

Tajik and Turkmen traditions of health in Uzbekistan

by Mirjam Hirsch

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Double land-locked Uzbekistan is not a land of light fairy tales full of flying carpets. Uzbekistan is a country ruled by corrupt government acting in collusion with criminal corporations.

Central Asia's amazing landscapes served as testing grounds for some of the worst cases of Soviet megalomania. Land and water mismanagement were part of a conscious effort to tame nature (harness it like a white mare as the propaganda of the day had it). This trend continues to the present day only under a new, independent government. A visit to many regions in Uzbekistan, especially the area around the Aral Sea, is a ride into a nightmare of blighted villages, land and people. The catalogue of health problems is awful. The government provides minimal health care. However, a traditional medicine infrastructure exists, even though mostly invisible.

No doubt the country is full of potential. To make the peoples' powerful potential and rich cultural traditions visible and use them in the best interest of all, should be of prior concern to Uzbek leadership.

In the setting of strict state control the following is an attempt to penetrate the problems as well as the power of Central Asia's diverse peoples, especially focussing on traditions of health and well being.

Some of the questions that will be asked throughout this essay are: How can increasing epidemics caused by an overwhelming legacy of environmental pollution be successfully fought? How efficient does the state's health care system work? Are traditional healers able to substantially improve the overall health situation of Fourth World peoples in Uzbekistan? What is the present prospect of indigenous self-determination efforts and could self-determination guarantee health for all?

Indigenous Central Asia is very much a colorful mosaic of innumerable peoples. The exceptional ethnic diversity of this culturally fascinating region evolved through thousands of years of nomadism, conquering and invasion. This paper first gives an overview of the regional ethnic population patterns in order to make understandable challenges arising from the complicated mix of nationalities we see today. Questions of identity, ethnic diversity and the reason for discrimination of indigenous minorities are raised.

Ensuing is a short illustration of the region's medical history, followed by an analysis of indigenous peoples and public health care in Uzbekistan today. In the third part of the paper traditional medicine and its importance for indigenous peoples will be analyzed, with a particular focus on women.

This paper proposes a list of both internal and external conditions conducive to the amelioration of indigenous well-being, and concludes that, if these conditions can be brought about, then programs of action can be developed which are capable of changing reality, engendering new understandings, and contributing to the overall well being of the oppressed nations of the Fourth World in Central Asia.

There is very scarce written material available yet at the date of publication. The information presented below for a

large portion is based on on-site experience gained during a DAAD (Deutscher Akademischer Austauschdienst) sponsored study trip in September/October of 2004. The research was complicated by several factors. One is the lack of official sources. Another is the unwillingness of government workers to hand out official material unless it is uncritically appraising the state's achievements and programs.

To interview indigenous peoples is rendered difficult by the high level of mistrust amongst the population towards strangers, apart from language barriers. People are suspicious and oftentimes do not dare to talk openly about problems other than with close family for fear to be punished. If anyone mentions politics, only after making sure doors are shut.

The mosaic of Uzbekistan's diverse peoples

Uzbekistan is one of five Central Asian republics, which came into existence as states with the fall of the former Soviet Union in 1991. Located between the region's two mightiest rivers the Sin Darya (Jaxartes) and Amu Darya (Oxus) Uzbekistan is completely landlocked between Kazakhstan to the north, Turkmenistan to the south, and Kyrgyzstan and Tajikistan to the east. Uzbekistan is arguably the most powerful state in Central Asia, the third-largest of the Central Asian republics in area and the first in population- estimated at 23 million in 1994 and growing at the fastest rate in Central Asia (Glenn E. Curtis, 1996).

The region has been one of the cradles of world civilization. Some of the world's oldest sedentary populations and several of its most ancient cities are located there (Michael Kohn 2004, 162). The population of Central Asia is a complicated mix of nationalities across national boundaries. The region's history is marked by the interaction between nomadic cultures, settled civilizations and conquerors that swept across the many deserts, plains and mountains for thousands of years. All of Central Asia is remarkable for its role as conduit between cultures. This is symbolized by the most direct trade route between China and Europe, the so-called Silk Route, which began to develop in the heyday of the Roman Empire and for a considerable distance passed through the region. Through the Silk Road the great civilizations of the East and West made contact and carried on cultural exchange. Cities such as Samarqand (Samarkand) and Bukhoro (Bukhara), founded by Iranians, became powerful cultural and commercial centers as East-West trade increased. That prosperity made part, or all of the region the object of many conquests (including those by the Arabs in the eighth century A.D., several Turkic groups beginning in the ninth century, and the Mongols in the early thirteenth century). The Arabs and the Turks brought Islam to much of Central Asia. Meanwhile, the northern part of the region was inhabited by nomadic herding peoples including the Turkic predecessors of the Kazaks and Kyrgyz, who also fell under the control of the Mongols.

