwine. Macroeconomic policies advancing a neoliberal framework are frequently decried as gender blind– planned, implemented, and evaluated without regard to their specific effects on women and traditional roles in the maintenance of community structures (for instance, Sanmiguel-Valderrama, 2007).

At the same time, however, neoliberal economic programs are implicitly reliant on female labour (True, 2009). This reliance is a function of the unspoken and unquestioned expectation that, in a liberalized economy, women will enter the workforce while simultaneously carrying out traditional domestic roles of childbearing and caring (ibid). Women's "double shift" (Patel-Campillo, 2010a) enables the expansion of the labour force. The intersection of patriarchy and neoliberalism in the globalizing economy has thereby led to "the feminization of labour" (Sanmigual-Valderrama, 2007). This refers both to the influx of women into the workforce of liberalizing economies, and the precarious, low-skill, low-

wage conditions of the jobs that liberalization creates – conditions historically associated with women's paid labour (ibid).

The floriculture industries of both Colombia and Ecuador reflect this pattern of feminization. Ecuador's floriculture industry developed under the auspices of structural adjustment programs that advanced a neoliberal agenda of deregulation (Korovkin, 2003), while the industry in Colombia was largely spurred on by free trade agreements with the United States (Patel-Campillo, 2010b). As the concept of feminization would suggest, the work force within the cut flower industry is strikingly gendered. Between 65 and 70% of the Colombian cut flower workforce (Sanmiguel-Valderrama, 2007) and around 60% of the Ecuadorean cut flower workforce (Korovkin, 2003) is comprised of women. A feminized workforce comes at a lower cost to companies: while most men work in better-paying positions of manual labour, or in supervisory or administrative roles, the majority of women work in the lowest-paying positions, where they tend the growing flowers (Sanmiguel-Valderrama, 2007; Korovkin, 2003). Women are hired preferentially for these positions due to perceived feminine traits including "nimble fingers" (Korovkin, 2005). However, the fact that such traits are preferred for lower-paying positions suggests a literal devaluing of femininity.

This devaluing has led to a disparity between wages and the cost of living. In 2004 Colombian flower workers earned, on average, $140 per month, while a "family basket" of foods in Colombia was assessed as costing $287 per month in the same year (Mena and Proaña, 2005). 39% of Colombian female flower workers are single-income earners raising families (Ferm, 2008) – but even dual income families have virtually no money left over for rent, school fees, or other basics. Thus low wages impact workers' health and infringe upon the basic right to an "adequate standard of living" under Article 11 of the International Covenant on Economic, Social, and Cultural Rights, which defines "adequacy" in terms of access to "food, clothing, and housing" (United Nations, 1966). The fulfillment of this right has been obstructed by ideology-driven policy.

In 2008, the Colombian cut-flower industry organization Ascoflores successfully campaigned against an increase to the legal minimum wage, insisting such a move would hamper competitiveness and be detrimental to the national economy (Ferm, 2008). This is consistent with neoliberal ideology, which holds that deregulation of labour and finance will ultimately increase prosperity for all (Navarro, 2007). However, the food and housing insecurity of Colombian floriculture workers casts doubt on the potential for low wages to produce prosperity. Similarly optimistic claims are present in a flyer on women and agribusiness produced by USAID, which has injected funds into Colombia's cut flower industry (Patel-Campillo, 2010b). The flyer boasts that "[i]ncreased employment results in greater consumer demand… creating a virtuous cycle of consumer growth" (1999).

Contradicting this assertion, Korovkin (2005) found that 85% of children of floriculture workers in Ecuador show signs of mild malnourishment, compared

to a still-appalling 65% of children of peasants in the same communities. Demand for consumer goods, far from a "virtue," in fact is implicated in malnutrition: floriculture workers lose access to traditional legumes, but become reliant on the cheapest and least-nutritious purchased foods, chiefly rice (ibid). But although low wages do not benefit workers, they do benefit companies, who then present this profit as beneficial to society at large. In logic that is as perverse as it is pervasive, economic development is used to justify the perpetuation of poverty.

Along with low wages, employment in floriculture is typified by long working hours. Time demands, like low wages, are supported by neoliberal-inflected policies implemented at the behest of the industry. Ascoflores lobbied heavily for Law 789 that, passed in 2002, extended working hours and decreased overtime pay in Colombia (Ferm, 2008). Government officials stated that the law would "support employment and broaden social protection" (cited in Ferm, 2008). This claim was evidently based on the idea that lowering the cost of human labour would trigger companies to hire more people, at once increasing employment levels and access to benefits. As with wage legislation, claims of societal benefit are based on a neoliberal model in which benefits to industry are presumed to inevitably benefit workers; and as with wage legislation, this has not been borne out. Instead, the result of Law 789 has simply been the demand of more hours from the same employees, without increasing those employees' incomes or benefits (ibid).

Women in the cut flower industries of both Colombia and Ecuador routinely work between eight and thirteen hours a day, five days a week, plus a shorter sixth workday on Saturdays (Korovkin, 2005; Talcott, 2004). During peak times before American holidays like Valentine's Day, it is common for women to log fifteen hours workdays (Sanmiguel-Valderrama, 2007). With the addition of an onerous two hours in average daily travel time (Korovkin, 2005), the immensity of time pressures become evident. The added time pressure is especially acute for women, who in most cases continue to carry out the majority of household management (Korovkin, 2005).

As a result of these extreme time demands, women floriculture workers become chained to their dual roles within the home and the workplace, with little time left over for participation in the public life of their community. This sharply contradicts arguments that earning a wage, through employment in the cut-flower industry, is inherently emancipatory to women (for instance, USAID, 1999). A study in a Colombian community found that when compared with their peers working in traditional agriculture, women employed in the cut-flower industry in fact have substantially lower levels of involvement in community organizations like church groups and potable water associations, and have much less contact with institutions like community councils and municipal governments (ibid).

The silencing of women workers – as well as the claims of emancipation – occurs within a neoliberal paradigm that privileges participation in the global economy as a measure of autonomy (Navarro, 2007). Thus a neoliberal standpoint

implies that women flower workers' wage-earning activities are more important than the community-based activities displaced by long hours, and that gained purchasing power outweighs the loss of civic involvement. The greater time burden women face is a result of patriarchy both in the home, which consigns much of the cooking and cleaning to a household's female members, but also at the level of policy, which manifests itself in a failure to consider these obligations.

Declining levels of community participation have a detrimental health impact. Hurtado, Kawachi, and Sudarksy (2010) studied the impacts of social capital on health in Colombia. Their study used self-rated measures of health, and operationalized "social capital" as membership in associations, non-elected political participation, volunteerism, and feelings of trust. In accordance with previous studies, membership in organizations and trust in community members were shown to correlate with better health (Hurtado, Kawachi, and Sudarsky, 2010). Women flower workers lose access to these health-enhancing social support networks.

Time demands and loss of solidarity incurred through work in the cut-flower industry are also an issue of civic rights. Article 7 of the United Nations Convention on the Elimination of All Forms of Discrimination Against Women articulates the right of women "[t]o participate in non-governmental organizations and associations concerned with the public and political life of the country" (ibid). While flower workers do indeed enter the "public life" of the economy, the reality of employment in floriculture simultaneously entails a withdrawal or exclusion of women workers from "non-governmental organizations and associations" which make up a vital part of public life in Andean communities.

Even as women flower workers lose their collective voice within their communities, they are also denied a voice within the workplace. As of 2005, only 3 of the more than 400 flower plantations in Ecuador were unionized (Korovkin, 2005). Colombia is also home to just three floriculture unions, one of which represents only 25 workers (Sanmiguel-Valderrama, 2007). Companies stave off attempts to unionize with a range of dubious means: unionized workers may be offered fewer benefits than their non-unionized colleagues; union members, and especially union organizers, may simply by fired; companies may refuse to acknowledge unions or to engage in bargaining; and companies have even carried out slander campaigns against unions in local media (Sanmiguel-Valderrama, 2007).

In an environment of cutthroat economic competition, in which economic growth is equated with progress (Navarro, 2007), workers fired for unionizing appear to be considered collateral damage in the pursuit of the greater good. Unions are protected under Colombian law (Páez Sepúlveda, 2009); the apparent blind eye turned to infractions may represent both the unwillingness and the incapacity of the government to intervene. Korovkin (2005) notes that structural adjustment reforms to the public sector have decreased the regulatory capacity of many Latin American states. These reforms are based on the fundamental neoliberal tenet that deregulation is essential to economic development (Navarro, 2007). The

feminization of the industry also plays a role in anti-union attitudes. Hartsock argues that, within the dominant patriarchal framework, women are treated as commodities, rather than people, and therefore lacking in agency (2004). This perceived lack of agency of the feminized workforce conveniently excuses the absence of unions.

As a result, most women in floriculture work in positions of profound insecurity. The fear of reprisals and arbitrary firing, which both prevents unionizing and is exacerbated by the lack of unions, poses a constant source of stress to flower workers (Korovkin, 2003). Disempowerment plays out in the health of floriculture workers: the health effects of workplace disempowerment have been most famously demonstrated in the original Whitehall study (Marmot et al, 1978), and its gender-inclusive follow-up (De Voglie et al, 2007), both of which link employment grade to poor health, independently of behavioral risk factors.

Barriers to unionization also undermine the ability of women to advocate for their own health. In Ecuador, the Ministry of Public Health typically conducts workplace inspections only on the request of unions (Korovkin 2005). Without the means to make such a demand, workers have little choice but to accept the conditions in which they work. Thus, the flower industry violates Article 8 of the International Covenant on Social, Economic, and Cultural Rights, which guarantees "the right of everyone to form trade unions and join the trade union of his choice" (United Nation, 1966), while also infringing upon Article 11 of CEDAW, which promises "the right to protection of health and to safety in working conditions" (United Nations, 1979). The actions of industry players and the inaction of government preclude the fulfillment of these rights; both industry action and government inaction reflect an ideological privileging of market independence and devaluing of the feminized work force.

In the face of this dismissive and dehumanizing attitude, women in the cut flower industry face a terrible risk of workplace sexual violence. Mena and Proaña's 2005 study, conducted in Ecuador, found that 55% of women cut flower workers had experienced sexual harassment at work. This includes the 28% who had been subjected to forcible touching, the 19% who had been forced or coerced into sexual intercourse, and the 10% who had been violently attacked (ibid) – although, of course, these numbers can only account for those willing to speak about their experiences. Sexual violence must be understood in a broader social context as the manifestation of collective patriarchal values. Women are hired preferentially for greenhouse work due to perceived feminine traits including docility (Korovkin, 2005); women in floriculture also tend to work in positions subordinate to men (ibid). Widespread sexual violence exploits these expected traits and social conditions. Therefore while women are made vulnerable by, for instance, greenhouse work in which they are isolated and out of sight from others (Mena and Proaña, 2005), they are also made vulnerable by the subservient terms of their employment and the patriarchy underlying these terms.

