HEALTH CARE FOR ALL

The absence of adequate, affordable and accessible health care is disastrous for individuals, families and communities. Today, more than 40% of the 56 million deaths each year are avoidable[5]. By looking at HIV/AIDS alone, over 40 million people are estimated to suffer from this disease, the severity of which is effectively wiping out family and social structures as well as the productive labour pool while exhausting already limited health care budgets and delivery systems.

Yet, the 20th century has seen remarkable advances in health. According to the UN's *Human Security Now* report, 1 billion people have average life expectancies of nearly 80 years, double the average of a century ago[6]. However, like many social trends, health provision and access to adequate health care are unequally distributed resulting in *"the paradox of unprecedented achievement among the privileged and a vast burden of preventable diseases among those less privileged, the majority of humankind"*[7]

Health is increasingly understood as more than an absence of disease or illness. Health policies and programs need to focus on providing individuals, groups and communities with the tools to exercise greater control over the resources and strategies necessary to achieve their health and well being. This requires a removal of barriers in health systems for marginalized people including those with disabilities. Barriers such as:

- Negative attitudes
- Physical barriers
- Equation of disability with ill health and disease
- Lack of adequate planning and coordination supports
- Rationing health care
- Training of medical personnel

> Sadako Ogata, former UN High Commissioner for Refugees, said refugees with disabilities face a *"'double vulnerability' - often the last in camps to receive food, water and care... and, in many situations, viewed as a burden to be left behind."*

Healthfulness is derived from both knowledge and access. Knowledge contributes to new vaccines as well as new ways of working with patients. Community-based knowledge sources can be drawn on to shape programs for providing good quality and accessible health care. Through community consultations, governments and organizations can uncover some of the differing health needs of community members and learn about the various social, economic and medical resources that can be used to meet those needs. For example, parents who have a child with a disability have often expressed increased levels of illness. Many times this is associated with higher levels of stress because families are left alone to provide care giving. Consultations with families would reveal that care giving support could significantly reduce stress levels by providing care givers with some free time. This is not confined to parents who have a child with a disability. **By finding community-based mechanisms to address this, governments could reduce strain on health care since the source of the illness is not physical but a manifestation of social exclusion.**

Knowledge also implicates the training of the medical community to be able to deal with diversity. In the case of people with disabilities, often when an infant with a disability is born parents are given minimal support and more often than are not told that their child is worthless. This results in second-rate treatment for their child with a disability, which continues throughout their lifetime. In some cases

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[5] WHO, UN Human Security Report p.95
[6] UNCHS 2003
[7] Ibid., pg.95