In the nineteenth century the Russian Empire invaded the region in search of trade and later of the cotton that could be grown in present-day Tajikistan, Turkmenistan, and Uzbekistan and which should supply domestic needs. In 1917 the region passed- with little participation by its inhabitants- from the Russian Empire to the Soviet Union.

This was the first time nationalities in Central Asia were constructed. Formerly the peoples of Central Asia had no concept of a firm national border. The differences between the predominantly Turkic peoples were truly faint. Location, clan, religion, and way of life formed the basis for peoples' diverse identities. The Soviet rulers, however, believed that such a populace was fertile soil for Pan-Islamism and Pan-turkism. These philosophies were threats to the regime. The „need“ for the invention of nations was put in concrete terms when in the mid-1920s guerrilla bands continued to resist Soviet authority. The Uzbek or Kazakh and corresponding republics were invented in about 1924.

Stalin drew borders in anticipation of reordering all of Central Asian society. Each of the republics was shaped to contain numerous pockets of the different nationalities, each with long-standing claims to the land. In particular, the

territory of Uzbekistan was drawn to include the two main Tajik cultural centers, Bukhoro and Samarqand, as well as parts of the Fergana Valley to which other ethnic groups could lay claim.

The nations were given their own distinct ethnic profile, language, history and territory. Where an existing language or history did not exist or was not suitably distinct from others, these were supplied and disseminated (like the Uzbek language). To keep order in those artificially created republics, containing numerous pockets of different tribes a strong government was installed. The Russians suppressed customs, traditions and religion replacing them with alcohol, vodka. Islam was cut away from each national heritage, essentially relegated to the status of an outmoded and oppressive cult and severely suppressed throughout the Soviet period.

Since the independence a revival of religion and traditions can be observed. Still today, however, the five post-Soviet states of Central Asia are defined by the arbitrary borders created in the early years of the Soviet era, and the demarcation among them still fails to correspond to the ethnic and linguistic situation of the region which causes immense difficulties (as described below).

Who are the Uzbek?

There is nothing such as an homogenous Uzbek people. Just like there never was anything such as one homogenous German race, but a carpet of diverse peoples in the heart of Europe. In Germany the government of the time, based upon the lie a pure and superior German race existed, sent the peoples into devastating wars. In Uzbekistan, certainly on another scale, but comparable in principle, it is the government who promotes the racial lie of an homogenous people purposefully to clandestinely rip the diverse peoples off their distinct tribal identities and turn them into obedient followers.

As becomes clear from the above, the Uzbek is a constructed nation, now living in a fabricated state. The khan Uzbek (uz-own; bek-ruler) had a pedigree reaching back to Jenghiz Khan and a homeland in southern Siberia. In the 14th century he converted to Islam, gathered strength and with a group of soldiers moved south. By the 15th century the followers of the khan Uzbek called themselves Uzbek people together with other immigrants who joined the group on the spot or who had already adhered to the group along the way. These "Uzbek" gradually adopted sedentary agricultural life in the fertile river valleys of the Syr Darya, which they occupied and in the sixteenth century, established powerful khanates along the Silk Route. Their descendents are the so-called Uzbeks, the dominating group of modern Uzbekistan.

To fully understand the region's complex ethnic dynamics one has to analyze more thoroughly the composition of the Uzbek people. For originally the Uzbeks were made up of 97 tribes. After association with other Turkish tribes (settled and nomadic) and indigenous Iranians (settled Tajiks), three main groups have emerged: the sart, or settled Uzbeks, who form the majority of present-day Uzbek population. They are indistinguishable from the Tajiks and, like the latter, do not have any tribal organization. The second group is known as Turki, or descendants of the Oguz tribes of the 11th-15th centuries. This group has retained its tribal affiliations; its members are known as the Qarluq, Barlas, and others. The third group, the Qipchaq, also has retained its tribal affiliations and has subdivisions such as the Qunqurt, the Manghit, and the Kurama. The Sart Uzbeks have a tendency to assimilate other nationalities. The assimilation of the Tajiks into the Uzbek fold is a clear example. They are also in the process of absorbing the Turki and the Qipchaq by gradually divesting them of their tribal ways and ushering them into the Sart culture. Uzbeks with their high profile and numbers in all the former USSR are often said to be chauvinistic and cast as the regional bogeyman, seeking political hegemony over Central Asia.

Identity and discrimination

Nobody really knows what it means to be Uzbek. But everyone is supposed to behave like one. There are national flags

and government symbols visible even in the most remote corners of the republic. Children learn the national anthem by heart at school.

Shortly after Uzbekistan's independence on the one hand traditional peoples turned back to the customs they had secretly continued to practice under the Soviet regime. On the other hand identity to many, disconnected from their original culture, with the fall of the Soviet Union became a greater mystery. They started a desperate search for a new identity.

