



Health for All Now!
People's Health Movement

Weavings of life for people's health from the ancestral wisdom of the indigenous, peasant and Afro-descendant peoples of Abya Yala

What shall I leave with?
Shall I leave nothing behind me on earth?
How should my heart act?
Are we coming to live in vain?
to sprout above ground?
Let us at least leave flowers
Let us at least leave songs
Nezahualcoyotl (The Poet King 1402 -1472, Sr of Texcoco now Mexico)

PachaMama Holy Earth, in you our life is born, grows and rests.
In you, our life is lit and extinguished.
We are your light, we are your body, we are your strength and your spirit.
Our deepest gratitude for the life and health of all of us.
(SumaYapu, Andean community cultural association, Peru-Bolivia border)

INTRODUCTION

From the People's Health Movement (PHM) of Latin America and the Caribbean, together with members of the different regions and representatives of indigenous and Afro-descendant peoples, we promote the respect and sacredness of ancestral knowledge for the construction of the Right to Health and the protection of Mother Earth from our territories.

Within the proposal to participate in the "South-South Dialogue on Sustainability: Traditional Medicine in the Global South" the PHM together with the Global University for Sustainability and Lingnan University representing the peoples of China, and the participation of other peoples of Asia and Africa, we participate to promote the Dialogue of Knowledge from the counter-hegemonic interculturality within the framework of mutual respect and collaboration.

In this time of search for agreements and solutions to the global crises, the PHM calls on us to share the word and experiences from our territories, thus intertwining the struggles for the dignified life of our peoples.

Our proposed themes are interrelated and are showing us that we are the force of diversity, epistemic and social justice, the force of plural voices that emerge with urgent tasks from our ancestral knowledge to be considered in this present time.

For several years we have been working together with the PHM, promoting respect for ancestral knowledge, the dialogue of knowledge, a meeting of interculturality and respect, always questioning the



asymmetries of imperialist colonial global power, so from social justice and epistemic justice we are deepening this proposal.

As Afro-descendant, indigenous and peasant native peoples, from our territories we recognize ourselves as part of the Abya Yala. Each ecoregion, together with its own ancestry and spirituality, shares the "family-community" together with the sun, the moon, the stars, and the nature that lives next to us (jungles, lakes, rivers and mountains).

As PHM, we are a movement that expands to promote ancestral knowledge and build bridges of dialogue between indigenous, peasant and Afro-descendant native knowledge, such as community ancestral knowledge, popular knowledge and collective health practices that vindicate the struggle for social justice as part of the construction of health and dignity of the people.

PROPOSALS, EXPERIENCE AND REFLECTIONS BASED ON ANCESTRAL KNOWLEDGE

Ancestral Community Knowledge and Traditional Ancestral Medicine

The ancestral knowledge from the cultural and territorial diversity in our Abya Yala, from the indigenous, native peasant and Afro-descendant aspects, is understood as part of the life of the peoples together with the wisdom of Mother Earth for the coexistence in harmony and balance with nature and the community.

Traditional ancestral medicine involves a diversity of components where spirituality is a central and fundamental aspect that anchors all existence, permeates every element or every instance of life giving it a sense of transcendence. In addition, belonging and feeling part of nature in a sacred bond determines the harmonious flow with Mother Earth. Precisely from this flow, from this common-union with nature and the observation of its elements, cycles and influences of the stars, arise the learning and knowledge that are manifested in daily life generating different relationships and ways of life. It is in the word, in the councils, prayers, dances and songs as well as in the works that exist in each community where the knowledge of each culture also flows and is kept alive.

When we talk about traditional ancestral medicine we are also talking about the wise men and women, elders, doctors and traditional midwives who are guides and guardians of life. Their knowledge is not endorsed by diplomas from conventional state institutions, but by the trust and respect of the communities of which they are part in their territories of life. They are recognized for their experience and connection with the spiritual world, with sacred spaces and messages in dreams. In their hands is the continuity of the knowledge that has been transmitted for generations with a rhythm and voice specific to each territory. The work of doctors and traditional midwives implies a responsibility with their environment and their people, integrating physical, mental, social and spiritual care in each act of healing.

The complementarity of knowledge between conventional academic medicine and traditional ancestral medicine provides solutions through a dialogue of knowledge between institutional health professionals and community leaders who practice traditional medicine.



