ORIGINAL RESEARCH

War and the Right to Health in Colombia: A Case Study of the Department of Nariño

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Abstract

This paper reviews implementation of the right to health in Colombia after the reform of the Colombian health system in 1993. The department of Nariño is taken as a case study of how war impacts on the guarantee of the right to health. The poorest, most vulnerable groups are those most affected by both war and the violation of the right to health. Violations of human rights, including the right to health, are most common among the poor, ethnic groups, sexual minorities, and all those living in areas of active combat. Moreover, the social security health care system's philosophy and organization have enabled illegal armed agents, mainly the paramilitary, to appropriate and manage health resources for their own ends.

Introduction

Colombia is the land of magic realism. The history books tell us we are the oldest democracy in Latin America. And that weare the only South American country with a brief dictatorship followed by a power sharing agreement between the traditional parties over a period of 16 years. We can also lay claim to the oldest guerrilla war in Latin America and the longest war of the continent.[1] On the other hand, we share first place with Sudan as the countries with the highest levels of forced internal displacement. Despite this, the current government claims that there is no armed conflict in Colombia and that the internally displaced are really only economic migrants seeking a better life in the city.

The Colombian health system was reformed in 1993, converting a national health system based on subsidizing supply – assigning resources to the institutions in charge of health care, such as hospitals and clinics – into a system based on subsidizing demand – allocating money through subsidy to individuals and administered by private insurance companies known as Empresas Promotoras de Salud (EPS, Health Promoting Companies). The groundwork for this change began with an ideological offensive. Multi-lateral agencies such as the World Bank played a leading role in driving health sector reforms in Latin America and worldwide which were based on a framework of Structured Pluralism. This framework proposed a regulated health market built on a new conception of health not as a right but as a

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[1] Colombia has been plagued by intermittent conflicts ever since the War of a Thousand Days at the beginning of the 20th century. The latest of these began in 1948, when the liberal populist leader Jorge Eliecer Gaitán was assassinated. The inaugurated the elimination of the Liberal Party base and gave rise to the Revolutionary Armed Forces of Colombia (FARC).

commodity subject to the laws of the market. This market would involve both national and transnational capital and the State would serve as regulator. The resultant insurance system is run by private companies, the EPS. The EPS manage the health insurance premiums paid by employees as well as the money contributed by the government to subsidize health care for the poor.

Colombia's Constitution considers health to be a basic right. But this right has been interpreted and transformed by the insurance companies and its overseers in the government into a commodity, reducing it to a personal service negotiated between economic agents. To defend their right to health, citizens have been forced to resort to the courts, requesting an order of protection (*acción de tutela*) in order to obtain needed health services. These orders of protection, by their inextricable relationship with the right to life have provided growing evidence of the lack of any real guarantee of the right to health in the country.[2] Fifteen years after Social Security Law 100 was passed establishing the current health care system, the Constitutional Court has had to establish clearly and unequivocally that health is not just a service at the whim of the market, but a basic right which, while not absolute, "has an essential core which must be guaranteed for all people." (Constitutional Court, Decision T – 760 of 2008) Since then, however, the voices of health care businesses, their neoliberal ideologues, and the government itself can again be heard claiming that it is impossible to uphold the enjoyment of health as a right for all. Naturally, guaranteeing and defending the right to health becomes far more complex in the context of war.

The department of Nariño and the border with Ecuador[3]