Further evidence for a structural root to this violence is apparent in the

lack of will to address it. Mena and Proaña found that none of the 47 companies for which interviewees worked had a policy in place regarding sexual harassment (2005). It is therefore unsurprising that just 5% of those interviewed reported incidents of harassment or violence to a supervisor, although 40% had sought help and support from friends or family (ibid). The absence of a reporting structure amounts to a formal denial, not merely of the prevalence of sexual violence, but also of the need to address it at all.

Sexual violence has deep effects on the mental health of women flower workers, and the silencing of victimized women only increases the trauma (Mena and Proaña, 2005). At the same time, all women working in an environment of violence, whether directly victimized or not, suffer from the distress such an environment inevitably provokes (ibid). Thus violence and the threat thereof violates these women's "right to protection of health and to safety in working conditions" under Article 11 of CEDAW (United Nations, 1979). True notes that on a global scale, trade liberalization is frequently accompanied by a high prevalence of violence against women in newly developing industries (2010). This relationship between violence and liberalization is not incidental but rather arises from what Hartsock (2004) identifies as the treatment of women as "commodities" in economic as well as interpersonal relations. Through the process of feminization, neoliberal programs profit from and reinforce the marginalized position of women; sexual violence mirrors this process on an individual scale.

However, it is the treatment of pregnant women within the industry that perhaps epitomizes the simultaneous privileging of profit and devaluing of women. Although Colombia and Ecuador both have maternity laws, these are rarely enforced (Ferm, 2008; Mena and Proaña, 2005). In the absence of enforcement, it has become standard industry practice to require women to present a negative pregnancy test result or proof of sterilization upon hiring (Ferm, 2008); workers who become pregnant are often fired, which handily excuses companies from maternity payments (Páez Sepúlveda, 2009). As previously noted, the lack of enforcement may be attributable to the incursion of neoliberalism, which undermines the will of governments to regulate industry, as well as their actual capacity to do so. Moreover, at the intersection of patriarchy and neoliberalism, reproduction is stripped of meaning by its lack of an identifiable market value (Hartsock, 2004). Reproduction does, however, have an apparent market cost. The market imperative and the devaluing of women's roles combine to produce the absurd attitude that reproduction is unproductive.

Companies make every effort to avoid the costs of pregnant workers' lowered productivity. Of course, these efforts come at a formidable cost to pregnant workers themselves. Just half of women flower workers in Ecuador report having access to ventilator masks and plastic aprons to protect against pesticides while pregnant, though most had rubber gloves and boots (Handal et al, 2008). The fact that they are given gloves and boots demonstrates their employers' awareness of risk; the absence of the masks and aprons represents negligence, and has severe

consequences. Due in part to pesticide exposure during pregnancy, 26% of women flower workers experience spontaneous abortions compared to 12% of women in other industries in the same geographic region (Handal and Harlow, 2009).

Extreme heat and physical exhaustion are also believed to contribute to health problems (ibid): floriculture work is carried out in uncomfortable positions, in exhaustion-inducing temperatures of between 32 and 40 degrees Celsius (Talcott, 2004). Article 11 of CEDAW makes special reference to "safeguarding of the function of reproduction" in the workplace (United Nations, 1979). It is beyond obvious to point out that this "safeguarding" is not occurring. Companies enforce such conditions because it is profitable, and therefore, under neoliberal logic, acceptable and even beneficial to society at large; women accept hazardous conditions because they are desperate, and as previously discussed have been denied the means, through unions or civic participation, to demand change.

Ideology is also implicated in the global trade of the pesticides that pose such a risk to flower workers, especially pregnant women. The most commonly used pesticides in floriculture – carbamates and organophosphates (Handal and Harlow, 2009) – are both subject to restrictions in the United States (EPA, 2011); nonetheless carbamates are produced by Bayer CropScience in Virginia (Bayer CropScience, 2011) while organophosphates are produced by Amvac in Missouri (Amvac, 2011). In 1981, Weir and Schapiro coined the term "circle of poison" to describe the trade in highly toxic pesticides (Galt, 2008). The "circular" movement of pesticides – from production in developed nations, to use in the developing world, then back to the developed world as residues on export crops (ibid) – follows economic patterns established by neoliberal structural adjustment programs. Under structural adjustment, nations were required to develop export-based economies, often emphasizing non-traditional agricultural products that require intensive pesticide use (Barrios, 2004). Floriculture is one such industry.

Neoliberal and patriarchal ideology both leave their mark on the Rotterdam Convention, which governs international pesticide trade. The Convention is based on the concept of prior informed consent, requiring that importing countries be notified if imports contain pesticide components deemed toxic (Barrios, 2008). Prior informed consent reflects a neoliberal preference for minimal regulation and maximal autonomy. It also establishes a double standard by which nations may export chemicals that are considered too hazardous for domestic use. The double standard is cloaked in neoliberal-inflected language – it is frequently justified by citing the entitlement of sovereign nations to set their own safety standards (Barrios, 2004). In practice, however, the Rotterdam Convention authorizes the privileging of the economy at the expense of the health of the most marginalized workers (ibid).

Given that the non-traditional agricultural export industries, like floriculture, tend to be highly feminized, these marginalized workers are very often women. London et al point to evidence that women in the developing world may be at much higher risk for pesticide poisoning than men (2002). This risk arises from lack of

access to protective equipment and different patterns of use, as well as biological differences (ibid). However, the medical literature on pesticide focuses almost exclusively on men (ibid). Patriarchal normalization of maleness obscures the need for gender-specific knowledge on pesticide toxicity, as well as the need for gender-sensitive policies. Under Rotterdam, levels of risk are not placed in a context of variable safety practices or worker vulnerability. The failure to take gendered effects into account implicitly layers a gender double standard onto an economic one – and flower workers are among those forced to face the consequences.

Weir and Schapiro described pesticide trade as a "circle of poison," but ideologies circulate the globe as well, and with equally toxic effects. When the flowers that Colombian and Ecuadorean women tend are loaded into refrigerated freight aircraft and flown to Miami (Patel-Campillo. 2010b), neoliberalism and patriarchy are not left behind. When the airplane lands in Miami and the flowers are unloaded into cooled trucks and trundled off to various direct-purchasing retail outlets (ibid), these ideologies retain their influence. The working conditions of wage employees of Walmart, which is one of the largest purchasers of cut flowers in North America (Páez Sepúlveda, 2009), are testament to the global nature of these ideologies. The person on the Walmart floor selling flowers is as likely to be a woman as the person who picked them: 67% of Walmart wage employees are women, compared with just 14.3% of store managers (Spangler et al, 2008). Women wage employees at Walmart earn $1,100 less per year on average than their male colleagues; as in floriculture, this is largely due to differential hiring practices – men work in manual labour, while women tend to work on the store floor (ibid).

Williams (2007) argues that these practices are designed to keep women's'wages low and maximize profits; as with the flower industry, this may also be seen as a devaluing of skills considered feminine. Meanwhile, Walmart vociferously fights attempts to unionize, denying agency to its (largely female) workforce (ibid). A full discussion of Walmart politics is not possible within the space of this paper. Let it suffice to say that the ideological context in which Walmart employees work is continuous with the ideological context that results in the health and rights violations affecting flower workers in Latin America. The appalling working conditions that face flower workers – characterized by low wages, long hours, barriers to unionization, sexual violence, and physical hazards – are not isolated or aberrant. Rather, the feminization of the cut flower industry is produced by, and emblematic of, globally hegemonic ideologies.

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Knowledge in Action: Six Nations of the Grand River Reserve

Justin Leigh Struss & Cara Evans

In partnership with the Canadian Roots Exchange, the Health Studies Students' Union hosted a knowledge exchange to Six Nations of the Grand River from February 20th to 24th, 2012. Six Nations is home to some 11,000 Haudenosaunee, representing the Mohawk, Oneida, Cayuga, Seneca, Onondoga, and Tuscarora nations. Here, students were able to explore various facets of health within this diverse community, focusing on traditional healing practices, strengths, and positive developments. Seventeen students took part in the trip, from indigenous and non-indigenous backgrounds, and were representative of a range of academic programmes and diverse life experiences. Under the guidance of cultural guides Cynthia Wesley-Esquimaux, PhD. and Willow Big Canoe, and trip facilitators Celina Nahanni and Angela Salamanca, students were able to come together and see knowledge gained in the classroom applied in the field.

As a group, students learned of the many pathways to healing. Jan Longboat, a community elder, shared her knowledge of, and reverence for, the plants traditionally used in ceremonies and healing. At Six Nations Polytechnic, students peeked into a laboratory where nursing students practice their skills on high-tech simulated patients. Vice-principal and teacher Terry-Lynn Brant spoke of the importance for environmental and language education in fostering a sense of cultural connectedness and pride. These experiences at Six Nations often sparked intensive, open, and honest discussions surrounding the holistic nature of Haudenosaunee healing. In the short time spent at Six Nations, students also received a powerful glimpse of the resilient community that is striving towards healing itself. While Six Nations has experienced troubles, it was revealed through passionate health workers and community leaders that there are many reasons for hope.

Traditional cornmeal mush made with sacred blue corn by Rebecca Hirsz

Collecting maple water during a sap ceremony by Cynthia Wesley-Esquimaux

Exploring the bush at Oliver M. Smith Elementary School by Cynthia Wesley-Esquimaux

Post Traumatic Stress Disorder and Humanitarian Aid: The Need for a Social Suffering Context

Rachael Pascoe

It is important to note, that although a 'mental health for all' perspective is pushed by activists and humanitarian aid providers, it has not yet proven to be useful in a wider global context. In fact, some psychological activists, social science researchers and medical anthropologists are now asking whether PTSD is the best model for addressing psychological trauma in international non-western settings.

Post Traumatic Stress Disorder (PTSD) first appeared in the Diagnostic and Statistical Manual of Mental Disorders (DSM III) in 1980, establishing it as a mental pathology. It was kept in the DSM IV, offering further validity to the disorder (Summerfield, 1999). However, there was "no agreement on the public health value of the concept of PTSD and no agreement on the appropriate type of mental health care" (Kienzler, 2008: 218).

