Vivian Laurens:

»Building Peace«

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RADICAL HEALTH

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BUILDING PEACE Buen Vivir

Since the late 1950s Colombia has endured an internal armed conflict involving several guerillas, paramilitary groups, and the Colombian military. The human toll of this war has been devastating; it is estimated that between 1958 and 2012, the armed conflict caused 220'000 deaths, 80% of which were civilians; eight million people were internally displaced, over 27'000 kidnappings were reported, and 25'000 people were forcibly disappeared.[1] In 2016, the Colombian government and the Revolutionary Armed Forces of Colombia, *Fuerzas Armadas Revolucionarias de Colombia* (FARC), signed a peace agreement to put an end to this armed conflict.

The Colombian peace accord stands as a revolutionary proposal that promises to transform Colombian society, and in particular the historically neglected rural areas.

The accord lays out a series of short- and long-term directives to comprehensively address violations of civil, political, social, economic and cultural rights. The first of these directives, the *Comprehensive Rural Reform* or *Reforma Rural Integral* (RRI), aims to transform the living conditions of rural communities by eradicating poverty and reactivating the agricultural sector. This includes a mandate to advance the right to health through the development of a national plan for rural health. The peace accord also stipulates that the design and implementation of all RRI provisions, including the national plan for rural health, should be developed with active participation of local communities to ensure that programs and policies developed conform to the localized conditions of each region.



Photograph by Vivian Laurens (2019).

Small rural community in the municipality of Meta in Colombia.

A unique feature of the Colombian peace accord, with transformative potential, is the inclusion of the indigenous epistemology of *Buen Vivir* as a guiding principle for the design and implementation of RRI provisions.[2]

"*Buen Vivir* is a way of life and epistemology of indigenous communities of the Andean regions of South America. *Buen Vivir* prioritizes interconnectedness and synergy between humans, non-humans, and the rest of the natural world. It aims to transform our anthropocentric way of life into a more harmonious biocentric existence, in which nature is recognized as a subject with rights, and fundamentally interconnected with human life."

Márquez Fernádez, Hidalgo Flor: *Contrahegemonía y Buen Vivir*, Edición: 2, Quito: Universidad Central del Ecuador (2012).

In Ecuador and Bolivia, indigenous communities mobilized in the past few decades to advocate for the transformation of life toward *Buen Vivir* through political, social, and economic reform. Notably, their efforts led to the inclusion of *Buen Vivir* in the new constitutions of Ecuador and Bolivia in 2008 and 2009 respectively. Since then, *Buen Vivir* has been used in other countries in Latin America to support similar advocacy efforts and in 2016 it made it into the Colombian peace accord. The text of the accord does not offer a lot of detail about how *Buen Vivir* can specifically be incorporated in the process of designing and implementing the various provisions. However, the inclusion of *Buen Vivir* in the accord has inspired innovative peace building proposals, specifically in the work of civil society groups. While it is unclear if the authors of the accord realized the transformative potential of *Buen Vivir*, the civil society groups that are utilizing *Buen Vivir* certainly have.

BUILDING PEACE Peace in Jeopardy

Almost six years have passed since the peace accord was ratified and unfortunately the implementation of the accord has been progressing a lot more slowly than stipulated. Based on peace processes around the world, the expectation is that between years four and six about 50% of the accord provisions should have been implemented. However, in Colombia as of 2020, only 28% of the accord provisions have been implemented.[3] Most worryingly, the comprehensive rural reform provisions are among the most affected by the sluggish implementation of the accord.

The rural reform provisions are meant to redress violations of human rights for the sectors of the Colombian population that were most affected by the armed conflict and who currently live in precarious socio-economic conditions.

Lack of political will is mostly to blame for the slow implementation of the peace accord. Iván Duque, former president of Colombia, who took office in 2018, run his campaign on opposition to the peace accord. His government actively blocked the progress of passing necessary laws and policies to implement the accord.[4]



Photograph by Byron Jimenez on Unsplash (2021).

National strike in Bogotá, Colombia (28 April 2021). The protestors sign says: "They are killing us and the media say we are dying."

In addition to the slow implementation of the peace accord, the period since its ratification has seen a concerning increase of violence, including the targeted assassination of community leaders and demobilized members of FARC. Between 2016 and 2021, 1'270 community leaders and 299 demobilized members of FARC have been assassinated. Between January 2020 and November 2021, 179 massacres were reported. Since 2016 more than 500 civil society organizations have received death threats affecting around 4'000 community leaders.[5] In light of stalling governmental action on moving the peace process forward, civil society has had to step in to build peace in their own communities at risk to their lives.

