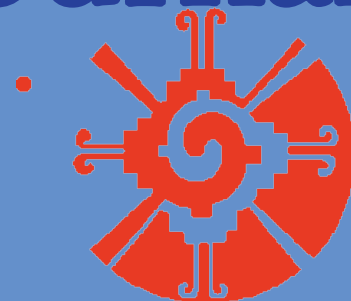


Fourth World Journal

Center for World Indigenous Studies

Winter 2009

Volume 8 Number 1



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LUKANKA



Rudolph C. Rýser, Ph.D.

Editor in Chief

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LUKANKA (*Miskito for "Thoughts"*)

In less than two years, a global revolution appears to have come to the surface for all to see. The most stable of states, the most reliable of medical systems, the most advanced technologies, the most productive economic system...indeed, virtually anything one can think of...all have become *topsy turvy*. What has been considered the conventional wisdom is no longer conventional or wise.

Still, while the collapsing international system, bankrupt and corrupt states, and an economic system lead by financial institutions now collapsing shake one's confidence in the future, there are some new indicators suggesting the unfolding of an alternative world. The International Criminal Court has been steadily developing to identify, capture, indict, and subject those charged with genocide and other crimes against humanity to trial. Climate Change and its associated greenhouse gas emissions has become a major topic of debate and public policy formation by states, multi-lateral organizations, as well as indigenous peoples. Older industries are either forced to close their doors or adjust to contributing to a new global economy based on non-carbon energy production.

Communications world-wide has become considerably less expensive allowing individuals and groups to reach out to each other to discover new and creative ways to find peaceful and cooperative relations. New political leadership like that of President Barak Obama is now coming to the front row to define new priorities, and new public policy directions that seem more intent on responding to human wants and needs instead of corporate needs and wants.

These hopeful signs seem reinforced somewhat by the words of contributors to this issue of the Fourth World Journal. Thoughtful and creative analysis of geopolitical relations, constructive efforts dealing with trauma and mental health, alternative visions for health care, comments on climate change, and two reviews demonstrating different views on subsistence as a promoter of life and issues concerning bigotry toward American Indian people.

Philip Hosking discusses in informative detail the reemergence of Kernow, the home of the Cornish people in territory claimed by the United Kingdom. Hosking's narrative provides important insights in to evolving changes in this growing movement toward national reemergence in Europe.

Dr. Janaka Jayawickrama discusses the wide gap between Westerntn-style of psychosocial interventions emphasizing individuals instead of whole communities...especially those affected by violent conflicts and disasters. Dr. Jayawickrama argues passionately for a whole mental health approach that works to restore the whole community affected by stress and trauma.

Mirjam Hirsch discusses the disparities in health delivery and the importance of emphasizing the "causes of the causes" in indigenous communities—the long-term effects of colonization on indigenous communities. Indigenous peoples' definitions of health care must be understood and applied to meet the diverse demands of indigenous peoples' health needs.

Joseph Fallon reflects on the consequences of the first Cold War and its adverse effects on US foreign policy. Fallon points to the changes in other countries and indigenous peoples resulting from the imposition of what he describes as classical Western political liberalism.

The **International Indigenous Peoples Forum on Climate Change** confronted major obstacles at the United Nations Framework Convention on Climate Change Conference of Parties in Poznan, Poland in December 2008. Here we publish the IIPFCC's statements to the states' bodies meeting to form an agenda for a new International Climate Change Treaty to replace the Kyoto Protocols.

CWIS Research Assistant **Renee Davis** contributes her review of the *Maria Mies and Veronica Bennholdt-Thomsen Subsistence Perspective*, which offers an alternative to reliance on market economics pointing to the importance of an approach used in the Fourth World for millennia. Davis suggests the approach of this book may provide the needed response to catastrophic changes growing in the world economy.

Loni Ronnebaum, a CWIS intern studying mycology takes time from her work to review *Barbara Perry's book Silent Victims: Hate Crimes Against Native Americans* that reveals the results of Perry's research which she says exposes the consequences of American colonization.