„Americanization“ found an excellent ground and rapidly spread amongst the dominant Sart Uzbeks shortly after the Central Asian states of Kazakhstan, Kyrgyzstan, Tajikistan Turkmenistan and Uzbekistan gained independence. People were glad to be independent. The stereotyping of non-Slavs that was common practice in the Soviet Union had an end. Many turned their expectations to America and were fond of the Clinton administration and the prosperity and wealth it promised. Still today one can observe women wearing headscarves in the shapes and colors of the American flag and American style clothes. The initial pro-American enthusiasm, however, has ebbed radically since Bush came to power and his anti Islamic attitude became apparent. An open anti- America campaign has started since the tragedy happened in Osh.

When people started to turn their faces back, up towards Russia, unified traditions were reappearing under the new Uzbek government, instructing people what customs to practice. This has led to a phenomenon observable inside of Uzbekistan, which could well be described as internal colonization in the post colonization era. The present stance of the state towards its minorities like uighur, gypsy, Tajik and many others makes this unmistakably visible. Severe discrimination has become the order of the day. The government distributes material and statistics that do not at all reflect the real situation and only serve the purpose to represent a higher Uzbek percentage of the overall population.

The following case of the Tajik in Samarqand may serve as one example of the state's dissimulation policies. Formerly the percentage of the Tajik population in Samarqand was as high as 80%. Today only 5% of Samarqand's inhabitants are officially recognized as Tajik. When the Uzbek state came into existence, as already before under Soviet rule, Tajiks were put under pressure to deny their Tajik ancestry. The Tajik are a very proud and traditional people. They live together in Tajik neighborhoods (mahallas), speak their own language (which is derived from the old Persian Farsi language) and their life-style is based upon strong cohesion amongst each other. Despite remaining Tajik at heart, nevertheless, for fear many refrain(ed) from an official entry in their passports, which affirms the ethnic belonging. Thus they do no longer appear in any official government statistics but were simply made invisible.

Table 1. Uzbekistan: Ethnic Composition, 1995 (in percentages)

Ethnic Group	Percentage
Uzbek	71
Russian	< 8
Tajik	5
Kazak	4
Tatar	2, 5
Karakalpak	2

Source: *The Europe World Year Book 1995, 2, London, 1995, 1679.*

Indigenous Health

Discrimination of Fourth World peoples contributes to increased susceptibility for those diseases and health conditions that are linked to poverty, a deteriorating economic situation, and an under-funded health service. These are essentially common health problems, symptomatic of peoples suffering from disruption and upheaval. The other set of diseases, more

directly linked to the environmental destruction, is a range of complex chronic health problems for which neither the causes nor measure to prevent them are clear.

According to experts, the most immediate impact of the environmental situation in Uzbekistan is on the health condition of the population (Glenn E. Curtis, 1996). Key health indicators showed a correlation between the high level of air and water pollution and health problems (Glenn E. Curtis, 1996, table 5, Appendix). Indigenous peoples suffer the most of environmental pollution as they are over proportionally exposed to pollutants because of their poor living conditions. This has severely negative effects on indigenous health and well-being.

Indigenous peoples in Uzbekistan suffer from extremely low health standards and dramatical medical shortages. In the following this essay deals with the health situation as well as traditional healing knowledge of some of the indigenous minorities in Uzbekistan.

First, however, an overview of Uzbekistan's public health care situation and how it serves indigenous peoples will be given, preceded by a historic description of the region's medicinal traditions.

Health care: past and present

In former times Uzbek health care was in the domain of religion. Greek medicine (*Unani Tibb*) accounted for a great deal of the remedies prescribed by the *hakims* (traditional doctors). Sometimes prayer scrolls were sent home with the patient who was to follow strict rules for their effective preparation. Abu Ali Ibn Sina (Latinized as Avicenna; 980-1037) from near Bukhara, a Tajik city located in the south east of the Kyzylikum (Red Sand) desert in present day Uzbekistan, was the greatest medic of his age and the most influential name in medicine from 1100 to 1500 (The Columbia Encyclopedia, 2004). Ibn Sina's medical masterpiece was his famous book *al-Qanun*, known as the "Canon" of Medicine in the West and the Book of Healing. The *Qanun* is an immense encyclopedia of medicine extending over a million words, surveyed the entire medical knowledge available from ancient and Muslim sources and became the standard textbook for Western doctors until the 17th century. His important original contribution includes such advances as recognition of the contagious nature of phthisis and tuberculosis; distribution of diseases by water and soil, and interaction between psychology and health. In addition to describing pharmacological methods, the book described 760 drugs and became the most authentic *materia medica* of the era (Goodman, L., 1992).

During the Soviet era, the *hakims* and the *ishans* (Muslim holy men in Central Asia) of the past were regarded as charlatans. Medicine was the domain of Russian and European Soviet doctors. Books and pamphlets were published to discredit traditional values, especially those that used religion as a solution for social problems.

