

manufacture and consumption of alcohol has significantly improved the health of all Zapatistas (Bellinghausen, 2009, marzo 7<sup>th</sup>). This no-tolerance policy is directly linked to the reduction in many illnesses and infections including “úlceras, cirrosis, desnutrición y heridas con machete” (Bellinghausen, 2009, marzo 7<sup>th</sup>). The adoption of such a policy provides evidence that the Zapatista movement is employing preventative measures to curtail the negative health effects of excessive alcohol consumption. Since alcohol was a central element of indigenous celebrations and festivals its prohibition represented a significant commitment by the movement, one which lead to better community health. As their tradition dictated, the indigenous often indulged in a highly potent, native alcoholic brew distilled from sugarcane and commonly known as ‘pox’ (Ryan, 2011). It was “highly intoxicating” (Ryan, 2011, 178) and gave rise to substantial “social problems in the region” (Ryan, 2011, 178). Women were often bartered in return for alcohol and social relations between the genders often amounted to no more than men treating women like “domestic animals” (Arsenault, 2011). Now, with their complete rejection of alcohol, the Zapatistas can claim a significant improvement in gender relations, with women now challenging “the traditional order” (Holloway & Peláez, 1998, 64) of gender roles in communities. Removing alcohol from Zapatista life has both improved health and “soften[ed] human relations” considerably (Zibechi, 2013 September 5<sup>th</sup>).

Improving gender relations has afforded many indigenous women greater access to healthcare services and studies show this has improved women’s lives. As Holloway and Peláez (1998) note, all too often, women experienced the harsh realities of poverty and poor health disproportionately. Today, 63% of all expectant mothers receive direct care from their local health promoter while only 35% of pregnancies are properly assisted in non-Zapatista communities. This leaves many women from pro-government communities

# Understanding Zapatista Autonomy

**An Analysis of Healthcare and Education**

Cian Warfield

October 2014

formula...to figure out paediatric antibiotic dosing”, that he uses the same formula in his California-based health clinic (Kozart, 2007).

Other solidarity networks include activists working in the San Carlos hospital in Altamirano, where many foreign nurses and doctors from across the world volunteer with the organisation Doctors for Global Health (DGH). They work in this clinic to help achieve adequate and safe staffing levels for the surrounding communities (Capps, 2013). Many of these doctors and nurses also participate in educating local health promoters about new and developing medical knowledge (Capps, 2013). Health promoters can return to their communities with a heightened awareness of new treatments for diseases and infections which complement their current medical knowledge and further support their communities’ fight against illness.

## **The Lasting Achievements of Autonomous Healthcare**

It is clear that the efforts invested by the Zapatistas in establishing a fully independent healthcare system using limited resources have been rewarded by the significant health benefits achieved throughout hundreds of Zapatista communities. The Zapatistas have witnessed improvements in women’s and children’s health. They have also seen the health benefits of improved hygiene as a result of the role of the health promoter and their role in educating the community. Autonomous healthcare has ignited a sense of purpose in the hearts and minds of community inhabitants as they confidently tackle the health problems of their villages. In essence, autonomous healthcare has undoubtedly brought lasting health benefits into the world of the Zapatistas.

Proclaimed as one of the greatest health achievements for the Zapatista movement, the eradication of both the

specifically on these projects which involve the construction of an amateur plumbing network that connects natural lakes and reservoirs directly to man-made water tanks in communities (Ryan, 2011). Zapatistas and activists cooperate together and using basic materials, such as PVC piping and concrete, construct plumbing systems that connect isolated villages to sources of clean water (Ryan, 2011). As a result, the Zapatistas learn to construct, manage and repair their basic yet sufficient plumbing system which ensures a daily supply of fresh water into the heart of the community. In learning to manage their water supply, communities improve the health of their inhabitants while slowly building their independence (Ryan, 2011).

Moreover, solidarity extends beyond the offerings of financial investment and material supplies, and extends to include the participation of many activists within the healthcare system itself. Many volunteers travel to Chiapas to train health promoters or administer vaccinations to community residents, among other healthcare activities. The Zapatistas formed an unlikely yet advantageous alliance with medical students attending the Autonomous Metropolitan University in Mexico D.F. These recently qualified graduates participate in the Zapatista healthcare system, learning new techniques and concepts in healthcare. The Zapatistas and their healthcare system benefit enormously from such support, receiving a steady annual influx of enthusiastic medical graduates eager to administer urgent healthcare to remote communities. The students are rewarded, however, with the opportunity to discover a new and “different way of practicing medicine” (Cuevas, 2007, 13). Undoubtedly, this challenges their current concepts around healthcare. They may, based on their personal experience of Zapatista healthcare, become crucial advocates for this alternative approach to medicine and help encourage increased global support for the movement in years to come. In light of this, one such medical doctor was so impressed with the Zapatistas’ self-devised “mathematical

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as a consequence, such connections provided benefits for their healthcare system. International solidarity has unlocked important channels allowing medical resources and eager activists penetrate the borders of the Zapatista-held territory. This has significantly aided the support and development of healthcare services throughout the autonomous region. However, international solidarity has also brought together “culturally distant people” (Olesen, 2004, 259), which the Zapatistas hope will encourage the exchange of political and social ideas. Such exchanges generate new and different theories and approaches to healthcare. Therefore, international solidarity enriches the Zapatista movement and its healthcare system on a variety of levels.

Many international organisations have offered the Zapatista movement a wealth of material supplies and medical equipment for use within their healthcare network. These resources have improved the delivery of healthcare for communities and “have boosted autonomous health projects” (Villarreal, 2007). Numerous central clinics, which lie at the heart of the healthcare service have been financed and constructed with the assistance of foreign organisations, including one such clinic in Guadalupe, Oventic (Villarreal, 2007). Other, smaller regional clinics also receive investment from solidarity organisations including the clinic in the municipality of Emiliano Zapata which is acquiring funds from the Basque solidarity group Paz y Solidaridad (Kozart, 2007). It is clear that foreign capital penetrates deep into the heart of Zapatista healthcare, supporting important healthcare projects and initiatives that help grow and sustain autonomy for the movement. The ‘water projects’ is one such initiative that assists communities to secure better quality water. Numerous groups of activists travel to Chiapas to work

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network of struggles” (Flood, 2009). They also formed the ‘Convención Nacional Democrática’ (CND), an extremely large assemblage of 6,000 delegates to offer a “left perspective” (Stephen, 1995, 88) designed to inspire political organisation “on a national level” in Mexico (Stephen, 1995, 88).

defend their heritage in the face of a government that seeks to undermine its value. While young health promoters are at the fore of this drive to integrate traditional medicine into current healthcare discourses, village elders are often called upon to train these young health promoters for such a task (Alvarez, 2007). As a consequence, the task to save the knowledge of traditional medicine involves all levels of Zapatista society working together. By doing so, the health promoter and the communities are guaranteed to achieve greater healthcare sustainability, thus helping to secure the future of autonomous healthcare.

### **The Zapatistas and Global Solidarity: Unlikely Worlds Unite**

Zapatista autonomous healthcare receives enormous attention from both national and international spectators, interested in both observing and supporting the growth of this unique healthcare system. As a result, Zapatista healthcare has not developed independently of external support. In the days and weeks subsequent to the 1994 insurrection, individual activists, human rights groups and other nongovernmental organisations (NGO), took a keen interest in the issues raised as a result of the uprising.<sup>1</sup> The Zapatistas worked tirelessly to develop these networks into meaningful relationships and,

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<sup>1</sup> The rebel movement was surprised by the positive and sympathetic response of the people of Mexico and the world to their cause (Womack Jr., 1999). It was 'civil society' or national and international Zapatista supporters and keen observers, that ultimately pressured the government to call a cease-fire and request dialogue with the Zapatistas in January 1994 (Womack Jr., 1994). In light of discovering this unique relationship, the rebel organisation began to more formally organise their engagements with and responses to wider Mexico and the world. They established 3,000 strong meetings with invited participants from 'civil society' to encounters such as 'The Zapatista Intercontinental Gathering for Humanity and Against Neo-liberalism' in July and August 1996 to discuss alternative politics and "the creation of a global

## **Acknowledgements**

I would, first and foremost, like to especially thank Professor Nuala Finnegan for her advice, support and constant encouragement throughout all stages of this study; without her council and guidance this thesis would not be possible. I would also like to extend my gratitude to all staff at the Department of Spanish, Portuguese and Latin American Studies for their support throughout the year. To my parents Kathleen and Vincent, I would like to thank them for a lifetime of advice and for their endless sacrifice and encouragement to allow me achieve my dreams in education. To all my extended family, I would also like to thank them for their encouragement throughout the year. And finally to my brother and best friend Niall, I thank him for his support and encouragement in every conceivable way during this most recent year and in life.

# Introduction

2014 marks a significant year for the Zapatista movement as they celebrate the twentieth anniversary of the indigenous uprising that took place on 1<sup>st</sup> January 1994. This anniversary presents an opportunity, therefore, for researchers to reflect on the overall success of the Zapatista movement to date. As part of this process of reflection, this thesis is concerned with the task of unearthing an answer to a broad and profound question; how successful has the Zapatista movement been over these two decades? In its efforts to begin providing answers to such a far-reaching question, this thesis will channel a wider analysis of the Zapatista movement through an extensive and thorough examination of the Zapatista autonomous healthcare system and autonomous education system. In doing so, this thesis will argue that healthcare and education are both community orientated services which means that they are organised and managed by the community and as such, community residents are central in all aspects of healthcare and education. It is on this basis that this study will suggest that healthcare and education are important in supporting the wider project of Zapatista autonomy. This analysis will provide opportunity to explore the effects of healthcare and education in Zapatista communities, outlining the political, cultural and social achievements that are delicately bound to the successful advancement of both autonomous services. Healthcare and education, more than any other organ of Zapatista autonomy, lie at the heart of rebel communities. By charting the political successes and social achievements of Zapatista autonomy through such careful and extensive analyses of healthcare and education, this study can

ing communities to safeguard their health. Also, the promoter is helping to dispel myths around health and hygiene and is committed to teaching Zapatista families how to improve their levels of basic sanitation and so curtail the further spread of disease. (Edinburgh Chiapas Solidarity Group, 2010). As part of this process, the health promoter has recently been assigned an additional role aimed at the reintroduction of traditional medicine within Zapatista healthcare.

Major changes are taking place within the autonomous healthcare system and the health promoter is tasked with leading them. The Zapatistas are making substantial efforts to reintroduce traditional medicine into their current healthcare framework. Initially, western medicines and western medical practices provided the Zapatistas with the necessary ‘quick fix’ to bring once uncontrollable epidemics to more manageable and containable levels. Health promoters were expected to “employ the most pragmatic method” of medicine, whether it was traditional in nature or not (Wilson, 2008, 12). The pressures applied by a pugnacious government with an advanced and capable healthcare system forced the Zapatistas to turn towards western medicine to rapidly improve the health prospects of their population (Wilson, 2008). The result for some Zapatista communities was that much of their traditional medical knowledge was lost (Edinburgh Chiapas Solidarity Group, 2010). Now, as they commit to the future development of the healthcare system, the rebels are taking significant steps to reincorporate traditional medicine into current indigenous healthcare frameworks. Under the leadership of the health promoter, there is an ongoing process of ‘relearning’ taking place, providing a new purpose for traditional, ancestral medicine in the current healthcare context. Now, 40% of medicines prescribed to Zapatista patients originate from local, medicinal plants (Alvarez, 2007). This opens up new opportunities for the rebels to “maintain aspects of indigenous culture” (Kozart, 2007) and reclaim and

remote communities had insufficient access to basic medical treatment, today the health promoter can now diagnose and address the medical needs of their patients within the confines of their community. To attain such necessary levels of medical knowledge, prospective health promoters must undergo an intensive course of training where they study in such areas as anatomy and preventative healthcare (Alvarez, 2007). Health promoters study for three years before they are ready to serve their communities. The training is intensive but it proves successful. The health promoter is capable of identifying several of the most common diseases and infections in their communities. This training allows the promoter develop important medical knowledge so they can be a potent force in the healthcare system (Edinburgh Chiapas Solidarity Group, 2010). In this regard, the health promoter is responsible for the remarkable independence of many Zapatista communities which no longer depend on the sporadic healthcare services of the State for basic treatment. Families can now receive basic healthcare without travelling unnecessary distances through rough Chiapan terrain for the privilege.

The health promoter performs another important duty for communities. As health promoters, they are required to educate their community on a variety of matters related to health including hygiene and nutrition. The aim is to encourage families to take responsibility for their health and the health of their children. When engaging with patients, the promoters often explain the root causes of disease and infections in the hope that community inhabitants will work to prevent further spread. Promoters will teach community residents basic and important concepts related to hygiene including the need to boil water before consumption and separating the toilet facilities from the main living quarters of the house. Promoters also teach families to live separately from their animals and to maintain clear, distinct boundaries between livestock and children. In this educational capacity, the health promoter is empower-

begin to inform a wider research agenda that focuses on the practicalities of Zapatista politics occupying space in a larger global political framework.

## A History of the Conflict

The Zapatista rebellion of 1994 was the result of a long history of indigenous political, social and cultural suppression that can be traced back to the early sixteenth century, when the first colonisers arrived on the shores of Mexico. The indigenous people of Chiapas were the victims of exploitation with many being displaced from their land. Chiapas was rich in natural resources including oil, timber and rich fertile ground. The Spanish exploited these resources for financial gain. Changes in agrarian laws ensured that, by 1850, many indigenous communities in Chiapas and throughout Mexico had been stripped of their land (Stephen, 2002). This legal manoeuvring gave permission to foreign land owners to exploit the indigenous villagers, forcing them to work as labourers. Many peasants were caught in a continuous cycle of debt repayments to foreign landowners and many more accumulated long-term debts as a result of purchasing products such as alcohol from company stores managed by the landowners (Stephen, 2002). It was commonplace for many landowners to sell cheap liquor to indigenous peasants in order to maintain a form of control over their lives. To this end, landowners regularly funded many of their important religious ceremonies. This increased the labourers' dependency on the work provided by the landowners.

Changes in the Mexican political landscape throughout the early twentieth century encouraged the development of a political awareness amongst indigenous peasants in Chiapas. There was widespread discontent demonstrated towards the authoritarian Mexican government. The indigenous peasants began organising in groups known as *ejidos* or land cooperatives and

together they bought back land from plantation owners. There was a marked growth in the number of *ejidos* in the decades between the 1910 Mexican Revolution led by Emiliano Zapata and the 1990s. In short, the Chiapas peasants were becoming increasingly active and politicised citizens and this era saw the emergence of numerous peasant organisations and grassroots movements in support of indigenous liberation.

Meanwhile, in urban Mexico, socialist ideologies were growing in popularity amongst certain quarters of the population. Urban socialist movements, such as the Fuerzas de Liberación Nacional (FLN), looked toward Chiapas as a place in which to spread their socialist ideas and spark a revolution. Chiapas was considered a prime location for instigating a revolution because of its geography and topography and in 1972 the FLN established their first guerrilla encampment in the Lacandon Jungle (Mentinis, 2006). Over the course of a decade, the urban revolutionaries merged with the indigenous villagers to form the Ejército Zapatista de Liberación Nacional (EZLN). This rebel movement fronted the indigenous-led revolution of 1994.

