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The Other Migration: Internal Displacement in Chiapas and Health

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Objectives: To analyze the forced displacement of people in Chiapas for political reasons and to describe the health impacts on the impacted populations.

Methodology: Literature review

Results: The authors describe the forced displacement of population in Chiapas, Mexico. This begins with the Indian uprising of 1994 led by the Zapatista National Liberation Army (EZLN). This is how authors present three periods of population displacement: a) the first occurs at the beginning of the conflict, which is played out by the groups linked to the Partido Revolucionario Institucional (PRI) as the populations living near the fighting areas; b) the second starts up in 1995 with the offensive of the Mexican army over the territories occupied by supporters of the EZLN, which provoked a strong wave of displacement; and c) the third occurs in 1997 around the events surrounding the Acteal massacre, performed by groups government-funded paramilitaries, which also resulted in further displacement of the attacked population.

Thus, the authors recorded the displacement of 10,000 people in five regions of the state of Chiapas, who according to the World Health Organization (WHO) and UN High Commissioner for Refugees, survive in poor housing conditions along with poor sanitation. The authors express their concern about the limited disclosure of this situation, which they say is due to three reasons: the inability of health institutions to generate information because they are not located in the zone of conflict; the absence of policies at national and regional institutions of higher education and research for developing studies on the subject; and the discreet attitude of both the national and international organizations.

Against this background, the authors focus their attention on Polho, Chiapas and describe three types of damage to the health of displaced people installed there: morbidity, malnutrition and mental health disorders. Referring to morbidity, two diseases predominate among the displaced population: 1) infectious diarrhea and respiratory infections, and 2) diseases associated with stress and physical exhaustion. By comparing the distribution of these diseases in Polho with existing data at national level and in Guatemala, the authors found that: a) correlation between infectious diseases and poor housing conditions is greater at national level, and b) in Polho the prevailing diseases are associated with stress. Here it is also notable the sharp increase in malnutrition of displaced children less than five years of age, which was worsened after the suspension of an international food aid program. Finally, as to the damage seen in mental health, the authors describe the presence of stress-related ailments, among them being: acid peptic disease, nervous colitis, tension headaches and personality disorders.

Conclusions: For the authors, the problem of internally displaced persons in the state of Chiapas is a manifestation of the government's counterinsurgency policy in Mexico, deployed since 1994. The authors conclude that forced displacement generates severe damage to physical and mental health of these people. However, research and information available on it are scarce and not much is known about the actual impact on the population.