From ancestral knowledge, the treatment is based on medicinal plants, spiritual cleansing, dietary changes and harmonizations, offerings to sacred places and to the ancestors who guard the sacred places, among other resources.

For our peoples, it is stated in this way: for example, for the Great Guarani Nation, "Mbya Guarani", which comprises a large territory between Bolivia, Argentina, Paraguay and Brazil, *Techaî* (health) is the most important thing in life, it can be felt and seen, because it integrates both the physical and the spiritual part. Given the necessary integration and restoration of these dimensions in order to feel strengthened, health practices require knowing how and when to use material and more subtle elements, i.e. medicinal plants, offerings in sacred places, music, ceremonies, incense, sacred words and songs, etc.

Territories and Ancestral Knowledge at Risk

For the defense of our territories and ancestral knowledge it is urgent to focus on the *social determination of health* that indicates that there are social, political and economic conditions that directly determine that people will get sick and die in unworthy living conditions. Therefore, for us as PHM, the struggle for the right to health is the struggle for dignity and social justice for our people. To remember that without social justice no one will have health.

Why do we only think of hospitals, pills, white coats and stethoscopes when we talk about health? This is because from a dominant hegemonic western, mercantile, capitalist, racist and patriarchal macroculture we have been taught to think of only one kind of health. When in reality we are millions of human beings, thousands of cultures alive today in the world.

It is necessary to critically review what kind of health we want. We need to deepen what health is for us and from our ancestral roots, from our own cosmovision and territoriality.

There are sacred places still alive in our territories, we come from millenary peoples, that although our struggle of more than five centuries ago is a struggle for cultural resistance, against the extirpation of idolatries of the colonial genocide, but our own history is millenary. We are millenary peoples and living cultures.

Mother Earth is a source of knowledge and healing. In the face of cultural appropriation and continuous persecution of our ancestral knowledge, we denounce the cognitive extractivism and territorial depredation caused by the corporate mercantile capitalist system that, implementing green businesses, mining, energy, agribusiness, etc., implements monocultures plagued with agrochemicals, diverts and dries rivers, burns and deforests forests and jungles and murders the leaders guardians of the territories. We also denounce the destruction of sacred places, which are subject to misappropriation by commercial tourism, generating gentrification and privatization of peoples.

We also denounce the Biopiracy that appropriates the knowledge of the peoples, as well as the healing principles of medicinal plants that once studied and appropriated, are privatized through patents to be



subsequently negotiated with the corporations of the pharmaceutical-chemical complex, depriving the peoples who possess this knowledge of this knowledge.

An important example for the Andean peoples of Abya Yala is the criminalization of the millenary Coca Leaf. It is a sacred element, a source of energy and a fundamental food for life. However, the value of coca has been distorted over the years, leading to the criminalization of its producers, the forced eradication of crops and the marginalization of its benefits for use in traditional medicine.

Coca has been used for millennia in the Andes as an integral part of the health and daily life of our communities. The practice of "chaccheo" "pijcheo" or "acullico" "aiu guwazhama" "ayu a'kusun" "jañu gaji" (chewing the coca leaf) is a deeply rooted custom that helps mitigate hunger, fatigue and the effects of high altitudes, besides having properties that enhance physical endurance without generating addiction.

In June 2024, the Plurinational State of Bolivia, supported by the current Government of Colombia, formally requested a critical review to the World Health Organization (WHO) to re-evaluate the status of the coca leaf in order to remove it from the 1961 Single Convention on Narcotic Drugs. This process seeks to correct the mistake made against the Andean peoples, when the WHO and the UN classified the coca leaf as a narcotic drug, confusing it with cocaine, ignoring its ancestral use and nutraceutical benefits. This classification criminalized the coca leaf in the international context, linking the coca leaf in its natural form to the problem of cocaine trafficking, disregarding the traditional use of the leaf in Andean communities.

Decolonization, Depatriarchalization, Counter-Hegemonic Interculturality, as Axes of Cultural Resistance and Social Transformation.

It is important to emphasize that ancestral indigenous health knowledge is holistic, that is, it refers to the relationships between the parts of a whole that affect the health-disease process. There is an interdependence and continuity of affectation between the planetary/societal, individual/family/community, physical/mental, natural/spiritual planes.