The 1994 uprising of indigenous rebels in Chiapas generated intense political shockwaves that resonated deeply throughout the political establishment in Mexico. The Mexican government was first informed of this growing guerrilla movement by officials in Guatemala (Mentinis, 2006). Initially the authorities did little to curtail the growth of this social movement but after years of clandestine development in the jungles of Chiapas the government could no longer deny the existence of the growing resistance in the region (Mentinis, 2006). The rebellion, which broke out on the 1<sup>st</sup> January, provoked the interest of national and global observers alike. This international focus on the uprising surprised the Zapatistas and discouraged the government from directing a long campaign of brute force against the indigenous rebels. The government's aspiration to militarily annihilate the Zapatistas was compro-

nities across the autonomous-held region. The health promoter is tasked with two key responsibilities which will be explored at length in this section. At a basic level, the health promoter attends to the medical needs of the local population, acting as the first line of defence against disease and illness in the community. The health promoter also serves the community in an educational capacity, teaching community inhabitants about health and hygiene. The health promoter is elected from within the community and depending on how small or big the community is, the health promoter can be a relation of the patients they serve. Health promoters are, therefore, accountable to the health committee and community residents and must respond in kind to their requests. Appointing the health promoter from within the community ensures that he/she is sensitive to the local traditions, customs and culture of that community. They will also prove to be highly proficient in the local languages of the region, making them well suited to communicating medical concerns to the community. A health official of this nature improves the accessibility of healthcare for remote and isolated hamlets and brings the concept of healthcare directly into the heart of communities (Edinburgh Chiapas Solidarity Group, 2010). Fundamentally, the health promoter personifies healthcare for many remote communities and in this way, is embedded in the fabric of the Zapatista healthcare system.

As a basic health practitioner, the health promoter is appointed by community inhabitants to deliver important healthcare services to their community. Health promoters treat a wide range of illnesses and injuries presented to them at the health house. Commonly, health promoters treat anything from minor cuts acquired by farmers in local fields to more serious internal and external infections that result from contaminated water or exposure to raw sewage. The key to the success of the health promoter lies in their unique ability to rely upon their limited, albeit vital, medical knowledge acquired during their training. Unlike before, when



In an adjacent *Caracol*, healthcare is largely decentralised. In this instance, community inhabitants encourage greater development of local health houses and small surgeries in the communities, showing less interest in funding the construction of an advanced central clinic. Concerns about the availability of capital may have influenced a decision in favour of a decentralised approach to healthcare. However, the more likely reason is that, in this *Caracol*, communities sought to fund and develop more medical services in their health houses. The significant differences in structure between both *Caracoles* represents a healthcare system directly responding to the healthcare needs of community inhabitants. Community residents control and manage their healthcare system to suit their needs. However, it is suggested that it may also reflect the emergence of a number of problems. It could be claimed that the movement is experiencing possible complications in its communication between *Caracoles*. With the *Caracoles* promoting different healthcare agendas and structures, this may reflect the lack of a larger, more coherent healthcare policy for the entire movement. For the Zapatistas, this could be damaging and could lead to political and social disunity and ultimately division between communities and *Caracoles*. Nevertheless, the Zapatistas seem rather steadfast in their commitment to ensure that healthcare remains under the firm control of individual communities.

## **The Health Promoter: A Force for Autonomy**

The health promoter is an important and necessary administrator of medical services in the community. It is a position of significant responsibility and one of immense value to the healthcare system. As with every health house, there is a minimum of one health promoter available in all Zapatista commu-

mised by the incessant calls for dialogue echoed by a one hundred thousand strong civilian protest in Mexico D.F and other, smaller national demonstrations across the country (Mentinis, 2006).

The government, under pressure and with few options left, conceded and called for dialogue with the rebels on the 10<sup>th</sup> January. This was followed two days later by a ceasefire. The government ordered its troops to halt the military offensive against the rebel fighters (Womack Jr., 1999). This began an era of unsteady dialogue between the opposing sides, interrupted by periods of intense violence.

The first, official contact between the government and the Zapatistas took place in late February, 1994, in the cathedral in the colonial town of San Cristóbal de las Casas. The talks were mediated by the local bishop, Bishop Samuel Ruiz. The negotiations were viewed as an opportunity for government mediators to understand and discuss the issues that lay at the heart of the uprising a month earlier. The chief government negotiator, when provoked to comment on the arbitration said, "I came here to talk, to listen and reach an agreement" (AFP, The Irish Times, 1995, 9). An agreement was reached, in the form of 34 commitments, made public in a communiqué released by the Zapatistas on the 1<sup>st</sup> March 1994 (Womack Jr., 1999). These 34 commitments concerned important issues such as land, education, healthcare, indigenous languages and, most importantly, indigenous autonomy. Negotiators for the Zapatistas circulated a government-drafted version of these 34 commitments for internal debate among all Zapatista communities. In the weeks that followed, however, the communities unequivocally rejected the proposals. These 34 proposals drafted by the government were decidedly less ambitious than the initial demands made by the Zapatistas. The political climate during this time was also a factor in the communities' decision. In the northern city of Tijuana, the assassination took place of the presidential candidate and likely successor

to President Salinas, Luis Donald Colosio. In the eyes of the Zapatistas, this undermined the stability of the Partido Revolucionario Institucional (PRI) and brought into question the party's ability to negotiate a complicated peace deal with the rebels. From this point onwards, the relationship between the government and the Zapatistas was characterised by deep levels of mistrust on both sides. In light of this, the Zapatistas turned their attention toward building a stable and secure relationship with 'Civil Society' in the hope that it would create a new political force in Mexico. They released numerous declarations and communiqués from their jungle headquarters calling on Mexican society "to struggle by all means, at all levels, and in all parts of the country" (Womack Jr., 1999, 292). At the same time, the government "declared war on the Zapatistas" (Mentinis, 2006, 16), launching a campaign of "terror and disarray, poisoning rivers, killing indigenous peoples and animals, burning houses, stealing food, raping women" (Mentinis, 2006, 16). As a result, violence and brutality defined the relationship between the government and the Zapatistas. In their efforts to re-establish urgent peace talks with the rebels and to restore confidence in the political system, the Mexican Congress passed the 'Ley para el Diálogo, la Conciliación y la Paz Digna en Chiapas' which created the congressional mediating body COCOPA (Manaut et al., 2006).

In April 1995, the Zapatistas and the government reopened negotiations with a view to achieving a peace agreement (Mentinis, 2006). These talks took place in a new location in the region of San Andrés Larrainzar between November 1995 and January 1996. These talks were described by some as an "intense negotiation" process (Manaut et al., 2006, 140). There were six accords planned for debate with each accord representing a different issue of concern for indigenous peoples (Manaut et al., 2006). The first accord brought forward, centred on Indigenous Rights and Culture, "an issue of enormous complications" (Womack Jr., 1999, 304). However, the negotiations

will be explored in greater detail further in the chapter. For now, the health promoter assesses the medical needs of each patient that attends the local health house before determining whether a referral is a necessary next step in the treatment process. Micro-clinics and central clinics form the remaining tier of this healthcare system and more often they provide better, more comprehensive medical care than that found in community health houses.

In one *Caracol* there is a central clinic which forms the inner core of this healthcare system. This highlights a decentralised approach to healthcare in this *Caracol*. This central clinic is designed to serve the hundreds of communities located within the *Caracol*. The services made available to patients who are referred to the central clinic include but are not limited to, maternity and birthing rooms, a fully stocked pharmacy, a twenty-four hour emergency room, an operating theatre and equipment to conduct eye tests (Edinburgh Chiapas Solidarity Group, 2010). In one such medical centre located in the *Caracol* of Oventic, the 'La Guadalupeana' central clinic offers patients medical services such as dental care, a pharmacy and a laboratory for medical tests. For women, this clinic also provides specialised services like gynaecology and maternity wards (Alvarez, 2007). Cuevas (2007) writing about this clinic confirms that the facility now boasts the availability of between eight and ten hospital beds ready for patient admissions. The dynamic nature of this central clinic, with its array of important medical services means that it often receives patients from across the autonomous-held region (Cuevas, 2007). However, this is rare. Patients who experience minor ailments do not normally attend the central clinic. Its services are specifically reserved for those in need of more comprehensive medical treatment not available in the local community health house. Patients normally journey to the central clinic under the referral of their health promoter. For all patients, healthcare treatment starts in the community.

debated and discussed at length. The JBG is then required to approve the proposals and make any necessary changes. Finally, the revised healthcare agenda returns to the communities for debate, consultation and implementation. This political process is designed to eliminate power and control of healthcare decisions resting in the hands of the few, particularly when decisions can affect more than one community. As Villarreal (2007) argues, the act of participation and the art of dialogue are two of the most important ingredients in the politics of Zapatista healthcare. In a community healthcare debate witnessed by the author, Villarreal (2007) asserts that the issue of sexual health dominated the discussions at a community assembly. This demonstrates the liberty communities have in tackling the health problems that confront their village and the freedom to do so on their terms. This unique and individualised style of healthcare management informs the structure of healthcare in each of the five *Caracoles*. With a healthcare system “built from below” (Kozart, 2007), and one that values the contributions of the community, it is only natural that the architecture of healthcare varies across the autonomous region. In short, it is generally argued that “each area [*Caracol*] has developed distinctly with a different programme and a different way of doing things” (Edinburgh Chiapas Solidarity Group, 2010).

The Zapatista healthcare system is built on a foundation of small health networks that are developed and managed by the community (Cuevas, 2007). For all patients within the community, the local ‘*casa de salud*’ or health house is the first contact they have with autonomous healthcare. It provides basic healthcare for a community which has no medical services available to it. There is a health house located in every community throughout the Zapatista-held territory. However, certain health houses may be significantly more developed than others. The health house is manned by the local ‘*promoter/a de salud*’ or health promoter who is a valued and respected individual in the administration of healthcare services. This healthcare role

did not progress beyond the first set of tabled discussions. Regardless of the fact that both sides signed an initial agreement which in theory promised the Zapatistas autonomy, the government refused to elevate the San Andrés Accords to

constitutional level and to instigate the necessary constitutional changes to make the agreement binding. Politically, President Zedillo was under increasing pressure from the acutely conservative quarters of the ruling PRI. Zedillo was viewed as both too accommodating and too conciliatory towards the needs of the indigenous community. The thought of granting legal autonomy to the Zapatistas was abhorrent to the political establishment. In light of this reaction, the Zedillo administration reverted to policies aimed at confining and containing the Zapatista movement (Manaut et al., 2006). Coincidentally, it was around this time that paramilitary groups began operating with impunity throughout the state of Chiapas and it was clear to many observers that the Mexican army “tolerated their presence” (Manaut et al., 2006, 143). Moreover, it was at this stage during the conflict that the Acteal massacre, a defining moment in Zapatista history, occurred. The Acteal massacre, which took place on 22<sup>nd</sup> December 1997, is considered one of the worst atrocities to have occurred during the course of this conflict. Reports suggested that between 45 and 46 indigenous people, including 21 women and 15 children, were killed by the gunshots of suspected paramilitaries (Ramirez, *The Irish Times*, 1997; Lacey, 2007). Since then, the investigation has been marred by controversy with many suggesting that the crime scene was tampered with in the hours subsequent to the killings (Lacey, 2007). It is a case that remains largely unsolved with many, including the Zapatistas, believing that members of the paramilitary group involved had direct links to the PRI (Lacey, 2007). It was described by a local witness as the “worst bloodbath” since the uprising in 1994 (Ramirez, *The Irish Times*, 1997). This massacre left a lasting legacy of mistrust and permanently damaged relations

between the Zapatistas and the Zedillo administration. As a result of the violence and mistrust between the opposing sides, it quickly emerged that Zapatista autonomy would not become a reality.

After many years of disagreements and violence, the Mexican political system was transformed with the election of Vicente Fox of the Partido de Acción Nacional (PAN) in 2000. He was the first non-PRI candidate to be elected president of Mexico in seventy years (Manaut et al., 2006). With many concerned for the conflict in Chiapas, this new presidential appointment brought hope for the “renewal of the peace process” (Manaut et al., 2006, 144). Zapatista delegates made their way in a six thousand kilometre cavalcade from Chiapas to Mexico D.F to ensure that the conflict remained top of the presidential agenda. President Fox made efforts to prove his credibility and commitment to resolving the conflict by yielding to three key requests made by the Zapatista movement. Fox agreed to release Zapatista prisoners from incarceration and the president also made arrangements to decommission a number of army checkpoints in Chiapas. He failed, however, to make progress on the San Andrés Accords and to turn them into law. Congress consistently refused to grant legal autonomy to the Zapatistas and despite members of the indigenous high command speaking directly to the Chamber of Deputies, the Senate would only pass a modified version of the original agreement (Higgins, 2001). The issue rested on a point of law because Congress wanted indigenous communities defined as “institutions of public interest rather than public right” (Higgins, 2001, 899). In short, under this modified law, indigenous communities would remain under the jurisdiction of the State of Mexico. The State would continue, in theory, to be responsible for the provision of important services like healthcare and education and indigenous communities would remain bound by the laws of Mexico. Once more, Zapatista autonomy was denied.

policy that responds directly to the needs of the community. In effect, this directly targets the diseases and illnesses that burden community residents. Many communities across a single municipality share, as a result of their proximity, a host of common illnesses. As a result, their healthcare policies and strategies are similar. With that said, there are often isolated cases of epidemics in specific communities and this requires the attention of the healthcare committee to draw up urgent proposals to address the problem. It is generally understood that environmental circumstances and geographical location can influence the types of diseases suffered by remote communities. Certain communities live in colder, damper regions of Chiapas leaving many of the inhabitants more susceptible to respiratory infections and other similar illnesses.

As Zapatistas, all community members must actively participate in local community politics including important decisions centred on healthcare policy. In doing so, the Zapatistas promise that the politics of healthcare is the concern of all, not just the few (Martínez-Espinoza, 2008). In what observers describe as “simple town hall meetings” (Kozart, 2007), community members, young and old, unite to discuss the health issues and concerns of the community with the hope of developing a unanimous healthcare response to the problems and concerns that dominate proceedings. This is Zapatista democracy at its most visible and effective, entrusting all members of the community take responsibility for healthcare. In return, the community is rewarded with a healthcare system that is fully responsive to their individual needs.

If a decision on healthcare policy affects just one community, then the motion is discussed and debated within the confines of that community, with little outside interference. However, if that decision affects healthcare policy in a number of surrounding communities, then the senior levels of Zapatista government must engage in the process. First, the motion is forwarded to the municipal healthcare committee where it is

Each *Caracol* has a Junta de Buen Gobierno (JBG) or body of representatives responsible for the oversight of healthcare and other social policies within the *Caracol*. With five *Caracoles* currently established there are, as a result, five corresponding JBGs. Bricker (2013) argues that the Juntas de Buen Gobierno serve two primary functions. They co-ordinate and promote important tasks within the local region and they strictly enforce laws approved by the communities. The five currently existing *Caracoles* are La Realidad, La Garrucha, Morelia, Roberto Barrios and Oventic (Sethness Castro, 2014). Beneath this senior level of civilian government, the Zapatistas have created smaller, municipal juntas or micro-councils diffused throughout the autonomous-held territory. Municipalities are named after illustrious Mexican revolutionaries including the likes of Pancho Villa and Emiliano Zapata (Sethness Castro, 2014). Each municipality, of which there are between 29 and 38 currently in operation, are responsible for the oversight of social policies within the small, individual communities under its authority.

The community lies at the heart of Zapatista healthcare. Each Zapatista community has a healthcare committee that is responsible for the management of healthcare services in the community. All communities are mandatorily required to elect a local health assembly to provide necessary and adequate oversight of community medical services (Cuevas, 2007). Each committee is granted absolute responsibility over the operation of healthcare policy within their locale. Despite their independence, the communities can receive advice and counsel from senior levels of government about how best to construct and administer healthcare in the community (Capps, 2013). Nevertheless, senior Zapatista government officials respect the autonomy of each individual community and do not impose their authority on small health committees (Capps, 2013). Based on the healthcare demands of the local community inhabitants, the health committee drafts a healthcare

The Zapatistas, disillusioned, withdrew from further dialogue with the State and renounced all ties to the government. At this stage in the conflict, the rebels no longer viewed negotiations with the government as a means of achieving their objective of autonomy from the Mexican State. Instead, the Zapatistas “retreated into silence” (McCaughan, *The Irish Times*, 2014) and began to “construct autonomy on their own” terms (McCaughan, *The Irish Times*, 2014). As part of this process, the Zapatista rebels began to develop their own model of healthcare and a system of education, two community-centred services that would help grow, strengthen and reinforce wider Zapatista autonomous development.