Today, the independent state of Uzbekistan provides health care with ministries and other authorities in full control. In 1994, \$ 79.4 million or 11% of the budget of the Government of Uzbekistan was allocated to health care needs through the ministry of public health (Glenn E. Curtis, 1996). After its independence Uzbekistan continued a health care system in which all hospitals and clinics were state owned and all medical personnel were government employees. Although health care ostensibly was free of charge, this rarely was the case in practice. To this day unless extra bills change hands underneath the doctors do not take proper care of their patients. They simply deny having available needed medication or equipment.

In the early 1990s, some private medical practices have supplemented state facilities to a small extent. In 1993 Uzbekistan undertook a program of privatization that began with the introduction of health insurance and continued with the gradual privatization of health care facilities.

The import and internal shipment of pharmaceuticals and medical equipment has been privatized. The Ministry of Public health of Uzbekistan no longer supplies drug stores with pharmaceuticals. All drug stores, except for those located in hospitals and clinics, have been privatized. Currently the Cyrillic “apteka“ signs (Russian for pharmacy), are being replaced by Uzbek “dorixona” signs, written in large Latin letters. Apart from language, however, nothing changed.

Apparently privatization has not helped to improve the health situation of the population. Proper care is not guaranteed. Frequently cited in Uzbekistan's press are increasing occurrences of typhoid, paratyphoid, and hepatitis from contaminated drinking water; rising rates of intestinal disease and cancers; and increased frequency of anemia, dystrophy, cholera, dysentery, and a host of other illnesses.

Uzbekistan’s public health care system is not equipped to deal with those health problems or the special problems of a population long exposed to high levels of pollutants. The increasing incidence of serious disease, epidemics caused by high pollution levels, especially in the Aral Sea region, tremendous shortages of medicine, extremely short supply of vaccines, equipment, and trained personnel raises questions about the effectiveness of care by these doctors and their facilities. (There are about 1,450 medical facilities in Uzbekistan and each region has its own large hospital. There are 155 district hospitals- almost half of them use outdated and poorly maintained equipment, Glenn E. Curtis, 1996).

Corruption in the medical profession is another problem. Corruption exacerbates the negative impact of changes in the system for the average patient and diverts treatment to favored private patients.

In 1993 a total of 16.8 million patients were treated, of whom 4.8 million were treated in hospitals and about 275,000 in outpatient clinics- meaning that the vast majority of patients received treatment only at home. Experts predicted that this trend would continue until the level of care in government facilities improved substantially (WHO Regional Office for Europe, 1999).

According to a 1995 private study, the state system provided less than 20 percent of needed medicine and less than 40 percent of needed medical care, and budget constraints limited salaries for medical professionals. In 1990 the percentage of children receiving vaccines for diphtheria, measles, and polio averaged between 80 and 90 percent. That statistic fell sharply in the first years of independence; for example, in 1993 fewer than half the needed doses of measles vaccine were administered. In 1995 Uzbekistan was receiving aid from the United States Agency for International Development (AID), the United Nations Children's Fund (UNICEF), and the World Health Organization (WHO) for improving infant and maternal health care and for storage and distribution of vaccines.

The state of health of the individual depends on the region of the republic in which he or she resides. The rural areas, especially around the Aral Lake, have a higher incidence of disease than the southern regions. Disease types, to a great degree, depend on the mode of living. Indigenous peoples are over-proportionally exposed to environmental threats and the mostly rural indigenous population suffers the most from acute infectious diseases like diarrhea and respiratory infection. Life expectancy in some regions dropped dramatically after the collapse of the Soviet system and its free health care. The infant mortality rate in 1989-93 is 72 deaths per 1,000 births, and life expectancy was 60 years for men and 67 years for women.

Table 2. Uzbekistan: Demographic Indicators, 1989-93

Indicator	Uzbekistan
Live births	711,000

Birth rate	33.3
Deaths	139,900
Death rate	6.5
Life expectancy, male	66.0
Life expectancy, female	72.1
Marriages	235,900
Marriage rate	11.0
Divorces	29,953
Divorce rate	1.5

Source: Based on information from United Nations, Department for Economic and Social Information and Policy Analysis, Demographic Yearbook 1994, New York, 1996, 140-43.

Comparable data and accurate official statistics of the last ten years are not available. Nor do specific statistics on indigenous minorities exist. The mortality rate of indigenous peoples is supposedly considerably higher though and their life expectancy much lower as the national average.