It is for this reason that the ancestral knowledge of the indigenous native peasant and afro-descendant peoples is not reduced to the analysis of the parts of the whole in an individualistic, mechanized and sectioned manner, as does biomedicine / western / modern academic medicine, but seeks to understand the relationships that are established between all the constituent parts of the environment, for a better understanding of the health, well-being and good living of people, communities, territory and the planet.

These relationships can be economic (production, distribution and consumption relationships); political (power relationships); cultural (knowledge relationships); public policies (power/knowledge relationships); spiritual (relationships of the being with the cosmos), socio-environmental (society-nature relationships), etc. That is why we often hear talk of harmonizing and balancing these relationships to restore healing-balance.

Thinking about the possibility of a dialogue of knowledge implies thinking, speaking and feeling from a counter-hegemonic interculturality that questions the dominant capitalist mercantile power system, not



only as the sum of philosophical, anthropological or social concepts, but also at the level of social and political determination. It is a matter of attitudes and actions that permeates the daily work, structure and construction in the relationships between professionals, technicians, population, wise men and women, elders, doctors and traditional midwives, and between health systems and services. Counter-hegemonic interculturality seeks to build an equitable and fair dialogue, overcoming racism and contempt against ancestral knowledge.

The criteria of rigor, measurement and validity of academic biomedicine, that is, of Western evidence-based (scientific) medicine, are not applicable to ancestral traditional medicine: we cannot evaluate with the rules of a reductionist medical knowledge another different knowledge that is holistic, solidary, communitarian, millenary. Communities from their territories produce knowledge based on their experiences and intergenerational experience of knowledge proven through their own history.

A counter-hegemonic intercultural dialogue is urgently needed to address ancestral wisdom alongside the process of *decolonization of thought*, both in the field of health and in our daily lives. Freeing ourselves from colonial frameworks of knowledge means allowing ancestral knowledge to flourish as a legitimate form of wisdom and good living, to emerge with strength bringing the whisper of our dormant ancestral voice. This change of perspective allows us to understand that traditional ancestral medicine is inseparable from the environment, spirituality and cosmovision that shape it. Decolonization becomes an exercise of humility and humanity, of opening the understanding to the possibility that the knowledge of the indigenous native peasant and Afro-descendant peoples of Abya Yala is alive and effective in the territory, it is exercised as cultural resistance to structural racism and social injustice suffered by our peoples and communities.

This path requires understanding that knowledge is not a property, but a collective construction in movement that benefits the community. By decolonizing thought, intercultural work is enriched, since the wisdom of those doctors and traditional midwives who do not practice as isolated professions, but as living parts of their community, in tune with its needs, rhythms and community and territorial dynamics where they coexist with natural and spiritual forces, is recognized.

Also a critical point to articulate in this struggle is the *depatriarchalization of health*, remembering that great wise women, midwives, weavers, farmers, artists, poets, guardians of the territories were burned during the inquisition because they took care of health and balance in the community. Women are still considered inferior under patriarchal subjugation; therefore it is urgent to reflect and recognize all the wisdom of the feminine force, from the deep connection with Mother Earth, which is awakening from the depths of the communities to recover a sense of life of circular, fair and equitable power, to the care and respect for all life that is sacred.

The fact that there are indigenous knowledge/practices and powers also allows us to infer that there are indigenous health systems, which we call our own systems, insofar as they are the result of self-defined policies that articulate products, services, methods, and traditional ancestral medicine wise men/women at the will of the own power that defines them (self-determination, self-government, control of the territory). In this sense, when we speak of intercultural health systems we put in dialogue, in cooperation and



complementarity of knowledge and practices, the indigenous health systems themselves with Western health systems through the wise men and women of traditional ancestral medicine and each of their specialties and specialists recognized by their own communities.

Intercultural systems are the result of agreements between indigenous peoples and actors of modern conventional Western medicine, which could be facilitated by the State, and constituted by the latter in public policies, but on the basis of the free, informed and decision-making participation of indigenous peoples. It is about enabling the coexistence, and articulating cooperation, in terms of health, welfare and good living of people, communities and the planet, of two distinct, autonomous medical systems, not the integration between the two, nor the subsumption of one by the other; rather dynamically seeking the complementarity of both systems of knowledge in favor of the health of the peoples.