The diagnostic criteria for PTSD, according to the DSM IV, require an exposure to a traumatic event that must involve loss of "physical integrity" or intense negative emotional response (American Psychiatric Association, 1994). Originally, the DSM III required that the trauma be outside the range of 'normal' human contact and be a universally distressing trigger. The patient must experience nightmares, flashbacks or have other negative experiences that re-ignite memories of the event (American Psychiatric Association, 1994). The patient must also experience persistent avoidance and emotional numbing. This includes avoidance of reminders of trauma (places, people, conversations), selective amnesia about parts of the event and dissociation. Furthermore, increased arousal such as hyper-vigilance must be experienced. All these symptoms must be present for at least one month and cause significant impairment in the individual's life (American Psychiatric Association, 1994). The trauma can include military combat, violent personal assault, being kidnapped or taken hostage, terrorist attacks, torture, incarceration as a prisoner of war or in a concentration camp, natural or man-made disasters, severe automobile accidents, or being diagnosed with a life-threatening illness (Kienzler, 2008:219).

PTSD-like symptoms have been reported throughout western history, in literature such as The Epic of Gilgamesh and Herodotus' recounting of the Persian Wars as well as more recently in the wars of the 19th and 20th century, in which soldiers came home and appeared to be in a state of shock (Kienzler, 2008). The impetus for including PTSD in the DSM III was the return home of Vietnam War veterans who displayed symptoms of distress and flashbacks, similar to the shell-shock of WWI soldiers. Allen Young, a medical anthropologist, suggests that the modern concept of PTSD was established in the biomedical dialogue of the 1980s,

and projected onto past experiences of trauma. He maintains that the diagnostic criteria are socially constructed for political reasons, in order to legitimize the suffering of American Vietnam veterans by labelling them as victims and thereby providing a means to receive disability compensation (Young, 1995; Kienzler, 2008; Summerfield, 1999).

While PTSD has historically been attributed to American Vietnam War Veterans, it is currently being moved into the public sphere as part of the humanitarian aid movement (Breslau, 2004). Thus, a dialectic exists; although the notion of Post Traumatic Stress Disorder is presented to be a socially conceived construct, the suffering of those diagnosed with PTSD is objectively valid.

After the fall of the Soviet Union, Western Aid became the main humanitarian provider, unencumbered by Eastern rejections of "psychological functionalism" (Pupavec, 2001:359). It is important to note, that although a 'mental health for all' perspective is pushed by activists and humanitarian aid providers, it has not yet proven to be useful in a wider global context. In fact, some psychological activists, social science researchers and medical anthropologists are now asking whether PTSD is the best model for addressing psychological trauma in international non-western settings. This paper will critically examine the medical psychiatric model and present the anthropological perspective that offers a more effective and rational approach.

Before the 1980's, there was no mention of the concept of trauma in humanitarian discourse. The addition of PTSD to the DSM coincided with the west's increasing role of providing aid on a global basis (Summerhill, 1999). Psychological trauma due to war and natural disasters became a legitimate candidate for western aid. During the 1990s, aid was sent in response to political upheavals in Bosnia, Yugoslavia, Croatia, Rwanda and Cambodia (Summerhill, 1999). Organizations like UNICEF, The United Nations High Commission for Refugees (UNHCR) and The World Health Organization (WHO) all funded studies and established emotional crisis and trauma clinics in their target locations (Summerhill, 1999). By 1995, The European Community Humanitarian Office (ECHO) funded 15 international Nongovernmental Organizations (NGOs) to conduct projects offering psychological support in Yugoslavia (Summerhill, 1999:1452). It was noted that a total of 185 projects had been established in Europe to support the war ravaged Eastern bloc (Summerhill, 1999). Organizations that focused on psychological relief included Survivors of Torture and War Trauma, Center for the Victims of Torture, Program for the Survivors of Torture and Severe Trauma, War Trauma Recovery Project and the Latin American Collective Psychosocial Work (Kienzler, 2008). The leading program in psychological aid was the Harvard Program in Refugee Trauma, which is supported financially by The World Bank, The Open Society Institute and USAID (HPRT, 2010; Kienzler, 2008). Most of these programs followed the model of Psychological First Aid as described by the WHO in its report, Mental Health in Emergencies (WHO, 2008; Uhernik, 2009). It was purported to be a model that could be used in any location

where trauma survivors were found and could provide immediate and practical support. Its intervention guidelines include Stabilization (reducing stress of the traumatic event), Practical Assistance (allowing the "survivor" to problem solve) and providing Coping Information (Uhernik, 2009:274-275).

The issue of "emotional first aid" becomes problematic when looking at the methods used to evaluate cases of PTSD in places like former Yugoslavia and Rwanda. For example, in Rwanda, UNICEF conducted a study on children who had survived the genocide, providing them with translated western questionnaires (Summerhill, 1999). It was found that a great number of children had developed post-traumatic stress disorder and would require long term psychological follow up. In actual fact, few children actually scored high on the items that probed the more severe symptoms of PTSD; for example, they did not report having strong feelings about the event, startling more easily, or feeling anxious arousal. A majority reported sleeping well at night, were planning for the future and a total 76% determined that time had provided them some closure and comfort (Summerhill, 1999:1453). However, despite the results, UNICEF proceeded to set up the National Trauma Centre of Kigali, providing trauma advisors to adults and children who had survived the genocide. Similar results were found by Summerfield (1991) in Nicaragua. Rural peasants who had been displaced as a result of local wars were judged as having symptoms of PTSD such as fear and grief. However, they also felt proactive and invested in the preservation of their community and relationships. The suffering they were experiencing was due to their impoverished environment, rather than the reoccurring trauma of local wars. Studies with similar results were found with Cambodian refugees (Boehnlein, 2004), exiled Tibetans (Mercer, 2005), Senegalese refugees (Tang, 2001) and Israelis and Palestinians living in Israel (Hobfoll, 2006). Thus, the research methodologies have likely overestimated the incidence, the nature and severity of psychological problems in victims of social trauma.

Psychiatry is motivated to validate PTSD as a universal response to trauma that can be treated by western psychotherapeutic methods (Kienzler, 2008). This would place psychiatry in a position of having a role in international aid, with its vast PTSD technology of assessment and interventions (Breslau, 2004). Breslau (2004) suggests that promoters of the disorder would be complicit with local activists who want to advance their political agendas on the local stage, all supported by the symbolic power of western medicine and science. Furthermore, the WHO guidelines state that it is important to "Ensure availability of essential psychotropic medications at the [Primary Health Care] level" (WHO, 2003:4). This would open the door to psychopharmacology on a vast and international scale, allowing pharmaceutical companies to profit by charging aid organizations for Selective Serotonin Reuptake Inhibitors (SSRIs) and other psychoactive drugs.

Beyond these political considerations, the PTSD model does not take indigenous expressions of disorder and distress into account. It reduces the victim of trauma to the status of patient and does not account for variations in stress

response by members of a specific culture. Assessment tools need to be more than mere translations, and must take cultural values, language and relative experience into account. For example, Kinyarwanda, a Rwandan language, has no precise translation for words like 'stress', and 'family member' which are context specific (Summerhill, 1999). Cross cultural studies require researchers to understand and address the fit between a population in question and the western models they may wish to apply.

There are universal responses to trauma, especially severe trauma (Kienzler, 2008) and critics of the PTSD model are careful to state that humanitarian aid is essential in places of conflict and natural disasters (Bracken, 1995). However, they believe that a new approach must be adopted that takes the local social coping systems into account. For example, organizations such as the Transcultural Psychosocial Organization (TPO) have integrated the cultural needs into its multidisciplinary response to victims and refugees. In Cambodia, TPO set up a program that involved Buddhist monks, traditional healers, midwives and spiritual mediums in their projects (Kienzler, 2008). Other programs include the Mobile Member Care Team of West Africa, Prevention and Access Interventions for Families of refugees from Bosnia and Kosovo with treatment practices such as Testimonial psychotherapy (Kienzler, 2008).

Medical anthropologists have contributed a substantial discourse on western aid for psychological trauma. Bracken (1995) states that the biomedical model was conceptualized in an individualist Western culture as opposed to a collectivist Eastern culture. This leads to questions about the appropriateness of interventions and whether they are effective in a non western context. Zarowsky (2004), in her work with Somali refugees, found that there were large differences between the experiences that her subjects conveyed and the symptoms of PTSD in American veterans. The diagnostic criteria of PTSD did not apply to the Somali refugees, who stated that their anxiety and fear was a result of their present uncertain environment and not from flashbacks of the original traumatic event. Anger, another diagnostic criterion of PTSD, was strongly felt by the refugees. However, their anger was attributed to bitterness of leaving their home and was considered instrumental in bringing their community together under a common sentiment (Zarowsky, 2004). In this example, trauma and grief were assumed to be a result of their refugee status, when in fact, it was a response to their daily political uncertainties. Furthermore, it served as a coping mechanism making social supports stronger.

Medical anthropology offers a different framework in which to place psychological trauma that is a consequence of war, political unrest and natural disasters. The concept of "social suffering" broadens the discussion beyond the assumed pathology of the individual into the larger psychosocial, cultural and political spheres (Kleinman, 2010). Rather than reducing victims of trauma to the role of patients, social suffering places the experience of an individual into the context of their social environment; it strives to understand the cultural

perspective with its inherent strengths and vulnerabilities. Social suffering is not a pathology requiring medical treatment and psychological interventions. It extends beyond the immediate crises and trauma into the sociological, economic and environmental factors that exacerbate and entrench the suffering further. Kleinman (2010) discusses how the greater social context can cause various diseases and epidemics. Countries with a history of political unrest are more vulnerable to public health crises, for example, the recent polio outbreak in the war-ravaged Congo (BBC, 2010). Natural disasters in politically unstable countries can greatly compound the crises. This is evident in Haiti, which is being devastated by a cholera epidemic following the 2010 earthquake and exacerbated by many years of poverty and political unrest (CDC, 2010).

Victims of social suffering are not necessarily seeking individual therapy, but rather, require assistance in improving the social circumstances that have exacerbated their problems. For instance, children living in Bosnia conveyed many symptoms of distress leading to the diagnosis of PTSD. On further examination, they blamed these symptoms on their environments, viewing it as a rational response to their lack of social safety. Instead of requiring trained psychologists, they stated they "desired improved living conditions, more activities, supportive teachers, employment for their parents and an end to corruption" (Kienzler, 2008:222). Thus, instead of investing in the cross-cultural diagnosis and treatment of PTSD, humanitarian aid should be targeted towards relieving the crippling effects of impoverished, unsupportive and dangerous social environments.

Since Post Traumatic Stress Disorder's inclusion in the DSM and subsequent validity in the psychological community, it has continued to become more prevalent in the international aid literature. Since the 1990s, it has been targeted by aid groups in areas such as the former Yugoslavia and in Rwanda. Since then, there has been much debate challenging the widespread belief that PTSD is a universal psychological pathology that specifically requires treatment developed in the western world. There has also been growing interest in appreciating the cultural differences and different social factors of non-western contexts and how better to adapt and integrate the PTSD model. However, anthropologists have added to the discourse, introducing the notion of social suffering. They suggest that PTSD is merely one response to trauma and perhaps, a uniquely western one at that.