## Literature Review

This thesis relies upon an extensive and carefully selected body of secondary sources. These sources include a blend of journal articles and academic books alongside many newspaper and internet articles. Much of the scholarly work published to date analyses the Zapatista movement through a variety of perspectives including, but not limited to, anthropology, political science and sociology. There have also been a number of documentaries and visual media reports, of varying length, that successfully communicate the realities of Zapatista autonomy. It is worth noting that many activists and spectators, who regularly travel to Chiapas, write both small commentaries and substantial features based upon their experiences of the movement and of the region. These reflections provide important insights and perspectives on the Zapatista movement, often detailing from day-to-day the activities of the rebels and the workings of their politics and autonomous services such as healthcare and education. In light of this, they are a valuable complement to the academic literature. In this project, these sources com-

bine to provide a rich and diverse body of research which is explored in this literature review.

First, this review will explore sources that study the Zapatista movement from a historical perspective. This literature examines the processes that lead to the formation of the Zapatista movement while also detailing the efforts the current movement adopt to maintain strong connections with its historical roots. In light of this, further research centres on the current debate around whether the Zapatistas are a new social movement engaged in new social practices or are they an organisation that maintains strong ties to their past and renounce all claims to modernity. Beyond this debate, this research focuses on the Zapatista movement's efforts to develop political and social relationships with the wider population of Mexico and the international community. It specifically examines the effectiveness of such relationships for both sides. Finally, this review will explore research that details the healthcare and education systems in the autonomous region. Here, research is most concerned with understanding the effect of both services on Zapatista communities.

Khasnabish (2010), Mentinis (2006), Stephen (2002) and Weinberg (2000) are four key authors who deliver a thorough analysis of the long and extensive history that slowly gave rise to the emergence of the Zapatista movement. Khasnabish (2010) and Mentinis (2006) begin by offering a historical analysis of the political milestones that gave rise to the emergence of the Zapatista movement during the 1980s. In both studies, the authors make reference to the 1968 Student Massacre, providing commentary on the influence this historic event had on creating the necessary political climate that helped form the Fuerzas de Liberación Nacional (FLN). It is common knowledge that the FLN, an urban socialist movement, would later become a founding organisation of the Ejército Zapatista de Liberación Nacional (EZLN). However, Stephen (2002) goes further back in history and is concerned with providing

continues to guide the EZLN in times of combat. The CCRI frequently liaises with the Zapatista community support base in times of political and military decision-making to ensure a consensus is reached and in order to make an informed political or military decision on behalf of the communities. Thus, for the Zapatistas, a clear distinction was made between the administration of social policy and the management of political and military strategy. The emergence of this new and restructured Zapatista movement sent a firm message to a hostile government indicating that the rebels intended to remain strong and defiant in the face of increasing animosity as they committed to building their autonomy. As part of this steadfast commitment to autonomy, the Zapatistas promised the full development of a healthcare system within this new civic framework, responsive to the diverse needs of indigenous communities in Chiapas.

The civilian branch of the Zapatista movement is organised and divided into three distinct levels. At the lowest level of the organisation are 1,111 pro-Zapatista communities of various sizes. These grassroots communities are divided into between 29 and 38 municipalities which then operate under one of five *Caracoles*. A *Caracol* is the most senior level in the civilian structure of the rebel movement. When describing the structure of the Zapatista movement, it is worth explaining the term *Caracol*. The Zapatistas define the *Caracol* in both practical and symbolic terms. With regard to its practical application, the *Caracol* is simply a means of arranging municipalities and their base-level communities into manageable divisions for administrative purposes. Symbolically, however, its meaning is profound. Translated from Spanish, *Caracol* means 'snail', an analogy that defines the slow and steady pace of autonomous development unfolding within the movement (Ross, 2005, 39). Moreover, it symbolises the human heart in the Maya tradition and, as Kozart illustrates, is most obviously considered "the central organ of Zapatista life" (Kozart, 2007).

on their individual needs, customs and culture. Autonomous healthcare was born and the concept rapidly became popular amongst all Zapatista communities.

## **The Structure of Autonomous Healthcare**

The architecture of the autonomous healthcare system is intrinsically linked to the political and social structure of the Zapatista movement. In acquiring an understanding of the strategies and processes that underscore the autonomous healthcare system, it is first important to explore the political framework from which this healthcare system is constructed. The Zapatista rebels, as a result of failed peace talks with the government, restructured their organisation in 2003. This exercise resulted in significant changes in the civilian branch of the movement, leaving its guerrilla wing largely untouched. It was nothing more than a strategic action designed to improve the Zapatistas' defence against the ongoing harassment and attacks from pro-government paramilitary groups (Martínez-Espinoza, 2008). Prior to 2003, all political, military and social policies of the movement were the responsibility of the former military-political committee of the rebel organisation. In short, this senior branch had obligations to all dimensions of the rebel movement in a range of areas from military strategy right through to civic policy. It comprised the Comité Clandestino Revolucionario Indígena (CCRI) and the Ejército Zapatista de Liberación Nacional (EZLN). With the changes in 2003, a new civic structure emerged that replaced the old structure to provide fresh oversight of all the organisation's social policies, including healthcare strategy. With civil policy under the control of a new branch of the organisation, both political and military tactics and strategy remain separate and are the responsibility of the traditional, long-standing and respected CCRI. The CCRI no longer maintains authority over social policy but

a detailed description of the growth and development of the peasant movement in Chiapas. Stephen is particularly interested in the social and political mobilisation of these peasants as far back as the 1800s around the contentious issues of peasant exploitation and land reclamation. In addition, Weinberg (2000) presents a searching historical analysis of indigenous peoples in Chiapas during the period of colonial rule. In his account, Weinberg explores the violence and brutality experienced by local indigenous people under that regime. Together, all authors offer solid and meticulous accounts of key historical events that played an important role in the evolution of the Zapatista movement. All four historical readings complement each other and significantly contribute to a greater understanding of the long political and agrarian history of Chiapas. At this particular juncture it is worth noting that the concept of revolutionary spirit is a concept that links the narrative of all four historical texts identified thus far. The indigenous are in possession of a revolutionary spirit that was born of the injustices that have plagued these peasants for many centuries.

Weinberg (2000) notes that the Mayas of the Selva Lacandona tirelessly resisted the rule of the Spanish conquistadors by using dense jungle overgrowth as a defence against the invaders (Weinberg, 2000, 17/18). The author states that this revolt by the indigenous was met with bloody attacks from their colonial suppressors, hinting clearly at their strong resistance to colonial rule (Weinberg, 2000, 20). Stephen (2002) also identifies this defiant spirit amongst the indigenous when writing of the Indigenous Rebellion which took place between 1867 and 1869. It was a rebellion that was sparked by the denial to the indigenous of their rights to peacefully work the land and worship their saints "as they themselves chose" (Stephen, 2002, 94). Religion, for the best part, has been identified as a catalyst for the development of such rebellious spirit amongst indigenous peasants in Chiapas. For instance, Khasnabish (2010) explicitly

addresses this link by unveiling the scale of indigenous anger and discontent expressed through religion (Khasnabish, 2010, 23). In recounting the fable of a young girl visited by the Virgin Mary which was followed years later by the erection of a chapel in homage to this apparition, Khasnabish identifies this as clear evidence for the “spirit of indigenous rebellion and resistance” (Khasnabish, 2010, 23). Stephen accepts this link between rebellion and religion, adding that the Indigenous Rebellion from 1867–1869 was fuelled by the religious freedom of the peasants which was sustained by the Catholic Church. (Stephen, 2002, 94). In a more recent analysis, Mentinis (2006) also writes of a strong and indestructible rebellious spirit that was demonstrated at the Tlatelolco massacre. Mentinis identifies this pivotal event as a moment in history that reignited long-term anger and deep seated tension across Mexico arising from the public’s frustration with an increasingly oppressive and authoritarian government. The spirit of rebellion manifest in today’s Zapatista movement is retraced in all four historically inflected texts. However, Holloway and Peláez (1998) provide unrivalled insights by directly connecting the Zapatista movement of today with revolutionaries of the past through the powerful use of symbols.

The literature explored thus far is largely concerned with providing overviews of the historical processes, detailing specific dates and places of significance. Holloway and Peláez (1998), on the other hand, offer a different historical account, one which has not been explored in previous historical treatments of the Zapatista movement. Holloway and Peláez’s study examines the importance of historical symbols and identifies the significance of these symbols for the Zapatista movement. Symbols of the kind described by the authors help invoke the notion of “living memory” (Holloway & Peláez, 1998, 20), where the symbols revive historical memories and develop associations between past and present and between current and historical revolutionary conflicts. The authors

change. As the country began to witness the growth in affluence amongst certain sectors of society, national healthcare began to reflect and accommodate such change (Cuevas, 2007). Those in employment were viewed favourably by the State while those unemployed and unable to seek work, including the indigenous population, remained on the margins of State interest (Cuevas, 2007). Many who could afford medical care opted for private cover while the indigenous were left to endure the limited offerings of federal healthcare. Like some other western healthcare systems, the Mexican health service became two-tiered as the flow of capital began to dictate the quality of care provided. The government demonstrated a total disregard for its responsibilities toward its citizens by delaying the implementation of a national healthcare service until as late as 1984. The government consistently failed to act on Article 4 of the Revolutionary Constitution of 1917 (Cuevas, 2007). Even in their acknowledgement of this legal duty, federal health services were developing in line with neo-liberal economic policies. Within the frameworks of neo-liberal economic growth there is little consideration of those on the margins, especially indigenous minorities. The needs of the indigenous, in terms of healthcare provisions, were ignored by wider Mexican politics. It must be remembered that the indigenous population of Chiapas are such a marginalised and neglected cohort of people that “they could not even walk on San Cristobal side-walks” never mind receive adequate and appropriate healthcare from the State (Kriel, 2014).

This neglect of the provision of adequate healthcare services in Chiapas became one of the major issues that provoked the Zapatista movement into vocalising its concerns. It was an assortment of long-term political and social frustrations coupled with a strong desire to improve their basic human rights which led the Zapatistas to pursue their own vision for their future. This vision quickly drew the Zapatista community together to begin the construction of a healthcare system centred



(Rovira, 2000; Holloway and Peláez, 1998). Evidently, Chiapas is devoid of adequate healthcare for its diverse population of indigenous ethnic minorities and the Mexican government has consistently failed to provide such necessary standards of healthcare service. There are two clear reasons for such persistent failings on the part of the government.

Thompson (Date N/A, *The Melbourne Globalist*) asserts that Chiapas is an ineffective provider of healthcare services and bases her conclusions on poor patient-doctor ratios in the state. In Chiapas there are only 2,229 hospital beds available and this translates to a ratio of only one bed per 1,759 members of the entire Chiapan population (Cuevas, 2007). Effectively, the indigenous people of Chiapas do not have access to healthcare services within the state and therefore suffer the health consequences. The indigenous, who mostly live in remote, isolated and inaccessible locations throughout Chiapas, suffer disproportionately as a result of unevenly distributed healthcare. Many indigenous occupy small, rural settlements located in the highland and jungle regions to the east of the state. In contrast, Cuevas (2007) notes that “45% of units [beds] are concentrated in regions such as the centre and the coast [of Chiapas]”. This makes it virtually impossible for many indigenous to avail of State healthcare services. The reality for many in Chiapas is that State healthcare facilities are concentrated to the west of Chiapas while the majority of the indigenous population remain resident in far corners to the east. Fundamentally, without an even distribution of healthcare services the “Chiapas people [will] coexist with death” (Wild, 1998).

State healthcare services, under the control of the Mexican government, have been considerably influenced by a neo-liberal policy agenda. Undoubtedly, this has impacted significantly on how federal healthcare attends to the needs of the indigenous population or, more accurately, how it does not. As wealth has increased throughout Mexico, the healthcare afforded by the State and private enterprise has reflected this

identify examples of the “horse” (Holloway & Peláez, 1998, 20/21) being used as a symbol of revolutionary heroism and an image that conjures up strong connections with past rebels such as Emiliano Zapata and Pancho Villa. By employing the use of such symbols in today’s context, the Zapatista movement is locating itself within its own complex historical framework. Knowledge of this phenomenon facilitates a better understanding of the struggle in the late twentieth century. These symbols, the authors argue, work on a variety of levels provoking mental images of the past while also igniting emotional connections with history. By embracing historical symbols, the Zapatista rebels are identifying with past revolutionaries, giving the current conflict an important sense of relevance and continuity today.

The literature that is reviewed in this section, however, centres on the predominant question of whether the Zapatistas represent a continuation of historical struggles or whether they have emerged as a new and modern social movement. Harvey (1998) was the first to pose this, asking if the Zapatistas represent “a continuation of traditional forms of rural protest, or [if they] break with earlier patterns and open up new possibilities for political change?” (Harvey, 1998, 2). Del Sarto et al. (2004) also recognise this anomaly. In light of this, they make particular reference to the eloquent communiqués of the former Subcomandante Marcos released through the medium of the modern internet (Del Sarto et al., 2004, 562). Making sense of such irony, Del Sarto et al. continue, identifying that the internet is paramount to the survival of the Zapatista movement. Holloway and Peláez (1998) support such findings indicating that the use of modern technologies, specifically the internet, is a key strategy successfully employed by the Zapatistas to widely disseminate their political message. The authors view the internet as a medium that gives power to the poor and undermines the authority of the political elite (Holloway & Peláez, 1998, 89). Burbach (2001) agrees, asserting that

the internet is a space in which power lies with the masses and this wide distribution of power discourages the development of monopolies and hegemonies. This all suggests that the rebels' engagement with modern technologies, especially the internet, is important to the success of the movement. In line with this, Rovira (2000) provides evidence which suggests the concern surrounding adherence to traditional norms. Rovira specifically addresses women in her study and their unique "revolution of tradition" (Rovira, 2000, 76). The author writes that indigenous women have distanced themselves from certain traditions and customs within their communities in light of the sexism and violence which they have experienced. As the wider Zapatista revolution created space for new political opportunities, so the movement created space for new gender relations to emerge. Zapatista women sought greater social equality in their desire to separate themselves from the brutal customs and traditions of the past. This is embodied in the drafting of the Revolutionary Law authored by indigenous women and referenced by Rovira. This law is arguably a symbol of a social movement acknowledging the damage of hostile indigenous traditions while creating an improved gender balance within the movement. In her treatment of this debate, Rovira highlights the positive effects that are associated with an organisation that is willing to address the legacies of history and tradition. According to Holloway and Peláez (1998), women now account for around 30% of the total number of armed guerrillas in the EZLN. In light of this, Rovira (2000) boldly claims that there is nothing traditional about the Zapatistas since one third of the EZLN insurgents are now women. Bellinghausen (2009, marzo 7<sup>th</sup>) agrees with the premise of Rovira's argument, illustrating the ban on alcohol as an example. Alcohol, central to the lives of the indigenous people, was presented as a staple at many traditional celebrations and festivals. Bellinghausen asserts that a ban on alcohol, both its manufacture and consumption, has drawn a clear line between the past and the present.

of the entire Chiapas population, a figure recorded at the beginning of the Zapatista insurrection in 1994 (Arsenault, 2011). Since then, Martinez Veloz (2012) has shown that the national average for poverty across Mexico stands at 46.2%. However, in relation to the national indigenous population in the country, 79.3% are believed to live in destitution (Martinez Veloz, 2012). In addition to these figures, 80.3% of indigenous live below the poverty line, 83.5% have no access to social security, around half of the national indigenous population have no access to basic social services and 40.5% do not have enough to eat (Martinez Veloz, 2012). More recently published studies support the findings that poor health stems from poverty.