Ancestral health knowledge is part of the cultural heritage of all humanity. It is therefore urgent to make these systems visible and respect them by building mechanisms to protect their practices while respecting the autonomy of the peoples and the integrity of their knowledge.

The meeting convened by the Pan American Health Organization (PAHO/WHO) on the 40th anniversary of Primary Health Care (PHC) promoted the idea of a comprehensive health model that takes care of the health of ecosystems and Mother Earth towards good living based on PHC with a community, intercultural, territorial and intersectoral approach. Such a multiethnic model requires the strengthening and recognition of traditional ancestral medicine. However, the Universal Health Coverage policy, the Astana Declaration and the recent proposals of the World Bank and other interested parties, with the resonance of the WHO, compress individual and collective PHC interventions to biomedical, selective and economic evaluation criteria of cost-efficiency and cost-effectiveness, contrary to the proposal of a comprehensive PHC that serves as a platform for the coexistence between traditional ancestral medicine and conventional Western medicine.

Therefore, the PHM calls for a comprehensive, intersectoral, interdisciplinary and transdisciplinary approach, based on counter-hegemonic interculturality and dialogue of knowledge in equity and respect. During this moment in history, where the development of information technologies should be understood as tools of communication and rapprochement that summon us and make it easier to meet and listen to each other even from virtual spaces in distant territories, it is urgent a South-South Dialogue from the ancestral peoples and communities that have preserved their ancestral knowledge alive in their territories, in order to find collective answers from different areas of knowledge that dialogue from the academic conventional medicine as well as from the ancestral traditional medicine.

The Good Living or Living Well: Sumak Kawsay - Quechua, Suma Qamaña - Aymara, Ñande Reko - Guarani, Kume Monguen - Mapuche, Utzilaj k'aslemalil, Lekil Kuxlejal - Maya, Zume Kuama - Wiwa, Du Me'zari Kukweika - Arhuaco, Kualama - Kogui, etc.

The Good Living or Living Well, understood as a life in plenitude, emerges as a proposal from the native indigenous, peasant and Afro-descendant communities themselves, which have preserved the fabric of

community social life based on collective mutual care, respect and reciprocity as fundamental values of coexistence in the territory. It has become constitutionalized in both Bolivia and Ecuador.

Each living territory has generated its own proposal and has recognized Buen Vivir in its native language, as we indicated at the beginning of this section. This necessarily leads to diversification and has the amplitude to develop this proposal from the knowledge and resources present in each community. There is no recipe for Good Living, there is the challenge of dialogue and encounter for the defense of the land, the territory, the water sources and the life of the guardians of these territories. This includes a deep respect for Mother Earth and all the interrelationships and interactions that remind us that we are little pieces of her walking this world, honoring the spirituality and ancestry that we inherited from our peoples.

Pandemic/ Syndemic Covid-19

One of the most outstanding features of the global discourse on the pandemic was the focus on the SARS-CoV-2 virus of Covid-19, and together with it, the biomedical emphasis characteristic of global health policies that privileged the notion of an organic body subject to the risk of infection by the virus and, therefore, which should be protected. In this sense, the measures imposed by multiple governments coincided in preventive isolation and in the early identification of populations considered to be at greater risk than others, including adults over 60 years of age and people with chronic non-communicable diseases. In addition, the advance of a cruel mercantilist view of health was observed, turning it into a global business, which is why, from the PHM, we strongly defend health as a human right, not as a commodity.

In contrast to this biomedical framework, we understand Covid-19 as part of a broader *syndemic* involving the emergence and increased frequency of infectious diseases, which are a consequence of the depredation of nature and climate change resulting in the alteration of the habitat and circulation of microorganisms due to extractivist economic practices such as the intensive use of fossil fuels and the global food system based on agribusiness, which, with the implementation of deforestation and intensive agriculture of transgenic monocultures, alter ecosystems and increase biodiversity loss, accelerating climate change. In addition, unjust socioeconomic inequalities limit access to comprehensive health care, safe drinking water and quality nutritious food, and induce malnutrition and disease. These, among many, are interconnected crises that highlight the complex relationships between human health and the environment, as well as the prolonged and systematic maintenance of structures of violence, racism, exploitation and neocolonialism over bodies - territories.

The syndemic approach emphasizes that problems are not isolated but intertwined and mutually reinforcing. It is precisely the lack of shared historical understanding and thinking of diseases and pandemics as isolated elements that weakens the ability to prepare, respond and change.

