

C o m m e n t a r y

HEALTH, HUMAN RIGHTS AND DIGNITY:
Reflections from the Mexican Experience

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But the merchants mocked him and said,
"Of what use is a man's soul to us? It is not worth
a clipped piece of silver."

The Fisherman and His Soul
by Oscar Wilde

While the process of influencing instinctive behavior through the creation of culture is universal, the capacity for diversity is extraordinary. It is marvelous to consider Brazil, Finland, Cuba, and New Guinea, or recall the Aztecs and Ancient Greeks, as examples of how different we have been in the past, are today, and can be in the future. These differences pervade all areas of our life, from physical appearance to political and social organization, and to beliefs about health and sickness, our gods and devils, and ideas of paradise and hell.

To the anthropologist, the phenomenon of dignity is similarly both universal and particular. For human dignity to exist, the individual must both deeply believe he or she deserves respect, and also be valued and treated with respect by others. Not surprisingly, different cultures at different times have given specific, distinct articulation to these dual requirements of self-

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teem and external validation. For example, contrast the early 19th century European living in a period of intense individualism with an Amerindian of the same period, whose dignity would have been anchored in community. Yet as Isaiah Berlin points out, "diversity isn't infinite because it must always remain within the human horizon."¹

If care is taken to avoid ethnocentricity, it is possible to consider the relationship between human rights and dignity. Might the human rights framework possibly describe the essential pre-conditions for human dignity to exist? Not only do the central tenets of modern human rights (such that people have rights simply because they are human) buttress dignity, but also specific rights, such as the rights to freedom, non-discrimination and an adequate standard of living, describe a material and social reality which enhances, or even ensures the capacity of human dignity to flourish.

The history of Mexico can help explain these ideas. In 1521, the Spaniards set out to conquer the Aztec Empire. They felt this was justified, as in earlier wars against the Moors, in the name of a spiritual, Christian conquest. However, from the beginning, a conflict arose among the Spaniards regarding two interpretations of the New World's inhabitants and their character and behavior. In order to justify their inhuman, violent actions to the Spanish Crown, the conquerers described the Aztecs as cruel savages who practiced cannibalism, human sacrifice, and sodomy. In contrast, the Spanish missionaries praised the morality of the pre-Columbian people, which they described as bordering on asceticism.²

This divergence of viewpoints had important consequences for the treatment of the native inhabitants. The conquerers treated them as beasts of burden and labor, lacking a soul. The missionaries emphasized the positive aspects of Indian morality as a basis for an indigenous Christianity, and accordingly considered them "worthy" of rights which could not be disregarded whatever their ignorance of or unfaithfulness to, Christian practices.³ This fundamental dichotomy was at least theologically resolved when, in the "Altitud Divino Deus" bull of 1537, Pope Paul III proclaimed that Indians had souls and a capacity for faith.⁴

Unfortunately, in practice, the indigenous peoples were treated as beings without either a soul or rights. The pathway to

destruction of culture and life—characteristic of an entire history of human rights violations in Latin America—was thereby established. While estimates vary, by the end of the 16th century, the number of inhabitants of the Central Mexican Basin had fallen to about 10 percent of the population in 1519.⁵ While it is true that diseases brought by the Europeans reached epidemic proportions, other factors must be considered to understand this human catastrophe.

For along with conquest came genocide. First, many natives (especially certain ethnic groups, like the Mexicas) died in battle. Then, introducing cattle and their own crops, the Spaniards forced the Indians to change their diet, impoverishing them to such an extent that malnutrition became widespread. Spanish methods of food production also provoked an ecological imbalance leading to erosion, droughts, and consequently hunger and epidemic diseases.⁶ In addition the Indians were forced to work in mines. For this purpose they were uprooted from their homes, their families, and other emotional ties. Yet perhaps the most devastating effect of the conquest was the irreversible collapse, “so sudden and unforeseen, of their beliefs and customs. They doubtlessly thought that their gods had abandoned them.”⁷

The net effect of these factors was to strip the Indians of the dual supports to dignity. Their most radical response to this situation was collective suicide, as occurred in the case of the Cholultecs.⁸ Others responded with what Sanchez-Albornoz calls “existential apathy.”⁹

Not surprisingly, fertility declined dramatically among the Indians. Jaramillo Uribe points out how in Nueva Granada, 50% of the couples did not bear children; Fray Pedro de Córdoba wrote to the King of Spain that “the women, exhausted from their workload, have shunned conception and childbirth,” and later affirmed that “others having given birth have killed their offspring with their own hands in order to save them from such harsh servitude.” He also describes how Indian women take “substances so that the child in their belly remains unborn.”¹⁰

The Mexican Indian experience provides an overwhelming example of the relationship between assaults on dignity and poor health. Sadly, lack of respect for human rights, undermining both dignity and health, remains an important Mexican, as well as global problem.