I am pleased to offer these wonderful contributors for your information and improved understanding of some of the issues about and by Fourth World peoples. Understanding that indigenous peoples around the world are affected by the major issues of the day as well as the smallest challenges is I believe essential to a better world. These authors have made a significant contribution to that goal.



Rudolph C. Ryser, Ph.D.

Kernow: The Cornish Reality Rising

By Philip Hosking

Nationality exists in the minds of people, its only conceivable habitat. Outside peoples minds there can be no nationality, because nationality is a way of looking at oneself not an entity *an sich*. Common sense is able to detect it, and the only human discipline that can describe and analyze it is psychology. This awareness, this sense of nationality, this national sentiment, is more than a characteristic of a nation. It is nationhood itself.

The creation of the European Union, along with other pan-European bodies such as the Council of Europe, has produced a need for greater regionalization, decentralization and subsidiarity in the organization of a European politic. In tandem with this new regionalism both the European Union and Council of Europe have developed human rights legislation specifically aimed at the protection of minority groups, their languages and their cultures. Taken together the above developments seem to promise a much brighter future for the national minorities and historic nations, which abound on the European continent. (For more on the national minorities of Europe please visit the website euro-minority: <http://www.eurominority.org/version/eng/>)

**It's not that Cornwall
became part of England
it's just that the English
forgot Cornwall was not
part of their country.**

The Cornish are an ethnic group and historic nation of the southwest of Great Britain. They have their own lesser-used Celtic language, related to Breton and Welsh, more distantly to Scottish, Manx and Irish Gaelic. Alongside the Cornish language can be found specific sports and sporting tradition; Cornish music, dance and cuisine and a distinct political culture. These phenomena are all bound up together with a popular self-perception as being other than English, as being Cornish Britons.

The ethnic data from the 2007 Cornish schools survey showed that 27% of children consider themselves to be Cornish rather than British or English. The results from the 2001 UK population census show over 37,000 people hold

a Cornish identity instead of English or British. ¹ On this census, to claim to be Cornish, you had to deny being British, by crossing out the British option and then write 'Cornish' in the "other" box. This does not represent a mere clerical error or poorly thought through wording. This represents a denial of the right of the Cornish to describe themselves in terms of their identity. It might seem trite to complain about something that happened years ago, but the 2001 census will remain relevant until the next one (in 2011). How many more people would have described themselves as Cornish if they did not have to deny being British or if there had been a specific Cornish tick box? How many people knew that writing 'Cornish' in the "other" box was an option? This was extremely poorly publicized. How many ticked British but feel Cornish-British would have been closer to the truth.

Over the last few years various Cornish groups and individuals have been campaigning for the Cornish to be recognized for protection under the Council of Europe's (CoE) Framework Convention for the Protection of National Minorities (FCNM). Such recognition would be a powerful tool to ensure correct treatment and protection of the Cornish national minority and its culture. The UK's Commission for Racial Equality (CRE) in its shadow report on the FCNM produced on the 30th of March 2007 ² advised the government that the treaty could be extended to protect Cornish culture and also raised concerns about the lack of legal equality for minorities in the UK. Recently the Council of Europe has also suggested that the FCNM could be extended to include the Cornish ³.

This officially sanctioned silence on the existence of a Cornish identity must stop. Why will the government not ask the Office of National Statistics to include a Cornish tick box on the 2011 census? The 'Life in the United Kingdom' handbook, required reading for all who wish to immigrate to the UK, quotes the census heavily when describing the regions and ethnic diversity of the UK. Why are the Cornish not mentioned once? Why has UK government so far blocked all attempts at ensuring the Cornish are recognized under the FCNM and ignored the advice of the CRE and CoE?