Therefore, we emphasize as PHM that the first disease that must be eradicated is extractivism in all its forms and Social Injustice, as proclaimed by Dr. Ernesto Guevara.

Pandemic by covid 19 from the experience of the indigenous native peasant peoples.



Some examples of the high efficacy and effectiveness of traditional ancestral medicine have been remarkable in several communities of our Abya Yala. We share some of them and invite you to continue recording these experiences and case studies on the successful use of ancestral medicine to survive this critical moment of humanity:

In La Guajira Peninsula, located on the border between Colombia and Venezuela, the Wayuu peoples constantly lack water, food, electricity, access to medical care, and an ethnic-specific health plan. During covid 19 confinement measures impacted indigenous communities by implementing strict regulations such as closing businesses, restricting movement after certain hours, blocking informal crossings, and limiting access to indigenous territories without providing resources to vulnerable families who lacked food and medicine (Informativo Wampirai, Delivery 17, 2020).

However, the Wayuu traditional healing system demonstrated adaptability by collectively remembering what happened during painful events for the community such as the Spanish flu at the beginning of the 20th century, mosquito-borne epidemics or equine encephalitis. Traditional doctors, wise men and women with their knowledge of diseases and medicinal plants positioned themselves as an alternative for the treatment of covid 19. Many Wayuu avoided going to health centers for fear of death, so the practices and recommendations that began to be transmitted through the indigenous media and community radio stations were key to overcome syndemia and protecting life in both rural and urban areas.

Another example of the importance of ancestral knowledge during the period of the Covid-19 pandemic was the actions of the midwives who are members of the Chiapas Nich Ixim Midwives Movement (MPCHNI).

Nich Ixim (Flor de Maíz) is a movement made up of more than 650 traditional midwives in the Mexican state of Chiapas, which began in 2014 seeking to address the conflicts and barriers that women and midwives face. Tired of mistreatment, discrimination, utilization and lack of recognition of their work by state and federal public health institutions, they organized to protect their rights. In Chiapas, one out of every three births is attended by a midwife and within indigenous municipalities this percentage reaches 90%. In 2019, there were 85271 births attended by midwives in the country and 62% of the births attended by midwives occurred in Chiapas.

The COVID-19 pandemic was a period that served to demonstrate the importance and validity of the work of traditional midwives, especially in communities that do not have the possibility of moving to a hospital or health center. During this period, 35% of the institutional health personnel in Chiapas left once the pandemic was declared, so this lack of personnel and the closure of multiple medical centers or their focus on COVID-19 care, made evident the presence of traditional midwives, where more than 1400 women gave birth during this time accompanied by the midwives members of Nich Ixim, and there were no maternal deaths despite the risks that can occur in a birth process in the conditions in which the traditional midwives were forced to work.



Essential to this work during the pandemic is the recognition of those midwives who died between 2020 and 2021. Most of these women never hesitated to go out to help those in need of care despite the risk posed by the pandemic.

In the territories of the Mayan People of Guatemala, "it was a great example of returning to the origin" due to the modernity and excessive use of allopathic medicine in the Mayan communities. On this occasion, since the pandemic, and to harmonize with the virus, the grandmothers and grandfathers sought again to heal with medicinal plants; it was to remember again that in Mother Nature there are healing and prevention powers. Although it was not only the plants, but also the theme of remembering that in returning to the ancestral origin with the sacred fire, there is prevention and above all protection. Many affected people came back to these ancestral ceremonial practices, because it is necessary to return to dialogue with the energies through our own spirituality, because in the Mayan cosmovision we not only dialogue with Matter but also with the Sacred Energies of each being; in this case the energy of the virus was kept in dialogue to return to Mother Earth and the sacred wind. The rural Mayan communities had almost no contagion due to the remoteness of each family; in urban areas is where there was more contagion. Thanks to the living ancestral knowledge of these communities many people did not take vaccinations because they were unnecessary after restoring their health completely with traditional Mayan ancestral medicine.