75% of the indigenous community, according to Rovira (2000), are malnourished. This clearly highlights the enormous levels of poverty within the region. 20% of children born into the indigenous community are expected to die before the age of five years (Arsenault, 2011, the Occupied Times, 2012). Meanwhile, 70% of all infants born into indigenous communities suffer from the effects of starvation and 20% of children will die as a result (Thompson, Date N/A, the Melbourne Globalist). A significant number of the diseases and infections present in indigenous communities include gastro-intestinal infections, skin problems, parasites, malaria, tuberculosis and other respiratory viruses. Moreover, each of these illnesses has been linked to extreme poverty, lack of clean water and exposed sewage (Edinburgh Chiapas Solidarity Group, 2010). Many of these infections are curable but only when exposed to correct and adequate levels of satisfactory healthcare. The life expectancy of many in Chiapas does not exceed the average of 44 years (Rovira, 2000; Holloway & Peláez, 1998). This figure is in stark contrast to the higher, national average of 77 years (Holloway and Peláez, 1998). The disparity between both medians presents compelling evidence to suggest that large numbers of the indigenous population in Chiapas are needlessly dying from preventable and curable diseases

the achievements of Zapatista healthcare before detailing challenges which, if overlooked, would undermine its successes.

## **A History of Healthcare in Chiapas**

The Zapatista movement came into being as a result of the neglect of the basic human rights of the indigenous people of Chiapas by the Mexican government. Among the twelve demands outlined in their first communiqué, the Zapatistas articulated their urgent need for healthcare. In short, the Zapatistas wanted better access to and improved quality in the healthcare services of Chiapas. Moreover, they stressed the need for a healthcare system that reflected the cultural diversity of the significant indigenous population in Chiapas. Quoting from an interview with former Subcomandante Marcos, de Huerta and Higgins assert that “there is no average or ordinary Mexican”, thus underlining the enormous diversity of needs that public services in Mexico, including that of healthcare, must adapt and respond to (de Huerta and Higgins, 1999, 272). In Chiapas alone, there are many different ethnic groups including, but not limited to, Tzeltals, Tzotzils, Ch’ols, Tojolabals, Mam and Zoques (Rovira, 2000). In addition to this, each ethnicity maintains a unique set of traditions and customs as part of their culture (Rovira, 2000). Chiapas was, and remains one of the poorest states in Mexico and as the statistics in this chapter will demonstrate, there is a strong correlation between poor health and poverty in the state.

The population of Chiapas is approaching four million people. The indigenous populace accounts for an estimated 30% of this figure (Cuevas, 2007). Chiapas, therefore, claims the largest indigenous population in Mexico. This shows that the indigenous are a minority in the state. They suffer the burdens of extreme poverty and neglect as a consequence. Poverty, measured by dollar-a-day estimates, is understood to affect 56%

This arbitrary policy has created a climate of “menos violencia” (Bellinghausen, 2009, marzo 7<sup>th</sup>) across the Zapatista-held territory, something that Zapatista women agree is positive. Rovira (2000) and Bellinghausen (2009, marzo 7<sup>th</sup>) are, therefore, in agreement that disassociating from traditional norms has brought about positive gains for the communities and their inhabitants. However, Del Sarto et al. (2004) partly disagree with this conclusion, stating that the Zapatistas’ continued existence depends upon a unique blend of the traditional (comuniqués) with the modern (internet) (Del Sarto., 2004, 563).

The juxtaposition between tradition and modernity is further discussed by Cuevas (2007) in the author’s analysis of Zapatista autonomous healthcare. Cuevas adopts a negative view of the autonomous healthcare system because the author argues that it is breaking with its traditional values in favour of a more modern approach to healthcare. Cuevas describes Zapatista healthcare as a system that “has come closer to Western medical practice” than ever before (Cuevas, 2007, 14). The author argues that the rebels have failed to develop a model of healthcare based on existing indigenous traditional medicine and that this path of development will put at risk their healthcare system in the future. Cuevas writes that, despite the advancements achieved by autonomous healthcare, many Zapatista women still prefer the care of the local, community midwife. In Zapatista communities midwives “still act as lead actors” (Cuevas, 2007, 13), even given the availability of knowledgeable medical personnel. It is clear that Zapatista women still value local midwives and place trust in their traditional knowledge and wealth of experience. In this instance, it is clear that the benefits of maintaining ties to longstanding traditions in indigenous healthcare far outweigh the advantages associated with an increasingly modern, autonomous healthcare system. Analysing the Zapatista autonomous education system, Reinke (2004) agrees with the fundamental argument put forward by Cuevas (2007). The Zapatistas’ historic resistance

to neo-liberalism affords the rebels a unique opportunity “to accentuate their local traditions and practices” (Reinke, 2004, 493). In their analyses, Cuevas (2007) and Reinke (2004) highlight the importance of maintaining close ties to indigenous traditional values and how this can support the development of the Zapatista movement overall.

Despite the body of research that attempts to determine whether the Zapatistas are a traditional social movement or a rebel group adopting new and modern practices, the original question presented by Harvey (1998) at the outset of this review still remains largely unanswered; Does the Zapatista movement represent a continuation of historical and traditional norms or are the rebels something new? Without doubt, the political, social and agrarian history of Chiapas has shaped a large part of the identity the Zapatistas claim today. The rebels speak proudly of their ancestral struggles against colonial powers. Nevertheless, scholars are most convincing when arguing the need for the Zapatista movement to embrace the modern age. In order for the indigenous population as an ethnic minority to be liberated, indigenous women must first be treated as valued and equal members of the wider Zapatista community, a point strongly argued by Rovira (2000). According to both Rovira (2000) and Bellinghausen (2009, marzo 7<sup>th</sup>), achieving gender equality within a traditionally patriarchal community involves clear distinctions being drawn between the past and the present. Without fresh calls for modernisation and for something to be put in place to that effect, such as the internet, the Zapatistas would remain a purely local movement engaged in a local struggle.

Political science has proved popular as a perspective from which to study and analyse the Zapatista movement. Research that is politically inflected examines the Zapatista movement on both a national and international scale, assessing the political impact of this social movement in both arenas. Moreover, research in this area also helps to gauge whether their political

# Chapter One. Autonomous Healthcare: An Unlikely Success

## Introduction

Zapatista autonomous healthcare is a remarkable system of medical care conceived by the Zapatistas and developed by the remote and isolated communities of Chiapas. This chapter offers a thorough analysis of the autonomous healthcare system, first, by exploring the historical relationship between the indigenous people of Chiapas and State healthcare. Examining the nature of this relationship will help the reader understand the motivation behind the development of autonomous healthcare. Second, this chapter will highlight the importance of this community-based healthcare system within the wider project of Zapatista autonomy. In doing so, this thesis will argue the significance of certain unique features that define the role of this healthcare system in the community and in the larger context of Zapatista autonomy. In light of this, attention will focus on the structure of this healthcare system, highlighting how it operates within the individual communities it serves. Careful and extensive consideration will be given to the role of the health promoter, a position of great value and purpose in the dynamics of Zapatista healthcare. There will be a brief discussion on the contributions both national and international solidarity play in supporting the independence of healthcare in Zapatista communities. Finally, this chapter will outline

only aims to serve the “interests of those in power” (Howard, 2007). In light of this, Baronnet (2008) alludes to the fact that Zapatista education is emancipatory in nature resulting in the empowerment of children. The author further states that this approach to education is deeply rooted in the community because many of the subjects taught are based on a revival of indigenous culture and tradition and therefore derive from “ethnic lore and collective memory” (Baronnet, 2008, 117).

Much of the research that relates to healthcare and education focuses on the effects of both autonomous services within the confines of communities. As previously outlined, this thesis is concerned with arguing that healthcare and education are community-centred services that are constructed by community inhabitants to directly reflect the needs of each community. It is on this basis that this study will further argue that healthcare and education support the wider development of Zapatista autonomy. In order to fulfil this aim, this thesis will be divided into two distinct chapters. Chapter One will provide an analysis of Zapatista autonomous healthcare. Chapter Two will examine Zapatista autonomous education. Both chapters will explore the individual structures of each system while also outlining the effects of international solidarity and other external forces on the delivery of the services. It will also be crucial to assess the impact of such community-based approaches to healthcare and education on the communities they aim to serve. All of these efforts, together, will establish the importance healthcare and education serve in the wider development of Zapatista autonomy.

impact is positively or negatively received by the national and international community alike. It is clear that the Zapatista movement has had a significant impact on Mexico’s political system. The consensus amongst scholars conducting research in this area suggests that the Zapatista movement opened up a new and more democratic space in Mexico which dramatically changed the political landscape of the country. Burbach (2001) agrees with this sentiment, implying that the Zapatistas “opened up a space for new kinds of dialogue in Mexico” (Burbach, 2001, 131). Scholars agree that two key milestones in Mexico’s political narrative are directly linked to the political impact of the rebels on Mexican politics.

Firstly, there were the internal struggles between members of the ruling Partido Revolucionario Institucional (PRI) throughout the late nineties. These struggles emerged out of disagreements between party members about how the party should best manage the political crisis provoked by the Zapatistas. Secondly, in the year 2000, Mexico witnessed the election of the first non-PRI president in seventy years. The election of Vicente Fox of the Partido de Acción Nacional (PAN) was the first clear sign of the diminishing authority of the PRI. Manaut et al. (2006) agree specifically with this second point, stating that President Fox’s explicit commitment to enact the San Andrés Accords in law upon his appointment as president “were optimistic times” (Manaut et al., 2006, 144) for Chiapas and for Mexico. Higgins (2001) also shares in this sentiment noting that, from the perspective of the Zapatistas, President Fox “began his term with a credibility rating of zero” (Higgins, 2001, 895)

Barmeyer (2003), assesses the impact of the Zapatista movement within a local community setting. The author gives praise to the rebels for the improvements their presence had on remote communities. In addition to this, Barmeyer writes that Zapatista grassroots supporters have defined the positive benefits brought about by the Zapatista rebels in their communities

as a “revolution” in itself (Barmeyer, 2003, 126). He also notes that the many communities the Zapatistas protect are an important and steady source of soldiers and finance for the movement (Barmeyer, 2003, 127). Barmeyer’s study clearly hints at the mutual dependency of the Zapatista guerrillas and the communities. In light of this, however, Barmeyer identifies that this reliance by EZLN guerrilla fighters on small and remote Zapatista communities has created an emerging problem. Barmeyer suggests that the EZLN places a heavy burden on the already resource-depleted indigenous communities (Barmeyer, 2003, 128). Indigenous communities make significant sacrifices in order to be recognized as members of the Zapatista movement. As a result, many young indigenous men and women from small and remote communities are attracted to train and fight with the EZLN because of the prestige and esteem associated with the role. In turn, small and remote hamlets are drained of their youth, leaving many community elders to attend to the agricultural chores of the village, tasks which help to financially support the rebels and the community inhabitants alike. As Barmeyer asserts, such demands are very difficult for small Zapatista communities to meet and this raises the question of whether such necessary sacrifices damage the image of the Zapatistas on a national scale.

Martínez-Espinoza (2008) provides a potential answer to this dilemma. Generally, the author commends the style and form of democracy exercised by the Zapatistas. The author praises the durability of their unique style of politics in the face of the hostility of paramilitary groups in the region. Martínez-Espinoza however, does offer certain criticisms of the Zapatistas’ political practices. As a result of the continual development of their political, social and cultural autonomy, Martínez-Espinoza is concerned that the Zapatistas may risk becoming an isolated social movement, losing relevance and appeal in the eyes of the wider Mexican public (Martínez-Espinoza, 2008, 177). It is a valid concern which is shared by Preston and Dil-

cal community-based health house. In Wilson’s (2008) analysis of Zapatista healthcare, she emphasises the importance of the health promoter in the structure of the rebels’ healthcare system, highlighting that the position greatly improves the accessibility of healthcare for all communities. Villarreal (2007) agrees with the need to locate healthcare within the structural framework of Zapatista communities. The author notes that, in the past, many indigenous ancestors died while trying to reach medical personnel from their remote communities in Chiapas. Capps (2013) describes the Zapatista healthcare system today as a mixture of “simple clinics run by health promoters and a few more sophisticated clinics and hospitals” that surround the region (Capps, 2013). In response to this, Bellinghausen (2009, febrero 26<sup>th</sup>) writes optimistically of the Zapatista healthcare system, particularly referencing its ability to medically attend to the needs of all those who require medical treatment. Bellinghausen concludes that the Zapatista movement built their healthcare system on the principles that it can and will medically attend to all who request treatment “aunque no sean Zapatistas” (Bellinghausen, 2009, febrero 26<sup>th</sup>). Alvarez (2007) agrees with Bellinghausen’s assertions, indicating that the Zapatista movement defines healthcare as a basic human right and, therefore, desires to extend that right to all, regardless of their degree of commitment to the movement.

Zebechi (2013) describes the Zapatista education system as “selecting the best seeds [and] scattering them on fertile ground”. The author uses this metaphor to explore the notion that Zapatista education encourages students to reach their potential. Barmeyer (2008) also agrees with this analysis, indicating that this approach to education boosts the morale of local communities. However Howard’s (2007) disapproval of State education indirectly endorses Zapatista autonomous education. Here the author boldly claims that federal education is destined to “destroy... Mother Earth and all of humanity” (Howard, 2007) and that government education

between activist and Zapatista. According to Ryan, solidarity is defined as being “in the same struggle, together” (Ryan, 2011, 176). However, the author concludes abruptly indicating that “we [Zapatista and activist] are not in the same struggle, we are different” (Ryan, 2011, 176). Sorkin (2012), writing about the Occupy Wall Street movement, claims that this protest had no legal or regulatory impact, thereby calling into question the conclusion reached by Nails (2013). This suggests that Zapatista strategies such as horizontalism, consensus decision-making and the use of masks are politically less effective as forces for change in the wider global context than was originally proclaimed. However, in an interview with the former Subcomandante Marcos, De Huerta and Higgins (1999) believe that the international activists arrive in Chiapas to engage with the movement as “a forum of seeing their own personal struggle reflected” (De Huerta & Higgins, 1999, 275). Moreover, it could be said that international activists and the indigenous people help to develop and clarify the political and social perspectives that each brings to bear on the other (De Huerta & Higgins, 1999, 275). It is apparent, according to De Huerta and Higgins, that Marcos wishes to emphasise the mutuality within international solidarity by indicating how shared problems and common experiences can unite distant peoples and cultures. This perspective on solidarity challenges the cautionary pessimism that surrounds the concerns raised by both Ryan (2011) and Olesen (2004).

Healthcare and education are important to the Zapatistas and the movement places great value on these two services. Much of the literature that studies autonomous healthcare emphasises the importance of this service to the Zapatista communities. The Edinburgh Chiapas Solidarity Group (2010) indicates that all important healthcare services are deeply embedded in the fabric of Zapatista communities. The authors continue stating that the health promoter, who is selected from amongst the community inhabitants, operates out of the lo-

lon (2004). Preston and Dillon offer their unique perspective on this argument, boldly stating that the Zapatista movement seems “more like a political cult than a civil rights movement with national aspirations” (Preston & Dillon, 2004, 455). The authors justify this claim by highlighting the vow of silence that was often imposed upon Zapatista grassroots supporters by the EZLN high-command as a defence against the aggressive political tactics applied by President Zedillo (Preston & Dillon, 2004, 455/456). On the one hand, the Zapatista movement may simply draw strength from closing off its borders to the media and to Mexico’s political establishment, avoiding any unnecessary confrontation with either force. On the other hand, this vow of silence may simply be evidence of the sinister and malignant workings of Zapatista politics. While Martínez-Espinoza (2008) and Preston and Dillon (2004) do not definitively prove whether or not this is the case, Womack Jr. (1999) does not shrink from highlighting the very clear and distinctive failings on the part of the Zapatistas in their efforts to forge a relationship with ‘Civil Society’.