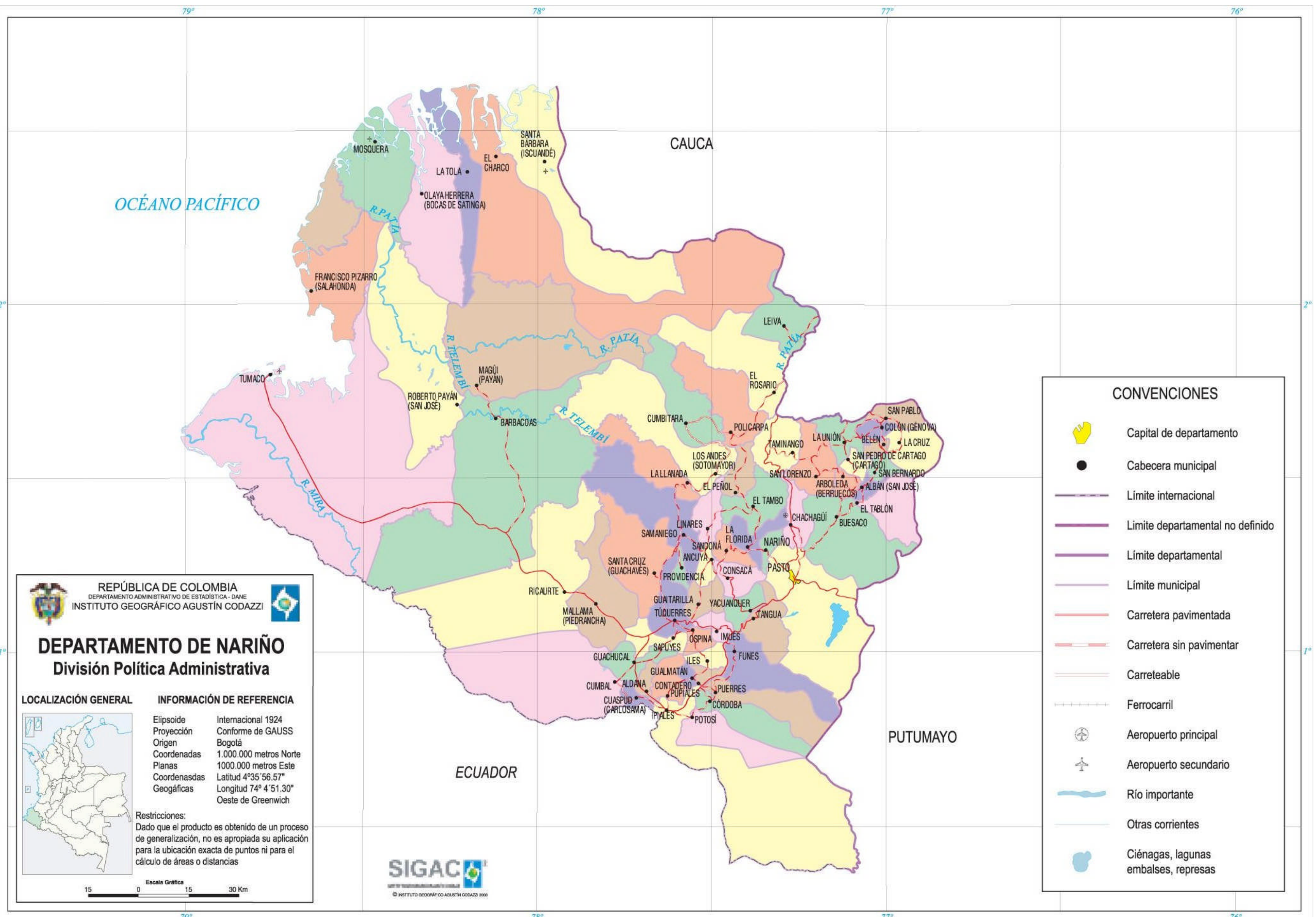
To illustrate the relationship between war and the right to health we will analyze the case of the department of Nariño, and more specifically, its border region with Ecuador (an area at the heart of the war experienced by the Colombian population), focusing on the population which has been forced to move by the effects of the armed conflict.

Colombia and Ecuador share 585 kilometers of border with a common history. The population of this area is the result of spontaneous cross-border integration and an identity common to both sides, thus making the dividing line practically inexistent. The border area is a special territory influenced not by politics, but by the requirements of neighborly coexistence and the regional economy. This idea of the border as a collective space is strengthened by common ecosystems which accompany a common history and culture, differentiating the border into three distinct areas: the Pacific, the Andean and the Amazon areas.