In Bolivia, as an indigenous native peasant majority, there is Law 459 that recognizes from the State to the Bolivian Ancestral Traditional Medicine and its different specialties such as: Spiritual Guides, Midwives (females and males), Naturopaths and Traditional Doctors, which also each territory and indigenous nation names with their own native languages. During the Covid 19 Pandemic, the population was exposed to the greatest mistreatment by a de facto government imposed in November 2019, because they had a militarized quarantine, that is, they locked in prison anyone who left home without wearing a mask or to look for food during the confinement. Unfortunately, people who carried medicinal plants were persecuted and imprisoned, in addition to insulting and disqualifying ancestral medicine. Within this harsh context, the organized people resisted both Covid 19 and the coup, organizing soup kitchens to relieve the people who were starving, as well as distributing medicinal plants going house to house, organizing neighborhood and collective care. Midwives from the Amazon jungle, from the region of the central valleys, from the highlands, saved the lives of thousands of women when they were not accepted by the institutions because they did not carry the test that was extremely expensive and inaccessible to the humble people. This is how Bolivia recovers democracy and survives Covid-19 thanks to the ancestral traditional medicine alive throughout the national territory.

PROPOSALS FROM OUR ANCESTRAL KNOWLEDGE, ALIVE IN THE TERRITORIES.

The recognition of wise men and women, doctors and traditional midwives should not seek their assimilation or subjugation within the rigidities of Western medicine, but rather the creation of spaces for counter-hegemonic intercultural dialogue that respect their autonomy and value the complementarity that they contribute to the health and Good Living of the peoples.



These relationships cannot be limited to policies or laws, which, although necessary, require a profound transformation that permeates the multiple spaces in which we move, promoting respect, solidarity and reciprocity. Only in this way will we be able to avoid new forms of cognitive and resource extractivism and build inclusive, intercultural, interdisciplinary, transdisciplinary, intersectoral and plural health systems.

We promote this South-South Dialogue with the hope of sustaining the fabric of ancestral community life to become a global proposal within the framework of the ethical exercise of transparency and trust, strengthening the knowledge of the communities and thus summoning the construction of Good Living for the peoples of the world.

RECOMMENDATIONS

Articulating global struggles around respect for Ancestral Knowledge and the Health of Mother Earth requires a series of necessary and urgent actions that can be implemented at different levels. We mention some examples by way of proposals for action:

1. Education and Awareness:

- Promote education on Ancestral Knowledge and its importance for environmental and social health in schools, communities and digital platforms.
- Conduct awareness campaigns to publicize the connection between ancestral practices and sustainability.
- Promote educational programs that integrate ancestral knowledge and agroecological approaches into educational curricula at all levels.

2. Alliances and Networks:

- Promote the creation of international networks that connect indigenous communities and organizations working for environmental justice, social justice and epistemic justice; together with the rights of indigenous, aboriginal, peasant and afrodescendant peoples of Abya Yala.
- Establish strategic alliances between social movements, NGOs, and international organizations to strengthen the visibility and voice of these struggles.

3. Public Policies:

- Advocate for public policies that recognize and protect the rights of indigenous and Afro-descendant peoples and their traditional knowledge. This includes the implementation of laws that promote and protect traditional medicines, agroecology and food sovereignty.
- Promote the integration of Ancestral Knowledge in the formulation of environmental laws and regulations.

4. Research, Systematization and Documentation:

- Promote research that involves communities in the collection and validation of knowledge, ensuring that their voices are heard and their knowledge is integrated into contemporary solutions.



- Systematize community experiences on prevention and life healing; that is, they themselves can write down their stories and experiences.

- Share this research in international forums to increase recognition of its importance.

5. Dissemination and Communication: use modern communication tools to disseminate information about the importance of ancestral knowledge and agroecological practices, creating a global movement of awareness towards the Good Living of the peoples.

6. Defense of Territory and Sacred Places: support communities in the defense of their territories and sacred places against extractivist projects and capitalist mercantile dispossession that threaten their way of life and the health of the environment.

7. Activism and Mobilization:

- Organize and participate in protests and campaigns demanding ecological, social and epistemic justice and respect for the territorial rights of indigenous peoples.

- Involve civil society in the defense of these struggles, creating a global movement that supports the principles of equity and respect.

8. Financial and Technical Support:

- Provide financial and technical support to communities that maintain ancestral practices and are at risk due to extractive projects and monocultural capitalist development.

- Promote sustainable economic initiatives that respect and promote this knowledge and the research, production and distribution of traditional medicines under the control of indigenous peoples.