Womack Jr. (1999) details the Zapatista’s failure to effectively build a functioning mutual relationship with the civilian population of Mexico. For instance, Womack Jr. makes specific reference to the underwhelming success of the Frente Zapatista de Liberación Nacional (FZLN). Here the author argues that the FZLN failed to unleash all the necessary “social energy to build new human relations” (Womack Jr., 1999, 339). In other words, the FZLN was originally designed to serve as the political wing of the Zapatista movement and although well structured, fell short when it came to bringing about adequate results. Womack Jr. also illustrates the shortcomings that bedevil the Movement for National Liberation, another key strategic grouping organised by the Zapatistas to secure vital links with wider Mexican society. Womack Jr. boldly states that the Movement for National Liberation “proved a political disaster for the Zapatistas” (Womack Jr., 1999, 290). It is also widely understood

that the National Democratic Convention (CND), a large gathering of activists of the political Left, was relatively unsuccessful and limited in its potential. However, in strong opposition to Womack Jr., Kampwirth (1996) and Stephen (1995) agree that the establishment of the CND was a successful strategy and both authors insist on the accomplishments of this convention. Kampwirth suggests that one important legacy of the convention was that the political Left became more organised as a result and that the “Mexican political opposition was unified” (Kampwirth, 1996, 263). Stephen, too, agrees with this assessment, recognising that the CND was successful in organising political opposition “on a national level” (Stephen, 1995, 88). However, even in the face of such arguments, Womack Jr. remains unconvinced. Instead, the author maintains that the Zapatistas failed to appropriately and adequately establish a mutually beneficial relationship with the people of Mexico and that such failings did little to help popularise their political message nationally. Semo and Pardo (2006) provide, perhaps, what could be described as a logical explanation for such failures by the Zapatistas.

Semo and Pardo (2006) argue that, because the former Subcomandante Marcos often refuses to support mainstream politicians of the Mexican Left such as the 2006 presidential candidate López-Obrador, he risks fracturing and dividing the political Left in Mexico.<sup>1</sup> In short, they argue that Marcos is inflicting significant damage on the political Left, causing confusion

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<sup>1</sup> For the purpose of this review, reference to the Mexican political Left embraces all political parties of the Left, along with their candidates and grassroots supporters; In short, Mexico’s parliamentary and social Left (Semo & Pardo, 2006). The main liberal party in Mexico is the Partido de la Revolución Democrática (PRD). Before 1989, Mexico did not have a strong parliamentary Left. The Zapatistas oppose the parliamentary Left in Mexico and “refuse to be confined to electoral action” (Semo & Pardo, 2006, 85). In fact, the Zapatistas are working to reach beyond all parameters of the traditional political and social Left in Mexico, to engage in “another way of doing politics” (Fernandes, 2006, 3345).

Swords, Molina (2013) writes that education and international solidarity were consolidated as a result of the Zapatistas’ ‘*La Escuelita*’ or Little School, an initiative that attracted around 1,700 activists to Chiapas to learn more about Zapatista autonomy. The activists or students, as the Zapatistas preferred to call them, lived amongst communities in host families (known locally as *votanes*), attending lessons and learning about all aspects of Zapatista autonomy (Molina, 2013). Upon reflection, it is clear that the conclusions reached by Swords (2007) and Molina (2013) are closely linked to the findings presented by Nail (2013) which suggest that the Zapatista movement is a source of inspiration for international organisations and social movements alike.

Returning to Olesen (2004), the author does offer some criticism of international solidarity that is worthy of attention. The author questions the limitations that diverse cultural differences from “radically different lifeworlds” (Olesen, 2004, 264) impose upon the formation of international solidarity alliances. This is a genuine and real concern also raised by the Irish author and activist Ryan (2011). When writing about working on the water projects, Ryan focuses on the issue of “reciprocity” (Ryan, 2011, 189) in the solidarity relationship.<sup>2</sup> Based on his experiences of engaging with the local indigenous, Ryan is aware there is a small yet significant divide

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<sup>2</sup> The water projects represent a form of national and international solidarity. In this particular instance, the project involves the construction of a two-kilometre long PVC piping system, connected at one end to a natural spring and at the other to a 13,000 litre capacity cement reservoir in a nearby village (Ryan, 2011). All elements, including the cement tank structure, will be constructed by local Zapatista men and international activists working in cooperation (Ryan, 2011). Ultimately, the goal is not just to install a basic yet sufficient plumbing system in the village, but to train locals to manage their own water supply; this becomes the “arsenal of their community autonomy” (Ryan, 2011, 23). If no major delays or faults emerge, the plumbing system will take between two and three months to construct and will serve the community for twenty years (Ryan, 2011).



movement in disseminating its political message on a global scale. Nail, in arguing against media claims that the Occupy Movement emerged without a clear foundation, argues that the Zapatistas were an “indirect force of inspiration” for such a global phenomenon (Nail, 2013, 21). Nail adds that the Occupy Movement, whose most famous manifestation was Occupy Wall Street, used three key strategies originally employed by the Zapatistas. These strategies included horizontalism, consensus decision-making and the political use of masks. Starr et al. (2011) discuss a possible understanding of how such solidarity relationships are established and more specifically, identify the strategy employed by the Zapatistas in pursuit of such a cause. Starr et al. highlight the importance of ‘listening’ as a strategy and emphasise this by describing the former Subcomandante Marcos’ efforts in travelling widely “modelling the way to listen to the voices in the community” (Starr et al., 2011, 107). In line with Starr et al., Holloway and Peláez (1998) add that the Zapatistas are only concerned with linking echoes together, not creating them. In light of this, Swords (2007) emphasises the importance of education in building solidarity networks, noting that the EZLN is “transforming politics through networked learning” (Swords, 2007, 89). This study shows that individual organisations have learned from the political and social practices adopted by the Zapatista movement. These independent organisations include a coffee initiative, an indigenous women’s collective and Alianza Cívica, a pro-democracy organisation. According to Swords, members of all three organisations attended workshops where they learned to incorporate certain values espoused by the movement. In other words, through the process of education, these organisations learned new skills. In the author’s conclusion, Swords demonstrates that the women’s collective now places greater value on the opinions of women, while through their engagement with the coffee initiative, farmers have developed a greater confidence to challenge authority. In light of the findings of

amongst many of its Left supporters. Semo and Pardo note that it has become increasingly difficult, in the face of division and fractured loyalties, for other social movements, political parties and supporters of the political Left to form meaningful, stable political alliances (Semo & Pardo, 2006, 87). Marcos has been steadfast in his refusal to endorse parliamentary parties of the political Left including the Partido de la Revolución Democrática (PRD) and the candidates whom they put forward for election. As a result, the Zapatistas risk losing wider national support, resulting, in turn, in their increasing political isolation. This political isolation, according to these scholars, only damages their prospects of successfully developing a relationship with a national audience in Mexico. If this turns out to be the case, it is likely to lend increasing credibility to Preston and Dillon’s (2004) description of the Zapatistas as cult-like. According to Semo and Pardo (2006), the approach used by Marcos, whereby he condemns the policies and actions of the mainstream political Left, does not “contribute to the construction of alliances” (Semo & Pardo, 2006, 87). As a result of such actions, it would appear that the Zapatistas’ allies, made in order to further their political cause, are in fact the most disillusioned and distant of all Leftwing supporters. However, the recent retirement of Subcomandante Marcos challenges and, to some extent, undermines the conclusion reached by Semo and Pardo. With Marcos “retired” (Speri, 2014), the threat to the cohesion and unity of the political and social Left in Mexico has largely been removed. With that said, however, the long-term political repercussions of Marcos’ retirement, announced in early 2014, is yet to be fully realised. As Speri (2014) comments, in recent years the Zapatistas have been growing increasingly frustrated with the volume of attention and publicity devoted to Marcos. The Zapatistas have argued that the focus on Marcos has diverted much needed attention away from the activities of the Zapatistas. As Oikonomakis (2014) states, the persona of Marcos became inflated to such a point “the

movement became Marcos and Marcos became the movement” and clear distinctions could no longer be made between the two (Oikonomakis, 2014). For that reason, the Zapatista movement declared that Marcos was “no longer necessary” (Speri, 2014).

Despite this, Semo and Pardo’s argument deepens and they begin to challenge the whole Zapatista political project by emphasising that “although the electoral system has its limits, it is nonetheless possible to begin to construct alternatives to the neo-liberal project” (Semo & Pardo, 2006, 89). In other words, they argue that political, social and economic alternatives to the current, neo-liberal system can be constructed from within the system itself, undermining the entire premise of the Zapatista struggle. According to Semo and Pardo, the political establishment is capable of bringing into play new and alternative perspectives in politics and economics, as is the Zapatista movement. Semo and Pardo hint that this, too, limits the Zapatistas’ prospects of building political support in Mexico because, if alternatives can be created and constructed from within the conventional, parliamentary Left, then what role do they serve?

Fernandes (2006), on the other hand, rejects the conclusion reached by Semo and Pardo (2006). He provides a reasoned account of why the Zapatista movement chooses to remain distant and unsupportive of the Mexican Left. For Fernandes, Left politicians and their political parties have been known to “promote a developmentalist agenda” (Fernandes, 2006, 3345) which often takes the form of capitalist development coupled with widespread exploitation. Naturally, the Zapatistas are distrustful of such plans. As Fernandes writes, many social movements — the Zapatistas among them — are sceptical of the government and its agenda, including any support that is offered by the State. As a result, social movements like the Zapatistas, promote regional autonomy. Fundamentally, Fernandes’ argument that “the only way forward is [for] people [to organise] from below in defence of their interests”, adds up to a

strong justification for the Zapatista project (Fernandes, 2006, 3344). Many of the conclusions noted here so far suggest that the Zapatista movement has had little success in developing meaningful and politically potent alliances with the Mexican electorate. Womack Jr. (1999) is steadfast in his assertion that the Zapatista rebels dramatically underestimated the national electorate’s willingness to adopt the political and social ideals of the Zapatista movement. Other authors, including Fernandes (2006), simply provide justifications for such failings. It is clear however, that although the Mexican electorate supported the Zapatista movement it would not embrace the struggle as the movement had hoped. Regardless of its limited success in forging a socially and politically productive relationship in the national arena, further studies indicate the Zapatista movement made progress in forming alliances with the wider international community.

Olesen (2004) provides an analysis of the distinctive relationship forged between the Zapatistas and the international community and, in the process, attempts to define and categorise it. The author is aware that this relationship is considerably different from the traditional Global North-Global South relationships constructed by wealthy countries on the basis of charity. For Olesen, such transnational relationships denote “more of a one-way character” (Olesen, 2004, 255). In other words, wealthy countries establish aid links with poor and developing countries with the aim of providing a variety of supports including financial aid and other basic supplies. Instead, in the author’s attempts to differentiate the solidarity relationships forged by the Zapatistas, Olesen argues that in order for these relationships to be successful for both parties involved, the Zapatista rebels cannot and should not be viewed as “an object of solidarity” (Olesen, 2004, 260). Olesen argues that activists who arrive in the Zapatista-held region do so not “as teachers, but as students” (Olesen, 2004, 260). Nail (2013) also attests to the success of the Zapatista

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more vulnerable to complications associated with childbirth (Arsenault, 2011; Thompson, Date N/A, The Melbourne Globalist). Autonomous healthcare is having a positive effect on women's and children's health. In regions where there were previously significantly high rates of death during childbirth, there has now been a period of eight years or more where no maternal deaths have been recorded (Thompson, Date N/A, the Melbourne Globalist). With the greater availability of local midwives and the basic medical knowledge provided by the health promoter, Zapatista women are now safely giving birth in their own communities, with a dramatically reduced risk of death. In addition to this, cancer screenings and sexual health examinations take place more frequently, further improving the quality of women's lives (Bellinghausen, 2009, febrero 26<sup>th</sup>). As with women, the improvement in children's health is also noteworthy. Zapatistas now actively prioritise children's vaccinations ensuring that as many children as possible receive the necessary immunisation. Health promoters are also trained to detect the symptoms associated with sepsis and jaundice in newborn infants and through the use of visual media, foreign organisations are teaching health promoters to identify and treat such illnesses (Shaahinfar, 2014).

With the wider availability of autonomous healthcare, 84% of Zapatista communities receive important vaccinations against diseases such as malaria (Castellanos, 2014). In pro-government communities that figure stands at only 75%, meaning that fewer of these community inhabitants have access to necessary vaccines despite the promises of State healthcare (Castellanos, 2014). A greater disparity is apparent between pro-government communities and Zapatista villages with regard to the treatment of tuberculosis (TB). Currently, 32% of Zapatista inhabitants suffer TB while in larger portions of pro-government communities, a remarkable 84%, continue to experience this respiratory infection (Castellanos, 2014). It is clear, as these figures demonstrate, that Zapatista

healthcare has a profound impact on the quality of the lives of the many indigenous who attend autonomous healthcare services regularly. Currently, 74% of Zapatista communities now have access to toilet facilities and this has led to a vast improvement in personal hygiene (Arsenault, 2011). Only 54% of pro-government communities can claim access to toilet facilities in their homes (Arsenault, 2011). This provides clear evidence of the positive impact the health promoter has in educating communities around health and hygiene. It also suggests that the Zapatista communities have an appetite for knowledge and are willing to learn all that is necessary to protect their health. Once again, the Zapatistas firmly believe in the concept that prevention is better than cure and they are working to further promote preventative techniques to secure the health of the Zapatista population (Bellinghausen, 2009, marzo 7<sup>th</sup>). By protecting the health of current generations, the Zapatistas are safeguarding the impending growth of the rebel organisation into the future. This evidence suggests that Zapatista healthcare helps to support and sustain wider autonomy.

As result of autonomous healthcare, communities are now in control of their healthcare services and together they decide on local healthcare policy and the appointment of a suitable health promoter. Therefore, it is only natural that these communities develop a self-confidence and empowerment not felt before the widespread introduction of autonomous healthcare. Autonomous healthcare, according to Wilson (2008), “empower[s] the individuals involved...ultimately build[ing] capacity of the community as a whole” (Wilson, 2008, 29). In times of medical crisis, the community can draw on its own strength and engage its limited medical expertise to combat the problem. This power and control strikes confidence directly into the heart of the community and further strengthens their resolve for greater independence. Prior to the advent of Zapatista healthcare, these communities suffered

under the weight of disease and illness but now they embody a capacity to control, contain and even eradicate disease and infection. In the face of limited resources, Zapatista healthcare has mobilised the community to action to become “the best medicine for illness” (Edinburgh Chiapas Solidarity Group, 2010).

## **Challenges for the Future**

As autonomous healthcare continues to develop, it is confronted with challenges for the future. These challenges present in a variety of forms. The high-intensity workload of the health promoter, the aggressiveness of the government and paramilitary groups and the reliance on international solidarity are three substantial concerns the movement faces for the future. It will be argued that these three challenges impose limitations on the continued development of the healthcare system.

As mentioned previously, the health promoter is a valued and esteemed player in the overall structure of the healthcare system, attending directly to the medical needs of the community with limited resources. It is a demanding task by its very nature, made more so by the difficult balance promoters must maintain between their professional duties as amateur medics and their responsibilities to the community as Zapatistas. Depending on the remoteness of a community there may only be one available health promoter to serve an entire community, meaning that the health promoter must be available twenty-four hours a day (Edinburgh Chiapas Solidarity Group, 2010). In such circumstances, resources are few and the nearest ambulance may be five hours away, leaving the health promoter in a vulnerable and isolated position (Villarreal, 2007). Health promoters work in difficult conditions and often without access to electric power. They must medically attend to patients

of both genders and of varying age that present to them with an entire spectrum of diseases, illnesses and infections.

When not on duty as health promoters, their time is consumed by domestic chores and working to provide support for their families. This results in the health promoter working very long hours. The emerging risk is that following time spent looking after the health of the community alongside attending to their domestic and agricultural chores, the health promoter may begin to feel demoralised, undervalued and little appreciated. The position requires steely dedication in the face of slow political and social change and, in light of this, the health promoter may become disillusioned and weakened in spirit. It is widely understood that communities support health promoters during their time in this position, tending their fields and feeding their animals. However, regardless of such support, the promoter remains solely responsible for the health of the community. Since the health promoter is a pivotal part of the healthcare system, the wellbeing of this individual should be of paramount concern for the Zapatistas. Protecting the healthcare worker will enhance the esteem associated with the position and will guarantee the interest of applicants into the future.

