



## INSIDE THIS ISSUE

Burying the Umbilicus: Traditional Medicine on the West Coast of Mexico 5  
*EN ESPAÑOL*: La costumbre de enterrar el cordón umbilical, LESLIE KORN 33

Before and After Psychopathology: A Foucault-Inspired Perspective on Western Knowledge Concerning the Shaman, TONY BENNING 59

Indigenous Nations and Political Autonomy, HEIDI BRUCE & DINA GILIO-WHITAKER 69

Implementing the UN Declaration on the Rights of Indigenous Peoples, Nation-by-Nation and State-by-State, HEIDI BRUCE & DINA GILIO-WHITAKER 83

*EN ESPAÑOL*: Declaración conjunta de gobiernos constitucionales y consuetudinarios de naciones indígenas 93

Model Intergovernmental Framework Agreement, RUDOLPH RYSER 103

American Indian Caregiver Policy Study, RUDOLPH RYSER, LESLIE KORN, & CLARA W. BERRIDGE 107

Book Review: Indigenous Nations; Rights in the Balance, CHARMAINE WHITE FACE, ZUMILA WOBAGA 139

The Fourth World Journal is published periodically at least once each year by DayKeeper Press as a journal of the Center for World Indigenous Studies. All Rights are reserved in the United States of America and internationally.

ISSN: 1090-5251

### EDITORS

Rudolph C. Rjser, PhD, Editor in Chief  
 Heidi Bruce, MA, Managing Editor  
 Dina Gilio-Whataker, MA, Copy Editor  
 Liz Rubin, Graphics and Layout Editor  
 Jay Taber, Contributing Editor (North America)  
 Janaka Jayawickrama, PhD, Contributing Editor (Europe)  
 Mirijam Hirsch, PhD, Contributing Editor, (Europe)  
 Leslie E. Korn, PhD, MPH, Contributing Editor (North America)  
 Anke Weisheit, MA, Contributing Editor (Africa)  
 Laurel Gonsalves, MA, Associate Editor (North America)  
 Wen-chi Kung, PhD, Associate Editor (Asia)  
 Levita Duhaylungsod, PhD, Associate Editor (Melanesia)  
 Christian Scherrer, PhD, Associate Editor (Europe)  
 Christian Nellemann, PhD, Associate Editor (Europe)  
 Gordon Pullar, PhD, Associate Editor (North America)

### DAYKEEPER PRESS

Center for World Indigenous Studies  
 PMB 214, 1001 Cooper PT RD SW 140  
 Olympia, Washington 98502 U.S.A.

© 2014 Center for World Indigenous Studies

Other licensing agents:  
 EBSCO PUBLISHING, Inc. Ipswich, Massachusetts, USA  
 GALE GROUP, Inc. Farmington Hills, Michigan, USA  
 INFORMIT, RMIT PUBLISH, Ltd. Melbourne, AUS

# Contents

Lukanka, <i>Rudolph Rjser</i>	3
Burying the Umbilicus: Traditional Medicine on the West Coast of Mexico	5
EN ESPAÑOL: La costumbre de enterrar el cordón umbilical, <i>Leslie Korn</i>	33
Before and After Psychopathology: A Foucault-Inspired Perspective on Western Knowledge Concerning the Shaman, <i>Tony Benning</i>	59
Indigenous Nations and Political Autonomy, <i>Heidi Bruce &amp; Dina Gilio-Whitaker</i>	69
Implementing the UN Declaration on the Rights of Indigenous Peoples, Nation-by-Nation and State-by-State, <i>Heidi Bruce &amp; Dina Gilio-Whitaker</i>	83
ESPAÑOL: Declaración conjunta de gobiernos constitucionales y consuetudinarios de naciones indígenas	93
Model Intergovernmental Framework Agreement, <i>Rudolph Rjser</i>	103
American Indian Caregiver Policy Study, <i>Rudolph Rjser, Leslie Korn, &amp; Clara Berridge</i>	107
Book Review: Indigenous Nations; Rights in the Balance, <i>Charmaine White Face, Zumila Wobaga</i>	139

**COVER:** Qom Community Qom Potae Napocna Navogoh - Formosa - Argentina, House of the Qarashe (leader/chief) Felix Diaz. Brothers of other indigenous communities from Formosa came to Felix' home to see James Anaya, who was visiting in 2011 to examine the situation of the human rights of indigenous peoples in Argentina and to make recommendations to the Argentine Government. He also visited Mapuche communities in Neuquén, as well as Coya and Guaraní communities in Salta and Jujuy. *Courtesy of Felix Diaz, Community Qom Potae Napocna Navogoh*

# Lukanka

Lukanka is a Miskito word for "thoughts"



RUDOLPH C. RYSER  
Editor in Chief  
Fourth World Journal



In this issue we spotlight the writings of CWIS researchers working on several different studies as demonstrations of applied scholarship. Fourth World research is extraordinarily demanding, in part because researchers must conduct their study taking into consideration historical contexts, the meaning of language, contemporary opinions, and the political environment, perhaps the most important elements of “movement” or change and space. Change is essentially “time,” and “space” is the physical and metaphysical location within which the research itself is being conducted.

This edition of FWJ is unusual in that by virtue of the material included we experience the thought processes of the authors as they question, evaluate, explore, and apply their discipline to the scholar/practitioner project. Fourth World research is far more relevant now than conventional researchers recognize since there are global communications on a scale never before experienced and at such a pace only known by the medicine people of each nation. The medicine people have easy access to both the physical and metaphysical realms and can thus experience the relationships and have direct knowledge of events, people, and things anywhere in and about the world. While our research does not claim the powers of medicine people, we recognize that no topic, no event, no problem, or question of inquiry can be approached without taking into consideration the dynamic and evolving relationships between people, the earth, and the cosmos. Relationships between what appear to be unrelated things are drawn to create new understandings and new insights. It is therefore a practical matter for a researcher employing such a perspective to have access to past, present, and future knowledge as occurring simultaneously.

We take pride in the conduct of Fourth World research, drawing on ancient knowledge and methods. Without such an approach the human project will exist as if it is a wagon wheel without one or more spokes.

**Dr. Leslie E. Korn** earned her doctorate in Behavioral Medicine and Medical Humanities and is the author numerous journal and popular articles and the author of three books, the most recent of which is *Rhythms of Recovery: Truama, Nature, and the Body* published by Routledge. Dr. Korn demonstrates the depth of her understanding of culture, medicine, and healing in her peer reviewed article **Burying the Umbilicus**. This is an extraordinary tale of life and living with traditional healing practices in the western Mexican *Comunidad Indigena de Chacala*. Her narrative is personal, informed, and informative. Korn demonstrates the efficacy of Fourth World Chacala medicines and healing techniques while placing that discussion in the context of a community, its history, its land, and its traditions. This article is also published in Spanish for the benefit of Spanish readers in the Americas and elsewhere in the world. Dr. Korn is also a

contributor to the **American Indian Caregiver Policy Study** in this issue.

**Dr. Tony B. Benning** is a psychiatrist practicing general adult psychiatry in Maple Ridge, British Columbia and the visiting psychiatrist to the Seabird Island First Nation in Agassiz, British Columbia. He is the author of “Western Conceptualizations of Self, Depression, and Healing” appearing in the *International Journal of Psychosocial Rehabilitation*. Dr. Benning critiques the application of French philosopher Paul-Michel Foucault’s analysis of the “European deployment of psychiatric discourse in its representation of non-European peoples.” Benning asserts that one cannot dismiss the “colonial backdrop of the nineteenth and early twentieth centuries” during which the ideas of *primitivity* and *psychopathology* contributed to the “doubled otherness,” suggesting the concept “reason and rationality” are lacking in the “primitive.” Benning seeks to demonstrate how Foucault’s thinking can lead to a more realistic understanding of the thinking of shamanic concepts—a powerful and boundary-breaking analysis.

**Ms. Heidi Bruce** and **Ms. Dina Gilio-Whitaker** are CWIS Research Associates and Associate Scholars responsible for a great deal of CWIS research concerning US taxation of Indians, the World Conference on Indigenous Peoples, good governance in the Fourth World, inclusive economic indices as an alternative to the gross domestic product as a measure of a nation’s development, and more. Some of the more recent results of their joint efforts are here published in **Implementing the UN Declaration on the Rights of Indigenous Peoples, Nation-by-Nation and State-by-State** with recommendations in the **Joint Statement of Constitutional and Customary Indigenous Governments** (endorsed by eleven indigenous governments on four continents when submitted to the UN Permanent Forum on Indigenous Issues in May 2014) – published

in the English and Spanish languages, and they conducted original research in **Indigenous Nations and Political Autonomy**.

**Dr. Rudolph C. Rýser** earned his doctorate in international relations and has two offerings in this issue: **Model Intergovernmental Framework Agreement: Supplemental to the Joint Statement of Constitutional and Customary Indigenous Governments**, and with Dr. Leslie Korn and Dr. Clara Berridge he was principal investigator for the **American Indian Caregivers Policy: A Case Study**. The Model Intergovernmental Framework specifically offers Fourth World governments and states’ governments a simple mechanism for engaging in dialogue and negotiations on matters of mutual concern and to implement the UN Declaration on the Rights of Indigenous Peoples. Such a mechanism does not now exist, but this “model” may serve as a template for the United Nations to discuss and secure agreement on the terms of an “optional protocol” to the UN Declaration that provides guidance to Fourth World nations and UN Member States. The Rýser, Korn, and Berridge team conducted a year-long case study that stands as a potential solution for suffering American Indian caregivers with recommendations to American Indian governments, the US government, and the state and county governments. The present system of support to American Indian caregivers is seen as inadequate and even destructive. This study proposes detailed solutions. Finally, be sure to look up his book *Indigenous Nations and Modern States* (Routledge, 2012).

This issue reflects some of the work that the Center is working to share with Fourth World nations, scholars, public leaders, and the general public. I am convinced that the perspectives offered by the authors truly break new ground that will benefit the wider dialogue about the ideas, rights, and future of Fourth World nations.

# Burying the Umbilicus: Traditional Medicine on the West Coast of Mexico

Leslie Korn

*Tourism is a poison if it is not controlled;  
look at Acapulco.* — Alberto<sup>1</sup>

After giving birth, indigenous women in rural West Mexico traditionally bury the umbilical cord underneath a tree on their land. This ritual symbolizes the planting of roots for their child in the land and in the community, thus reaffirming the child's cultural connections. It is this people/land connection that passes from one generation to the next, demonstrating the essence of human culture. It is easy to see this relationship in the word itself. Culture (*cult*, meaning worship and *ure* meaning earth) links the land and its life-giving benefits to the health and well-being of the family and reinforces daily activities and rhythms of nature in women's lives. It is in a peoples' traditional medicine that we see the fullest expression of culture. The México of the 21st century is a place of many cultures created and recreated in response to changing human and environmental forces, yet it retains the profound cultural connection between the peoples and the land exemplified in traditional medicines and healing practices. In its complex cultural geography México is richly rewarded with a diversity of traditional medicines used to treat illness and restore health by urban and rural families alike.

There is a considerable body of conventional scientific research conducted over the last 50 years that documents and evaluates México's medicines and healing practices. The traditional practices of rural West Mexico derive from indigenous peoples' customs and traditional spiritual beliefs that they have in recent times blended with Greco-Roman methods, re-

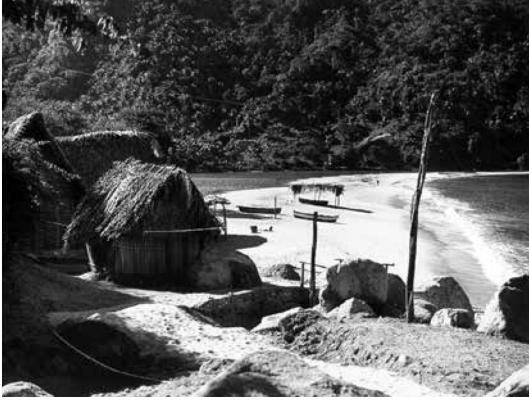
ligious beliefs, and materials introduced by the Spanish. These practices historically represent an important body of women's knowledge and power, and an essential part of rural Mexico's health and healing system.

Peoples of *comunidades indígenas* along México's west coast construct and reveal identities at many levels. Their cultural reality reflects the created and recreated dynamics of community life and the practice of healing traditions. The research I conduct in West México centering on women's practice of traditional medicine acknowledges this diversity and the "hidden histories" among people living in México.

On the west coast, traditional birth attendants, *sobadores*, *curanderos/as*, and *herbalistas* are a part of the common social reality. *Remedios caseros* are also widely employed in households. While these leading practitioners in the healing system continue to serve the population, rapid social and economic changes in West Mexico since the late 1970s have affected—in many instances adversely—the practice of traditional healing. What women healers think and how they feel about these changes, what it means to them personally and collectively, and whether their knowledge remains a part of the sustaining community knowledge in the face of rapid social and economic change has not been closely examined and is, therefore, not well understood. This essay is aimed at revealing the context and practice of traditional healing in a Mexican community as seen and explained by healers who continue to carry the responsibility for treating the ill and restoring health to families and communities.

Copyright © 2013 Leslie E. Korn, Center for Traditional Medicine and Center for World Indigenous Studies

1. A local resident given a pseudonym to protect his identity.



**Figure 1. Yelapa Hillside, photograph by Robert Harper (1958).**

### The Land

Cabo Corrientes is a *municipio* in the state of Jalisco. It encompasses mountain towns in pine forests at 600m altitude and villages in a verdant sub-deciduous tropical forest that lies along the Pacific coast. It is 100% rural and subsistence oriented: 60% of the working population is made up of laborers, farmers, and fishers. Cabo Corrientes has one of the least developed infrastructures of all municipalities in Jalisco and México as a whole, with 50% of the population without potable water, electricity, or phone service (Instituto Nacional de Estadística y Geografía, 1999). As development planning commenced in 2000 electricity became available in the remote community. A large infrastructure project to develop the coast is now underway; with a large dam, Presa Los Panales, planned to bring water to the coast—ostensibly all designed to promote high-end (eco)tourism development of the last virgin land in the region.

The region is a microcosm of rural Mexico's growing chronic health problems with diabetes, heart disease, arthritis, and pain. The bi-directional migration pattern of Mexico's sons and daughters immigrating to the United States, and US retiring "snowbirds" flocking to



**Figure 2. Yelapa Hillside, photograph by Meredith Parr (2009).**

the south significantly changes the rural economy and culture. There is a moderately large spectrum of dependence on tourism activities as well. The villages, towns, and comunidades of the municipio share in common proximity along the corridor between Puerto Vallarta, Tomatlan, and Manzanillo, that is now planned as the next stage of infrastructure and land development along the west coast.

Cabo Corrientes and most of western México is mountainous with active volcanoes to the south in the state of Colima and to the north in the state of Nayarit. The region contains a complex of variable niche climates, highland jungle, rivers, and streams. The Sierra Madre mountain range slices through the region pressing against the coastline as it slopes to the southeast. Agriculture and food gathering are controlled by the changing seasons, ranging from a mild and sunny winter to a hot and dry April and May, followed by a hot, rainy and humid summer and fall.

As with other regions of Mexico, the area in and around Cabo Corrientes is under intense development pressure. West Mexico is experiencing several intersecting social-historical changes, which have a profound effect on the psycho-social-cultural health of rural

families and communities and are relevant to the focus of this study. These changes are best understood when viewed through an interdisciplinary lens. These changes include:

1. The exponential growth of development implemented by consortia of government agencies and the private sector and supported by university-based research with a special emphasis on the promotion of sustainable growth and eco-tourism;
2. The acceleration of land ownership settlements and jurisdictional relationships between comunidades indigenas, ejidos (communal land used for agriculture), and the federal government resulting in increased land sales to private interests;
3. A multi-sector effort to recognize and promote indigenous and rural peoples' life-ways and their contributions to local culture in the region; related to the growth of sustainable tourism and the trends toward "culture-based vacations;"
4. The recent federal designation of Natural Resource Protected Site in the Cabo Corrientes region (among the richest in natural resources in the country and moderately depleted from extraction);
5. The growing availability and use of complementary and alternative medicine often integrated with traditional medicine and allopathic medicine, and;
6. Concurrently, an aging population and epidemic rates of chronic illness that demands public health innovations to address the care of under-served populations.

While there is an extensive body of literature on the scope of traditional medicine

throughout much of Mexico, rural West México has been the focus of relatively little traditional medicine research. None of the extant research has improved our understanding of native women and men's views as traditional practitioners in the context of their personal meaning-making systems. There has been competent archaeological and ethnobotanical research in this region. Ynes Mexia arrived by boat in 1926 and took a canoe to Quimixto, identifying the plant *hierba de arlomo* (*Euphorbia mexiae Standl.*) which was named in her honor. Joseph Mountjoy has conducted archeological investigations in the region, shedding light on material culture and practices.

In the modern age, the practice of traditional medicine has long been the practice of poor people and thus if it is not entirely invisible, the surrounding metropolitan society does not widely celebrate traditional health systems. In recent years, however, Complementary and Alternative Medicine (CAM)\*, coincides with growing official recognition of traditional practices by government agencies. Homeopathy is a major CAM integrated into the national health system of Mexico. As noted earlier, traditional birth attendants, sobadores, curanderos/as, and herbalistas continue to serve rural communities even as remedios caseros are still serving households in Cabo Corrientes. Yet as is evident in the US among traditional healers, research and empirical data in México suggest a significant tendency of patients and their physicians failing to communicate effectively about their use of herbs or products. Not only does this tendency continue the invisibility of traditional practices, but failing to mention the ingestion or use of traditional medicines potentially poses drug-herb-nutrient interaction problems. Even as traditional medicines and healing practices remain pressed into the shadows, the availability of powerful pharma-

---

\* in many respects a field that may be considered "secularized" traditional medicine, or denuded of their cultural context)

ceuticals are being used (and abused) for mild or common conditions in rural areas, with and without a physician's care.

México's aging population is rapidly growing. Diabetes is the leading cause of death in Mexico among adults ages 55-64. The incidence of chronic disease generally—including physical and mental illness—is increasing, placing greater burdens on the public health system. An estimated 17 million cases of mental disorders in the year 2000 reflects a 62% increase over the previous 15 years. Depression is co-morbid in numerous somatic diseases (both as a marker and a risk factor); it also figures bi-directionally in chronic pain, diabetes, and cardiovascular disease. Mexican health care reformers recognize the need to integrate physical and mental health services more effectively. In some regions, the integration of traditional medicine practitioners is already coordinated with *Instituto Mexicano del Seguro Social* (IMSS).

While there is widespread use of traditional medicine in the coastal region of western México, there is little understanding of this so-called informal health system, nor of the effect that rapid social and environmental change has on its practice. Women who are traditional medicine practitioners and healers are marginalized and the young do not receive encouragement to use traditional healing systems. Many of the region's young are disproportionately represented in migration north, thus precipitating the loss of young people who may follow in their mother's (or father's) path to replenish healers. There has not yet been a systematic effort to integrate the fairly large number of women community health providers into the system of rural health. These rural healers are poised to play an important role in the care of individuals for whom self-care is the key to quality-of-life, a key to successful treatment of chronic diseases which require daily health

promotion and community support for self care. These providers represent a significant source of practical and empirical knowledge that can complement public health efforts. Additionally with the attendant growth of "cultural tourism" and popular interest in traditional medicine it is likely women in this region will actively and increasingly participate in the role of providing care for or educating visitors. A cost effective method for providing support for chronic care can be realized by supporting (and thus empowering) community healers. Such an effort must also promote the sustainability of natural and cultural resources that provide sources for healing (traditional plants, animals, and foods, for example). This approach also encourages cultural continuity and sustainability of environmental diversity so central to the health and well being of rural citizens.

### Location

The culture of the Comunidad has its roots in the 2,500-year influence of what modern scholars now refer to as the Teuchitlán Tradition and the 400-year dominance of the Purépechas in the eastern part of west Mexico. The Teuchitlán Tradition is said to have begun in BCE 1,500 in the lake-beds area to the west of what is now Guadalajara.

The region may have been influenced by the Olmec culture in southeastern Mexico and from a 3,000-year trading relationship with what is now the west coast of Ecuador. Trade between the peoples of the Teuchitlán tradition (in what is now central Jalisco State) and later the Purépecha (in what is now Michoacán State) with the peoples of what is now coastal Ecuador (Mantéña in Manabí Province) is confirmed by the evidence of textiles, metals fabrication, pottery, and burial shaft practices for the dead as well as the presence of foods originating in both places. Constructing a



centralized chieftain-ruled society in round palapas and circular cities on the lakeshores, the culture emphasized civic ritual and ceremony, ancestor worship, and organization of personal power around the practice of accumulation and ceremonial give-away.

The civilization of western México is different from societies in the Valley of México or from the Mixé, Zapotecan, and Mayan regions to the south, while ritual, ceremonial, calendric, mathematical, and many agricultural and social practices place western México's evolving cultures in the broader civilization of what we know as Mesoamerica. West coast trade included the acquisition of the beautiful *Spondylus* oyster shell off the coast of present-day Colima, south of Jalisco. The shell of this oyster was so prized by the peoples of the Andes in Peru that great effort was expended to acquire large quantities for use to make pendants and finely ground shell to dust the pathway for the Quechua-speaking Inca royalty seated on a platform attended by four to six carriers. The trade included alpaca wool textiles worn as garments and as blankets; pottery for placement in burial shafts; dried beans, maize, and hairless dogs carried by balsa wood sailing rafts over the 6,440 kilometer north-south open sea shipping route; and technological knowledge (including smelting of copper and silver) as well as fish hooks, sewing needles, and jewelry. The relationship continued until 1529 when the invading Spanish disrupted the Toltec and Mayan-based civilizations in Mexico and, two years later, the civilizations along the Andean mountain spine. The devastation brought on by the advance of small pox, influenza, typhoid, cowpox, mumps and other bacteria and viral epidemics, combined with military actions made easy by such diseases, led to economic, cultural, and social collapse in 1521.

Around the time when complex societies

all over the Americas were experiencing stress and collapse, the Teuchitlán Culture came to a stop about 700 AD. In a relatively short time, the Teuchitlán Culture was transformed (beginning about 1300 CE) into the Tarascan State, which was fully formed by 1350 CE. The Tarascan Empire ruled much of Western Mexico before and contemporaneously with the Aztec Empire. It was located in the high valley of what is now the state of Michoacan with its primary location of power in Tzintzuntzan on Lake Pátzcuaro, south of the city of Guadalajara. The so-called Tarascan Empire reigned for 175 years and came to an end in 1525 when Spanish invaders seized Tzintzuntzan.

Despite its intense military culture, the México of the Aztec Empire in the Valley of the Moon failed to invade Tarascan territory and consequently were blocked from seizing control of Tarascan territories that eventually included most of Michoacán, parts of Jalisco, Guerrero, and Colima. The Tarascans were slowly subdued by the Spanish, though the Tarascan culture remains a strong influence in Michoacan to this day. After three hundred years of rule by the Spanish Crown, the United States of México was declared in 1820, producing a mixture of strong and weak influences in western México over the last 185 years.

The government of the United States of México in México City, Federal District recognizes the *Comunidad Indigena de Chacala* as a semi-legal entity with a standing that predates the formation of the Mexican state in 1821. The Jalisco state government and the Municipio government in Tuito have less inclination to recognize the political standing of the Comunidad.

### **Comunidad Indigena de Chacala**

The Comunidad Indigena de Chacala, and indeed the whole region of Cabo Corrientes

and precincts in Colima, Jalisco, and Nayarit are at their roots steeped in a rich culture quite distinct from other parts of Mexico<sup>2</sup>. Only a few researchers in the last one hundred years have looked at the culture of western México<sup>3</sup> and little public acknowledgment was granted until the late 1990s. The culture is characterized by self-reliance, militant protection of access to land, community property ownership, and individual identity associated with community identity. The peoples here have a strong sense of ancestor worship, social ceremony, and ritual associated with maintaining civil unity, and enacted rituals associated with stellar, lunar, solar, and planetary events. They have traditionally balanced the use of domesticated and wild plants and animals as well as shared wealth connected with feasts in a system of wealth redistribution.

Unlike most other parts of Mexico this culture has not been exploited for commercial benefit, nor has the dominant Hispanic population confiscated the culture. Indeed, the Hispanic population—whether Spanish-born or Creole—has nearly disregarded the culture of this region altogether. Because no great archaeological discoveries in the form of grand monumental architecture had been made in the region, the general attitude of government, scholars and tourists has been that there is no culture in western Mexico, and, indeed, there are no longer any Indian peoples except the fiercely independent, but heavily commercialized Huichols (Wixárika, as they know themselves). Though not exploited in this way, the culture of Mexico's west coast (generally including the states of Nayarit, Jalisco, Michoacan, and Colima) has suffered from intense

externally initiated and motivated pressure to impose an Hispanic æthos for the historic culture. Despite metropolitan efforts to proclaim western México and the Comunidad Indígena de Chacala culturally dead and *terra nullius* in terms of an indigenous population, the region is quite rich with both culture and indigenous peoples.

The *Municipio de Cabo Corrientes* was founded in 1944 and Señor Coronel J. Encarnación Ahumada Alatorre was elected the first president. The municipio integrates 14 ejidos, 42 localities, and 2 delegations. The head of the municipio is in El Tuito and it integrates 5 comunidades indígenas (de las Guasimas, de Llano Grande de Ipala, de Sta Cruz del Tuito, de Chacala, and Del Refugio). Señor José Claro Ramos Chavarin, from the village of Chacala, was elected the first president of the Comunidad Indígena de Chacala in 1945 (Doña Alicia Arraiza, personal communication, June 12, 1996). Election was a *pro forma* process of selecting for elective office the same people who would normally govern under the system of ruling family heads. Since there was only one political party (the Institutional Party of the Revolution [PRI]), there were no party politics. Dons ruled the Comunidad complemented by the conduct of decision-making through village or Comunidad *asambleas* until 1985 (A. B. Cruz, personal communication, January 27, 1999). With the introduction of “party elections” in the 1980s, decision-making authority shifted away from traditional community decision-makers to those elected officials who represent the PRI, PAN, PRD, and PT—all of whom have their ideologies formed in México City. What had been a system of

---

2. Adela Breton, a British artist, arrived in Guadalajara in 1895 with an interest in antiquities and became the first serious scholar to inquire into the substance of western Mexico's ancient cultures. Because of her work researchers began to express more interest in western Mexico in the 1950s and finally a major (and singular) publication was issued in 1998 as a part of an exhibit at the Art Institute of Chicago. The book, *Ancient West Mexico, Art and Archaeology of the Unknown Past*, edited by Richard F. Townsend was published by Thames and Hudson.

consensus politics became “majoritarian politics” resulting in the formation of divisions in the community and ideological splits occurring within and between families.

Economic and social pressures introduced into the Comunidad from the rapid growth of Puerto Vallarta in the last twenty-five years have had a significant impact on the level of self-sufficiency, self-esteem, absenteeism, and the growing use and abuse of alcohol and drugs. As the economy, external development, and political influences became apparent in the 1970s, Puerto Vallarta became an economic focal point for developers and investors. During this period (1960-1990), the population grew from 30,000 to more than 300,000, transforming a relatively inaccessible area into an international tourist center in less than twenty years, and more particularly in the 1980s.<sup>3</sup>

Until the late 1980's one political party dominated Mexican politics: the Institutional Revolutionary Party (PRI). Under substantial pressure from the United States and with the aid of the Republican Party in the United States, the National Alliance Party (PAN) was created out of members of the PRI—particularly members who were close to business, developers, banking, and agriculture. Soon after the Democratic Party for the Revolution (PRD) and the Labor Party (PT) became more organized and visible and the Comunidad Indigena de Chacala, like other indigenous communities, became suddenly divided by the introduction of the divisive political ideologies as represented by the multi-party system. Where it was possible to function in relation to the PRI without disturbing the internal cohesiveness of the Comunidad (PRI politics did not require majoritarian approaches to getting

solutions), it became impossible to gain cooperation and consensus in the Comunidad's *asambleas* when four competing political ideologies replaced families as the central political reality. This was especially pronounced when it became apparent that the ideologies were fully formed in Mexico City and Guadalajara, but had no roots in the Comunidad. The well-defined roles held by men and women in the Comunidad began to change. Community members express dismay when they consider how the roles of men, women, and the young have changed as a result of economic changes. Santiago Cruz (personal communication, March 2, 1999) gave this assessment:

*The young do not work like the old. The old put more effort into it; they feel more attachment to the Earth. The young work to work, without love; they spend unwisely, and the bad thing is that now to work the land, the old are no longer needed, but rather only the young.*<sup>4</sup>

The entry and growing dominance of a cash economy that undermines the extended family and promotes the nuclear family have distorted traditional roles in the community.

*The class divisions are increasingly apparent while the existence of such distinctions was virtually non-existent before the last twenty years. Those who are participating in the tourist economy, participate in the drug transfers, have received money from family members in the US, or have gone to the United States of America themselves for extended periods, fare much better than those (most of whom live up river) who re-*

---

3. The rapid development of Puerto Vallarta reached its peak in 1985 with the result that new pressures for development expanded to other communities around the Bahía de Banderas. Yelapa has received particular attention because of its large, protected beach.

4. Village of Yelapa, Comunidad Indigena de Chacala

*main living in more traditional economic/ consumption patterns. The economic gap between haves and have nots has increased overall tensions among people who before had at least subsistence.*

Reflecting on the time before this accelerated change Yelapa-born, 64 year old José Garcia Lorenzo (personal communication, January 28, 1999) made this observation during an interview for the study:

*Now if you have money you eat, if you don't have money you don't eat. Everything is more difficult. Now the people are maintained only by tourism. The beach is very small and everyone wants a business there and everyone is competing. There is a lot of envy and a lot of gossip all over.*

The growing dependence on the cash and market economies proffered by developments in Puerto Vallarta have dramatically affected the livelihood of people in the Comunidad. Families living in all five villages of the Comunidad maintained gardens from which they fed their members and when other goods were wanted people traded with neighbors or between villages.

Hernando Cortez made a single overland and sailing expedition up the West Coast in 1529. He apparently did not enter the Bahía de Banderas. In 1797, the Spanish Navy armada D. Juan Matute made a sailing visit into the bay where the coastal maps used noted the locations of Yelapa, Quimixto, Tomatlán, Mismaloya, and Los Arcos. The Spanish Crown and the Roman Catholic Church were apparently the main modern outside influences other than neighboring indigenous communities until December 12, 1851 when the village

of Las Peñas (later renamed Puerto Vallarta) was founded at the east end of the bay. The government of México authorized the use of 19,311 *hectáres* of land to be developed for mining exploitation in the area. Silver, mined for at least 1000 years by the indigenous peoples, was the primary motive for this effort<sup>5</sup>. Of note, the center for exploitation of silver, San Sebastian del oeste, recently became designated as a biosphere reserve as part of the coastal plan to set aside historic of environmentally fragile land. The Secretaría de Medio Ambiente y Recursos Naturales (SEMARNAP) is the federal ecology agency charged with this process, however the agency disregarded the indigenous peoples during this process in the south, in Michoacan and throughout the west coast.

The Comunidad Indígena de Chacala has a stable population of about 1,800 people according to the census. This region is geographically at a confluence of mountains and sea that has received visitors from north and south (and less so from the east), for thousands of years. The vast majority of Comunidad members are descendants of indigenous peoples from western Mexico, most notably the Purépecha. As many as 100-200 people from the United States, Canada, and Europe are temporary or semi-permanent residents (primarily in the village of Yelapa) in the Comunidad. The main villages include Yelapa, Quimixto, Chacala, Las Animas, and Pizota and smaller ranchos including Tecuani, Guayabo alto, El Algodon, and Mascotita. The Comunidad was originally formed by 750 *comuneros*. The Comunidad is located southwest of Puerto Vallarta, served by one road to the village of Chacala (four hours walk from Yelapa), and by daily water taxis to and from Puerto Vallarta. The speed of changing development is often

5. Cronica del Tiempo, 1851-1997. The community now claims its specific and unique status by original right of occupation right granted by the Spanish Crown.

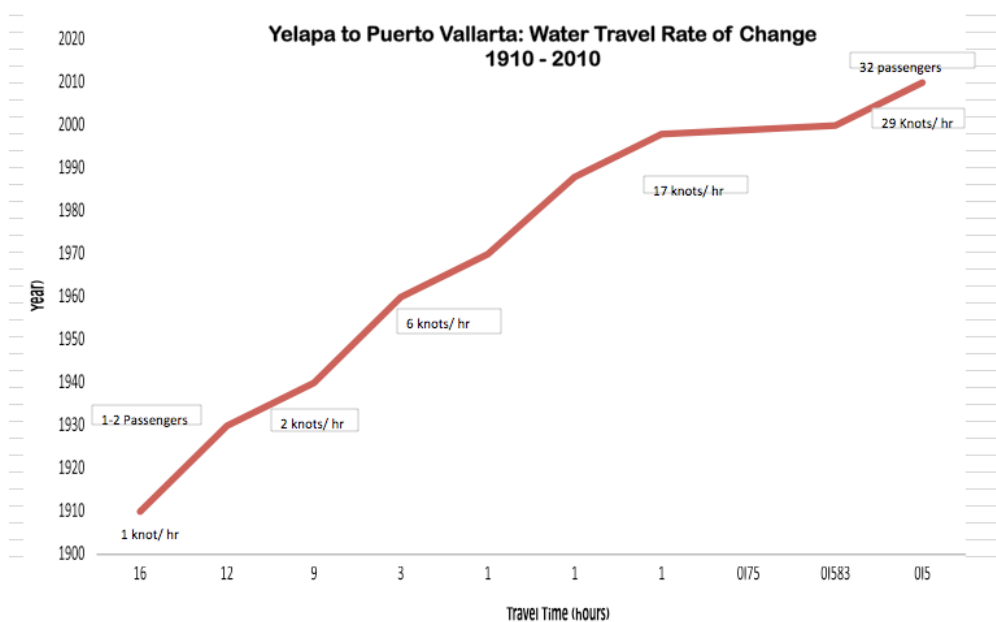


Figure 3. Water Travel Rate of Change, by Rudolph Rýser and Leslie Korn (2010).

linked to the stress of development. Thus the pace might be viewed in the context of the time in which it takes an individual to traverse the bay by boat from the village of Yelapa to Puerto Vallarta. In 1925, one sailed in a small canoe with a sail. By 1970, a 40 horsepower motor propelled a small panga over the waves in about 2 hours and by 2000 the journey went from 2-3 hrs to 35 minutes (see chart above).

The Comunidad is partly self-governing, though much of the authority for governance is increasingly being assumed by the Municipio de Cabo Corrientes at the town of Tuito (eight hours walk along the Rio Tuito from Yelapa).

In 1982, I sat down with Rosolio Lorenzo García, who was 82 years old when he told me his story about the village of Yelapa:

*It was in 1910 that we peopled the village. There were but sixty-five inhabitants alto-*

*gether. No one but absolutely no one else was here. I was then ten and I am now 80 or 82. It's been 72 years since that happened. Our living was made from fishing and a little bit of [coconut] oil. That was the source of income for our parents and as their children we continued to work on the same thing. Everything was so cheap. Oil was five centavos a kilo and men were paid twenty-five centavos for a days wage. Maiz was a peso for sixty kilos. It was unbelievable. We went to San Blas in sailboats when the wind was favorable; if not, just sheer oars. Life was indeed tough at that time and this was our way of life until the agrarian world came in. When that happened a wealthy landholder snatched a rich piece of land from us. There was a war from 1914 to 1918 and after the war there was peace for ten years. But it was difficult because people would not buy our products*

*and livelihood was even tougher. In 1928 the government took the land away from the landholders and gave it back to the campesinos, and all of that was my lot.*

And another storyteller whose father was one of the founding members elaborates:

*In 1935 Yelapa was a ranchito of about 13 houses. About 13 families “founded” Yelapa. There was not much work except making coconut oil from the small coconuts. Agriculture consisted of beans, corn, coffee, and squash. It took anywhere from 4-24 hours to go to Puerto Vallarta, depending upon the wind and it took about 5 hours by horse to go to Ciudad Tuito. Tuito was a large center (not like now). Yelapa was always a refuge for shrimpers. The first foreigners began to arrive in 1947 or 48. By 1950 there were about 75 people living in Yelapa in about 25 houses. The majority of foreigners began arriving after 1960 and the tourists began to arrive in the mid-1970s and 1980s” (A. B. Cruz, personal communication, January 27, 1999).*

## Yelapa

Yelapa, one of the main village settings for our research, is a small village in the state of Jalisco, located between a maximum latitude of 20°30' and minimum latitude of 20°15' and a maximum longitude of 105°30' and a minimum longitude of 105°15'. It hugs the southern shore of the Bahía de Banderas (Bay of Flags), approximately 40 minutes by boat southwest of Puerto Vallarta at the mouth of the Rio Tuito. It is part of the tropical sub-humid zone. Yelapa is in the heart of the tropical forest. In Yelapa, rainfall amounts to 1,200 to 1,400 mm between May and October and from



**Figure 4. Author's home, photograph by Leslie Korn (1976).**

50-75 mm during a dry period of five months between November and April. Temperatures can range from 20-28°C (60° to 85° F). Tucked away on the foothills of slopping volcanic fingers stretching from higher mountains, Yelapa lies within an extension of tropical dry forest that has a medium-size height canopy. It is part of the sub-deciduous tropical forest that lies along the west Pacific coast.

The sub-deciduous tropical forest, (also known as semi-evergreen seasonal forest, moist semi-deciduous forest, or tall tree tropical deciduous forest) occupies approximately 4% of Mexico's territory and prospers in altitudes from sea level to 1,300 meters. Atmospheric humidity is usually high, and the most important factor in the evolution of this type of forest is the distribution of rainfall throughout the year.

The dispersal of this type of vegetation is difficult to map since it forms complex mosaics with the tropical deciduous forest and other types of vegetation. The sub-deciduous tropical forest can neither be classified as evergreen nor as deciduous; rather, it lies between these two types of forest. From a physiological and structural perspective, the sub-deciduous forest is more similar to evergreen forests, while from



**Figure 5. Capomo (*Brosimum alicastrum*) trees, photograph by Leslie Korn (2001).**

a phenologic perspective, it is more similar to the deciduous forest. During the months of rainfall vegetation is green, though during the drought season half of the trees in sub-deciduous tropical forests lose their leaves and go dormant, while other trees remain green or only lose their leaves for a short period of time.

The sub-deciduous tropical forest is dense with species whose height ranges between 15 and 40m. One tree typical of this forest is the *Enterolobium cyclocarpum*, known as the Guanacaste or Parota (Spanish). It is used traditionally for making sea-going canoes and furniture. Its seeds are roasted whole, ground for food, and considered “excellent” when whole seeds are grilled with molasses. Its sap from under the bark is chewed as gum and the Parota bark was often used for fishing (when crushed and dropped into a river it poisons the fish, ren-

dering them easy to catch). The understory of smaller trees (5—8m), below the canopy, covers approximately 50% of the forest and is usually made up of evergreen plants. Palm trees are common along the coast. In the sub-deciduous tropical forest, many tree species, usually no more than five, share dominance. However, sometimes only one tree species is dominant. For example, in Cabo Corrientes the Capomo (*Brosimum alicastrum*), which can grow to 35m tall, formed dense communities before extensive clear cut logging and other forest assaults later led to the development of a shrub layer. Drainage is fast in the forest, although there can be flooding. Clear cutting the forest has contributed to increased flooding when the seasonal rains come. Milk cows and steer dominate the open landscape; and introduced crops including corn, beans, sugar cane, sesame seed, rice, orange, limes, mango, and pineapple crowd against the jungle.

The forest is as rich with insects and animals as it is in plant life. In the forest of Chamela, just south of the Comunidad, 288 species of bees, bumble bees, and wasps have been identified. Before the African bees invaded the region from South America the local bees’ honey, especially the coveted white honey, was an important remedy used for eye diseases. The largest diversity of scorpions is found here, along with the “red-knee tarantula,” *Brachypelma smithi*. The up to 7.5 centimeter-long centuroides scorpion (*Centuroides vittatus*) is commonly seen trolling along in cool damp areas with their young on their back while eating spiders, centipedes, flies, and beetles; their sting has been known to kill infants. The vigilant enemy of the centuroides scorpion is the *cancle* (pronounced “konk-la”)—the long legged, broad-body Tailless Whip Scorpion; always quietly waiting in dark, hidden moist places. The *cancle* is also called *madre de alacran*, looking quite ferocious with

its long legs, but they are indeed gentle and harmless to humans. There are varied and complex traditional treatments for scorpion stings and of course the sometimes helpful, but often problematic anti venom. Lucio Rubio Garcia, now in his late 50s, (personal communication, Dec. 12, 2009) tells a story revealing his grandmother's treatment:

*My grandmother used to heal scorpion bites with horse excrement. She placed the excrement in water—the fresher, the better—and an antidote against scorpion is produced. Squeeze out the water and drink it as an anti-scorpion serum, the actual anti-scorpion serum is produced with horse blood. One night [when] I was 2 years old [I was] with my parents as they prepared for a canoe trip into Vallarta. I was stung and she got word and she traveled all night gathering plants along the way and then prepared a drink in which she soaked fresh horse dung in water, strained it well, then she gave it to me to drink. She saved my life that night.*

There are many plants and animals identified and used for scorpion stings. For example, it is common following a sting, to slice open the belly of the scorpion and lay it on the sting. Jose Garcia Lorenzo told of cooking the *quichi* (also known as iguana negra, garrobo, and spiny-tailed iguana [*Ctenosaura pectinata*]) and drinking the broth to treat stings, especially if accompanied by fever and numbness. The plant called Chaya (*Cnidoscolus aconitifolius*) is also used as both a tea and a poultice to treat stings. The leaves are rich in antioxidants and minerals like calcium, phosphorus, magnesium, and iron; Vitamins A, B, and C; and chlorophyll, which may account for its powerful anti-inflammatory effects. The common plant often growing outside the home, Te Li-

mon (Lemongrass, *Cymbopogon citratus*), is used as a tea to treat the “espinas,” or the numbness resulting from the sting. Blanca Alvera makes a tea from the *Papelillo* (*Bursera simaruba*) bark and adds *Canela* (cinnamon). The ubiquitous red-barked *Papelillo*, also known as Gumbolimbo, is purportedly used by *brujas* for both good and evil, though no one dares speak how. It is also called “gringo tree” because the bark looks like the skin of a tourist who has stayed too long in the sun.

Along the Cabo Corrientes coast there are 87 species of amphibians and reptiles including toads, frogs, salamanders, axolotls (an aquatic salamander), and cecilians (a legless amphibian often mistaken as a snake). In forests, toads and frogs emerge to sing otherworldly mating songs during the rainy season. The Marbled Toad (*Bufo marmoratus*) is commonly heard warbling. It is no wonder that they are both messengers of environmental change for local people as well as helpers in traditional medicine. Of this, Santiago Cruz (personal communication, June 30, 1983) tells this story:

*All I can do is speak a little bit of what I know, of nature. If we speak of the language of animals they too can speak like we can. We have a dialect, a form of speech, and they have theirs. And just like we can learn our dialect if we set ourselves to the task, we can also learn their dialect, their means of communication. There is an animal that always announces itself to me when the waters (rains) are going to come. That animal is the frog. There are many kinds of frogs all the way from the biggest to the smallest. When the waters are going to come the little ones utter a sound that is like sst! That's her sound. When the rain arrives there is another kind of frog called Gasparroca. It is a frog which is striped, like gold nails on the*



*body. These frogs live in openings of wood, in sticks, and they utter these sounds when the rain comes. Their sound is a little different. My grandfather would tell me that there is this big plant that grows near where these frogs make their habitat and when there is a drought you cut up a piece of this plant from near where the frog sits. There you beg for rain and invariably the rain does come. This is a sacrifice. The sacrifice is to be done only when there is a real need—then the rain comes.*



**Figure 6. Doña Alicia, photograph by Leslie Korn (2009).**

The *sapo* has been used traditionally in the Comunidad to treat a common skin infection, erysipelas. Alicia Arraiza (personal communication, May 12, 1997) describes it this way:

*Clean sapo (referring to the frog, the Rana del Sabinal, Leptodactylus Melanonotus) very well with soap and put some aceite rosado or olive oil and rub over the disipelas. After you are done, clean the frog with soap and water and let it go or the infection will affect the sapo and it will die.*

## Traditional Medicine

An often threatening, stressful, and traumatic environment has for millennia challenged indigenous peoples. In response to challenges well beyond their control different peoples developed through cultural practice various ways of coping, healing, and responding to disease, poisons, and both accidental as well as intentional violence enabling them to survive productively in spite of the threats to life. The healing practices and plant and animal remedies we now call traditional medicine also include family and community connection, physical closeness, the use of hot and cold water, stones and drinks, laughter, massage, foods, fungi, and medicines from the land and sea. Indeed, medicines or healing powers may also include the helper spirits that assist and guide in times of difficulty.

The real meaning of traditional medicine across all cultures is found in the dictum that **nature cures**. Many long-established forms of medicine and healing restore balance by way of the nervous system and thus help to heal. Human beings are gifted with the capacity to heal themselves and others, and nature provides the methods and the medicines. This is part of the order of nature.

In the traditions of many native peoples the different members of a community possessing supernatural powers serve to mediate between the seen and unseen realms. Individual community members' nervous systems are tuned acutely and transformed by trance to receive spirit medicine. The animals that give their bodies so their brothers and sisters can be sustained are also healers helping others survive the potential traumas of nature's extremes. The role of such healers is crucial to healing the community.

The normal antidote to loss of control engendered by development is to take control: control of land, resources, and political and

economic structures. The antidote to traumatic stress, whether it is at the individual or the community level, is to strengthen social supports, reclaim control over one's knowledge of the natural world, talk with each other about the pain, enlist the elders, take action, and most importantly, gain control over one's own health, the nervous system, and thus, behavior. Accomplishing this requires distinguishing between medicines that heal and those that just kill pain. Most important are the healing traditions and celebratory rituals that served the ancestors. These rituals may still initiate young ones into the knowledge of the unseen world, where to remain in control of the rivers of one's own nerves, one can guide whole communities to safety.

### Hispanicization and Devaluing Traditional Medicine

Individuals migrate from one community to another and may acquire another identity from resettling, but often this is not the case. As the Hispanics colonized various regions of Mexico they reorganized the local and then the regional economy to siphon wealth away from indigenous peoples and into Hispanic hands (Carmack, Gasco, & Gossen, 1996). To achieve an effective transfer of wealth the Hispanic populations defined México's indigenous populations as out of existence by declaring their status as *mestizo*.<sup>6</sup> The "mestizociza-

tion" of the indigenous populations in central Mexico was particularly pronounced, but widely practiced throughout México. By redefining indigenous peoples as *mestizo* it became possible to eliminate what few rights they had as Indians—particularly their collective control over land. The result has been a direct outflow of wealth from indigenous communities into the Hispanic society and a net inflow of Hispanic control over indigenous lands and resources. This process has resulted in cultural dislocation within the indigenous populations and a devaluation of traditional medicine and healing practices.