Yet, history can also be a source of hope. On January 1,

1994, the unimaginable occurred in Mexico: the indigenous population of the province of Chiapas rose up and declared war on the Mexican army.¹⁰ A small group of Indian men and women, many of them monolingual or barely able to speak Spanish, challenged the Mexican state, even as they acknowledged that their undertaking might well be suicidal.

The first public declaration entitled "The Lacandona jungle declaration" on the day of the uprising stated:

We are the product of 500 years of struggle: first against slavery, in the war of independence against Spain, led by the insurgents, later to avoid being absorbed by North American expansionism... the people rebelled creating their own leaders. Villa and Zapata emerged, poor men like ourselves to whom the most basic of training has been denied, in order to use us as front line soldiers and to plunder the wealth of our land, unconcerned by the fact that we are dying of hunger and curable diseases or that we have nothing, absolutely nothing, not even a roof over our heads, land, jobs, health, food, education, the right to freely and democratically elect our authorities, independence from abroad or peace and justice for our children. But today we say ENOUGH IS ENOUGH.¹¹

In haste to escape the poor image of Mexico that this incident was causing abroad, the Mexican government rapidly offered to "forgive" the Indians. On January 18, 1995, the Zapatista National Liberation Army (EZLN) leader, Sub-Commander Marcos, responded:

Who must ask for forgiveness and who is able to grant it? Those who for years have sat at a full table and satiated themselves, while death sat with us and became such a daily part of our existence that we ceased to fear it? Those who filled our purses and souls with declarations and promises? Those who have died, our deceased, so mortally struck by a "natural" death, by measles, whooping cough, dengue, cholera, typhoid, mononucleosis, tetanus, pneumonia, malaria and other gastrointestinal and pulmonary delights?...Those who denied us respect for our customs, our skin color, our language? Those who treat us like strangers in our own land...? Those who tortured and imprisoned us or made us disappear for the terrible crime of wanting a plot of land, not a large or a small plot, just a plot big enough to fill our empty bellies? Who then must ask for forgiveness and who is able to grant it?¹²

These declarations clearly indicated the priority given to health and its relationship to dignity.

The extensive and tragic Mexican experience outlined above can also help us see the pervasive and corrosive impact of discrimination and violations of human dignity occurring within society—such as towards women, the physically challenged and the poor.

These fundamental problems also have an substantial effect on health care in Mexico today. Mexico has suffered the consequences of a neoliberal model of development, in which modernization is understood only with reference to the economy. Alongside this approach, the tradition continues of an authoritarian state with a profoundly patriarchal and *machista* culture that pervades all levels of society. Together, these forces make a mockery of the right to health, according to which all citizens should have access to the same medical attention, irrespective of their socioeconomic status. In Mexico, medical care has become just another commodity, and only those from the highest social stratum can access efficient, effective services. When these privileged few fear that Mexican medical care is inadequate, they have the financial resources to seek medical attention in the United States.

Even for those Mexicans having access to social security, the quality of publicly provided medical care is unsatisfactory. Most patients are treated with contempt and must wait many hours to be seen. Appointment scheduling is based on the institution's workload (which is always overwhelming), rather than on the patient's needs. Often, patients are neither informed about their condition, nor presented with various care and treatment options. Patients enjoying political connections receive special treatment. Naturally, for Mexicans *without* access to social security, the situation is even worse.

Furthermore, there is considerable evidence of discrimination within the Mexican health care system. For example, thousands of women have been pressured to have their Fallopian tubes tied while giving birth, or have been sterilized without consent.¹³ Illegal abortion is one of the major causes of maternal death in Mexico.¹⁴ There is no respect for the physically challenged, or concern for their special needs. In addition, homophobic treatment in medical institutions has been denounced on innumerable occasions by gay rights leaders. It is common for any effeminate-appearing man seeking hospital care to be badly treated or denied attention, and for hospital staff to automatically as-

sume that he is HIV-infected.

Finally the Mexican experience suggests that a two-way relationship exists between discrimination and health. Belonging to a group that is discriminated against and whose dignity is disregarded can have a worsening effect on health; at the same time discrimination and lack of respect for human rights can arise in response to a specific illness. Thus, discrimination can be a root cause of illness and having an illness can lead to being discriminated against.