The Mexican government and paramilitary groups remain a constant threat to the healthcare system. Although the government is no longer conducting an extensive military campaign in Chiapas, their more recent strategy involves offering a number of alternative health programmes to the people of Chiapas. These initiatives include the provision of a variety of healthcare services designed to entice indigenous people away from their support for Zapatista healthcare and the rebels. In essence, the government is capitalising on the slow political and social changes taking place throughout the autonomous-held territory, luring families and whole communities away from autonomous healthcare with promises of money and other basic necessities. These government programmes include 'Oportu-

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nidades' and 'PROGRESA', among others. While many rebels affirm their loyalty to the Zapatista movement, many more question their allegiance and defect, viewing their acceptance of federal programmes as “personally moving toward a better future” (Barmeyer, 2008, 507). Regardless of whether defectors receive better standards of healthcare or not, the truth remains that as more ‘rebels’ grow impatient with the pace of change, they renounce their loyalties, undermining the support base of the Zapatistas, and this stunts the possibilities for future growth in healthcare.

In line with such government social initiatives which are aimed at dismantling the social fabric of the Zapatista movement, paramilitary groups also continue to operate within the Chiapan jungles. Their attacks can be brutal and devastating. In May 2014, paramilitary organisations were actively continuing with their violent campaigns. During one encounter, in the *Caracol* of La Realidad, one paramilitary organisation attacked a village, killing an education promoter and destroyed a local health clinic and school (Hayat, 2014; Knoll, 2014). For the Zapatistas, this was an attack on their independence, because for them the school, the health clinic and the promoter were all “symbols of the movement’s autonomy” (Hayat, 2014). Many of the communities find difficulty in enjoying the fruits of their labour when important assets that symbolise their autonomy are sabotaged (*The Occupied Times*, 2012). Due to the presence of such paramilitary groups, many women fear bringing food to their husbands in the fields or washing clothes in local rivers and lakes (*The Irish Times*, 1995). They are afraid of the constant threat of rape (*The Irish Times*, 1995). The inculcation of this fear is intended to paralyse the movement and to beat down the political strength and will of the Zapatista people (Knoll, 2014).

International solidarity, as stated previously, has been instrumental in supporting the development of healthcare for the rebels. The provision of medical supplies and the steady arrival

of activists and medical professionals into the region have created a reliable foundation of support for Zapatista healthcare. Nevertheless, as their healthcare system is focused on developing greater independence, it tends to reach a point of development at which the benefits of solidarity begin to be lost. It is difficult to see how a system reliant on neo-liberal orthodoxies can support and sustain a system based on antipodal ideologies, indeed on the basis of revolution itself. The movement has made great efforts to reduce its dependency on medical supplies and equipment provided by foreign organisations. Currently, the aim is to supplement imported medical supplies with traditional medicines. However, the movement is in a phase of transition between both. The Zapatistas must continue this momentum of change within their healthcare system if autonomy is to be realised. Many of the foreign organisations providing medical supplies and support to the Zapatistas rely heavily on voluntary contributions. These organisations also support many other projects throughout the world. However, due to the nature of their funding and the varied demands on the organisations, the availability of supplies can fluctuate greatly leaving projects which have started, unfinished. This leaves many communities with reduced resources and less infrastructure than originally promised. The only way for the Zapatistas to continue to support their healthcare system is to more efficiently manage the transition between their dependency on imported supplies and their newfound support for traditional medicine. Wilson (2008) asserts that, if the Zapatista movement is to achieve autonomy, it must increase its efforts to unlock the potential of traditional medicines.

## Conclusion

In conclusion, Zapatista autonomous healthcare has proven successful, in many respects, in reducing disease and promot-

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ing community independence. This approach to healthcare empowers communities to access resources and knowledge which have opened up unparalleled opportunities for survival amongst remote and isolated indigenous communities. The work of the health promoter, alongside the benefits of global solidarity, have both contributed to the successes and achievements of Zapatista healthcare. Threats remain, however, and these challenges will only persist if not confronted. The health promoters are under pressure due to their increasingly demanding tasks while the paramilitary movements continue to sabotage Zapatista healthcare resources. To confront these obstacles is to give Zapatista autonomy a chance to grow on the back of an expanding and evolving healthcare system. Healthcare, controlled by the community, is proving its worth. However, autonomous healthcare is only one of a long list of twelve Zapatista demands announced by the rebels in 1994. Any attempt to understand the role of healthcare in the wider development of Zapatista autonomy must take account of this context. Therefore, attention will now turn to an investigation of the Zapatista autonomous education system.

# Chapter Two. Autonomous Education: A New Approach for an Alternative Vision

## Introduction

This chapter seeks to provide a thorough analysis of the Zapatista autonomous education system, known as, el sistema educativo autónomo revolucionario Zapatista de Liberación Nacional (SEARZLN). It also seeks to examine the role that Zapatista education plays in the movement's efforts to develop autonomy, including political, social and cultural independence. The Zapatistas desire independence, not from Mexico as a country, but from the broad neo-liberal models of development pursued by the government. To facilitate analysis of the many dimensions of Zapatista education policy, this chapter will be sub-divided into smaller, more manageable sections. First it will detail a brief history of education in Chiapas and will outline the reasons why the indigenous people view autonomous education as desirable. Second, an exploration of the structure of Zapatista education will be undertaken, underlining the distinctive characteristics of this form of education. At this point, attention will be drawn to the pedagogical theories of the Brazilian educationalist Paulo Freire. His approach to education forms the basis of revolutionary education in general and, therefore, this chapter will examine the application of his methods within the everyday context of Zapatista education. In addition, careful and extensive consideration will be given

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to the crucial role the education promoter performs in this autonomous education system. Finally, this chapter will discuss the challenges confronting this education system, challenges that may, in certain respects, limit plans for its development in the future.

## Education in Chiapas: A Brief History

In January 1994, the Zapatista movement made a clear and determined call for better educational services in Chiapas. More specifically, it insisted on greater access to and improved quality in local, State-run education. Along with the demand for the provision of healthcare, the Zapatistas maintained that education was largely inaccessible for Chiapan communities and was often of poor quality. Such was the neglect of educational provision in Chiapas that many indigenous "no conocían lo que era un libro" (Martínez, 2007). From the perspective of many in Chiapas, the government was failing in its duty to provide a suitably balanced education system that worked to accommodate the linguistically diverse and wide ranging cultural needs of the Chiapan indigenous community.

Education in Chiapas was of a low standard and many of the statistics that follow substantiate this claim. According to Rovira (2000), 30% of children in Chiapas did not attend school while 6.5% of the Chiapan population were considered illiterate (Vargas-Cetina, 1998). Other critics, however, placed the illiteracy rate in Chiapas much higher, arguing that roughly 18% of the state's population lacked any form of basic education (Schools for Chiapas, Date N/A). Regarding the state of education in Chiapas, the figures published revealed the bleak reality of the state of education in Chiapas, which looked even worse when set against the national average at 7.5% (Vargas-Cetina, 1998). These statistics indicate the difficulty many in Chiapas had in accessing basic-level education in the state. In addition,

further statistics released highlight the underperformance of those who have access to basic schooling. Only 10% of indigenous children complete primary level education in Chiapas. In direct contrast, 54% of children nationally attain the same standard of education (Barmeyer, 2008). Many indigenous young people over the age of 15 years who discontinue their education at an early stage, fail, on average, to achieve an educational level higher than 7<sup>th</sup> Grade. It is clear that the low level of educational attainment of many indigenous young people is directly related to the significantly high drop-out rate amongst under qualified indigenous youth (Schools for Chiapas, Date N/A). The statistics previously referenced to date, highlight a break down in the relationship between the young indigenous people of Chiapas and State education. This points towards a federal education system that is both unresponsive to and unreflective of the diverse cultural needs of the indigenous population.

The 1910 Revolutionary Constitution of Mexico prescribes that all Mexicans shall have the right to “free and universal primary education” (Reinke, 2004, 485). In accordance with this, national education is founded on the basis of three principles, education is free; education is mandatory and education is secular (Reinke, 2004). There is also a State provision that guarantees, in theory, that every village and town in Mexico with twenty children or more in residence will have immediate access to local education (Reinke, 2004). However, from the perspective of the indigenous people in Chiapas, the realities of national education are different. Many of the indigenous of Chiapas were confronted with the issue of educational accessibility and were also concerned about the quality of education offered in the region. For this indigenous minority, national education was failing to uphold the “values and knowledge of ethnic groups” (Vargas-Cetina, 1998, 141). There are a variety of different ethnic minorities in Chiapas and each has specific cultural and linguistic needs in education. For example, there are

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roughly eighteen minority languages spoken in Chiapas and 70% of the indigenous population admit to using one of these minority languages as their first and only language (Vargas-Cetina, 1998). However, Barmeyer (2008) contests such a low estimate suggesting that at least 83% of the indigenous population in Chiapas speak these native languages as their mother tongue. In support of his point, it is known that there are an estimated 475,000 Tzeltal speakers, 430,000 Tzotsil speakers and 220,000 Ch'ol speakers in Chiapas (Schools for Chiapas, Date N/A). These three languages are considered the most widely spoken in Chiapas, although other more localised languages exist (Schools for Chiapas, Date N/A). The indigenous people have always been eager to prioritise their native languages in the education system.

In an attempt to satisfy the demands of the indigenous, the government introduced “bilingual and bicultural” education to Chiapas (Baronnet, 2008, 115). Due to a lack of sufficiently qualified teachers and other key resource issues, it had very limited success with such initiatives (Barmeyer, 2008; Vargas-Cetina, 1998). A significant concern was that many State teachers were unwilling to commit themselves for longer than a couple of months at a time to working in Chiapas, making it almost impossible to sustain these programmes (Barmeyer, 2008). As part of these government programmes, inexperienced State teachers spent many hours travelling between different communities, navigating difficult and challenging terrain in order to teach and, as a result, it was only natural that some schools went unattended for many days and weeks (Vargas-Cetina, 1998). Teachers argued that there was a consistent lack of communal support for their efforts in the region (Barmeyer, 2008). In fact, many of the social programmes operated in Chiapas were also employed in urban schools, underlining the superficiality of the government's commitment to accommodate the education demands of the indigenous population. The government failed

to adequately incorporate the requests of this local indigenous population into the framework of federal education. It was clear that State priorities lay elsewhere, particularly in terms of education. These claims are supported by figures for the spending committed to Programa Cañadas. Out of a total budget of 386 million pesos, a meagre 3% was invested in educational services for the communities in the Las Cañadas region of Chiapas (Barmeyer, 2008; Thompson, Date N/A, the Melbourne Globalist). Critics argue that the remainder of this budget was allocated to fund electrification and other infrastructure projects to improve mobility for units of the Mexican army stationed in Chiapas in order to contain the spread of the Zapatista movement (Barmeyer, 2008). Many indigenous people were convinced that the government's national education agenda was unfocused, particularly with regard to the matters raised by the indigenous community.

On the basis of the evidence adduced thus far, the concerns voiced by the indigenous people about national education policy were justified. The government was preoccupied with a unified national plan for education. As Toscana (2013) writes, education in Mexico was focused simply on economics so that schools were turned into factories that churned out employees ready for the jobs market. It is argued by many that the national education agenda amounted to a policy of "homogenization and centralization" (Baronnet, 2008, 113). From the perspective of many indigenous in Chiapas, the government was promoting both cultural and economic "homogeneity" (Reinke, 2004, 493), in its pursuit of a single national culture of industrial growth. It was argued that the country was on course to create a "unified Mexican identity", one that served "global and economic efficiency" (Reinke, 2004, 491). Two different and polarising agendas emerged with regard to the role of education in Mexican society. Many of the indigenous population believed that persistent engagement with national education in Chiapas would bring about the assimilation of future gen-

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erations of indigenous youth to Mexico's modernising economy. Many raised concern over Mexico "losing sight of [its] own diversity" (Vargas-Cetina, 1998, 139). It was suggested in some quarters that national education had a "hidden agenda" (Vargas-Cetina, 1998, 141), whereby many indigenous people would become "Spanish-speaking" (Vargas-Cetina, 1998, 143) Mexican citizens, losing all cultural and linguistic ties to their heritage. Federal education was confronted with accusations by indigenous critics suggesting that it was attempting to eliminate the history of the *pueblos indios* and instead, promote "los intereses transnacionales" (Garrido, 2004). According to one interview conducted with a Zapatista official working in autonomous education, "la historia oficial siempre deja fuera algunas cosas que no se quiere que el pueblo sepa" (Martínez, 2007). After much protest, it was apparent that national education no longer met the needs of indigenous communities in Chiapas.

Prior to the emergence of the Zapatista movement from the jungles of Chiapas, the situation of education was critical for many indigenous communities throughout the state. The establishment of autonomous education, however, transformed these bleak prospects. Today, indigenous communities protect and celebrate their linguistic traditions and cultural heritage. The government's failure to properly fund an education system responsive to the cultural needs of the indigenous people left an insatiable appetite amongst communities in the region to support the development of a new and alternative education system. From the perspective of many indigenous people, the government was no longer an acceptable provider of educational services in Chiapas. In light of such government failures, a community-centred approach to education remained the only viable alternative available to local indigenous villagers. Thus, Zapatista autonomous education was born.

## The Structure of Zapatista Education

Today, the structure of the autonomous education system consists primarily of two levels. At the lowest level is primary school education and above this lies second level education. As previously noted, there are between 1,100 and 1,111 Zapatista communities across the autonomous-held territory in Chiapas. In each Zapatista community, the rebels confirm that there is direct and immediate access to primary level education for all Zapatista children (Zibechi, 2013, September 5<sup>th</sup>). A Zapatista classroom is often described as a multi-level classroom, a direct reflection on the variation in ages that attend Zapatista schools. Many communities only have a single classroom available that is designed to accommodate the educational needs of the entire local population. Some argue that this lack of infrastructure results from local resourcing issues. For instance, there may be a lack of important educational infrastructure and equipment including school materials and classroom facilities (Andrea, 2013). For others, it is simply a consequence of the size of the local community, as many villages are small and remote, reducing the need for large scale classrooms. Some communities claim ownership of old and derelict buildings that are within close proximity to the community. One such classroom, for example, is operated in the living-room of an old, local mansion that was formerly a *hacienda* during colonial rule (Zibechi, 2013, September 5<sup>th</sup>). More commonly, however, communities construct classroom facilities in the heart of their villages. These classroom structures are often rudimentary, consisting of small shacks furnished with wooden benches set down on an earthen floor. An example of a school of this nature can be found in the hamlet of Las Gardenias (Barmeyer, 2008). The Zapatistas openly declare that classroom location is not a key concern and often classes are delivered to children “in a house or under a tree” (Howard, 2007). In communities fortunate to be able to provide more than a sin-

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gle classroom, an appropriate method for organising children into their prospective classrooms must be established. Conventional approaches to classroom segregation do not apply in Zapatista communities. Instead, Zapatista children are divided and separated based on their age but more so on their perceived level of knowledge (Howard, 2007). In the wider context of autonomous education, however, this method of segregation is largely redundant because many Zapatista communities are small, rural and isolated with insufficient population numbers to require more than one classroom facility.