For the best part of their shared history, Colombia and Ecuador have been good neighbors. This became more complex since

[2] Research by the Human Rights Ombudsman's Office on these Orders of Protection related to health care produced shocking results. There are 60,000 such orders requested annually in Colombia. Most of them are brought as a result of denial of service, delay in receiving care, or non-supply of drugs. These are all supposed to be provided through the compulsory health insurance system (POS) for which EPSs receives payment in the form of per capita payment units (UPC). This demonstrates the high level at which violations of the right to health are taking place in Colombia, with obvious consequences for the health, life, and integrity of the Colombian population, (Defensoría del Pueblo, 2007)

[3] Sections of the theoretical content and literature review in this section were previously published in a news article in the *Desde Abajo* [From Below] journal.



REPÚBLICA DE COLOMBIA
DEPARTAMENTO ADMINISTRATIVO DE ESTADÍSTICA - DANE
INSTITUTO GEOGRÁFICO AGUSTÍN CODAZZI
DEPARTAMENTO DE NARIÑO
División Política Administrativa
LOCALIZACIÓN GENERAL
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Carretera sin pavimentar
Carreteable
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PROVIDENCIA
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CONSACÁ
NARIÑO
PASTO
CHACHAGÜÍ
BUESACO
TAMINANGO
SAN LORENZO
ARBOLEDA (BERRUECOS)
LA UNIÓN
BELÉN
SAN PABLO
COLÓN (GÉNOVA)
LA CRUZ
SAN PEDRO DE CARTAGO (CARTAGO)
SAN BERNARDO
ALBÁN (SAN JOSÉ)
EL TABLÓN
GUAITARILLA
TÚQUERRES
YACUANQUER
TANGUA
OSPINA
IMUÉS
SAPUYES
FUNES
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GUALMATÁN
GUACHUCAL
CUMBAL
ALDANA
CONTADERO
PUPIALES
PUERRES
CÓRDOBA
CUASPUD (CARLOSAMA)
IPIALES
POTOSÍ
R. PATÍA
R. TELEMBÍ
R. MIRA

the 90s because the involvement of political and commercial actors and the creation of new bi-national channels of discussion. These channels did not succeed in facilitating the management of common cross-border affairs. As a result border politics were subordinated to each country's domestic agenda and to global dynamics. This was manifested on the Colombian side by what some experts have called the "securitization" of border issues which occurred with the implementation of the Plan Colombia and the Patriot Plan in the south of the country.[4] On the Ecuadorian side, recurrent changes of government, social protest, institutional instability and political changes, including several constitutional revisions over the past few years, have turned national policy towards Colombia into a vital issue in domestic politics. Moreover, the US has attempted to impose its own view and dynamics on regional relationships through the Plan Colombia and the Andean Regional Initiative.[5]

From 2000 on, the priority given to security in Colombia have led to a militarization of the State, the application of Plan Colombia, and growing territorial disputes in border areas between guerrillas and paramilitaries. There has been a noticeable increase in forced displacements and in migration to neighboring countries in search of refuge. In fact, "among Colombia's neighboring countries, the past few years have seen Ecuador become the main destination for Colombian refugees and asylum seekers."[6]

One of the features of Nariño, recognized as its main strength by the Departmental Development Plan (2008–2011), is the multi-ethnic nature of its population: 10.8% are Indians,[7] 18.8% are of African descent,[8] and 70.4% are mixed race.[9, 10] With regard to poverty, the Index of Unmet Basic Needs (UBN) for Nariño averages 43.75%, compared to 27.60% for Colombia as a whole. Most border municipalities have UBNs above the national average.[11] Taking as an indicator the Living Conditions Index (LCI), of the Border Integration Zone municipalities, only Pasto, Ipiales and Tuquerrés have more than 67 points, putting them above the poverty line. Nariño is far from reaching the millennium development targets in terms of levels of poverty and destitution.[12] The situation is made worse for the inhabitants of Nariño by

[4] "The departments of Nariño and Putumayo have seen constant confrontation between Colombian security forces, guerrillas and paramilitaries. US military aid was targeted in that area, as were anti-narcotics operations under Plan Colombia. The FARC's counter-offensive intensified, with attacks on energy, road and oil infrastructures and on police posts and manual coca eradicators, scaling up the conflict. Irregular armed groups are increasingly engaging with drug trafficking organizations" (Ceballos, 2007: 182, 183)

[5] See Ramírez, 2007.