The Medical Anthropology field challenges us to develop models and framework of social suffering that reflect the strengths and vulnerabilities of specific cultures. The psychiatric model of PTSD pathologizes suffering and reduces individuals to patients. There is little account taken for their narrative or the broader socio-political and economic realities of their lives. Therefore, social suffering highlights the social and political causes of the continued structural violence which often exacerbates the original crises.

There will always be competition in terms of the allocation of aid funding. The needs of the victims of trauma, political upheavals, wars and natural disasters require us to step outside of our own western models and to understand the

broader picture in the context of non-western countries. Aid organizations such as the UN and the WHO must extend beyond the medical model and use evidence based, community oriented, multi-disciplinary programs to meet the needs of other cultures.

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Feminist Disability Theory

Courtney Ng

Identity has been a contested issue within feminist theory, and disability theory challenges the notion of a unified characterization of "woman". Analyzing disability through feminist thought facilitates the recognition that all women have various cultural identities, and each contributes to her unique experiences.

Situated between the academies of Sociology and the Humanities, feminist disability theory is a critical analysis of the social construction of the human body, and analyzes how characterizations of the body as female and disabled are disadvantaged simultaneously, and in parallel ways (Garland-Thomson, 2001). It unseats dominant assumptions that disabilities are inherently individual flaws, and critiques gender and disability as part of dual systems of oppression, segregation, and exclusion (Garland-Thomson, 2001; 2006). The examination of disability by applying feminist theories produces areas of intersectionality between the two schools of thought, which are identified as representation, identity, activism, and the body. These dimensions form the basis of an analytical framework, explaining how the health of women with disabilities is poorer when compared to other similar groups, by applying this theory to the experiences of women with disabilities in the workplace, and in cases of partner violence (Randolph, 2005; Brownridge, 2006).

Fundamentally, feminist disability theory is the critique of cultural representational structures which stigmatize particular kinds of corporeal variations (Garland-Thomson, 2006). Like femaleness, disability is not naturally inadequate or inferior, rather, it is a culturally constructed concept, which justifies the unequal distribution of power, resources, and status within a community (Garland-Thomson, 2006). Historically, women were seen as deviant from the norm, and understood as disabled. For example, in the Generation of Animals by Aristotle, he states "the female is as it were a mutilated male" (Aristotle, book 2, p.4), and in The Second Sex by Simone de Beauvoir, he describes women as "the other" (Beauvoir, p. 5).

Simultaneously, terms that were previously attributed to females have been used to label those who are disabled. There are many parallels between how women and the disabled have been perceived and treated. Both have been cast as inferior and deviant, unable to participate in public and economic arenas of life, and seen as weak, incapable, or helpless (Garland-Thomson, 2001). In western cultures, the structure of the body and its functioning define femaleness and disability, and both have been measured against a normative body that is seen as physically superior (Garland-Thomson, 2001; 2006). In turn our understanding of the world, human relations, and the perception of normalcy are influenced by

these fabricated systems of representation and social scripts. Subsequently, the application of feminist disability theory ultimately challenges these dominant ideologies about women and women with disabilities (Garland-Thomson, 2001).

Another domain of intersection is in regards to the body (Garland-Thomson, 2006). Since women and the disabled are so closely associated with the structure of their bodies in western tradition, it is unsurprising that enormous social pressures are exerted onto women and the disabled to conform to ideal body types. These social pressures have operated in two dimensions: the politics of medicalization and appearance (Garland-Thomson, 2001). Instead of medical interventions designed to enhance one's quality of life, disabled bodies often undergo invasive surgical procedures with the aims of standardizing their bodies and removing any physical disparities from the norm. Further, drugs have been given to women to regulate their uncontrollable emotions, abnormal sexualities and personalities (Garland-Thomson, 2001). In the politics of appearance, women and the disabled are measured against an ideal, where women are pressured to fit into ideas of beauty, where bodies that are thin are treasured over obese ones (Garland-Thomson, 2001). Subsequently, obesity becomes a disability, and the ideologies of beauty are used to discipline, control, and alter the female body. These concepts surrounding the body are closely related to issues of identity, and what it means to be a woman.

Identity has been a contested issue within feminist theory, and disability theory challenges the notion of a unified characterization of "woman". Analyzing disability through feminist thought facilitates the recognition that all women have various cultural identities, and each contributes to her unique experiences. Traditionally femininity has been associated with childbirth and the capacity to engage in intimate relationships. Disabled women have been thought of as asexual, and unable to carry a child (Garland-Thomson, 2001). These stereotypes have challenged the idea that "woman" is a monolithic category. Just as race and ethnicity are other components which articulate a woman's identity, disability is another dimension that further informs one's unique experiences (Garland-Thomson, 2001). Just as the issue of identity continues to be re-imagined and re-articulated within feminist studies, it is important to examine the importance of activism within feminist disability studies.

The last dimension in which disability theories build on feminist thought is the area of activism, which is focused on change and in altering negative representations of women and disabled individuals. Taking a human rights approach, the Disability Rights Movement of the 1960s established equal rights and opportunities for the disabled, and brought together individuals with various disabilities to advocate towards a common goal (Bagenstos, 2009). Another momentous moment was the passing of the Americans with Disabilities Act in 1990, which prohibited discrimination against qualified disabled individuals in employment seeking and the exclusion of individuals from participating in the public realms. Advocators of disability rights stress the importance of

empowerment and the recognition of women with disabilities in areas such as poetry, the arts, and music (Garland-Thomson, 2006). Further studies like Wehbi & Lakkis (2010) highlight how women with disabilities are not passive victims of oppressive structures, rather they are strong advocates for women's rights by engaging in grassroots organizations, such as the Lebanese Physical Handicapped Union (LPHU) in Lebanon. An example of activism within academia is Susan Wendell, a prominent scholar and professor who has written numerous publications on disability through the perspective of feminism. A disabled woman herself, Wendell is an advocate for the recognition of Feminist Disability Studies as a legitimate field of inquiry (Wendell, 2006).

By noting the power difference between male privilege and the heightened vulnerability of women to violence, traditional domestic violence frameworks consider gender, however, they do not capture the unique experience of women with disabilities, or disability-specific abuse like suppressing medication or feedings (Barranti & Yuen, 2008). Thus feminist disability theory adds to dominant domestic violence models because it acknowledges the convergence of disability and feminism. Women with disabilities experience higher rates of extreme partner violence compared to women without disabilities (Brownridge, 2006). Brownridge (2006) examined the prevalence and risk of partner violence against women with disabilities and found that women with disabilities reported a significantly higher prevalence of violence compared to women without disabilities.

This statistic is evident in Table 1 of Appendix A, which shows women with disabilities have greater odds of victimization in different forms of assault. Although both women without disabilities and women with disabilities were more likely to be victims of partner violence if their male partners behaved in patriarchal dominating manners, and were sexually proprietary; women with disabilities still had a higher risk of partner violence when these characteristics were controlled (Brownridge, 2006). This study provided evidence to support feminist disability theory because it addressed the dynamic relationship of being both a woman and disabled. Another strong example of how the health of disabled women is affected is by examining the types of discrimination present in the workplace (Randolph, 2005).

Women with disabilities often experience physical and emotional barriers in the workplace, which prevent their participation in the social, physical, and political environments necessary to succeed in their careers (Randolph, 2005). An interview with three women with different disabilities revealed that discrimination is maintained in the workplace in the form of patronizing attitudes and stigmatizing ideas about disability (Randolph, 2005). In particular, employers had pre-conceived notions of the capacities and abilities of the disabled employees, and would order them to perform menial tasks like replenishing the coffee machine. Further, the disabled individuals were often treated as tokens, and more like objects and less as people, and were paid less than men in equivalent positions. Lastly, women and minorities with disabilities often faced the glass ceiling, which limited career opportunities, thereby reinforcing the belief that

women and women with disabilities are less worthy than their male and non-disabled counterparts (Randolph, 2005).

Feminist disability theory is a mode of critical inquiry that deems disability a culturally formulated concept that reflects the unequal distribution of resources within a society. Informed by feminist thought, this theory has four major domains of intersection: representation, the body, identity, and activism. Representation signifies how women and the disabled have been perceived by social structures in the past, and how the creation of social scripts has informed our understandings of embodiment and normalcy. The domain of the body highlights how female and disabled bodies have been socially pressured to conform to certain body types, and the narrowing of the multiplicity of bodily variations (Garland-Thomson, 2001). Identity is closely related to the body and it expands the category of woman to account for intersecting domains that inform one's unique experiences such as race or disability. Lastly, activism is concerned with empowering disabled women and integrating disability related curriculum into the education systems. Using examples of workplace discrimination and partner violence, one can clearly see how women with disabilities are unfairly treated within these dimensions, and the feminist disability theory has been used as a critical framework to analyze women's experiences. In conclusion, this essay brings awareness to the oppressive structures that maintain the marginalization of women with disabilities, and highlights the importance of continued work within an area that continues to struggle for legitimacy.

Appendix A

	Physical Threat	Physical Assault								Sexual Assault
	Threaten	Push	Slap	Choke	Throw	Hit	Threaten and/or Use Gun and/or Knife	Kick	Beat	Sex
Disabled	3.0	3.5	1.9	0.6	1.5	0.6	0.2	1.2	0.8	0.6
Nondisabled	1.9**	2.5*	1.0**	0.3	1.2	0.4	0.1	0.6**	0.4*	0.2**

*$p < .10$. **$p < .05$.

Table 1 Five-year prevalence of each component of violence by disability status (%) (Brownridge, 2006).

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Knowledge in Action: Cuba

Rachael Pascoe

In February of 2012, fourteen Health Studies students traveled to the city of Havana for a tour of the Cuban health and social service systems. The students had an opportunity to visit policlinics and universities, meet doctors and social support workers, as well as visit various community projects. This opportunity was organized by students for students in an effort to experience theoretical classroom material at a practical level. Itinerary items included Centres of the Cuban Women's Federation, the National Centre of Sexually Transmissible diseases and HIV/AIDS, a community art project, the International Neurology Centre, and an urban garden and organic farm.

A typical street in Havana by Paul Hamel

Masumi discusses the Cuban health care system with Dr. José de Jesús Portilla García at the Cuban Institute of Friendship with the People (ICAP) by Paul Hamel

Cosmetics: Marketing Oppression to Cure the World's Illnesses

Abeer Ahmad

In the whirlwind of cause related marketing, following Hamlet's advice seems to be the best option; indeed one must be cruel to be kind when it comes to over consumption of products for falsely charitable causes. Not buying these products would be more beneficial for the cause in the long run.