The unique purpose of autonomous education is to empower communities and allow them take control over their diverse educational needs. Zapatista communities come together to construct and administer an education curriculum sensitive to their linguistic and cultural needs. In light of this, community inhabitants in town hall style meetings gather together to share opinions and views about how best to develop local education. Many schools offer core subjects such as mathematics, history, the Spanish language and Zapatismo. The latter is designed to teach students the importance and significance of the Zapatista struggle (Barmeyer, 2008). The Zapatistas maintain a central focus on teaching local history to their students because this creates opportunities for indigenous communities to accentuate the local historical traditions of the surrounding region. That said, history is taught from a much broader national and international perspective too. The local, native indigenous language is prioritised over the Spanish language with all lessons delivered to students in their local vernacular. Community inhabitants regularly gather together to identify specific concerns and shared problems and then work together to build an education system that promotes solutions to these problems. In short, the Zapatistas promote education as a practical tool that encourages the realisation of practical solutions to community problems. This stands in stark contrast to the argument put forward by Toscana (2013) who claims that federal education

should teach children only what is easy to teach and not what they need to learn. Instead, Zapatista students regularly attend lessons in agriculture and environmental sustainability, learning about viable farming techniques which help protect the environment and assist in maximising local farmers' limited agricultural resources (Howard, 2007). Nowadays, young farmers are learning to plant vines in their fields as a way of suffocating and reducing the spread of weeds on their lands. It is a practice that returns nutrients to the soil and makes ready the fields for consecutive agricultural seasons. Prior to the introduction of this unique farming method, many farmers failed to protect their fields and often burned weeds, thus eliminating all possibility of "enriching the ground with nutrients and nitrogen" (Barmeyer, 2008, 520) Education of this kind is a means of safeguarding and securing the growth of vital crops which are important for supporting community inhabitants and their local economies (Baronnet, 2008). The financial return from selling surplus crops helps to sustain local education including the purchase of necessary materials. As the evidence undoubtedly suggests, Zapatista autonomous education lies at the heart of the community and promotes the knowledge and skills that allow "villagers to live and work in their communities in a better more efficient way" (Barmeyer, 2008, 520).

Over the years, autonomous education has expanded its reach throughout the region and, as a result, the rebels have started to develop a second tier in the education system. This slow and steady commitment to advance their education system demonstrates the important and respected position that education holds in the wider project of Zapatista autonomy. However, it still remains significantly underdeveloped. While primary education is available in all Zapatista communities, there are only five secondary schools in operation across the region, one constructed in each *Caracol* (Andrea, 2013). Figures released in 2001 indicate that 37% of all Zapatista students are now steadily progressing towards second level

development plans.<sup>1</sup> Unlike the Zapatistas, the NHS committed to a path of development that focused on the "mass centralisation" (Donnelly, 2014, May 29<sup>th</sup>; Donnelly, 2014, May 30<sup>th</sup>) of healthcare services. Now, after many years of attempting to operate a policy of development that they perceive as no longer sustainable, this mammoth organisation, with more resources and capital available than the Zapatista healthcare system, is turning to community models of healthcare development that will "improve local community services" (Donnelly, 2014, May 30<sup>th</sup>). Many might dismiss Zapatista healthcare and education as too primitive and rudimentary to be replicated in a modern, western healthcare system. However, it is their attitude and approach to the community that defines their development and ultimately their success. While many developed countries continue to redefine and rewrite healthcare and education policy to placate a dissatisfied electorate, Zapatista autonomous healthcare and education continue to support communities and their development, improving the quality of indigenous lives and sustaining the growth of Zapatista autonomy. Confident that healthcare and education help fuel Zapatista autonomy, the rebels will continue, for years to come, to shout from the jungles of Chiapas, '¡Ya Basta!'

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<sup>1</sup> Simon Stevens is the new chief executive of the National Health Service, England. A former health advisor to Tony Blair, he was appointed in April 2014 and, since then, has been outlining his radical new plans for healthcare development throughout England. Top of his policy agenda is to establish "new models of care to build community services around small hospitals to meet the needs of an aging population" (Donnelly, 2014, May 29<sup>th</sup>). Simon Stevens believes in decentralising healthcare services and empowering small community hospitals around England to allow patients to be treated with "dignity and compassion" (Donnelly, 2014, May 29<sup>th</sup>) in their local communities.

the individual, which helps to realise the ideal of community autonomy. These concepts are central to Zapatista education. The Zapatistas promote the notion of independence on both an individual and a community level. This form of liberation inculcates a confidence and self-esteem amongst younger generations of Zapatistas to inspire them to become active members of the movement. That this is what happens in practice is evident from the large numbers of young Zapatistas who begin their political socialisation at a young age. For that reason, education promoters are often young Zapatista teenagers. Ultimately, to achieve community independence, individual inhabitants must be liberated to think and speak independently for themselves. In order to achieve this, education is placed right at the heart of the project of community empowerment. The successful functioning of this model of education plays a significant part in driving the growth of Zapatista autonomy.

As the two previous chapters illustrate, healthcare and education are important elements in the development and sustainability of Zapatista autonomy. This is reflected in the high levels of community participation involved in the development and shaping of community healthcare and education. It is on this basis that this study concludes that healthcare and education are directly linked to the achievement of the goal of Zapatista autonomy and, more specifically, support and sustain its development. However, as outlined earlier, this conclusion has the potential to open up new avenues for further, wider-ranging research.

The Zapatista movement places the community at the forefront of development and such a model of community-based development could have applications outside Chiapas. England's National Health Service Executive (NHS) is under new management, seeking to redefine the role of community in its future

education (Thompson, Date N/A, the Melbourne Globalist). Nevertheless, according to Barmeyer's (2008) observations, primary school remains the only educational service that is available in all indigenous communities in the autonomous territory. However, despite its rudimentary infrastructure and under-resourced classrooms, autonomous education is a finely tuned system designed precisely to deliver the objectives the Zapatistas expected of it.

## **The Philosophy of Zapatista Education**

The unique and unconventional pedagogy of the Brazilian educationalist Paulo Freire is loosely incorporated into the fabric of Zapatista autonomous education. The Zapatistas declare that they do not strictly adhere to the exacting principles of Freire's theory of education but do stress that they absorb key ideas and approaches into their unique educational framework (Martínez, 2007). In short, Freire's theory of education influences and guides Zapatista education from a clearly defined distance. Freire was largely concerned with grand ideas such as the purpose of education and its application within the classroom environment. Freire believed that current, conventional theories of education damage its potential. In contrast, he confronted the established orthodoxies that surround mainstream education and challenged the conventional wisdom of many who operate within such educational frameworks.

Freire developed his 'problem-posing' approach to education in response to prevailing theories and approaches that failed, he argued, to realise its potential within the classroom. Freire further argued that education was suffering a "narration sickness" (Freire, 1996, 52), by virtue of which the narrative of the classroom was under the control of the teacher and not the student. Such a conventional approach was described by Freire as the 'banking concept' of education and he openly

disapproved of its use in the classroom. He posited that under this approach, students do not properly engage in classroom discourse but instead, surrender to it. Such a method involves students recording, memorising and repeating information without ever understanding the nature of the narrated content (Freire, 1996). It is considered a very mechanical approach to learning, grounded in the idea that knowledge is a gift bestowed by educators, who are considered to know everything, upon students who are considered to know nothing (Freire, 1996). As this approach dictates, students are never expected to contribute their unique perspectives to the wider classroom narrative but instead must “memorise the contents narrated by the teacher” (Freire, 1996, 61). Freire links the ‘banking concept’ of education intimately with the notion of oppression. He characterises this link by stressing that depositing information into the minds of students inevitably limits their creative powers. As a consequence, students become passive individuals and simply adapt to the world around them rather than actively shape it (Freire, 1996). The students’ potential to learn is strictly confined to the narrative which is offered by the teacher and little else penetrates this discourse. The banking concept of education offers little more than the “oppressive depositing of information by teachers to their students” (Micheletti, 2010, 1). In short, in the eyes of Freire, education of this kind damages the transformative potential of the human condition.

In accordance with his problem-posing approach to education, Freire breaks with conventional models of education. His problem-posing approach to education dismantles the hierarchy of teacher and student characteristic of the banking model of education. (Freire, 1996). As a result, a new relationship emerges between the student and the teacher which dramatically changes the style and form of interaction between all participants in the classroom. Educators committed to this alternative approach must entirely disassociate

new communities adopt this system of healthcare, they will discover that their independence grows as their healthcare system develops. Healthcare, therefore, lies at the heart of Zapatista autonomy, sustaining its growth and development.

As is the case with healthcare, community education is built on the values of control, ownership and empowerment. It is these concepts that link education to the sustainable growth of Zapatista autonomy. Through the participation of the community which has authority over education, it operates as an independent entity. Communities independently elect an education promoter to deliver the community approved curriculum. This curriculum is centred on the cultural and linguistic needs of the community while the education promoter is sensitive to the language, traditions and customs of the inhabitants. In teaching agricultural techniques to suit the diverse topography of the surrounding area, the inhabitants are exercising their independence as a community. Not all 1,111 Zapatista communities share similar environments, cultures or languages, so it is of utmost importance for them to devise and develop an education system that equips them with skills that reflect their needs. Communities can, therefore, learn to adapt to their surroundings in a more informed and efficient way and learn to protect and even promote their indigenous heritage.

Zapatista education also extends the concept of community independence to include individual liberation. The theories and processes upon which Zapatista education is based help to develop, not just community independence and self-sufficiency, but also to promote individual liberation. This relates specifically to Paulo Freire’s problem-posing approach to education, which encourages students to actively participate in and to construct and shape the narrative of the class. The Zapatistas believe that politics should operate at grassroots level and they extend this principle to education, placing the student in charge of the class. All of this indicates that liberation of the mind is a prerequisite for liberation of

he/she also educates the community in areas of hygiene and nutrition in order to empower its members to safeguard their health for the future. Through the health promoter, communities are educating themselves about how to curtail the spread of epidemics and overcome disease and illness. The promoter tackles healthcare on two distinct levels, ensuring that disease and illness are attended to but also demanding that inhabitants learn to maintain good health and avoid unnecessary illness that results from poor hygiene. Communities do not just self-medicate but they also self-educate. Assuming complete responsibility for all aspects of healthcare management is the essence of community independence.

All communities strive to reintroduce the use of traditional medicines and medical knowledge into current community healthcare structures. Communities gradually disengage from external healthcare support as they progress toward a greater emphasis on locally sourced traditional medicine and increase their reliance on the knowledge of village elders. Through such healthcare initiatives, communities are moving away from their dependency on foreign medicine and are expanding the boundaries of their community independence. In order for the healthcare system to survive and flourish, it must receive the support of all Zapatista communities. Widespread acceptance of autonomous healthcare in all 1,111 Zapatista communities makes it an important pillar of Zapatista autonomous development. The positive benefits to health experienced by the communities indicate that this approach to healthcare has proven to be successful. The health of Zapatistas, particularly of women and children, has significantly improved throughout all communities. Statistics clearly show the growing numbers of women and children now surviving childbirth. This would indicate that autonomous healthcare is highly successful. Its proven success suggests that it has a strong future of growth with more indigenous communities looking to satisfy their healthcare needs in this way. As

themselves from the depositing of information and replace it with the “posing of the problems of human beings in their relations with the world” (Freire, 1996, 60). This is described as a style of teaching that relies on active dialogue in the classroom with educators no longer confining their lessons to responding to the demands of standardised curriculums (Smith, 2002). The problem-posing method responds directly to the needs of the student and to the students’ desire to think for themselves and to overtly communicate their thoughts and ideas. Such interaction inspires a more liberated form of education because the student is engaged in “acts of cognition” and not in the “transferral of information” (Freire, 1996, 60). An education of this nature, as Smith (2002) writes, has “the power to transform reality” (Smith, 2002). Students are encouraged to take control of the classroom narrative and to think critically for themselves on their own terms. Adhering to these principles unleashes a new dimension to teaching and learning. For the first time, students are actively encouraged to “contemplate their own realities” and in doing so, to unearth the power to “imagine otherwise” (Micheletti, 2010, 2). As Freire imagined, students now hold the seat of power in the classroom and they are not hindered by the burden of an authoritarian teacher who is bound by an imperious curriculum (Micheletti, 2010). The classroom is transformed into a space which encourages students to work “with each other” (Smith, 2002). This, according to Freire, is the “key to human progression” (Micheletti, 2010, 2).

The Zapatistas, much like Freire, are keen proponents of organising and educating from below, at the level of grassroots, and their education system incorporates a number of “emancipatory education techniques” to support such objectives (Baronnet, 2008, 117). In light of this, it is clear that Freire’s theory of education provides an important foundation for Zapatista education. Many researchers agree that a Zapatista classroom is a place of liberation, allowing students

the freedom to critically think about the social, political and cultural reality that surrounds them. The Zapatistas encourage students to 'hacer una crítica de la situación actual' and prompt them to ask important questions such as "¿por qué son tan pobres?" (Martínez, 2007). Just as Freire predicted in his critique of educational practice, the life experiences of the student inform the narrative of the class and this encourages dialogue between all participants, including the teacher (Spencer, 2009). Zapatista students are not confined to a classroom discourse dictated by others. Instead, they experience a classroom environment that promotes critical thinking and encourages them to engage with their unique and individualised perspectives. By removing authority from the teacher and promoting equality between all participants, students become reflective and inquisitive actors who are naturally stimulated to debate and challenge the current realities of their impoverished existence (Spencer, 2009). Students reflect on fundamental issues such as indigenous poverty and they learn to question why their indigenous communities remain in such destitution. Zapatista education encourages students to engage with and learn from their immediate environment and from the "elements that configure their daily life" (Zibeche, 2013, September 5<sup>th</sup>). The rebel movement invites Zapatista youth to begin their political and cultural socialisation at an early stage in their lives. In this way, the movement values the participation of its youth in the political and social dimensions of the organisation (Baronnet, 2008). Young Zapatistas, for example, learn about the importance of sustainable agricultural techniques for communities and their small economies. The Zapatistas transform their community into a classroom so that young children learn more than just literacy and numeracy (Rico, 2014). For the Zapatistas, it is crucial that their children learn the important skills which help them contribute to their community's development (Rico, 2014). Education of this nature promotes the fundamental importance of the commu-

needs of all inhabitants. The community also exercises authority over the health promoter, who is appointed from amongst the community inhabitants to deliver basic medical services in line with the drafted healthcare proposals. In every instance, the community is central to healthcare, deciding on the nature of the medical services available and who from amongst the community inhabitants is best suited to deliver such services. At every stage, the community occupies the seat of power in local healthcare politics and, therefore, healthcare is a community service "in the hands of the people" (Cuevas, 2007, 6). As previously stated, this thesis is concerned with uncovering the link that unites such a community-focused approach to healthcare with wider Zapatista autonomous development. The key to this link lies firmly with the notions of community control, ownership and empowerment that inform this method of healthcare.

In order to satisfy the medical needs of its inhabitants, a community must work off its own initiative, since, as it stands, no other external body supports the construction and development of community healthcare more than the community itself. The higher levels of Zapatista government do not exert the same degree of authority over healthcare as the individual communities. The values of control, empowerment and, ultimately community independence are directly reflected in the structure of Zapatista healthcare. As outlined above, the health promoters are often the sole providers of medical services to the community and they rely entirely on basic supplies and limited medical knowledge to perform their duties. The position of the health promoter is indicative of the independent control that the communities exercise over the healthcare system. The health promoter is a local community representative who brings medical knowledge into the heart of many remote communities, affording residents the opportunity to be treated for illnesses within the confines of their community. The health promoter's role is not only reactive but

## Conclusion

This thesis has been concerned with an analysis of both Zapatista healthcare and education systems. The objective of this analysis has been to show that healthcare and education are community oriented services and are constructed and developed by the communities for the communities. Healthcare and education are embedded within the fabric of these remote communities and this supports the wider argument that autonomous education and healthcare services are important for the development of Zapatista autonomy. As stated at the beginning of this study, it is contended here that autonomous healthcare and education, more than any other organ of Zapatista autonomy, lie at the heart of Zapatista communities. As a result, they form a solid foundation of support for the growth of Zapatista autonomy. The findings of this study, thus open up further pathways for investigation which will provide evidence to support such claims.