AIDS illustrates both sides of this relationship, and not surprisingly, raises several important questions. Despite substantial efforts by the National AIDS Prevention Agency, and despite the Mexican government having approved all of the World Health Organization agreements regarding AIDS, it has not been possible to prevent constant violation of rights of those living with HIV or AIDS. Often, the right to confidentiality is not respected. Frequently, HIV tests are involuntarily conducted, as a requirement for changes in migratory status and in order to apply for and obtain certain jobs. Also, the HIV/AIDS test is carried out on employees of various firms and hospital patients without their knowledge or consent. Numerous cases have witnessed people losing their jobs after it was discovered that they were HIV-infected, both in the private sector, and also in state-owned enterprises.

The connections among discrimination, dignity, and health are valid not just in Mexico, but throughout the world. While reasons for violations of rights and dignity vary with each country, some have proposed that Latin American human rights violations stem from structural causes, determined by the marked social heterogeneity of capitalism.¹⁵ One author concluded that "violations of human rights are not arbitrary acts but the necessary adjustment of human behavior to the demands of capitalist production of goods."¹⁶

In Mexico, it is paradoxical that the more wealth is generated by industrial development and the greater the potential becomes for improved living conditions for all, the greater the distance from full realization of the Universal Declaration of Human Rights. We are faced with an increasing concentration of wealth at the same time as a growing imbalance between the rich and poor, both within and between countries. It is essential that human rights activists recognize and remain firmly anchored

in these realities, so that rhetoric does not advance as though in a vacuum.

A more encouraging perspective proposes that human rights and dignity could become the banner under which an ever-growing number of individuals from different countries identify the commonality that underpins their struggles—on behalf of everyone—for a world worth inhabiting. In this regard, it is encouraging to observe the proliferation of nongovernmental organizations (NGOs) dedicated to the defense and promotion of human rights around the world. In Mexico, the number of human rights NGOs had increased from 4-5 in the early 1980s, to 70 by the early 1990s, and to more than 300 today.¹⁷ In Chiapas, Mexican NGOs played a fundamental role in helping to prevent a massacre of Indians. The first response of the Mexican government towards the rebellion was to bombard the area indiscriminately. Mexican civil society immediately criticized this act, and thousands of people from NGOs and other volunteer groups moved to Chiapas, literally creating a human chain or shield to protect those involved in the uprising.

The Universal Declaration of Human Rights is based on the idea that “all people are equal in dignity and rights.” Dignity, essential for meaningful human life, is threatened by discrimination and other rejections of human rights. Dignity and health, and dignity and discrimination, appear to be closely linked. It is easy to understand why authoritarian, totalitarian, and all other regimes that resist human rights are also threatened by the concept of human dignity, and that health of populations in such countries will suffer accordingly.

Shortly after the January 1994 uprising, the following graffiti appeared on a wall in San Cristobal, Chiapas: “They forgot that dignity is not only the heritage of those who have achieved their basic living conditions. Those of us who have nothing, also possess those qualities that make us different from animals and objects.”

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References

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3. F. Murillo "El Proceso de defensa de la dignidad humana en el nuevo mundo," España: 484.
4. *Ibid*, p. 492.
5. Total population living in the Mexican basin at the time of the conquest has been calculated at 1.59 million. By 1607 it had decreased to 183,000. T. Whitmore, *Disease and Death in Early Colonial Mexico. Simulating Amerindian Depopulation*, (Bolder, San Francisco: Oxford Westview Press, 1991), p. 197.
6. E. Malvido, "Las epidemias: una nueva patología," *Medicina Novohispana Siglo XVI. Historia qegeral de la medicina en México, Tomo II*, (UNAM y Academia Nacional de Medicina, 1990), p. 112.
7. N. Sánchez-Albornoz, *La población de América latina: Desde los tiempos pre-colombinod al año 2000*, (Madrid: Alianza Universidad,1973): 76.
8. E. Malvido, see note 6, p. 115.
9. N. Sánchez-Albornoz, see note 7, p. 312.
10. Chiapas is one of the poorest Mexican states and a clear example of the regional disequilibrium that exists in Mexico. The agriculture methods practiced are archaic and require intense human labor, while the treatment of the indigenous population is racist and tyrannical.
11. This appeared in the first edition of the EZLN information bulletin, which was widely distributed.
12. This declaration was published in all major newspapers in Mexico.
13. 10% of the women surveyed nationwide in the 1987 National Fecundity Survey reported having been sterilized without having participated in the decision.
14. "LV legislature regarding ethics, the law and abortion," (GIRE, the Interdisciplinary Group for Free Reproductive Choice): 19.
15. Norbert Lechner quoted by Sara Sefchovich, "Los derechos humanos: teoría: práctica, filosofía, utopía," (México: Eslabones, núm 8, 1994): 35.
16. *Ibid*.
17. Sergio Aguayo quoted by Sara Sefchovich, op. cit. p. 25.