BUILDING PEACE Civil Society

Guided by *Buen Vivir*, civil society groups have been supporting the design and implementation of the peace accord's rural health care system provision, in a way that is truly developed by local communities.

The intersection of health, peace and *Buen Vivir* in the work of these communities reveals new possibilities for structuring transitional justice processes, for redefining health, and for long-term peacebuilding strategies.

Given the lackluster commitment to implement the peace accord during Iván Duque's administration (2018-2022), civil society has played a crucial role in efforts to keep the peace process alive. Here I share an example of the work of civil society to support the peace process in Colombia. Of particular interest is how these groups are operationalizing the link between peace, health, and *Buen Vivir* to transform their communities.



Photograph by Vivian Laurens (2019).

Red SaludPaz community plan for rural health in the municipality of Meta, in Colombia, 2019. The plan says: "We can all participate and develop it. Special model of public healthcare for dispersed rural areas, that will allow to provide attention in the homes or the workplaces. The aim is to bring the offer of healthcare services to the communities, construct and improve the infrastructure of healthcare centers, follow up to guarantee quality care, and adopt a healthcare model with a gender focus."

I share here the work of the Health Peace Network, *Red SaludPaz* (RSP), which is a network of civil society organizations, and academic institutions committed to the construction of a peaceful society in Colombia.[6] RSP was founded on February 2017 by academics from the National University of Colombia in Bogotá to support the implementation of the peace accord, in particular the provision to transform rural health. RSP is composed of 39 civil society organizations and 21 academic institutions from all regions of Colombia. Since its inception, RSP has held bi-weekly meetings hosted in the campus of the National University with video-conference connectivity to allow members from around the country to join. Initially, the purpose of the meeting was to jointly develop the vision, mission and objectives of the network. Later the meetings have served as a space to share work being done around the country, to identify opportunities for collaboration and to develop joint initiatives that support their objectives. Importantly, RSP itself is not an organization. Rather, as its name denotes, it is a network that facilitates communication, coordination and collaboration of its members and their initiatives in order to strengthen their health and peace building efforts through unity.

The main goals of *Red SaludPaz* are to advance the right to health in Colombia and to support the transition to peace through the promotion of health.

For RSP, the right to health does not simply entail facilitating the delivery of health care; rather, it is a far-reaching project for the building of peace, and the healing the body, the mind, the community and the environment. From this expanded understanding of the right to health, RSP views health as a crucial component for building and maintaining peace, as such, RSP focuses on the right to health as a tool of peacebuilding. For RSP, the successful implementation of the rural health provision in the peace accord will represent redress for rights violations that originated and perpetuated the war: a crucial step towards achieving justice and establishing the social conditions for a peaceful society in the long term.



Flyer produced by *Red SaludPaz* (2020).

The flyer was widely distributed through several WhatsApp groups and addresses farmers, indigenous and afro people, academia and the community. It reads: "SOS! For rural healthcare. Enter a statement from the Network about the draft resolution for the national plan for rural healthcare in Colombia. We invite you to sign it."

BUILDING PEACE Phase 1

One of the first projects of RSP, which is still underway, takes place in the rural regions of Caquetá and Meta in the southwest of Colombia. Caquetá and Meta are historically and politically significant because they served as the epicenter of FARC-EP leadership from their inception in 1964, until they laid down arms in 2016.[7] As a result, Caquetá and Meta were disproportionately affected by the war. These rural regions are also extremely diverse; they are populated by farmers, several indigenous groups and FARC-EP ex-combatants, who themselves are an ethnically diverse group. The farmer groups in these regions have a long history of political and social organizing and many of their organizations have been active for over half a century. Four of these farmer organizations, *Corpoayari*, *Asopeproc*, *ASMUCACD* and *Ascal-G* are members of RSP. Along with academics from universities in Bogotá they

have been working since 2017 on the design of a health care system for their communities in the context of the peace accord provision.
The goal of RSP in this project has been to create a truly collaborative process with the farmer organizations in which RSP is there to offer support as needed and not to lead. One of the main goals is to help strengthen the autonomy and capacity of the farmer communities to continue to advocate for themselves, without the need for intermediaries such as NGOs or humanitarian organizations. As such, the design of the community health care system has been largely driven by the communities with the guidance from the academics, who have a more robust understanding of the legal and political processes needed.
The projects in Caquetá and Meta have undergone two phases: the initial phase from 2017 until 2020 and a second transformative phase from 2021 to the present. The first phase of the project started with a quantitative and qualitative assessment of the health and health care conditions in these regions. This assessment was led by academics from Bogotá and conducted in collaboration with the farmer organizations.