Chapter One set out to examine Zapatista healthcare with the aim of underlining the crucial role community participation plays in the structure and delivery of this basic service. The community is involved in all aspects of healthcare. All the individual components of community healthcare, including the health promoter and the healthcare committee, orbit the community inhabitants, who form its nucleus. The healthcare committee and the health promoter respond directly to the decisions of community inhabitants. Under the community mandate, the local healthcare committee drafts proposals that set out the nature of medical services available for community members. Such healthcare proposals reflect the

nity in the life of the child and directly encourages students to take responsibility for their community's development in the future. Autonomous education erodes the notion that the individual is more important than the community. As Freire demonstrates, this form of education is vital for the children's development because as they are "increasingly posed with problems relating to themselves in the world...[the students] feel increasingly obliged to respond to that challenge" (Freire, 1996, 62). By encouraging their students to develop a greater awareness of themselves in the world, the Zapatistas ensure that all children are actively "immersed in the construction of a social and political reality" (Rico, 2014). As the evidence overwhelmingly suggests, autonomous education is powered by the local community, and the control that villagers exercise over education policy allows them to better manage their overall struggle (Andrea, 2013). Undoubtedly, such local management of educational services inspires a sense of confidence and "self-esteem" (Barmeyer, 2008, 520) amongst community inhabitants. As history confirms, the indigenous are constantly interacting with the changing world around them and the Zapatistas designed an education system that helps all participants to manage this challenge. Autonomous education empowers the indigenous people to voice their concerns and challenge their impoverished circumstances rather than simply accept them without protest. This community-based approach to education also provides them with a platform which allows them to embrace and accentuate their local, indigenous heritage and all that it entails. The State, critics argue, largely undervalues indigenous language and culture in education. In short, autonomous education creates a space of "change and resistance" (Rico, 2014). Such change and resistance is of the essence of community independence and indigenous mobilisation and it is clear from this that education lies at the heart of the Zapatistas' drive for autonomy.

When examining autonomous education, it is important for one to refer to the indigenous communities who live outside the Zapatista territory. Many observers of the Zapatista movement have noted that the indigenous uprising of 1994 brought about a momentous transformation and “re-signification of what it means to be indigenous” in modern-day Mexico (Castellanos, 2014). For pro-Zapatista communities these “sudden cultural changes” were experienced within the protective political and social framework of the Zapatista movement (Castellanos, 2014). Today, autonomous education encourages communities to celebrate their indigenous identities and welcomes the “re-evaluation of their culture [and] their language” (Castellanos, 2014). However, the reality for many indigenous communities who live outside the sphere of influence of the Zapatista movement is different. Observers such as Barmeyer (2008) argue that the children of indigenous communities attending State education have experienced problems related to alcohol abuse, discrimination, corporal punishment and sexual abuse by government teachers. Families feel anger and frustration because State education is “shaming them for being indigenous” and State-employed teachers accuse them of speaking “una lengua de perros”, a demeaning reference to the children’s use of native indigenous languages (Rico, 2014). According to Castellanos (2014), alcohol abuse is prevalent in many pro-government communities and such high levels of consumption are linked to significantly high rates of suicide amongst young indigenous teenagers. It is claimed that many indigenous young people in these communities resort to excessive levels of alcohol consumption as a means of coping with the discrimination they experience in school. It is estimated that, on average, six attempted suicides take place each month amongst this cohort of young indigenous people living in pro-government communities (Castellanos, 2014). In contrast to this bleak reality, it is widely accepted that, through autonomous education, the Zapatista rebels

tradition and modernity. As Reinke (2004) observes, it is an on-going challenge because the Zapatistas must “develop modern skills within the framework of local practices” (Reinke, 2004, 494). Educational success for the Zapatistas would ensure the “coexistence of both the traditional and the modern” (Reinke, 2004, 494). The Zapatista movement must continue to correctly balance tradition with modernity in education if the rebels are to avoid becoming an irrelevant and isolated political force.

## Conclusion

To conclude, the Zapatista autonomous education system is a cornerstone of Zapatista autonomy. The unique pedagogy of this education system emphasises the importance of community values for Zapatista children. From the evidence provided, it is clear that community residents unite together to devise education policy for their children. They design the style of curriculum to be offered in the local school house and select and appoint the education promoter to teach the chosen subjects. Such a community oriented approach to education guarantees that indigenous culture and language remain a priority on the education agenda in Zapatista communities. As a result, autonomous education plays a fundamental role in supporting the future development of Zapatista autonomy. With the continued presence in Chiapas of the Mexican military alongside violent and clandestine paramilitary groups, the growth of autonomous education has never been a more necessary counterforce.



development of Zapatista education in the region. In early 2014, an education promoter was assassinated by members of one such paramilitary group and his body was later discovered with two gunshot wounds and a laceration from a machete (Knoll, 2014). This same paramilitary organisation was also responsible for the sabotage of Zapatista community infrastructure, including the local school building. The Zapatistas openly declare that such attacks are government-led offensives “aimed at dismantling their autonomous self-governed communities” (Knoll, 2014). These paramilitary movements attack whole communities with the intention of destroying the infrastructure that supports the political and social development of the Zapatistas. Moreover, these often violent offensives test the loyalty of many Zapatista supporters. In the face of harassment, intimidation and extreme violence, it is difficult for the Zapatista movement to continue the development of their education system. The rebels’ resilience is tested to the extreme because these attacks are specifically designed to “debilitar el proyecto de educación autónomo” (Bellinghausen, 2011).

Finally, criticisms have been voiced regarding the style and form of Zapatista autonomous education. Some have argued that Zapatista education is insular in nature. According to this view, in their defence of indigenous culture and tradition, the rebels have been inclined to over accentuate their heritage to a point where it promotes a biased view of the world. Critics stress the need to establish a balanced education system which favours the importance of culture and tradition while also encouraging the acquisition of modern skills amongst its students. However, certain critics of Zapatista education find great difficulty in applying its structures and theories in contexts outside Chiapas (Martínez Espinoza, 2008). While Zapatista education is attempting to incorporate modern skills into its educational framework especially in the area of agriculture, it is crucial for the rebels to maintain a healthy balance between

have “sheltered Zapatista youth from the social changes” which have so severely impacted on those of whom are living outside the protective frameworks of the Zapatista movement (Castellanos, 2014).

## **The Education Promoter: Autonomy Exemplified**

The education promoter is an important figure who plays a central role in the Zapatista education system. Often the sole representative of autonomous education in Zapatista communities, the education promoter is responsible for maintaining the unique and unconventional standards of this educational service. In order to be first considered for this position, a prospective education promoter must fulfil a number of pre-conditions set down by the Zapatista movement. To begin with, education promoters must demonstrate their ability to speak both native, indigenous languages and Spanish. For the Zapatistas, bilingual promoters are crucial in maintaining the prominence of native languages in the education system without renouncing important ties to the Spanish language. Promoters must prove oral and written proficiency in both languages. However, if individuals fail to meet these linguistic requirements, they must demonstrate enthusiasm for learning all the languages necessary to take up the position (Baronnet, 2008). Besides testifying to their linguistic competency, education promoters must indicate their complete availability for the position (Baronnet, 2008). In addition, the Zapatistas require that their education promoters be morally irreproachable and provide evidence of their former political and social activism within the movement (Baronnet, 2008). In essence, education promoters are important representatives of autonomous education and because the Zapatistas believe deeply in their education system, they must have full confidence in the ability of their education promoters

to successfully and faithfully carry out their duties (Schools for Chiapas, Date N/A).

Once accepted, education promoters begin an intensive period of training. Some of them may already have completed basic second level education before commencing their training, however, this is not always the case (Schools for Chiapas, Date N/A). According to Martínez (2007), education promoters are trained in a secondary school facility in the *Caracol* of Oventic, one of the first second level institutions to be set up in the region. During the process of training, new education promoters are often taught by older, more experienced promoters who share their personal knowledge and experience of the position with the new recruits (Howard, 2007). International organisations from Europe and the United States collaborate in providing this formal training for education promoters. Such organisations include the Schools for Chiapas Project, which is a key advocate of Zapatista autonomous education. This organisation supports educational development within the Zapatista region but also plays a key role in disseminating the rebel's educational values globally through its website. Once their training is complete, education promoters begin their duties in the communities and work on a "rotary basis" for a number of years (Schools for Chiapas, Date N/A). As of 2007, there were 147 active education promoters attending to 1,726 Zapatista students across the autonomous region. Now, the movement is witnessing the third generation of education promoters pass through the ranks (Howard, 2007).

In more recent years, the Zapatista movement has been selecting education promoters from amongst the large cohort of young indigenous adults now emerging within the movement. Generally, education promoters have an average age of twenty two years, however, in certain cases, education promoters can be as young as fifteen years. The selection and training of such young individuals for the position is not a coincidence but the result of a strategic decision. Young promoters speak Spanish

Under certain schemes, the government increases annual payments to indigenous families the longer they continue to enrol their children in State schools. Politically, the government employs a policy of divide-and-rule and is slowly regaining control inside the autonomous territory. The tactics employed by the government to increase its control in the area creates difficulties for the development of autonomous education.

In addition to the Mexican government's clandestine political tactics in Chiapas, State troops and paramilitary movements present challenges for the Zapatistas and their education system. State military personnel continue to operate numerous checkpoint facilities on the border of the autonomous region. The army has been accused, on numerous occasions, of harassing young Zapatista children at military checkpoints. On their way to school, some Zapatista children must pass through military checkpoints and, in the process, their school bags are searched (Rico, 2014). This is one form of harassment that takes place, however, other more serious cases of abuse occur. Many young adolescent girls experience more brutal forms of intimidation and harassment.

Soldiers often yell expletives at Zapatista women as they pass through military checkpoints and in more extreme instances, young Zapatista women have allegedly been raped by military personnel at these same checkpoints (McCaughan, 1995). Gender violence, not unique to Chiapas, is at crisis level across Mexico. As more women achieve access to education and employment, they are populating arenas that were originally and exclusively male dominated. In addition to these forms of harassment and violence, paramilitary movements have been operating throughout the jungles of Chiapas attacking many Zapatista communities. There are, according to Higgins (2001), an estimated twenty-one anti-Zapatista paramilitary groups operating in Chiapas. In 2014, paramilitary movements orchestrated attacks on communities and the constant presence of these groups significantly threatens the

can in their everyday duties, helping with both domestic and agricultural chores. Community residents also provide food, clothing and other necessities to education promoters (Schools for Chiapas, Date N/A). Regardless of such support, large numbers of prospective education promoters fail to commit to the job because of the gruelling demands imposed upon them. As a consequence of this, the Zapatista movement may risk having a shortage of applicants for the future. Undoubtedly, this would significantly damage the future development of Zapatista education because many remote communities would be deprived of education promoters and would, therefore, lack access to basic education. To avoid such shortages, communities can reassess the support which they currently provide for education promoters and neighbours can find new ways to alleviate their workload. Failing to recognise this issue may leave Zapatista students in successive years receiving an inconsistent education because current resources cannot meet future demands. A constant and steady recruitment of promoters is needed to maintain the development of autonomous education.

The Mexican government, the military and smaller paramilitary movements pose a considerable threat to the Zapatista movement and its education system. State education continues to operate alongside autonomous education in Chiapas and the government offers financial incentives to families who attend federal schools in return for their political loyalty.<sup>1</sup> These social programmes often divide communities and make political and social unity within the autonomous region unattainable.

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<sup>1</sup> PRONASOL, PROCAMPO and CONASUPO are an example of government-funded programmes in operation throughout Chiapas. PRONASOL is a programme designed to develop infrastructure in the region, PROCAMPO; is an agricultural subsidy available to the indigenous population and, CONASUPO is a subsidised shop supported by the Secretary of Social Development (Barmeyer, 2008). Under the PROCAMPO scheme, families receive an income of 200 pesos per month, the price the government offers for indigenous political loyalty (Barmeyer, 2008).

more fluently than their elders and are more likely to be bilingual. In addition to this, they adapt better to the movement's strategy of embracing new technologies. However, apart from such obvious reasons, encouraging young people to assume the role of education promoter allows the movement to keep faith with the key principles of its education philosophy.

For the Zapatista movement, a blend of inexperience and naivety is desirable in an education promoter. These unusual qualities, it is believed, assist the education promoter in teaching according to the principles of autonomous education. Education promoters do not operate like a conventional teachers. Instead, they carry out their teaching duties in direct contravention of conventional norms. As mentioned previously in this chapter, students within mainstream education submit and "surrender to their teachers" (Toscana, 2013) Conventional teachers are accused of directing and channelling their students towards particular educational outcomes with little regard for their opinions and perspectives (Micheletti, 2010, 1). Conventional teachers in mainstream education dictate and dominate the discourses of the classroom and define the boundaries of knowledge in accordance with their individual perspectives. On the other hand, autonomous education places education promoters in a much different role within the classroom. Education promoters do not look upon their students as "unos ignorantes" (Martínez, 2007) but instead encourage them to 'realizar unos estudios' (Martínez, 2007). Freire argues that the real problem of education must begin with the resolution of the "teacher-student contradiction" (Freire, 1996, 53). He further states that reconciling such a contradiction requires the promotion of equality between both parties in the classroom. The education promoter assumes responsibility for ensuring that such equality exists by creating an environment in which "no one teaches another, nor is anyone self taught...people teach each other" (Freire, 1996, 61). Education promoters play a central role in assisting their

students to develop a broader awareness of the world around them. They also encourage their students to critically think about key issues such as poverty and indigenous neglect. The promoters' youthful inexperience guarantees that, as is not the case with conventional teaching methods, the narrative of the classroom is entirely under the control of the students. Promoters encourage the exploration of students' ideas and perspectives on the concerns they have about politics and society. It is clear that the education promoter leads an education system that allows a unique space within which participants may reflect upon their world "in order to transform it" (Freire, 1996, 60).

It must be acknowledged that promoting young individuals to positions of such great importance can place limitations on the development of the Zapatista movement. Regardless of the benefits that young and inexperienced education promoters bring to the system, certain concerns need to be highlighted. The Zapatista movement must remain careful not to undervalue the advantages of experience, particularly that of the many elders who live in their communities today. Baronnet (2008) provides encouraging evidence to suggest that the Zapatista movement is working to blend the experience of older Zapatista rebels with the inexperience of young Zapatista adults throughout all levels of the rebel organisation. Many young Zapatistas work together with village *cadres* or elders in areas such as education. In order to create a successful education system, the Zapatista movement must continue to promote cooperation between former and newly appointed education promoters. This allows young promoters to build on the success of those who went before them, thus strengthening the foundations of autonomous education in the process.

## Challenges for the Future

There are a number of challenges which test the future sustainability of autonomous education. One concern relates to the role of the education promoter and how difficult this position is for any one individual, in the community, to undertake. This task is made more onerous by a second omnipresent threat: the presence of the Mexican military and that of clandestine paramilitary groups throughout Chiapas. The visibility of State troops and the covert operations of paramilitary militias in the region test the Zapatista rebels to their very limits and create a hostile environment. Finally, critics argue that autonomous education distances the Zapatista movement from the wider political and social world, alluding to the potential of this education system to isolate the Zapatista indigenous. Certain observers are concerned that autonomous education is unbalanced and biased in favour of the Zapatistas themselves. To successfully develop autonomous education, the Zapatistas must address these concerns before they permanently limit its future progress.

As discussed at length earlier in this account of autonomous education, many young Zapatista adults are increasingly selected as education promoters. However, these young adults are in their early twenties, an age at which many start to consider raising their own families. Instantly, a conflict emerges between duty and fulfilling personal ambitions. During the training of a number of education promoters, "50% broke off their training within the first year" (Barmeyer, 2008, 521). The reason cited, according to Barmeyer (2008), was that many of these education promoters felt the desire to start their own families and therefore could no longer commit to the intensive training programme. The Zapatistas require a steadfast commitment to the position of education promoter and for many this commitment presents difficulties for their personal lives. The communities work to support the promoter as best they