While legally recognized as indigenous, but popularly identified by Mexico as neither Hispanic nor as an indigenous society, the people of the Comunidad Indígena de Chacala nevertheless retain a deep sense of group identity. Accelerations of development and external intrusions have recently divided the population along economic lines and begun, through the educational system and use of television in the schools, to separate the younger population from the older. The Chacala culture remains strong in perhaps the most fundamental way: the peoples' relationship to the earth through plant and animal medicines. Individuals have possession of vast stores of knowledge and traditional practices which continue to inform the community, and so even with the pressures of "Hispanicization" the practice of traditional

---

6. The Spanish Crown and later the Mexican state maintained a heavily stratified society in Mexico dividing the population into privileged and less privileged classes. Peninsulars (born in Spain) are the highest and most privileged class followed in rank by the Creols who are Spanish, but born in Mexico. Well below the status of Creole is the class of mestizos. People of this class are born usually of a Spanish father and an Indian mother. Heavily discriminated against, mestizos were prohibited from holding certain public offices and they were not generally allowed to enter the priesthood. Historically, only a few people of the mestizo class could achieve higher rank and only if they had a conquistador as a father. Otherwise, mestizos were mainly poor and uneducated. The succeeding governments used the designation mestizo to alter the population demographics of Indian populations as an indication that the Indians were disappearing. Mulattoes, the offspring of Spanish and African parents held a lower position than the mestizo. Indians are considered the very bottom of the class system, and anyone with a drop of Spanish blood would cast a disapproving eye at an Indian person. While Indians were the lowest on the social ladder, they were considered by the Spanish Crown wards of the Christian Church and of the Crown to be protected, where possible, from the unscrupulous. Under Spanish and Mexican laws Indians were (and are) recognized to have the right to govern themselves in their own communities, maintain community ownership of land, and they are exempt from prosecution for religious crimes.

medicine, though devalued, retains a strong presence in the community.

### Traditional Medicine, Development, and Climate Change

Traditional medicine practices in Cabo Corrientes have evolved in intimate connection with the climate and environment in particular because the primary modes of healing derive from plants, foods, and animals. The use of animals—for example, their food or fat—has diminished sharply over the last 40 years, due in part to the effects of development, driving wild animals deeper into the *selva* (jungle) and more recently since the invocations of state and federal laws against hunting. When I arrived in Yelapa in 1973, it was common to see (and shoo out of the house) armadillo, tlacuache, tejón, skunks, snakes, and all kinds of iguanas. But ten years later, all but the iguanas were rarely seen...except deep into the *selva*. As early as 1982, some individuals offered their observations that the climate was changing; however now it is on everyone's mind, affecting the cycles of fishing and crops in particular. The increased use of cement and cobble stones on formerly dusty dirt paths, and the use of pesticides have reduced the numbers and variety of plants that were used daily for health and illness prevention.

In 1982, Santiago Cruz (S. Cruz, personal communication, July 7, 1983), age 73, shared with me his views about the medicines of the community:

*We are living in a gold mine. If we looked for the properties of medicinal plants, we would leave more valuable things for the future of the people. Also the medicinal animals because they eat medicinal plants.*

*We are losing the iguana and armadillo whose fat helps cure bronchitis. The animals feel the vibration of the people. Now there is a lot of cancer and diabetes in Yelapa. The nopale [cactus] helps arthritis, the kidneys, and diabetes.*

Like many of his peers and many others who are younger, Santiago demonstrates in his appeal for strengthening the knowledge of medicinal plants a strong knowledge of medicines in the Comunidad. It is very likely that anyone walking along a path in the Comunidad could approach a resident and ask about the name and uses of a particular plant, then be treated to a lecture and perhaps a demonstration of the healing properties or dangers of a plant.<sup>7</sup> Even when individuals say that the knowledge is lost, they often call up a piece of knowledge as an example. José García Lorenzo, at 74 years old (personal communication, January 28, 1999) illustrates this point when he said:

*“Before, we cured with home remedies (medicinas caseras). Much of the use of the plants and knowledge of the properties has been lost. I remember that the quichi (a type of lizard) served to cure scorpion stings.”*

A few weeks later Jose brought a bottle of *raicilla* (alcohol derived from the *Agave maximiliana*) steeped with chocolate and *cuastecomate* (*Crescentia alata Kunth*) to me as a gift. I felt this was a clear message; he valued my interest, had not forgotten our conversations, and was pleased to share an unusual and traditional beverage, which he explained was used for a sore throat and to keep warm on a cold winter

7. Students from the Center for Traditional Medicine were asking each other about a particular plant near the waterfalls above the village of Yelapa, and as they spoke a resident approached them and immediately began explaining the importance and key features of the plant. Community members are often quite eager to share their knowledge of medicinal plants and animals.

morning.

Many younger members of the community express dismay when they consider the loss of medicinal plant knowledge. Owing to their own disconnection from the knowledge of their parents and grandparents, younger members know less and often know very little about the use of local medicines. In the case of Antonio Reyes Saldaña (47 years old), this experience is quite pronounced. Antonio spent sixteen years living in the United States of America, but returned after he experienced a sense that life was more meaningful in the Comunidad than in the United States. His mother is a very knowledgeable herbalist. He asserted, "Now, very few people use medicinal plants. My mother and grandmother used plants to cure, but now much of that is lost" (A. R. Saldaña, personal communication, January 29, 1999).

The sense of loss is obvious when many more youthful members of the community talk about medicines and their role in the culture. When older women discuss the benefits of various medicinal plants, younger women often turn to them asking that the older women teach them about the plants.<sup>8</sup> The combined weight of views expressed and the enthusiasm among the Yelapa women strongly suggests the importance of emphasizing key cultural knowledge such as the role of medicinal plants and animals in the lives of community members as a measure to strengthen the capacity of the community to deal with trauma and stress. It is clear that plant and animal medicines are considered a deep and valuable part of the culture over which members of the community have control. But social pressures as well as environmental changes conspire to undermine traditional medicine's use and application in

everyday life.

In 1982, Santiago Cruz (personal communication, August 4, 1983) spoke of the changing weather:

*This year we will have greater and greater amounts of rain and no problem with the trees. Ordinarily trees blossom but one time a year. This time they blossomed two times. Never in my life did I see this before. That's a sign that there is a shift in the presence of the water. Perhaps it means that the ordinary dry season this year will be a wet season. But the change only occurs gradually. Nature does not reverse its pace so suddenly, never. I sometimes think also of the destruction, the destruction of all the species; we are destroying species—for example, sea species. We're finishing them! Last year I went to Punta de Mita, where there used to be lots of oysters. I had gone there for the past seven years and had eaten a lot of oysters. But when I went back this time I couldn't even find a teeny tiny one. Those of us who do business and make our money through these animals we do not even become aware of what we are doing or how we are destroying them. At present the government itself is not aware of these things and its actually collaborating on the destruction by setting up all along the shore everything that can destroy them. Already in the last two years we've been having difficulty in catching fish. Fishing boats go out at night and in the morning and they have put out chinchuras and fish are scared of them so they go off some place else. All the shores are presently filled with these chinchuras<sup>2</sup> animals that are very good to*

8. During the Women's Traditional Medicine gathering held at Casa Xipe Totec on 23 Enero 1999 where 37 women from the village of Yelapa participated, several teen women expressed eagerly their desire to learn about the natural medicines and wanted to work on a project to document the medicines for themselves and their children.

## Burying the Umbilicus: Traditional Medicine on the West Coast of Mexico

*our organism. They give us rich vitamins to nourish certain parts of our body. With them, too, we will finish and when we are done with that, then we will finish with one another, ourselves, perhaps eating each other up.*

By 1999, four years of El Niño and 2 years of la Niña had led to changing climate patterns that have led villagers to observe that they can no longer rely on the weather. The winter of 1999 was unseasonably warm, leading to an increase in mosquito habitat, and an outbreak of dengue, and poor fishing in an already depleted market. A number of the fishermen spoke about how they used to fish for a few nights and make enough for the week. Now, a few nights wouldn't even cover their expenses. The winter of 2000 was unseasonably cool and led to a cool summer. These climate patterns together with ecological deterioration throughout Mexico and Central America result in irregular rainfalls in which there is flooding or drought. In Jalisco alone there were between 200-400 floods since 1960 (Trujillo, Ordonez, & Hernandez, 2000, p. 17). Deforestation is accelerating and estimates suggest 260,000km<sup>2</sup> of land are in an advanced state of desertification (Trujillo, Ordonez, & Hernandez, 2000, p. 23). Among these are the sierras of the Comunidad. Desertification of this magnitude leads to soil erosion, increased use of agro chemicals, pollution, and increasing rates of stress and disease patterns linked to persistent organic pollutants.

In 2010 Lucio (personal communication, May 20, 2010), spoke of his village in the mountains at 1,500 feet above Yelapa:

*We have never seen the Chicla plant near my ranch, and now they are growing about 12km away from the ocean shore; that means that the earth has heated up. Other*

*species are disappearing for this same reason, we are starting to see plagues in oaks; before the oaks didn't have any plague and now these plagues are killing some oaks.*

The weather of 2009 was reversed from the norm: winter of 2009 brought rain and the summer of 2009 brought drought to the mountains, Bertha (personal communication, December 14, 2010) describes:

*As well, now some plants have vanished due to lack of rain water. We don't have that much rain anymore; there are few years that it does not rain like that. We didn't get any corn this year; all the field was dry and it didn't rain during all September. It has rained more during November; even the world has changed. I don't know what is happening; we plant corn but it gets dry and every year is worse, less rain, or the rains arrive when we can't do anything else.*

A few months after her comments, the summer of 2010 brought record rains and floods; the rural areas lost their crops and the cities, which were not equipped to absorb the rushing waters; bridges washed out, and homes were lost. The winter of 2010-11 followed with record low temperatures.

### Health of the Community

*"The woman needs more support. She is always working inside and outside the house to get things for her family but it is never enough. And the worst thing is for women who don't have a husband or a man to help take care of the children. There are a lot of lazy men and egotistical men that don't like to help. If women*

*do not respect themselves, who is going to respect them?"*

—Ana Maria, Feb. 18, 2001.

I undertook a review of the traditional medicine clinic records over a 4 year period (1997-2002) and conducted community based health surveys in 4 villages of the Comunidad, working with the help of local informants. The majority of primary illness complaints in the Comunidad were of chronic pain disorders and chronic diseases that arise out of “nexus of stress” effects including autonomically-mediated dysfunction in the nervous, digestive, circulatory, and immune systems and lifestyle (development-related) changes in nutrition. Chronic pain at 40% and chronic disease at 31% are the two highest ranked primary complaints. Accidental injuries and falls are also dominant, some due to occupational hazards, yet many are alcohol related. Domestic abuse is also a complaint associated with alcohol. The women of the village of Yelapa consider alcoholism among the men to be one of the most serious problems in the community.

One woman said, “The majority of the women are oppressed. There is a lot of family abuse generally because the men are drunk. Alcoholism is the biggest problem in the community” (M. S. Ramirez, personal communication, February 9, 1999).

While stress has long been known to cause common dysfunctional responses in organs under the control of the autonomic nervous system, another woman, herself a victim of domestic violence, holds on to some hope:

*There are still those women whose husbands still have them under their soles, but actually many are opening their eyes.*

*They say “I can,” “I do,” not like before, because not one woman could work. Since some five years back, the women have been stronger. Before, they were afraid of working due to machismo. Now the men do not reject their help. It is even convenient, or simply they have no other choice” (E. A. Rodriguez Araiza, personal communication, January 15, 1999).*

Alcoholism and domestic violence are complex problems. When viewed from a Fourth World<sup>9</sup> post-traumatic stress perspective we need to understand and analyze the changes wrought by colonialism, an antecedent to the development of alcoholism among native peoples. This analysis includes understanding the historical role of alcohol use among indigenous peoples of Mexico; the loss of community rituals that reinforced the non-addictive use of alcohol and other consciousness-altering substances; the physiological effects of alcohol on Indians (in particular, alcohol as a stressor on psychobiological function); and finally the role of alcohol as a drug for self-medication against the pain of cultural dislocation and psychic despair.

There are also links here to the nutritional changes arising out of development pressures that have increased refined-food consumption that in turn reinforces glucose metabolism dysfunction. This constellation of problems is witnessed up and down the coasts of North and Meso-America among native peoples. Fish and all manner of foods from the sea—turtle, limpets, oysters, abalone, and lobster were abundant. Now the supply is depleted and it is rare to see turtles sunning themselves on the ocean surface as before. Small gardens, banana, papaya and coconut groves, avocados,

9. “Fourth World” refers to a social and political conceptual framework under which indigenous peoples fall. While this term has various geopolitical meanings we use the term here as interpreted by Chief George Manuel (1929-1989) of the Secwepemc who served as the founding president of the World Council of Indigenous Peoples.



**Figure 7. Doña Clementina, photograph by Leslie Korn (2009).**

and other foods planted near families' houses and the pigs, cows, and chickens were commonly kept and maintained in the village as well as outside the village. The groves and gardens have now been covered by houses and cement to make space available for renting property to North Americans who pay cash. In the 1980's, the government tourism department pressured people into tying up their pigs that before roamed freely, serving as food for village members each week in a ritual slaughter. Now, it is rare to see pigs. Recently the cattlemen have been told not to drive their herds through the village as they travel from one village to another searching for additional grazing grounds. Members of the Comunidad (and certainly within each of the outlying villages) were largely interdependent for their livelihood until the middle 1970's. Men produced the foods needed either as farmers or as fishermen on the coast and the women maintained fruit gardens and foraged, supplementing their food supplies from the city. Where corn was grown, ground and made into tortillas, it is now shipped in along with tortillas from factories, with only



**Figure 8. Doña Gorgonia, photograph by Meredith Parr (2010).**

the poorest people grinding and making their own. Those with money make sandwiches from white bread. The ongoing challenges to the cash economy persist in practice and in the minds and hearts of even the young. One day not long ago a young man was brought to the clinic for treatment, writhing in pain from a particularly severe reaction to scorpion sting. While he was being treated with ice and high dose vitamin C he gasped: "I can't die now, I need to make money."

Some of the women also express the view that absenteeism by community men is a serious problem. Between 150 and 300 of the men in Yelapa alone live in San Jose, California, United States and as far northeast as North Carolina. Many of the men who remain resident in Yelapa suffer from alcoholism and have limited work opportunities that would earn money for their family.

I<sup>10</sup> define "community trauma" as events that overwhelm a community's capacities to function in stable and generative ways. Traumatic stressors include (but are not limited to) the examples of war, rape, or natural disasters.

---

10. Refers to a definition established in "Community Trauma and Development" by Leslie Korn, Ph.D., M.P.H, presented at The World Conference on Violence and Human Coexistence, Sponsored by University College, Dublin and the Center for World Indigenous Studies, Olympia WA., U.S.A. August 1997, Dublin, Ireland



**Figure 9. Don Margarito, photograph by Meredith Parr (2010).**

Most patients who came to the traditional medicine clinic in the Comunidad originally sought help from iatrogenic episodes resulting from treatments by one or more allopathic physicians. Of these, 13% of the women patient visits reported or exhibited adverse consequences including, (a) additional suffering resulting from misdiagnosis, and (b) over-medication using costly, useless or inappropriate medicines leading to secondary and tertiary complications. This indicates that a significant number of community members were paying for, but not receiving, adequate medical care. Almost all but the very few who could afford private health care received care at the social security hospital or from the intermittent on-site physician who performs a year of social service in the village under the auspices of the state or federal government. Most people who came to the clinic often did not know what condition had been diagnosed, did not know why they were taking a medicine, what the medicine was, how much to take, or for what length of time. One of the striking discoveries from documented patient treatments was the degree of stress that occurred as a result of iatrogenic causes. Usually, these were severe secondary health problems resulting from mis-



**Figure 10. Don Matilde, photograph by Meredith Parr (2010).**

diagnosis and misapplication of pharmaceutical drugs. A sizable proportion of patients exhibited pathologies and symptoms directly associated with misdiagnosed and mistreated conditions. For example, a fourteen-year-old girl with Bell's Palsy arrived at the clinic with severe cushnoid features resulting from prolonged, over-medication with Prednisone. A young mother appeared with a severe rash arising out of a shot of penicillin for a cold. She asked about whether she should take her 5-day prescription (obtained in Puerto Vallarta) for cortisone. A man brought in his 73-year old wife. She fell the year before and had been in pain and received injections of painkiller into her hip every few days. The pain hadn't improved and she developed digestive problems and became chronically constipated due to the medication.

The indiscriminate use of antibiotics remains high in this population. Community members may purchase an injection of an antibiotic for 60 to 100 pesos merely by contacting a person on the beach. Nearly any kind of drug can be procured on the beach by simply paying for it. If a person has a cold, penicillin may be available and injected even though there is no relationship between the drug and



the condition. Steroids, antibiotics, and assorted other pharmaceuticals are consumed without diagnosis by a medical practitioner, in the same manner one would buy jewelry or chewing gum. It appears that the incidence of misdiagnosed cases represents a tendency in Puerto Vallarta and Guadalajara toward medical malpractice (there is virtually no practical recourse to medical malpractice in Mexico). One must conclude that the levels of trauma and stress among individuals and whole families increase and are often exacerbated by the irresponsible actions of medical practitioners. Whether physicians or self-medication are the source, pharmaceuticals represent a much more severe health hazard than a remedy for members of this community.

There is a palpable shift from infectious disease to chronic disease. Whereas people in the rural subtropics are subject to sanitation-based disorders such as intestinal parasites, typhoid fever, dengue, hepatitis A and non-A, and the usual flus, colds, and pneumonias, the chronic conditions of heart disease, stroke, cancer, high blood pressure, diabetes (adult onset), persistent pain, and stress are increasing. Remarkably, all the patients seen at the clinic were dehydrated. Cultural proscriptions against drinking quantities of water appear to have arisen out of sanitation problems. However traditional *agua frescas*, made from local fruits and berries, anthelmintic herbs, and plants that traditionally took the place of plain water also have increasingly been replaced by Coca Cola and sugared juices. Smoking, which was not seen in the village among teen boys and girls less than 20 years old, has become increasingly evident. Alcohol and drug consumption in these age groups also increased.

### Plant Medicine Use

México is one of the most biologically diverse regions in the world, with over 30,000



**Figure 11. Teens in the plant medicines group, photograph by Leslie Korn (1999).**

species of plants, an estimated 5,000 of which have some medicinal value (Toledo, 1995). Plants have been used extensively for medicinal purposes throughout North America, including México (Moerman, 1998). Many of these are hypoglycemic in action and also support metabolic (Davidow, 1999), cardiovascular, lymphatic, and kidney function for a person with blood glucose dysfunction (Marles & Farnsworth, 1996).

The Comunidad is rich in natural anti-diabetic plants and there is a history of using these plants medicinally and particularly as a food. The most common of these plants include cundeamor (*Mormordica charantia L.*) (Sarcar et al., 1995), zabila (Aloe vera) (Bunyaphatsara, Rungpitarangsi, Yongchaiyudha, & Chokechaijaroenporn, 1996; Ghannam et al., 1986; Yongchaiyudha, Rungpitarangsi, Bunyaphatsara, & Chokechaijaroenporn, 1996), ajo (*Allium sativum*) (Day, 1998), canela (*Cinnamomum verum*), capomo (*Brosimum alicastrum*), and linaza (Enig, 2000; Erasmus, 1993; Fallon, 1995; Michael & Pizzorno, 1997).

Yet, the Comunidad, like much of the indigenous world, is currently caught between the degradation of local habitat containing



**Figure 12. Bitter Melon (*Mormordica charantia* L.), photograph by Meredith Parr (2010).**

indigenous medicines and the resultant loss of traditional knowledge. Many of these plants, like *mormordica charantia* L. (cucurbitaceae), which grew alongside the dirt paths, were all but gone from the village by the 1990's. Others, such as nopale prickly pear cactus (*Opuntia* sp.), while still grown are decreasingly utilized. Still other plants—like breadnut (*Brosimum alicastrum*), which, along with chaya, was a diet staple—are poised to become the next “designer food” for import into the U.S. The breadnut or capomo, as it is known in the Comunidad is rich in amino acids (Brucher, 1969) and used traditionally as a beverage and food for human nourishment to increase lactation in humans and animals alike.

In addition to capomo the local practice of drinking canela (cinnamon) tea every morning, a practice known to lower blood sugar, is all but gone except among some elders and people living in the small ranches of the Comunidad. The Comunidad harvests a variety of products from the *Coco nucifera*, and a tree called the “coquito”, the Cohune Palm (*Orbygnia guacuyule*) not a true coconut, which provides a rich palm oil similar to coconut. Coconut—whose value as a source of essential fatty acids cannot be overestimated (Enig, 1999)—is

left on the trees and is ignored except for its value to tourists. Coconut fat is an especially significant food source since it has served as a major source of high quality fats, rich in lauric and capric acid (Enig, 1999), for indigenous peoples of coastal Mexico. Traditionally the people of Chacala use coconuts as a source of protein and energy, and medicinally for the treatment of protozoal infections. The use of coconuts by indigenous peoples over the millennia has been protective against high blood lipids (Enig, 1999) and cardiovascular inflammation, leading us to wonder how the decline in its use contributes to diabetes and cardiovascular disease (Enig, 1993; Fallon, 1995).

### Development and Changes in Traditional Medicine Practices.

There are conflicts and challenges presented by development and the changes in the medical system. Bertha A. (personal communication, January 9, 2010) begins by sharing a bit about her life and use of herbs as the herbalist for her village and also her status as a community health worker, charged with delivering injections when necessary:

*I am 63 years old. I learned about plants from one of my husband's aunts, Ricarda in Talpuyequé. She was very good at using pure plant remedies. She was a midwife; she helped with my children. Felipe was born in her hands. Felipe, Norma, Etelevina, Bere, all of them were born with her. In order to clean my uterus when I was going to have my kids, she cooked aguüilote; two or three berenjéna leaves and added a spoonful of white honey. That is what she cooked for me instead of pills or antibiotics. You know, doctors give you antibiotics to clean, but she gave me a good tea before breakfast, before having meals. First, she brings your tea in a little jarrito:*



Figure 13. Castor bean flowers (*Ricinus communis*), photograph by Meredith Parr (2010).

*“Here, drink it,” she used to tell me. I’d say: “Hey Ricarda, this tastes terrible and repugnant.” Then she told me, “Go on, drink it because it will clean your uterus and it will be clean, ready for the next baby.” I learned a little bit but it has been helpful. After giving birth to Felipe, Simón (my husband), and my compadre Mariano, went to take some beehives. They brought some huge bottles like this, full of white honey and I am telling you that I had some drinks with that. They used to call it “fat bee” from [the] fat beehive. White honey is very medicinal. We can’t find it anymore because the African bees have killed all our bees.*

*In Talpuyequé there are about 40 persons and only a few people and I use herbs. They say: “Cook estafiate tea” and when kids have a cold, we cook it. I put on them hen fat, for coldness and then ruda, albaca—very good for colds or flu. I place*



Figure 14. Gaho (*Hura polyandra*), photograph by Meredith Parr (2010).

*ruda, albaca, and chicken fat; all that must be fried in a pan and once the fat is boiling, add the herbs, boil it and that’s it. Then place it here and here on the sick kid and the illness goes away. It is a natural remedy.*

*Ricarda used to give massages and she told you how your baby was. If she was fine, if she wasn’t—she knew a lot. There is nobody now. Now everybody goes to the doctor as the government insists that ladies must give birth with the doctor. Before, there were no doctors. Then we had to go with midwives. That is why I am telling you that things have changed a lot.*

Here, as Bertha speaks she becomes animated and angry:

*The government interferes in everything, in everything, because there is no other*



**Figure 15. Doña Bertha, photograph by Amber Cole (2009).**

*help but now there are a lot of doctors. Things have completely changed. Everything changed in a short period, about 20 years. Yes, because with me—Felipe, Lalo, Norma, Etelevina, Berenice—Ricarda helped me with all of them. Then the rest; Emerio too. But I had Francisco Javier and Gustavo at the hospital. When I first went to the doctor, they performed a c-section on me as they said that I could not have my children naturally any longer. I told the doctor: “Hey doctor, but I have had my kids in a natural way with a midwife,” and he said that unfortunately this can’t happen any longer. “You will have c-section.” And they did c-section. Six years later, I had Gustavo and they performed a c-section on me again. We feel so bad with the c-section. Doctors don’t want to wait for a natural birth to happen. I had all my kids in a natural way, except those two last ones. I could not and my feet weren’t useful anymore after the spinal*

*injection. I feel that the spinal injection hurt me a lot. I had been a mom already 6 times. The midwife wasn’t there anymore and I needed help and I said: “Well, the doctor” and I thought that I was going to give natural birth too.*

Bertha and her *comadre* Alicia, while separated by a village a few hours away, carried the influence of Ricarda who taught them both. Alicia was assisting her daughter during *cuarentena* (quarantine), which is rarely practiced now in Yelapa, appearing to have stopped about 1995, whereas it was commonly practiced just as late as 1987. During the post partum period of 40 days the mother and child are isolated and are considered subject to poor health or supernatural influences if they are unprotected. After giving birth, mother and child normally enter a period of isolation and protected activities while women care for them. The new mother limits walking for the first 3 days except to go to the bathroom. During this time Alicia A. (personal communication, April 13, 2010) explained:

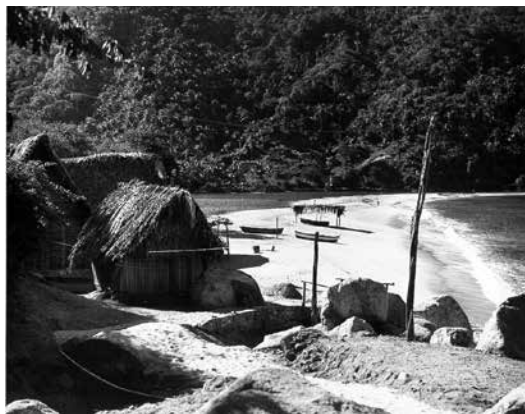
*One starts the morning by drinking a tea of aguilote, berenjena, hierba del golpe, and a little salt. This procedure is designed to clean the uterus. One then eats masa with some cinnamon and panoche (unrefined sugar) and makes small tortillas and drinks atole (a gruel made from fresh masa, water and flavorings—one of the oldest food preparations in México) or champurrado (to support milk flow), taken for nine days. One can also drink capomo (the bread nut roasted, ground, and steeped in hot water), but it is more difficult to find in the lowlands since the trees grow high in the mountainous jungle. The woman does not take a bath for the first three days*



**Figure 16. Yelapa Beach, photograph by Leslie Korn (2001).**

*after giving birth. She covers her head and forehead because the skin pores are open—the covering protects lest punzadas (stabbing pain) from developing behind the eyes or in the ears. The woman does not eat eggs or pork because ingesting those foods causes a bad smell in the body. Only eat meat—carne asada, machacada fried. One does not eat beans so the infant does not develop empacho [indigestion]—it will be healthier.*

*One is in cuarentena for 40 days and during the 3 days puts on medias (thick stockings), and does not have sex. No one practices it now. Now they say if you have [sexual] relations you get empacho. For*



**Figure 17. Yelapa Beach, photograph by Robert Harper (1958).**

*treatment of empacho, immediately following birth, mix a little sugar into manteca de puerco and massage it into the roof of the infants mouth.*

### Conclusion

There is no question that Cabo Corrientes is poised for the next wave of development. The construction of the dam located near Tapulyeque promises to bring water to what is expect to be a sizable influx of foreign populations. That hydroelectric dams inflict environmental havoc is uncontested. If the past predicts the future then a potent period of development investment and sales of land will ensue. Coastline residents did finally accept *Zona Federal* in 2009, which taxes indigenous land ownership. Thus far, the indigenous communities of Chacala and Guasimas have rejected the proposal to develop a biosphere, which was perceived as an incursion into their sovereign rights. Of this, Lucio said:

*I met Dr. Puga [Luz Maria Villarreal de Puga] when she was already very old and she said to me: 'You are very rich; you have over 3,500 flowering plants but your*

*crime is to have kept and preserved all this.' Now, with the proposal for the biosphere they want us to leave in order to bring irresponsible people to finish this.*

*In Manantlán [referring to the reserva Biosfere de Manantlan] people are starving due to the government's mishandling. I asked the government to give me an example of the biosphere decree where people have been removed from their community. Tourism is a poison if it is not controlled, as in the case of Acapulco. That is why operational norms must be established under which certain circumstances people can be allowed in.*

Even as some community members have indeed buried their umbilicus in Cabo Corrientes, its peoples and villages will continue to be buffeted by major development pressures creating even greater demands for traditional healing and traditional medicines. Development, however, will cause the loss of those resources if they go unrecognized and unprotected.

### Acknowledgements

I would like to extend deep appreciation to Dr. Rudolph Ryser who contributed to the section on the political history of the region of west Mexico and whose thoughtful review of this paper enhanced it immeasurably. Dr. Fabio Germán Cupul Magaña of the University of Guadalajara for providing generous assistance in sorting out some of the Latin binomials and for his good cheer and support; to Dra. Esperanza Vargas Jimenez who hosted me at the University of Guadalajara, Coastal Campus in Puerto Vallarta, and to The Fulbright Foundation and La Comisión México-Estados Unidos para el Intercambio Educativo y Cultural (COMEXUS) in Mexico City for

providing me with the opportunity to conduct my research during 2009-2010 and do so with the support of profoundly giving colleagues. I would also like to extend my warmest *agradecimientos* to my colleagues, informants, and friends in Cabo Corrientes, whose generosity of spirit welcomed me into their lives, and who were so forthcoming and trusting in sharing their ideas and feelings.

### References

- Brucher, H. (1969). *Useful plants of neotropical origin and their wild relatives*. Berlin: Springer-Verlag.
- Bunyaphatsara, N., Rungpitarangsi, V., Yongchaiyudha, S., & Chokechajaroenporn, O. (1996). Antidiabetic activity of aloe vera L. juice II.: Clinical trial in diabetes mellitus patients in combination with glibenclamide. *Phytomedicine*, 3(3), 241-43.
- Carmack, R. M., Gasco, J., & Gossen, G. H. (1996). *The legacy of Mesoamerica* (p. 176). Upper Saddle River, NJ: Prentice Hall.
- Davidow, J. (1999). *Infusions of healing: A treasury of Mexican American remedies*. New York: Simon & Schuster.
- Day, C. (1998). Invited commentary: Traditional plant treatments for diabetes mellitus: Pharmaceutical foods. *British Journal of Nutrition*, 80(1), 5-6.
- Enig, M. G. (1993). Diet, serum cholesterol and coronary heart disease. In G. Mann (Ed.), *Coronary heart disease: The dietary sense and nonsense* (pp. 36-60). London: Janus Publishing.
- Enig, M. G. (1999). *Coconut: In support of good health in the 21st Century*. Presented at the 36th Session of Asian Pacific Coconut Community (APCC), Singapore.
- Enig, M. G. (2000). *Know your fats: The complete*

- primer for understanding the nutrition of fats, oils and cholesterol.* Silver Spring, MD: Bethesda Press.
- Erasmus, U. (1993). *Fats that heal, fats that kill.* Burnaby, BC, Canada: Alive Books.
- Instituto Nacional de Estadística y Geografía. (1999). *Anuario estadístico.* Jalisco.
- Fallon, S. (1995). *Nourishing traditions: The cookbook that challenges politically correct nutrition and the diet dictocrats.* San Diego, CA: ProMotion Publishing.
- Ghannam, N., Kinston, M., Meshaal, I. A., Meshaal, T. A., Mohamed, P., Narayan, S. & Woodhouse, N. (1986). The antidiabetic activity of aloes: Preliminary clinical and experimental observations. *Hormone Research*, 24(4), 288-94.
- Marles, R. J., & Farnsworth, N. R. (1996). Antidiabetic plants and their active constituents. *The Protocol Journal of Botanical Medicine*, 1(3), 85-137.
- Michael, M., & Pizzorno, J. (1997). *Encyclopedia of natural medicine.* Rocklin, CA: Prima Publishing.
- Moerman, D. (1998). *Native American ethnobotany.* Portland, OR: Timber Press.
- Sarcar, S., Pranava, M., & Marita, R. A. (1995). Demonstration of the hypoglycemic action of momordica charantia in a validated animal model of diabetes. *Pharmacological Research*, 33(1), 1-4.
- Toledo, V. M. (1995). New paradigms for a new ethnobotany: Reflections on the case of Mexico. In R. E. Schultes & S. von Reis (Eds.), *Ethnobotany: Evolution of a discipline* (pp.75-85). Portland, OR: Dioscorides Press.
- Trujillo, M., Ordonez, A., & Hernandez, C. (2000). *Risk mapping and local capacities: Lessons from Mexico and Central America.* London: Oxfam Publishing.
- Yongchaiyudha, S., Rungpitarangsi, V., Bunyapraphatsara, N., & Chokechaijaroenporn, O. (1996). Antidiabetic activity of aloe vera L. juice I.: Clinical trial in new cases of diabetes mellitus. *Phytomedicine*, 3(3), 245-48.

# Subscribe Today



Peer Reviewed  
Authoritative  
Dependable



# La costumbre de enterrar el cordón umbilical

Leslie Korn

Traducción: María Luisa Arias Moreno

*El turismo es un veneno si no se controla;  
basta ver Acapulco. —Alberto<sup>1</sup>*

## Introducción

Después de dar a luz, las mujeres indígenas rurales del occidente de México entierran tradicionalmente el cordón umbilical debajo de un árbol en la tierra. Este ritual simboliza el plantar raíces en la tierra para su hijo y en la comunidad y, de esta manera, reafirma las conexiones culturales del niño. Esta conexión hereditaria entre la gente y la tierra es la que demuestra la esencia de la cultura humana. Es fácil ver esta relación en la palabra misma. La cultura (*cult* que significa culto y *ure* que significa tierra) vincula la tierra y sus beneficios vitales con la salud y bienestar de la familia, y refuerza las actividades cotidianas y los ritmos de la naturaleza en la vida de las mujeres. Es en la medicina tradicional de los pueblos donde vemos la expresión más plena de cultura. El México del siglo XXI es un lugar de muchas culturas creadas y recreadas como respuesta a las cambiantes fuerzas humanas y ambientales y, no obstante, retiene la profunda conexión cultural entre los pueblos y la tierra ejemplificada en la medicina tradicional y las prácticas curativas. En su compleja geografía cultural México está ricamente favorecido con una diversidad de medicinas tradicionales empleadas tanto por familias urbanas como rurales para tratar la enfermedad y restaurar la salud.

Existe un conjunto considerable de investigaciones científicas convencionales realizadas en los últimos 50 años que documentan y evalúan la medicina y las prácticas curativas

de México. Las prácticas tradicionales del occidente rural de México derivan de las costumbres y creencias espirituales tradicionales de los pueblos indígenas que se han mezclado en épocas recientes con métodos grecorromanos, creencias religiosas y materiales que trajeron los españoles. Estas prácticas históricamente representan un conjunto importante de conocimientos y el poder de las mujeres así como una parte esencial del sistema curativo y de salud del México rural.

Los pueblos de las comunidades indígenas que se encuentran a lo largo de la costa occidental de México construyen y revelan identidades en muchos niveles. Su realidad cultural refleja la dinámica creada y recreada de la vida en comunidad y la práctica de las tradiciones curativas. La investigación que llevo a cabo en el occidente de México que se centra en la práctica de la medicina tradicional por parte de las mujeres reconoce esta diversidad y las “historias ocultas” entre la gente que vive en el México profundo.

En la costa occidental, las comadronas tradicionales, sobadores, curanderos y herbalistas son una parte de la realidad social común. Los remedios caseros se emplean ampliamente en los hogares. Si bien estos importantes practicantes del sistema curativo continúan atendiendo a la población, los rápidos cambios sociales y económicos ocurridos en el occidente de México desde finales de la década de los años setenta han afectado – en muchos casos adversamente – la práctica de la curación tradicional. No se ha examinado detenidamente lo que las curanderas piensan y sienten sobre estos cambios ni lo que significa para ellas per-

---

(© 2012 Leslie E. Korn)

1. Un residente local dado un seudónimo para proteger su identidad.

sonal y colectivamente ni si sus conocimientos continúan siendo una parte del conocimiento comunitario de apoyo ante el rápido cambio social y económico y, por lo tanto, no hay una buena comprensión sobre ello. El presente ensayo tiene como objetivo revelar el contexto y la práctica de la curación tradicional en una comunidad mexicana como la ven y explican las curanderas que continúan teniendo la responsabilidad de tratar a los enfermos y restaurar la salud de familias y comunidades.

### La tierra

Cabo Corrientes es un municipio del estado de Jalisco. Abarca pueblos montañosos en bosques de pino a una latitud de 600 km y aldeas en un bosque verde tropical semideciduo a lo largo de la costa del Pacífico. Es 100% rural y orientado a la subsistencia: el 60% de la población trabajadora está compuesto por trabajadores agrícolas, granjeros y pescadores. Cabo Corrientes tiene una de las infraestructuras menos desarrolladas de todas las municipalidades de Jalisco y de todo México con 50% de la gente sin agua potable, electricidad o servicio telefónico (Estadística Jalisco 1998). Cuando comenzó la planeación para la urbanización en 2000, llegó la electricidad a esta comunidad remota. En la actualidad se encuentra en marcha un gran proyecto de infraestructura para desarrollar la costa – con una enorme presa, la presa Los Panales, planeada para llevar agua a la costa – ostensiblemente diseñado para promover el desarrollo de (eco)turismo de alta categoría en el último territorio virgen de la región.

La región es un microcosmos de problemas crónicos de salud del México rural que cada vez son mayores como son la diabetes, las enfermedades cardiacas, la artritis y el dolor. El patrón de migración bidireccional de los hijos e hijas mexicanos que emigran a Estados Unidos y los turistas estadounidenses jubilados

que en invierno vuelan al sur buscando un clima más templado cambian significativamente la economía y la cultura rural. Asimismo, hay un espectro moderadamente grande de dependencia de las actividades turísticas. Las aldeas, pueblos y comunidades del municipio tienen en común la proximidad de la ruta entre Puerto Vallarta y Tomatlán, y Manzanillo, que en la actualidad se planea que sea la siguiente etapa de desarrollo de infraestructura e inmobiliario a lo largo de la costa occidental.

Cabo Corrientes, y la mayor parte del oeste de México, es montañoso con volcanes activos al sur del estado de Colima y al norte del estado de Nayarit. La región contiene un complejo de nichos climáticos variables, jungla montañosa, ríos y arroyos. La cordillera montañosa de la Sierra Madre pasa por la región ejerciendo presión contra el litoral conforme desciende hacia el sureste. La agricultura y la recolección de alimentos dependen de las estaciones cambiantes que van desde un invierno no muy frío y soleado hasta los meses calientes y secos de abril y mayo, que llevan a un verano y otoño calientes, lluviosos y húmedos.

Como sucede con otras regiones de México, el área de Cabos Corrientes y los alrededores de ésta se encuentran bajo una presión intensa de urbanización. El oeste de México está experimentando varios cambios sociohistóricos que tienen un profundo efecto en la salud psicosociocultural de las familias y comunidades rurales, y que son pertinentes para el enfoque del presente estudio. Estos cambios se entienden mejor cuando se observan a través de un lente interdisciplinario. Éstos cambios incluyen:

- 1) el crecimiento exponencial de la urbanización implementado por los consorcios de organizaciones gubernamentales y el sector privado, y respaldado por investigaciones realizadas en las universidades con

un énfasis especial en la promoción del desarrollo sustentable y del ecoturismo;

- 2) la aceleración de los acuerdos sobre la tenencia de la tierra y las relaciones jurisdiccionales entre las comunidades indígenas, los ejidos y el gobierno federal que ha dado como resultado un aumento en la venta de tierras a intereses particulares;
- 3) una tentativa de reconocer y promover la forma de vida de los pueblos indígenas y rurales, y sus contribuciones a la cultura local de la región, relacionada con el crecimiento del turismo sustentable y la tendencia a vacaciones “basadas en la cultura”;
- 4) la designación federal reciente de sitios protegidos donde existen recursos naturales en la región de Cabo Corrientes (que naturalmente se encuentran entre los más ricos del país y moderadamente mermados por la extracción);
- 5) la creciente oferta y uso de la medicina complementaria y alternativa a menudo integrada con la medicina tradicional y la alópata, y
- 6) todos estos cambios coexisten con una población que está envejeciendo y con tasas epidémicas de enfermedad crónica que exigen innovaciones en la salud pública con el fin de ocuparse de la atención a las poblaciones desatendidas.

Si bien existe un amplio conjunto de obras sobre el alcance de la medicina tradicional en gran parte de México, existen relativamente pocas investigaciones sobre medicina tradicional que se centren en el occidente rural de México. Ninguna de las investigaciones existentes ha mejorado nuestra comprensión de las opiniones que tienen los hombres y mujeres

nativos como practicantes de la medicina tradicional en el contexto de sus sistemas personales. Ha habido investigaciones arqueológicas y etnobotánicas bien hechas. Ynes Mexia llegó por barco en 1926 y se fue en canoa a Quimixto, donde identificó la planta hierba de arlomo (*euphorbia mexicae* Standl.), a la que se dio ese nombre por ella. Joseph Mountjoy ha llevado a cabo investigaciones arqueológicas en la región y arrojado luz sobre la cultura y las prácticas materiales. La Estación de Biología Chamela, 60 km al sur de Cabo Corrientes, ha producido un volumen prodigioso de investigaciones que documentan la flora, fauna y mamíferos de la región con miras a la conservación y la educación. Esta investigación ofrece un pequeño complemento a ese amplio conjunto de conocimientos, uniendo la diversidad cultural con la diversidad biológica.

En la época moderna, la práctica de la medicina tradicional durante mucho tiempo ha sido una actividad de la gente pobre y, por ello, si bien no es por completo invisible, la sociedad metropolitana circundante no encomia generalmente los sistemas de medicina tradicional. En años recientes, sin embargo, la práctica creciente de la Medicina Complementaria y Alternativa (MCA) – en muchos aspectos un campo que puede considerarse medicina tradicional “secularizada” o despojada de su contexto cultural – coincide con un creciente reconocimiento oficial de las prácticas tradicionales por parte de los organismos gubernamentales. La homeopatía es una MCA importante integrada al sistema de salud nacional mexicano. Como se observó anteriormente, las parteras tradicionales, los sobadores, los curanderos y los herbalistas continúan atendiendo a las comunidades rurales incluso cuando los remedios caseros todavía se usan en los hogares de Cabo Corrientes. No obstante, como es evidente en Estados Unidos entre los sanadores tradicionales, las investigaciones

y la información empírica en México sugieren una tendencia significativa en los pacientes y sus médicos a no comunicar de manera eficaz su empleo de hierbas o productos. No sólo esta tendencia mantiene la invisibilidad de las prácticas tradicionales, sino el que no se mencione la ingestión o uso de medicinas tradicionales puede causar problemas de interacción entre los nutrientes, las medicinas y las hierbas.

El envejecimiento demográfico en México está creciendo rápidamente. La diabetes es la causa principal de mortalidad en México entre los adultos de 55 a 64 años. La incidencia de enfermedades crónicas en general, incluidas las enfermedades físicas y las mentales, está aumentando, lo que representa una carga cada vez más pesada para el sistema público de salud. El cálculo aproximado de 17 millones de casos de trastornos mentales en el año 2000 refleja un aumento del 62% en comparación con los 15 años previos. La depresión es comórbida en numerosas enfermedades somáticas (tanto como marcador como factor de riesgo); también figura bidireccionalmente en el dolor crónico, la diabetes y en las enfermedades cardiovasculares. Los reformadores de la atención médica mexicana reconocen la necesidad de integrar los servicios de salud mental y física de manera más eficiente. En algunas regiones, la integración de los que practican la medicina tradicional ya la coordina el Instituto Mexicano del Seguro Social (IMSS).

Si bien hay un uso extendido de la medicina tradicional en la costa de la región occidental de México, no se entiende muy bien el denominado sistema informal de salud así como el efecto que el rápido cambio social y ambiental tiene en su práctica. Se marginaliza a las mujeres que tradicionalmente practican la medicina tradicional y son curanderas, y no se alienta a los jóvenes a usar los sistemas curativos tradicionales. Muchos de los jóvenes

de la región se encuentran desproporcionadamente representados en la migración al norte, lo que precipita la pérdida de los jóvenes que podrían seguir los pasos de su madre (o padre) para sustituir a los curanderos. No se ha hecho todavía un esfuerzo sistemático por integrar el número bastante considerable de mujeres que proporcionan servicios comunitarios de salud al sistema de salud rural. Estas curanderas rurales están preparadas para desempeñar un papel importante en la atención de los individuos para los que el autocuidado es la clave para una buena calidad de vida, la clave de un buen tratamiento de las enfermedades crónicas que requieren el impulso cotidiano de la salud y el apoyo comunitario para el autocuidado. Estas curanderas representan una fuente significativa de conocimientos prácticos y empíricos que pueden complementar las iniciativas de salud pública. Además, con el crecimiento relacionado del “turismo cultural” y el interés popular en la medicina tradicional, es probable que las mujeres de esta región participen cada vez más activamente en el papel de proporcionar atención a los visitantes o de educarlos. Un método rentable para proporcionar apoyo al cuidado crónico se puede llevar a cabo apoyando a los curanderos comunitarios y, con ello, darles poder. Dicha iniciativa debe fomentar también la sustentabilidad de los recursos naturales y culturales que proporcionan la fuente para la curación (por ejemplo, las plantas, animales y alimentos tradicionales). Este enfoque también alienta la continuidad cultural y la sustentabilidad de la diversidad ambiental que son tan fundamentales para la salud y el bienestar de los ciudadanos rurales.

### Ubicación

La cultura de la Comunidad tiene sus raíces en la influencia de 2500 años de lo que denominan ahora los investigadores modernos la Tradición Teuchitlán y el dominio de 400 años

## La costumbre de enterrar el cordón umbilical

de los purépechas en la parte oriental del oeste de México. Se dice que la Tradición Teuchitlán empezó en 1,500 a. C. en la zona de los lechos de los lagos al oeste de lo que ahora es Guadalajara.