The case of the Karakalpak of the Aral Sea

Karakalpakistan is Uzbekistan's westernmost region. In 1936, as part of Stalin's nationality policy, the Karakalpaks (a Turkic Muslim group whose name literally means "black hat") were given their own territory in western Uzbekistan, which was declared an autonomous Soviet socialist republic to define its ethnic differences while maintaining it within the republic of Uzbekistan (Britannica Student Encyclopedia, 2005). In 1992 Karakalpakstan (the Uzbek form for which is Qoroqalpoghiston Respublikasi) received republic status within independent Uzbekistan. Since that time, the central government in Tashkent has maintained pressure and tight economic ties that have kept the republic from exerting full independence. Today, the population of Karakalpakstan is about 1.3 million people who live on a territory of roughly 168,000 square kilometers. Located in the fertile lower reaches of the Amu Darya where the river empties into the Aral Sea, Karakalpakstan has a long history of irrigation agriculture. Soviet planners, however, fatally tapped the rivers that fed the Aral Sea, in order to boost cotton production and irrigate new cotton fields which caused the sea to slowly dry up. The shrinking of the Aral Sea has turned Karakalpakstan, once home to one of the richest peoples into one of the poorest and most environmentally devastated parts of Uzbekistan, if not the entire former Soviet Union (Glenn E. Curtis, 1996). The population of Karakalpakstan faces an unprecedented humanitarian and health crisis. There is 70% unemployment in Karakalpakstan. Alcoholism, particularly among men is a problem. Domestic violence is the norm rather than the exception. More and more of the local people no longer are making ends meet. Karakalpakstan has borne the brunt of one of the largest human-induced environmental disasters the world has ever seen (Glantz MH, Figueroa, RM. 1997). The United Nations Environment Program (UNEP) has termed the situation: "One of the most staggering disasters of the Twentieth Century" (UNEP, 1991).

And what is most terrible in all this is the fact that the Aral Sea disaster was no accident. Soviet planners expected the once world's fourth largest lake to dry up. They either did not understand that this would devastate the land and its people, or did not care.

The livelihood of the peoples who roamed this region depended on wildlife, livestock and small irrigation works

supported by the river waters. Over 60,000 people around the Aral Sea lived from fishing, until the sea sank dramatically. Now hardly any fish are left. Wiped out by the loss of spawning grounds, rising salt levels and residues of fertilizers, pesticides and defoliants used on the cotton fields and washed into the river system. Gradually, the peoples are disappearing too. Only rusting hulks of fishing boats are left behind on what were once shorelines. As well as salt, sand and dust from the exposed sea bed which is blown hundreds of miles in big sandstorms along with residues of the chemicals from cultivated land. This causes awful health problems: salt and dust are blamed for respiratory illnesses and cancers of the throat and oesophagus; poor drinking water has been implicated in high rates of typhoid, hepatitis and dysentery.

The health situation of the Karakalpaks is the worst in the country. The population of that region is much younger than the national average (according to the 1989 census, nearly three-quarters of the population was younger than twenty-nine years) and the rate of population growth is quite high. In 1991 the rate of natural growth in Karakalpakstan was reportedly more than thirty births per 1,000 and slightly higher in the republic's rural areas. The average life span in some villages near the Aral Sea in Karakalpakstan, however, is estimated at thirty-eight years. (In 1990 life expectancy for males in all of Uzbekistan was sixty-four years, and for females, seventy years- compare table 2). In the mid-1990s, official data estimated the level of infant mortality in parts of Karakalpakstan at 110 per 1,000 live births; unofficial estimates put the level at twice that figure.

One Russian specialist includes among the ailments of the Karakalpaks "lag in physical development," especially among children. According to this observer, sixty-nine of every 100 adults in the Aral Sea region are deemed to be "incurably ill."

What makes the desolate situation even worse is that the republic is remote, out of sight. There is nobody taking care of the untold suffering of the people who are simply and brutally: left dying.

Traditional medicine

As could be seen above public health care in its present state is no working solution for the ailments of indigenous peoples in Uzbekistan. Despite being the poorest and most in need for care, indigenous peoples did not receive any help while in the Soviet system. This has not changed since the country's independence. Special facilities still exist for top political, cultural, and scientific dignitaries while the poor, minorities groups and indigenous peoples are not properly taken care of by the public health care system. To them, traditional medicine often is the only type of health care available, if at all.

Indigenous communities to the present day possess important medicinal knowledge and traditions. Some of this traditional knowledge is tangible to the visitor of the region. Still most of it remains underground, because, as experience has proven, to hide the invaluable knowledge is the best way to protect and preserve it. During decades of confusion and instability, people kept to their own traditional healing systems. Not for romanticism but as the only safe means to guarantee survival in a corrupt order.

Due to the fact that peoples were and are left alone with their problems, indigenous children, already at a young age, are amazingly knowledgeable about how to cure common diseases such as diarrhea or colds. The women in their families hand down this knowledge to them. The families (comprising about 200 members on average) take care of the ill person first and thus have acquired considerable experience in treating the sick. The reason why the majority of patients receive treatment only at home does not only lie in the above-mentioned lack of medical infrastructure. Privately conducted interviews yielded the following result. There is an immense lack of confidence in modern health institutions and products.

Therefore many choose not to use public health care. They avoid and are afraid of modern medicine, medical doctors, and hospitals. All too open colonization and cultivated suspicion created a deep mistrust in unreliable public structures. Furthermore indigenous peoples have an understanding of health and disease, which is very different from and oftentimes incompatible with the so-called western health conception. Traditional doctors address all aspects of the ill person (mental, emotional, physical, spiritual as well as communal). They use a multifaceted approach in order to re-balance the sick within the indigenous cosmos.