From the plethora of products on the store shelves, MAC's VIVA Glam lipstick stood out for its noble cause; the entirety of the profit from the lipstick was being donated towards their global fund to fight HIV/ AIDS. I was born in a Third World Country, where health is a privilege not all can afford, and I bought the VIVA Glam lipstick hoping to be a part of the solution to an important health issue. However, upon taking a closer look at the reasons why MAC and similar companies take on such causes, I realized that I was causing more harm than good. The marketing scheme that paved the way for MAC's VIVA Glam to enter my makeup bag does more to bolster MAC's revenues than help those afflicted with HIV/AIDS. More importantly, this and similar marketing ploys further marginalize individuals with AIDS by promoting a stereotype.

HIV/AIDS claims the lives of 2.6 million people each year, mainly in developing countries where few prevention strategies exist and treatment is hard to come by (Colagiuri, 2008). Yet, to date, it has fallen through the cracks of many governmental infrastructures as a burden that is too heavy to carry (Sonntag, 2010). Respiratory infections, cardiovascular disease and HIV/AIDS were found to be the top three causes of death world-wide (Daar et al., 2007). Such findings put tremendous pressure on policy makers and scientists to devise ways to cure and prevent this disease. In fact, the fight against HIV/ AIDS has been put forward as one of the Millennium Development Goals by the United Nations (UN, 2010). However, a complex disease such as HIV/ AIDS has proven hard to eliminate, due to it being a multi-faceted disease that cannot be obliterated by alleviating the physical symptoms (Sonntag, 2010).

Yet, many still hope for a simple, one-step cure. Furthermore, societies have become passive observers of the suffering of millions of those affected with this grievous disease (Eikenberry, 2010). Imagine our glee, then, when the corporate world came up with a remedy to our chagrin. It is all in our hands (or rather in our pockets). Corporations claimed that, "The solution to the world's problems lies in consumerism" (Eikenberry, 2010). Thus began the age of consumer philanthropy, a term coined by Eikenberry and Kluver (2004), who describe this phenomenon as the act of making a purchase to "support a charitable cause". Unfortunately, corporations have cleverly convinced us that

consumer philanthropy is the solution (Mele, 2008). This message is delivered to us graciously through corporate marketing strategies that tactically pair their products with charitable causes; typically health issues like AIDS that illicit the sympathy of many people (Caesar, 1986). This strategy came about as a result of shifting corporate-consumer relations (Carroll, 2008).

Over the past 30 years, corporate organizations have adapted a new relationship with the consumer (O'Connor et al., 2010). For the majority of the early 20th century, consumers were left in the dark when it came to how their purchase dollar was divided (Carroll, 2008). However, towards the end of the 20th century, increased consumer curiosity brought about shocking revelations (Carroll, 2008). The public was appalled to realize that the bulk of their dollar was, and still is, going into the pocket of business owners, and not towards the manufacturing and production of the goods they were buying (Carroll, 2008; Chrolton, 1988). In order to win back the trust of their consumers, corporate organizations had to adopt a new persona, thus, leading to the birth of corporate responsibility (Carroll, 2008).

Mélé (2008) has defined corporate responsibility as the corporate involvement in social issues to answer societal demands, please influential stakeholders, and increase stock performance. This corporate involvement is fine tuned to societal requests at a given point in time (O'Connor et al., 2010). Societal demands can include ethical, economic or moral involvement from the corporate organization (Matten, 2003). Thus, organizations began to take on health as a cause through which to promote their products, knowing its importance to the average consumer (Eikenberry, 2010). Increasingly, corporations are adopting health issues to elicit social support (Matten, 2003).

In his book "Give and Take", Reynolds Levy describes philanthropist corporations as a source of pride to individuals in society. Nonprofit organizations are given billions of dollars a year to spread their message, which is often accompanied by the recruitment of celebrities who believe in the cause (Eickenberry, 2010). However, there is a catch, and that includes purchasing a specific product associated with the cause (Eikenberry, 2010). Thus, we have come to associate irrelevant products with pressing health issues (Eikenberry, 2004); one such example is lipstick, which has little to do with individuals suffering from HIV/ AIDS.

Linking a consumer product to a charitable cause not only increases the company's revenues but also enhances its public image making it seem more humanitarian and socially aware (Varadarajan et al., 1998). Unfortunately, the corporate industry is far from the caring empire it has masked itself to be (Chrolton, 1988). In conjunction with other factors, these marketing strategies have created a consumer society in which we believe the only way to help is to spend (Wirgau, 2010). For example, one marketing strategy in the UK is to send MAC employees to volunteer for a day at a local shelter. When the makeup artists at MAC cosmetics gallantly trade their brushes for work aprons to help at the local battered women's shelter they are doing more harm than good (MAC AIDS

fund, 2010). First, these makeup artists do not have previous experience working in a women's shelter to provide any meaningful assistance. Second, they are hindering the facilities by creating chaos for the day, as they have to be trained by overworked staff members. In doing so, however, the corporate industry benefits from the profits, not the marginalized communities (Mélé, 2008).

Furthermore, as mentioned by Eikenberry (2010), consumer philanthropy distracts societies from the root of the problem. Consumers are lead to think that purchasing lipstick will solve the problem of HIV/ AIDS. Thus, the consumer is left in the dark as to how they can actually help the cause, and instead, purchase a product that will benefit the corporation rather than those suffering from the disease (Leonard, 2010). It becomes clear that the MAC AIDS campaign is a clever marketing ploy that embodies the pseudo corporate social responsibility and consumer philanthropy.

In 1994, MAC launched their MAC AIDS fund organization with the aim to collaborate with "bold and innovative organizations around the world" (MAC AIDS fund, 2010). The program claims to be helping individuals affected by AIDS worldwide (MAC AIDS fund, 2010). VIVA Glam lipstick is a successful product sold by MAC with funds proposed to go entirely to those suffering from HIV/ AIDS worldwide. Consumers of the cosmetics industry are mainly women, and in order to make profits, cosmetics companies tailor their marketing campaigns specifically to this group. For example, on their MAC AIDS fund website, MAC cosmetics have pictures of women affected by the disease. The consumers, who are women as well, are then emotionally drawn to the cause by empathizing with their poor counterparts.

Rather than contributing towards a solution, these companies are categorizing HIV/AIDS afflicted individuals whom they claim to help (Eikenberry, 2004). MAC's website mainly displays pictures of dark skinned girls, neglecting all other members of the population. Therefore, MAC is constructing a face for AIDS as a dark-skinned disease. As Angela Eikenberry mentions in her article "The hidden cost of cause-marketing", consumption philanthropy individualizes solutions to collective societal issues, which deflects the consumer's attention away from the actual problem and the appropriate solutions. But, what are companies, like MAC, really doing?

Some companies collaborate with non-governmental organizations that have little to do with the public sector. Thus, the charity is mostly directed towards short-term projects rather than long term ones. For example, MAC donates US $50,000 to those who qualify on the condition that MAC products are sold in that country (MAC AIDS fund, 2010). Other criteria include the recognition of the organization by the government, and the direct catering to HIV/ AIDS patients (MAC AIDS fund, 2010). The first criterion excludes many African countries which are the most burdened by the HIV/ AIDS epidemic, as can be seen from MAC's recipient country list on their website. These countries cannot afford to provide sanitary water to their citizens let alone MAC products. In addition, there

is little transparency or accountability of these charitable organizations. MAC states on its website that "international funds focus areas are South Africa and the Caribbean. Requests are accepted by invitation only" (MAC AIDS fund, 2010).

MAC cosmetics collaborated recently with the singer Lady Gaga (MAC AIDS fund, 2010). The Cosmetic Group President, John Demsey, claims that since the release of Lady Gaga's lipstick the company has collected US $5 million, which will be donated entirely to "the cause" (MAC AIDS fund, 2010). However, there is never a mention of the exact names of the organization that are receiving these funds. In the situation of corporate social responsibility, the consumer is never expected to enquire as to the credibility of these organizations (Eikenberry, 2004). It is never clear who these organizations are and consumers are not asking because they trust that the company is making the "right" choice (Eikenberry, 2010). But, we usually find that the funding is sporadic at best, and more often than not, these are NGOs that have no correlation with the government (Eikenberry, 2010). This means that the help being provided is temporary and has no long-term benefits for these individuals (Eikenberry, 2010).

It seems clear that MAC and other similar marketing schemes are attempts to bolster revenues. But, why then, are they so successful? In his book, "First as tragedy then as farce", Slavoj Zizek discusses the change in society's perception of charity. This act of kindness, Zizek argues, has changed throughout the years to become an essential component of our economy. Zizek further develops an analysis of today's naïve consumers who desperately try to redeem themselves by engaging in cause related consumption, which in reality is just as bad as regular overconsumption. Thus, Zizek argues that today's consumer suffers from split personality disorder where he/she is an engrossed consumer and an anti-consumer at the same time (Zizek, 2009). Therefore, the cosmetic industry, and more specifically MAC, has cleverly been selling the consumers' redemption as well as their product. However, the consumer's nativité is not the sole reason for the act of over consumption; this is a function of capitalist societies that desperately look for ways to be content (Zizek, 2009). In fact, in the process of arriving at the store shelf, the lipstick tube has done both environmental and humanitarian damage (Leonard, 2010).

In the whirlwind of cause related marketing, following Hamlet's advice seems to be the best option; indeed one must be cruel to be kind when it comes to over consumption of products for falsely charitable causes. Not buying these products would be more beneficial for the cause in the long run. "Even though consumption philanthropy seems like the ideal solution to many problems of our society today" (Eikenberry, 2010), it is important to realize that consumers are not being well educated about the cause. Corporations are the only benefactors of this scheme as they polish their brand, make profit, and stand out from the rest of the market.

Arundhati Roy (2004) argues that the help offered by NGOs is a substitute for real action that is not being taken by governments. NGOs deflect from the actual problem and paint a murky picture, where consumers are fooled into thinking

their charity is changing the structure of events. Consumers then lose track of the deaths of those being oppressed, and instead of feeling angry, consumers are filled with pride to be part of a solution. However, this solution does not help solve the problem. This vicious cycle of overconsumption followed by false charity and then oppression clearly shows that there are many perpetrators in this crime. Consumers are committing a crime first by mindlessly buying products, and then by giving to charity that further oppresses its recipients. When big cosmetics companies provide charity, the recipients will be overwhelmed by feelings of gratefulness, and that they might not realize that the actual cause of their chagrin is the unjust system in which they live.

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Private Actors Serving Public Interest: International Non-governmental Organizations and the Neoliberal Experiment in Haiti

Monica Fern Tolosa

> The comparison of iNGO operations with a literal "business" in producing human well-being can therefore be made with relative ease. Competition between iNGOs for declining funds has, as in any industry, led to innovation–which in development terms, means shifts in policy. It is perhaps unsurprising that iNGOs have been so willing to acknowledge criticism from experts and academics regarding their supposed "failures," when these reforms are needed to maintain their popular legitimacy.