[6] Ramirez, Socorro (Ed) (2007). *Ecuador: Miradas binacionales*. Bogotá. Ministerio de Relaciones Exteriores de Colombia – IEPRI. p. 301.

[7] The indigenous population is settled in 67 reservations within the jurisdiction of 24 municipalities. These communities include the Pastos, Inga, Awa, Eperara Siapidara, Cofán and Quillancingas.

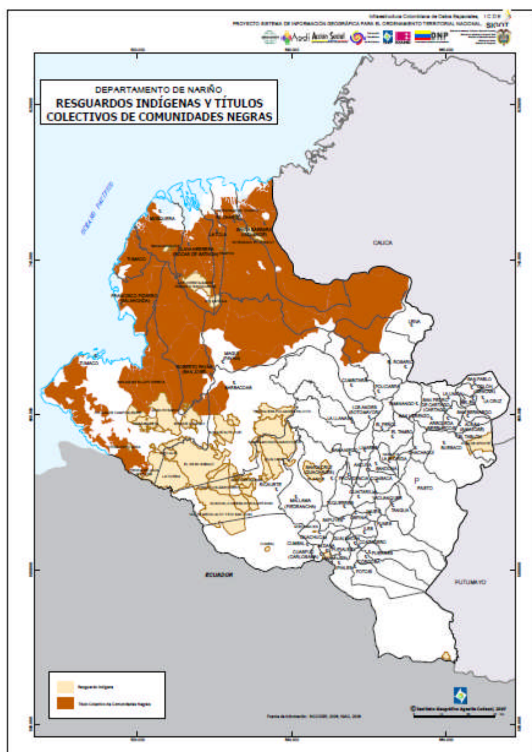
[8] The population of African descent is settled mainly in Tumaco, Barbacoas, el Charco, La Tola, Magüí Payán, Mosquera, Olaya Herrera, Francisco Pizarro, Roberto Payán and Santa Bárbara. There are also important settlements of Afro-Colombian communities in El Rosario, Cumbitara and Policarpa.

[9] Provincial Government of Nariño (2008). *Plan de Desarrollo 2008 – 2011: Adelante Nariño*. San Juan de Pasto, Gobernación de Nariño. Pp. 8.

[10] See Map, page 159

[11] Outstanding among these are the following, with the highest UBN figures in the department: Barbacoas (73,55), Córdoba (71,94), Funes (68,68), Santacruz (67,98), Ricaurte (65,755). (PD Nariño 2008 – 2011: 133)

[12] Despite the improvement in the UBN indicators over the past 20 years, 2005 figures for Nariño show 64.4% living in poverty and 23.7% in destitution, far from the millennium development targets of 28.5% and 8.8%, respectively, by 2015 (PD Nariño 2008 – 2011:53)



Map of Afro-Colombian Communities (brown) & Indian Communities (tan)

the collapse of massive financial pyramid schemes in early 2009 – similar to those made notorious worldwide by the Madoff case – which, as the media and the national government have shown, were subscribed to by a significant proportion of people from various municipalities in Nariño.[13] The loss of financial resources for many Nariño families is likely to affect levels of vulnerability and poverty in the department in the short to medium term.

Basic educational indicators for the department of Nariño show that 83.7% of the population over the age of 5 can read and write, compared with the national level of 88.3%. However, in terms of illiteracy, border municipalities again show higher percentages. School attendance in Nariño of 3 to 17-year-olds is below the average for Colombia. The percentage of people with secondary and professional education is also below the national average.[14]

Impact of the Civil War

As a border region, Nariño has felt the impact of the civil war over the past years. By targeting the southern Colombia, particularly the department of Putumayo, Plan Colombia has transferred the conflict to Nariño, where "the growing presence and incidence of drug trafficking are increasingly felt." [15] Plan Colombia has been in place since 1999, when the Colombian government, supported by the United States, began military operations and the forced destruction of crops for illegal use in areas controlled by the insurgents and subsequently disputed by paramilitary groups. This was an attempt to gain greater control over drug trafficking along the southern border. At first the Plan included a pilot "Southern Push" program in the Putumayo Department along the Ecuadorean border; at the time, Putumayo contained 50% of Colombia's coca-growing area. "Southern Push" consisted of