This exploration revealed a precarious state of health among community members and extremely limited access to health care, which is a common experience in most of rural Colombia.

Based on this assessment over the course of two years, the farmer organizations and the Bogotá academics jointly developed a health plan for the communities of Caquetá and Meta, which they called the "Community Plan in Comprehensive Rural Health". Though the Bogotá academics collaborated closely with the farmer organizations in the development of this health plan, RSP members from Bogotá took a clear lead on the way health and health care was conceptualized. As such, the resulting plan reflects a very traditional health care design that did not fully reflect the ways in which these communities conceptualize health. Importantly, though *Buen Vivir* had already been incorporated in RSP's mission, it did not take any part in the development of this initial proposed plan.
The plan is composed of the following five lines of action: 1) Coverage and access to health care: this includes building physical infrastructure, employing health and administrative staff, and ensuring that the national government provides the necessary funding. 2) Comprehensive health care: comprehensive and intercultural health care that focuses not only on physical health, but also on the health and well-being of families, communities and the environment. 3) Recovery of ancestral knowledge and alternative therapies: Promote the recovery and maintenance of ancestral health practices and therapies and their meaningful integration into the health care system; encourage the development of projects for the production of medicinal plants. 4) Intersectoral health: promoting harmony with nature by protecting the environment and promoting safe and healthy working and educational environments. And finally, 5) Social and community participation: promoting the organisation and strengthening of community health groups, empowering communities to continue to demand the protection and promotion of the right to health, and to promote reconciliation between community members and reintegrated FARC ex-combatants. The design of this community health plan was completed by the end of 2019, but due to the pandemic in 2020, its implementation could not continue.



Photograph by Vivian Laurens (2019).

Meeting of organizations from Caquetá and Meta to discuss the implementation of the peace accord in their communities.

BUILDING PEACE Phase 2

In 2021, when the worst of the COVID-19 pandemic had passed, the community health project in Caquetá and Meta was revisited. Different members of RSP from the National University of Colombia in Bogotá joined this project. With this new team, the second phase of the project begun, one that led to a revision of the original proposed plan. This time, *Buen Vivir* was taken into account as a guiding principle for the design of the health plan.

The concept of health as set out in the Community Plan has been expanded to include the components that the communities of this region consider to be critical to the health and well-being of themselves and the natural environment in which they live.

As such, guided by *Buen Vivir*, the design of the community health plan was revised. The renewed project has been renamed: *Casas Comunitarias para la Salud y el Buen Vivir* and it includes the following four components: 1) Demand for the protection of the right to health, 2) Environment, agroecology, food autonomy, and territory, 3) Recovery of ancestral knowledge and health practices, 4) Fortification of identity and recovery of memory to strengthen the farmer organizations.
The first component focuses on demands for the protection and advancement of the right to health, which in Colombia is constitutionally protected and has been reaffirmed in the peace accord. This is in direct response to the current state of health care in Colombia, which relies on private insurance companies, and has largely failed to protect and uphold the right to health for most Colombians. Currently, the communities of Caquetá and Meta do not have permanent access to healthcare, and they must travel five to seven hours to the nearest healthcare facility when the need arises. Additionally, accessing care for these communities can be quite expensive, not just because of the cost of health care services but also due to the long-distance transportation costs and loss of labor for the days they take of work to travel. The development of this first component of the community health plan requires an educational component to teach these communities how to recognize specific violations of their right to health and to know to whom they should direct the demands. The role of RSP is to offer instruction on how the health care system works, but also to facilitate negotiations with the local and national governments to redress and resolve violations of the human right to health. The ultimate goal is to establish permanent and affordable access to quality health care in these communities.