La región probablemente tuvo la influencia de la cultura olmeca en el sureste de México y de 3,000 años de relaciones comerciales con lo que ahora es la costa occidental de Ecuador. El comercio entre los pueblos de la tradición Teuchitlán (en lo que es ahora la parte central del estado de Jalisco) y después entre los purépechas (en lo que es ahora el estado de Michoacán) con los pueblos de lo que es ahora la costa de Ecuador (Manteña en la Provincia de Manabí) lo confirma la muestra de textiles, la fabricación de metales, la cerámica y las prácticas funerarias en tumbas de tiro así como la presencia de alimentos originarios de ambos lugares. Al construir una sociedad centralizada gobernada por un jefe tribal que vive en palapas redondas y ciudades circulares en la ribera de los lagos, la cultura hacía hincapié en los rituales y las ceremonias cívicas, el culto a los ancestros y la organización del poder personal en torno a la práctica de acumulación de bienes y distribución ceremonial de presentes.

La civilización del oeste de México es diferente de las sociedades que se encuentran en el Valle de México o en las regiones mixe, zapoteca y maya en el sur, aunque las prácticas rituales, ceremoniales, calendáricas, matemáticas y muchas agropecuarias y sociales colocan a las culturas en evolución del oeste de México dentro de la civilización más amplia que conocemos como Mesoamérica. El comercio en la costa occidental incluía la adquisición de las hermosas conchas de ostra del género *Spondylus* cerca de la costa del actual Colima, al sur de Jalisco. La concha de esta ostra era tan apreciada por los pueblos de los Andes en Perú que se hacían grandes esfuerzos por adquirir cantidades abundantes con el fin

de usarlas para hacer dijes y la concha finamente molida para espolvorear el sendero para el inca que hablaba quechua sentado en una plataforma que llevaban de cuatro a seis cargadores. El comercio incluía textiles de lana de alpaca que se usaban como ropa y como cobijas, cerámica para colocarlas en las tumbas de tiro, frijoles, maíz y perros sin pelo que se llevaban de norte a sur en barcas de madera de balsa por una ruta en mar abierto de 6,440 kilómetros, y el conocimiento tecnológico (incluida la fundición de cobre y plata) así como anzuelos, agujas y joyería. Esta relación continuó hasta 1529 cuando los españoles invasores trastocaron las civilizaciones basadas en los toltecas y los mayas de México y, dos años después, las civilizaciones a lo largo de la cordillera andina. La devastación causada por el avance de la viruela, la influenza, la tifoidea, la viruela bovina, las paperas y otras epidemias bacterianas y virales combinadas con las acciones militares facilitadas por dichas enfermedades, ocasionaron el colapso económico, cultural y social en 1521.

Alrededor de la época en que las sociedades complejas de todo el continente americano estaban experimentando estrés y se derrumbaban, la Cultura Teuchitlán se detuvo alrededor del 700 d. de C. En un tiempo relativamente corto, dicha cultura se transformó empezando alrededor del 1300 d. de C. en el estado tarasco que se formó completamente para el 1350 d. de C. El imperio tarasco gobernó una gran parte del oeste de México antes del imperio azteca y de manera contemporánea a éste. Se situaba en el elevado valle de lo que es ahora el estado de Michoacán con su ubicación principal de poder en Tzintzuntzan en el lago de Pátzcuaro al sur de la ciudad de Guadalajara. El denominado imperio tarasco reinó por 175 años y llegó a su final en 1525 cuando los invasores españoles tomaron Tzintzuntzan.

A pesar de su intensa cultura militar, los

mexicas del imperio azteca del Valle de la Luna no lograron invadir el territorio tarasco y, por consiguiente, se les impidió que tomaran control de territorios que a la larga incluyeron la mayor parte de Michoacán, partes de Jalisco, Guerrero y Colima. A los tarascos los sometieron lentamente los españoles, aunque la cultura tarasca continúa teniendo una fuerte influencia en Michoacán hasta la fecha. Después de trescientos años de gobierno de la corona española, se declararon los Estados Unidos Mexicanos en 1820, lo que ha producido una mezcla de influencias tanto fuertes como débiles en el occidente de México en los últimos 185 años.

El gobierno de los Estados Unidos Mexicanos en la Ciudad de México, Distrito Federal reconoce a la Comunidad Indígena de Chacala como una entidad semi-legal con una posición que antedata la formación del estado mexicano en 1821. El gobierno del estado de Jalisco y el gobierno municipal de Tuito se sienten menos inclinados a reconocer la posición política de la Comunidad.

### **La Comunidad Indígena de Chacala**

La Comunidad Indígena de Chacala, y en realidad toda la región de Cabo Corrientes y los distritos de Colima, Jalisco y Nayarit tienen raíces muy marcadas en una cultura rica y muy diferente de otras partes de México. Sólo unos cuantos investigadores han observado en los últimos cien años la cultura del oeste de México<sup>2</sup> y poco reconocimiento público se le otorgó hasta finales de la década de los noventa. Esta cultura se caracteriza por ser independiente, por la protección belicosa del acceso a la tierra, la propiedad comunal y

porque la identidad individual estaba asociada a la identidad de la comunidad. Los pueblos de esta cultura poseen un fuerte sentido del culto a los ancestros, la ceremonia social y el ritual asociado con mantener la unidad civil, y los rituales relacionados con acontecimientos estelares, lunares, solares y planetarios. Tradicionalmente hacían un uso equilibrado de las plantas silvestres y cultivadas, y los animales domesticados y salvajes, y compartían la riqueza de una manera distributiva conectada con los banquetes y la redistribución de la riqueza.

A diferencia de la mayor parte de otras regiones de México, no se ha explotado a esta cultura para beneficio comercial ni la población hispánica dominante confiscó la cultura. De hecho, la población hispánica ya sea española o criolla casi ha hecho caso omiso de la cultura de esta región en general. Puesto que no se han hecho grandes descubrimientos arqueológicos en forma de grandiosa arquitectura monumental en la región, la actitud general del gobierno, los estudiosos y los turistas ha sido que no hay cultura en el occidente de México y, en verdad, ya no hay ahí pueblos indígenas a excepción de los huicholes extremadamente independientes, pero muy comercializados (wixárika es como se denominan a ellos mismos). Aunque no se le explota de esta manera, la cultura del occidente de México (que generalmente incluye los estados de Nayarit, Jalisco, Michoacán y Colima) ha experimentado una intensa presión motivada e iniciada externamente para que imponga valores hispánicos a la cultura histórica. A pesar de los esfuerzos metropolitanos por proclamar el occidente de México y la Comunidad Indí-

---

2. Adela Bretón, artista británica, llegó a Guadalajara en 1895 interesada en las antigüedades y se convirtió en la primera estudiosa seria que investigó la esencia de las antiguas culturas del occidente de México. Debido a su trabajo, los investigadores comenzaron a expresar un mayor interés en el occidente de México en la década de los años cincuenta y, finalmente, se realizó una publicación en 1998 como parte de una exhibición en el Instituto de Arte de Chicago. El libro, *Ancient West Mexico, Art and Archaeology of the Unknown Past*, editado por Richard F. Townsend lo publicó la editorial Thames and Hudson.

gena de Chacala como muerta culturalmente y *terra nullius* en función de una población indígena, la región es muy rica tanto en su cultura como en pueblos indígenas.

El municipio de Cabo Corrientes se fundó en 1944 y el señor Coronel J. Encarnación Ahumada Alatorre fue electo como primer presidente de éste. El municipio integra 14 ejidos, 42 localidades y 2 delegaciones. La cabecera del municipio se encuentra en El Tuito e integra 5 comunidades indígenas (de las Guasimas, de Llano Grande de Ipala, de Sta. Cruz del Tuito, de Chacala y Del Refugio). El señor José Claro Ramos Chavarín, de la aldea de Chacala, fue electo como el primer presidente de la Comunidad Indígena de Chacala en 1945 (Doña Alicia, comunicación personal, 9 de diciembre de 1999). La elección fue un proceso puramente formal para seleccionar para un cargo electivo a la misma gente que normalmente gobernaría bajo el sistema de jefes de una familia gobernante. Como había sólo un partido político (El Partido de la Revolución Institucional [PRI]), no había política partidista. Los señores gobernaban la comunidad, lo que se complementaba con la realización de tomas de decisiones mediante asambleas de la aldea o comunidad hasta 1985 (A. B. Cruz, comunicación personal, 27 de enero de 1999). Con la institución de “elecciones de partidos” en la década de los años ochenta, la autoridad decisoria cambió de las personas de la comunidad que tradicionalmente tomaban las decisiones a aquellos funcionarios electos que representan al PRI, PAN, PRD y PT, todos ellos con ideologías formadas en la Ciudad de México. Lo que había sido un sistema de política de consenso se convirtió en una “política mayoritaria”, lo que dio como resultado la formación de divisiones en la

comunidad y de rupturas ideológicas dentro de las familias y entre éstas.

Las presiones económicas y sociales introducidas en la Comunidad por el rápido crecimiento de Puerto Vallarta en los últimos veinticinco años han tenido una repercusión significativa a nivel de la autonomía, la autoestima, el ausentismo, y el uso creciente y abuso del alcohol y las drogas. Conforme la economía, el desarrollo externo y las influencias políticas se volvieron evidentes en la década de los años setenta, Puerto Vallarta se convirtió en un foco central económico para los urbanistas e inversionistas. Durante este periodo (1960-1990) la población creció de 30,000 a más de 300,000, lo que transformó a un área relativamente inaccesible en un centro turístico internacional en menos de veinte años y, de manera más particular, en la década de los años ochenta<sup>3</sup>.

Hasta finales de la década de los años ochenta un partido político dominaba la política mexicana: el Partido Revolucionario Institucional (PRI). Bajo una presión considerable de parte de Estados Unidos y con la ayuda del Partido Republicano estadounidense, el Partido de Acción Nacional (PAN) se creó con integrantes del PRI, particularmente los que estaban relacionados estrechamente con los negocios, los urbanizadores, la banca y la agricultura. Poco después el Partido de la Revolución Democrática (PRD) y el Partido de los Trabajadores (PT) se organizaron más y se volvieron más visibles, y la Comunidad Indígena de Chacala, como otras comunidades indígenas, de pronto se dividió por la introducción de ideologías políticas divisorias representadas por el sistema multipartidista. Donde era posible operar en relación con el PRI sin perturbar la cohesión interna de la Comunidad (la política

---

3. El rápido desarrollo de Puerto Vallarta llegó a su máximo en 1985 con el resultado de que se expandieron las nuevas presiones de urbanización a otras comunidades en torno a Bahía de Banderas. Yelapa ha recibido una atención particular debido a su amplia playa protegida.

del PRI no requería que se logaran acuerdos mayoritarios para obtener soluciones), se tornó imposible obtener la cooperación y el consenso de las Asambleas de la Comunidad, cuando cuatro ideologías políticas rivales remplazaron a las familias como realidad política central. Esto resultó especialmente importante cuando fue evidente que las ideologías se habían formado por completo en la Ciudad de México y en Guadalajara, pero no tenían ninguna raíz en la Comunidad. Los papeles bien definidos que tenían los hombres y las mujeres de la Comunidad comenzaron a cambiar. Los integrantes de ésta expresan consternación cuando consideran cómo han cambiado los papeles de los hombres, las mujeres y los jóvenes como resultado de los cambios económicos. Santiago Cruz (comunicación personal, 2 de marzo de 1999) hizo la siguiente valoración:

*Los jóvenes no trabajan como los ancianos. Los ancianos se esfuerzan más; sienten más apego a la tierra. Los jóvenes trabajan por trabajar, sin amor; gastan imprudentemente y lo malo es que ahora para trabajar la tierra, ya no se necesita a los ancianos, sino sólo a los jóvenes<sup>4</sup>.*

El ingreso y dominio creciente de una economía monetaria que mina a la familia extensa y fomenta la familia nuclear han distorsionado los papeles tradicionales en la Comunidad.

*Las divisiones de clase son cada vez más evidentes, en tanto que la existencia de tales distinciones virtualmente no existía veinte años antes. A los que están participando en la economía turística, a los que participan en las transferencias de drogas, a los que*

*han recibido dinero de familiares que están en Estados Unidos o se han ido a Estados Unidos por periodos extensos les va mucho mejor que a aquéllos (la mayoría de los cuales viven río arriba) que siguen viviendo en patrones económicos y de consumo más tradicionales. La brecha económica entre los que tienen mucho y los que no tienen nada ha aumentado las tensiones en general entre gente que antes por lo menos tenía sustento.*

Al reflexionar sobre la época anterior a este cambio acelerado, José García Lorenzo (comunicación personal, 28 de enero de 1999), oriundo de Yelapa, de 64 años, hizo estas observaciones durante una entrevista para el presente estudio:

*En la actualidad si uno tiene dinero come, si no tiene dinero no come. Todo es más difícil. Ahora la gente se mantiene solamente del turismo. La playa es muy pequeña y todos desean hacer negocio ahí y todos compiten. Hay mucha envidia y muchos chismes en todas partes<sup>5</sup>.*

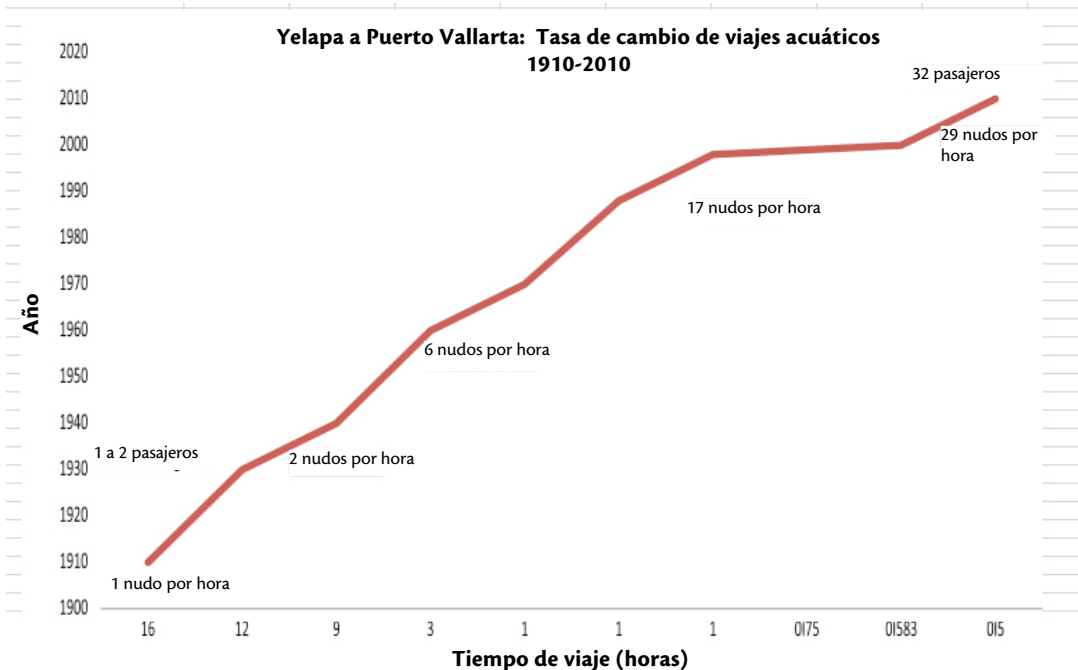
La dependencia creciente de las economías monetarias y de mercado que brindan las urbanizaciones en Puerto Vallarta ha afectado drásticamente el sustento de la gente de la Comunidad. Las familias que viven en las cinco aldeas de la Comunidad antes tenían jardines para alimentar a sus integrantes de lo que cultivaban y cuando se querían otros bienes la gente los intercambiaba con sus vecinos o entre aldeas.

Hernán Cortés realizó una sola expedición por tierra y por mar por la costa occidental en 1529. Aparentemente no entró a Bahía de

4. Entrevista a Santiago Cruz, 2 de marzo de 1999. Aldea de Yelapa, Comunidad Indígena de Chacala.

5. Entrevista con José García Lorenzo, 28 de enero de 1999. Aldea de Yelapa, Comunidad Indígena de Chacala.





Figuro 1: Yelapa a Puerto Vallarta: Tasa de cambio de viajes acuáticos, par by Rudolph Rjser y Leslie Korn (2010)

Banderas. En 1797 Don Juan Matute de la Armada Española hizo una visita por mar a la bahía en la que usó mapas costeros que tenían anotadas las ubicaciones de Yelapa, Quimixto, Tomatlán, Mismaloya y Los Arcos. La Corona española y la Iglesia católica romana aparentemente fueron las principales influencias externas modernas aparte de las comunidades indígenas vecinas hasta el 12 de diciembre de 1851, cuando la aldea de Las Peñas (que después cambió su nombre a Puerto Vallarta) se fundó en el extremo oriental de la bahía. El gobierno de México autorizó el uso de 19,311 hectáreas de tierra para la explotación minera en el área. La plata, que habían extraído por lo menos por 1,000 años los pueblos indígenas, fue el motivo principal de este esfuerzo<sup>6</sup>. Digno de mención, el centro de explotación de la plata que fue San Sebastián del Oeste hace

poco se designó reserva de la biosfera como parte del plan costero para separar las áreas históricas de las ambientalmente frágiles. La Secretaría del Medio Ambiente y Recursos Naturales (SEMARNAP) es el organismo ecológico federal encargado de este proceso; sin embargo, el organismo no tomó en cuenta a los pueblos indígenas durante este proceso en el sur, en Michoacán y en toda la costa occidental.

La Comunidad Indígena de Chacala tiene una población estable de unas 1,800 personas según el censo. Esta región se encuentra geográficamente en una confluencia de montañas y mar que ha recibido a visitantes del norte y del sur, y un número inferior del este por miles de años. La vasta mayoría de los integrantes de la Comunidad son descendientes de pueblos indígenas del oeste de México,

6. *Crónica del Tiempo 1851-1997*, Parte I. La Comunidad exige ahora su estatus específico y único por derecho de ocupación original y por derecho otorgado por la Corona española.

especialmente de los purépechas. De 100 hasta 200 personas provenientes de Estados Unidos, Canadá y Europa son residentes temporales o semipermanentes (primordialmente en la aldea de Yelapa) de la Comunidad. Las aldeas principales incluyen a Yelapa, Quimixto, Chacala, Las Ánimas y Pizota, y los ranchos más pequeños incluyen Tecuani, Guayabo Alto, El Algodón y Mascotita. La comunidad originalmente estaba formada por 750 comuneros y se encuentra ubicada al suroeste de Puerto Vallarta con una carretera que lleva a la aldea de Chacala (a cuatro horas de camino a pie de Yelapa) y con taxis acuáticos que diariamente hacen viajes de ida y vuelta a Puerto Vallarta.

La velocidad de cambio de desarrollo a menudo está relacionada con el estrés de desarrollo. Por lo tanto el ritmo puede verse en el contexto del tiempo en la que se necesita un individuo para atravesar la bahía en barco desde el pueblo de Yelapa a Puerto Vallarta. En 1925, uno navegaba en una canoa pequeña con una vela. En 1970, un motor de 40 caballos de fuerza propulsó una pequeña panga sobre las olas en aproximadamente 2 horas y hacia el año 2000 el viaje duro 35 minutos (vea la tabla en la página anterior).

La Comunidad en parte es autónoma, aunque una gran parte de la autoridad para la gobernabilidad la asume cada vez más el Municipio de Cabo Corrientes en el pueblo de Tuito (a ocho horas a pie de distancia de Yelapa a lo largo del río Tuito).

En 1982 yo (la primera autora) me reuní con Rosolio Lorenzo García, que tenía 82 años cuando me contó su historia sobre la aldea de Yelapa:

*Fue en 1910 cuando poblamos la aldea. Sólo había sesenta y cinco habitantes en total. Nadie, absolutamente nadie más estaba aquí. Entonces yo tenía diez años y ahora tengo 80 u 82. Han pasado 72 años*

*desde entonces. Nos ganábamos la vida con la pesca y un poco con el aceite (de coco). Esa era la fuente de ingresos de nuestros padres y, como hijos suyos, continuamos trabajando en lo mismo. Todo era tan barato. El aceite costaba cinco centavos el kilo y a los hombres se les pagaba veinticinco centavos por un día de trabajo. El maíz costaba un peso por sesenta kilos. Era increíble. Íbamos a San Blas en veleros cuando el viento era favorable; si no, usábamos los puros remos. La vida era realmente dura en esa época y ese era nuestro modo de vida hasta que llegó el mundo agrario. Cuando eso pasó, un terrateniente rico nos quitó un terreno fértil. Hubo una guerra de 1914 a 1918, y después de la guerra hubo paz por diez años. Pero fue difícil, porque la gente no compraba nuestros productos y fue aún más duro ganarse la vida. En 1928 el gobierno le quitó la tierra a los terratenientes y se la regresó a los campesinos, y todo eso me pasó.*

Y otro informador, cuyo padre fue uno de los miembros fundadores, da más detalles:

*En 1935 Yelapa era un ranchito de unas 13 casas. Unas 13 familias "fundaron" Yelapa. No había mucho trabajo, excepto hacer aceite de coco de los cocos pequeños. La agricultura consistía en frijoles, maíz, café y calabaza. Tomaba entre 4 y 24 horas ir a Puerto Vallarta, dependiendo del viento, y tomaba unas cinco horas ir en caballo a Ciudad Tuito. Tuito era un centro más grande, no como ahora. Yelapa siempre fue un refugio para los camareros. Los primeros extranjeros comenzaron a llegar en 1947 ó 48. Para 1950 había unas 75 personas viviendo en Yelapa en unas 25 casas. La mayoría de los extranjeros comenzaron a llegar después de 1960 y los*

## La costumbre de enterrar el cordón umbilical

*turistas comenzaron a llegar a mitad de los años setenta y ochenta (A. B. Cruz, comunicación personal, 27 de enero de 1999).*

### Yelapa

Yelapa, que es uno de los escenarios principales de nuestra investigación, es una aldea pequeña del estado de Jalisco, ubicada entre una latitud máxima de 20°30' y una latitud mínima de 20°15', y una longitud máxima de 105°30' y una longitud mínima de 105°15'. Se encuentra en la costa sur de la Bahía de Banderas aproximadamente a 40 minutos por barco del suroeste de Puerto Vallarta en la desembocadura del río Tuito. Es parte de la zona tropical subhúmeda. Yelapa se encuentra en el corazón del bosque tropical. En Yelapa la precipitación pluvial asciende a 1200-1400 mm entre mayo y octubre, y a 50-75 mm durante un periodo de escasas lluvias de cinco meses entre noviembre y abril. Las temperaturas pueden variar de 20°C a 28°C (60°F a 85°F). Apartada en las faldas de las salientes volcánicas inclinadas que se extienden desde las montañas más altas, Yelapa yace dentro de una extensión de bosque tropical seco que tiene un follaje de tamaño medio. Es parte del bosque tropical semidecíduo que se encuentra a lo largo de la costa oeste del Pacífico.

El bosque tropical semidecíduo (también conocido como bosque siempreverde estacional, bosque semidecíduo húmedo, bosque decíduo tropical de árboles altos) ocupa aproximadamente 4% del territorio mexicano y prospera en altitudes que van desde el nivel del mar hasta los 1300 metros. La humedad atmosférica por lo general es alta y el factor más importante en la evolución de este tipo de bosque es la distribución de precipitación en todo el año.

La dispersión de este tipo de vegetación es difícil de cartografiar, puesto que forma complejos mosaicos con el bosque tropical

decíduo y otros tipos de vegetación. El bosque tropical semidecíduo no puede clasificarse ni como siempreverde ni como decíduo, más bien se encuentra entre estos dos tipos de bosque. Desde una perspectiva fisiológica y estructural, el bosque semidecíduo es más similar a los bosques siempreverdes, mientras que desde una perspectiva fenológica, es más similar al bosque decíduo. Durante los meses de precipitación, la vegetación es verde, aunque durante la temporada de sequía la mitad de los árboles en los bosques tropicales semidecíduos pierden sus hojas cuando están aletargados, mientras otros árboles siguen siendo verdes o sólo pierden sus hojas por un periodo corto.

La vegetación en el bosque tropical semidecíduo es parte del reino neotropical. En el bosque tropical semidecíduo, durante más de la mitad del año, el suelo del bosque tropical es oscuro, similar al de los bosques siempreverdes, mientras que durante la sequía, cuando algunos de los árboles pierden sus hojas, se abren en el follaje del bosque espacios de luz que permiten que crezcan y florezcan otras flores; la mayoría de los árboles de esta comunidad florecen durante la sequía.

El bosque tropical semidecíduo es denso con especies cuya altura varía de 15 a 40 m. Un árbol típico de este bosque es el guanacaste (*Enterolobium cyclocarpum*) o parota. Se usa tradicionalmente para hacer canoas y muebles. Sus semillas se tuestan enteras, se muelen como alimento, se consideran "excelentes" cuando las semillas completas se asan a la parrilla con melaza. Su savia, que se encuentra bajo la corteza, se mastica como goma de mascar y la corteza de parota cuando se machaca y se lanza al río envenena a los peces lo que facilita pescarlos. El sotobosque de los árboles más pequeños (de 5 a 8 m), debajo del follaje, cubre aproximadamente 50% del bosque y, por lo general, está compuesto de plantas de hoja perene. Las palmeras son comunes a lo

largo de la costa. En el bosque tropical semidecidual muchas especies de árbol, por lo general no más de cinco, comparten el dominio; sin embargo, a veces sólo una especie de árbol es dominante. Por ejemplo, en Cabo Corrientes el capomo (*Brosimum alicastrum*), que puede crecer hasta 35 m de alto, formaba comunidades densas antes de la extensa tala indiscriminada y otros ataques que después llevaron al desarrollo de una capa de arbustos. El desagüe es rápido en el bosque, aunque puede haber inundaciones. La tala del bosque ha contribuido a que aumenten las inundaciones en la época de las lluvias estacionales. Las vacas lecheras y los bueyes dominan el paisaje abierto; las cosechas que se han introducido, incluidos el maíz, los frijoles, la caña de azúcar, el ajonjolí, el arroz, la naranja, la lima, el mango y la piña se agolpan contra la jungla.

El bosque es tan rico en insectos y animales como en vida vegetal. En el bosque de Chamela, exactamente al sur de la comunidad, se han identificado 288 especies de abejas, abejorros y avispas. Antes de que las abejas africanas procedentes de América del Sur invadieran la región, la miel de las abejas locales, y en especial la codiciada miel blanca, era un importante remedio usado para enfermedades oftálmicas. La mayor diversidad de escorpiones se encuentra aquí junto con la “tarántula de patas rosadas” (*Brachypelma klaasi*). Normalmente se puede ver al escorpión rayado (*Centruroides elegans*) de hasta 7.5 centímetros de largo merodeando en zonas húmedas y frías con sus crías en la espalda mientras come arañas, ciempiés, moscas y escarabajos. Se sabe que su picadura ha matado a infantes. El enemigo alerta del escorpión es la vinagrilla de patas largas y cuerpo ancho, siempre esperando silenciosamente en lugares ocultos, oscuros y húmedos. A la vinagrilla se le llama también madre de alacrán; tienen una apariencia temible, pero en realidad son

gentiles e inofensivos, comen muchos insectos y, por supuesto, escorpiones. Existen tratamientos tradicionales variados y complejos para las picaduras de escorpión y por supuesto también el antiveneno que a veces es útil y a menudo, problemático. Lucio, ahora en sus últimos años de 50, (comunicación personal, 12 de diciembre de 2009) relata una historia en la que revela el tratamiento de su abuela:

*Mi abuela solía curar las picaduras de escorpión con excremento de caballo. Ponía el excremento en agua, mientras más fresco, mejor, y se producía un antídoto contra el escorpión. Se debe exprimir en agua y beberlo como un suero anti-escorpión. El suero anti-escorpión real se produce con sangre de caballo. Una noche, cuando tenía dos años, estaba yo con mis padres mientras preparaban un viaje en canoa a Vallarta. Me picó un alacrán, se le avisó y ella viajó toda la noche recolectando plantas en el camino, y después preparó una bebida en la que remojó en agua estiércol fresco de caballo y lo coló bien.*

Dio a Lucio la bebida. Lucio dice que ella le salvó la vida esa noche.

Existen muchas plantas y animales que se identifican y se usan para la picadura de alacrán. Por ejemplo, es común que después de una picadura, se corte la panza del escorpión y se ponga sobre la picadura. José García Lorenzo contaba que se cocina la quichi (*Ctenosaura pectinata*) (también conocida como iguana negra, garrobo, iguana de cola espinosa) y se bebe el caldo para tratar las picaduras, en especial si están acompañadas por fiebre y entumecimiento. La planta llamada chaya (*Cnidoscolus aconitifolius*) también se usa como té y como cataplasma para tratar las picaduras. Las hojas son ricas en antioxidantes y minerales, como el calcio, fósforo, magnesio

y hierro, las vitaminas A, B, y C, la clorofila, lo que puede explicar sus poderosos efectos antiinflamatorios. La planta común a menudo crece fuera de las casas. La citronela (*Cymbopogon citratus*) se usa como té para tratar las “espinas” o el entumecimiento que resulta de la picadura. Blanca Alvera hace un té de la corteza del papelillo (*Bursera simaruba*) y le añade canela. El ubicuo papelillo de corteza roja, también conocido como gumbo-limbo, lo usan supuestamente las brujas para hacer el bien y el mal, aunque nadie se atreve a explicar cómo. También se le llama el “árbol gringo” porque la corteza se parece a la piel de un turista que ha permanecido mucho tiempo al sol.

A lo largo de la costa de Cabo Corrientes existen 87 especies de anfibios y reptiles, incluidos los sapos, ranas, salamandras, ajolotes y cecilias (un anfibio sin patas que a menudo se confunde con una serpiente). En los bosques los sapos y las ranas salen a cantar impresionantes canciones de apareamiento durante la temporada de lluvias. Es común escuchar croando al sapo jaspeado (*Incilius marmoratus*). No es de extrañar que éstos sean tanto los mensajeros del cambio ambiental para la gente local como ayudantes en la medicina tradicional. Sobre esto Santiago Cruz (comunicación personal, 30 de junio de 1983) cuenta la siguiente historia:

*Sólo puedo hablar un poco sobre lo que sé de la naturaleza. Si hablamos del lenguaje de los animales, ellos también pueden hablar como nosotros. Tenemos un dialecto, una forma de hablar, y ellos tienen la suya. Y así como nosotros podemos aprender nuestro dialecto si nos damos a la tarea, podemos aprender el suyo, su forma de comunicación. Hay un animal que siempre se me anuncia cuando las aguas (las lluvias) van a llegar. Ese animal es el*

*sapo. Hay muchas clases de sapos desde los más grandes hasta los más pequeños. Cuando las aguas van a llegar los pequeños emiten un sonido que es como sst. Ese es su sonido. Cuando la lluvia llega hay otro tipo de rana llamada gasparroca. Es una rana que tiene rayas como clavos dorados en el cuerpo. Estas ranas viven en los huecos de la madera, en ramas, y emiten esos sonidos cuando viene la lluvia. Su sonido es un poco diferente. Mi abuelo me decía que hay esta gran planta que crece cerca de donde estas ranas hacen su hábitat y, cuando hay una sequía, uno corta un pedazo de esta planta cerca de donde se encuentra la rana. Ahí ruega uno para que haya lluvia e invariablemente la lluvia sí llega. Se trata de un sacrificio. El sacrificio se debe hacer sólo cuando hay una verdadera necesidad... entonces llega la lluvia.*

El sapo se ha usado tradicionalmente en la comunidad para tratar una infección cutánea común, la erisipela. Alicia Arraiza (comunicación personal, 12 de mayo de 1997) lo describe de la siguiente manera:

*Se limpia el sapo (se refiere a la rana del sabinal (*Leptodactylus melanonotus*) muy bien con jabón y se pone un poco de aceite Rosado o aceite de oliva y se pone sobre la erisipela. Cuando se termina, se limpia el sapo con agua y jabón y se le deja ir, o la infección afectará al sapo y se morirá.*

### Medicina tradicional

Un ambiente a menudo amenazante, estresante y traumático por milenios ha representado un reto para los pueblos indígenas. Como respuesta a los problemas que se encuentran mucho más allá de su control, los diferentes pueblos idearon mediante prácticas culturales

diversas maneras de enfrentarse a ellos, de sanar y de responder a las enfermedades, los venenos, y a la violencia tanto accidental como intencional, lo que les ha permitido sobrevivir de manera productiva a pesar de las amenazas a su vida. Las prácticas curativas y los remedios con plantas y animales que ahora denominamos medicina tradicional también incluyen la conexión con la familia y la comunidad, la cercanía física, el uso del agua caliente y fría, de piedras y bebidas, la risa, el masaje, los alimentos, los hongos y las medicinas provenientes del mar y de la tierra. Sin duda las medicinas o los poderes curativos pueden también incluir a los espíritus auxiliares que pueden ayudarlos y guiarlos en momentos de dificultad.

El verdadero significado de la medicina tradicional en todas las culturas se encuentra en el dicho de que la **naturaleza cura**. Muchas formas de medicina y curación tradicionales restauran el equilibrio por medio del sistema nervioso y, de esta manera, ayudan a sanar. Los seres humanos están dotados de la capacidad de sanarse a sí mismos y a otros, y la naturaleza proporciona los métodos y las medicinas. Esto es parte del orden de la naturaleza.

En las tradiciones de muchos pueblos nativos los diferentes integrantes de una comunidad que poseen poderes sobrenaturales sirven para mediar entre los reinos visibles e invisibles. Los sistemas nerviosos de algunos integrantes de la comunidad se sintonizan fuertemente con el reino invisible y se transforman mediante un trance para recibir la medicina espiritual. Los animales que dan su cuerpo para poder sostener a sus hermanos y hermanas también son sanadores que ayudan a otros a sobrevivir los traumas potenciales

de los extremos de la naturaleza. El papel de dichos sanadores es crucial para sanar a la comunidad.

El antídoto normal para la pérdida de control ocasionada por la urbanización es tomar el control: control de la tierra, de los recursos, de las estructuras políticas y económicas. El antídoto para el estrés traumático, ya sea que se encuentre a nivel del individuo o de la comunidad, es reforzar los apoyos sociales, recuperar el control sobre los conocimientos de la persona sobre el mundo natural, hablar con los demás del dolor, pedir la cooperación de los ancianos, actuar y, lo más importante, obtener el control de la propia salud, del sistema nervioso y, con ello, de la conducta. Lograr esto requiere hacer una distinción entre las medicinas que curan y aquéllas que sólo quitan el dolor. Son más importantes las tradiciones curativas y los rituales festivos que sirvieron a los ancestros. Estos rituales todavía pueden iniciar a los jóvenes en el conocimiento del mundo invisible, donde al permanecer en control de los propios nervios, pueden guiar a comunidades enteras a un lugar seguro.

### **La hispanización subestima a la medicina tradicional**

Los individuos migran de una comunidad a otra y pueden adquirir otra identidad al volver a fijar su residencia, pero a menudo esto no sucede. Al colonizar los españoles diversas regiones de México reorganizaron la economía local y después la regional para llevarse la riqueza de los pueblos indígenas y depositarla en las manos de los españoles (Carmack, Gasco, & Gossen, 1996). Para lograr una transferencia eficaz de la riqueza, las poblaciones hispanas sacaron de la existencia a las

poblaciones indígenas de México al definir las como mestizos<sup>7</sup> y declarar con ello su estatus. La “mestización” de las poblaciones indígenas del centro de México fue particularmente marcada, pero ampliamente practicada en todo México. Al redefinir a los pueblos indígenas como mestizos fue posible eliminar los pocos derechos que tenían como indios, en particular su control colectivo de la tierra. El resultado ha sido un flujo directo de la riqueza de las comunidades indígenas a la sociedad hispana y una entrada neta de control hispano sobre las tierras y los recursos indígenas. Este proceso ha dado como resultado una dislocación cultural dentro de las poblaciones indígenas y una devaluación de la medicina tradicional y las prácticas curativas.

Si bien se reconoce legalmente como indígena a la gente de la Comunidad Indígena de Chacala, popularmente México la identifica como una sociedad que ni es hispana ni es indígena y, a pesar de eso, retiene un profundo sentido de identidad grupal. La aceleración en la urbanización y las intromisiones externas recientemente han dividido a la población por razones económicas y han comenzado a través del sistema educativo y del uso de la televisión en las escuelas a separar a la generación más joven de la anciana. La cultura de Chacala permanece fuerte quizás en la forma más fundamental: en la relación de la gente

con la tierra mediante las medicinas vegetales y animales. Los individuos poseen vastas reservas de conocimiento y prácticas tradicionales que continúan dando información a la comunidad, y así incluso con las presiones de la “hispanización”, la práctica de la medicina tradicional, aunque devaluada, retiene una fuerte presencia en la Comunidad.

### La medicina tradicional, el progreso y el cambio climático

Las prácticas de medicina tradicional en Cabo Corrientes han evolucionado en relación estrecha con el clima y el medio ambiente, en particular porque los modos primarios de curación derivan de las plantas, los alimentos y los animales. El uso de los animales, por ejemplo, como alimento o por su grasa, ha disminuido marcadamente durante los últimos 40 años, debido en parte a los efectos de la urbanización que ha llevado a los animales a internarse más en la selva y, más recientemente, desde que se han invocado las leyes estatales y federales contra la caza. Cuando la primera autora de este artículo llegó a Yelapa en 1973, era común ver (y echar fuera de la casa) armadillos, tlacuaches, tejones, zorrillos, víboras y todo tipo de iguanas. Sin embargo, diez años después rara vez se veía iguanas... excepto en lo profundo de la selva. Desde 1982 algunas personas comentaban que observaban

---

7. La Corona española y después el Estado mexicano mantuvieron una sociedad muy estratificada en México que dividió a la población en clases privilegiadas y menos privilegiadas. Los peninsulares (nacidos en España) eran la clase más alta y más privilegiada seguida en rango por los criollos, que eran españoles, pero nacidos en México. Mucho más abajo del estatus de criollo se encontraba la clase de los mestizos. La gente de esta clase, por lo general, nacía de padre español y madre indígena. Muy discriminados, a los mestizos se les prohibía tener ciertos cargos públicos y, por lo general, no se les permitía entrar al sacerdocio. Históricamente sólo unos cuantos de la clase de los mestizos pudieron lograr un rango superior y sólo si su padre era uno de los conquistadores. De lo contrario, los mestizos eran mayoritariamente pobres y sin educación. Los gobiernos posteriores emplearon la designación de mestizo para alterar la demografía de las poblaciones indígenas como indicación de que los indios estaban desapareciendo. Los mulatos, hijos de padres españoles y africanos, tenían una posición inferior a la de los mestizos. Se consideraba a los indios lo más inferior del sistema de clases, y alguien con una gota de sangre española podía lanzar una mirada de desaprobación al indígena. Si bien los indios se encontraban en lo más bajo de la escala social, la Corona española los consideraba guardianes de la Iglesia Católica y de la Corona que debían ser protegidos, siempre que fuera posible, de la gente inescrupulosa. Según las leyes españolas y mexicanas se reconocía y reconoce que los indios tienen el derecho de gobernarse a sí mismos en sus propias comunidades, mantener la propiedad comunal de la tierra y deben estar exentos de ser sujetos a juicio por crímenes religiosos.

que el clima estaba cambiando; sin embargo, ahora está en la mente de todos y está afectando los ciclos de la pesca y de las cosechas en particular. El uso creciente del cemento y de piedras de adoquín en senderos que antes eran de tierra y el uso de pesticidas han reducido la cantidad y la variedad de plantas que se usaban cotidianamente para la salud y prevención de la enfermedad.

En 1982 Santiago Cruz (S. Cruz, comunicación personal, 7 de julio de 1983), de 73 años de edad, compartió conmigo (la primera autora) su opinión sobre las medicinas de la comunidad:

*Estamos viviendo en una mina de oro. Si buscáramos las propiedades de las plantas medicinales, dejaríamos cosas más valiosas para el futuro de la gente. También los animales medicinales, porque comen plantas medicinales. Estamos perdiendo a la iguana y al armadillo cuya grasa ayuda a curar la bronquitis. Los animales sienten la vibración de la gente. Ahora hay mucho cáncer y diabetes en Yelapa. El nopal ayuda a la artritis, los riñones y la diabetes.*

Como muchos de sus coetáneos y muchos otros más jóvenes, Santiago demuestra en su llamado a reforzar el conocimiento de las plantas medicinales un gran conocimiento de las medicinas de la Comunidad. Es muy probable que a cualquiera que camine por un sendero de la comunidad y se acerque a un residente y le pregunte sobre el nombre y los usos de una planta particular, se le dé una explicación completa y quizás una demostración de las propiedades curativas o peligros de una

planta<sup>7</sup>. Incluso cuando las personas dicen que ya se perdió el conocimiento, a menudo recuerdan algo de éste como ejemplo. José García Lorenzo (74 años) (comunicación personal, 28 de enero de 1999) ejemplifica este punto cuando dice:

*Antes curábamos con medicinas caseras. Se ha perdido mucho del uso de las plantas y el conocimiento de sus propiedades. Recuerdo que el quichi (un tipo de lagartija) servía para curar picaduras de alacrán<sup>8</sup>.*

Unas semanas después José trajo una botella de raicilla (alcohol derivado del *Agave maximillia*) remojado con chocolate y cuastecomate (*Crescentia alata Kunth*) como regalo a mí. Sentí que era un mensaje claro: valoraba mi interés, no había olvidado nuestras conversaciones y le complacía compartir una bebida poco usual y tradicional con conmigo, que explicó se usaba para el dolor de garganta y para mantenerse caliente en una fría mañana de invierno.

Muchos jóvenes de la comunidad expresan su consternación cuando consideran la pérdida de conocimientos sobre las plantas medicinales. Debido a su propia desconexión del saber de sus padres y abuelos, los integrantes jóvenes saben menos y a menudo muy poco sobre el uso de las medicinas locales. En el caso de Antonio Reyes Saldaña (47 años de edad), esta experiencia es muy marcada. Antonio estuvo viviendo dieciséis años en Estados Unidos, pero regresó después de experimentar la sensación de que la vida tenía más sentido en la Comunidad que en Estados Unidos. Su madre es una herbalista experta. Antonio afirmó: “Ahora poca gente usa las plantas medicinales. Mi madre y mi abuela usaban las plantas para

8. Los estudiantes del Centro para la Medicina Tradicional se preguntaban sobre una planta en particular que se encontraba cerca de las cataratas que están más arriba de la aldea de Yelapa, y mientras hablaban se les acercó un residente e inmediatamente comenzó a explicar la importancia y las características clave de la planta. Los integrantes de la Comunidad a menudo están ansiosos de compartir su conocimiento sobre las plantas y animales medicinales.



## La costumbre de enterrar el cordón umbilical

curar, pero ahora mucho de eso ya se perdió” (A. R. Saldaña, comunicación personal, 29 de enero de 1999).

El sentido de pérdida es obvio cuando muchos más integrantes jóvenes de la Comunidad hablan sobre las medicinas y su papel en la cultura. Cuando las ancianas comentan los beneficios de diversas plantas medicinales, a menudo las jóvenes recurren a ellas para pedirles que les enseñen sobre las plantas<sup>9</sup>. El peso combinado de las opiniones expresadas y el entusiasmo entre las mujeres de Yelapa indica fuertemente la importancia de resaltar los conocimientos culturales clave, como el papel de las plantas y animales medicinales en la vida de los integrantes de la Comunidad, como una medida para reforzar la capacidad de la Comunidad para enfrentarse al trauma y al estrés. Es evidente que se considera a las medicinas provenientes de las plantas y los animales una parte profunda y valiosa de la cultura sobre la que tienen control los integrantes de la comunidad. Sin embargo, las presiones sociales así como los cambios ambientales conspiran para minar el uso y aplicación de la medicina tradicional en la vida cotidiana.

En 1982 Santiago (comunicación personal, 4 de agosto de 1983) habló sobre el clima cambiante:

*Este año vamos a tener más y más cantidad de lluvia y ningún problema con los árboles. Normalmente los árboles florecen sólo una vez al año. Esta vez florecieron dos veces. Nunca en mi vida había visto eso antes. Ese es un signo de que hay un cambio en la presencia de agua. Quizás significa que la temporada seca normal de este año será una temporada húmeda. Sin embargo, el cambio sólo ocurre gradualmente.*

*La naturaleza no invierte su ritmo tan de repente, nunca. A veces también pienso en la destrucción, la destrucción de todas las especies; estamos destruyendo las especies, por ejemplo, las especies marinas. ¡Estamos terminando con ellas! El año pasado fui a Punta de Mita donde solía haber muchas ostras. Pero cuando regrese esta vez no pude encontrar ni siquiera una pequeñita. Los que hacemos negocio y ganamos nuestro dinero mediante estos animales ni siquiera nos damos cuenta de lo que estamos haciendo o cómo los estamos destruyendo. En la actualidad el gobierno mismo no está consciente de estas cosas y en realidad está colaborando con la destrucción al establecer por toda la costa todo lo que puede destruir. Ya en los últimos dos años hemos tenido dificultades para pescar. Los barcos de pesca salen en la noche y en la mañana, y han puesto chinchuras y los peces les tienen miedo, así que se van a otra parte. Todas las playas están actualmente llenas de estas chinchuras, así que posiblemente ya ahuyentamos para siempre a los peces y cuando terminemos de destruir todas estas especies, las vamos a necesitar y no sé qué vamos a hacer entonces. Quizás la forma de detener esto sería limitar el comer estas cosas a quizás una vez al mes o una vez al año. Esa podría ser una manera de que las especies lo superen. Por lo que respecta a la tierra misma también vamos a terminar con los bueyes y otros animales que son muy buenos para nuestro organismo. Nos proporcionan abundantes vitaminas para alimentar ciertas partes del cuerpo. También acabaremos con ellos y cuando lo hagamos, nos acabaremos entonces unos a otros, a nosotros mismos, quizás comiéndo-*

9. Durante la reunión sobre Medicina Tradicional de las Mujeres llevada a cabo en Casa Xipe Totec el 23 de enero de 1999 en la que participaron 37 mujeres de la aldea de Yelapa, varias adolescentes expresaron vehementemente su deseo de aprender sobre las medicinas naturales y que querían trabajar en un proyecto para documentar las medicinas para ellas mismas y para sus hijos.