[13] In a recent interview the Governor of Nariño said that 50% of Nariño families had invested in pyramid schemes. Department income has fallen considerably due to this crisis and the department's finances are at risk, particularly its investment in health and education. Interview in SEMANA magazine, 25 November 2008. http://www.semana.com/noticias-piramides/venta-trago-cayo-1500-13-millones-este-mes-narino/118084.aspx

[14] Among Nariño residents, 50.8% have reached the level of basic primary education and 22.8% have attended secondary school; 4.3% have reached the professional level and 0.8% have undertaken specialized studies (a Masters degree or doctoral studies). The proportion of the resident population who have received no formal education is 13.1%. In Colombia, 37.2% of the population has reached the level of basic primary education and 31.7% have attended secondary school; 7.0% have reached the professional level and 1.3% have undertaken specialized studies. The proportion of the resident population who have received no formal education is 10.5%. (DANE, 2005)

[15] Departamento de Nariño. Op. cit. p. 11.

intensive spraying of illegal crops and militarization by a standing army trained by US troops. (Ceballos, 2007, in: Ramirez, Socorro & César Montúfar, op. cit., p. 176). As a result a significant proportion of crops moved to Nariño, along with both legal and illegal armed groups. Nariño's Pacific coast offered an exit route for drugs. A circular movement developed between displaced people, refugees, legal and illegal armed groups, and those working on coca plantations and in coca paste production. The negative consequences of this can be seen in the homicide rate, which for the past three years has been above the national rate: 47.3 per 100.000 inhabitants compared to 38.1 nationally in 2005; 56.0 compared to 36.8 nationally in 2006, and 49.9 compared to a national rate of 36.2 in 2007. Rates for border municipalities in 2007 were much higher than the national rate: 64.04 in Ricaurte, 118.92 in Contadero, 113.6 in Barbacoas and 157.56 in Tumaco.[16]

Furthermore, Nariño now takes first place in Colombia in terms of proportion of acreage land devoted to coca: 21% of the national total in 2007 with 20,259 hectares, equivalent to a 30% increase over the previous year.[17] Tumaco is now the municipality with the second largest coca-growing area in Colombia: 5.2% of the national total[18].

Forced Displacement

The impact of the armed conflict and the growth of the underground economy is also seen in the dynamics of internal displacement. According to figures provided by Acción Social Pasto, the number of displaced persons registered in Nariño grew from 10,590 in 2001 to 87,644 in 2007, representing 5.55% of the total population. Between 2006 and 2007, there was a 51.54% growth in displacement; in the country as a whole, displacement *decreased* by 22.28% during the same period. [19] Many observers feel that these statistics under-estimate the true number of displaced and that – given the context of a bloody war – displacement could be affecting up to 10% of the population in Nariño, giving rise to a complex humanitarian situation.[20]

A study using data from the Displaced Population Register between 2000 and 2004 found that, in the department of Nariño, 61% of those displaced went to other departmental municipalities, followed by 21.9% moving to the department of Valle del Cauca, 10.8% to Cauca, 1.9% to Bogotá y 1.5% to Putumayo. An analysis of the origin of the displaced population showed that 50.1% were from Putumayo and 43.4% from Nariño itself[21]. Thus, part of the population displaced by violence in Nariño emigrates to neighboring departments in the north and center of the country (38.5% of the total). The vast majority of these displaced persons (93.5%) come from border territories (Nariño and Putumayo) [22]. These patterns of displacement – within the same department and between municipalities and border zones across different departments – suggest that Departmental borders have ceased to be a barrier to movement.

[16] Departamento de Nariño. Op. cit. p. 105.
[17] United Nations Office on Drugs and Crime (UNODC). Colombia, Censo de Cultivos de Coca, June 2008. Bogotá. UNODC. P. 13.
[18] UNODC. Op. cit. p. 11.