Many measures rank Haiti as an outlier. It has the highest prevalence of HIV/AIDS outside Sub-Saharan Africa, the highest unemployment rate in the Caribbean, and one of the greatest income disparities in the world (Central Intelligence Agency, 2010; WHO, 2009). According to each indicator of social progress reported by the Human Development Index, the nation ranks at the bottom in the Western Hemisphere, and has consistently since 1980 (UNDP, 2011). Naturally, pejorative labels have followed suit, condemning Haiti to the imaginary sphere of "fragile state", "crisis state", or "failed state" (The Fund For Peace, 2011).

Over the past half-century, foreign attempts to reform Haiti have increasingly been accomplished through the international nongovernmental organization (iNGO), a distinct social unit that remains loosely defined (Martens, 2002). Humanitarian iNGOs, in particular, have been charged with an important task in the era of neoliberal economic restructuring: providing services to the poor and marginalized, thereby realizing their basic rights, while public spending is reduced according to neoliberal objectives (Schuller, 2008). Contrary to these high expectations, iNGOs have largely failed to meet the basic needs of the disenfranchised, with evidence showing that they have exacerbated social tensions (Schuller, 2009) and created problems in the communities where they operate, including providing the justification for policing (Muggah, 2010), generating resentment (Ménard, 2010), and impinging upon state sovereignty (Buss & Gardner, 2008).

However, when the cause behind this widespread failure is called into question, the development discourse tells another story. Like the public sector they attempt to ameliorate, iNGOs appear to be subject to market-based, cost-effective mechanisms that favour the implementation of short-term development projects over long-term strategies that are more conducive to meeting social needs. This view is a slight departure from other critiques concerning iNGOs in development (i.e. Haque, 2002; Pierre-Louis, 2011). Rather than attribute

their ineffectiveness to "foreignness" or "illegitimacy", I argue that the failure of iNGOs stems from larger forces that limit their ability to provide the material and symbolic functions associated with a fully operative state. In the second part of the paper, I demonstrate how the incapacity of iNGOs to replace state functions has implications for their task of upholding human rights in accordance with neoliberal reasoning. I conclude by condemning the notion that public interest can be realized entirely by private agencies, providing an example of a successful iNGO that has worked closely with the public sector to provide equal access to healthcare in Haiti's Central Plateau.

Haitian history is often described as having a fundamental contradiction. For over three centuries, the western region of Hispaniola has been an object of foreign interests: coveted as a sugar and coffee plantation for the Spanish and French (Fatton, Jr., 2006), the fictitious birthplace of HIV/AIDS (Robbins, 2002), and the only "failed state" in the Americas (The Fund for Peace, 2011). The crux, the very heart of the contradiction, is that Haiti's history is also the history of the of the world's first independent colony.

There are many interpretations that attempt to reconcile the present day with Haiti's seemingly lofty inception. Attempts to explain this legacy have included analyses of both internal and external factors, pointing to a self-serving elite, paternalistic interventions, and the establishment of a global political economy that propagates economic inequalities. These are discussed briefly below.

Most interpretations of Haiti's past have implicated foreign actors as culprits behind the country's string of misfortunes. Haiti may have won independence, but in order to end its political and economic isolation, the new republic was forced to pay significant reparations for over a century to its former colonizer (Buss & Gardner, 2008). The effects of these payments were two-fold. First, the need to maintain productivity of the plantations established the early authoritarian rule of state actors over rural freemen: a process that aggravated pre-existing racial tensions and the divide between state and nation (Fatton, Jr., 2006). Second, the crippling effect of the payments on Haiti's economy motivated the government to seek loans from the United States (Buss & Gardner, 2008). That is to say, Haiti's economic dependency was established early. To this day, foreign hegemony over Haiti's finances has continued, most recently with structural adjustment programs which demanded the closure of key public industries in favour of foreign imports: from rice, to flour, and in the years leading up to the 2010 earthquake, cement (Poppen & Wright, 1994).

At times this legacy of economic control has been accompanied by military coercion. Under the banner of restoring political stability, a United States military force occupied the country in 1915 and, within the following decade, enacted policies that freed Haitian property to foreign buyers (Renda, 2001). Various military interventions followed, including the UN-sponsored MINUSTAH in 2004. Justifying its presence with the rhetoric of democracy, the mission was nevertheless accused of the indiscriminate murder of civilians in Cité Soleil, one of the poorest slums in Port-au-Prince (Macdonald, 2007).

However, it is crucial to understand that foreign interventions in Haiti were not always coercive or militaristic. Perhaps most important for the discussion of iNGOs, are interventions that have been engineered with "the best intentions". Indeed, the widespread acceptance of these interventions demonstrates a form of paternalism that persists, relatively uncriticized, in the present day (Zanotti, 2010). This was famously illustrated by foreign mediation in 1978, when African Swine Fever (ASF) was detected in stocks of the hardy Creole pig. Concern that ASF would spread to the United States caused all Haitian pigs stocks to be eliminated. The fact that the Creole pig had immense social and material value for the rural poor, who used the animal for economic security and to establish social relationships, was irrelevant. Within one year, six-hundred thousand swine were culled, only to be replaced by American pigs which failed to survive in Haiti's climate (Poppen & Wright, 1994). Furthermore, later attempts to re-introduce the Creole pig failed (Aristide, 2001). Foreign intervention, in this example, had eroded an object of deep social and cultural significance. The process of globalization and foreign intervention has thus irrevocably transformed Haitian society.

It would be a fault to assume that Haiti's impoverishment occurred solely at the hands of foreign powers. Doing so would cast Haitians as passive, naïve, egalitarian–all characteristics fuelling Western paternalism. Rather, since independence, Haiti has been internally hierarchical. Fatton (2006) makes a compelling argument that Haitian politics have been fundamentally divided, pitting the heirs of the colonial enterprise (the mulatto, French-speaking, literate, urban, elite) against the freemen (the black, Creole-speaking, illiterate, rural, peasantry). Although political associations have evolved, Fatton (2006) argues that modern tensions between the nation and state have historical roots, punctuated by political and military upheavals caused by elites wanting to aggrandize power. Furthermore, government rule has been customarily violent and militaristic, motivated by the need to control rural labour and maintain the plantation economy (Fatton, Jr., 2006). Thus, Haiti was far from harmonious internally, called a "predatory state" in which the elite extracted wealth from the poor, even without the assistance of foreign powers (Buss & Gardner, 2008).

This summary is not meant to be an extensive reading of Haiti's past. It is merely provided to demonstrate how forces have contributed to the country's history of physical violence (in the form of military occupation and dictatorship) and structural violence (through the generation of inequality). It was within this climate of instability that many "saving" interventions have been justified. Indeed, the fact that Haiti was the most impoverished state in the Western Hemisphere at the turn of the century was used to support the IMF's (1996) recommendation that the country "seek assistance from humanitarian NGOs" even while the country began its neoliberal restructuring.

Deep ideological differences complicate the development literature discussing the rise of iNGOs, partially because the very definition of an NGO is malleable (Martens, 2002). One narrative emphasizes the humanitarian aspect

of iNGOs: for example, the establishment of CARE offices in Haiti following Hurricane Hazel in 1954 (Buss & Gardner, 2008). Regardless of project execution or impact, these iNGOs can be distinguished as having some moral justification guiding their interactions with disenfranchised populations, whether that be poverty alleviation, meeting basic human needs, or human rights advocacy. Since many of these iNGOs have risen out of humanitarian crises, such as the First and Second World War (Birn, Pillay, & Holtz, 2009), they often feature some acknowledgement of rights or "human dignity" in their mission statements to coincide with the United Nations Declaration on Human Rights (UNDHR) or other moral authority (i.e. CARE, n.d.; ICRC, 2011).

Another perspective of iNGOs emphasizes an element of neocolonialism or neoimperialism, describing how these organizations proliferated during economic restructuring, when state decentralization imposed by the international financial institutions (IFIs) reduced the ability of governments to provide services (Dupuy, 2010; Mutua, 1999). These iNGOs were largely characterized as opportunistic since they are often funded by grants from foreign governments to carry out donor-controlled projects, particularly without seeking approval or partnership with the Haitian government. They may also be technical, or involved in capacity building, but overall with a less apparent or ill-defined moral basis.

A less polarized narrative exists describing iNGOs as well-meaning but ill-suited (James, 2011). These groups are temporary, or poorly-funded, and often without local connections. They have no long-term establishments in communities, preferring to work independently, provide temporary relief and proliferate during crises. They are seen to be damaging because they lack experience in the local context. Following the disorganization of foreign agencies arriving in Haiti after the recent earthquake, the majority of these groups were characterized in this vein (Farmer, 2011; IASC, 2010).

The above narratives are meant to demonstrate the diversity of iNGOs operating in Haiti, with differing motivations, funding sources, and moral bases to inform their policies. Ethnographies that have attempted to draw meaningful patterns of NGOs in development have also uncovered complexities within organizations with regard to interpretations of ideology and community relations, leading to unpredictable connections between policy and project implementation (Crewe & Harrison, 1998; Hodgson, 2006; Mosse, 2005). All of these undermine the simple NGO-community dichotomy that is reified in modern development critiques. Thus, to focus this analysis, I will be mostly concerned with the first category: the "humanitarian" iNGOs, for which the contradiction between policy and outcome seems the most compelling, and for which the question of iNGO legitimacy seems the most ambiguous. I will attempt to discuss the major impacts of humanitarian iNGOs on Haitian society through three examples below.

It is widely acknowledged that states do not publically condone the deployment of aid workers in volatile situations. What is less discussed is how the use of force might be encouraged to facilitate iNGO operations, and how aid

often follows the implementation of security measures. Evidence suggests that even first-responder organizations like Médicins Sans Frontières (MSF) who have distanced themselves from security or policing forces on principle, are likely to have benefitted from stabilizing missions (Muggah, 2010). While it certainly may be argued that policing is needed to protect innocent civilians from criminal activity, policing in Haiti (as it often is in unstable regions) is notoriously disorganized and non-transparent, especially during civil conflicts. The former Deputy Force Commander of MINUSTAH claimed in his recent memoir, for instance, that maintaining security was often difficult in the crowded slum community of Cité Soleil because gangs "hid among the civilians" (Aldunate, 2010). Particularly in Port-au-Prince, where young men are easily implicated in criminal activity during political upheavals, militancy against the poor has generated fear and resentment, sometimes to the point of medical diagnosis (James, 2011; Macdonald, 2007; Ponsar, Ford, Van Herp, Mancini, & Bachy, 2009). iNGOs can thus be implicated in the cycle of violence: a point which is perhaps no more apparent than in the allocation of aid following the 2010 earthquake. Unofficial reports estimate that more than half of United States relief funds–some $465 million–were provided for the Department of Defense to accompany the arrival of aid workers: just one example of the increasing militarization of aid delivery (Haiti Justice Alliance, 2011; OECD, 2006).