*nos unos a otros.*

Para 1999, cuatro años de El Niño y dos años de La Niña habían ocasionado patrones de clima cambiantes que han causado que los aldeanos observen que ya no pueden confiar en el clima. El invierno de 1999 fue muy cálido para esa época del año, lo que ocasionó un aumento en el hábitat del mosquito y un brote de dengue, y poca pesca en un mercado ya menguado. Varios pescadores hablaban sobre cómo solían pescar unas cuantas noches y ganar lo suficiente para la semana. Ahora, unas pocas noches ni siquiera cubrirían sus gastos. El invierno de 2000 fue muy frío para esa época del año y ocasionó un verano frío. Estos patrones climáticos junto con la deterioración ecológica en todo México y Centroamérica dan como resultado precipitaciones irregulares en las que hay inundaciones o sequías. Sólo en Jalisco ha habido entre 200 y 400 inundaciones desde 1960 (Trujillo, Ordonez & Hernandez, 2000, p. 17). La deforestación se está acelerando y los cálculos sugieren que 260,000 km<sup>2</sup> de tierra se encuentran en un estado avanzado de desertificación (Trujillo, Ordonez, & Hernandez, 2000, p.23). Entre ellos se encuentran las sierras de la comunidad. Una desertificación de esta magnitud ocasiona erosión del suelo, un uso mayor de agroquímicos, contaminación y un aumento en los índices de estrés y en los patrones de enfermedad ligados a contaminantes orgánicos persistentes.

En 2010 Lucio (comunicación personal, 20 de mayo de 2010) comentó sobre su aldea en las montañas a 1,500 pies sobre Yelapa:

*Nunca habíamos visto la planta de chicle cerca de mi rancho y ahora están creciendo a unos 12 km de distancia de la playa; eso significa que la tierra se ha calentado. Otras especies están desapareciendo por esa misma razón. Estamos comenzando a*

*ver plagas en los robles; antes los robles no tenían ninguna plaga y ahora estas plagas están matando algunos robles.*

El clima de 2009 se invirtió con respecto a la norma: el invierno de 2009 trajo lluvia y el verano de 2009 trajo la sequía a las montañas. Bertha Cruz (comunicación personal, 14 de diciembre de 2010) lo describe:

*También ahora algunas plantas han desaparecido debido a la falta de agua de lluvia. Ya no tenemos mucha lluvia. Hay pocos años en los que no llueve así. No tuvimos nada de maíz este año. Todo el campo estaba seco. No llovió durante todo septiembre. Ha llovido más durante noviembre; incluso el mundo ha cambiado. No sé qué está pasando. Plantamos maíz, pero se seca y cada año es peor: menos lluvia o las lluvias llegan cuando ya no podemos hacer nada más.*

Unos cuantos meses después de sus comentarios, el verano de 2010 trajo lluvias récord e inundaciones; las zonas rurales perdieron sus cosechas y en las ciudades, que no estaban equipadas para absorber las aguas torrenciales, el agua se llevó los puentes y se perdieron casas. El invierno de 2010-11 siguió con temperaturas bajas récord.

### La salud de la Comunidad

*La mujer necesita más apoyo. Siempre está trabajando fuera y dentro d casa para conseguir cosas para su familia, pero nunca es suficiente. Y esto es peor aun para las mujeres que no tienen un marido u hombre que les ayude a cuidar a los niños. Hay muchos hombres flojos y hombres egoístas a los que no les gusta ayudar. Si las mujeres no se respetan a sí mismas, ¿quién las*

*va a respetar? Ana María*

La primera autora realizó una revisión de las historias clínicas de medicina tradicional y llevó a cabo encuestas de salud en cuatro aldeas de la comunidad trabajando con ayuda de informantes locales. La mayoría de las quejas sobre enfermedades primarias de la Comunidad fueron sobre dolor crónico y enfermedades crónicas que surgen de los efectos del “nexo de estrés”, incluidos la disfunción mediada autónomamente en los sistemas nervioso, digestivo, circulatorio e inmune, y cambios de estilos de vida (relacionados con el progreso) en la nutrición. El dolor crónico, con 40%, y la enfermedad crónica, con 31%, son las dos quejas primarias que ocupan la posición más alta. Las lesiones por accidentes y las caídas también son predominantes, algunas debidas a riesgos laborales, aunque muchas relacionadas con el alcohol. El abuso doméstico también es una queja asociada con el alcohol. Las mujeres de la aldea de Yelapa consideran que el alcoholismo entre los hombres es uno de los problemas más graves de la Comunidad.

Una mujer dijo: “La mayoría de las mujeres están oprimidas. Hay mucho abuso familiar, generalmente porque los hombres están borrachos. El alcoholismo es el mayor problema de la Comunidad” (M.S. Ramírez, comunicación personal, 9 de febrero de 1999).

Aunque se ha sabido por mucho tiempo que el estrés causa respuestas disfuncionales comunes en los órganos que se encuentran bajo el control del sistema nervioso autónomo, otra mujer, ella misma víctima de violencia doméstica, se aferra a una esperanza:

*Hay aún algunas mujeres cuyo marido  
las tiene todavía bajo sus plantas, pero en*

*realidad muchas están abriendo los ojos. Dicen “yo puedo”, “yo sí”, no como antes, porque ninguna mujer podía trabajar. Desde hace unos cinco años, las mujeres se han vuelto más fuertes. Antes, tenían miedo de trabajar debido al machismo. Ahora, los hombres no rechazan su ayuda. Incluso es conveniente o simplemente no tienen otra opción (E.A. Rodrigues Araiza, comunicación personal, 15 de enero de 1999).*

El alcoholismo y la violencia doméstica son problemas complejos. Cuando se les observa desde la perspectiva de estrés post-traumático del Cuarto Mundo<sup>10</sup>, necesitamos entender y analizar los cambios originados por el colonialismo, un antecedente del incremento del alcoholismo entre los pueblos nativos. Este análisis incluye comprender el papel histórico del uso del alcohol entre los pueblos indígenas de México, la pérdida de los rituales comunitarios que reforzaban el uso no adictivo del alcohol y otras sustancias que alteran la conciencia, los efectos fisiológicos del alcohol en los indios, en particular, el alcohol como estresante sobre la función psicobiológica y, finalmente, el papel del alcohol como una droga para la automedicación contra el dolor de la deslocalización cultural y la desesperación psíquica.

Existen también aquí vínculos con los cambios nutricionales que surgen de las presiones del progreso que han incrementado el consumo de alimentos refinados que, a su vez, refuerza la disfunción en el metabolismo de la glucosa. Este conjunto de problemas se atestigua por toda la costa del norte de América y de Mesoamérica entre los pueblos nativos. El pescado y toda clase de alimentos provenientes del mar – tortuga, lapa, ostión, abulón y langosta – eran abundantes. En la actualidad

10. La categoría social y política en la que encajan los pueblos indígenas. Si bien este término posee diversos significados geopolíticos, lo empleamos aquí como lo interpreta el Jefe George Manuel (1929-1989) de la nación Secwepemc que fungió como presidente fundador del Consejo Mundial de Pueblos Indígenas.

se encuentran agotados y en muy raras ocasiones se ve tortugas asoleándose en la superficie del océano como antes. Se plantaban cerca de las casas de las familias jardines pequeños, árboles de plátano, papaya y coco, aguacate y otros alimentos, y normalmente se conservaban y mantenían en la aldea así como fuera de ésta cerdos, vacas y pollos. Las arboledas y los jardines en la actualidad están cubiertos por casas y cemento para hacer espacio disponible para rentar la propiedad a los norteamericanos que pagan al contado. En la década de los ochenta el departamento de turismo del gobierno presionó a la gente a que amarraran a sus cerdos, que antes andaban libremente y que servían como alimento a los integrantes de la aldea cada semana en un sacrificio ritual. Ahora, en raras ocasiones se ven cerdos. Hace poco se dijo a los ganaderos que no pasaran sus ganados por la aldea al viajar de una aldea a otra en busca de otras tierras de pastoreo. Los integrantes de la Comunidad y, sin duda, dentro de cada una de las aldeas fueron bastante interdependientes para su subsistencia hasta mediados de la década de los años setenta. Los hombres producían los alimentos que se necesitaban ya sea como campesinos o como pescadores en la costa y las mujeres cultivaban jardines frutales y buscaban comida, complementando sus suministros con alimentos provenientes de la ciudad. Donde se cultivaba maíz, se molía y se usaba para hacer tortillas; ahora se envía el maíz junto con tortillas de las fábricas y sólo la gente más pobre lo muele y hace sus propias tortillas. Los que tiene dinero hacen sandwiches con pan blanco. Un joven recostado que se retorció de dolor por una reacción particularmente severa a una picadura de escorpión dijo jadeando: “No puedo morir ahora: necesito ganar dinero”.

Algunas de las mujeres opinan que el ausentismo de los hombres de la Comunidad es un problema grave. Sólo en Yelapa entre 150 y 300 de ellos viven en San José, California, Estados Unidos e incluso tan al noreste como Carolina del Norte. Muchos de los hombres que siguen residiendo en Yelapa sufren de alcoholismo y tienen oportunidades limitadas de trabajo que podrían servir para ganar dinero para su familia.

Definimo el “trauma comunitario” como los acontecimientos que sobrepasan las capacidades de una comunidad para funcionar de manera estable y generativa<sup>11</sup>. Los estresantes traumáticos incluyen la guerra, violación o desastres naturales (como los de Honduras y Nicaragua en el invierno de 1998), pero no se limitan a ellos.

La mayoría de los pacientes que vinieron a la clínica de medicina tradicional de la comunidad originalmente buscaban ayuda por episodios iatrogénicos que eran el resultado de tratamientos hechos por uno o más médicos alópatas. De éstos, el 13% de las pacientes informaba o exhibía consecuencias adversas incluidas: (a) sufrimiento extra resultante de un diagnóstico erróneo y (b) sobremedicación con el uso de medicinas costosas, inútiles o inadecuadas que causaron complicaciones secundarias y terciarias. Esto indica que un número significativo de integrantes de la comunidad estaban pagando por recibir atención médica, pero no obtenían una atención adecuada. Todos, a excepción de unos cuantos que podían pagar atención médica particular, eran atendidos en el hospital del seguro social o por el médico residente que acude de manera periódica y que realiza un año de servicio social en la aldea bajo los auspicios del gobierno estatal o federal. La mayoría de la gente que

11. Se refiere a una definición establecida en: “Trauma y desarrollo comunitario” por Leslie Korn, Ph.d., M.P.H., presentado en la Conferencia Mundial sobre Violencia y Convivencia Humana, patrocinado por University College, Dublín y el Centro de Estudios de los Indígenas del Mundo, Olympia, WA, Estados Unidos, agosto de 1997, Dublín, Irlanda.

llegó a la clínica a menudo no sabía qué le habían diagnosticado, por qué estaba tomando la medicina, qué era la medicina, cuánta tomar o por cuánto tiempo. Uno de los descubrimientos sorprendentes obtenidos a partir de los tratamientos documentados de los pacientes fue el grado de estrés resultante de causas iatrogénicas. Por lo general, se trató de problemas de salud secundarios severos producto de un diagnóstico erróneo y de una mala aplicación de los medicamentos farmacéuticos. Una proporción considerable de pacientes exhibía patologías y síntomas asociados directamente con el diagnóstico erróneo y enfermedades mal tratadas. Por ejemplo, una muchacha de 14 años con parálisis de Bell llegó a la clínica con severos rasgos cushingoides que son el resultado de una sobremedicación prolongada con Prednisona. Una mamá joven llegó con una urticaria severa que le surgió a raíz de una inyección de penicilina por un catarro. Preguntaba si debía surtir su receta de cortisona (obtenida en Puerto Vallarta) para cinco días. Un hombre llevó a su esposa de 73 años que se había caído el año anterior y había tenido dolor y recibido inyecciones de analgésicos en la cadera cada cierto tiempo. No había dejado de sentir dolor, comenzó a tener problemas digestivos y un estreñimiento crónico debido al medicamento.

El uso indiscriminado de antibióticos sigue siendo alto en esta población. Los integrantes de la Comunidad pueden comprar una inyección de antibióticos por un precio de 60 a 100 pesos solamente estableciendo contacto con una persona en la playa. Casi cualquier tipo de medicamento se puede conseguir en la playa simplemente pagando por él. Si una persona tiene resfriado, puede conseguir penicilina e inyectársela aunque no hay ninguna relación entre el medicamento y la enfermedad. Los esteroides, los antibióticos y otros tipos de medicamentos farmacéuticos se consumen

sin el diagnóstico de un médico de la misma manera en que uno compraría joyas o goma de mascar. Parece que la frecuencia de casos mal diagnosticados representa una tendencia en Puerto Vallarta y Guadalajara por negligencia médica. (Virtualmente no existe ningún recurso legal en caso de negligencia médica en México). Se debe concluir que aumentan los niveles de traumatismo y estrés entre los individuos y familias enteras, y a menudo se exacerbaban por las acciones irresponsables de los médicos. Somos de la opinión de que, ya sea que sean los médicos o la automedicación la fuente, los medicamentos farmacéuticos representan un riesgo a la salud mucho más grave que un remedio de los integrantes de esta comunidad.

Hay un cambio palpable de las enfermedades infecciosas a las crónicas. Si bien la gente de las zonas subtropicales rurales está sujeta a trastornos relacionados con la salubridad – como los parásitos intestinales, la fiebre tifoidea, el dengue, la hepatitis A y no A, y las gripes, resfriados y neumonías usuales –, están aumentando las enfermedades crónicas cardíacas, las apoplejías, el cáncer, la presión arterial alta, la diabetes (que comienza en la edad adulta), los dolores persistentes y el estrés. Es notable que todos los pacientes que se atendieron en la clínica estaban deshidratados. Las prohibiciones culturales contra beber agua parecen haber surgido de problemas sanitarios. Sin embargo, las aguas frescas tradicionales, hechas de frutas y bayas locales, yerbas y plantas antihelmínticas que tradicionalmente reemplazaron al agua pura también se han reemplazado gradualmente por Coca Cola y jugos azucarados. Fumar, que antes no se veía en la aldea entre muchachos y muchachas adolescentes de menos de 20 años, cada vez es más evidente. Asimismo, ha aumentado el consumo de alcohol y de drogas en estos grupos de edad.

## Uso de plantas medicinales

México es una de las regiones más biológicamente diversas del mundo, con más de 30,000 especies de plantas, de las cuales unas 5,000 tienen algún valor medicinal (Toledo, 1995). Las plantas se han usado ampliamente con fines medicinales en toda América del Norte incluido México (Moerman, 1998). Muchas de ellas son hipoglicémicas y también ayudan a la función metabólica, (Davidow, 1999) cardiovascular, linfática y renal en el caso de las personas que tienen una disfunción en el metabolismo de la glucosa (Marles y Farnsworth, 1996).

La Comunidad es rica en plantas naturales anti-diabéticas y existen antecedentes de que se han usado estas plantas medicinalmente y de manera particular como alimento. La más común de estas plantas incluyen el cundeamor o melón amargo (*Mormordica charantia* L.; Sarcar et al., 1995), la sábila (Aloe vera) (Bun-yapraphastara, Rungpitarangsi, Yongchaiyudha, & Chokechajjaroenporn, 1996; Ghannam et al., 1986) el ajo (*Allium sativum*; Day, 1998), la canela (*Cinnamomum verum*), el capomo (*Brosimum alicastrum*) y la linaza (Enig, 2000; Erasmus, 1993; Fallon, 1995; Michael y Pizzorno, 1997).

Aún la Comunidad, como una gran parte del mundo indígena, actualmente se encuentra atrapada entre la degradación del hábitat local que contiene medicinas nativas y la pérdida resultante del saber tradicional. Muchas de estas plantas, como la *Mormordica charantia* L. (*Cucurbitaceae*), que crecía a lo largo de los caminos de tierra, casi habían desaparecido de la aldea para la década de los años noventa. Otras, como el nopal opuntia (*Opuntia* sp.), si bien todavía se cultiva, cada vez se usa menos. Además otras plantas, como el ramón u ojoche (*Brosimum alicastrum*), que junto con la chaya eran un alimento básico, están listas para convertirse en el próximo “alimento fun-

cional” para importación a Estados Unidos. El ramón o capomo, como se le conoce en la comunidad, es rico en aminoácidos (Brucher, 1969) y se usa tradicionalmente como bebida y alimento para la nutrición humana con el fin de aumentar la lactancia tanto en humanos como en animales.

Además del capomo, la práctica local de beber té de canela todas las mañanas, una práctica conocida para disminuir el azúcar en sangre, casi ha desaparecido, salvo en los ancianos y la gente que vive en los ranchos pequeños de la comunidad, y los cocos – cuyo valor como fuente de ácidos grasos esenciales no puede ser sobreestimado (Enig, 1999) – se dejan en los árboles y no se les toma en cuenta, excepto por su valor para los turistas. El coco y la grasa de éste es especialmente importante, porque ha servido como una fuente principal de grasas de alta calidad, rica en ácido láurico y cáprico (Enig, 1999), para los pueblos indígenas de la costa de México. El *Cocos nucifera*, junto con el “coquito”, la palma del coquito de aceite o palmar (*Orbygnia guacuyule*) (que proporciona un rico aceite de palma similar al del coco) se distribuyen en todo México y Centroamérica. Tradicionalmente la gente de Chacala usa los cocos como fuente de proteína y energía, y medicinalmente para el tratamiento de infecciones causadas por protozoarios. El uso que han hecho del coco los pueblos indígenas durante los milenios los ha protegido contra los lípidos altos en la sangre (Enig, 1999) y la inflamación cardiovascular, lo que nos lleva a preguntarnos cómo contribuye la declinación en su uso a un aumento en la diabetes y las enfermedades cardiovasculares (Enig, 1993; Fallon, 1995).

## El progreso y los cambios en las prácticas de medicina tradicional

Existen conflictos y problemas ocasionados por el progreso y los cambios en el sistema médico. Bertha (comunicación personal, 9 de

## La costumbre de enterrar el cordón umbilical

enero de 2010) comienza compartiendo un poco de su vida y el uso de hierbas como herbálica de su aldea y también su status como trabajadora de salud de la Comunidad, encargada de inyectar cuando es necesario:

*Tengo 63 años. Aprendí sobre las plantas de una de las tías de mi marido, Ricarda, en Talpuyequé. Era muy buena para usar puros remedios con plantas. Era partera. Me ayudó con mis hijos. Felipe nació en sus manos. Felipe, Norma, Etelevina, Bere, todos nacieron con ella. Para limpiar mi útero cuando iba a tener hijos, cocinaba aguillote, dos o tres hojas de berenjena y añadía una cucharada de miel blanca. Eso era lo que cocinaba para mí en vez de darme pastillas o antibióticos. ¿Sabe? los doctores le dan a uno antibiótico para limpiar, pero ella me daba un buen té antes del desayuno, antes de las comidas. Me daba sólo uno, antes del desayuno. Primero, traía té en un jarrito: "Tomátelo", solía decirme. Le decía: "Oye, Ricarda, esto sabe horrible y repugnante". Entonces ella me decía: "Anda, bébelo porque limpiará tu útero y va a estar limpio, listo para el siguiente bebé". Aprendí un poco, pero ha sido útil. Después de dar a luz a Felipe, Simón, mi marido, y mi compadre Mariano, se fueron a buscar colmenas. Trajeron unas botellas así de grandes, llenas de miel blanca y le cuento que hice unas bebidas con eso. Solían llamarlo "abeja gorda" de colmena gorda. La miel blanca es muy medicinal; ya no la podemos encontrar porque las abejas africanas han matado todas nuestras abejas.*

*En Tlalpuyequé hay unas 40 personas y sólo unas cuantas y yo usamos yerbas. Dicen "haz té de estafiate", y cuando*

*los niños están resfriados, lo cocemos, les untamos grasa de gallina, para el resfriado, y después ruda, albaca, muy buenas para el resfriado o la gripe. Pongo ruda, albaca y grasa de pollo. Todo eso se debe freír en una sartén y una vez que esté hirviendo la grasa, añadir las yerbas, hervirlo y ya está. Después hay que ponerlo aquí y aquí sobre el niño enfermo y se va la enfermedad, y es un remedio natural.*

*Ricarda solía dar masajes y le decía a uno cómo estaba la bebé. Si estaba bien, si no; sabía mucho. No hay nadie ya. Ahora todos van al doctor porque el gobierno insiste en que las mujeres deben dar a luz con el doctor. Antes no había doctores, entonces teníamos que ir con las parteras. Por eso le digo que las cosas han cambiado mucho.*

Conforme continúa hablando Bertha se reanima y se enoja:

*El gobierno interfiere en todo, en todo, porque no había ninguna ayuda, pero ahora hay muchos doctores; las cosas han cambiado por completo. Todo cambió en poco tiempo, unos 20 años. Sí, porque, vea... yo, Felipe, Lalo, Norma, Etelevina, Berenice... Ricarda me ayudó con todos ellos. Después el resto. Emerio también, pero tuve a Francisco Javier y a Gustavo en el hospital. La primera vez que fui al doctor, me practicaron una cesárea porque dijeron que ya no podía tener a mis hijos de manera natural. Le dije al doctor: "Oiga, doctor, pero he tenido a mis hijos de manera natural con una comadrona" y me contestó que desgraciadamente eso ya no puede pasar: "se le va a hacer una cesárea" y me hicieron una cesárea. Seis años después tuve a Gustavo y me hicieron*

*otra vez una cesárea. Nos sentimos tan mal con las cesáreas. Los doctores no quieren esperar a que ocurra el parto natural. Tuve a todos mis hijos de manera natural, pero los últimos dos no pude y ya no me sirvieron los pies después de la inyección de la epidural. Siento que esa inyección me lastimó mucho. Ya había sido mamá 6 veces. La comadrona ya no estaba allí y yo necesitaba ayuda y me dijo: "Bueno, el doctor" y pensé que iba a dar a luz de manera natural también.*

Bertha y su comadre, Alicia, aunque separadas por aldeas que se encuentran a unas horas de distancia, llevan la influencia de Ricarda que enseñó a ambas: Alicia estaba cuidando a su hija durante la cuarentena, lo que ahora rara vez se practica ahora en Yelapa donde aparentemente se detuvo aproximadamente en 1995, en tanto que se practicaba en Tlalpuyeque todavía en 1987. Durante el periodo post-parto de 40 días se aísla a la madre y al niño, y se les considera propensos a la mala salud o a influencias sobrenaturales si no están protegidos. Entonces después del parto normalmente la madre y el bebé entran en un periodo de aislamiento y actividades protegidas, mientras las mujeres los cuidan. La nueva mamá camina poco durante los tres primeros días, salvo para ir al baño. Durante este tiempo explica Alicia (comunicación personal, 13 de abril de 2010):

*Una empieza la mañana bebiendo tés de aguilote, berenjena, hierba del golpe y un poco de sal. Este procedimiento está diseñado para limpiar el útero. Una come después masa con algo de canela y panoche (azúcar sin refinar), hace tortillas pequeñas y bebe atole (una de las preparaciones más antiguas de México) o champurrado por nueve días para ayudar a que fluya*

*la leche. También se puede beber capomo (el capomo tostado, molido y remojado en agua caliente), pero es más difícil de encontrar en las tierras bajas puesto que los árboles crecen en lo alto de la jungla montañosa. La mujer no se baña durante tres días después del parto. Se cubre la cabeza y la frente porque están abiertos los poros de la piel: cubrir protege para evitar tener "punzadas" detrás de los ojos o en las orejas. La mujer no come huevos ni puerco, porque ingerir estos alimentos causa mal olor en el cuerpo. Sólo come carne: carne asada, machacada frita. No se comen frijoles para que el bebé no se empache: será más saludable. Se está en cuarentena por 40 días y durante 3 días se ponen medias gruesas y no se tienen relaciones sexuales. Ya nadie practica esto en la actualidad. Ahora dicen si se tienen relaciones (sexuales), uno se empacha. Inmediatamente después del parto se mezcla un poco de azúcar con manteca de puerco (las barrillas) y se da masaje al paladar del infante.*

## Conclusión

No cabe duda de que Cabo Corrientes se encuentra preparado para la próxima ola de progreso. La construcción de la presa ubicada cerca de Tapulyeque promete llevar agua a lo que se espera que sea una afluencia considerable de población extranjera. Que las presas hidroeléctricas infligen un caos ambiental es irrefutable. Si el pasado predice el futuro, entonces seguirá un fuerte periodo de inversiones para la urbanización y ventas de tierra. Los residentes de la costa finalmente aceptaron la Zona Federal en 2009 que grava la propiedad de tierra indígena. Hasta ahora, las comunidades indígenas de Chacala y Guasimas han rechazado la propuesta de crear una biosfera por percibirla como una incursión en sus derechos soberanos. Sobre ello opina un informante:



*Conocí a la Dra. Puga (Luz María Villarreal de Puga) cuando ya era muy anciana y me dijo: "son ustedes muy ricos; tienen más de 3500 plantas con flores, pero su crimen es haber mantenido y preservado todo esto". Ahora, con la propuesta de la biosfera, quieren que nos vayamos para traer a gente irresponsable para que termine con esto.*

*En Manantlán (se refiere a la reserva de la biosfera de Manantlán) la gente se está muriendo de hambre por el mal manejo del gobierno. Le pedí al gobierno que me diera un ejemplar del decreto de la biosfera por el que se ha sacado a la gente de su comunidad. También el turismo es un veneno si no se controla, como en el caso de Acapulco. Por eso se deben establecer normas operativas sobre en qué circunstancias se permite a la gente entrar.*

Aunque algunos integrantes de la Comunidad han enterrado su cordón umbilical en Cabo Corrientes, sus pueblos y aldeas seguirán siendo abatidos por las presiones de progreso, lo que creará una mayor demanda de curación tradicional y medicinas tradicionales. Sin embargo, el progreso causará la pérdida de esos recursos si no se reconocen ni se protegen.

### Agradecimientos

Me gustaría extender mi agradecimiento profundo al Dr. Rudolph Ryser que contribuyó a la sección sobre la historia política de la región del México de oeste y cuya revisión atenta ha mejorado este papel inmensamente; Dr. Fabio Germán Cupul Magaña, de la Universidad de Guadalajara, para proporcionar ayuda generosa para resolver algunos de los binomios latinos y por su buen ánimo y apoyo; Dra. Esperanza Vargas Jiménez, quien fue mi

anfitriona en la Universidad de Guadalajara, Campus Costal en Puerto Vallarta; y a la Fundación de Fulbright y La Comisión México-Estados Unidos para el Intercambio Educativo y Cultural (COMEXUS) en la ciudad de México para proveerme con la oportunidad de conducir mi investigación durante 2009-2010 y hacerlo con el apoyo de colegas profundamente dando. También quisiera extender mi gracias más cordial a mis colegas, informantes, y amigos de Cabo Corrientes, cuya generosidad de espíritu me acogió en sus vidas y quien eran tan próxima y confiando en compartir sus ideas y sentimientos.

### Referencias

- Brucher, H. (1969). *Useful plants of neotropical origin and their wild relatives*. Berlin: Springer-Verlag.
- Bunyaphatsara, N., Rungpitarangsi, V., Yongchaiyudha, S., & Chokechajaroenporn, O. (1996). Antidiabetic activity of aloe vera L. juice II.: Clinical trial in diabetes mellitus patients in combination with glibenclamide. *Phytomedicine*, 3(3), 241-43.
- Carmack, R. M., Gasco, J., & Gossen, G. H. (1996). *The legacy of Mesoamerica* (p. 176). Upper Saddle River, NJ: Prentice Hall.
- Davidow, J. (1999). *Infusions of healing: A treasury of Mexican American remedies*. New York: Simon & Schuster.
- Day, C. (1998). Invited commentary: Traditional plant treatments for diabetes mellitus: Pharmaceutical foods. *British Journal of Nutrition*, 80(1), 5-6.
- Enig, M. G. (1993). Diet, serum cholesterol and coronary heart disease. In G. Mann (Ed.), *Coronary heart disease: The dietary sense and nonsense* (pp. 36-60). London: Janus Publishing.

- Enig, M. G. (1999). *Coconut: In support of good health in the 21st Century*. Presented at the 36th Session of Asian Pacific Coconut Community (APCC), Singapore.
- Enig, M. G. (2000). *Know your fats: The complete primer for understanding the nutrition of fats, oils and cholesterol*. Silver Spring, MD: Bethesda Press.
- Erasmus, U. (1993). *Fats that heal, fats that kill*. Burnaby, BC, Canada: Alive Books.
- Instituto Nacional de Estadística y Geografía. (1999). Anuario estadístico. Jalisco.
- Fallon, S. (1995). *Nourishing traditions: The cookbook that challenges politically correct nutrition and the diet dictocrats*. San Diego, CA: ProMotion Publishing.
- Ghannam, N., Kinston, M., Meshaal, I. A., Meshaal, T. A., Mohamed, P., Narayan, S. & Woodhouse, N. (1986). The antidiabetic activity of aloes: Preliminary clinical and experimental observations. *Hormone Research*, 24(4), 288-94.
- Marles, R. J., & Farnsworth, N. R. (1996). Antidiabetic plants and their active constituents. *The Protocol Journal of Botanical Medicine*, 1(3), 85-137.
- Michael, M., & Pizzorno, J. (1997). *Encyclopedia of natural medicine*. Rocklin, CA: Prima Publishing.
- Moerman, D. (1998). *Native American ethnobotany*. Portland, OR: Timber Press.
- Sarcar, S., Pranava, M., & Marita, R. A. (1995). Demonstration of the hypoglycemic action of momordica charantia in a validated animal model of diabetes. *Pharmacological Research*, 33(1), 1-4.
- Toledo, V. M. (1995). New paradigms for a new ethnobotany: Reflections on the case of Mexico. In R. E. Schultes & S. von Reis (Eds.), *Ethnobotany: Evolution of a discipline* (pp.75-85). Portland, OR: Dioscorides Press.
- Trujillo, M., Ordonez, A., & Hernandez, C. (2000). *Risk mapping and local capacities: Lessons from Mexico and Central America*. London: Oxfam Publishing.
- Yongchaiyudha, S., Rungpitarangsi, V., Bunyapraphatsara, N., & Chochechaijaroenporn, O. (1996). Antidiabetic activity of aloe vera L. juice I.: Clinical trial in new cases of diabetes mellitus. *Phytomedicine*, 3(3), 245-48.



#### About the Author

Leslie Korn is a clinician and researcher specializing in traditional medicine, mental health nutrition, and the treatment of traumatic stress. She is the author of *Rhythms of Recovery:*

*Trauma Nature and the Body*, and *Preventing and Treating Diabetes Naturally: The Native Way*.

# Before and After Psychopathology: A Foucault- Inspired Perspective on Western Knowledge Concerning the Shaman

Dr. Tony B. Benning

## ABSTRACT

*This paper attempts to characterize the key stages in the evolution of Western academia's construction of shamans and shamanism as well as elucidate those factors that have underpinned particular constructions. In doing so, it draws on the writings of the late French philosopher Michel Foucault, and particularly on such Foucauldian motifs as episteme, knowledge, and power. A central argument advanced in this paper is that even though Foucault's ideas resist encrustation into a prescriptive methodology, they constitute a potentially powerful theoretical lens through which to gain a better understanding of often undisclosed agendas, power dynamics, and priorities that have been operant in the Western construction of the shaman. The open ended and potentially contestable nature of the understandings delivered by a Foucault-inspired analysis constitutes a strength rather than a weakness, and the absence in this sort of analysis of any claim to a final, absolute truth is consonant with postmodern conceptualizations of the nature of knowledge. Despite Foucault's influence on what is often considered the inaugural text in the field of postcolonial studies: Edward Said's Orientalism, one finds a lack of attention in the academic literature to examining the relevance of Foucault's thought to understanding the relationship between the Western and indigenous world. Postcolonial scholarship in general is likely to profit from further engagement with Foucault's thought.*

Western discourse on shamans and shamanism in the last one hundred years or so has evolved, and one of the purposes of this paper is to attempt a characterization (or, more specifically, a periodization) of the key stages in this evolution. With the ideas and writings of the French philosopher Michel Foucault as a basis for analysis, a further purpose of this paper is to elucidate and describe some of the power dynamics underpinning the various discourses about shamanism among Western academicians. Foucault is considered an important figure in the *poststructuralist* (Sarup, 1993) movement and is often mentioned in discussions of *postmodernism* (Sarup). Whilst there is merit and justification for thinking about Foucault in these terms, this should not be at the expense of recognition of his uniqueness.

In this respect, Foucault's most original and powerful contribution lies in his exposition of the relationships between *knowledge* and *power*. This paper begins with an outline of the key ideas in Foucault's *oeuvre* especially in so far as they have relevance to the central concern of this paper; the Western perspective(s) on the shaman. The question of whether or not a distinct methodology can or should be derived from Foucault's ideas is then addressed before I proceed to examine the unfolding and evolving characterization and conceptualization of the shaman, in the West, over the last century.

## Is There Such a Thing as a Foucauldian Analysis?

Reflecting Foucault's own resistance and reluctance to formulate a prescriptive methodology (Graham 2005), those searching for

a rigidly defined Foucauldian methodology which can be distilled into a simple checklist will be disappointed, for none exists. Yet at the same time, there is much truth in Nichols' (2010) contention that Foucault "represents a major conceptual and methodological innovation" and this essay proceeds on the basis of my own belief that Foucault's ideas—particularly his motifs of *power*, *knowledge*, *discourse*, and *representation*—constitute powerful points of reference around which a potentially meaningful analysis—or critique—of a diverse range of discourses, social structures, and institutions, can be orientated. Foucault himself subjected the discourses and institutions of medicine, psychiatry, sexuality and the penal system to his analysis (Rabinow, 1984), and his ideas have been applied to contemporary analysis of settings in as diverse settings as economics (Kologlugil, 2010) and education (Marshall, 2002).

It was Edward Said (1978) in his landmark book *Orientalism*, who arguably first applied Foucault's ideas to an analysis of the relationship between the European and the non-Western other in a colonial context, laying the foundation for the new field of *postcolonial studies* (Nichols, 2010). Foucault's work and ideas then are relevant to our understanding of knowledge production in the context of colonial power, something that is a central theme in this essay.

Motifs such as *power*, *knowledge* and *representation* are strongly associated with Foucault and as such, a Foucauldian sensibility or perspective cultivates an awareness of the intimate and mutual nature of their inter-relationship. It facilitates an appreciation of the fact that advancement of any given knowledge serves the interests of some and not others and that knowledge both reflects and perpetuates power relationships. One of the factors that props up any given truth claim

and which gives it authority is the assumption that it is value-free, that it is independent of considerations of self-interest or agenda, and that it is objective. Foucault (in alignment with the postmodern turn, in general) exposes the fallacy of such claims to impartiality (this can be characterized as the *objectivist fallacy*) and in doing so, in a sense, he pulls the rug out from beneath what might otherwise continue to be held up as unbiased, agenda-less knowledge. Questions that might be brought to bear on any given *truth claim* in this respect are: Who produced this knowledge? What or who does this knowledge exclude? What sort of knowledge is more/less valuable? Which practice or practices would be more/less likely with (out) this knowledge? What is not discussed; thus, what is taboo? Which practices or policies does any given knowledge legitimize or make more "acceptable"? Who are the beneficiaries of this knowledge? Who has the power and the authority to represent? In respect to this particular question, Nichols (2010) argues that one of the central arguments made by Edward Said in *Orientalism* is that the exercise of power by Europe and its allies over the rest of the world has not been on the basis of control and physical dominance but through a complex process of dominating the representation of non-Western people, which has simultaneously served to remove representational authority from non-Western peoples, distort images and forms of knowledge about them, and justify ongoing physical/military colonization. Foucault's concept of *episteme* (1970), articulated most clearly in *The Order of Things*, is of particular relevance to the concerns of this paper. Foucault conceptualized *episteme* as the *a priori* conditions which allow for the possibility of certain types of knowledge within any given epoch. The notion of *paradigm* is also relevant, since knowledge, according to Foucault's conceptualization of "discourse", has to conform

to the existing paradigms of the world in order to be considered as legitimate and true (Young, 1995).

I have found it beneficial to consider the issue of authority in addition to that of knowledge. This is understood when one considers the way in which an article that is printed in a book published in England by, for example, *Oxford University Press*, is considered to have much more authority than a story told by a First Nations elder on a reserve in British Columbia. When a European Professor of anthropology declares that all shamans are mentally deranged, what gives his statement more authority than anyone else's? The assumption of this professor's neutrality is flawed and serves to maintain and perpetuate the authority of his position.

### The Shaman as a Daemonic Figure

Throughout the seventeenth and eighteenth centuries, as well as early part of the nineteenth century, the prevailing Western image of the shaman was as a daemonic figure. This reflects the pervasive and over-arching influence of Christianity (at least in Europe). The early Catholic missionaries in South America, because they took literally the claim that shamanic powers could transform the individual into an animal, considered that such abilities could arise only through "a pact with the devil" (Jilek, 2005, p.9). The spirit helpers of Saami (Laap) shamans in northern Scandinavia were called "devil's angels" by Lutheran pastors and this is depicted in artwork from the late seventeenth century in which the shaman's healing spirits are drawn with horns and bat wings (Jilek, 2005). According to Jilek, the Christian view of the shaman as a daemonic figure was reinforced by the importance accorded to the belief (a belief held by shamans and in many aboriginal societies) that shamanic powers can be used for harming as

well as healing. This ecclesiastical intolerance of alleged supernatural practices that went against church doctrine was also manifested in the widespread witch hunts that occurred in the early modern period in Europe during which tens of thousands of alleged witches were killed (Levack, 2006).

### Pathologization of the Shaman

The late nineteenth century saw a decline in the influence and authority of the church in the Western world, and arguably, the authority of positivistic science and psychiatry stepped in to replace the resulting explanatory void. Against the background of this new episteme, the shaman was increasingly cast as a case of psychopathology. Whilst it is beyond the scope of this paper to enumerate all the instances where a Western scholar deployed the language of pathology (specifically psychopathology), a few examples will serve to illustrate this general point. Read (1920) considered the shaman's voluntary induced "fits" to be on the "hysterical or epileptoid diathesis". Hamby (1926) advanced the view that the shaman suffers from "fear neurosis" and "anxiety hysteria" and the psychoanalytically-oriented anthropologist Devereux (1961) was a particularly strong proponent of the prevailing pathological hypothesis, stating that "the shaman is psychiatrically a genuinely ill person" (p.262) and that "the Mohave shaman is a fundamentally neurotic person" (1958, p.1044). An important influence on Westerners' assumptions (starting in the late nineteenth century) about the pathological nature of shamans, according to Znamenski (2007), was a body of accounts from ethnographers and explorers linking hysteria to shamanism in the Arctic, to "imply a direct connection between native insanity and spirituality" (Znamenski, 2007).

Such examples illustrate how the denigration of the shaman by Westerners came pack-

aged in scientifically respectable, value-free language, imbued with the apparent weight and authority of psychiatric jargon and professional testimony, as if to assert that psychopathology in the shaman was a self-evident truth. For Foucault, the very possibility of such a characterization of an individual (framed as “ill”) would not have been possible were it not for a change in the structure and arrangement of medical knowledge in the nineteenth century. This idea is elucidated most forcefully by Foucault (1994) in *The Birth of the Clinic*, in which Foucault asserts that this was a period when a new grid of knowledge appeared. A new type of medical gaze, on the part of doctors, became legitimized. During this period, the bipolar tropes of *normality* versus *pathology* became consecrated into medical discourse. A curious lacunae in Foucault’s own writings (despite the fact that his ideas have much hermeneutic power in this area) is an analysis of the European deployment of psychiatric discourse in its representation of non-European peoples. Indeed, although Foucault’s ideas are so relevant to questions of race and colonialism, and though he has explicitly influenced many writers on such subjects, he remained strikingly silent about these areas, and there is an ongoing question if this was a deliberate strategy (Young, 1995).

Nonetheless, Foucault’s analysis does give us much, including an appreciation of the fact that the very possibility of using such pathologizing categories to denigrate “primitive people” is predicated on the availability to the Westerner of two things: a certain conceptual and linguistic repertoire, as well as legitimization of the “primitive” and his mental health as a subject of his (the Westerner’s) scrutinizing gaze. According to Foucault, both became possible because of the reorganization of knowledge in the nineteenth century. My own contention is that the colonial backdrop of the

nineteenth and early twentieth centuries cannot be ignored in any consideration of the discourses that became prevalent in this era. The very notions of *primitivity* and *psychopathology* as legitimate objects and subjects of discourse contributed to the colonial articulation of what that Waldenfels (2007) refers to as “doubled otherness.” The colonial project was very much served by the Europeans’ hypertrophied valuation of reason and rationality, and by the propagation of the view that reason and rationality are lacking in the “primitive”. An influential publication by the French anthropologist Levy-Bruhl (1926) articulated a *primitive mentality* supported and reflected this dualistic conceptualization, positioning the mentality of the civilized European as superior, and as representing a more advanced state in teleological and evolutionary terms, compared to the mentality of the primitive indigenous person. The tone of the book is firmly established by Levy-Bruhl in the first paragraph: “Among the differences which distinguish the mentality of primitive communities from our own, there is one which has attracted the attention of many of those who have observed such peoples under the most favourable conditions—that is, before their ideas have been modified by prolonged association with white races. These observers have maintained that primitives manifest a decided distaste for reasoning, for what logicians call the discursive operations of thought” (p.21). Influential intellectuals such as Levy-Bruhl then, certainly contributed to a primitivist discourse, and Lucas and Barrett (1995), in explicating the notion of *psychiatric primitivism*, show how psychiatry contributed to this primitivist discourse. For Lucas and Barrett, “psychiatric primitivism is a body of ideas, images and vocabularies about cultural others. While ostensibly about peoples from elsewhere, it is more fundamentally concerned with the way the West understands itself in

contradistinction to these others” (p.289). The pathologization of the shaman clearly contributed to this psychiatric primitivist discourse.

A greater appreciation of the mutually imbricating nature of colonial and pathologizing discourses assists in contextualizing the Western proclivity of the time for denigrating the shaman by deploying the tropes of psychopathology. This manner of casting (and castigating) the shaman, far from being an isolated practice, was a mere example of a far more widespread practice of denigrating the colonial subject by psycho-pathologizing him. Again, the scope of this paper precludes an exhaustive rendering of all the relevant examples but some illustrative cases will serve to convey the point. Lopez (1995), for instance, brings attention to the “orientalist contempt for Hindu religiousness” (p.46). Such contempt had the veneer of professional authority and respectability when presented in the form of a psychoanalytical formulation, as was the case in Berkeley-Hill’s (1921) paper *The Anal-erotic Factor in the Religion, Philosophy and Character of the Hindus*, in which devotion to deities such as Indian deities are explained (pathologized) as anal erotic fixations—with pranayama breathing practices being associated with the passing of flatus. The political utility of psychoanalytic jargon is clear from the way it was deployed by colonialists to discredit and undermine proponents of the Indian independence movement with Daly (1930), in his paper *The Psychology of Revolutionary Tendencies*, depicting figures such as Gandhi, as “child-like and infantile” because of what he construed as their “pathological love of India” again, exploiting the recapitulation in European theories of psychopathology of teleological notions of human progress.

### The Era of Neo-Shamanism

At around the mid-point of the twentieth

century, a further change in the configuration of social forces marked the beginning of a new *episteme*. The collapse of several European colonial empires and changing patterns of migration challenged the dominance of the Eurocentric worldview. The colonial project had profited much from widespread dissemination of Eurocentric narratives of human progress as well as the widespread deployment of such tropes of *civilized* and *primitive*, configured with respect to each other in diametric terms. But such distinctions were increasingly hard to hold up after the devastation and destruction in Europe during the Second World War made it impossible for European civilization to maintain its pretensions.

Contrasting with the position set forth by Levy-Bruhl (1926), an important work by Levi-Strauss, *The Savage Mind* (1962), epitomized the then new episteme that was beginning to unfold in the latter half of the twentieth century, by asserting that there are no fundamental distinctions between the minds of humans from different races.

These years also saw increasing numbers of Westerners beginning to explore so called “new age” and “non-churched” spirituality. Undoubtedly, the writings of Carlos Castañeda had a great influence in mobilising a sympathetic interest amongst Western readers and spiritual seekers in shamanism. In this regard, much credit is also given to Mircea Eliade’s (1964) *Shamanism*. Indeed, Von Stuckart (2002) ascribes to Eliade a central role, as the “turntable”, separating and linking the intellectual discourse about shamanism in the nineteenth century to popular appropriation of shamanism in the latter half of the twentieth century. Whilst the publication of Silverman’s (1967) paper *Shamanism and Acute Schizophrenia* demonstrates that the pathologizing discourses did not cease completely in the last decades of the 20th century, what is clear is that the

general tide was turning and the knee-jerk tendency of academicians of previous decades to pathologize the shaman was giving way to a less dismissive approach, one which was a lot more willing to acknowledge the shaman's therapeutic powers and to engage in a serious, scholarly appraisal of the therapeutic characteristics of shamanic healing. The scholarship of the anthropologist Larry Peters (2007), who described shamanic healing practices in Nepal in *Tamang Shamans* as well as that of Wolfgang Jilek (1982), who described shamanic practices in the context of winter ceremonials amongst the Coast Salish of British Columbia in *Indian Healing*, are both good examples that serve to illustrate the changing perspective towards the shaman and shamanic healing in Western academia, that was beginning to be seen in the late twentieth century. More recently, Western scholars have produced historicized perspectives of Western scholarship on the shaman (Jilek, 2005; Walsh, 2007; Znamenski, 2007). These writers view the previous tendency to pathologize through a lens which strikes a discernible note of self-reflexivity and retrospection as well as a high degree of criticism towards an earlier phase in Western scholarship.

Programs and workshops are now widely available in the West, offering training and experience in what, under the influence of Michael Harner (1990) has come to be known as "core shamanism". But despite the commonplace and widespread use of the terms, the validity and sanctity of the terms shamanism and core shamanism are disputed. It was in much the same way that Said (1978) took issue with the word orient which, for Said, was understood to have been constructed by those with the power to produce knowledge to legitimize new categories of study. One of the leading critics of the widespread adoption, in the West, of the terms *shaman* and *core shamanism* is Al-

ice Kehoe (2000) who in *Shamans and Religion* argues that there is an insufficient basis upon which to conclude that all practices around the world have enough in common that would justify the use of such unifying terms. A Foucauldian sensibility can ground a critical inquiry into the hidden commitments of such contemporary linguistic constructs. A basic orientating question would be something like: *who coined the term? Whose authority is given weight? Whose interests does it serve? What does it legitimize?* In tackling these questions one by one as a basis for analysis, some of the undeclared and undisclosed power dynamics become exposed rather quickly: The term *core shaman* is a Western term, and is linked to Michael Harner (1990). Harner was influenced by Eliade, but Eliade, despite his accomplishments as a great comparative scholar of religion, never met a shaman. This fact however, did not, apparently, undermine his authority to write on the subject. The bias is clear here then. It is a bias that is pervasive in the Western academy in which discursive knowledge is granted a greater authority than experiential knowledge. Shamanism has been appropriated into a form that lends itself to being taught to fee-paying Westerners in workshops and training courses such as those run by Harner in his *Foundation for Shamanic Studies*. The construction of a notion of *core shamanism* was an important move on which to build such an enterprise. It is hard to see how one could have achieved marketing success by selling, for example, Nepalese or Peruvian shamanism to North Americans. For a start, the argument about inauthenticity and of it being completely out of context and acultural would have been much harder to deflect. My contention is that the privileging of such an interpretation of shamanism (as a "core" shamanism) was a necessary precondition, likely a deliberate discursive strategy, on which the success of Harner's enterprise was



contingent. Such a construction of shamanism also understates the significance of its original cultural context, which, again, gives unfettered access to “shamanic training” for just about any Westerner who might be interested and able to afford it.