[19] Departamento de Nariño. Op. cit. p. 24.
[20] Nariño UNHCR interview.
[21] Ruiz, Nubia (2007). El desplazamiento forzado en el interior de Colombia: Caracterización sociodemográfica y pautas de distribución territorial 2000 – 2004. PhD thesis. PhD in Demography program. Barcelona. Universidad Autónoma de Barcelona. P. 175.
[22] In the department of Nariño, the municipalities with the highest rates of displacement are Tumaco, Barbacoas, Pasto and Ricaurte.

Displacement is a phenomenon common to the entire border region.

Forced displacements differentially impact on Nariño's ethnic communities. Along the coastal sub-region, African descendents live organized in two community councils. The coca bonanza has attracted new populations to this area. According to the Nariño Border Human Rights Ombudsman, the lower Mira area, home of the first community council, is an area under constant dispute among illegal armed groups, mainly the FARC guerrilla and the paramilitary. The FARC have been present for several years in the upper Mira area, where the second council is based, and they control the territory and its rivers. This is an area of much movement towards the interior of Colombia and across the border with Ecuador. The presence of the FARC and government security forces, together with the spraying of illegal crops, puts several communities at risk of displacement towards Tumaco or of having to cross the border into Ecuador.[23] Indeed, there are reports of disappearances of people from the community council and displacement of many families and community representatives to Tumaco. Among indigenous populations, the Awá people are located in the municipalities of Tumaco, Barbacoas and Ricaurte in the border zone, although there are also reservations in Roberto Payán and Samaniego. The 32 Awa reservations are grouped into two organizations: Cabildo Mayor Awá de Ricaurte (CAMAWARI) and Unidad Indígena del Pueblo Awá (UNIPA). There are border municipalities such as Ricaurte in which 72.2% of the population identify themselves as Indian. The Awá are constantly harassed by armed groups involved in the internal armed conflict. Often accused of supporting one side or the other, their lives and welfare are threatened, and they become victims of disappearances, individual murders, forced displacements, confinement and living with landmines.[24,25]

Violations of the Right to Health

The department of Nariño offers numerous examples of the violation and lack of guarantee to the right to health:

Rural Areas

The Colombian health care system – viewed from the perspective of accessibility in rural areas and, especially, those areas plagued by war – incorporates structural discrimination through the existence of two different service plans: one for those who can pay and another for the poor and those receiving subsidies. The latter are entitled to a reduced package of health care services. Moreover, a geographical review of the accessibility to health care services shows that 3.4% of the population has no access to any services because none are available where they live or the services are too far away. This becomes evident when someone needs secondary or tertiary health services. In many areas of the country – and this includes the Nariño border region[26] –

[23] Ibid.

[24] Defensoría del Pueblo (2008). Resolución Defensorial No. 53: Situación de los Derechos Humanos y Derecho Internacional Humanitario del pueblo indígena Awá del departamento de Nariño. Bogotá, 5 June 2008.

[25] The massacre of AWÁ Indians in February of 2009 by the FARC, who accused them of collaborating with the Army, is well known. Similarly, in recent years the paramilitary have used the similar arguments to displace and murder Indians along the border and other parts of Colombia.

[26] "There are regions which have no level II hospitals serving the population and whose hospitals remain in deficit and at risk of imminent closure, such as the San Andrés Hospital in Tumaco which serves the whole of the Pacific coast of [the department of] Nariño, or the Sagrado Corazón Hospital in Cartago, the only institution of this kind in the whole of the north of the

secondary and tertiary services do not exist. In a border Department like Nariño, many of the area's Indian and Afro-Colombian settlements resort to using services offered in neighboring Ecuador; local health care facilities either don't exist or they have been abandoned by the municipal administrations of Tumaco and others towns and have no health professionals.[27]. In other instances geography makes it easier to go to Ecuador where there is a better transportation system and better equipped health centers, both in terms of infrastructure and health professionals. Thus, if access to health care in rural areas of Colombia is already difficult because the need to go to the local municipality – which is where the institutions providing services are located – then the situation for someone in a war zone is more complex. Permission must be obtained from armed agents allowing them to travel in order to obtain health services. In the case of an Indian or Afro-Colombian, and especially if they are carriers of stigmatizing conditions such as HIV/AIDS, preserving the right to life might become more important than attempting to defend the right to health[28]. Their condition of forced displacement or confinement by illegal armies and the presence of minefields renders access to health services impossible for Afro-Colombian and Indian ethnic groups, as they are unable to go to the urban centers where the health centers and hospitals are located.