The modern medical system, however, does not correspond to indigenous beliefs and holistic concepts of health and healing. Also critical about the flood of chemical drugs, oftentimes sold by vendors without prescription at the bazaars (local farmers markets), many people try to use alternatives to modern medicine. The Tajik of Samarqand and Bukhoro tend to go to the herb and spice vendors who they trust. The sellers usually serve as the first point of external contact when the families can no longer cope with the disease on their own and need help from the outside for healing the sick. The spice vendors give advice on what kind of foods, herbs and spices to use as natural cures, of which there exists an incredible variety due to the rich history of extensive trade amongst the many cultures.

The natural medicine approach certainly works for taking care of many common ailments. To fight serious epidemics caused by environmental pollution these natural cures, however, are absolutely insufficient.

Given the already poor nutritional status of much of the population food quality in this respect also is a problem. The reduction in the output of food companies, and subsequent re-appearance of small producers and widespread street trading have led to a significant increase in the amount of unsatisfactory produce on the consumer market. Local farming in Uzbekistan poses a health threat. Even though local farmers cannot afford the use of pesticides, to bite with relish into the red cheeks of a locally grown watermelon is not recommendable. The soil as well as the water in many regions is extremely polluted through pesticides used in cotton production. There are no safety regulations to control and limit contamination. Levels of chemicals have been noted in foods and water far above international standards with as yet unknown effects on people's health.

The rise in imports of foods that are often of inferior quality is making the situation of poor nutrition worse. Snickers and Coca Cola have advanced to the highest-ranking symbols of prestige, wealth and prosperity. Fortunately they are extremely expensive for local standards. This reduces over consumption. Nevertheless diabetes is a rapidly growing problem. Especially amongst middle aged women.

As some Tajik women informed me, only a few years ago, everyone traditionally drank tea, served in hand manufactured pots and cups. Nowadays, plastic bottles filled with sugared lemonade are replacing the national beverage. The sweeter the better seems to be the motto. Little hills of empty plastic bottles thrown under the tables during the many, almost daily, celebrated feasts bear a striking evidence of this new preference.

Folk beliefs

Despite changing habits and patterns in food and life-style many traditional beliefs remain unchanged. The belief in "the evil eye" still thrives. The evil eye is the name for a sickness transmitted -- usually without intention -- by someone who is envious, jealous, or covetous. The evil eye belief is that a person can harm you, your children, your livestock, or your fruit trees, by looking at them with envy and praising them.

To protect oneself against the evil eye and ward off evil spirits red pepper bundles or desert grass, are hung up above the entrance or walls of rooms. Moreover an herb, called *isriq* in Uzbek is burned when people move into new homes to

expel evil and bad spirits. In markets and public places in most cities and villages gypsy women and children wave their pans of burning *isriq* around the premises or the people. The smoke is said to be good medicine against colds and flu and the evil eye, and a cheap alternative to scarce medicines.

Today a variety of manufactured products are available at the bazaars, which are sold to people to protect them against bad fortune and ill health. People wear bracelets embellished with little plastic pepper symbols, or hang red plastic pepper on their key chains.

The traditional healer

The key figure in the transmission of cultural beliefs, values and traditions responsible for the well being of a society is the traditional healer (in Tajik: tabib). In cities like Samarqand there is at least one traditional healer in every indigenous neighborhood (mahalla). The methods and medical practices of the healers vary widely. Most healers practice in private clinics close to their living quarters where the patients visit several times during the week. Treatment is not entirely free of charge and usually the patients pay the healer what they can share for the treatment depending on their income and personal situation. The majority of patients are women and children. A fact that is not surprising considering how subversive a figure the healer is. Juggling local traditions and western influences on the tight rope of religion.

Apart from taking care of purely physical ailments with the help of natural medicines, the traditional doctor cures diseases such as nervous anxiety or sleep walking through spirit healing. When dealing with epidemics and severe cases of illness caused by accidents or as a consequence of environmental pollution most traditional healers collaborate with western medical doctors and hospitals where available.

A very important field of work, solely covered by traditional healers, is societal ills. Many of the women who come to the healer's practice are struggling with the trauma of abuse, rape and domestic violence. If it is not the husband oftentimes it is the uncles, husband's brothers or other family members who take advantage of the women. Unfortunately because of authoritarian upbringing there is a lack of exchange and cohesion amongst the female generations who often enough do not dare to talk amongst themselves about incidences of abuse and violence. The healer therefore remains the only person the women confide their problems to.

Women are in an increasingly difficult situation in Uzbek society. On the one hand they are inserted in a traditional life-style which gives them little leisure time, on the other so called modern values and European and American influences promoted in television increasingly call for a more liberal way of life that oftentimes, however contradicts the traditional family oriented life style.