Some have decided that enough is enough and are now in the process of collecting funds for a court action to challenge the governments' decision to exclude the Cornish from the FCNM. The purpose of the fund is to pay much of the costs involved in pursuing a legal action against the UK Government. The action is necessary after government's constant, dogmatic, and wholly irrational, refusal to include the Cornish within an international treaty designed to, among other things, introduce educational pluralism in their traditional homeland and thus bring to an end the forced assimilation of the Cornish people. That treaty is the Council of Europe Framework Convention for the Protection of National Minorities. For the latest news on the Cornish Fighting Fund visit the website: <http://www.cornishfightingfund.org/index.php>

With the arrival of the New Labour government in the United Kingdom in the mid 90's a process was engaged that resulted in devolved governmental

bodies being given to Scotland, Wales and Northern Ireland. At this time the government also made the offer of devolution to any 'English region' that could prove an interest. Following a popular campaign for a Cornish assembly supported by a petition of 50,000 signatures the government reneged on its promise adding that only what it considered to be a "region" could be offered an assembly. For them Cornwall was but a subdivision of a larger and somewhat artificial Southwest region. For many Cornish residents however Cornwall is one of the six Celtic nations of the European Atlantic arc and a constitutional royal duchy.

Over the last three centuries Cornwall has gone from being on the leading edge of the industrial revolution to being one of the poorest regions of Europe. In recent history Kernow has qualified for Objective One Funding from the EU as have many regions of the former communist block. Kevin Cahill, an author and investigative journalist for the Sunday Times, wrote about the economy of Cornwall. In the Killing of Cornwall, ⁴ he notes that the London Treasury extracts £1.95 billion in taxes out of Cornwall's GDP of £3.6 billion. The Treasury returns less than £1.65 billion, so there is a net loss to Cornwall of 300 million pounds, where the total earnings figure is 24% below the national average.

Today little has changed with Cornwall still qualifying for European funding. Low wages, unskilled 'Mc Jobs', poverty, social problems, drugs, and rocketing housing prices are the often hidden face of the optimistically named "English" Riviera. Coupled with this Cornwall have seen the 'centralization' of services, institutions and government bodies, followed by the skilled jobs they entail, out of the Duchy. This process has been much to the benefit of various undemocratic and faceless 'South West of England' unelected governmental bodies and *quangos*.

To begin to address the above problems many in Cornwall, including Cornish nationalists Mebyon Kernow, have called for decision-making powers to be devolved to a Cornish body of governance. Cornwall Council's Feb 2003 MORI Poll showed 55% in favor of a democratically elected, fully devolved regional assembly for Cornwall, (this was an increase from 46% in favor in a 2002 poll). In 2000 The Cornish Constitutional Convention launched a campaign that resulted in a petition signed by 50,000 people calling for a fully devolved Cornish assembly. The campaign generated support from across the political spectrum in Cornwall. To date it has been the largest expression of popular support for devolution in the whole of the United Kingdom. The UK government has ignored all requests for greater Cornish home rule. For information and updates on the campaign for a Cornish assembly you can visit their website at: <http://www.cornishassembly.org/>

So it must be asked why the government is being so stubborn when it comes to giving the Cornish any form of devolution or recognition? Perhaps the answer rests in our constitutional subsoil.

Even if the UK government, Duchy authority, or history curriculum are loathed to touch the subject, Cornwall does in fact have a distinct constitutional history as a Duchy with an autonomous parliamentary legal system called the Stannaries. If you ask about the constitutional nature of the Duchy, if you are not ignored, then you will be told that the Duchy is a “*well-managed private estate which funds the public, charitable and private activities of The Prince of Wales and his family. The Duchy consists of around 54,648 hectares of land in 23 counties, mostly in the South West of England.*”⁵ However this seems to fly in the face of the 19th century the legal arguments of Duchy officials, which defeated the UK Crown's aspirations of sovereignty over the Cornish foreshore. The Duchy of Cornwall at that time argued that the Duke had sovereignty of Cornwall and not the Crown. On behalf of the Duchy in its successful action against the Crown, which resulted in the Cornwall Submarine Mines Act of 1858,⁶ Sir George Harrison (Attorney General for Cornwall) made this submission:

That Cornwall, like Wales, was at the time of the Conquest, and was subsequently treated in many respects as distinct from England.

That it was held by the Earls of Cornwall with the rights and prerogative of a County Palatine, as far as regarded the Seignory or territorial dominion.

That the Dukes of Cornwall have from the creation of the Duchy enjoyed the rights and prerogatives of a County Palatine, as far as regarded seignory or territorial dominion, and that to a great extent by Earls.