A common complaint made by iNGOs is that they are too understaffed to fulfill project goals (Buss & Gardner, 2008). While this may accurately reflect problems of underfunding and project longevity (see below), a more insidious reality has been voiced by Haitians, in a country where 40.6% of the population remains unemployed (Central Intelligence Agency, 2010). One Haitian university student wrote a powerful condemnation of this paradox following the recent earthquake, expressing his disgust at the unwillingness of iNGOs to recruit Haitians either as workers or volunteers in the favour of foreign technocrats (Ménard, 2010). The notion that the bureaucratic organization of iNGOs bars Haitians from serving their own community during a crisis, he argued, has generated shared frustration and a sense of helplessness. He also drew the line between this issue of political ownership and the emigration of Haitian professionals to places where they can feel valued. Although this phenomenon of migrating professionals is common throughout the Third World, the claim that iNGOs may be contributing to an overarching feeling of political alienation undoubtedly has implications for Haiti's future.

The fundamental belief that Haitians are incapable of providing for themselves can be applied with relative ease to the raisons d'êtres of many foreign operations in the country, captured by a senator's comment that Haiti was nothing but a "huge estate that belonged to minors" (Renda, 2001). Perhaps in its most blatant form, paternalism occurs when foreign governments provide contract work for iNGOs when they believe that the projects are too complicated for the state to manage (Buss & Gardner, 2008). Since they began proliferating in the

1980s and 1990s, an increasing proportion of bilateral and multilateral aid has been directed way from the Haitian government directly into the hands of iNGOs (Buss & Gardner, 2008). Capacity notwithstanding, this redirection of funds has severely damaged state sovereignty not only in a material or financial sense, but also in a symbolic, figurative sense. Schuller (2009) claims that increasing power of the iNGOs has directly weakened the legitimacy of the state in the eyes of citizens, such that certain services–food, healthcare, housing–customarily under state responsibility are now expected of nongovernmental actors. Surprisingly, far from inciting protests from government officials, opposition to this trend has been relatively muted (Buss & Gardner, 2008). That the state is willing to cede such traditional obligations to foreign parties seems very grave. What this may mean for the future of Haitian sovereignty is not clear, but in one telling example following president Jean-Bertrand Aristide's return in 1994, iNGOs who had been managing foreign aid in his absence were allegedly unwilling to relinquish their administrative control (Buss & Gardner, 2008).

If a critique of humanitarian iNGOs is to be based on their overall purpose–to overcome the shortcomings of the government during state decentralization–they have demonstrated very little success. Rather, they have created significant problems for Haitian society. But while the tendency may be to restrict iNGOs to a caricature of neocolonialism–foreign technocrats bringing unsound policies to victimized communities–some have cautioned that this characterization is oversimplified (Crewe & Harrison, 1998). I would argue that this is due to an overemphasis on outcome, without questioning the global context within which these iNGOs operate. Ignoring their limitations may be disguising the underlying causes behind widespread iNGO failure. Indeed, even a cursory glance of the development material indicates that there are significant barriers for humanitarian iNGOs to implement successful social programs, apart from any elusive notions of "illegitimacy" or "foreignness". An examination of these barriers provides some insight into the value of public interest in the modern context, since they resemble the forces maintaining the underdevelopment of Haiti's public sector.

Like the experiences faced by Third World governments, iNGOs have been shaped by contemporary economic principles. I mean this in a different way from their proliferation following the implementation of structural adjustment programs. iNGOs have also been subject to an increasing organizational restructuring to satisfy principles of efficiency and cost-effectiveness in the "production" of social well-being. This is intimately tied to the balance of power within development regimes, which is almost always biased towards private or government donors (Birn et al., 2009; Schuller, 2009). The realization of this hierarchy provides an interesting dynamic in evaluating development strategies in Haiti, since projects that are slow to produce results are often immediately cancelled (Buss & Gardner, 2008). Indeed there seems to be a "marketability" of human suffering, such that projects yielding the most success (high efficiency) or which attract the most funding (high return) have the greatest longevity (Buss &

Gardner, 2008). This struggle to appear cost-effective to donors drives the need to produce successes, favoring visible, short-term projects over more sustainable, long-term projects. Recently, this very critique has been directed towards MSF following their announcement to arrest the spread of cholera with vaccines, while others argued for the prioritization of water treatment (Butler, 2011). According to Schuller (2009), this preference for attractive, high profile projects is also why no organization has allocated personnel to carry out the task of garbage collection, despite waste being a persistent problem in Haiti's streets.

Understandably, global economic fluctuations also influence iNGO operations, as it affects aid flows from foreign donors. This exacerbates the adherence to cost-effectiveness: the principle of "helping" the most people with the least amount of expenditure. Although this may seem like a rational way to allocate scarce resources, cost-effectiveness has become internalized to the extent it often eliminates alternative models of administration–for example, instances where slightly more money can be used to benefit all (Birn et al., 2009). Furthermore, since the longevity of iNGO projects is unclear, the incentive to train and employ permanent local staff is relatively weak: a potential rebuttal to the complaint expressed by Ménard above.

The comparison of iNGO operations with a literal "business" in producing human well-being can therefore be made with relative ease. Competition between iNGOs for declining funds has, as in any industry, led to innovation–which in development terms, means shifts in policy. It is perhaps unsurprising that iNGOs have been so willing to acknowledge criticism from experts and academics regarding their supposed "failures," when these reforms are needed to maintain their popular legitimacy. Bell and Carens (2004) describe how Amnesty International (AI) faced the dilemma of reforming in order to compete with parallel organizations like the Human Rights Watch. This pressure drove AI to adopt economic, social, and cultural rights under their mandate to better approximate the whole-of-government approach to development that was gaining widespread acceptance at the time. This modification was made despite internal protests that resources would be better allocated by focusing on civil and political rights. Therefore, in agreement with "enlightened" development rhetoric and donor expectations, iNGOs are constantly being pressured to expand beyond their capacity, risking criticism and withdrawal of financial support if they fail to do so. In an interesting turn, this shows how criticisms that have condemned iNGOs for their minimalist approaches to social improvement are now providing the impetus for these organizations to expand and further encroach upon the public domain. Case analyses of Haiti seem to reflect this visceral cynicism: in the same breath that iNGOs are accused of eroding sovereignty by providing more public services, they are condemned for failing to provide enough services (Haque, 2002; Pierre-Louis, 2011).

It cannot be overemphasized how much the notion that iNGOs could ameliorate the absence of the state functions has predisposed them for failure. The reason is that they had experienced similar cost-cutting pressures that forced

them to operate in ways that were not conducive to serving the public interest. The restructuring of iNGOs to meet the cost-effective measures of donors, coupled with the re-tooling of policies to maintain their marketability, have impeded their chances of facilitating long-term "development" in the communities where they work. For the iNGOs as well as the government of Haiti, public interest was once again subordinated to broader economic objectives. Indeed, this transformation of iNGOs into neoliberal machines has followed a broader historical trend involving the institutionalization of aid (Kamat, 2004). As the iNGO industry expanded, themes of social activism, poverty alleviation, and the empowerment of the socially marginalized, became increasingly depoliticized, professionalized, and bureaucratized (Kamat, 2004). Thus, even ignoring issues of sovereignty, which are profoundly controversial, the evidence above suggests that iNGOs are fundamentally incapable of approximating or replacing state functions. Like Haiti's public sector, it seems iNGOs are also victims of globalization, having limits–economic, bureaucratic, structural–that severely hinder their ability to achieve their social objectives. Certainly, this is not meant to justify the profound effects of violence, resentment, disempowerment, and inequality that iNGOs have brought to Haitian communities. Rather, it is to suggest that the very purpose of an iNGO, which is to fulfill the rights neglected by resource-poor governments, can hardly be realized. The implications for Haiti are enormous: if iNGOs are fundamentally incapable of improving social conditions, then the public sector restructuring of the IFIs has likely eliminated the sole means by which Haiti's poor could meet their basic human needs and maintain their human dignity.

So far I have provided a discussion of iNGOs and their impact on Haitian society. While asserting that iNGOs have largely failed in their endeavor to alleviate poverty, I have argued that this has partially occurred due to structures that inhibit long-term development, including donor fatigue, the dominance of cost-effective management, competition, and the institutionalization of social activism. If this discussion can be extrapolated more broadly, one might question whether iNGOs are capable of meeting human rights according to their purported role within the neoliberal hypothesis.

Using a liberal democracy as an ideological framework, I argue that the way "human rights" are addressed by iNGOs in Haiti is morally flawed, because they are not being realized in a way that protects the well-being of society. Donnelly and Howard (1986) offer a philosophical basis for this argument by emphasizing that human rights were originally conceived as a product of two components: individual freedom and equal moral value. These two aspects of a liberal democracy complemented each other to situate rights both above the state (to protect individual freedoms) and under the protection of the state (to maintain equality), respectively. In other words, if the freedom of an individual directly impinged on another, the state or governing body would be required to intervene to maintain the public good. Importantly, Donnelly & Howard (1986) end their analysis with a warning that any interpretation of rights which

biases individual freedom over moral equality could result in violations where individual exceptionalism (material) impinges upon public interest (structural), demonstrating the triumph of liberalism over democracy.

The neoliberal policies of the IFIs, and to some extent the "universalizing" mandate of the United Nations, directly manifest this bias. The United Nations Declaration on Human Rights (UNDHR) and its subsequent Convention were designed to hold states accountable for violations of individual freedoms, but due to ideological and historical reasons in the aftermath of World War II, downplayed the requirement for the state or any governing body in realizing those rights for the public good (Article 2). Certainly, notions of moral equality were not ignored; rather, they were conceptually tied to the principle of universalism. In other words, equality became an inherent property, and although it could be violated and was legally defensible, any notion that equality was dynamic or fluid with respect to individual freedoms–and needed to be maintained by intervention–was profoundly absent.

Thus, in dissolving state provision of services by neoliberal restructuring programs in the 1980s, there was no notion that human rights could not be met without the state. According to Schuller (2009), the hypothesis held by the IFIs was that the international community would intervene and basic rights would be met; otherwise, structural adjustment would have been understood immediately as an egregious moral violation. However, with an already shrinking resource base, the "international community" (presumably the United Nations Human Rights Council) had no mechanisms to defend rights as stated in their mandate apart from "gross and reliably attested violations" (OHCHR, 2011). Naturally, the task of serving the poor and marginalized on a "small scale", and therefore upholding human rights, fell to the charities. That is to say, the iNGOs.