As with nomadic tribes in Turkmenistan, in the southern parts of Uzbekistan bride stealing is still practiced. Despite the fact that there are about one hundred women every year who are so desperate to burn themselves due to male dominance, more and more women speak up and actively fight injustice, rudeness and brutality directed against them by their unwanted grooms or abusive husbands. First cases were decided in court in favor of the women.

Divorce is considered a shame. Also for the parents who are blamed to not have properly chosen the right partner for their child (many weddings are arranged by the couple's parents). The few women who succeed in the struggle and finally get divorced are oftentimes expelled from their family. In most cases they do not possess any money or other valuables, which would allow them to lead a decent life independent from family. The wedding jewelry remains the only property they possess. To find paid labor in Uzbekistan is very difficult for women. Prostitution is their long-term destiny.

When a married woman desires a divorce in not a few cases her husband threatens her physically as well as

psychologically to coerce her to stay with him. Other family members actively support him in his endeavors, completely isolating the woman, oftentimes declaring her insane and thus rendering it extremely difficult for the woman to break away from her living situation.

Since legal assistance and the court system are male dominated the healers in those cases have become the main and often only source of advice and help. The traditional Tajik healer I was allowed to stay with during healing work, accompanied the women to get through all their massive problems, encouraging and supporting them to realize the different future they envision.

Conclusion

Change in Uzbekistan is desperately needed. The current system does not work. Not even immediate basic human needs are being addressed. The people perceive the government as a fear-instilling threat. A more promising future though is definitely possible. There certainly is a lot of work to be done but likewise there is a lot of potential.

The Soviet successor states are even less inclined to respect demands of ethnic groups than a federative empire, which the USSR was. Discriminated indigenous groups demand enhancement of their collective rights and recognition of their autonomy and even sovereignty. Some of them demand independent statehood. The successor states try to oppress indigenous movements by coercion or, when this approach fails, by force. The Uzbek government tries everything to destroy indigenous cultures. Currently land is given to people for free to cultivate, rendering nomadic life-style impossible. (By 1900 the Kazak, Kyrgyz, and Turkmen nomads already had suffered massive disruption of their traditional lifestyles as a result of Russian settlers taking their grazing land for farms).

Throughout the Soviet period, the Central Asian republics participated in the life of the union in a rather peripheral sense, and many phases of cultural life were unaffected by Soviet rule. The more liberal Soviet regime of Mikhail S. Gorbachev (in office 1985-91) saw increased airing of grievances that long had been withheld by the peoples of the Central Asian republics, but before 1991 no organized movement for independence had evolved from that discontent.

When independence was declared in 1991, none of the five republics had experienced an independence movement or had a corps of leaders who had considered how change might be managed. 14 years after independence, political leadership in Uzbekistan remains in the hands of the same individual as in the last years of the Soviet Union: Islam Karimov. In most of the Central Asian republics the old Communist Party apparatus remains more or less in place under new names. In Uzbekistan this is the case with the People's Democratic Party, which totally bans political opposition.

With the backing of their new found allies in the West the republics now face even less international pressure to raise levels of basic human rights to introduce democratic process and respect indigenous rights of self-determination. Human rights abuses are endemic. All this needs to radically change. External pressure has to be increased to coerce the present political leaders to stop corruption and give the power back to the people.

What is most essential to overcome difficulties is to draw borders that correspond to the ethnic structure of the region and which allow autonomy and self-administration.

The regime that kills its freedom fighters has to be replaced by autonomous small- scale structures. First of all reliable organizational bodies need to be installed which work in the interest of the peoples. Experienced and well intending individuals need to coordinate grass roots movements to mobilize indigenous peoples so they can participate and decide themselves what is best for them. This movement must be immediate, practical, and impact at the local level. There is no doubt that indigenous peoples are capable of and very interested in self-determined structures as long as they can have

trust in the institutions.

The best proof of a functioning self-governed structure is the mahalla (neighborhood). The mahalla is perceivably the only institution which operates in the best interest of the people and moreover allows plenty opportunities for peoples' participation in public programs and plans. The functioning of this entity is based on the checks and balances of several organizational bodies, which enjoy equal rights and directly represent their constituents.

Most importantly corruption needs to be eliminated within all organizational bodies. Instead structures must allow the many strengths of the people to fully develop, so that everyone is granted similar possibilities in a just system. How can it be that extremely capable students who are eager to learn and interested are forced to go to the cotton fields for up to two months and instead of studying expose themselves to the strenuous, health damaging work in the fields for almost no pay? Uzbekistan is still the world's second largest cotton producer. And the strong load of this and like sectors, as a remnant of Soviet centralization, is still carried on the back of the people. Already 4 year olds can be seen working in the fields to gain very little extra money to contribute to the minimal family income. Only those who dispose of sufficient funds to bribe their teachers (who usually take 50 dollars) or corrupt doctors (who take 100 dollars for an attestation) obtain an exemption from the cotton-picking duty.