Whilst there is a growing contemporary interest among Westerners in “Aboriginal” or “traditional” healing (and this includes an interest in shamanism) there is a concern, as Waldram (2004) writes, that this interest is underscored by dualistic assumptions which position Aboriginal holism against Western dualism in a way that continues to appeal (through the back door, so to speak) to polarized, primitivist distinctions between *civilized* and *savage*. Similar sentiments are expressed by Kehoe (2000), who, whilst welcoming the efflorescence of interest among Westerners in shamanism, views the romanticized image of shamans and shamanism in the eyes of Westerners as re-articulations of primitivist notions of the *noble savage*. Continuing with this theme, Lucas and Barrett (1995) claim that two distinct themes are apparent within Western discourse on the shaman. The Barbaric perspective, on the one hand, has considered the shaman as manipulative, as quarrelsome, as treacherous, and litigious. This is held in contrast to the arcadian perspective, in which the shaman is idealized as a seer, visionary, healer, and poet. For Lucas and Barrett, both perspectives (the *barbaric* and the *arcadian*) contribute to primitivist discourse of otherness and both discourses accentuate difference. To be aware of such tendencies and to maintain a critical perspective is, I would contend, to honour a Foucauldian attitude.

## Conclusion

As has been demonstrated in this paper, the Western conceptualization of the shaman over the course of the last century has evolved and

this evolution can be said to have been characterized by three major periods or epochs. Each of these epochs can be considered to be characterized by relatively distinct and internally consistent *epistemes*, in the Foucauldian sense.

Neither Foucault’s ideas nor the epistemic commitments in his work (they are of course, not two separate things) lend themselves to being appropriated into a strict methodology but this should not be construed as a weakness. To the contrary, this very characteristic represents a great strength, for it liberates and grants a certain freedom to the scholar engaged in a Foucault-inspired deconstructive project. Two or more investigators can quite legitimately conduct an analysis on any given area by self-consciously drawing on Foucault’s ideas, to arrive at very divergent end points. This is congruent with postmodern epistemology which holds truth to be asymptotic, contestable and open-ended in its nature. Foucault inspires an approach, or what we could equally refer to as a ‘spirit of inquiry’ which has great utility, for it honours and champions a poly-vocal discourse and it permits epistemic space for multiple perspectives. Such tendencies are of interest and relevance to postmodern and postcolonial scholars alike. Again, these two movements are not entirely separate. As far as I am aware, though there is a literature examining the changing Western conceptualization of the shaman, this is the first paper to do so with explicit reference to the ideas of Foucault. This paper suggests that postcolonial scholarship may, in the future, profit a great deal from further engagement with Foucault’s thought.

## References

- Berkeley-Hill, O. (1921). The anal-erotic factor in the religion, philosophy and character of the Hindus. *International Journal of Psycho-Analysis*, 2, 306-338.

- Daly, C.C. (1930). The psychology of revolutionary tendencies. *International Journal of Psycho-Analysis*, 11, 193-210.
- Devereux, G. (1957). Cultural thought models in primitive and modern psychiatric theories. *Psychiatry*, 21, 359-374.
- Devereux, G. (1961). *Bureau of American ethnology bulletin 175: Mohave ethnopsychiatry and suicide, the psychiatric knowledge and the psychic disturbances of an Indian Tribe*. Washington, DC: Government Printing Office.
- Eliade, M. (1964). *Shamanism: Archaic techniques of ecstasy*. London: Routledge & Kegan Paul.
- Foucault, M. (1970). *The order of things: archaeology of the human sciences*. NY: Pantheon.
- Foucault, M. (1994). *The birth of the clinic: archaeology of medical perception*. NY: Vintage.
- Graham, L. (2005). Discourse analysis and the critical use of Foucault. In *The Australian Association of Research in Education Annual Conference, 27th November - 1st December 2005*, Parramatta, Sydney. (Unpublished)
- Harner, M. (1990). *The way of the shaman*. (3rd Edition) San Francisco: Harper & Row.
- Hambly, W.D. (1926). *Origin of education among primitive peoples*. London: Macmillan.
- Jilek, W. (1982). *Indian healing: Shamanic ceremonialism in the Pacific Northwest today*. Surrey, BC: Hancock House.
- Jilek, W. (2005). Transforming the shaman: Changing Western views of shamanism and altered states of consciousness. *Investigación en Salud*, 7(1), 8-15.
- Kehoe, A. (2000). *Shamans and religion: An anthropological exploration in critical thinking*. Long Grove, IL: Waveland Press.
- Kologlugil, S. (2010). Michael Foucault's archaeology of knowledge and economic discourse. *Erasmus Journal of Philosophy and Economics*, 3(2). 1-25.
- Levack, B. (2006). *The Witch-hunt in early modern Europe*. NY: Longmans.
- Levi-Strauss, C. (1962). *The savage mind*. Chicago, IL: University of Chicago Press.
- Levy-Bruhl, L. (1923). *Primitive mentality*. London: Allen and Unwin.
- Lucas, R.H & Barrett, R.J. (1995). Interpreting culture and psychopathology: Primitivist themes in cross-cultural debate. *Culture, Medicine and Psychiatry*, 19(3), 287-326.
- Marshall, J.D. (2002). Michael Foucault: Liberation, freedom, education. *Educational Philosophy and Theory*, 34(4), 413-418.
- Nichols, R. (2010). Postcolonial studies and the discourse of Foucault: Survey of a field of problematization. *Foucault Studies*, 9, 111-144.
- Peters, L. (2007). Tamang Shamans: An ethnopsychiatric study of ecstasy and healing in Nepal. New Delhi: Nirala.
- Rabinow, P. (1984) (Ed.), *The Foucault reader*. NY: Pantheon.
- Read, C. (1920). *The origin of man and his superstitions*. Cambridge: Cambridge University Press.
- Said, E. (1978). *Orientalism*. NY: Pantheon.
- Sarup, M. (1993). *Introductory guide to post-structuralism and postmodernism*. Atlanta: University of Georgia Press.
- Silverman, J. (1967). Shamans and acute schizophrenia. *American Anthropologist*, 69(1), 21-31.
- Von Stuckrad, K. (2002). Reenchanted nature: Modern Western shamanism and nineteenth century thought. *Journal of the*

*Academy of Religion*, 70 (4), 771-799.

Waldenfels, B. (2007). Doubled otherness in ethnopsychiatry. *World Cultural Psychiatry Research Review*, 2(213), 69-79.

Waldram, J. (2004). *Revenge of the Windigo: The construction of the mind and mental health of North American Aboriginal peoples*. Toronto, ON: University of Toronto Press.

Walsh R. (2007). *The world of the shaman: New views of an ancient tradition*. Minnesota: Llewellyn.

Young, R. (1995). Foucault on race and colonialism. *New Formations*. 25, 57-65.

Znamenski, A.A. (2007). *The beauty of the primitive: Shamanism and the Western imagination*. NY: Oxford University Press.

\*\*\*\*\* *This paper is submitted for general publication to the Fourth world journal* \*\*\*\*\*

## About the Author



Dr. Tony B. Benning is a Consultant psychiatrist living and practicing in the Fraser Valley region of British Columbia, Canada. He practices general adult psychiatry in Maple Ridge, BC and is visiting psychiatrist to the Seabird

Island First Nation in Agassiz, BC. He has an interest in understanding the relationship – both historically and contemporaneously – between Western psychiatry and the indigenous world and in examining the usefulness of various theoretical paradigms (e.g. postmodernism, post-colonial etc.) in achieving this understanding. Dr. Benning is also interested in the theoretical and pragmatic issues that

are of relevance in the task of developing and delivering to indigenous people, mental health services that are able to effectively integrate modern, Western psychiatry, and traditional approaches to healing.

Dr. Tony B. Benning, MBChB, PGDip, MSc, MRCPsych (UK), FRCP (C)  
Designation: Consultant psychiatrist

Author of *Conceptualizations of Self, Depression and its Healing* (2013). Western and Indigenous Conceptualizations of Self, Depression, and its Healing. *International Journal of Psychosocial Rehabilitation*. Vol 17(2) 129-137).

## Contact

Maple Ridge Mental Health Centre  
22470 Dewdney Trunk Road, Suite 500  
Maple Ridge, BC.  
Canada V2X 5Z6  
(778) 231-8567  
tonybbenning@hotmail.com



Center for World Indigenous Studies

Give a Gift  
Fer un Regal



[www.cwis.org](http://www.cwis.org)

Offrir un Cadeau

Geben Sie einen Geschenkgutschein

Hacer un Regalo

Help advance traditional knowledge  
to respond to climate change, strengthen  
indigenous communities, and promote peace

# Indigenous Nations and Political Autonomy

By Heidi Bruce, M.A. and Dina Gilio-Whitaker, M.A.  
Center for World Indigenous Studies

## EDITOR'S NOTE

*In May 2014 the European Union held elections for Members of the European Parliament representing 28 Member States. Europe is the birthplace of the modern state. It was the Roman Catholic Church negotiating the end of the 30 years War in 1645 that birthed the states as they are now known. When all was said and done by the 21st century, Europe's states had covered the entire continent, placing their claim to sovereignty on top of no fewer than 128 different nations. Many of those nations now seek to reemerge as distinct political entities in their own right by seeking political autonomy and independence from states (e.g., Scotland from the United Kingdom, Catalonia from Spain, Tyrol from Italy). What may be seen as a growing "autonomy movement" in Europe began developing in North America in the 1980s with the self-governance movement by Indian nations. Autonomy, or internal self-rule, by indigenous nations is now a world-wide phenomenon showing up in Myanmar, Taiwan, China, Kenya, Sudan, Mexico, and in South and Central America. The authors give concrete meaning to the concept and future of political autonomy in this essay.*

In 2005 indigenous studies scholar Duane Champagne argued for the recognition of indigenous autonomy through the creation of a multinational state, not because it is the morally correct thing to do, but because to do so enhances a state's stability, thus maximizing its own best interest. If the core objective of a state's political relationships is maximized self-interest then it is rational for the state to act in a way that promotes internal stability.

Politics can be likened to a chess game where little moves count. Savvy political maneuvering can achieve indigenous nations' goals of free, prior, and informed consent (not just consultation) and other principles enshrined in the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)—even if not explicitly acknowledged as such by the state. History shows that even in the face of the brutalities of colonization indigenous nations are not without agency. Tenacity, driven by the conviction and intelligence of indigenous leaders, has resulted, for example, in great strides for American Indians

in the past half-century and it is important to build upon those successes. The next steps in advancing indigenous autonomy, however, involve inquiries and processes that go beyond what can be achieved within the domestic legal sphere; solutions must be political in nature. The goal of this essay is to imagine a blueprint for autonomy through astute observation of international trends, supported by relevant human rights instruments, and tailored to meet the needs of indigenous nations within the borders of what has become known as the United States.

This represents a degree of restoring original indigenous independence (what some may call decolonization). It is no less than a paradigm shift away from political relationships grounded in the dynamics of hegemony/subordination to mutual respect/cooperation. That shift is a process of disentangling hundreds of years of abuse which has been legitimated in domestic and international law and internalized by nations themselves, exemplified all too often in the very language

indigenous nations use to describe their realities. It is thus largely a problem of perception formed (or reflected) by language. The words used to describe reality matter and the process of reclaiming indigenous autonomy is manifest in how it is conceptualized. The task, then, is the conscious reframing of indigenous national realities in terms that are not only rooted in the language of international relations but also in indigenous languages when possible.

## Foundations for Claims of Political Autonomy

### The Right to Autonomy

After decades of political assertions on the part of indigenous nations, the notion of autonomy is becoming enshrined in international instruments, academic research, and on-the-ground policy discourse. Article 4 of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) explicitly states:

*Indigenous peoples, in exercising their right to self-determination, have the right to autonomy or self-government in matters relating to their internal and local affairs, as well as ways and means for financing their autonomous functions (UNDRIP, 2007).*

Yet despite its increasing popularity as a political term of reference – or perhaps because of it – the practical implications of autonomy remain an elusive abstraction for many indigenous nations.

Etymologically rooted in the Greek words *autos* (self) and *nomos* (law), autonomy refers to “having one’s own laws”. This can be in regards to one’s individual personhood through the right to decide, as well as the collective organization of a people through their right to self-govern. While the idea of autonomy is

articulated in cultural, political, and epistemological strands the world over, how it actually manifests *in situ* and, perhaps more controversially, who decides its legitimacy, has become the subject of domestic and international debate.

Mohawk scholar, Taiaiake Alfred, asserts that while indigenous peoples have successfully advocated the initial stages of a movement to restore their autonomous power in the area of governance, limited progress has been made towards realizing the ideals of indigenous political thought: respect, harmony, autonomy, and peaceful coexistence (Alfred, 2009). He argues that some indigenous communities have worked to “disentangle themselves from paternalistic state control and to envision a post-colonial future”, yet, that future raises serious questions in the minds of people who remain committed to systems of government that complement and sustain indigenous cultures. “To many of these indigenous leaders, it seems that all the attention and energy has been directed at the cumbersome and expensive process of decolonization, while almost no attention has been paid to the end goals of the struggle. What will indigenous governance systems be like after self-government is achieved” (Alfred, 2009)?

Indigenous nations, now endowed with international rights to autonomy, need to look beyond their presumed legal definitions (granted by states) and clearly articulate the forms of political autonomy they want to assert. This process, if done contextually, will yield varying political arrangements, as different forms of autonomy will need to be designed to serve the myriad of indigenous nations’ aspirations, based on their own values and knowledge (Loukacheva, 2004). The customary state response, however, has been to (at best) promote indigenous peoples’ cultural attributes (e.g. art, song, dance) while political values—quietly

perceived as far more threatening to the integrity of the state and the economic interests that support it—are “denied validity in the process of negotiating new relationships” (Alfred, 2009).

### The Right of Self-Determination

Whereas autonomy can be described as an outcome, self-determination is the process by which indigenous nations achieve that end. Article 3 of the UNDRIP states:

*Indigenous peoples have the right to self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development (UNDRIP, 2007).*

An expanded perspective on the right to self-determination, offered by indigenous and non-indigenous participants at the 1998 Barcelona Conference on the *Implementation of the Right to Self-Determination as a Contribution to Conflict Prevention* is that it can also serve as a “specific contribution to building a culture of peace” (van Walt, 1998). For Fèlix Marti, convener of the conference and Director of the Centre UNESCO de Catalunya, it does not have to be a rigid all-or-nothing choice between statehood or a complete denial of political identity. The process of self-determination is dynamic, contextual, and necessitates creativity. It lies at the core of most international human rights instruments and is the basis on which more than 140 independent states came into being after World War II (Ryser, 2010). Marti, in referencing the self-determination experience of Catalonia, views the process as involving incremental changes that are “implemented rather than forcing parties to agree on definitive changes which can be too radical for some and insufficient for others. In this sense,

self-determination should not be regarded as antagonistic to the state or to the situation in which a people finds itself. Rather, it should be seen as a process by which parties adjust and re-adjust their relationship, ideally for mutual benefit” (van Walt, 1998).

The idea that self-determination can involve “mutual benefit” is rarely mentioned in the realm of international relations. States are emphatically concerned with maintaining their hegemony, while nations seeking autonomy often feel they have no leverage with which to bargain. As with interpersonal relationships, however, nation-to-state relationships are far more complex than *realpolitik* negotiations assume. Humans, nations, and states all have vulnerabilities and offerings that can—when negotiated constructively—lead to transformative political arrangements that neither party may have initially envisioned.

In the post-UNDRIP context of nation-state relations, indigenous nations have the opportunity to assert their notions of power and self-determination not only through current international instruments but, perhaps more importantly, through new mechanisms that they decide to create. Political, legal, and economic analysis has become too entrenched in the atomistic details of ascertaining what entity is entitled to ownership rights over a certain area or peoples. The reality is that geopolitical relations are far more fluid than most experts care to admit. They involve complexity that can either be shunned or embraced—depending on the willingness and wisdom of the polity and its leaders.

### Past Political Independence

Indigenous nations’ case for political autonomy is also vested in the notion that as nations—a community of self-identifying people who have a common culture and a historically common territory (Nietschmann, 1994)—they

Figure 1. North American nations prior to European contact



Source: (Murdock & O'Leary, 1975)

are historical political entities endowed with diplomatic institutions and practices that should be recognized as such.

This map illustrates the patchwork of nations that comprised what is known today as

North America, prior to European contact.

The Haudenosaunee, “People who build the Longhouse,” also known as the Six Nations Iroquois Confederacy (Mohawks, Oneidas, Onondagas, Cayugas, Senecas, and



the Tuscaroras)—located in the northeastern region of the map—are considered by many to be the oldest living *participatory* (as opposed to *representative*) democracy in the world (ratical.org, 2013). Their form of governance—based on consent of the governed—contains a great deal of life-promoting wisdom and practice based on the *Kaianerekowa (Great Law of Peace)*. Regarding the political practices of the Anishinaabeg (a collective term that refers to the Ojibway, Odawa, and Algonkin Peoples, who share closely related Algonquian languages) author Leanne Simpson (2013) describes treaties as “ongoing relationships.” Complete with their own political institutions, diplomatic protocols, and ambassadors, indigenous nations of North America—and other bi-cultural regions throughout the world—serve as bedrock examples of polities engaged in a dynamic process of negotiating both independence and mutual interdependence.

### The Rights of a People to Benefit from its own Natural Wealth

A central part of the indigenous way of life – spiritually and politically – is the maintenance of a nurturing bond with Mother Earth and the right to control their lands and resources. Article 26 of UNDRIP addresses this reality:

1. *Indigenous peoples have the right to the lands, territories and resources which they have traditionally owned, occupied or otherwise used or acquired.*
2. *Indigenous peoples have the right to own, use, develop and control the lands, territories and resources that they possess by reason of traditional ownership or other traditional occupation or use, as well as those which they have otherwise acquired.*

3. *States shall give legal recognition and protection to these lands, territories and resources. Such recognition shall be conducted with due respect to the customs, traditions and land tenure systems of the indigenous peoples concerned.*

Indigenous nations’ collective systems of territory use are a necessary condition for their survival, social organization, and development. The form of control is varied and distinctive and does not, in most cases, coincide with the systems protected by the domestic laws of the states in which they live (Hipwell, 1997).

### Territorial Integrity

Despite (or perhaps because of) indigenous peoples’ deep connection with a particular bioregion and the natural wealth derived from it, one of the main state-centric arguments against autonomy is the notion of *territorial integrity*—a principle in international law that says states should not attempt to promote secessionist movements or border changes in other states. Addressing this concern directly, Article 46 of UNDRIP articulates,

*Nothing in this Declaration may be interpreted as implying for any State, people, group or person any right to engage in any activity or to perform any act contrary to the Charter of the United Nations or construed as authorizing or encouraging any action which would dismember or impair, totally or in part, the territorial integrity or political unity of sovereign and independent States. (UNDRIP, 2007).*

However, while the United States government clings to its conception of non-self-dismemberment by referencing Article 46, the specific restriction that the article actually emphasizes is on “any activity or to

perform any act contrary to the Charter of the United Nations”. Rÿser asserts that in international law there is, in fact, no restriction on dismembering the territorial integrity of a state, if changing the political status (e.g. confederation, free association, or autonomy) of an indigenous nation within that state is freely chosen in accord with the UN Charter. “Freely choosing a political status is the most basic of concepts built into the principle of self-determination. Without that right, there is no self-determination”(Rÿser, 2010).

Most states fear that when indigenous nations assert their desire for political autonomy, the process inevitably becomes a secessionist movement. Underlying this fear is the assumption that the state is the basic but also the highest form of organization to which all communities, including indigenous peoples, aspire (van Walt, 1998). But according to James Anaya, former UN Special Rapporteur on the Rights of Indigenous Peoples, in the case of indigenous nations, “emphasis is not so much on separation; rather, the goal is relations and connections. Separation in this context is only a transition to break away from the negative, to create new bonds”(van Walt, 1998).

### **The Constructs of Autonomy**

A term that has become synonymous with indigenous autonomy is sovereignty. In the US Indian rights movement of the 1960’s and 70’s, the language of sovereignty was a bold assertion in defense of tribes’ previous independence. However, critical scholarship—indigenous and non-indigenous— increasingly elucidates the problems with the term sovereignty as yet another Eurocentric concept. Mongia (2007), drawing on Anghie, argues that the concept of sovereignty arose in the process to delegitimize the claims of “nomadic colonial peoples” and to legitimize taking possession of their territories. Hozic (2007) further

claims that [state] sovereignty, a normative structure meant to outline appropriate behavior, is always historically contingent and is essentially a fantasy.

The postcolonial political development of Fourth World nations ushers in a new way of exercising autonomy through self-governance via interaction in the international system; as opposed to the limited exercise of tribal sovereignty via the “government-to-government” relationship in the domestic realm. While indigenous people from civil society groups have been taking their concerns before the international community of states for decades, the present moment of indigenous governments engaging at the United Nations level and with the United States Department of State signals a new direction where a nascent paradigm can be observed. The formation of multinational states called for by intellectuals appears to be manifesting as indigenous and other Fourth World nations assert their specific inflections of autonomy.

### **What Will it Look Like?**

Maori scholar Makere Stewart-Harawira writes (2005) that indigenous responses to the threats of the global imperial order are emerging through an increasingly broad range of social movements, including political formations, which have yet to be determined. She invokes the concept of “nested forms of democratic governance within and across nations and states” (pg. 244) that can accommodate nations’ need for collective rights in addition to individual rights. She sees the dissolving of absolute state sovereignty and advocates for frameworks based on shared or cooperative power, even non-coercive power (ala Hannah Arendt), at “every level of political life” (pg. 247). In this regard Young (2000) stresses a hybridized “principle of local self-determination enacted in the context of global

governance structures” (pg. 254), envisioning a *decentered diverse democratic federalism* patterned on Iroquois concepts of federalism. In the move away from the Eurocentric language of sovereignty, then, indigenous nations as active geopolitical agents can incorporate principles more relevant to their understandings and traditional international relations practices and states can accommodate global demands for democracy and the restoral of human dignity.

Ryser (2012) identifies the following existing and emerging alternative political status formulations that pose varying degrees of relevance or applicability to Fourth World nations:

- **Integrated Nation**– No internal or external sovereignty; participation or sharing in political instruments of state or dominant nation; exercise delegated powers of government, constitutionally defined or impliedly understood to be an integral part of state domain or dominant nation’s domain, no inherent collective rights; full economic dependency (e.g., Kalaallit Nunaat).
- **Autonomous Nation**– Governing authority delegated to nation from state-limited internal sovereignty; no external sovereignty; limited collective rights. State constitution defines individual and collective rights, partial economic self-sufficiency (e.g., Yapti Tasba).
- **Associated Nation**– Exercises inherent powers of government; full internal sovereignty, government-to-government relations; limited external sovereignty, partial economic self-sufficiency (e.g., Lummi Nation).
- **Independently Federated Nation**– Exercises inherent powers of government;

varying degree of negotiated internal and external sovereignty; government-to-government relations; substantial economic self-sufficiency (e.g. Catalonia).

- **Independent Nation-State**– Exercises constituted powers of government; full internal and external sovereignty; economic dependency (e.g. Federation of Micronesia).

These arrangements can represent a particular phase a nation passes through in its political development or a final destination. The important point is that a nation understands the alternatives available and develops a strategy for autonomy based on its needs and aspirations.

### Self-determination Process/Power-Sharing

Indigenous nations seeking to change their political status within a particular state will need to consider power-sharing categories including:

- Cultural Affairs
- Education
- National Symbols
- Health and Social Services
- Official Language and Secondary Languages
- Economy/Monetary Policy/Currency/Taxation
- Natural Resources/Environmental Policy
- Transportation and Infrastructure
- Postal and Telecommunications Systems
- Law and Justice
- Citizenship/Passports/Visas
- Foreign Policy/Defense
- Customs, border control and immigration

- Trade relations

Each category will yield contextualized responses, depending on the negotiating parties involved. For example, Catalonia, an independently federated nation within Spain, exercises strong inherent powers of government with a varying degree of negotiated internal and external sovereignty and substantial economic self-sufficiency (Seton, 1999). The Spanish government maintains power in areas such as inter-state security and commerce, while Catalonia exercises increasing measures of economic, political, and strategic power appropriate to its position. This notion of deferring most governing powers to a local, competent political unit is referred to as the *principle of subsidiarity* and has been a central tenet of the European Union which recognizes the importance of political decentralization as a means towards maintaining peaceful cooperation among regional governments.

### International Legal Frameworks of Autonomy

When discussing power-sharing arrangements and the process of self-determination, it is important to note the significant conceptual problems that modern liberalism (and its international political and legal frameworks) has for indigenous populations. At issue is the distinction between rights for indigenous peoples based on Western norms of individualism, personal liberty, and private property ownership, versus collective rights as “peoples,” a concept based on traditional indigenous worldviews. Western positivist legal frameworks recognize the former but not the latter. Stewart Harawira (2005) contends that ILO Convention 169 reaffirms the rights of states over the rights of indigenous peoples (132). She criticizes the state-centric nature of international law and human rights discourses, while Mongia (2007) believes international law embodies inequality. Rajagopal (2006) and Stewart-Harawira (2005)

also criticize international law for deploying human rights frameworks hegemonically through a development-centered paradigm. On the other hand, Rajagopal does acknowledge that international law and human rights can be deployed counter-hegemonically through critical approaches to development, the growth of regional international law, and increasing the prominence of sub-state actors through the emergence of coalitions of smaller states and social movements. Recognizing the inherent limitations of international law will enable indigenous and Fourth World nations to proceed in their autonomy projects with cautious, well-informed optimism and tools to negotiate roadblocks they will inevitably encounter.

### Wilson’s Fourteen Points

In 1918, with World War I raging in Europe, President Woodrow Wilson delivered a speech that would alter the course of history, laying the foundations for what we today call international relations theory. Political realism which sought to explain the political behavior of state actors through the lens of war and its causes—the dominant theory of international relations at the time—would be forced to come to terms with how and why state and non-state actors cooperate to end and prevent war. Wilson’s speech was precedent setting for the way it created new standards for states to relate to one another. It introduced the language of self-determination for non-self-governing peoples into international political discourse as a way to avoid war (Ryser, 2012) and created the League of Nations, the precursor to today’s United Nations.

### United Nations Covenants

International demands for human rights have resulted in multiple legal instruments to dissuade the abuse of power by states and require monitoring for their implementation.

**ILO Convention 169** (1989) is a human rights instrument that establishes a set of principles to prevent forced assimilation of indigenous populations into the state system without their consent. The **International Convention on the Elimination of All Forms of Racial Discrimination (ICERD)**, adopted by the UN General Assembly in 1965 commits state signatories to abandon apartheid, prevent discrimination, and promote tolerance. The **International Covenant on Economic, Social and Cultural Rights (ICESCR)**, **International Covenant on Political and Civic Rights (ICCPR)**, and the **Universal Declaration on Human Rights (UDHR)** are all part of the **International Bill of Human Rights**.

The United States has been rebuked for its lack of compliance with these international treaties. For example, in 2006 the UN Human Rights Committee reviewed the US' compliance with the ICCPR and issued its opinion criticizing the plenary power doctrine and the concept of permanent trusteeship over Indian and Alaska Native lands, as well as failing to completely address the result of the illegal overthrow of Hawaii to Native Hawaiians.

### ***Negotiating Autonomy*** **Establishing a Framework**

Given the lack of compliance by states and direct representation for indigenous peoples within international frameworks, a critical step in negotiating autonomy is to ensure that new frameworks are established. Arguing for rights within existing frameworks only reinforces a state's claim to sovereignty (Alfred, 2009). What is lacking is an effective international body that adjudicates claims to self-determination and is mandated to actively assist in ensuring its peaceful implementation (van

Walt, 1998). Within the shifting international political arena new demands of both nations and states is vital. Fourth World nations must assume their responsibilities as "mature political personalities with a full commitment to the restoration of mutual coexistence between nations and states." States, on the other hand, must recognize nations as co-equals, restructure their foreign policies to recognize that nations are a part of the international fabric, and "gain the courage to seek constructive new relations with nations to maximize cooperation and mutual benefit" (Ryser, 2012).

### **Third Party Mediation (Guarantor)**

When engaged in a formal negotiation process, it is often useful to invite the assistance of a third party mediator or guarantor. This role can be served by a private individual, a spiritual leader, an academic scholar, a government representative, a transnational organization, or an international organization—depending on the nature of the dispute. The selection of a third party is not without controversy, however, as they are not necessarily impartial or neutral, and may have their own agenda, status, and interests that get used throughout the process. An example of third party involvement can be found in negotiations between the Government of the Philippines and the Moro Islamic Liberation Front (Bangsamoro), where a Third Party Monitoring Team (TPMT) was agreed to for the purpose of reviewing, assessing, evaluating and monitoring the implementation of the Framework Agreement on the Bangsamoro<sup>1</sup>. Its members are representatives from local and international non-government organizations that were nominated by the negotiating parties. In addition to the TPMT,

---

1. On October 7, 2012, the Government of Philippines and the Moro Islamic Liberation Front released the Framework of Agreement on the Bangsamoro, which will pave the way for the establishment of the new autonomous political entity, the Bangsamoro, to replace the Autonomous Region in Muslim Mindanao.

the parties also agreed to the involvement of a Malaysian facilitator, the International Contact Group, and technical working groups (gmanetwork.com, 2013).

### **Finalizing an Agreement**

Signing a compact or agreement is by no means the final marker of successful negotiations. Success and failure in international relations are relative and measured in their totality; they encompass purpose, process, and implementation (gma.network.com, 2013). Ultimately, genuine peace making requires a creative and sustained process. Tatsushi Arai, conflict transformation practitioner, asserts that creativity, in this regard, can be described as an unconventional viability, a conscious effort to shape the future, or more precisely the present-future-link, beyond conventional realities of the conflict” (Arai, 2008). For bio-

regions that contain multiple nations seeking enhanced autonomy, Johan Galtung suggests “models of confederation of autonomies across the boundaries of the different states in which they find themselves, in ways that would not affect the territorial integrity of the respective states” (van Walt, 1998).

The table on the following page illustrates the creative, collaborative and tenacious efforts by European Fourth World Nations that have achieved varying degrees of political autonomy.

This table not only serves as a strong example of the fluid nature of geopolitical arrangements but also as a reminder that nationcraft is not limited to peoples considered to be ethnic minorities in remote areas. Rather it is a process that mirrors the tremendous bio-cultural diversity of all regions in the world.

Figure 2. Occupation history of European Fourth World Nations

Nation	Former State Occupiers	Year Occupied	Year Independent (prior years)
Norway	Denmark, Sweden	1397	1905
Finland	Sweden, Russia	1362	1917
Iceland	Norwegians, Denmark	1262	1944
Ireland	England, Britain, UK	1169	1922
Malta	Phoenicia, Carthagina, Greece, Rome, Byzantium, Arabia, Normans, Swabia, House of Anjou, Aragon, Knights of St John, France, Britain	c.1000 BC	1964
Cyprus	Assyria, Egypt, Persia, Greece, Rome, Byzantium, Arabia, France, England, Crusaders, Venice, Ottoman Empire, Britain	c.1000 BC	1964
Estonia	Denmark, Teutonic Knights, Sweden, Poland, Russia, USSR	1219	1991 (1920–1940)
Latvia	Teutonic Knights, Sweden, Lithuania, Poland, Russia, USSR	1242	1991 (1918–1940)
Lithuania	Poland, Russia, USSR	1386	1991 (1921–1940)
Poland	Prussia, Austria, Russia, Germany	1795	1918
Belarus	Grand Duchy of Lithuania, Poland, Russia, USSR	1392	1991 (1918)
Ukraine	Mongolian Empire, Lithuania–Poland, Muscovite Russia, USSR	1237	1991 (1917)
Georgia	Mongolian Empire, Ottoman Empire, Russia, USSR	1236	1991 (1918–1921)
Armenia	Persia, Macedonia, Rome, Arabia, Byzantium, Seljuk Turks, Mongolian Empire, Turkey, Russia, USSR	1070	1991 (1918)
Albania	Greece, Rome, Byzantium, Normans, Venice, Ottoman Empire	625 BC	1912
Croatia	Frankish Empire, Byzantium, Magyars, Ottoman Empire, Austro–Hungarian Empire, Hungary, Yugoslavia	768	1992 (1941–1944)
Slovenia	Frankish Empire, Byzantium, Holy Roman Empire, Austro–Hungarian Empire, Italy, Yugoslavia	745	1992
Slovakia	Magyars, Austro–Hungarian Empire, Czechoslovakia	1001	1993 (1939–1944)

(Griggs &amp; Hocknell, 1996)

## Conclusion

Establishing autonomy in a Fourth World nation is a process of relationship-building between sovereign political bodies (states and nations) in an effort to transform previously contentious associations, typically based on asymmetrical power dynamics and often contested histories. It is a salient indicator of the rapidly changing nature of the geopolitical landscape in a decolonizing world where empires are no longer tolerated. While the current liberal (i.e. neoliberal) order is far from ideal and indigenous peoples are still too often victimized by state governments, the need to maximize self-interest by ensuring a more stable state within an increasingly complex world is self-evident. It is a highly creative process that depends not merely on the goodwill of the state but on the tenacity and conviction of an indigenous nation to return to a self-determining reality. It also transcends the relationship of subordination inherent in the characterization of indigenous peoples as “ethnic minorities” by recognizing them as pre-existing nations. While each case of indigenous political existence varies from nation to nation and from state to state, the recognition of indigenous populations as nations through the lens of autonomy serves as an exercise of inherent power for Fourth World nations and a self-conscious move toward a multinational state.

## References

- Alfred, Taiaiake (2009). *Peace, Power, Righteousness: An Indigenous Manifesto*. 2<sup>nd</sup> Ed. Oxford: Oxford University Press.
- Arai, Tatsushi. (2008). Conflict Paradigms: Toward a Theory of Creativity in Conflict Resolution. Paper presented at The bi-annual International Peace Research Association (IPRA) conference in Leuven, Belgium on July 16, 2008.
- Champagne, Duane (2005). “Rethinking Native Relations with Contemporary Nation-States,” in *Indigenous Peoples and the Modern State*. Duane Champagne, Karen Jo Torjensen, and Susan Steiner, eds. Walnut Creek: Alta Mira Press.
- GMA News Online Website. (2013). GPH, MILF panels agree on wealth-sharing favorable to Bangsamoro. <http://www.gmanetwork.com/news/story/317380/news/nation/gph-milf-panels-agree-on-wealth-sharing-favorable-to-bangsamoro>. [accessed Sept. 2013].
- Griggs, Richard & Hocknell, Peter. (1996). *The Geography and Geopolitics of Europe's Fourth World*. Stockton: IBRU Boundary and Security Bulletin
- Hipwell, William T. L. (1997). *Industria, The Fourth World, And The Question Of Territory*. Ontario: Middle States Geographer.
- Hozic, Aida (2009). “The Paradox of Sovereignty in the Balkans,” in *The State of Sovereignty*, Douglas Howland and Luise White, eds. Bloomington: University of Indiana Press.
- Natalia Loukacheva, Natalia. (2004). On Autonomy and Law. [http://globalautonomy.ca/global1/article.jsp?index=RA\\_Loukacheva\\_AutonomyLaw.xml](http://globalautonomy.ca/global1/article.jsp?index=RA_Loukacheva_AutonomyLaw.xml). [accessed September, 2013].
- Mongia, Radhida V. (2007). “Historicizing State Sovereignty: Inequality and the Form of Equivalence.” *Comparative Studies in Society and History*. 49:2, pp. 384-411
- Murdock, G.P. and O'Leary, T.J. (1975) *Ethnographic Bibliography of North America*, Vols. 1–5, Human Relations Area Files Press, New Haven.
- Nietschmann, Bernard Q. (1994). *The Fourth World: Nations Versus*. San Francisco:



## Indigenous Nations and Political Autonomy

Westview Press.

- Rajagopal, Balakrishnan (2006). "Counter-hegemonic International Law: Rethinking Human Rights and Development as a Third World Strategy." *Third World Quarterly*. Vol. 7, No. 5, pp. 767-783.
- Raticalorg. Website. (2013). The Six Nations: Oldest Living Participatory Democracy on Earth. [http://www.ratical.org/many\\_worlds/6Nations/](http://www.ratical.org/many_worlds/6Nations/). [accessed Sept. 2013]
- Ryser, Rudolph. (2010). US Government on UNDRIP: Yes, But No. <http://cwis.org/FWE/2010/12/18/us-government-on-undrip-yes-but-no/>. [accessed September, 2013].
- Ryser, Rudolph (2012). *Indigenous Nations and Modern States: The Political Emergence of Nations Challenging State Power*. New York: Routledge.
- Seton, Kathy. (1999). Fourth World Nations in the Era of Globalisation: An Introduction to Contemporary Theorizing Posed by Indigenous Nations. <http://nointervention.com/archive/pubs/CWIS/fworld.html>. [accessed September, 2013].
- Simpson, Leanne. (2013). Politics based on justice; diplomacy based on love: What indigenous diplomatic traditions teach us. <http://briarpatchmagazine.com/articles/view/politics-based-on-justice-diplomacy-based-on-love>. [accessed Sept. 2013].
- Stewart-Harawira, Makere (2005). *The New Imperial Order: Indigenous Responses to Globalization*. London: Zed Books.
- United Nations. United Nations Declaration on the Rights of Indigenous Peoples. [www.un.org/esa/socdev/unpfi/documents/DRIPS\\_en.pdf](http://www.un.org/esa/socdev/unpfi/documents/DRIPS_en.pdf). [accessed September, 2012].
- "United Nations Human Rights Committee, International Covenant on Civil and Political Rights." Indian Law Resource Center. [http://www.indianlaw.org/un\\_hr\\_committee1.html](http://www.indianlaw.org/un_hr_committee1.html). [accessed July 2006].
- van Walt, M. & Seroo, O. (1999). The Implementation of the Right to Self Determination as a Contribution to Conflict Prevention Report of the International Conference of Experts held in Barcelona from 21 to 27 November 1998, UNESCO Division of Human Rights Democracy and Peace & Centre UNESCO de Catalunya. Centre UNESCO de Catalunya. <http://www.unescocat.org/pubang.html>. [accessed Sept.2013].
- Young, Iris Marion (2000). "Hybrid Democracy: Iroquois Federalism and the Postcolonial Project," in *Political Theory and the Rights of Indigenous Peoples*. Duncan Ivison, Paul Patton, and Will Saunders, eds. Cambridge: Cambridge University Press.

## About the Authors



Heidi Bruce is a researcher, writer, and advocate in Fourth World geopolitics. Her specialties include human migration, refugee resettlement, climate change mitigation, political ecology, gender studies, conflict transformation, and bio-cultural education. Prior to her role as research associate with CWIS she was a writer for YES! Magazine and worked in the fields of education, social work, and regenerative development. She holds a Masters degree in Intercultural Service, Leadership, and Management from the SIT Graduate Institute in Vermont, USA.



Dina Gilio-Whitaker is a writer and researcher in indigenous studies, having earned a bachelor's degree in Native American Studies and a master's degree in American Studies from the University of New

Mexico. Her work focuses on issues related to indigenous nationalism, self-determination, and environmental justice. She is a frequent contributor to Indian Country Today Media Network, Native Peoples Magazine, and was the first topic writer for About.com's Native American History page. She has been a guest speaker on Huffpost Live and numerous other radio and media venues, and works as a freelance writer on a variety of other topics. Prior to her writing career, Dina was an award-winning Native American artist (specializing in leather and beadwork and textile art). She has a background in traditional and alternative healing practices and is a certified massage practitioner. She has a special love for surfing and other ocean sports and is a student and teacher of Polynesian dance. Dina is currently a Research Associate at the Center for World Indigenous Studies.

# Implementing the UN Declaration on the Rights of Indigenous Peoples, Nation-by-Nation and State-by-State

Heidi Bruce and Dina Gilio-Whitaker  
Center for World Indigenous Studies

## Joint Statement of Constitutional and Customary Indigenous Governments: UN Permanent Forum on Indigenous Issues, Agenda Item 3

{ *Editor in Chief note: CWIS Associate Researchers Heidi G. Bruce and Dina Gilio-Whitaker began work drafting the Joint Statement of Constitutional and Customary Indigenous Governments in November 2013, after the drafting of a thorough Good Government Research Group study of the political nature and benefits of “autonomy” as a political status that could serve the interests of indigenous nations anywhere in the world. The “autonomy study” (See **Indigenous Nations and Political Autonomy** elsewhere in this issue) carefully and systematically draws out a clear analysis of political autonomy mutually defined as a strong alternative to states’ government dictatorship over indigenous nations.*

*The Joint Statement was the subject of communications between the researchers and potential endorsers around the world, conducted via emails and Skype. The results from these exchanges were endorsements of the Joint Statement and the ready confirmation by officials of each government that their government is prepared to actively collaborate with other endorsers to advance the recommendations in inter-national dialogue as well as nation and state dialogue.*

*Yamasi Leader Lori Johnston (on behalf of her government and the other endorsers) presented the Joint Statement to the 13th Session of the United Nations Permanent Forum on Indigenous Issues with the assistance of Alyssa Macy of the Confederated Tribes of Warm Springs.*

*Herewith, in three languages, is the Official Copy of the Joint Statement of Constitutional and Customary Indigenous Governments, followed by a draft **Model Intergovernmental Framework Agreement** that can be modified by nations and states’ governments to provide the foundation for dialogue and establishment of negotiations concerning substantive matters and principles contained in the UN Declaration on the Rights of Indigenous Peoples. }*

**United Nations Permanent Forum on Indigenous Issues, 13th Session  
New York, 12-23 May 2014**

**AGENDA Item 3: Principles of Good Governance Consistent with the UN Declaration on the Rights of Indigenous Peoples: Articles 3-6 and 46**

**Joint Statement of Constitutional and Customary Indigenous Governments**

*Due to the significance of the considered Agenda Item this Joint Statement is shared with the UN Secretary General, High Commissioner for Human Rights, Special Rapporteur on Indigenous Issues, European Council, European Parliament, European Union, Organization on Security and Cooperation in Europe, African Commission on Human Rights, Organization of American States, Association of Southeast Asian Nations, indigenous governments, and civil society indigenous organizations.*

## Executive Statement

This statement is made with the endorsement of the following indigenous governments acting on their own behalf: the governments of the Qom Nation of Potae Napocna Navogoh (Argentina), Rohingya Nation (Burma [Myanmar]), Nation of Biafra (Nigeria), Lenape Tribe of Delaware, Mohegan Nation, Nanticoke Indian Tribe, Nanticoke Lenni-Lenape Nation, Machantucket Piquot Nation, Quinault Indian Nation, Yamasi (United States of America), Nation of San Francisco Xochicuautla (United States of México) *{from the continents of South America, Southeast Asia, Africa, and North America}*. These constitutional and customary governments speak on behalf of an estimated 31.8 million combined peoples and the territories they govern.

Quinault President Joe DeLaCruz spoke these words in 1989 that continue to guide many indigenous leaders throughout the world today:

*No right is more sacred to a nation, to a people, than the right to freely determine its social, economic, political, and cultural future without external interference. The fullest expression of this right occurs when a nation freely governs itself. We call the exercise of this right Self-determination. The practice of this right is Self-Government. (DeLaCruz, 1989)*

The right to effective governance is unambiguously affirmed by Articles 3 and 4 of the **UN Declaration on the Rights of Indigenous Peoples** (UNDRIP) and supported by other international agreements such as the **International Labor Organization (ILO) 169**, the **International Convention on the Elimination of All Forms of Racial Discrimination (ICERD)**, the **International Covenant on**

**Economic, Social and Cultural Rights (ICESCR)**, the **International Covenant on Political and Civic Rights (ICCPR)**, the **International Covenant on the Rights of Indigenous Nations**, and the **Universal Declaration on Human Rights (UDHR)**. Article 5 supports the right of indigenous peoples to maintain their own institutions as well as their right to participate fully in the institutions of the state if they so choose. Article 6 affirms the right of an indigenous individual to a nationality that affirms the inherent authority of indigenous constitutional or customary governance. Article 46, §1 imposes a restriction on the political development of some indigenous nations – nations which find themselves included in a state under whose authority to which they have not consented. Whereas, Article 46 §2 subscribes to the principle that human rights may not be violated and relations must be carried out in accord with accepted democratic principles. Finally, Article 46 §3 subscribes to the principle that what is stated in the Declaration will be carried out in accord with the principles of justice, democracy, respect for human rights, equality, non-discrimination, good governance, and good faith (UNDRIP, 2007).

In June 2013 the Alta Outcome Document was drafted and adopted by indigenous representatives from seven global regions in preparation for the World Conference on Indigenous Peoples. **In the Alta Declaration representatives recommend that “States develop processes to ensure that regional, constitutional, federal/national, provincial, and local laws, policies, and procedures comply with the Declaration and other international human rights standards that uphold the rights of Indigenous Peoples”** [Theme 3 (1)(a)] (emphasis added). Further, it recommends “States enter into new Treaties, *agreements*, and *other constructive arrangements* with Indigenous Peoples and Nations as a way to effectively implement their

rights” (Alta, 2013).

We note that a significant aspect of indigenous governance requires the ability to engage in dialogue with other governments and to grant or reject decisions or proposals by other governments on the basis of the principle of free, prior, and informed consent. Noting furthermore that while the Declaration speaks to this principle on five different occasions, the significance of the principle is embedded in international law in International Labor Organization Convention 169, Article 6 (ILO, 1989). Governance necessarily implies the ability to engage in intergovernmental dialogue, negotiations, and exercising the principle of free, prior, and informed consent in connection with all matters affecting the interests of an indigenous nation.

**It is important to recognize the principle of self-determination as an ongoing process of choice for the achievement of human security and fulfillment of human needs with a broad scope of possible outcomes and expressions suited to different and specific situations.** These include, but are not limited to, guarantees of cultural security, forms of self-governance and autonomy, economic self-reliance, effective participation at the international level, land rights and the ability to care for the natural environment, spiritual freedom, and the various forms that ensure the free expression and protection of collective identity in dignity (van Walt, 1999). Self-determination is only fully expressed when a nation governs itself through institutions of its own choosing. When the historical development of modern indigenous constitutional and customary governments results in their full capacity for self-government the individual governments function as institutions that are accountable to the people who adhere to the nation and its culture. The ethos and culture thus practiced by the people ultimately determine the nature

and character of governing institutions that regulate life internal to the nation and in relations with other nations and states externally.