Reproductive Rights and the Family

The Human Rights Ombudsman's Office and the International Organization for Migration (IOM) in Pasto conducted a study on sexual and reproductive rights, using a purposive sample of 504 displaced and vulnerable people undergoing a training session. This study found that 74.3% of them had received no education at all on sexuality and only 20.6% approached health services for family planning. 43.3% of the women claimed they had been victims of physical violence; 70% of these did not report the incident or ask for help. In addition, 19.7% of the people were forced to have sexual relations or commit sexual acts against their will. To the question "Has any member of your family or any of your children ever been physically forced to have sexual relations or commit sexual acts against their will?" 11.1% responded in the affirmative. Furthermore, 17.9% added that sexual aggression was the cause of their displacement. Despite not using a representative sample, this study highlights what occurs among the population forced to move by violence in the departments of Nariño and Putumayo. The statistics show the sort of violations to which not only mobile populations are exposed, but also those who remain or are confined.

The existence throughout Nariño both of the war and of an economy built on the use of coca leaf crops for illegal purposes provides a contextual framework biased towards the use of violence. It also promotes authoritarian social and family models as the most effective means of resolving conflicts and achieving

[department of] Valle del Cauca" (quoted by Arbelaez, M. 2007: 61)

[27] Pacheco, C. Estudio binacional sobre migración internacional y desarrollo, con enfoque de género, relaciones intergeneracionales, salud sexual y reproductiva en la frontera colombo-ecuatoriana: Diagnóstico del lado colombiano. Mimeo. UNFPA, 2008.

[28] Many of the armed groups consider those living with HIV or AIDS to be legitimate military targets. Hence, many people would rather conceal their serological status or not know it, since this could put their lives at risk. Violations of their rights and increased vulnerability are much more likely if they belong to ethnic minorities such as indians or Afro-Colombians or sexual minorities such as homosexuals or transvestites.

ends. Youths in marginalized areas – in this case, the whole of the border – are seduced into joining illegal armed groups and drug trafficking organizations by recruiters reinforcing social representations of masculinity based on the power of arms and money. Many youths are forcefully recruited. The demographic profile of the Department shows the effects of youth migration and excess male mortality.

HIV/AIDS

As of August 2008 the STIs/HIV/AIDS Program of the Nariño Departmental Health Institute (IDSN) had registered 762 cases of HIV/AIDS since 1999, a figure likely to increase given the growing epidemic and the improved ability of the Institute to detect and track these cases. The majority of cases come from municipalities included in the Border Integration Zone, with several of them along the border area inhabited by Afro-Colombians and Indians. Pasto reports 334 cases, Tumaco 120 cases, Ipiales 55, Barbacoas 22 and Tuquerrés 10 cases.[29] In 2007 there were 78 new cases detected among males and 48 among females giving a male/female ratio of 1.6; this compares to the national ratio of 1.8.[30] In interviews with health sector employees in Ipiales and Tumaco, they reported that the high number of cases of HIV/AIDS diagnosed in the last few years come from areas of armed conflict.[31]. They also acknowledge that there is under-registration due to the impossibility of carrying out screening and actively searching for cases in certain areas where conflict is rife. The number of new cases in recent years gives cause for concern; a high proportion of the newly-infected are young. In Ipiales it was suggested that many of those with HIV/AIDS prefer to migrate to other cities in the interior or to Ecuador to avoid the stigma and discrimination they would suffer in their home towns. [32] This complicates the search for possible contacts in the case; in order to protect their anonymity people prefer to migrate and they take their contact information away with them.