9. Participation in International Forums:

- Facilitate the participation of representatives of indigenous, aboriginal, peasant and Afro-descendant communities of Abya Yala in international conferences on the environment, human rights and sustainable development.

- Take their demands and solutions to global platforms such as the UN, COP (Climate and Biodiversity Conferences), among others.

10. Global Solidarity: to promote international campaigns that connect the struggles of different communities and highlight the interconnectedness of global environmental and social problems.

11. Legal Protection:

- Work to establish legal frameworks that protect the collective and cultural intellectual property rights of Ancestral Knowledge.

- Prosecute companies that violate these rights or destroy ecosystems that are fundamental to these cultures.

12. Respect and connection with Mother Earth; learn from her and listen to her messages; because she is our Wise Mother; take care of her, love her from our cosmologies of all Abya Yala. Maintain dialogue and

communication with her, above all ask her forgiveness for all the damage that has been done along with the commitment to heal, reforest, and green the natural life fabrics in our territories.

13. Above all, to initiate a process of decolonization, depatriarchalization and counter-hegemonic interculturality from within ourselves as body-territory, in order to understand each other and in love with Mother Earth.

In summary, we propose to strengthen the knowledge of traditional medicine of the indigenous, native peasant and Afro-descendant peoples of Abya Yala in our territories, preserving medicinal plants, improving the practice of the wise men and women and access to their knowledge; organizing research, artisanal production and distribution of the peoples' own medicine; promoting the teaching of life caregivers based on their own knowledge and experience; as well as encouraging the organization of networks of wise men and women of our peoples.

Recognize and include our traditional medicines in national and international health institutions, and interculturally articulate midwives, wise men and women in actions to promote health, prevent and cure disease.

Finally, to conserve and promote the sowing of their own medicinal plants, create seed banks of medicinal plants and generate a network of seed caretakers.

These actions must be coordinated and adapted to local and global circumstances, always with the respect and active participation of the communities whose knowledge is to be protected and promoted.

For all of the above, we recognize that Traditional Ancestral Medicine alive in our Abya Yala takes care of the human community, the plant and animal community, as well as the sacred places from the local culture, dances, songs, ceremonies and community celebrations that are linked to the cycles of production and reproduction of life, of planting and harvesting, of the integral care of the territories. For the same reason, this holistic approach shows us that beyond the totalitarian mercantile capitalist system, ancestral medicine has a solidary character of reciprocity and care for life from biocentrism, overcoming anthropocentrism; in addition, recognizing our own values from decolonization marks us a profoundly anti-imperialist proposal that continues to resist the colonization of the territories; depatriarchalization leads us towards the encounter of opposite and complementary pairs such as the masculine and feminine forces that balance life. Therefore, our struggle is for the dignified life of the peoples in an anti-imperialist, anti-capitalist, decolonizing and depatriarchalizing framework to rediscover the transforming power of deep love for life, which interconnects us with all beings.

ACKNOWLEDGMENTS

Special recognition is due to all the people who, in solidarity, from their territories and life experiences, have contributed to the construction of this document. By calling us towards individualistic decolonization, we honor this agreement with ourselves, knowing that this knowledge has no particular owners, but comes from the deep roots of the collective and popular community knowledge of our peoples. May these words



Health for All Now!
People's Health Movement

expressed from various territories continue to circulate throughout the world to build health as a dignified life of the peoples.

REFERENCES AND BIBLIOGRAPHY

https://www.inegi.org.mx/contenidos/programas/natalidad/doc/natalidad_2019_nota_tecnica.pdf

<https://www.excelsior.com.mx/nacional/parteras-sin-miedo-al-covid-en-chiapas-denuncian-obstruccion-a-su-trabajo/1421887>

<https://www.proceso.com.mx/nacional/estados/2020/12/12/en-chiapas-mil-400-mujeres-parieron-con-la-ayuda-de-parteras-en-la-pandemia-254431.html>

<https://raichali.com/2021/05/06/parteras-durante-pandemia/>

<https://revistasoberaniasanitaria.com.ar/reflexiones-desde-una-practica-situacional/>

Aguirre Patricia, (2022). Talking about COVID-19: contributions to the construction of a collective memory of syndemia from food. *Revista salud colectiva*, 18. <https://doi.org/10.18294/sc.2022.4054>