Paxta, as cotton, the local white gold, is called in Uzbek has been turned into the national pride of the country through media reports and images. Even high-ranking government officials are reported in the press to spend at least one day volunteering in the fields to promote the "slave labor". Cheaply produced the state then sells the cotton up to 90% under its world market worth to companies, which are oftentimes owned by state officials or their families who then ship the cotton to mainly Russia and Europe where it is sold with great gain at world market price. Media images advance those corrupt leaders to national heroes who are admired for the bungalows, new cars and modern cell phones they can afford, with the help of their wrongfully accumulated wealth, while teachers have to be content with a salary of an equivalent of 20 dollars a month (an amount which would allow the purchase of about 40 snicker bars).

In order to subvert this perception and fight like phenomena, truthful information needs to be made available. Russian media and local television filter information and are one-sided, indoctrinating the population with distorted or outright false images. Media should not be allowed to be private instruments of the president and other corrupt political leaders who are desirous to promote their personal goals through the distribution of propaganda and lies.

Instead media should inform people about the real situation through the relation of true facts. Media needs to make it the primary goal to educate people to make them understand their cultural backgrounds and make them aware of their rights as individuals as well as members of a community. Media must report on and condemn human rights violation to increase pressure on the perpetrators of violence to stop harmful behavior. Out-migration of the best brains, which is threatening the ability of Uzbekistan to cope with its considerable problems, could be diminished when those who fight for just beliefs and values no longer must fear to be imprisoned and even killed. Paired with good education and opportunities to use learned skills it could be avoided that valuable human intelligence and potential is lost.

A capable leader, teacher and thus key figure in the mobilization and empowering of the peoples is the chief of the mahalla and the traditional healer, if properly trained. Many acknowledge both role models as independent, impartial and selfless characters, they can confide in and whose leadership position they accept. The chief of the mahalla as well as the healer knows most of the members of the neighborhood they reside in personally and are best familiar with the physical as well as the social and cultural ills of the people. Through their influence, direct contact and authority they are crucial to get important messages across and reach people.

Undoubtedly a lot of questions remain. Answering these questions will require close collaboration between indigenous peoples and international and local researchers, long-term research efforts in the region and external funding. Research findings should specifically aim at developing the most appropriate and effective interventions to address health concerns. Any initiatives will continue to be threatened if the health of the population is not maintained.

Only if the internal and external conditions which lead to a relatively stable political situation and good levels of education, combined with a basic health infrastructure can be met, perception and consciousness can be changed which makes possible another understanding of reality. A reality which comprises as a vital part the overall health and well being of the oppressed Fourth World nations of Uzbekistan.

References

Bashiri, Iraj. (1999, 2003) Uzbekistan: An Overview: <http://www.angelfire.com/rnb/bashiri/Uzbekistan/Uzbek.html>.

Glantz MH, Figueroa RM. (1997) Does the Aral Sea merit heritage? Global Environmental Change.

Glenn E. Curtis. (1996) Library of Congress Country Studies: Uzbekistan a country study Federal Research Division Library of Congress.

Goodman, L. (1992) *Avicenna*, London: Routledge.

Medecins Sans Frontieres. (2003) Karakalpakstan a Population in Danger, <http://www.aerzte-ohne-grenzen.de/Service/Publikationen/Hintergrundberichte.php>

www.msf.org/aralsea

Ministry of Health, Division of Statistics. (1998) Public health services and population health in the republic of Uzbekistan, 1997. Information and Statistics booklet. Tashkent: Ministry of Health Division of Statistics.

United Nations Development Program (1998). Human development report – Uzbekistan, Tashkent.

United Nations Environmental Program. (1991) Diagnostic study for the development of an action plan for the Aral Sea. In: UNEP expert working group for the project assistance in the development of an action plan for the conservation of the Aral Sea. Tashkent: UNEP.

UNICEF. (2002) Update of the situation of children and women: Uzbekistan. Tashkent: UNICEF.

WHO CH Division Country. (2002) Profile on Uzbekistan. Tashkent: WHO.

WHO Information Center for the CAR (1998). *Zdorov'e naselenija, sluzhba zdravookhraneniija i gigiena okruzhajushchej sredy v respublikakh Crednej Azii*. Sbornik statisticheskikh materialov stran-uchastnits proekta CARINFONET. [Public health, health services and environmental health in the Central Asian Republics. Statistical material from countries participating in the CARINFONET project]. Second edition. Bishkek.

WHO Liaison office in Uzbekistan. (1999) Country health report, Tashkent.

WHO Statistical Information System (WHOSIS) Core Health Indicators from the latest World Health Report.

WHO Regional Office for Europe Health Information Unit. (1999) Highlights on Health in Uzbekistan, Copenhagen.

Encyclopedia:

Avicenna. The Columbia Encyclopedia, Sixth Edition. 2001, Columbia University Press.

Karakalpakstan, Uzbekistan. Britannica Student Encyclopedia. 2005, from Encyclopædia Britannica Premium Service.

<<http://www.britannica.com/ebi/article?tocId=9311947>>