While it is true that the full expression of self-government can lead to desires to act independently, the historical tendency of nations in the exercise of governance has been to establish working relationships with neighbors for mutual benefit. This tendency is encouraged when neighboring governments and jurisdiction respect the authority and inherent powers of indigenous governments.

**Governance to be understood in terms of the Declaration affirms the fundamental reality that self-government or autonomy require that indigenous nations exercise a form of government of their own choosing and that these governments possess inherent powers to regulate social, territorial, economic, political, and the cultural order of indigenous societies.** The Declaration clearly offers guidance to all indigenous nations’ and states’ parties to respect the inherent authority and powers of indigenous constitutional and customary governments as would be applied to any state government. There is fundamentally no difference in the level of respect that must be accorded to human governing institutions that represent either a nation or a state. Accordingly, to fully implement these provisions we respectfully suggest the following recommendations:

- Indigenous constitutional and customary governments and state governments enter into bi-lateral or multi-lateral intergovernmental dialogue to mutually define and agree to an intergovernmental framework (that defines the inherent powers of each government and procedures for engaging) as a foundation for negotiation of mutual concerns providing for a third party guarantor and mediator as a permanent

intergovernmental mechanism - wherein each state government and indigenous government can engage in dialogue and negotiate outcomes.

- Pro-actively engage in the prevention and resolution of conflicts involving states and indigenous nations. In doing so the United Nations should respect and promote the implementation of self-determination as the means to self-government in the broad sense affirmed by the UNDRIP, and as a means to advance peace and mutual benefit.
- Establish a new body (or restore the Trusteeship Council with a new Mandate) responsible for promoting state implementation of the UNDRIP and monitoring states' actions with regard to indigenous peoples' rights. Such a monitoring and implementation body must have a mandate to receive relevant information, to share best practices, to make recommendations, and otherwise to work toward the objectives of the Declaration. Such a body would do more than anything else to achieve the purposes of and promote compliance with the Declaration.
- Normalize the language of autonomy, self-determination, and managing intergovernmental relations based on standards enshrined in international agreements discussed above (especially UNDRIP), amending states' legal regimes, and indigenous constitutions and customary practices to reflect this language.
- Form commissions at indigenous nations' governmental levels to begin proposing language for intergovernmental frameworks with state governments.

That concludes this statement and it is here noted that a more detailed analysis is provided.

**United Nations Permanent Forum on Indigenous Issues, 13th Session  
New York, 12-23 May 2014**

**AGENDA Item 3: Principles of Good Governance Consistent with the UN Declaration on the Rights of Indigenous Peoples: Articles 3-6 and 46**

**Joint Statement of Constitutional and Customary Indigenous Governments**

**The Need for New Mechanisms**

*No right is more sacred to a nation, to a people, than the right to freely determine its social, economic, political, and cultural future without external interference. The fullest expression of this right occurs when a nation freely governs itself. We call the exercise of this right Self-determination. The practice of this right is Self-Government. (DeLaCruz, 1989)*

The majority of today's political and violent conflicts in the world take place within states where nations are aspiring to greater recognition of their cultural and political rights. Conflicts such as those in Pashtunistan, Yemen, South Sudan, Sudan, Central Republic of Africa, Columbia, Palestine, Israel, the Philippines, Indonesia (Borneo, Sumatra, West Papua), Bangladesh (Chittagong Hill Tracts), India (Naga, Kashmir), and New Caledonia represent this reality. In most states indigenous nations and state governments engage in political conflicts that do not rise to levels of direct violence, but may chronically fester over time for lack of effective intergovernmental mecha-

nisms or mediation. To effectively govern, indigenous nations must have the opportunity to engage in intergovernmental dialogue, yet in most regions of the world the framework for intergovernmental dialogue does not exist.

The very existence of the UN Declaration on the Rights of Indigenous Peoples (UNDRIP) calls on state parties and indigenous nations to formalize intergovernmental mechanisms to conduct dialogue and negotiate agreements to settle differences. Democracy and good governance are firmly established only when the autonomy, self-governance, and self-determination of pre-existing nations within state's borders are respected, both internally and externally; and a significant measure of good governance is the ability of indigenous governments and states' governments to engage in intergovernmental dialogue and negotiations for peaceful and mutually beneficial outcomes.

The right to effective governance is unambiguously affirmed by Articles 3 and 4 of the Declaration and supported by other international agreements such as the **International Labor Organization (ILO) 169, the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD), the International Covenant on Economic, Social and Cultural Rights (ICESCR), the International Covenant on Political and Civic Rights (ICCPR), the International Covenant on the Rights of Indigenous Nations, and the Universal Declaration on Human Rights (UDHR)**. Article 5 supports the right of indigenous peoples to maintain their own institutions as well as their right to participate fully in the institutions of the state if they so choose. Article 6 affirms the right of an indigenous individual to a nationality that affirms the inherent authority of indigenous constitutional or customary governance. Article 46 §1 imposes a restriction on the political

development of some indigenous nations – nations, which find themselves included in a state under whose authority to which they may not have agreed. Whereas, Article 46 §2 subscribes to the principle that human rights may not be violated and relations must be carried out in accord with accepted democratic principles. Finally, Article 46 §3 subscribes to the principle that what is stated in the Declaration will be carried out in accord with the principles of justice, democracy, and respect for human rights, equality, non-discrimination, good governance, and good faith (UNDRIP, 2007).

On May 28, 2013, the Statement of 72 Indigenous Nations and Ten Indigenous Organizations, presented at the Twelfth Session of the United Nations Permanent Forum on Indigenous Issues, recognized that the Declaration could not yet be said to have “reduced the attempts to destroy indigenous cultures and societies, or the taking of indigenous homelands and resources, or the economic marginalization of indigenous peoples” and called for a mechanism within the United Nations to ensure the implementation of the Declaration (Statement of 72, 2013).

**Additionally, in June 2013 the Alta Outcome Document was drafted and adopted by indigenous representatives from seven global regions in preparation for the World Conference on Indigenous Peoples.** In the Alta Declaration representatives recommend that “States *develop processes* to ensure that regional, constitutional, federal/national, provincial, and local laws, policies, and procedures comply with the Declaration and other international human rights standards that uphold the rights of Indigenous Peoples” [Theme 3 (1) (a)] (emphasis added). Further, it recommends “States enter into new Treaties, *agreements*, and other *constructive arrangements* with Indigenous Peoples and Nations as a way to effectively implement their rights” [Theme 3 (2)] (empha-

sis added) (Alta, 2013).

**These statements reflect the reality that the Declaration and other instruments for indigenous people's rights will be wholly ineffective until nations and states together establish new relationship models that are capable of recognizing the equality of their respective governments.** An intergovernmental framework for creating new and more suitable political structures between indigenous nations and states must, therefore, be developed. Only mutual recognition of governing authorities within such a framework will make good governance, dialogue, and negotiations possible between the parties. There must be negotiation among all the parties involved so that conflict is prevented and peaceful solutions are found. In order to preserve the wealth of our diversity, we must open the way to multinational states, based on ethical principles and international instruments capable of advancing both the cultural and political rights of indigenous nations (van Walt, 1999).

The right to self-determination is a specific contribution to peace building. Cultural repression, the denial of the rights of peoples, and the political marginalization of nations are causes of insecurity. If we want political stability and peace in all parts of the world, we must progress in our respect for the cultural and political rights of all peoples permitting peoples who choose to govern themselves (van Walt, 1998). The principle and fundamental right to self-determination is firmly established in international law, including human rights law, and must be applied equally and universally and this right is realized through the exercise of self-government.

### **Self-Determination, Autonomy, and Self-Governance**

It is important to understand self-determination as an ongoing process of choice for the achievement of human security and fulfillment of human needs with a broad scope of possible outcomes and expressions suited to different specific situations. These include, but are not limited to, guarantees of cultural security, forms of self-governance and autonomy, economic self-reliance, effective participation at the international level, land rights and the ability to care for the natural environment, spiritual freedom, and the various forms that ensure the free expression and protection of collective identity in dignity (van Walt, 1999). Self-determination is only fully expressed when a nation governs itself through institutions of its own choosing. When the historical development of modern indigenous constitutional and customary governments results in their full capacity for self-government the individual governments function as institutions that are accountable to the people who adhere to the nation and its culture. The ethos and culture thus practiced by the people ultimately determine the nature and character of governing institutions that regulate life internal to the nation and in relations with other nations and states externally.

While it is true that the full expression of self-government can lead to desires to act independently, the historical tendency of nations in the exercise of governance has been to establish working relationships with neighbors for mutual benefit. This tendency is encouraged when neighboring governments and jurisdiction respect the authority and inherent powers of indigenous governments.

Indigenous peoples advance their claims primarily in terms of self-determination. This is often interpreted as a challenge to the territorial integrity of existing states, because it



is feared that indigenous peoples want to form their own states. Underlying this fear is the assumption that the state is the basic but also the highest form of organization to which all communities, including indigenous peoples, aspire. But indigenous peoples articulate their right “to live freely and to determine their own destiny” without relating this to the idea of states with mutually exclusive territories and sovereignties. “Instead, the backdrop is interrelationships. Emphasis is not so much on separation: rather, the goal is relations and connections. Separation in this context is only a transition to break away the negative, to create new bonds” (Anaya, 1998).

It may be that the traditional concept of the state needs reevaluation given modern circumstances. Sovereignty is no longer understood to be the exclusive prerogative of the central authorities of the state but, rather, a collection of functions that can best be exercised at different levels of society, depending on the nature of decisions that need to be made and the manner of their most appropriate implementation (van Walt, 1998).

Autonomy (or an autonomy regime) in international law is characterized principally by: ethnic/cultural distinctiveness, attachment to the state, and self-government of the people of an autonomous region. It often derives from the internal constitution or legislation of the state and the existence of bilateral treaties between the affected parties, still in force (Dinstein, 2011). An argument can be made that under international law the territories of indigenous nations in the context of the United States, Canada, and Mexico (i.e. reservations, reserves, communities, and *comunidades*) and elsewhere can be considered autonomous regions.

To adopt the language of autonomy may represent a necessary conceptual shift in the way indigenous peoples are viewed and is con-

sistent with international legal regimes based on UNDRIP and other agreements. The shift is a move away from the language of “sovereignty” (a term nowhere used in UNDRIP), to one of self-government and autonomous governance.

### Crucial Aspects of Intergovernmental Frameworks

Merely conducting meetings or conferences between state governments and indigenous peoples does not constitute official intergovernmental relationships, any more than when a state government simply declares it has a “government-to-government” relationship with an indigenous nation. Neither does the bureaucratic relationship between indigenous governments and an internal state agency regulated by domestic laws and codes. Even novel contemporary arrangements like self-governance compacts instituted in the United States and Canada fall short of the full scope of an effective intergovernmental framework. While these measures represent steps toward the full realization of self-determination and self-government, they are only steps toward that outcome.

An intergovernmental framework is a vehicle for managing intergovernmental relationships to ensure good governance by all parties involved. It is needed in nation and state relations when there is an overlapping of jurisdictions between governments, necessitating bi- or multilateral agreements for the administration of legitimate governmental functions. It is also needed when authority is transferred between governments, as between a colonial or dominating government, and a previously subsumed national entity or people. Typically it administers fiscal relationships that can include taxation, subvention (management of grants and other financial aid), or other related functions of economy. However, it can also

address purposes related to law enforcement, national defense, citizenship, and other civic considerations. Intergovernmental framework agreements between indigenous nations and states must be as expansive as possible and not limited to merely fiscal relationships.

Formal intergovernmental agreements between indigenous nations and states must recognize the inherent authority of nations, rooted in their ownership and occupancy of ancestral territory, their respective worldviews, and distinctive cultures. Such agreements between governments are goal-oriented and designed for problem solving in an atmosphere of non-subordination. Such agreements shore up relationships of trust and confidence or ties between intergovernmental actors, and hold them together—bound by mutual commitments and benefits. They are characterized by:

- Common values and vocabulary
- Relative governmental autonomy
- A relationship of trust with continuous contact (a means of nurturing the relationship)
- Special interests represented through associational ties of governmental officials (Agranoff, 1994).

Authority sharing via an intergovernmental agreement occurs through the creation of a mechanism that might be called an Intergovernmental Relations Body. It would consist of representatives from each government as well as outside, third party mediators or monitors. The mechanism would recognize three types of mutually agreed upon powers:

- Reserved and exclusive powers (held by a state's government)
- Concurrent powers (shared authority)

- Reserved and exclusive powers (held by the indigenous national government) (Agranoff, 1994).

#### Article 46

Taken at face value Article 46 seems to preclude the possibility of indigenous secession based on an interpretation of self-determination as meaning exclusively internal self-determination. State governments have taken this position based on their fear of state dismemberment. However, the argument suggests that this definition of the right to self-determination is discriminatory to indigenous peoples and contrary to normative definitions of the term as well as interpretive conventions in international law.

Rather, nowhere in the text of the Declaration is there a qualification of the term “self-determination” that implies internal self-determination only. Therefore, it is “imperative that any interpretation of UNDRIP treat the right of indigenous peoples to self-determination as equal to the right afforded to ‘all peoples’”. Further, preambular paragraph 17 states “nothing in UNDRIP may be used to deny any peoples their right to self-determination exercised in conformity with international law” (Cowan, 2013).

Cowan's argument concludes:

*In other words, self-determination under UNDRIP derives from and is consistent with existing law on self-determination. That does not mean the right of self-determination is exactly identical in nature for all peoples in all cases—self-determination manifests in different forms, depending on the circumstances—but it supports the argument that all peoples are entitled to equivalent recognition of the right” (Cowan, 2013).*

Governance to be understood in terms of the Declaration clearly offers guidance to all indigenous nations and states' parties to respect the inherent authority and powers of indigenous constitutional and customary governments as would be applied to any state government. There is fundamentally no difference in the level of respect that must be accorded to human governing institutions that represent either a nation or a state. Accordingly, to fully implement these provisions we respectfully suggest the following recommendations:

### Recommendations

- Indigenous constitutional and customary governments and state governments enter into bi-lateral or multi-lateral intergovernmental dialogue to mutually define and agree to an intergovernmental framework (that defines the inherent powers of each government and procedures for engaging) as a foundation for negotiation of mutual concerns, providing for a third party guarantor and mediator as a permanent intergovernmental mechanism - wherein each state government and indigenous nations can engage in dialogue and negotiate outcomes.
- Pro-actively engage in the prevention and resolution of conflicts involving states and indigenous nations. In doing so the United Nations should respect and promote the implementation of self-determination as the means to self-government in the broad sense affirmed by the UNDRIP, and as a means to advance peace and mutual benefit.
- Establish a new body (or restore the Trusteeship Council with a new Mandate) responsible for promoting state implemen-

tation of the UNDRIP and monitoring states' actions with regard to indigenous peoples' rights. Such a monitoring and implementation body must have a mandate to receive relevant information, to share best practices, to make recommendations, and otherwise to work toward the objectives of the Declaration. Such a body would do more than anything else to achieve the purposes of and promote compliance with the Declaration (Statement of 72, 2013).

- Regularize the language of autonomy, self-determination, and managing inter-governmental relations based on standards enshrined in international agreements discussed above (especially UNDRIP), amending states' legal regimes, and indigenous constitutions and customary practices to reflect this language.
- Form commissions at indigenous nations' governmental levels to begin proposing language for intergovernmental frameworks with state governments.

### Cited sources:

- Anaya, James. (1998). Oral presentation at the Barcelona Conference on 23 November 1998.
- Agranoff, R. (1994). *Comparative Intergovernmental Relations. Comparative Public Management: Putting US Public Policy and Implementation in Context* Westport, Connecticut: Praeger, 165-183.
- Alta Declaration. (2013). *Global Indigenous Preparatory Meeting, Alta, Norway*
- Cowan, Anna. (2013). *UNDRIP and the Intervention: Indigenous Self-Determination, Participation, and Racial Discrimination in the Norther Territory of Australia. Pa-*

cific Rim Law and Policy Journal, Volume 22, No. 2, pp. 247-310.

DeLaCruz, J. B. (1989). From Self-Determination to Self-Government. In G. Morris. R.C. Ryser Carol J. Minugh (Ed.), *Indian Self-Governance* (pp. 1-14). Olympia, WA: Center for World Indigenous Studies.

Dinstein, Yoram. (2011). *Autonomy Regimes in International Law*. Villanova Law Review. Volume 56, pp. 434-457.

ILO (1989). *Indigenous and Tribal Peoples Convention 169*. Coming into force 5 September 1991.

Statement of 72 Indigenous Nations and Ten Indigenous Organizations. (2013). Twelfth Session of the United Nations Permanent Forum on Indigenous Issues. New York, USA.

UNDRIP. (2007). *United Nations Declaration on the Rights of Indigenous Peoples*. UNO.

van Walt, M. & Serro, O. (1999). *The Implementation of the Right to Self Determination as a Contribution to Conflict Prevention*. Report of the International Conference of Experts held in Barcelona from 21 to 27, November 1998. UNESCO Division of Human Rights Democracy and Peace & Centre UNESCO de Catalunya.



## Declaración Conjunta de Gobiernos Constitucionales y Consuetudinarios de Naciones Indígenas

**El Foro Permanente para las Cuestiones Indígenas de la ONU**  
**13ª Sesión**  
**Nueva York, 12-23 mayo de 2014**

*Tema 3: Principios de gobernanza buena acordes con la Declaración de la ONU sobre los Derechos de los Pueblos Indígenas: Artículos 3 a 6 y 46*

Debido a la importancia del tema del programa considerado en esta Declaración Conjunta, es compartida con el Secretario General de la ONU, el Alto Comisionado para los Derechos Humanos, el Relator Especial sobre las Cuestiones Indígenas, el Consejo Europeo, el Parlamento Europeo, la Unión Europea, la Organización para la Seguridad y la Cooperación en Europa, la Comisión Africana

*Photo courtesy of Felix Díaz, Community Qom Potae Napocna Navogoh*

de Derechos Humanos, la Organización de los Estados Americanos, la Asociación de Naciones del Asia Sudoriental, gobiernos indígenas y organizaciones indígenas de sociedades civiles.

### **Declaración Ejecutiva**

Esta declaración se hace con el endoso de los siguientes gobiernos indígenas actuando en nombre propio: los gobiernos de la Nación Qom de Potae Napocna Navogoh (Argentina), la Nación de Rohingya (Birmania [Myanmar]), Nación de Biafra (Nigeria), Lenape Tribu de Delaware, Nación de Mohegan, Tribu de Indios de Nanticoke, Nación de Nanticoke Lenni-Lenape, Nación de Machantucket Piquot, Nación India de Quinault, Nación de Yamasi (Estados Unidos de América), Nación

de San Francisco Xochicuautla (Estados Unidos de México) {*de los continentes de América del Sur, el Sudeste de Asia, África y América del Norte*}. Estos gobiernos constitucionales y consuetudinarios hablan en nombre de un estimado de 31,8 millones de pueblos combinados y los territorios que gobiernan.

El presidente de la Nación India de Quinault Joe DeLaCruz pronunció estas palabras en 1989 que siguen guiando a muchos líderes indígenas en el mundo hoy en día:

*Ningún derecho es más sagrado para una nación, un pueblo, que el derecho a determinar libremente su futuro social, económico, político y cultural sin interferencia externa. La máxima expresión de este derecho se produce cuando una nación se gobierna libremente. El ejercicio de este derecho lo llamamos autodeterminación. La práctica de este derecho es el autogobierno. (DeLaCruz, 1989)*

El derecho a gobernanza eficaz es claramente estipulado en los Artículos 3 y 4 de la **Declaración de la ONU sobre los Derechos de los Pueblos Indígenas (UNDRIP)** y apoyado por otros acuerdos internacionales como la **Organización Internacional del Trabajo (ILO) 169**, la **Convención Internacional sobre la Eliminación de Todas las Formas de Discriminación Racial (ICERD)**, el **Pacto Internacional de Derechos Económicos, Sociales y Culturales (ICESCR)**, el **Pacto Internacional de Derechos Cívicos y Políticos (ICCPR)**, el **Pacto Internacional sobre los Derechos de las Naciones Indígenas** y la **Declaración Universal de Derechos Humanos (UDHR)**. El Artículo 5 apoya el derecho de los pueblos indígenas a mantener sus propias instituciones, así como su derecho a participar plenamente en las instituciones del estado, si así lo eligieren. El Artículo 6 confirma el derecho de un

individuo indígena a una nacionalidad que afirma la autoridad inherente del gobierno indígena constitucional o consuetudinario. El Artículo 46, §1 impone una restricción en el desarrollo político de algunos naciones indígenas – las naciones que se encuentran en un estado bajo alguna autoridad a la que no hayan dado su consentimiento. Considerando que, el Artículo 46 §2 suscribe el principio de que no puede violar los derechos humanos y las relaciones deben llevarse a cabo de acuerdo con la aceptación de los principios democráticos. Por último, Artículo 46 §3 suscribe el principio que lo que se afirma en la Declaración se realizará de acuerdo con los principios de justicia, democracia, respeto de los derechos humanos, igualdad, no discriminación, buen gobierno y buena fe (UNDRIP, 2007).

En junio de 2013 el documento final de Alta fue redactado y adoptado por representantes indígenas de siete regiones globales en preparación para la Conferencia Mundial sobre Pueblos Indígenas. En la Declaración de Alta representantes recomiendan que “**los estados desarrollan procesos para asegurar que las leyes, políticas y procedimientos regionales, provinciales nacionales o federales, constitucionales, y locales cumplan con la Declaración y otras normas internacionales de derechos humanos que defiendan los derechos de los pueblos indígenas**” [tema 3 (1) (a)] (énfasis agregado). Además, recomienda que “los estados presentan nuevos tratados, acuerdos y otros arreglos constructivos a pueblos y naciones indígenas como una forma de implementar efectivamente sus derechos” (Alta, 2013).

Observamos que un aspecto significativo de la gobernanza indígena requiere la habilidad para entablar un diálogo con otros gobiernos y para otorgar o rechazar decisiones o propuestas por otros gobiernos basándose en el principio de consentimiento libre, previo

e informado. Tomando nota además de que mientras la Declaración habla de este principio en cinco ocasiones diferentes, el significado del principio está incrustado en el derecho internacional en la Organización Internacional del Trabajo 169, Artículo 6 (ILO, 1989). Gobernabilidad implica necesariamente la posibilidad de entablar un diálogo intergubernamental, negociaciones y ejercer el principio de consentimiento libre, previo e informado con respecto a todas las cuestiones que afectan a los intereses de una nación indígena.

**Es importante reconocer el principio de la autodeterminación como un proceso de elección continuo para el logro de la seguridad humana y el cumplimiento de las necesidades humanas con un ámbito amplio de resultados posibles y expresiones adaptadas a situaciones diferentes y específicas.** Estos incluyen, pero no están limitados a, garantías de seguridad cultural, formas de autogobierno y autonomía, autosuficiencia económica, participación efectiva en el plano internacional, derecho a la tierra y la capacidad para cuidar el medio ambiente natural, libertad espiritual y las diversas formas que garanticen la libertad de expresión y la protección de la identidad colectiva en dignidad (van Walt, 1999). La autodeterminación se expresa plenamente sólo cuando una nación se rige a través de las instituciones de su propia elección. Cuando el desarrollo histórico de gobiernos indígenas modernos constitucionales y consuetudinarios resulta en su plena capacidad de autogobierno la función de los gobiernos individuales es como instituciones que son responsables ante las personas que se apegan a la nación y su cultura. El ético y la cultura practicada por la gente en última instancia determinan la naturaleza y el carácter de instituciones de gobierno que regulan la vida interna de la nación y en las relaciones con otras naciones y estados externamente.

Si bien es cierto que la expresión completa de autogobierno puede conducir a deseos de actuar independientemente, la tendencia histórica de naciones en el ejercicio de la gobernabilidad ha sido establecer relaciones con los vecinos para beneficio mutuo. Esta tendencia se fomenta cuando los gobiernos vecinos y jurisdicción respetan la autoridad y el poder inherente de los gobiernos indígenas.

**Gobernanza, para ser entendida en términos de la Declaración, afirma la realidad fundamental que el autogobierno o autonomía requieren para que las naciones indígenas ejerzan una forma de gobierno de su elección, y que estos gobiernos posean poderes inherentes para regular el orden social, territorial, económico, político y cultural de las sociedades indígenas.** La Declaración claramente ofrece orientación a todas las naciones indígenas y los estados a respetar la autoridad inherente y poderes de los gobiernos indígenas constitucionales y consuetudinarios como se puede aplicar a cualquier gobierno del estado. Fundamentalmente no hay diferencia en el nivel de respeto que debe concederse a instituciones de gobierno humanas que representan una nación o un estado. En consecuencia, para aplicar plenamente las disposiciones respetuosamente sugerimos las siguientes recomendaciones:

- Los gobiernos indígenas constitucionales y consuetudinarios y los gobiernos estatales entablan un diálogo intergubernamental bilaterales o multilateral para definir mutuamente y ponerse de acuerdo a un marco intergubernamental (que define los poderes inherentes de cada gobierno y procedimientos para involucrar) como base para la negociación de las preocupaciones mutuas, prevén un garante tercero y mediador, como un mecanismo intergubernamental permanente - en el que cada

gobierno estatal y gobierno indígena pueda entablar un diálogo y negociar los resultados mutuamente.

- Participación proactiva en la prevención y resolución de conflictos entre estados y naciones indígenas. Al hacerlo, las Naciones Unidas deben respetar y promover la aplicación de la autodeterminación como medio de autonomía en un sentido amplio afirmado por la UNDRIP y como un medio para el avance de la paz y el beneficio mutuo.
- Establecer un cuerpo nuevo (o reactivación del Consejo de Administración Fiduciaria con un Mandato nuevo) encargado de promover la implantación por el estado de la UNDRIP y vigilar las acciones de los estados en materia de derechos de los pueblos indígenas. Tal cuerpo de vigilancia y implantación debe tener un mandato para recibir la información pertinente, compartir las mejores prácticas, hacer recomendaciones y de otro tipo para trabajar hacia los objetivos de la Declaración. Tal cuerpo más que nada alcanzaría los propósitos de y promovería el cumplimiento de la Declaración.
- Normalizar el lenguaje de la autonomía, la autodeterminación y gestión de relaciones intergubernamentales basadas en estándares consagrados en los acuerdos internacionales mencionados (especialmente UNDRIP), modificando los regímenes jurídicos de estados, y las constituciones indígenas y las prácticas consuetudinarias para reflejar este lenguaje.
- Formar comisiones en los niveles gubernamentales de las naciones indígenas para comenzar a proponer un lenguaje para los armazones intergubernamentales con los gobiernos estatales.

Así concluye esta declaración y aquí se observa que se ha incluido un análisis más detallado.

\* \* \* \*

### **El Foro Permanente para las Cuestiones Indígenas de la ONU, 13ª Sesión Nueva York, 12-23 mayo de 2014**

*Tema 3: Principios de gobernanza buena acordes con la Declaración de la ONU sobre los Derechos de los Pueblos Indígenas: Artículos 3 a 6 y 46*

### **Declaración Conjunta de Gobiernos Constitucionales y Consuetudinarios de Naciones Indígenas**

#### **La necesidad de mecanismos nuevos**

*Ningún derecho es más sagrado para una nación, un pueblo, que el derecho a determinar libremente su futuro social, económico, político y cultural sin interferencia externa. La máxima expresión de este derecho se produce cuando una nación se gobierna libremente. El ejercicio de este derecho lo llamamos autodeterminación. La práctica de este derecho es el autogobierno. (DeLaCruz, 1989)*

La mayoría de los conflictos políticos y violentos de hoy en el mundo toman lugar dentro de estados en donde naciones aspiran a mayor reconocimiento de sus derechos culturales y políticos. Los conflictos como los de Pastunistán, Yemen, Sudán del sur, Sudán, la República Central de África, Colombia, Palestina, Israel, Filipinas, Indonesia (Borneo, Sumatra, Papua Occidental), Bangladesh (Montes de Chittagong), India (Naga, Kashmir) y Nueva Caledonia representan esta realidad. La may-



oría de las naciones indígenas y los gobiernos estatales participan en conflictos políticos que no llegan a los niveles de violencia directa, pero pueden aumentar crónicamente con el tiempo por falta de mecanismos intergubernamentales eficaces o mediación. Para gobernar con eficacia, las naciones indígenas deben tener la oportunidad de entablar un diálogo intergubernamental, sin embargo, en muchas regiones del mundo no existe un marco para el diálogo intergubernamental.

La existencia misma de la Declaración de la ONU sobre los Derechos de los Pueblos Indígenas (UNDRIP) hace un llamado a los estados y las naciones indígenas para formalizar los mecanismos intergubernamentales para realizar diálogos y negociar acuerdos para dirimir las diferencias. La democracia y la gobernabilidad son firmemente establecidas sólo cuando la autonomía, autogobierno y la autodeterminación de las naciones existentes dentro de las fronteras del estado son respetados, tanto interna como externamente; y una medida significativa de gobernabilidad es la capacidad de los gobiernos indígenas y gobiernos de los estados para entablar un diálogo intergubernamental y negociaciones para los resultados pacíficos y benéficos para ambos.

El derecho a gobernanza eficaz es claramente estipulado por los Artículos 3 y 4 de la **Declaración de la ONU sobre los Derechos de los Pueblos Indígenas (UNDRIP)** y apoyado por otros acuerdos internacionales como la **Organización Internacional del Trabajo (ILO) 169**, la **Convención Internacional sobre la Eliminación de Todas las Formas de Discriminación Racial (ICERD)**, el **Pacto Internacional de Derechos Económicos, Sociales y Culturales (ICESCR)**, el **Pacto Internacional de Derechos Cívicos y Políticos (ICCPR)**, el **Pacto Internacional sobre los Derechos de las Naciones Indígenas** y la **Declaración Universal de Derechos Humanos**

**(UDHR)**. El Artículo 5 apoya el derecho de los pueblos indígenas a mantener sus propias instituciones, así como su derecho a participar plenamente en las instituciones del estado, si así lo eligieren. El Artículo 6 afirma el derecho de un individuo indígena a una nacionalidad que afirma la autoridad inherente del gobierno indígena constitucional o usual. El Artículo 46, §1 impone una restricción en el desarrollo político de algunos naciones indígenas – las naciones que se encuentran en un estado bajo alguna autoridad a la que no hayan dado su consentimiento. Considerando que, el Artículo 46 §2 suscribe el principio de que no puede violar los derechos humanos y las relaciones deben llevarse a cabo de acuerdo con la acepción de los principios democráticos. Por último, el Artículo 46 §3 suscribe el principio que lo que se afirma en la Declaración se realizará de acuerdo con los principios de justicia, democracia, respeto de los derechos humanos, igualdad, no discriminación, buen gobierno y buena fe (UNDRIP, 2007).

El 28 de mayo de 2013, la **Declaración de 72 Naciones Indígenas y Diez Organizaciones**, presentado en la 12ª Sesión del Foro Permanente para las Cuestiones Indígenas, reconoce que en la Declaración todavía no puede decirse que se han “reducido los intentos de destruir las culturas y sociedades indígenas o la expropiación de tierras y los recursos indígenas, o la marginación económica de los pueblos indígenas” y pidió un mecanismo dentro de las Naciones Unidas para garantizar la aplicación de la Declaración (Declaración de 72, 2013).

Adicionalmente, en junio de 2013 el documento final de Alta fue redactado y adoptado por representantes indígenas de siete regiones globales en preparación para la Conferencia Mundial sobre Pueblos Indígenas. En la Declaración de Alta representantes recomiendan que **“los estados desarrollan**

**procesos para asegurar que las leyes, políticas y procedimientos regionales, provinciales nacionales o federales, constitucionales, y locales cumplan con la Declaración y otras normas internacionales de derechos humanos que defiendan los derechos de los pueblos indígenas**” [tema 3 (1) (a)] (énfasis agregado). Además, recomienda que “estados presentan nuevos tratados, acuerdos y otros arreglos constructivos con pueblos y naciones indígenas como una forma de implementar efectivamente sus derechos” (Alta, 2013).

**Estas declaraciones reflejan la realidad de que la Declaración y otros instrumentos de los derechos de los pueblos indígenas serán totalmente ineficaces hasta que naciones y estados juntos establezcan nuevos modelos de relación que sean capaces de reconocer la igualdad de sus respectivos gobiernos.** Por lo tanto, debe desarrollarse un marco intergubernamental para crear estructuras políticas nuevas y más convenientes entre las naciones indígenas y estados. Sólo el reconocimiento mutuo de las autoridades dentro de un marco de trabajo que rigen posibilitará buena gobernanza, el diálogo y las negociaciones entre los partidos. Debe haber negociación entre todos los partidos involucradas para que el conflicto se prevenga y se encuentren soluciones pacíficas. Con el fin de preservar la riqueza de nuestra diversidad, debemos abrir el camino a estados multinacionales, basado en principios éticos y los instrumentos internacionales capaces de promover los derechos culturales y políticos de naciones indígenas (van Walt, 1999).

El derecho a la autodeterminación es una contribución concreta a la construcción de la paz. Represión cultural, la negación de los derechos de pueblos y la marginación política de naciones son causas de la inseguridad. Si queremos estabilidad política y la paz en todas partes del mundo, debemos progresar en

nuestro respeto por los derechos culturales y políticos de todos los pueblos, permitiendo que los pueblos decidan gobernarse a sí mismos (van Walt, 1998). El principio y el derecho fundamental a la autodeterminación está establecido firmemente en el derecho internacional, incluyendo las leyes de los derechos humanos y deben aplicarse igualmente y universalmente. Este derecho se logra mediante el ejercicio de autogobierno.

### **La autodeterminación, autonomía y autogobierno**

Es importante reconocer el principio de la autodeterminación como un proceso de elección continuo para el logro de la seguridad humana y el cumplimiento de las necesidades humanas con un ámbito amplio de resultados posibles y expresiones adaptadas a situaciones diferentes y específicas. Estos incluyen, pero no están limitados a, garantías de seguridad cultural, formas de autogobierno y autonomía, autosuficiencia económica, participación efectiva en el plano internacional, derecho a la tierra y la capacidad para cuidar el medio ambiente natural, libertad espiritual y las diversas formas que garanticen la libertad de expresión y la protección de la identidad colectiva con dignidad (van Walt, 1999). La autodeterminación se expresa plenamente sólo cuando una nación se rige a través de las instituciones de su propia elección. Cuando el desarrollo histórico de gobiernos indígenas modernos constitucionales y consuetudinarios resulta en su plena capacidad de autogobierno la función de los gobiernos individuales son como instituciones que son responsables ante las personas que se apegan a la nación y su cultura. El ético y la cultura así practicada por la gente en última instancia, determinan la naturaleza y el carácter de instituciones de gobierno que regulan la vida interna de la nación y relaciones con otras naciones y estados externos.

Si bien es cierto que la expresión completa de autogobierno puede conducir a deseos de actuar independientemente, la tendencia histórica de naciones en el ejercicio de la gobernabilidad ha sido establecer relaciones con los vecinos para beneficio mutuo. Esta tendencia se fomenta cuando los gobiernos vecinos y jurisdicción respetan la autoridad y el poder inherente de los gobiernos indígenas.

Los pueblos indígenas avanzan sus reclamos sobre todo en cuanto a la autodeterminación. Esto a menudo se interpreta como un desafío a la integridad territorial de los estados existentes, porque se teme que los pueblos indígenas quieran formar sus propios estados. Este temor subyacente es la suposición de que el estado es el básico, sino también la más alta, forma de organización a la que aspiran todas las comunidades, incluyendo a los pueblos indígenas. Pero los pueblos indígenas articulan su derecho “de vivir libremente y para determinar su propio destino” sin esta referencia a la idea de estados con excluyentes territorios y soberanías. “En cambio, en el fondo es interrelaciones. El énfasis no es tanto en la separación: por lo contrario, el objetivo es relaciones y conexiones. En este contexto la separación es sólo una transición de romper la negativa, para crear lazos nuevos” (Anaya, 1998).

Puede ser que el concepto tradicional del estado necesite una reevaluación dadas las circunstancias modernas. En la soberanía ya no se ve que la prerrogativa es exclusiva de las autoridades centrales del estado, sino, más bien, una colección de funciones que mejor pueden ser ejercidas en los diferentes niveles de la sociedad, dependiendo de la naturaleza de las decisiones que necesitan ser tomadas y la forma de aplicación más apropiada (van Walt, 1998).

Autonomía (o un régimen de autonomía) en el derecho internacional se caracteriza principalmente por: distinción étnica y cultural, apego del estado y la autonomía de las personas de una comunidad autónoma. A menudo se deriva

de la constitución interna o la legislación del estado y la existencia de tratados bilaterales entre los partidos afectados, aún en vigor (Dinstein, 2011). Un argumento puede hacerse que bajo la ley internacional los territorios de las naciones indígenas en el contexto de los Estados Unidos, Canadá y México (es decir, reservaciones, reservas y comunidades) y otros lugares pueden ser considerados regiones autónomas.

Adoptar el lenguaje de la autonomía puede representar un cambio conceptual necesario en como los pueblos indígenas son vistos y es consistente con regímenes jurídicos internacionales basados en la UNDRIP y otros acuerdos. El cambio es un alejamiento de la lengua de “soberanía” (un término nunca usado en UNDRIP), a uno de autogobierno y la gobernanza autónoma.

### Aspectos cruciales de marcos intergubernamentales

Simplemente realizar reuniones o conferencias entre los gobiernos estatales y los pueblos indígenas no constituye relaciones intergubernamentales oficiales, ni cuando un gobierno estatal declara simplemente que tiene una relación “de gobierno a gobierno” con una nación indígena. Tampoco la relación entre los gobiernos indígenas y una agencia del estado interno burocrática regulado por los códigos y las leyes nacionales. Incluso nuevos arreglos contemporáneos como pactos de autogobierno instituidos en los Estados Unidos y Canadá están destituidos el alcance completo de un marco intergubernamental eficaz. Mientras que estas medidas representan pasos hacia la plena realización de la autodeterminación y autonomía, son sólo pocos pasos hacia ese resultado.

Un marco intergubernamental es un vehículo para la gestión de las relaciones intergubernamentales para asegurar el buen gobierno por todos los partidos involucrados. Es necesario en las relaciones entre naciones y estados cuando hay una superposición de jurisdicciones entre

los gobiernos, lo que requeriría acuerdos bilaterales o multilaterales para la administración de funciones gubernamentales legítimas. También es necesario cuando la autoridad se transfiere entre gobiernos, como entre un gobierno colonial dominando y una entidad o población nacional previamente subsumido. Típicamente administra las relaciones fiscales que pueden incluir impuestos, subvención (gestión de subvenciones y otras ayudas financieras) u otros relacionados con las funciones de la economía. Sin embargo, también pueden abordar relacionados fines con la aplicación de la ley, la defensa nacional, ciudadanía y otras consideraciones cívicas. Acuerdos de marcos intergubernamentales entre estados y naciones indígenas deben ser tan amplios como sea posible y no limitados a las relaciones meramente fiscales.

Acuerdos intergubernamentales formales entre naciones indígenas y estados deben reconocer la autoridad inherente de naciones, arraigados en su propiedad y ocupación del territorio ancestral, sus cosmovisiones respectivas y culturas distintas. Tales acuerdos entre gobiernos están orientados y diseñados para resolver problemas en un ambiente de no subordinación. Dichos acuerdos apoyan relaciones de confianza o vínculos entre actores intergubernamentales y manteniéndolas juntas — obligados por beneficios y compromisos mutuos. Se caracterizan por:

- Los valores y vocabulario comunes
- Autonomía gubernamental relativa
- Una relación de confianza con contacto continuo (un medio de cultivar la relación)
- Intereses especiales representados mediante vínculos asociativos de funcionarios gubernamentales (Agranoff, 1994).

La autoridad para compartir a través de un acuerdo intergubernamental se produce mediante la creación de un mecanismo que

podría llamarse un Órgano de Relaciones Intergubernamentales. Consistiría en representantes de cada gobierno, así como mediadores o monitores terceros de afuera. El mecanismo reconocería tres tipos de poderes de acuerdo mutuo:

- Poderes reservados y exclusivos (realizados por el gobierno del estado)
- Poderes concurrentes (autoridad compartida)
- Poderes reservados y exclusivos (realizadas por el gobierno nacional indígena) (Agranoff, 1994).

#### Artículo 46

Tomada en su valor nominal Artículo 46 parece que descarta la posibilidad de secesión indígena basada en una interpretación de la autodeterminación en el sentido de la autodeterminación interna exclusivamente. Los gobiernos estatales han tomado esta posición en base a su temor al desmembramiento del estado. Sin embargo, el argumento sugiere que esta definición del derecho de autodeterminación es discriminatoria a los pueblos indígenas y contrariamente a las definiciones normativas del término así como convenciones interpretativas en el derecho internacional.

Por el contrario, nada en el texto de la Declaración hay una calificación del término “autodeterminación” que implica la autodeterminación interna solamente. Por lo tanto, es “imperativo que cualquier interpretación del UNDRIP trate el derecho de los pueblos indígenas a la autodeterminación como igual a la derecha a ‘todos los pueblos’...” Además párrafo 17 del preámbulo dice “nada en UNDRIP puede usarse para negar a cualquier pueblo su derecho a la autodeterminación ejercitada conforme con leyes internacionales”(Cowan, 2013).

## Declaración conjunta de gobiernos constitucionales y consuetudinarios de naciones indígenas

El argumento de Cowan concluye:

*En otras palabras, la autodeterminación bajo UNDRIP deriva y es consistente con la ley existente sobre la autodeterminación. Esto no significa que el derecho a la autodeterminación es idéntica en la naturaleza de todos los pueblos en todos los casos—la autodeterminación se manifiesta en diferentes formas, dependiendo de las circunstancias, pero es compatible con el argumento de que todos los pueblos tienen el derecho a reconocimiento equivalente al derecho” (Cowan, 2013).*

La gobernanza, para ser entendida en términos de la Declaración, claramente ofrece orientación a todos los partidos de naciones indígenas y estados a respetar la autoridad inherente y poderes de los gobiernos indígenas constitucionales y consuetudinarios como se puede aplicar a cualquier gobierno del estado. Fundamentalmente no hay diferencia en el nivel de respeto que debe concederse a instituciones de gobierno humanas que representan a una nación o un estado. En consecuencia, para aplicar plenamente las disposiciones respetuosamente sugerimos las siguientes recomendaciones:

### Recomendaciones

- Los gobiernos indígenas constitucionales y consuetudinarios y los gobiernos estatales entablan un diálogo intergubernamental bilateral o multilateral para definir mutuamente y ponerse de acuerdo en un marco intergubernamental (que define los poderes inherentes de cada gobierno y procedimientos para involucrar) como base para la negociación de las preocupaciones mutuas, prevén un garante tercero y mediador, como un mecanismo intergubernamental permanente - en

el que cada gobierno estatal y gobierno indígena pueden entablar un diálogo y negociar los resultados mutuamente.

- Participar proactivamente en la prevención y resolución de conflictos entre estados y naciones indígenas. Al hacerlo, las Naciones Unidas deben respetar y promover la aplicación de la autodeterminación como medio de autonomía en un sentido amplio afirmado por la UNDRIP y como un medio para el avance hacia la paz y el beneficio mutuo.
- Establecer un cuerpo nuevo (o reactivar el Consejo de Administración Fiduciaria con un Mandato nuevo) encargado de promover la implantación por el estado de la UNDRIP y vigilar las acciones de los estados en materia de derechos de los pueblos indígenas. Tal cuerpo de vigilancia y implantación debe tener un mandato para recibir la información pertinente, compartir las mejores prácticas, hacer recomendaciones y de otro tipo para trabajar hacia los objetivos de la Declaración. Tal cuerpo haría más que nada para alcanzar esos propósitos y promover el cumplimiento de la Declaración.
- Normalizar el lenguaje de la autonomía, la autodeterminación y gestión de relaciones intergubernamentales basadas en estándares consagrados en los acuerdos internacionales mencionados (especialmente UNDRIP), modificando los regímenes jurídicos de estados, y las constituciones indígenas y las prácticas consuetudinarias para reflejar este lenguaje.
- Formar comisiones en los niveles gubernamentales de las naciones indígenas para comenzar a proponer lenguajes para los marcos intergubernamentales con los gobiernos estatales.

**Fuentes de las citas:**

- Anaya, James. (1998). Oral presentation at the Barcelona Conference on 23 November 1998.
- Agranoff, R. (1994). Comparative Intergovernmental Relations. *Comparative Public Management: Putting US Public Policy and Implementation in Context*. Westport, Connecticut: Praeger, 165-183.
- Alta Declaration. (2013). Global Indigenous Preparatory Meeting, Alta, Norway.
- Cowan, Anna. (2013). UNDRIP and the Intervention: Indigenous Self-Determination, Participation, and Racial Discrimination in the Northern Territory of Australia. *Pacific Rim Law and Policy Journal*, Volume 22, No. 2, pp. 247-310.
- DeLaCruz, J. B. (1989). From Self-Determination to Self-Government. In G. Morris. R.C. Ryser Carol J. Minugh (Ed.), *Indian Self-Governance* (pp. 1-14). Olympia, WA: Center for World Indigenous Studies.
- Dinstein, Yoram. (2011). Autonomy Regimes in International Law. *Villanova Law Review*. Volume 56, pp. 434-457.
- ILO (1989). Indigenous and Tribal Peoples Convention 169. Coming into force 5 September 1991.
- Statement of 72 Indigenous Nations and Ten Indigenous Organizations. (2013). Twelfth Session of the United Nations Permanent Forum on Indigenous Issues. New York, USA.
- UNDRIP. (2007). United Nations Declaration on the Rights of Indigenous Peoples. UNO.
- Van Walt, M. & Serro, O. (1999). The Implementation of the Right to Self Determination as a Contribution to Conflict Prevention. Report of the International Conference of Experts held in Barcelona from 21 to 27, November 1998. UNESCO Division of Human Rights Democracy and Peace & Centre UNESCO de Catalunya.