Sex Workers

Because of their own mobility or that of their clients, sex workers are more vulnerable to sexual and reproductive health problems, particularly STIs/HIV/AIDS. They are often victims of human right violations, including their sexual and reproductive rights. Sex workers make brief, temporary displacements to Ecuadorian municipalities along the border during market days, with more prolonged displacements to the interior of Ecuador when the value of the dollar increases. [33] Several factors combine to make this a vulnerable group. In Ipiales, 40% of sex workers come from the interior of the country and have no health insurance in this municipality, which makes access to health services difficult.[34]In addition, they must pay for the regular public health tests which they are obliged to have. The high cost of these tests means that those not covered by subsidized health insurance

[29] IDSN, 2008.

[30]Ministerio de Protección Social (MPS), 2008. *Informe ejecutivo – Situación epidemiológica VIH SIDA. Colombia*. Observatorio Nacional en Gestión del VIH/SIDA. Bogotá. MPS.

[31] Interviews with an employee of the local health administration of Ipiales and the first level hospital of Tumaco. October 2008.

[32] Ibid. This accounts for nearly 50% of all Nariño cases reported in Pasto. Some people from the municipalities and rural areas who are diagnosed and live with HIV prefer to go to the capital and other cities for the sake of anonymity, avoiding stigma and discrimination.

[33] Interview with leader of female sex workers in Ipiales. October 2008.

[34] Interview with female employee of the health administration office in Ipiales. October 2008

cannot comply. Their clients include members of legal armed groups (police and army) whose mobility increases their vulnerability to STIs and HIV/AIDS[35]. In addition, violations of female sex workers' rights by the Armed Forces, the representatives of state authority, are also reported on both sides of the border.[36]

Diversion of Tax Revenues

There is evidence that "the degree to which the paramilitary has taken over power structures and public institutions from the Colombian government has reached the astonishing point of setting up its own tax system which draws resources from government institutions and the local population. Resources for health and education in the departments and municipalities have been diverted to the paramilitary, naturally with the complicity of state employees, governors and politicians."[37] The organization of the health care system into private companies and regional authorities allowed – and in some regions continues to allow – monies allocated to health to be used by illegal armed groups for their own ends, denying the right to health to the most vulnerable inhabitants of the territories they control.

Conclusions

This case study demonstrates that in a situation of internal armed conflict, the right to health – a basic right enshrined in the Colombian Constitution – is denied not only by the general constraints of the Colombian health care system, but also by elements which are intrinsic to war, by violations suffered by those living in the affected territory, and by vulnerabilities that result from the war.

In general, the right to health in Colombia has structural elements which make it difficult to guarantee health for all. Turning health into a commodity to be negotiated among economic agents puts the individual holder of that right on an unequal footing when facing the health insurance companies. The poor and those unable to pay receive a state subsidy entitling them to subscribe to an inferior health plan compared to those who can pay. This limits universal access to equal rights in health. In war zones, people are constrained in the exercise of their rights by legal and illegal armed agents, leaving them with no guarantee to the right to health. As we have seen, in Nariño the possibility of accessing quality services is significantly reduced by the absence of hospitals or clinics in the most remote areas, where war has the greatest impact. Women, Indians, Afro-Colombians, young people and children are constantly subjected to violation of their sexual and reproductive rights and their rights to free movement by confinement and forced recruitment. Access to secondary level health services is rendered impossible by the difficulties entailed in moving to urban areas where these services exist. Illegal armed groups have, additionally, managed to co-opt public health funds for their own ends.

Sectors defending the right to health and other human rights should join forces to denounce the Colombian government's negligence in not guaranteeing the right to health for vulnerable populations and those suffering the violations of war. They should also continue efforts to prove that the right to health in Colombia had been transformed by the model embodied in Law 100 into a

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[35] Mora, Luis (2002). Las fronteras de la vulnerabilidad: género, migración y derechos sexuales y reproductivos. Mexico. UNFPA. p. 36.

[36] Interview with female employee of the health administration office in Ipiales. October 2008.

[37] Velazquez Rivera, Edgar (2007). HISTÓRIA, SÃO PAULO, v. 26, n. 1, p. 134-153

commodity governed only by the rules of the market – rules which are today being questioned all over the world.

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