The second component of the community plan responds in part to the environmental crisis in the region. Caquetá and Meta have continued to experience deforestation at an alarming rate, perpetrated by multinational companies to extract natural resources, by drug trafficking groups to plant coca fields, and by large scale farming operations. The goal of this second component is to protect the environment and to promote food sovereignty for the Caquetá and Meta communities. Some of it entails negotiations with the government to control the extraction of natural resources by multinational companies and to control the illegal deforestation by drug trafficking groups. Another piece is the recovery of seeds from the region, which pushes back against policies that protect seeds from multinational companies. Finally, this second component also involves the development of a local market for exchange of fresh produce in the region. These regions are large and cover several different climates, which allows for a wide diversity of crops to be planted. As such, a market exchange of produce among these regions would increase and fortify the diet of these communities and would ensure their food sovereignty.
The third component focuses on the recovery and support of ancestral medicine, including the use of medicinal plants, birthing practices, and other forms of doing health from the farmer populations as well as indigenous people in the region. Both groups are a part of these communities and have also been participating in this process.

Since the rural communities of Caquetá and Meta have never had permanent access to health care, they have conserved many of their medicinal knowledge and practices.

The goal is to support these practices and provide education to younger generations so that they can continue to be practiced for many years to come.
The fourth and final component concentrates on the recovery of the history of the organizations and of their territory to share with younger generations. Many of the younger generations are not aware of the long history of political and social organizing of the farmer organizations in the region. The objective is to preserve and share this history to instil a sense of pride and belonging in the rural regions, in particular for the younger community members. The four-part community health plan presents a unique understanding of what health and health care could entail. It starts with what is expected of a health plan, which is access to quality and affordable biomedical care. But then this health plan goes well beyond these boundaries. For Caquetà and Meta communities, health also means protecting the environment, diversifying crops, achieving food sovereignty, preserving their history, and strengthening their identity and pride as rural citizens.

Health is not just about the state of the human body but also about the state of the surrounding environment and of the communities living in it.

After a long history of governmental neglect of the rural regions, this type of health plan is requiring from the government that it invest in these regions, that it takes these regions into account. It is the neglect of rural areas that gave origin to the armed conflict more than half a century ago. Fulfilling this community plan for rural health in the context of the Colombian peace accord can be seen as a way for the government to directly address the origins of the war. It can also serve as reparation for the violations of human rights that gave origin to and perpetuated the armed conflict. But more importantly, given the text of the peace accord, fulfilling this plan would mean the government has implemented the health provision in the accord as promised.

BUILDING PEACE Renewed Hope

In August 2022, Gustavo Petro and Francia Marquez were sworn in as the next president and vice-president of Colombia. This electoral outcome reflects a new era in historically conservative politics in Colombia. President Petro and vice-president Marquez are the first socialist leaders to be elected in the history of Colombia. For members of RSP around the country, the election of Petro and Marquez has represented a huge victory for their communities and for peace. Petro and Marquez campaigned on promises to revitalize the peace process and implement the peace accord to its full extent. The biweekly meeting of RSP following the elections took a different tone than all other meetings since its inception. In the past, RSP members where operating from a perspective of resistance against a government that was committed to sink the peace accord. But on that meeting after the elections, RSP members rejoiced and celebrated. During the two hour long meeting they shared their feelings of renewed hope, that finally a government that is committed to peace and justice has taken office.

Procedures to revive the implementation of the rural health provision in the peace accord have been revisited by the Petro administration. As part of this process, the national government is travelling around the country, gathering initiatives that are already underway in order to develop a blueprint for a rural health plan that responds directly to the needs of each region and its communities, as required by the peace accord. As a result, RSP has currently redirected its efforts to help communities around the country, including Caquetá and Meta, to present their community health projects to the government so that they can be included in the national plan for rural health. As such, a full implementation of community health in Caquetá and Meta is still in its early stages, hoping to receive the support from the national government that was promised in the agreement, but has never come. The national government is projected to finalize a design for the national plan for rural health by the end of 2022. While it is difficult to know how the national government will proceed after evaluating health-peace initiatives around the country, the push from civil society to reimagine health has been remarkable.

As these communities work to build peace through health care initiatives, they are engaging in a radical project to reconceptualize what health is and how peace could be built in their communities.

With *Buen Vivir* as a guiding principle, the consideration for humans and non-human nature as an interconnected and interdependent whole in the context of health calls for a radical transformation in the way both health and health care are understood. The experiences of radical transformation through *Buen Vivir* from Ecuador and Bolivia point to the difficult road ahead in implementing radical transformation. But importantly, those experiences also point to a hopeful view to the work of civil society in Colombia. Radical transformation is not easy, but perhaps not impossible.

Notes

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