# Model Intergovernmental Framework Agreement *Supplemental to the Joint Statement of Constitutional and Customary Indigenous Governments*

Rudolph C. Ryser

**T**he Government of the {State} and the Government of the {Nation} herein referred to as the Parties or the “{State Party},” “{Nation Party},” or the name of each government party to this Agreement

AGREE AND ACKNOWLEDGE AS FOLLOWS:

- I. It is in the mutually beneficial interest of the Parties to engage in structured government-to-government talks and negotiations concerning modalities and policy outcomes and future relations relevant to the United Nations High Level Plenary Session called the World Conference on Indigenous Peoples 2014 and other matters.
  - a. The Parties agree that the World Conference on Indigenous Peoples and the United Nations Declaration on the Rights of Indigenous Peoples constitute constructive international measures that have the potential of enhancing future positive relations between the Parties and facilitating free and open dialogue on international and domestic measures for improving the beneficial development of indigenous nations and the states where they are located.
  - b. Each of the Parties shall enjoy equally the right to free, prior, and informed consent related to decisions bearing on the interests of each Party, in all matters related to the conduct of talks and negotiations.
  - c. The Parties shall fully commit to constructive and cooperative engagement between indigenous governments and the US government.
  - d. The Parties shall engage in dialogue to exchange each indigenous government’s positions and US government positions concerning the World Conference on Indigenous Peoples and implementation of the UN Declaration on the Rights of Indigenous Peoples.
  - e. The Parties shall identify and agree to the potential activities that the US government may take and indigenous governments may take as constructive engagement at the World Conference on Indigenous Peoples.
  - f. The Parties shall engage in dialogue and consider measures to ensure effective indigenous government and US government participation in the World Conference on Indigenous Peoples.
- II. POWERS OF GOVERNMENT
  - a. The Parties shall exercise powers of government provided by each respective constitution or customary body of law.
- III. INHERENT AND DERIVED POWERS
  - a. The {Nation} government shall respect the inherent and derived powers of the {State} government.
  - b. The {State} government shall respect

the inherent powers of the {Nation} government.

- c. The Parties recognize and affirm that each possesses the powers to: conduct domestic policing, citizenship, economic development, and trade, foreign economic policy, and negotiate treaties, agreements, and other constructive arrangements between governments.
- d. This list is without prejudice to additional powers that may be recognized by the Parties.

#### IV. PARTIES TO ENGAGE IN DIRECT DIALOGUE

- a. The Parties shall conduct face-to-face meetings for two months, at a time and place mutually agreed to.
- b. The Parties shall meet at a neutral location in Alexandria, Virginia for the first meeting, and in a neutral location in Denver, Colorado for the second meeting.
- c. The Parties shall each send delegations to the agreed intergovernmental meetings with a head of the delegation and such numbers of advisors as may be needed, not to exceed five individuals per delegation.
- d. Each meeting will be documented by digital recording and transcribed for distribution to each delegation.
- e. Conduct intergovernmental sessions according to the following:

##### A. Dialogue on Indigenous Government Topics

#### 1. Measures to Address Violence Against Women and Children

- a. States uphold and implement the rights of indigenous women as sacred life givers and nurturers as well as strengthen – with the full and effective participation of indigenous women – the protection of indigenous women and girls through the formulation and implementation of national, regional, and international plans of action developed in conjunction with indigenous peoples’ effective laws, policies, and strategies per UNDRIP Article 21 §2, Article 22 §1, §2, and other relevant provisions.
- b. A decision to convene a high-level conference to examine challenges to the safety and well being of indigenous women and children.
- c. A decision to require that the UN body for monitoring and implementing the Declaration (recommended above) give particular attention, on at least an annual basis, to the rights and special needs of indigenous women, youth, children, and elders in the implementation of the Declaration; and
- d. A decision to appoint a Special Rapporteur to focus exclusively on human rights issues of indigenous women and children, including but not limited to violence against them and on changing state laws that discriminate against them.

#### 2. United Nations Declaration on Indigenous Peoples Recognition of Nations as Parties to the United Nations System

The UN to recognize Indigenous Peoples and Nations based on their original free existence, inherent sovereignty, and the



right of self determination in international law. Member UN States initiate steps to formalize indigenous nations' Permanent Observer status within the UN system, enabling direct participation through indigenous governments and parliaments. Indigenous governments include inter alia self-determined traditional councils and authorities, and that the UN take action to recognize indigenous peoples, especially indigenous constitutional and customary governments, a dignified and appropriate status for participating regularly in UN activities per UNDRIP Article 18 and other relevant provisions.

### 3. Implement Article 4 of the United Nations Declaration on the Rights of Indigenous Peoples

- Formalize “government-to- government” negotiations (between states’ governments and constitutional or customary indigenous governments) as a principal method for conflict resolution, and the application of the principle of “free, prior, and informed consent;” and that “consultations” serve only as a preparatory step leading to formal negotiations between indigenous constitutional or customary governments and the state government.

#### B. {State} Government Topics

- {TBD by the {State}}

#### C. {Nation 's} Specific Topical Issues

- Statements by {Nation} delegations choosing to present
- {Nation} specific topics relevant to the UN Declaration on the Rights of Indig-

enous Peoples and measures for implementation

#### D. {State} Government Topics

- {TBD by the US}

### Outline of proposed agenda for continuing discussion and agreement:

#### Day 1:

##### Session 1

- Invocation
- {State} Chair
- Preliminary Remarks
- Agreement to Agenda
- Presentation and Responses to Dialogue Items A & B: both {State} and {Nation} Government's Items

##### Session 2

- Presentation and Responses to Dialogue Items A & B: both {State} and {Nation} Government's Items

#### Day 2:

##### Session 3

- {Nation} Chair: Preliminary Remarks Agreement on Agenda
- Presentation and Responses to Dialogue Item C & D: both {State} and {Nation} Government Items

##### Session 4

- Presentation and Responses to Dialogue Item C & D: both {State} and {Nation} Government Items
- FINAL: Joint Statement from the Parties

for release to the public.

V. BASIC RIGHTS

- a. Each Party enjoys inherent rights that cannot be disturbed by the present agreement.
- b. All parties possess the right to enjoy free, prior, and informed consent in the conduct of intergovernmental relations.

VI. TRANSITION AND IMPLEMENTATION

- a. The Parties agree that this agreement is intended to facilitate dialogue and negotiations between the parties, the results of which shall constitute separate agreements ruled by the present framework agreement.
- b. The Parties agree to adopt and incorporate an Appendix on Transitional Arrangements and Implementation Procedures, which forms part of the Framework Agreement.

VII. MISCELLANEOUS

- a. This Agreement shall not be implemented unilaterally.
- b. The Parties commit to work further on the details of the Framework agreement in the context of this document and complete a comprehensive Agreement on intergovernmental modalities between the Parties and other constitutional and customary governments, modalities for the World Conference on Indigenous Peoples, post World Conference modalities, and implementation measures concerning the United Nations Declaration on the

Rights of Indigenous Peoples.

VIII. The Parties shall demonstrate full commitment and willingness to comply with this intergovernmental framework agreement, by approving this agreement consistent with their constitutional or customary practice, within fourteen days from the date of initialing by the interlocutors.

IX. The Parties shall inform the other parties of their decisions to approve this agreement by telefax communications, supplemented with official agreement documents exchanged between all parties.

X. PROCEDURES FOR RATIFICATION

Each party shall affirm and ratify according to each government's customary method.

# American Indian Caregivers Policy: A Case Study

## *An analysis with findings of the barriers to federally funded and state and tribally administered caregiver programs in western Washington state*

Rudolph Rýser, PhD; Leslie Korn, PhD; Clara W. Berridge, PhD

### **Abstract/Summary**

*American Indian governments located in a region west of the Cascade mountain range and the government of the state of Washington offer programs to serve the needs of a growing American Indian elder and disabled population through the services of individuals caring for family members and also individuals employed to provide care. The American Indian and Alaska Native elder population that is disabled as a result of dementia rely on the care and help of an estimated 3,160<sup>1</sup> individuals in tribal communities (the vast majority of whom are women) on and near Indian reservations and in cities in Washington. Tribal governments and the state government depend on federal program support to provide elder American Indian assistance. To achieve effective benefit for elder American Indians, direct assistance and support services have been defined under federal legislation to be delivered by the state of Washington through the Agency on Aging and Area Agencies on Aging working at the county level. Tribal governments also deliver support and services through caregiver programs and elder programs. Despite these efforts, support and assistance are often obstructed and qualitatively diminished for those providing care to elders and for assistance directly available to elder American Indians and Alaskan Natives.*

**U**nder this Caregiver Policy Study researchers learned from state and county informants about their experience attempting to implement policy and provide services to elder American Indians and Alaska Natives. Tribal informants provided information about their experience attempting to provide direct services and to follow state policy directives; all informants discussed at length what they believe to be obstacles working with and through tribal agencies, county agencies, and with state agencies. Duplication

of services, cultural insensitivities, confusion about county and tribal service and assistance policies, lack of culturally appropriate needs assessments, insufficient and limited demographic and population descriptive information, mismatched services, inflexible and complicated regulations from state agencies, inexact cross-cultural communications between tribal and county agencies, and mismatching eligibility criteria are among the many suggested obstacles to effective and beneficial support and assistance to Indian elders.

---

*The Caregiver Policy Study was conducted with the cooperation of the University of Washington School of Social Work, Lewis-Mason-Thurston Area Agency on Aging, the Washington Association of Area Agencies on Aging, South Puget Intertribal Planning Agency, Olympic Area Agency on Aging, Southwest Washington Area Agency on Aging, Washington State Department of Social and Health Services, American Indian Health Commission for Washington State, Indian Policy Advisory Committee (DSHS), Portland Area Indian Health Board, Northwest Area Agency on Aging, Pierce County Aging and Long Term Care, Jamestown S'Klallam Social Services, Quinault Tribal Social Services, Quinault Indian Nation, Lummi Indian Nation, Squaxin Island Tribe, Nisqually Indian Tribe, Suquamish Indian Tribe, Puyallup Tribal Health Authority, Puyallup Indian Nation, Region X Agency on Aging, the Office of American Indian, Alaskan Native and Native Hawaiian Programs. The statements and analysis contained in this report are solely those of the authors and do not necessarily reflect the views or policies of the organizations or individuals who cooperated with the authors.*

---

1. This estimated figure was established at 3,160 when the original American Indian Caregiver Study was being conducted—2007. There is no more recent estimate.

Individual family members and individuals employed through county and tribal programs provide care and support to elders. Neither county nor tribal support or assistance programs specifically include social, health, and economic services aimed at the persons providing the care to the elder population. Perhaps the most important element in the change of support and assistance for elders—the person providing the care—is at major risk due to stress, traumatic events, and chronic health problems. The diminishing capacity of those providing care may involve as many as 90% of all such persons adversely affecting their quality of life and the quality of life for those to whom care is being provided.

### Background of the Study

The Center for World Indigenous Studies, an independent research, policy, and education nonprofit 501 (c) 3 organization in Olympia, Washington was in 2004 awarded a two-year National Institute of Health/National Center for Complementary and Alternative Medicine (NIH/NCCAM) grant in support of its clinical agency, the Center for Traditional Medicine to undertake an exploratory study of the efficacy of polarity therapy on American Indian family caregivers of people with dementia: *The American Indian Caregiver Stress and Health Study*. Polarity therapy is a holistic healing, touch therapy intervention designed to reduce stress and pain and improve the quality of life. It is widely practiced across all life stages for health and wellbeing. It is well established that family caregivers of individuals with dementia experience stress, depression, and increased risk of serious illness, however very little research has been done with American Indian caregivers and none in the Pacific Northwest. The clinical study applied physiological, biological, and

psychological assessments and personal narrative data to understand more about caregiver stress and how a culturally congruent healing touch therapy might reduce stress and depression.

The American Indian Caregiver Health Study research team drew an important conclusion after two-years of clinical study about the subjects participating in the study:

**While the enrolled participants (average age 50) were considered to be healthy they had significant decrements in physical and psychological health such as chronic stress and pain, depression, digestive problems, hyperlipidemia, and adrenal exhaustion. Coupled with their high rates of exposure to traumatic events earlier in life, these caring individuals were on the verge of near total “burn out” and some were at risk of sudden death due to low heart rate variability.<sup>2</sup>**

In addition to the focus on polarity therapy as a culturally acceptable treatment for stress, the study uncovered a wealth of information ancillary to the main research project. Our findings concur with the findings of the Administration on Aging survey of 68 programs funded through the Native American Caregiver Support Program (NACSP) that identified multiple barriers faced by caregiver programs and staff.

During the clinical research recruitment process the team learned directly from tribal providers and program managers throughout western Washington about the actual delivery of support services to caregivers. As a result researchers decided that a parallel Caregiver Policy Study should be designed with the participation of the Principal Investigators Dr. Rudolph C. Rÿser and Dr. Leslie E. Korn and a Research Assistant, Ms. Clara W. Berridge, University of Washington School of Social

---

2. Clinical Research Team members drew this conclusion after careful review of the Heart Rate Variability data. (McCraty, 2006)

Work Masters degree candidate, to examine the legal framework, policy, and practices, and attitudes of the main participants in the service delivery stream for American Indian caregivers. The Policy Study team began this inquiry in May 2005 and completed gathering data in May 2006. We then undertook to review, evaluate, and analyze the data through the remainder of 2006 and much of 2007. The central question of this Caregiver Policy Study is:

***Since tribal governments, county governments and the state of Washington government, with financial support from the federal government, seek to deliver support services to American Indian caregivers in tribal communities, is there sufficient programmatic capability, legislative and administrative clarity, and intergovernmental cooperation to effectively serve and support American Indian caregivers?***

The review of programmatic policies and practices as well as foundational literature and legislation is the product of this year-long study. We have attempted to confine the study to the central question as noted. Individuals directly involved in the delivery of support and services, policy makers, and those who guide and direct practices at the county, state, federal, and tribal level were interviewed in western Washington state and Washington, D.C. Meetings and conferences of state and tribal organizations were also observed. We have carefully documented our analysis and findings and offer concrete findings and recommendations drawn from tribal, state, and federal informants and the facts as we found them. We have also carefully reviewed the extant literature as well as the legislation, existing law, and the roots and original intent of legislation supporting the delivery of support and services to American Indian caregivers.

Initial Caregiver Policy Study findings expose a communications gap between tribal and

non-tribal actors significantly affecting cross-institutional cooperation effectiveness. Yet, there is also a growing consensus among these affected parties suggesting that American Indian tribes can benefit from caregiver supports and services as a result of cooperation between tribal and non-tribal agencies.

The Center's Polarity Therapy Study conducted under a grant from the NIH/NCCAM found that American Indian caregivers who enrolled in the study in western Washington State have been exposed to both physically and emotionally traumatizing events of both an interpersonal and/or accidental nature. Virtually all of the subjects participating in this study had experienced an elevated and sustained level of stress before participating in the study.

Traumatic events are known to contribute to chronic depression, anxiety, pain, and sleep problems. Most of the participants of this study were women and most had survived one or more traumatic events; some still had ongoing traumatic exposures in their jobs, family or community life. The rates of exposure to traumatic events were 90% in this sample. (In a parallel study of nine non-Indian female caregivers researchers found that 50% had experienced at least 1 traumatic event.)

Current caregiver program design provides "respite" and "training." The evidence strongly indicates that American Indian caregivers may require more specialized supports and services—particularly through culturally appropriate stress reduction methods as well as support for family health and nutrition. These need to be integrative, tailored to specific needs, and responsive to the age-specific cohorts. Clinical research among non-Indians shows that individualized and intensive services are the most effective and beneficial (Shulz & Czaja, 2000). Tribal-specific methods should include approaches that draw upon traditional healing practices, support customary food gathering

and preparation opportunities, and provide complementary and alternative medicine (CAM) interventions for both the caregiver and the family member. While many of these are currently practiced, there is virtually no formal, policy-driven, or funded support for any of these activities.

Advocacy and informal counseling are also essential components that may be available through programs designed in law, policy, and practice to assist them. Most caregivers are intensely private and reject the idea of anyone coming in to the home to provide assistance in the form of respite or cleaning activities. This is especially true with older or more traditional caregivers. Hence respite or home care services routinely go unused. Yet employment of family members who are accepted in the home or reimbursement for chosen program supports may instead suit many caregivers. The policy mandates that often preclude these innovations are ripe for revision.

Improved cross-cultural communication is also needed to maximize the benefits of inter-agency cooperation. Informants repeatedly told researchers about the cultural misunderstandings, programmatic miscommunications, the perceived discrimination, and bigotry during communications between state and tribal personnel. In some cases the effect of “local politics” was seen as an obstacle to effective service delivery from the point of view of state/county personnel. On the other hand, informants also reported that some of the most effective staff and managers had spent time working in both state and tribal agencies and were able to navigate both worlds, serving successfully as translators across the barriers to cooperation between tribal and state players. Failure to provide such specialized support and services to American Indian caregivers effectively defeats the purpose and intent of legislation, policy and practices aimed at ensuring

long-term care and quality of life for tribal elders and disabled persons.

### **Major Recommendations:**

(NOTE: Bracketed capital letters at the end of a recommendation relate to the corresponding letter designation for findings and recommendations in the report.)

#### **[A] Bi-annual Intergovernmental Elder Care Conference focusing on cooperation and coordination of policy and practices, information, training, and networking (O)**

An initial conference followed by a series of bi-annual meetings to promote cooperation and coordination between the federal, state, and tribal governments to improve information dissemination, training, and networking will improve coordination. The conference joins key players from American Indian social and health agencies and non-Indian social and health agencies, as well as legislators in these fields. This will significantly reduce obstacles, and lead to the establishment of bridges between the affected parties that will improve communications and facilitate improvements in the Older Americans Act Title VI, Part C making it more appropriate, effective and beneficial for Indian communities.

#### **[B] Revise Title VI, Part C – Tribally Organized Area Agencies on Aging (F)**

Adjusting federal (Older Americans Act Title VI, Part C) and tribal laws to permit the establishment of tribally organized agencies that match county and state Area Agencies on Aging will increase cultural suitability of support and services at the tribal level while providing an institutional mechanism for coordinating relations between tribal and state agencies. Establishment of agencies of equal authority and competence will ensure a balance in institutional relations between tribal

and state/county governments.

**[C] Intergovernmental Cooperation Agreements (B)**

An intergovernmental agency between tribal agencies on aging and county and state agencies on aging should be established to facilitate tribal/state cooperation, communications, and policy. Such an intergovernmental agency must reflect a full recognition of the separate jurisdictions of tribal and state authorities.

**[D] Establish tribal specific policy and practice on direct and indirect compensation of family caregivers (H) (N)**

Tribal legislation should be introduced and adopted, describing a policy on payment, financial supplement, and other services for caregivers. Where the tribal specific legislation defines financial payment funding must be appropriated at a rate commensurate with need. Where tribal specific legislation addresses uncompensated labor, transportation, food, etc. that is “community subsidized” then a carefully defined plan must be instituted responsive to these needs. State agencies should incorporate guidance from tribal government policy into agency policy on caregiver eligibility and payment.

**[E] Provide integrative personal health support for tribal caregivers (I)**

Tribal governments should take steps to reorganize tribal social and health services into collaborating service teams permitting caregivers and elders to draw on integrated social and health service provider teams, so as to provide social health, physical health, mental health, and spiritual health support. Massage and touch therapies, stress reduction, nutritional therapy, herbal therapies, and trauma resolution therapies should be incorporated into the whole health and social service system for

caregivers. These traditional healing and CAM interventions should be coordinated and organized in an integrative fashion to reduce costly, unnecessary, and excessive pharmaceutical use and in the support of other health goals such as cardiovascular disease and diabetes, both of which are rooted in stress. State and federal agencies should work to complement tribal whole health and social service program reorganization.

**[F] Bidirectional cultural competency (D)**

State/county agency personnel and tribal agency personnel must participate in bi-directional cultural competency training to facilitate greater understanding and improved communications. The training program should be provided on a regular and refresher basis by an experienced and proven independent agency whose services should be purchased by both tribal and state/county agencies. A structured program of inter-agency personnel exchange would also provide an opportunity for the exchange of program staff to spend 12–24 months working in a “sister” agency manner.

**[G] Stabilization of permanent staff in tribal governments (J)**

Tribal human resource departments must become more proactive. They should provide professional development for managers and for service delivery personnel to maximize improved professional skills and confidence. Emphasis must be placed on: (a) strengthening managerial knowledge about the stressors associated with their own work; (b) strengthen managerial knowledge of the work of the service delivery personnel so they can provide guidance and sustained support to encourage understanding of agency policies and practices; and (c) systematically define and implement best practices within the specific tribal community. Adjustments in intergovernmental

cooperation and policy coordination will relieve the major obstacles to effective elder care and improvement of American Indian and Alaskan Native caregiver quality of life and reduction of stress.

### **[H] State should promote simplification and flexibility**

County agencies should have greater flexibility delivering support and services to tribal and county caregivers. Tribal specific demands are similar to the county community needs: both require greater simplification and flexibility to maximize responsiveness. State government regulators should support on-the-ground responsiveness with reduced regulatory control.

### **[I] Replace assessments with progress monitoring**

Tribal assessments are not generally conducted. Instead of emphasizing a costly process, tribal programs with the support of county agencies should seek to monitor for positive outcomes and thereby avoid excessive costs.

### **Regional Background and Context of Inquiry**

Families in western Washington tribal communities have historically practiced the ancient custom of extended family living and lifelong care for disabled and elder members. The American Indian family has experienced extensive pressures during the 176 years since the beginning of non-Indian immigration and settlement in western Washington. The longhouse and the extended family are the social institutions that historically provided care for disabled and elder members. These social institutions inform and powerfully influence attitudes toward disabled and elder care today. The break-down of longhouse living has decidedly interrupted the shared responsibility for

many modern Indian families, but the custom remains strong in numerous families.

Tribal populations are rapidly growing and the number of elders and disabled members in tribal communities is growing at an accelerated rate. The demand for long-term care is growing even as social institutions are themselves changing. The customary practice of long-term care was historically carried out by many members of a family—within the framework of the extended family. The modern tendency is for the extended family to be fragmented, leaving individuals—usually women—with the responsibility for providing long-term elder and disabled member care. The consequent social, economic, and personal health stressors on individuals providing care directly affect the quality of life and care received by disabled persons and elders in the tribal community.

Longhouse societies in western Washington once defined the cultural and institutional mechanisms necessary for supporting long-term care. It is now the modern tribal government that has the responsibility for creating new social and economic institutions that support and serve those providing disabled and elder care on a long-term basis. Tribal governments have initially contributed to long-term elder care by supporting the establishment of elders' programs and providing some support for caregivers. While important steps, they do not yet constitute a comprehensive response to the serious concerns arising from changes in population demographics.

The Older American's Act (July 14, 1965) is the US federal government's response to the demands for direct care support and services to elders and disabled persons throughout the United States. The state of Washington acts to offer support and services to elders under the federal act through Agencies on Aging and Area Agencies on Aging. The act provides limited support to persons providing long-term



care, but does provide significant support to elders.

The generations old approach to long-term care rooted in tribal communities sits alongside the more than forty-year-old Older America's program approach of the federal and state governments. When the Older Americans Act of the United States and state government meets the long-term elder care customs of tribal communities, adjustments become essential if elders and those who provide long-term care are to maintain a good quality of life, good personal health, and stable social and economic lives.

In May 2005 the Center for Traditional Medicine branch of the Center for World Indigenous Studies in Olympia, Washington authorized this study to discover barriers and recommend solutions for the successful delivery of caregiver services provided to American Indians living on and near Indian Reservations in the state of Washington. This question arose while the Center was undertaking a randomized and controlled clinic study (**The American Indian Caregiver Health Study**) to evaluate the efficacy of a healing therapy known as polarity therapy as an intervention to reduce stress and improve quality of life among American Indian family caregivers of people with dementia. The clinical research was carried out with major funding support from the NIH/NCCAM.

As the work proceeded in the clinical research, it became increasingly apparent that a separate policy study would be necessary to determine why federal, county, and tribal caregiver agencies were experiencing obstacles to effective service delivery, contributing to disparities in Indian communities. It was increasingly clear that public and private institutions were not consistently able to reach American Indian caregivers. The present study was initi-

ated as an eighteen-month inquiry to identify barriers and recommend solutions to effective support for American Indian caregivers and those whom they help.

### Overview of Research Literature

There is a dearth of published documentation characterizing the relationship between American Indian family members as care providers for elder or disabled family members. Even as studies are conducted on minorities, the collection of data on American Indian caregivers is not done "because of the cost of identifying individual caregivers in a small community" (John, 1999). Data on caregivers is not collected in tribal health clinics and it is generally the community health representatives who are working on-the-ground who are aware of caregiver and elder status, yet that knowledge does not often translate into service remedies.

There is virtually no systematically studied or reported information describing the specific circumstances of tribal communities in the Salish cultural region—from the southern coastal region of Oregon to the coastal border of the state of Washington with Canada and then to the interior of north central Washington State. In that area we estimate more than 177,575<sup>3</sup> American Indians live in cities and on more than 29 reservations (US Census, 2004).

Family members provide 90% of long-term care in American Indian households, yet despite this extraordinary figure discrepancies in the level of support and services received by both the caregiver and the elder are little understood or rarely addressed in programs (Redford, 2002). At 12.7%, the rate of poverty among American Indians is nearly double that of the general US population (Parker, Haldane, Keltner, Strickland, & Tom-Orme, 2002); and

---

3. The US Census Bureau figure was established in 2000...a figure here used to provide relative context.

a major factor in this figure is elder-poverty. American Indian elders have incomes lower than the established US poverty level of one person over 65, determined by the US Census Bureau to be \$8,259<sup>4</sup> annually. American Indian elders disproportionately suffer from obesity, and in comparison with other elder populations, American Indian and Alaskan Native elders engage in a fraction of leisure-time physical activity and suffer from higher rates of diagnosed diabetes (Clark, Holtzman, Goins, & Croft, 2005; Eschiti, 2004). In some American Indian communities, more than half of the elders have diabetes (Benson, 2004). Testimony before the US Commission on Civil Rights caused that body to conclude that common barriers preventing American Indians from maintaining health and receiving quality health care include environmental factors, culturally inappropriate health care delivery, discrimination, geographic isolation, provider turnover rates, IHS service management, and long wait-times (USCCR, 2004).

As American Indian and Alaska Native elder populations increase<sup>4</sup>, more families will be comprised of three or four generations—increasing the extended family nature of these families and establishing greater numbers of individuals having the responsibility to care for elders or disabled family members. Hennessy and John (1998) refer to the family as “extenuated” rather than the oft-romanticized extended family of American Indian caregivers because of the increasing pressures on the whole family to provide care most often without any additional supports. Modern housing and community patterns, compartmentalized institutional organization in tribal government, schools, health agencies, and economic agencies may combine to increase stress on indi-

viduals delivering care while compromising the important cultural strengths of extended family systems.

Many current or prospective American Indian caregivers tend to be younger than the general population and hence may be potential recipients of program support and services for a significant duration of time. In our study and one completed in the Santa Fe Service Unit (Hennessy & John, 1998), the average age of the caregiver was 50. They performed at least 4 hours a day of direct care, 50% were daughters caring for parents and most worked at least half-time. Many caregivers served both disabled elders while they were still raising children and grandchildren. In our study 60% had provided care for 6 months to 3 years, 17% between 3-5 years, and 20 % for over five years. The majority of these individuals balance dual care responsibilities for an elder and a child or grandchild (DHHS, 2003). With funding from the North Dakota Department of Human Services, the Center for Rural Health, and the University of North Dakota School of Medicine and Health Sciences (CRH) conducted a study of American Indian caregivers and compared those needs and characteristics with the state’s general population of caregivers. Their findings reveal that Lakota tribal members are on average more likely to work full-time, are not officially retired, and they care for more children than the general population (CRH, 2003).

The intersection of health disparities in American Indian populations with caregiver burden are understudied and therefore not well understood by social and health service agencies. Chronic disease significantly affects the ability of individuals to function independently. Individuals are often disabled at earlier

---

4. The aggregate total of elders from 29 Indian tribes in Washington 60 years and older in 2000 was 14,744, but that same cohort is estimated to reach 21,044 in 2013 (US Census 2000).

ages as well as at older ages. Chronic disease such as diabetes, arthritis, cardiovascular disease, Post Traumatic Stress Disorder (PTSD), and obesity in American Indian populations contribute to greater numbers of disabled individuals. Thus, there is an increasing need for individuals providing care for elders or other family members. In our study of American Indian Caregiver Stress and Health, many of the participants had significant heart rate variability problems, which result directly from chronic stress. If treated early, heart related problems have the potential for amelioration through intensive stress reduction activities. It is well established that diabetes is directly associated with high levels of chronic stress (Korn & Ryser, 2005) and that exposure to trauma early in life often reduces the biological capacity to cope with stress later in life.

Demand for caregivers in Washington tribal communities will significantly increase during the years ahead in part due to growing numbers of elderly and individuals disabled due to chronic disease. We estimate that 3,160 individuals in tribal communities (the vast majority of whom are women) now provide care for elders and disabled persons in Washington. Since these are primarily unpaid individual family members or trusted friends performing caregiver services their work bears virtually no publicly recognized costs. However, using a pay rate of \$8.00 to \$12.00 per hour for services delivered for four to six hours a day we estimate the value of this unpaid service in Washington State Indian communities ranged from \$54.6 million to \$81.9 million in 2006. These amounts translate to individual direct and indirect expenditures ranging from \$17,065 to \$26,419 per caregiver in a year. While for many individuals the cost is paid in uncompensated labor, transportation, food, housing, sundries, and other out of pocket expenses, the cost is clearly quite substantial.

### Those who Care for Elders

Virtually all American Indian and Alaskan Native family caregivers are unpaid like many in non-Indian communities. None of the federally mandated services under the Older Americans Act or state/county services and supports include provision of payment for the services delivered. The added financial burdens associated with caring for a family member simply adds stress to the already overly stressed caregiver's daily life. As noted elsewhere in this study the role of a person taking care of a family member is often determined by cultural norms in each tribal community. In some communities it would be unthinkable to receive a wage or salary while taking care of a family member. The common view held in such communities is, "if there is money to be paid... provide the money to help the elder."

Despite such cultural norms, it is quite clear that tribal family caregivers suffer considerable stress from financial burdens. It is possible for a tribal community to provide supports and assistance for caregivers without direct financial aid in the form of childcare, gas allowances, special health services, house cleaning, nutritional supplementation, and regular exercise delivered in the form of service supplements. Tribal budgets and state/county agency budgets do not contain such support and services for caregivers. The consequence can be degradation in the health of the caregiver and a decline in the quality of life and support necessary for the person receiving care. It is probably safe to suggest that the cost of providing such support to caregivers in the state of Washington would range from \$59 million to \$89 million in 2007 dollars. Without support for Indian caregivers the cost of acute care for the caregiver and the declining conditions of those who are being cared for may exceed \$120 million per year—a burden carried by the individual caregiver and communities.

The American Indian Caregiver Health Study research team drew after two years an important conclusion about the subjects participating in the study: While the enrolled participants were considered to be healthy, they had significant decrements in physical and psychological health such as chronic stress and pain, depression, digestive problems, hyperlipidemia, and adrenal exhaustion. Coupled with their high rates of exposure to traumatic events earlier in life, these caring individuals were on the verge of near total “burn out” and many were at risk of sudden death due to low heart rate variability.<sup>5</sup>

In addition to the focus on polarity therapy as a culturally acceptable treatment for stress, the study uncovered a wealth of information ancillary to the main research project. Our findings concur with the findings of the Administration on Aging survey of 68 programs funded through the Native American Caregiver Support Program (NACSP) that identified multiple barriers faced by caregiver programs and staff. They include inadequate funding and staffing, geographic isolation, and the cultural mismatch of the NACSP focus on caregivers instead of on elders (Wright et al., 2003). The findings from our American Indian Caregiver Policy Study demonstrate additionally that structural barriers prevent Area Agencies on Aging and tribal social service directors from better serving American Indian elders and their family members in western Washington.

The primary identified obstacle is a failure to engage each other in service coordination, a problem rooted in the historical structure of institutions that provide inadequate mechanisms for tribe/county/agency negotiation. We believe this is the root cause of the other problems observed in the service delivery failures.

American Indians and Alaskan Natives

have cared for their elders for hundreds of years but enabling cultural elements are not identified as a basis for a caregiver support program; rather, the Native American Caregiver Support Program entails five components of caregiver supports that are identical to the components of the National Family Caregiver Support Program (NFCSP). There is little recognition through this policy that caregiving is a community process as opposed to an agency process, and that each tribe is a unique community. The word “caregiver” is a new name given to an age old practice in Indian Country, yet ironically the name is fraught with meaning either unknown or threatening to many family or informal “caregivers.”

Lack of personnel and training for coordinators to adhere to the Older Americans Act Title VI, Part C is endemic. Elders and caregivers alike experience eligibility assessment procedures as invasive and coordinators identify a general confusion about the five components of the Native American Caregiver Support Program.

The added information suggests that institutional services and supports available to American Indian caregivers may be inadequate or inappropriate. Furthermore, tribal, state, and federal laws, policies, and practices may prevent American Indian caregivers access to personal services and support needed to ensure their good health and quality of life.

As the main clinical study continued it became increasingly apparent that all the care delivery participants (caregivers, caregiver service delivery personnel, and officials at the tribal, county, and federal level) had substantially different understandings of what was actually being delivered to family members at the tribal level. It also became gradually clearer that tribal family caregivers were not consistently receiving either training and respite sup-

5. Clinical Research Team members drew this conclusion after careful review of the Heart Rate Variability data. (McCraty, 2006)

port or services. Indeed, when county agencies proffered such assistance to the tribal elder programs for Indian caregivers these services were commonly rejected on grounds of inappropriateness or intrusiveness. Generalized resistance appears to arise from the belief that caring for a family member is a deeply private and personal matter of primary concern to the immediate family. These observations led us to believe that there are important breaks in what is supposed to be a seamless service stream from agencies to caregivers to family members.

Support services and assistance to American Indian caregivers appear to be inadequate or non-existent with the possible result that services to American Indian elders (particularly persons suffering from dementia or individuals physically or mentally impaired) is proportionately degraded. No personal health support is made available to caregivers to improve stress and quality of life. Obstructed relations between tribal, county and state services agencies appear to directly contribute to the lack of support for American Indian caregivers with the consequent impairment of services to American Indian service recipients.

A recent study on long-term care needs concludes that American Indian elders wish to remain in their communities, maintaining their roles and relationships (Wright et al., 2003). *Instead of moving to facilities remote from tribal territory, elders choose their own home, and this circumstance creates a greater demand for individuals providing care.* The Retirement Research Foundation conducted a national needs survey (receiving one or more responses from 109 tribes) and found that the least available elder services were adult daycare and resources for people with Alzheimer's disease. When asked how often tribal elders get all of the help they need, 39 % of respondents indicated "some of the time," while 25% responded that elders

got help "most of the time" (Benson, 2003). Sixty-eight percent replied that "most" family members would benefit from caregiving assistance. Respite care and personal care were often described as being most helpful, yet these services were seldom available (Benson, 2002).

Support for caregivers has been provided through legislation and grants in Indian communities and through Area Agencies on Aging for many years. The level of funding for individual service providers varies considerably from program to program. The Areas Agencies on Aging through their Family Caregiver Support Program provide a limited number of discretionary supplements that range from about \$500.00 to \$1,000.00 per caregiver available to caregivers who require either special home modifications, or counseling services. It is unclear whether any tribal members access this support. Through this program the Lewis-Mason-Thurston-County Area Agency on Aging (LMTAAA) has provided eligible caregivers with access to up to 8 hours of polarity therapy, relaxation and wellness counseling and this program is accessed by both Indian and non-Indian caregivers. Success of communication between the AAAs and tribes vary widely with some AAAs feeling "closed out entirely" and others having closer, though still limited relationships. The most successful coordination was observed when a well-experienced tribal elder worked at one of the agencies serving as a dynamic navigator. This highlights both structural issues as well as the vagaries of locale and experience.

The 2005 funding for a single grant under the NACSP ranged from \$16,990 to \$67,990<sup>6</sup>. The program received \$5 million its first year, \$5.5 million in FY 2002, \$6.2 million in FY 2003, \$6.3 million in FY 2004, and \$6.3 in FY 2005 and FY 2006.<sup>6</sup> Nine demonstration projects were also funded through the NACSP

6. Source: Agency on Aging – Region X, and Department of Social and Health Services

at \$100,000 over three years for fiscal years 2001-2004. Present funding levels in support of tribal programs is clearly too low to meet the needs. While this is often the refrain about any social program, there is clear evidence that tribal programs are seriously under-funded.

Tribal programs suffer from a number of limitations and obstacles—many of which require tribal leadership and attention in the form of tribal legislation and policy changes.

### Methodology

This policy study was structured to include interviews of primary participants in the delivery of caregiver support services and direct services including tribal, county, and federal officials and service providers; and a review of the literature and statutes relevant to American Indian caregiver policy. The research assistant conducted interviews asking each informant a set of predetermined, open-ended questions, providing a consistent framework for responses without determining the responses. After conducting several interviews the research assistant reviewed initial responses with the principal investigators and a record was made of the discussion, providing documentation on interpretation of responses. The research team, comprised of the Caregiver Policy Study Principal Investigator, Caregiver Study Principal Investigator, and the Research Assistant, conducted a thorough review of the literature relating to caregiver programs in Indian communities and their effectiveness throughout the United States.

The enabling federal legislation (USC: Title 42, Chapter 35, Subchapter 3057) was reviewed emphasizing the existing language contained in the law as it relates to county and tribal programs, the congressional intent, and

the role of such organizations as the National Congress of American Indians, National Indian Council on Aging, National Indian Health Board, and the National Indian Child Welfare Association.

### Statutory Policy

The federal government enacted the Older Americans Act (July 14, 1965); and in succeeding years the Act was amended in 2000 (Public Law 106-501-Nov 13, 2000 – 114 Stat. 2267) to improve community employment for older Americans. At the time of its reauthorization in 1992, Congress inserted a new Title VII, Chapter 3 addressing “prevention of abuse, neglect and exploitation of older Americans”. They also reauthorized the Older American’s Act and amended it with House Resolution 6197 (Older Americans Act Amendments of 2006). The section concerning American Indians was added in August 31, 1988.

The Act was originally designed to serve (1) family caregivers, and (2) grandparents or older individuals who are relative caregivers. Specific programmatic services include:

- (1) information to caregivers about available services;
- (2) assistance to caregivers in gaining access to the services;
- (3) individual counseling, organization of support groups, and caregiver training to caregivers to assist the caregivers in making decisions and solving problems relating to their caregiving roles;
- (4) respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and

- (5) supplemental services, on a limited basis, to complement the care provided by caregivers.

The initial delivery mechanism for these services to all recipients has developed to include 53 State Units on Aging, 650 Area Agencies on Aging and 240 Title IV American Indian Programs (AAA, 2006).

The United States Congress enacted the Older Americans Act with a specific chapter concerning American Indians, Alaskan Natives, and Hawaiian Natives which was recorded in statute as the United States Code Title 42, Chapter 35, Subchapter 3057. Congress made the following determination in this part of the law that American Indians:

- (6) are a rapidly increasing population;
- (7) suffer from high unemployment;
- (8) live in poverty at a rate estimated to be as high as 61 percent;
- (9) have a life expectancy between three and four years less than the general population;
- (10) lack sufficient nursing homes, other long-term care facilities, and other health care facilities;
- (11) lack sufficient Indian area agencies on aging;
- (12) frequently live in substandard and overcrowded housing;
- (13) receive less than adequate health care;
- (14) are served under this subchapter at a rate of less than 19 percent of the total national population of older individuals who are Indians living on Indian reservations; and
- (15) “are served under Subchapter III of this

chapter at a rate of less than 1 percent of the total participants under that subchapter” (Older Americans Act, 2005).

Accordingly, Congress expressed its intent with legislation as follows:

*“The Assistant Secretary shall carry out a program for making grants to tribal organizations with applications approved under parts A and B of this subchapter, to pay for the Federal share of carrying out tribal programs, to enable the tribal organizations to provide multifaceted systems of the support services...” (Older Americans Act, 2005).*

In addition to funds for program support, Congress decided that surplus facilities should be converted to the benefit of American Indian Senior programs:

*“...the Secretary of the Interior through the Bureau of Indian Affairs shall make available surplus Indian educational facilities to tribal organizations, and nonprofit organizations with tribal approval, for use as multipurpose senior centers. Such centers may be altered so as to provide extended care facilities, community center facilities, nutrition services, child care services, and other supportive services” (Older Americans Act, 2005).*

The most recent action amending the Older Americans Act was signed into law in October 2006. These amendments placed a strong emphasis on the reduction of elder abuse and neglect, volunteerism, community planning for elder care, caregiver outreach and service and inter-governmental coordination. Upon passage of the reauthorization and amendments to the Older Americans Act, Wyoming

Senator Mike Enzies, then-Chairman of the Senate Health, Education, Labor and Pensions Committee summarized improvements to the Act this way:

- Direct the Department of Health and Human Services' Assistant Secretary of Aging to appoint a full time officer to take charge of federal elder abuse and prevention services and to coordinate federal elder justice activities;
  - Promote the development of systems that enable older individuals to receive long term care in home and community-based settings based on individual needs and preferences;
  - Improve access to programs and services under the Act by addressing the needs of older individuals with limited English proficiency;
  - Encourage both states and area agencies on aging to plan for population changes and require state agencies and local area agencies on aging to coordinate activities and develop long-range emergency preparedness plans;
  - Improve access to supportive services that help foster independence and maintain quality of life, including assistive technology services and devices, mental health services, and activities to promote lifelong learning;
  - Expand caregiver program services to older adults caring for children of any age with a disability; individuals with Alzheimer's disease; and grandparents or relative caregivers, age 55 and older, caring for children of any age; and,
- Ensure that the Older American Community Service Employment Program, a job-training program for older Americans, provides on the job training to unemployed seniors in community service programs—helping seniors build new jobs skills while providing skilled workers for programs serving low-income families and individuals (Enzies, 2006).

The Agency on Aging in Washington, D.C. interpreted improvements in the Act in slightly condensed and imprecise terms after the Bill was signed into law.

- Enhanced federal, state, and local coordination of long-term care services provided in home and community-based settings
- Support for state and community planning to address the long term care needs of the baby boom generation
- Greater focus on prevention and treatment of mental disorders
- Outreach and service to a broader universe of family caregivers under the National Family Caregiver Support Program
- Increased focus on civic engagement and volunteerism
- Enhanced coordination of programs that protect elders from abuse, neglect and exploitation (Carbonell, 2006).

The Amendments do touch on the concerns of Indian communities, caregivers and elders primarily in connection with the formation of “coordinating councils” concerned with advising federal government officials on appropriate “models” to “combat elder abuse, neglect, and exploitation...” (Older Americans



Act Amendments of 2006). The reauthorization also includes proposals for modest cost of living budget increases resulting in status quo funding levels.

### Commentary

The United States Congress' intent when it passed and later amended the Older Americans Act of 1965 has been consistently clear in connection with American Indians: elders and their caregivers must receive financial and service support to assure a good quality of life and health. Examining the on-the-ground outcome of Congress' intent affecting western Washington Indian tribes suggests a dramatically different reality: there are funding, structural, cultural, and jurisdictional obstacles to achieving "a good quality of life and health" for American Indians who are to benefit from the Older Americans Act. The on-the-ground players who seek to implement the intent of Congress in the state of Washington and in tribal governments in western Washington are faced with daunting obstacles and American Indians on and near reservations are being short-changed.

Area Agencies on Aging (AAA) like the Lewis-Mason-Thurston, Pierce County and northwest agencies and tribal social service directors seek to serve American Indian elders and their family members in addition to their primary responsibility for the non-Indian population. The Washington State Department of Social and Health Services affirmed this commitment by publishing a memorandum to Area Agency on Aging Directors spelling out its policy on AAA relations with Indian tribes. The memorandum reflects a state bureaucracy working with Indian government officials and other representatives as unfamiliar and distant from official state government experience.

It emphasizes "matrixes," "goals," and "objectives" for planning processes with

"Tribal entities" (Black, 2005). The intent is clearly reflective of a desire for efficiency, but also a need to have tribal governments and their representatives function according to the policies of state government employees. Tribal governments and their service officials often express an informal policy of distancing the tribe from the state government; and individuals in tribal service positions convey their lack of confidence in and suspicion of state policies and practices. The primary obstacle to effective cooperation between tribal government and county officials as this memorandum suggests is an awkward breakdown in efforts to engage each other in true collaboration. This awkwardness in county and tribal government persists despite agency, state, and federal mandates to incorporate tribes into the Aging Network.

Tribal agency and county agency informants to this study expressed frustration with the failure of communications between AAAs and tribal programs. The perception by several informants on both sides is that official communications obscure rather than explain policy and practice. Some noted that communications problems often arise as a result of lack of training at the tribal and county levels; and still others noted that staff turnover contributed to a breakdown in communications. Caregiver service practice may be at variance from policy in the tribal government and in the state government as a result of limited training, imprecise communications and limited funds.

The tribal side and the county side independently agree that there are advantages to improved communications, cooperation, and collaboration, but according to some informants they seem to not understand the advantages from the other side's perspective. Neither side seems to understand the responsibilities, pressures, concerns, goals, and objectives of the other. The inability for each side to under-

stand or appreciate the perspective of the other side contributes to a reduction in confidence and cooperation.

Other informants on the county side say they want to develop closer coordination with tribal service providers, but they see themselves as “spread too thin” with their work responsibilities that such personal contact is rarely possible. Consequently, there is little opportunity for service providers and coordinators at the county and tribal levels to develop strong working relationships.

Some informants on the tribal side believe the quality of communications between their agencies and county agencies could be improved if the county employs a “native person.” Where Area Agency on Aging liaison roles have been filled by a “native person” there has been improved communications between that person and tribal personnel. Several informants note, that while it is true that communications between the county agency and the tribal agency is improved, the relationship between the “native person liaison” and the county agency is often strained and occasionally estranged to the point where there is a conflict between county policy and the tribal liaison.

Achieving benefits from caregiver support is prevented by:

- The fact that the term “caregiver” appears to have little currency in the Indian communities in which we worked.
- Lack of tribally appropriate needs assessments for tribal programs.
- Limited and generally unsuccessful efforts to disseminate information, or in reaching out.
- Indian communities, networking, and facilitated coordination between agencies:

Area Agencies on Aging and tribal agencies and governing authorities and fairly low levels of trust among American Indian caregivers toward the Area Agencies on Aging; lack of bi-directional cultural competency.

- Tribal personnel turnover and inconsistent tribal policy and practice.
- Deficiencies in the number of agency personnel are widespread.
- Ineffective provisions in the Older Americans Act Title VI, Part C policy and limited procedural training for affected parties contribute to a breakdown in the conduct of successful support for American Indian caregivers.
- Interagency power mismatch where the asymmetrical relationship between the tribe and the state places the state in the position of dominance where the state sets policy and guides practice, and the state controls many sources of funds.

These shortcomings undermine virtually all participating parties despite statutory mandates that facilitate communications and coordination through the training of personnel within the organization of affected parties.