It was in this context in the 1990s that iNGOs seemingly "inherited" the human rights-based approach (UNAIDS, 2004). Clearly, this rhetoric was powerful, coming to define the functions of numerous humanitarian organizations (Bell & Carens, 2004). On a broad scale, this cemented the ideological switch over the course of the last century, wherein the public good became a private interest (Kamat, 2004). Public interest lost legitimacy and the state was decentralized to facilitate the pluralization of non-state actors. Therefore, the casting of public interest as the enemy of individual freedom, a central tenet of neoliberalism, was also a central tenet to the proliferation of iNGOs.

Assuming Donnelly and Howard's (1986) reasoning to be correct (concerning the distortion of individual freedom over moral equality) this transformation presents a moral error. Materially, iNGOs can realize certain rights: a simplified example being through the provision of food, housing, and clothing to fulfill the human right to health (Article 25). But the process by which these rights cater to the individual (a largely material task), eclipses the social element of rights (a largely structural task). Unless iNGOs can guarantee the liberal democratic notion of "moral equality" (for example, in a scenario where food, housing, and

clothing can be realized for all) the way in which these organizations fulfill rights will invariably favour individual exceptionalism and generate inequality. The crux is that inequality is not likely to lead to the preservation of human dignity (Article 1), nor the "social progress" championed by the UNDHR (Preamble). Indeed, some argue that disproportionate attention to individual freedoms creates the climate for further human rights violations (Donnelly & Howard, 1986).

That moral equality was once, before its universalization, the responsibility of the state, is of utmost importance considering that iNGOs were charged with "filling-in" state duties in Haiti. As we have seen, they have mostly failed in this enterprise due to their unpredictable, fragmented, and transient presence, as well as their profound structural constraints. These characteristics also indicate that iNGOs are tremendously unsuited for fulfilling the "moral equality" condition that is necessary to ensure rights are achieved for the greater good.

As I have already alluded to above, the reason for this is somewhat intuitive. Moral equality cannot be handed out or provisioned, like shelter, literacy or employment. Moral equality needs to be protected, and furthermore, protected in a realm that exists above individuals, so that individual freedoms can be checked for the public good. In concrete terms, guaranteeing moral equality requires eliminating the formation of structures that allow individual rights to be violated. That is to say, moral equality exists as a public interest and exists in the public domain. Without the state, and short of becoming state-like, iNGOs often do not have the capacity to guarantee the equality of individuals. Therefore, to truly "address human rights", iNGOs must be in a position to change the social pattern of the country. They would need to become coordinated rather than fragmented, standardized rather than competitive, and implement projects that provide equal benefit to all Haitians. In a sense, they would have to become very much like a welfare government in the process.

Short of this transformation, a situation in which iNGOs can guarantee moral equality, human rights become depoliticized. iNGOs "deliver" rights to Haitians–providing opportunities for healthcare, employment, literacy programs (Article 25, health; Article 23, work; Article 26, education)–and Haitians accept them more or less passively. The absence of organic struggle means that these rights no longer act as a vehicle for political change because the social pattern is not being reformed in parallel. This is very different from rights demanded of, and acknowledged by the state. For example,"la servitude y est à jamais abolie" [slavery is forever abolished] was proclaimed in Haiti's 1801 Constitution. In the context of Haiti's history, the right to be free from servitude was born from a desire for self-determination, rather than an abstract concept advanced by Westerners (Mutua, 1999). Indeed, the formal acknowledgement of rights by a state body that could also guarantee moral equality with respect to those rights was genuinely political, meaning that those rights would become internalized and part of the expected pattern of governance.

The above discussion was made in response to the neoliberal claim that

reducing state support would be acceptable, since human rights vis-à-vis public services would be delivered by iNGOs. I have argued that this is false materially (bureaucratic, economic obstacles) and structurally (ideological, moral obstacles). I would now like to address a concern, put forth by Roy (2004) among others, that iNGOs defuse meaningful political struggle by providing temporary relief for underlying social ills. With the liberal democratic framework I have introduced above, I will attempt to demonstrate how this appears to be true for human rights struggle in the Haitian context.

In one of Schuller's (2009) ethnographic papers on NGO class in Haiti, he describes how several organizations report job openings in the newspaper to advertise positions that are available for locals. Compared with government wages, which are calibrated according to national incomes, jobs with international NGOs are substantially higher, and for upper level positions, offer salaries competitive enough to attract foreign college graduates. Schuller (2009) describes how this trickles down even to unskilled work, where modest salaries are buttressed by increased opportunities to obtain a US visa and higher social standing for having foreign connections.

Article 23 of the UNDHR expresses the right to work. In a country where an estimated 40.6% are unemployed (Central Intelligence Agency, 2010), this example shows how iNGOs may be fulfilling a certain right by providing job opportunities for individuals who may otherwise be without work, forced to emigrate, or faced with the risks of working in the informal sector. However, what NGO employment does not provide is the incentive for individuals to question why unemployment rates are so high, or why two-thirds of workers are not employed formally (Central Intelligence Agency, 2010). Neither does it address, with regards to the discussion on "moral equality" above, why only a select few (usually educated individuals who can speak English in addition to Creole) are given opportunities in accordance with their "universal freedoms", while others (who only speak Creole) are often overlooked (Schuller, 2009). Therefore, by "fulfilling" human rights in this context of employment, iNGOs ultimately mask the gravity of the neoliberal experiment felt by the majority of the nation.

I have measured iNGOs above based on their ability to provide services and protect human rights according to their putative role described by the IMF (1996). I have argued that iNGOs have largely failed to make up for losses in state function, and that these failures were as much structural impediments as they were individual. However, a number of sources have claimed that there are exceptions to the rule: that some iNGOs are making genuine improvements in the lives of Haitians. One of these organizations, Partners in Health (PIH), was celebrated by several independent evaluations. I will discuss the achievements of Partners in Health and suggest reasons for its success below.

Established in the 1980s, Partners in Health set out with a unique vision that set it apart from other organizations. Its objective was to take a sociomedical approach to healthcare, meaning it would address a variety of structures that

would normally contribute to a person's health and well-being, including issues of access, cultural barriers, and education. The results of this holistic approach have been largely successful. Since 1998, antiretroviral therapy has been delivered to HIV patients at no cost, locals have received training and are stably employed as accompagnateurs, and roughly 2.8 million patients have visited the organization's clinics in 2011 alone (PIH, 2011). The 2007 Health in the Americas report, released by the PAHO, reported the opening of a permanent full service hospital by PIH in Haiti's Central Plateau, allowing the organization to serve a traditionally impoverished region, free-of-charge (PAHO, 2007).

There seems to be multiple reasons for the success of PIH. What is evident from the organization's own reports is that the financial barriers plaguing other iNGOs have been largely eliminated by relatively stable funding from substantial grants (PIH, 2011), therefore increasing the longevity of its operations. PIH has also minimized foreign intervention and encouraged local ownership by employing Haitians to run the majority of its operations (Zanotti, 2010). Crucially, the organization has also shown long-term cooperation with the Haitian government, in order to "provid[e] care through the public sector" (Zanotti, 2010). This is in stark contrast to other iNGOs who feel no need to report their operations or seek approval from the state (Buss & Gardner, 2008). Finally, and most importantly, by addressing the underlying causes of health and disease, particularly by eliminating financial barriers to treatment, Partners in Health has been able to provide equal access to millions living in Haiti (Zanotti, 2010).

Overall, apart from its external funding and American-based founders, PIH operates like a public hospital. Using a needs-based approach rather than a rights-based approach (Zanotti, 2010), PIH ensures moral equality by eliminating barriers to access. While far from perfect, PIH functions effectively as an extension of the state, meaning it has succeeded in maintaining the moral equality and thus the individual rights of its patients. However, rather than condone the neoliberal model that iNGOs can replace state functions, PIH demonstrates a history of working closely with the government of Haiti, seeking to empower the state against the forces that have sought to reduce its influence and refuse dignity from the majority of the country's poor.

In this paper I have sought to provide a critique of humanitarian iNGO presence in Haiti. I began by offering a review of Haiti's history, explaining how both external military and economic interventions, as well as internal struggles over political power, fostered the conditions that would impoverish the majority of the nation and justify its foreign dependency. The combined forces of globalization and economic restructuring maintained this dependency through the neoliberal project. This involved a series of structural adjustments recommending that the government of Haiti accept the assistance of iNGOs to allieviate the needs of the poor while simultaneously reducing public spending. It was on this neoliberal logic (that iNGOs could emulate the state by providing services and "fulfilling" human rights) that I based my assessment of iNGO success. My findings were

largely in agreement with other claims of iNGO failure, citing allegations that the organizations reinforce disparities, foster resentment, and violate state sovereignty.

However, while these accusations are certainly grievous, a brief review of the development literature revealed iNGO challenges that were startlingly reminiscent of the economic conditioning plaguing Third World governments. These included the need to secure funding in unstable markets, to comply with donor agendas regardless of organizational capacity, and to balance cost-effectiveness over program sustainability. This begged the question of whether iNGOs could truly provide services better than reduced states despite facing similar barriers to establishing long-term social programs.

In the latter half of my paper, I took these organizational limitations and addressed the second part of the neoliberal assumption: that iNGOs could fulfill the rights of the poor during state decentralization. I argued against this human rights-based approach on two accounts. First, by showing that iNGOs are only capable of meeting the "individual freedoms" of a liberal democracy, but not the "moral equality" aspect that exists as a public interest. Second, I argued that by "delivering rights", iNGOs depoliticize the rights process because rights are no longer associated with changing the national pattern of governance.

I ended my analysis with a commentary on Partners in Health, an organization that is widely touted as a humanitarian success. I argued that the organization's approach to addressing issues of access was mindful of the need for moral equality which is central to guaranteeing both individual freedoms and the public good according to liberal democracy theory. Finally, rather than work to replace state function, PIH operates closely with the Haitian government and almost functions as an extension of the public sector rather than an independent entity.

However, despite its success, PIH seems to be the exception rather than the rule. Overwhelmingly, the failure of iNGOs to improve the lives of the poor and marginalized in Haiti seriously questions the reasoning behind state decentralization. Even more grave is the implication for human rights: if iNGOs cannot guarantee the rights of the disenfranchised individuals while public spending is reduced, then neoliberal restructuring has certainly been implicated in a significant and indefensible rights violation. Therefore, while it may be true that Haiti was the first colony to achieve paper independence in the world's history of imperialism, its true pièce de résistance will be the narrative describing how the nation freed itself from the damaging forces that, knowingly or unknowingly, maintained its subjugation under the guise of charity

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