The word “caregiver” is an inexact term in Indian country. It is a term originally coined by non-Indian health professionals, academics and federal agency personnel seeking to capture in limited language a specific target audience. Most Indian families customarily apply an age-old practice where certain individuals (family members or chosen individuals) are given or assume a duty to care for an elder or disabled individual—the word “caregiver” is simply not commonly used. Caregiver connotes a “job” instead of a customary duty or

responsibility. Ironically the term is fraught with meaning either unknown or threatening to many persons who have the duty in a family. Elders and family members who have the duty to look after an elder often consider state and federal guidelines and procedures for eligibility assessment socially invasive and insulting—even destructive of customary community norms. This manifests in several ways:

- The state-mandated assessment process of caregivers and their family member(s) who wish to receive services is understood to be intrusive and unnecessarily prolonged (requiring many hours) by both state agency and tribal staffs and, as a result, on and off reservation Indians often forgo services rather than become subject to the process.
- The paperwork required to receive services is often prohibitive; one tribal elder stated: “I would spend all day filling out paperwork and it would never come to anything.”

Caregiver program coordinators at the tribal level (an employed role) acknowledge their general confusion about the five components of the **Native American Caregiver Support Program** (NACSP) on which they are required to rely. Confusion and conflict with the NACSP provisions is another layer obstructing effective program execution. Other obstacles are institutional and cultural communication strategies, which often fail in part because they reflect common non-Indian biases regarding Indian communities and society and common Indian biases regarding non-Indian program and agency officials.

These obstacles are not all solely associated with caregiver support services but, rather, speak to larger structural issues faced by other social and health coordinators and delivery

agencies. The conflicting meanings of the word “caregiver” is emblematic of the problems of cross-cultural and cross-procedural policy communications that appear to result in service delivery failures common to many health delivery systems serving Indian Country. Addressing these barriers in the field of “caregiving” will tend to illuminate the need for policy and procedural changes in other social and health service arenas.

Tribally-specific needs assessments addressing long term care and caregivers are generally lacking. The process of needs assessment is understood by program personnel to be needed, and, if completed, that such needs assessments require frequent updating and review. The cost of such assessments combined with limited experience and personnel turnover frequently prevent the possibility that the long term health care assessment is actually carried out. Additionally, tribal program personnel have limited access to models of needs assessments suitable for their unique tribal communities and cultural contexts. Such models are not necessarily transferable between tribal communities, even if they were available. Recognizing this problem, the National Resource Center on Native American Aging (NRCA) has attempted to develop a partial answer in their *The Long Term Care Tool Kit* (McDonald, Ludtke, McDonald, & Allery, 2005). Offering guidelines for the development and conduct of a long term care needs assessment, the authors of this “kit” focus a conventional research approach that employs an “objectivist” methodology. Indeed, the approach is typically used in the academic environment with its main focus on the recipient of care—the elder—while failing to note the importance of the family and the caregiver’s needs as a part of a whole case assessment. Integrating quantitative and qualitative information is commonly appropriate to evaluating needs in a tribal community. The

NRCA approach provides a survey and technical assistance to tribes to conduct their own needs assessments. This approach is a good start but may sometimes be unsuitable for the tribal context, since it often requires technical training and funds not commonly available.

Tribal agencies and Area Agencies on Aging aiming to serve caregivers and the persons they help frequently fail to communicate effectively between themselves and with the service population. Methods of communication with service populations commonly used to disseminate information in metropolitan areas (radio, television, newspapers, posters, flyers, and pamphlets) are generally ineffective in tribal communities. Successful communications in many tribal communities are more labor intensive: visits in homes, conversations at gatherings, public presentations, and supplemental written material outlining key elements of information. Tribal communities tend to be more conversational, person-to-person communication environments. This is not to say that written material is not useful. But when written material is presented in the language of “bureaucratic jargon” either by the tribal program or the state/county agency, the degree of understanding and confidence in the information is frequently reduced or very low. Communications between tribal agencies and Area Agencies on Aging or other state entities concerned with long term care are similarly complicated. Local tribal circumstances (social, economic and cultural) color and define how tribal officials communicate. Similarly, agency ethos and the agency personnel’s own living environments shape and define how Area Agency on Aging and other state program personnel communicate. Neither tribal nor state/county officials share a common experience so they are prone to misunderstandings. Greater bi-directional training to improve communications is clearly essential.

Tribal social service and elder health programs experience frequent personnel turnover. Changes in personnel destabilizes the program, complicates communications, often slows a program due to interruptions from the need for new personnel to learn about the program and results in inconsistency. Changes in personnel or other program interruptions result from episodic funding, management or personnel conflict, competition for limited employment opportunities, lack of tribally-specific professional development training, and uncertainties about the intent of the program. Changes in state/county agencies are similarly affected by personnel changes. These agencies have attempted to improve their coordination with tribal programs by employing “tribal liaisons” who are a member of an Indian tribe. These positions tend to be unstable. Merely employing an individual who happens to be a member of a tribe does not ensure that the individual can work with the programs in various tribes in the agency’s service areas (though as noted above many individuals serving as liaison have improved communications). Indeed, even if an individual is accepted and trusted, the policies and practices they must present to tribal programs may still conflict. Personnel stability is an essential element in program effectiveness, and neither tribal nor state/county agencies are able to ensure such stability.

In tribal programs social service and elder programs are often under-funded and/or staffed by individuals who are themselves under immense social stress. Like funding for social services outside of tribes these jobs are generally held by women who are paid minimum or near minimum wage. This contributes to lack of stability because they are seeking other jobs. Likewise, because caring for elders and the aging requires the development of trust, high levels of trust occurs over time and requires staff who are there for the

long haul. Our findings were iterated by focus groups held in the Dakotas, which point to this endemic problem. The payment structure for the positions of caring cannot be separated from the valuation afforded the positions by both tribal and society at large. These basic service positions are the foundation of care for the elders and yet they pay the least.

A hard look at the valuation of care must be undertaken as part of cultural restoration programs within the tribes and understood as part of the educational process of the young and adults of all ages. A new model for integrating values and economics of care can be created at a tribal specific level in order to more fully use the abundant human resource capacity within the tribe and as a method of economic returns within families.

### **Sovereignty and Jurisdiction**

Tribal sovereignty is negotiated through interactions defined by a government-to-government relationship meant to support tribal self-determination, and tribes' "right to opt into negotiations is the exercise of sovereignty just as much, or more, than attempting to operate independently" (Ashley & Hubbard, 2004). It is particularly difficult for the state contracted social service provider on the ground to define its role in coordination relative to the government-to-government protocol with ambiguous implications for tribal/state agency interactions. As one AAA manager put it, "I guess tribes don't want to deal with us lowly providers." This comment reflects a general lack of understanding of tribal legal and political status in relation to the state of Washington and the United States. It also reflects the longstanding unresolved problem identified by the Intertribal Study Group on Tribal-State Relations that conducted a yearlong study between 1979 and 1980 in Washington State on tribal and state government conflicts. The tribal

government leaders' panel was co-chaired by Quinault Nation President Joe DeLaCruz and Yakama Nation Councilman Russell Jim, and included Squaxin Island Chair Cal Peters, and Makah Nation Councilwoman Mary Jo Butterfield. Their report in 1980 asserted that conflicts between tribal governments and the state government result when there is no co-equally created intergovernmental mechanism established to facilitate government-to-government relations (Ryser, 1980). In partial reply to the Intertribal Study Group on Tribal/State Relations, the governments of the state of Washington and twenty-six Indian nations and tribes nine years later signed the *Centennial Accord* (Centennial Accord, 1989) establishing ground rules for the conduct of government-to-government relations. The framework setting agreement established between tribal governments and the state government was amplified and reaffirmed by a subsequent *Millennium Agreement* signed in Leavenworth, Washington (Millennium Agreement, 1999) further providing definition to structured government-to-government relations. Both tribal governments and the state government took steps to establish intergovernmental liaison positions specifically designed to deal with subjects of mutual concern. Considerable improvements in tribal/state relations have been achieved as a result of these important intergovernmental measures. Both tribal governments and the state government did reduce legal and jurisdictional conflicts that characterized the decades before 1990.

While these important agreements contributed to important changes in intergovernmental policy and practices, still more changes in relations between state government and tribal governments are warranted as communications and procedural problems between tribal caregiver and elder health programs and Area Agencies on Aging suggest. The power rela-

tionship between agencies of tribal government and state government are significantly out of balance in terms of funding, personnel experience, and the reach of governmental jurisdiction. One important consequence of this imbalance is reluctance on the part of tribal and state/county program and service personnel to work collaboratively. As the Intertribal Study Group on Tribal-State Relations indicated in 1980, the imbalance cannot be corrected *when there is no co-equally created intergovernmental mechanism established to facilitate government-to-government relations*. As one informant said: “A missing structure for coordination creates tension based on fear of stepping on toes or unwittingly into tribal politics.”

There is little recognition in current policy that caregiving is a community process as opposed to an agency process, and that each tribe is a unique community. Much of our information at the tribal level suggests that caregiving is a process of community, not of an agency, tribal or state. Tribal informants suggest that caregiving has been done in Indian country for millennia, but no one is asking why it works (peer pressure, familial obligation), when it doesn't, or what is needed. Those elements must be the basis for any caregiver program.

## Findings and Recommendations:

### [A] Tribal service coordinators express confusion as to the intent of county and agency actors—the purpose of Title VI Part C.

#### 1. Recommendations

AAAs hold the knowledge of and training experience on national caregiver grant components and are active members of the Aging Network while tribes face deficiencies in the number of personnel and effective Older Americans Act Title VI, Part C policy and

procedure trainings.

The state mandates that the allocation of resources shall require outcome evaluations that are culturally inappropriate and unrealistic for tribal social services to produce. Aware of these burdensome regulations, tribes are reluctant to request or accept AAA assistance. One AAA county informant stated, “It [collaboration] is not worth it for tribes. They don't want AAAs involved if they come across as control freaks and frankly I don't blame them.”

**Federal:** No Action

**Tribal:** Tribal Service Managers should provide regular in-service training explaining state and federal policies and practices and compare them against tribal policies and practices in the field of long-term care services.

**State:** State/County Managers should meet with tribal managers to answer questions concerning the intent of state and agency actors carrying out the purposes of Title VI.

### [B] The asymmetry of power between AAAs and tribal social services is fundamental to tribes' inability to deal effectively with state agency mechanisms for coordination.

Area Agency on Aging organizations have the power and influence of the state government and the federal government in support of their policy and practices that are mainly designed to address the needs and interests of the wider population of the state. The more particular needs and interests of tribal communities can be effectively addressed in relation to state/county agencies within a framework of government-to-government relations as framed by the Centennial Accord of 1989. Functioning mechanisms including balanced, authoritative representation from tribal government and state government should coordinate policy and practices on long-term care. This is an enhancement to a system that is only partially

complete.

## 2. Recommendations

**Federal:** The Older Americans Act should be amended to include financial support for multiple intergovernmental agencies providing for tribal and state representation addressing long-term care.

**Tribal:** Each tribal government or the governments of cooperating tribal governments should introduce and enact legislation authorizing the creation of an intergovernmental agency on long-term care, providing tribal budgetary support, and designating representatives.

**State:** The state government should introduce and enact legislation authorizing the creation of an intergovernmental agency on long-term care, providing state budgetary support, and designating representatives.

### **[C] The components of the Native American Caregiver Support Program (NACSP) address needs that have been defined outside tribal communities.**

American Indians have cared for their elders for hundreds of years but enabling cultural elements are not identified as a basis for a caregiver support program. Rather, Title VI Part C entails five components of caregiver support that are identical to the components of the National Family Caregiver Support Program (NFCSP) and applied universally. There is little recognition through this policy that caregiving is a community process as opposed to an agency process, and that each tribe is a unique community.

Paid respite is preferable to other NFCSP components such as support groups and counseling that may not appeal to many members of small tribal communities. Tribes spend the vast majority of their grants on respite by training and employing caregivers. This was not

defined as a problem by each affected party but is a concern of an intertribal organization that assists tribes with federal grants, the Administration on Aging central office and AAAs as there is a strong emphasis on supporting unpaid caregivers among NFCSP advocates.

## 3. Recommendations

**Federal:** No Action

**Tribal:** Each government should develop tribally-specific long-term care policies and practices that reflect the cultural, social, and economic realities of the particular communities served—emphasizing the needs of caregivers as well as the individuals they provide care to. Policy statements must also address the question of payment or supplemental financing for caregivers. These policies must then provide guidance to service managers and personnel.

**State:** Consistent with the spirit of the Millennium Agreement of 1999 the State and County Area Agency on Aging should engage tribal officials and request their specific statements of policy and practice on long-term care, caregivers and their care recipients.

### **[D] Area Agency on Aging staff lack the tools to communicate with tribal members across cultural difference and time to work through cultural differences and form working relationships with staff of tribal social services. State and agency cultural training guidelines are well-meaning but unfunded and disconnected from practice. AAAs want to coordinate but don't have tools beyond what they have already tried.**

Staff are spread thin and it is easier and makes more sense from their standpoint to devote precious time to serving those ethnically diverse caregivers and elders who are eagerly standing in line requesting services. AAA staff

recognize the cultural importance of relationships yet lack time, cultural understanding, and confidence or precedence to risk making persistent efforts. AAA program managers do not know appropriate contacts on the tribal end to exchange information about caregiver services or events. Furthermore, often the people providing direct caregiver support work function outside of the “formal” or funded programs. Without close working relationships, the AAA program manager would not gain access to the behind-the-scenes reality of caregiver support.

#### 4. Recommendations

**Federal:** No Action

**Tribal:** The health and social service agencies of the tribal government should establish close program coordination then establish, develop, and conduct regular bi-directional cultural competency training that provides experience and learning about state and county social and health services ethos as well as tribal culture.

**State:** Establish, develop, and conduct regular bi-directional cultural competency training that provides experience and learning about state and county social and health services ethos as well as tribal culture.

**[E] Tribal caregivers and elders widely regard eligibility assessment procedures as invasive and disruptive of family norms.**

#### 5. Recommendations

**Federal:** No action

**Tribal:** Tribal policy and practices should define tribal specific eligibility assessment procedures.

**State:** State managers should support a customized approach to eligibility assessment to be carried out at the discretion of Area Agency on Aging entities working with tribal managers. They should recognize tribal specific eligibility assessment procedures as valid.

**[F] There is a consensus in tribal government agencies that American Indian family members can benefit from caregiver support services, but coordination between western Washington tribal social and health agencies and county Area Agencies on Aging is limited and often non-existent.**

The Older Americans Act contributes to the existence of an asynchronous relationship between tribal governments and the state government on matters of policy and practice serving caregivers and elders. By virtue of the federal authority conveyed to the state government, tribal governments are relegated to a “grant recipient role” and not included in the policy-making position necessary for tailoring caregiver and elder care service delivery at the tribal level. Because of the imbalance, tribal governments are left to implement policies generated in Washington D.C. and in Olympia, Washington without the full ability to define and implement policy most beneficial to tribal community members. To redress the imbalance, it is necessary for tribal governments to take the initiative exercising their separate sovereign powers by independently establishing service and coordinating agencies that equal the role of the Area Agency on Aging. Further redressing the imbalance demands the establishment of a working intergovernmental mechanism between tribal agencies and state agencies established pursuant to the 1989 Centennial Accord.

#### 6. Recommendations

**Federal:** The Older Americans Act should be amended to authorize, fund, and recognize Tribal Agency on Aging organizations established under the authority of tribal governments.

**Tribal:** Each tribal government or a coalition of tribal governments should adopt



legislation establishing either a single tribe or multiple-tribes “Tribal Agency on Aging.” Initially drawing on their own financial and professional resources tribal authorities should establish Tribal Agency on Aging as a support for tribal service programs providing training, health support, and coordination and policy guidance. The Tribal Agency on Aging should also function as the coordinating Agency that interfaces with the County and State Agency on Aging.

Each Tribal Agency on Aging should participate in an intergovernmental coordinating commission made up of tribal officials and Area Agency on Aging Officials that is formed by tribal governments and state governments as a working inter-governmental mechanism established to facilitate interagency coordination and cooperation. The mechanism may rely on the Centennial Accord for initial authority.

**State:** Each Area Agency on Aging should participate in an intergovernmental coordinating commission made up of tribal officials and Area Agency on Aging officials that is formed by tribal governments and state government as a working inter-governmental mechanism established to facilitate interagency coordination and cooperation. The mechanism may rely on the Centennial Accord for initial authority.

**[G] Tribes spend the greater portion of their respite grants on training and employing caregivers.**

## 7. Recommendations

**Federal:** New funds should be appropriated to support both respite and personal health care for caregivers.

**Tribal:** New legislation should be introduced in tribal council to provide and authorize funding for respite and personal health care for caregivers.

**State:** No action

**[H] There is a strong emphasis on supporting UNPAID caregivers among National Family Caregiver Support Program coordinators, which creates a division between state and tribes; however, other components such as support groups and counseling may not be appealing to members of small communities.**

We estimate that 3,160 individuals in western Washington tribal communities (the vast majority of whom are women) now provide care for elders and disabled persons in Washington. Since these are primarily unpaid individual family members or trusted friends performing caregiver services their work bears virtually no publicly recognized costs. The burden for delivering care is paid in the form of uncompensated labor, transportation, food, housing, sundries, and other out of pocket expenses. Tribal cultural norms historically provided support from the community through longhouse extended families and giveaways. Some tribal communities may still desire this approach while various forms of direct compensation may be desired from the view of other cultural communities.

## 8. Recommendations

**Federal:** No Action.

**Tribal:** Tribal legislation should be introduced and adopted describing a policy on payment, financial supplement, and other services for caregivers. Where the tribally-specific legislation defines financial payment, funding must be appropriated at a rate commensurate with need. Where tribally-specific legislation addresses uncompensated labor, transportation, food, etc. that is “community subsidized,” then a carefully defined plan must be instituted responsive to these needs.

**State:** State agencies should align their

policies regarding the provision of caregivers to supporting family caregivers through tribal community systems and provide alternative support for unpaid caregivers beyond training to include cooperatively-developed tribal/state support and assistance options for caregivers.

**[I] Tribal health and service delivery is fragmented as a result of compartmentalized administrative structures that separate caregiver and elder needs into separate services preventing the delivery of effective whole health services when these services should be collaborative and integrative especially for caregivers.**

Compartmentalization of social and health services in tribal government fragments and reduces the quality of services available to caregivers and elders. The services needed require a whole-health integration of services working together. A special study prepared for the National Congress of American Indians in 2005 by the Center for Rural Health makes the case for this approach to reservation-based health services in this way:

“Health promotion should become a major goal infused into programs of health care, community education, human services, and in-home outreach programs. While the target population of elders is imperative, prevention must also address younger age groups such as those in pre-retirement cohorts.

The advantage of this approach is that an environmental, multi-disciplinary community approach to health promotion will have the greatest chance of making a lasting impact. Furthermore, implementing successful health promotion strategies across the age spectrum is critical to addressing the poorer health status experienced by the majority of Native American communities” (Ludtke & McDonald, 2005).

Informants for this Study note the impor-

tance of combining social and health services in a collaborative fashion, but advise that the different social and health programs provided by tribal governments do not always work together for the benefit of caregivers and elders. The structure of social and health services is compartmentalized, reducing or preventing effective whole health support for caregivers and elders (Ludtke & McDonald, 2005). The delivery of holistic health services during the caregiver study met with great interest and benefits to caregivers who expressed their need for health interventions closely aligned with their own cultural practices as well as using methods associated with complementary and alternative medicine (CAM). Research shows that 63% of the US population uses some of CAM but its use is often paid for out of pocket. Research also shows that the majority of clinic visits are due to stress related illnesses, which is what CAM is specifically designed to help. In the American Indian Caregiver Stress and Health Study sample 78% of participants had used some CAM and/or traditional healing methods. The integration of service delivery is the macrocosm of the integration of whole-health methods for the health of the whole person.

## 9. Recommendations

**Federal:** New legislation ought to consider the need for structural and organizational flexibility in tribal administration and operation of social and health programs.

**Tribal:** Tribal governments should take steps to reorganize tribal social and health services into collaborating service teams permitting caregivers and elders to draw on integrated social and health service provider teams so as to provide social health, physical health, mental health, and spiritual health support. Massage and touch therapies, stress reduction, nutritional therapy, and trauma resolution therapies should be incorporated

into the whole health and social service system for caregivers.

**State:** State and county Area Agencies on Aging ought to incorporate whole health, integrated social and health service training at the supervisory and service provider levels.

**[J] Tribal Agencies experience personnel turnover, lack Title VI coordinator personnel and training for the position.**

The stability of professional personnel working in caregiver service agencies is critical to providing consistent services to caregivers and to the persons they serve. State, county, and tribal informants all note that frequent changes in personnel in tribal agencies contribute to service inconsistencies and to inter-agency communications problems. Adequacy of funding, management support, in-service training, and support personnel are all factors affecting the stability of personnel in any program. In tribal agencies, personnel turnover is also related to community-sensitive, policy-level pressures on management and service providers, forcing early departures.

Individuals employed by Area Agencies on Aging who liaise with tribal agencies, governments, and communities often lack experience and knowledge of the Agency's philosophy of operation contributing to difficulties working with Agency personnel and policies. Similarly, informants advise that the role of liaison between the Agency and tribal agencies is complicated by the strictly observed Agency policies and procedures and the service practices and cultural realities in tribal communities. Coordination between Area Agencies and Tribal Agencies is frequently limited, stalled, or obstructed due to contrasting Area Agency and Tribal Agency policies, practices, and levels of interagency experience possessed by personnel in both agencies.

## 10. Recommendations

**Federal:** Funding authorization and appropriations specifically directed at strengthening tribal and county service agency professional training to stabilize employee retention and to support improved cross-cultural communications.

**Tribal:** Tribal management systems should consider establishing guidelines for professional conduct and organization of quarterly professional development training opportunities for both management and service delivery personnel focusing on the solution of specific service delivery and managerial problems. Closer organizational support between social and health services and interagency cooperation will contribute to cost reductions and improve support to service personnel.

**State:** State and county Area Agency and related social service agencies should organize and conduct quarterly professional development training opportunities focusing on multicultural best practices. Agency managers must directly engage individual tribal liaisons to identify and resolve obstacles within the agency to effective agency and tribal/agency coordination arising from failure of cross-cultural communications.

**[K] The term "caregiver" is in some instances a barrier to the effective provision of services.**

The US Congress defines the term "caregiver" in the Older Americans Amendments Act of 2006 (HR 6179) as "an individual who has the responsibility for the care of an older individual, either voluntarily, by contract, by receipt of payment for care, or as a result of the operation of law and means a family member or other individual who provides (on behalf of such individual or of a public or private agency, organization, or institution) compensated or uncompensated care to

an older individual” (Older Americans Act Amendments of 2006). Despite this definition, the term remains problematic.

The conflicting meanings of the word “caregiver” is emblematic of the problems of cross-cultural and cross-procedural policy communications that result in service delivery failures common to many health delivery systems serving Indian country. Informants repeatedly advise that the term “caregiver” implies a “paid position” when taking care of a family member or honored individual is considered a responsibility—a duty an individual is given. To accept money as a caregiver may create the impression that the individual receiving care is not getting assistance. “My elder should get the funding support and help, not me!” is the expressed view of many persons caring for family members.

Federal, state and county policy and practice guidelines commonly use “jargon” that fails to communicate in tribal agencies and in tribal families. The on-the-ground realities of the tribal culture are not only physically remote from county, state, and federal agencies, they are remote in terms of experience and how one understands that experience. The breakdown in communications and levels of willing cooperation is obvious at the tribal level. When a problem is defined and explained in meetings outside and separate from the community most directly affected, the likelihood is considerable that the solutions applied will often be implemented with difficulty, if at all.

### 11. Recommendations

**Federal:** Amend the Older Americans Act to incorporate a mandate to recognize and adopt tribally-specific guidelines and definitions for the role of individuals who care for disabled or elder persons.

**Tribal:** Tribal Councils should develop and adopt tribally-specific legislation providing

guidelines and definitions for the role of individual who care for disabled or elder persons.

**State:** State and county legislation should incorporate a definition of individuals who care for disabled or elder persons in tribal communities—noting that such definitions may differ from community to community.

### [L] Tribal caregiver agencies lack needs assessments.

Tribal caregiver programs have not always prepared needs assessments that are tailored specifically to the circumstances of communities they serve, nor the specific cultural context within which caregivers must function.

### 12. Recommendations

**Federal:** No action

**Tribal:** Tribal Councils should develop and adopt legislation to support the organization and conduct of tribal “caregiver needs assessments” that consider the needs of caregivers as well as the persons to whom they provide care, with a specific emphasis on the cultural and community context.

**State:** State and county Area Agencies on Aging ought to adjust their program approaches to reflect, in part, the community-specific needs as described in tribal needs assessments.

### [M] AAAs and tribes are duplicating elder and caregiver services

### 13. Recommendations

**Federal:** No Action

**Tribal:** Preparatory to Finding 2 above, seek to meet with the State Agency on Aging leadership to negotiate a provisional accord delineating services and practices for caregiver and long-term care programs.

**State:** Preparatory to Finding 2 above, seek to meet with the tribal leadership to negotiate a provisional accord delineating services and practices for caregiver and long-term care

programs.

**[N] The personal uncompensated direct and indirect cost to individual tribal caregivers is substantial—estimated at \$17,065 to \$26,419 or in the aggregate \$54.6 million to \$81.9 million in 2006—and contributes to high stress levels among caregivers.**

While personal uncompensated costs are substantial for individual caregivers, cultural norms in tribal society frequently reject payment in the form of wages to caregivers. Widely recognized evidence supports the contention that: caregiver stress is substantially exacerbated by financial stressors associated with taking care of an elder or disabled family member. Decision-makers should consider alternative means of supplemental and indirect support to caregivers and their families when wages prove to be unacceptable.

#### 14. Recommendations

**Federal:** Amend legislation providing for annual appropriations of supplemental and compensatory support for individual caregivers based on tribal specific policies established by tribal governments.

**Tribal:** Tribal legislation, policy, and practice ought to be introduced and adopted to provide for naturally grown and healthy community food gathering, nutrient supplementation, tribally-provided housing supplements, and community supported transportation as supports to caregivers. Where compensation is considered appropriate, tribal authorities ought to introduce and adopt policy and practices permitting the payment of wages to caregivers from public funds.

**State:** Recognize the tribal-specific policy and practice concerning compensation and support of caregivers. Where appropriate, provide funds to tribal governments for supple-

mentation or direct compensation.

**[O] Cooperation and coordination between tribal and state elder care and support agencies is limited, especially in terms of policy and practice at the tribal community level and at a state-wide level.**

Federal, tribal, and state elder care policies and practices are under constant adjustment and revision, giving rise to frequent confusion and operation disconnects. Legislators, administrators, and service providers all play a part in the process of delivering support and assistance to elders, yet they do not actually interact directly; and they do not actively engage the practical consequences on a real-time basis of legislative, administrative, and service policies and practices. Each of the governments (federal, tribal, and state) influence and determine one or more aspects of the elder care chain. Collaborative cooperation between each of the jurisdictions to coordinate policy and practice is fundamentally lacking. A biannual Intergovernmental Elder Care Conference including representation from the administrative, legislative, and service provider elements of the elder care chain should be participants.

#### 15. Recommendations

**Federal:** Agency on Aging officials should designate an intergovernmental coordinator specifically responsible for securing federal administrative and legislative participation in a bi-annual Intergovernmental Elder Care Conference specifically concerned with coordinating policy and practices at the federal level with state and tribal elder care policies and practices. The federal agency should provide the designated intergovernmental coordinator as the federal representative to join with an intergovernmental (federal, tribal, and state) conference planning body.

**Tribal:** Tribal governments in Washington

State should designate an intergovernmental coordinator specifically responsible for securing federal administrative and legislative participation in a bi-annual Intergovernmental Elder Care Conference specifically concerned with coordinating policy and practices at the federal level with state and tribal elder care policies and practices. The tribal governments should provide the designated intergovernmental coordinator as the federal representative to join with an intergovernmental (federal, tribal, and state) conference planning body.

**State:** The Office of the Governor in Washington State should designate an intergovernmental coordinator specifically responsible for securing federal administrative and legislative participation in a bi-annual Intergovernmental Elder Care Conference specifically concerned with coordinating policy and practices at the federal level with state and tribal elder care policies and practices. The state government should provide the designated intergovernmental coordinator as the federal representative to join with an intergovernmental (federal, tribal, and state) conference planning body.

#### **[P] State should Promote Simplification and Flexibility**

County agencies experience conflicts between the demands of service delivery (especially in connection with tribal communities) and the fairly complex and inflexible regulations set by the state. Undue complexity and inflexibility contribute to obstacles preventing effective service delivery.

#### **16. Recommendations**

**Federal:** No Action

**Tribal:** No Action

**State:** County agencies should have greater flexibility delivering support and services to tribal and county caregivers. Tribal-specific demands are similar to the county community

needs: both require greater simplification and flexibility to maximize responsiveness. State government regulators should support on-the-ground responsiveness with reduced regulatory control.

#### **[Q] Replace Assessments with Progress Monitoring**

Tribal assessments are not generally conducted. Instead of emphasizing a costly process, tribal programs, with the support of county agencies, should seek to monitor for positive outcomes and thereby avoid excessive costs.

#### **17. Recommendations**

**Federal:** No Action

**Tribal:** Tribal programs ought to recognize the limitations they experience and the fact that often program assessments do not actually occur. A more useful approach will be to undertake efforts to evaluate outcomes and identify those actions that actually produce positive results.

**State:** The county AAA ought to work in support of tribal programs to identify outcomes and actions that produce positive results.

#### **Bibliography**

- AAA. (2006). *Promote the health, security and the well-Being of older adults: National Association of Area Agencies on Aging*.
- Ashley, J. S., & Hubbard, S. J. (2004). *Negotiated Sovereignty: Working to Improve Tribal-State Relations*. West Port, CT: Praeger Publishers.
- Benson, W. F. (2002). *Long-term care in Indian country today: A snapshot (Discussion Paper 1)*. Paper presented at the Indian Health Service, Administration on Aging & National Indian Council on Aging Round-

- table Conference on American Indian and Alaska Native Long-Term Care.
- Benson, W. F. (2004). *National Indian council on Aging (NICOA) advocacy agenda*. Paper presented at the "Listening Session" of the White House Conference on Aging, Washington, D.C.
- Black, P. (2005). DSHS Administrative Policy 7.01/ Area Agency on Aging Tribal Relations. In *A. A. A. Directors* (Ed.) (pp. H05-093-Procedure). Olympia: Department of Social and Health Services, Aging and Disability Services Administration.
- Carbonell, J. G. (2006). Statement by Josefina G. Carbonell. from [http://www.aoa.gov/OAA2006/Main\\_Site/index.aspx](http://www.aoa.gov/OAA2006/Main_Site/index.aspx)
- Centennial Accord between the Federally Recognized Indian Tribes in Washington State and the State of Washington*. (1989). from <http://www.goia.wa.gov/Government-to-Government/Data/CentennialAccord.htm>
- Clark, D. H., Holtzman, D. R., Goins, T., & Croft, J. B. (2005). Disparities in chronic disease risk factors and health status between American Indian/Alaska Native and White elders: Findings from a telephone survey, 2001- 2002. *American Journal of Public Health*, 95(5), 825-827.
- CRH. (2003). *National Family Caregiver Support Program: North Dakota's American Indian caregivers*. University of North Dakota School of Medicine and Health Sciences.
- DHHS. (2003). The future supply of long-term care workers in relations to the aging of the baby boom generation: Report to the Congress. Washington, D.C.: Department of Health and Human Services (DHHS) and the Department of Labor.
- Enzies, S. M. (2006). Senate unanimously approves bill to protect, serve nation's senior citizens. In C. Orfield (Ed.). Washington D.C.: Senator Mike Enzies Press Release.
- Eschiti, V. S. (2004). Holistic approach to resolving American Indian/Alaska Native health care disparities. *Journal of Holistic Nursing*, 22(3), 201-208.
- Hennessy, C. H., & John, R. (1998). Assessing elders' long term care needs in the Santa Fe Service Unit. *The IHS Primary Care Provider*, 23(10), 137.
- Korn, L., & Ryser, R. (2005). Burying the umbilicus: Nutrition trauma, diabetes and traditional medicine in rural west Mexico. In *M.*
- L. Ferreira & G. C. Lang (Eds.) (2005). *Indigenous peoples and diabetes: Community wellness and empowerment* (pp. 231-270). Durham: Carolina Academic Press.
- Ludtke, R., & McDonald, L. (2005). *Policy Recommendations for Native Elders: Center for Rural Health*, University of North Dakota, School of Medicine & Health Science.
- McCarty, R. (2006). HRV Analysis Report on Caregiver Subjects. In L. E. Korn (Ed.) (pp. 1-2, Personal Communication). Walnut Creek, CA: HeartMath Institute.
- McDonald, F., Ludtke, R., McDonald, L. R., & Allery, A. (2005). *Native American Map for Elder Services: A Long Term Care Planning Tool Kit*. Grand Forks: National Resource Center on Native American Aging.
- Millennium Agreement, Institutionalizing the Government-to-Government Relationship in Preparation for the New Millennium. (November 1-3, 1999). Leaders of American Indian Nations and the State of Washington. <<http://www.government-to-Government/Data/agreement.htm>>
- Older Americans Act, Title 42, Chapter 35

- (2005). Older Americans Act Amendments of the House of Representatives, 2nd Sess. (2006).
- Parker, J. G., Haldane, S. L., Keltner, B. R., Strickland, J., & Tom-Orme, L. (2002). National Alaska Native American Indian Nurses Association: Reducing health disparities within American Indian and Alaska Native populations. *Nursing Outlook*, 50, 16-23.
- Redford, L. J. (2002). Long-term care in Indian Country: Important considerations in developing long-term care services. Paper presented at the Indian Health Service, Administration on Aging & National Indian Council on Aging Roundtable Conference on American Indian and Alaska Native Long-Term Care.
- Ryser, R. C. (Ed.). (1980). *Tribes and States in Conflict*. Olympia: Center for World Indigenous Studies.
- Schulz, R., Gallagher-Thompson, Haley William and Sara Czaja, (2000). Understanding the interventions process; A theoretical framework for interventions approaches to caregiving, in *Handbook of Dementia Caregiving: Evidence-Based Interventions for Family Caregivers*, R. Schulz, Editor. 2000, Springer: New York.
- USCCR. (2004). *Broken promises: Evaluating the Native American health care system* (Approved Report). Washington, D.C.: U.S. Commission on Civil Rights.
- USCensus. (2004). US Census Bureau Facts—Washington and Oregon. <http://quickfacts.census.gov/qfd/states/41000.html>
- Wright, L., Olney, A., Baker, F., Moss, M., Jack-son, Y., Dixon, M., et al. (2003). Assessing American Indian long-term care needs; Meeting American Indian long-term care needs. Paper presented at the Improving long-term care for American Indians in Region VIII: A workshop for Tribal and State health officials, Bismarck, ND.
- Additional Sources:**
- . (2003). The future supply of long-term care workers in relations to the aging of the baby boom generation: Report to Congress, Department of Health and Human Services (DHHS) and the Department of Labor.
- . (2004). Broken promises: Evaluating the Native American health care system (Approved Report). Washington DC., U.S. Commission on Civil Rights.
- . (2004). Indian Entities Recognized and Eligible to Receive Services from the United States Bureau of Indian Affairs. D. o. t. I. B.o. I. Affairs, Federal Register. 68.
- Arno, P.S. (2002). Economic value of informal caregiving. Annual Meeting of the American Association of Geriatric Psychiatry, Orlando, FL.
- Barnes, P.M., Adams, P.F., & Powell-Griner, E. (2005). Health Characteristics of the American Indian and Alaska Native Adult Population: United States, 1999-2003. C. f. D. Control, Centers for Disease Control: Advance Data from Vital and Health Statistics.
- Brown, A.S. (1989). "A survey on elder abuse at one Native American tribe." *Journal of Elder Abuse & Neglect*, 1(2): 17-37.
- Carson, D.K. & Hand, C. (1999). Dilemmas surrounding elder abuse and neglect in Native American communities. Understanding elder abuse in minority populations. T. Tatara. Philadelphia, PA, Brun-



- ner/Mazel: 161-184.
- Clark, D.H., Holtzman, D.R., Goins, T. & Croft, J.B. (2005). "Disparities in chronic disease risk factors and health status between American Indian/Alaska Native and White elders: Findings from a telephone survey, 2001- 2002." *American Journal of Public Health* 95(5): 825-827.
- Clark, D.H., Holtzman, D.R., Goins, T. & Croft, J.B. (2005). "Disparities in chronic disease risk factors and health status between American Indian/Alaska Native and White elders: Findings from a telephone survey, 2001 and 2002." *American Journal of Public Health* 95(5): 825-827.
- Cummings, S.M., Long, J.K., Peterson-Hazan, S., & Harrison, J. (1998). "The efficacy of a group treatment model in helping spouses meet the emotional and practical challenges of early state caregiving." *Clinical Gerontologist* 20(1): 29-45.
- Dilworth-Anderson, P., & Gibson, B.E. (2002). "The cultural influences of values, norms, meanings, and perceptions in understanding dementia in ethnic minorities." *Alzheimer Disease & Associated Disorders* 16(2): S56- S63.
- Eschiti, V.S. (2004). "Holistic approach to resolving American Indian/Alaska Native health care disparities." *Journal of Holistic Nursing* 22(3): 201-8.
- Fisher, Philip, A. & Ball, T.J. (2003). "Tribal participatory research: Mechanisms of a collaborative model." *American Journal of Community Psychology* 32(3/4): 207-216.
- Fouberg, Brad A. Bays and Erin Hogan, Ed. (2002). *The tribes and the states: Geographies of intergovernmental interaction*. Lanham, MD, Rowman & Littlefield.
- Goforth Parker, J., Haldane, S.L., Keltner, B.R., Strickland, J. & Tom-Orme, L. (2002). "National Alaska Native American Indian Nurses Association: Reducing health disparities within American Indian and Alaska Native populations." *Nursing Outlook* 50: 16-23.
- Health, Center for Rural (2003). National Family Caregiver Support Program: North Dakota's American Indian caregivers, University of North Dakota School of Medicine and Health Sciences.
- Holkup, P.A. (2002). "Big changes in the Indian Health Service: Are nurses aware?" *Journal of Transcultural Nursing* 13(1): 47-53.
- Jeffrey S. Ashley, Secody J. Hubbard (2004). *Negotiated Sovereignty: Working to Improve Tribal-State Relations*. West Port, CT, Praeger Publishers.
- Jervis, L.L. & Manson, S.M. (2002). "American Indians/Alaska Natives and dementia." *Alzheimer Disease & Associated Disorders* 16(2): S89-S95.
- John, R., Hennessy, C.H., Dyeson, T.B., & Garrett, M.D. (2001). "Toward the conceptualization and measurement of caregiver burden among Pueblo Indian family caregivers." *The Gerontologist* 41(2): 210-219.
- Minkler, M. (2004). "Ethical challenges for the 'outside' researcher in community-based participatory research." *Health Education & Behavior* 31(6): 684-697.
- Nerenberg, L., Baldrige, D. & Benson, F.W. (2004). Elder abuse in Indian Country: A review of the literature, research, policy and practice, The National Indian Council on Aging.
- O'Rourke, N., Cappeliez, P., Guindon, S. (2003). "Depressive symptoms and physi-

cal health of caregivers of persons with cognitive impairment: Analysis of reciprocal effects over time." *Journal of Aging Health* 15: 688-712.

Wallace, S., Satter, D.E., & Zubiata, A. (2003). Medicaid home care for Tribal health service: A tool kit for developing new programs, UCLA Center for Health Policy.

Wimo, A., Winblad, B., Aguero-Torres H., & Von Strauss E. (2003). "The magnitude of dementia occurrence in the world." *Alzheimer Disease & Associated Disorders* 17(2): 63-7.

### About the Authors



**Clara Berridge** is a Post Doctoral Fellow at the interdisciplinary Center for Gerontology and Healthcare Research at Brown University. She received her PhD in Social Welfare at UC Berkeley and her MSW from the University of

Washington where she completed an advanced practicum with CWIS/CTM. Her research is focused on the new care arrangements and social and ethical implications of technology-based services and surveillance practices, including remote monitoring to support aging in place, telehealth systems, and virtual programs to target social isolation.



**Leslie Korn** is a clinician and researcher specializing in traditional medicine, mental health nutrition, and the treatment of traumatic stress. She is the author of *Rhythms of Recovery: Trauma Nature and the Body*, and *Preventing and Treating Diabetes Naturally: The Native Way*.



**Rudolph Rÿser** has worked in the field of Indian Affairs for more than thirty-five years as a writer, researcher, and Indian rights advocate. Rudolph has taught widely on historical trauma, cultural models of addictions recovery,

diabetes and culture, foods, and medicine. He is the leading architect of the discipline of Fourth World Geopolitics--the study and practice of the social, economic, political, and strategic relations between Fourth World nations and between Fourth World nations and States. He has developed and conducted tribal and intertribal workshops and seminars on health, community organization, self-government, law enforcement, and natural resource management. He has led these programs in the United States, Canada, Australia, Mexico, and in Peru in Indian and other indigenous communities. Rÿser served as Acting Executive Director of the National Congress of American Indians, and as former staff member of the American Indian Policy Review Commission. He holds a doctorate in international relations and he is the author of *Indigenous Nations and Modern States*, published by Rutledge in 2012.

# Book Review: Indigenous Nations' Rights in the Balance: An Analysis of the Declaration on the Rights of Indigenous Peoples

By Charmaine White Face, (Sumila Wobaga)

160 pages, Indexed, Living Justice Press. Paper. \$20.00

A Review by Rudolph C. Rýser

The United Nations adopted the Declaration on the Rights of Indigenous Peoples on September 13, 2007—a milestone that culminated a more than 44 year process begun by the United Nations Commission on Human Rights in 1969. As Dr. Erica-Irene Diaz, Chairperson/Special Rapporteur for the UN Working Group on Indigenous Populations notes in her summation piece,

*“Before 1969 the problems of indigenous populations have not been on the agenda of the Commission on Human Rights or of the Sub-Commission on Prevention of Discrimination and Protection of Minorities, although a number of studies undertaken by Special Rapporteurs of the Sub-Commission on various discrimination issues indirectly benefited indigenous peoples.”*

Iglala Tetuwan (spokesperson for the Sioux Nation Treaty Council) Charmaine White Face has penned an important historical analysis of the transformation of the first public draft of the United Nations Declaration on the Rights of Indigenous Peoples from 1994 to 2013 through subsequent modifications, resulting in its official adoption by the UN General Assembly. White Face laments the final product by suggesting that “the whole truth had to be told” about the now official Declaration, compared to “what the majority of the world’s indigenous peoples’ approved.”

In her crisply written prose describing paragraph-by-paragraph differences between

the “original version,” the “Human Rights Council version,” and the “General Assembly Version,” White Face delivers a powerful commentary on the shifting compromises and language changes that different United Nations bodies made in the document before it was finally approved.

The Declaration was first drafted by the UN Working Group on Indigenous Populations beginning in 1988, followed by 6 years of two-week meetings in Geneva, Switzerland. Dr. Diaz proclaimed, as Working Group chairperson, “the draft declaration has undergone an unprecedented process of discussion with all parties concerned.” Diaz traveled the world during her tenure as Special Rapporteur for the World Group meeting with indigenous community leaders and states’ government representatives informing the Working Group efforts. During its forty-sixth session (August 1994), the UN Sub-Commission on the Prevention of Discrimination and the Protection of Minorities considered and approved the Working Group’s Draft as written; and then submitted the approved draft to the Commission on Human Rights. As it submitted the draft for Commission approval, a special request, Diaz reported, was sent to

*“the Commission on Human Rights and the Economic and Social Council (ECOSOC) that they should take effective measures to ensure that representatives of indigenous peoples are able to participate in the consideration of the draft declaration by these two bodies, regardless of their*

*consultative status with the ECOSOC.”*

The Commission on Human Rights did not fully consider the recommendations from the Sub-Commission to “take effective measures” to include the voice of indigenous peoples as participants as the body considered the Declaration’s language. It is at this point that White Face complains that in the agreed language generated for the Declaration by the Working Group, and agreed to by the Sub-Commission, significant language and narrative changes were made that would in her mind distort the language that she and literally hundreds of others worked to craft during the long meetings of the UN Working Group in the 1980s.

White Face hangs the distortions and significant changes to the Original Draft on the government of the United States and “other English speaking countries.” African states demanded changes, as did other countries with significant indigenous populations. Changes proposed and accepted tended to favor states’ government interests over the interests of indigenous nations. An example of one distortion is contained in what is usually referred to in human rights law as “Common Article 3” where the Declaration states: “Indigenous peoples have the right to self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social, and cultural development.” But as White Face demonstrates, this conventional language was significantly diminished by the language contained in the final Article [Article 4] which had originally appeared in the Working Group Draft as Article 31:

*“Indigenous peoples, as a specific form of exercising their right to self-determination, have the right to autonomy or self-government in matters relating to their inter-*

*nal and local affairs, including culture, religion, education, information, media, health, housing, employment, social welfare, economic, activities, land and resources management, environment, and entry by non-members, as well as ways and means for financing these autonomous functions.”*

The UN General Assembly changes rendered the Working Group Article 31 which now appears as Article 4:

*“Indigenous peoples, in exercising their right to self-determination, have the right to autonomy or self-government in matters relating to their internal and local affairs, as well as ways and means for financing their autonomous functions.”*

While the difference seems nuanced, White Face sees the final clause in the shortened version as language that “punishes the victim and was unfortunately retained.” She sees that final clause as evidence that states’ governments seek to deny indigenous peoples the ability to finance their autonomous functions while forcing “dependence on colonizing governments.”

Just as the UN Declaration on the Rights of Indigenous Peoples has been the focus of debate during and up to the point of UN General Assembly approval, Charmaine White Face’s review of the changes made in the Original Text from 1994 onward will itself serve as the focus of debate.

There is no doubt that the September 13, 2007 Declaration is a product of language, phrasing, and even paragraph compromises and one cannot expect there not to be compromises. Literally every state, every indigenous nation, civil society organization, institution of higher learning, business, labor, cultural group,

and all individuals young and old, men and women in the world have a stake in how the Declaration will be interpreted and implemented in the months and years ahead. Whether one decides the Declaration as it now stands is a small or large step forward or a betrayal that constitutes a step backward, there is no doubt that Charmaine White Face, Sumila Wobaga, will have made an important contribution to the debate and dialogue to come.

*Indigenous Nations' Rights in the Balance*  
By Charmaine White Face, (Sumila Wobaga)  
160 pages, Indexed, Living Justice Press. Paper.  
\$20.00  
[LJPress@aol.com](mailto:LJPress@aol.com)