That when the Earldom was augmented into a Duchy, the circumstances attending to it's creation, as well as the language of the Duchy Charter, not only support and confirm natural presumption, that the new and higher title was to be accompanied with at least as great dignity, power, and prerogative as the Earls enjoyed, but also afforded evidence that the Duchy was to be invested with still more extensive rights and privileges.

The Duchy Charters have always been construed and treated, not merely by the Courts of Judicature, but also by the Legislature of the Country, as having vested in the Dukes of Cornwall the whole territorial interest and dominion of the Crown in and over the entire County of Cornwall.

In the book "The Cornish Question"⁷ by Mark Sandford that was published by the Constitutional Unit, School of Public Policy, University College London in 2002 it states that - "*The existence of the Duchy of Cornwall was once of constitutional significance, but is now essentially a commercial*

organization". Considering that this commercial organization is the largest landowner in Cornwall and claims to be nothing but a private estate and company, you would think it reasonable to expect there to be an official date of change-over from an official body of constitutional significance into a purely private commercial organization.

The charters that created the Duchy, the first of 1337⁸ being published in 1978 as Statutes in Force Constitutional law, give the Duke the powers of: "The King's Writ and Summons of Exchequer" throughout Cornwall. These powers of the Duke of Cornwall represent the powers of government and they are certainly not what you would expect from a simple private landed estate something. Research reveals that the public-spirited Crown Estate provides cultural support and housing for the public everywhere in the UK except Cornwall. It is also subject to the Freedom of Information Act. The Duchy of Cornwall is the analogous body in Cornwall but, in a departure from its historical role, it now claims to be a private estate with exemption from the Freedom of Information Act 2000. A stratagem designed to deter investigation into Duchy constitution and Cornish history perhaps?

In the Cornwall Submarine Mines Act 1858 it states that the Duchy of Cornwall is a '*territorial possession*' of Britain. So, sometime between 1858 and the present day, a territory of Britain transformed into a private commercial organization, when, if at all, did this happen? When Cornish MP Andrew George raised questions on the 16th June 1997 about the affairs of the Duchy he was told that there is an injunction in the House of Commons that prevents such questions being raised.

In my opinion these are questions that should be deemed important enough to be answered by someone in authority, whether that authority is a Government office or the Duchy of Cornwall. Claiming a national territory and making it your own private business whilst denying the indigenous population its history and identity is no small affair. An attempt has been made to separate the Duchy of Cornwall, which is not subject to English tax legislation, from the territory of Cornwall, the argument being that the Duchy has a separate existence to the geographical area of Cornwall and holds property outside the area. The argument is spurious and flies in the face of the Duchy case of 1856. It seems no coherent description of the Duchy is available and all attempts to obtain a clear picture of this strange Janus faced body have been ignored. The Duchy of Cornwall Human Rights Association website explores these Cornish constitutional issues in much greater detail: <http://duchyofcornwall.eu/>

In present day Cornwall the playing field is tilted against the indigenous Cornish identity. The impression promoted is that the Cornish nation has only ever been an insignificant sub-division of some awe-inspiring, all-powerful, fully homogenous, fixed, and eternal England. With the English education system encouraging English nationalism in Cornwall at the expense of the indigenous Cornish identity, the exploitation of Cornwall has been acceptable to the state while the absence from English law of the international right to an

enforceable equality before the law has protected the Duchy authority from an effective legal challenge. The result is that the Duke of Cornwall's fortune from Cornish assets continues to relieve England from paying tax to support the heir to the throne whilst all moves that would empower the Cornish, hence threatening the Duchy, have been stifled.

When the UK government and Duchy authority finally decide to be honest about the autonomous position of the Duchy of Cornwall within the UK perhaps then an open debate about Cornish devolution and our future governance can begin.

Endnotes:

¹ Cornish Ethnicity from the 2001 UK census, London School of Economics: http://www.lse.ac.uk/collections/BSPS/annualConference/2006_localgov.htm#generated-subheading3

² The Commission for Racial Equality's shadow report on the FCNM (30th March 2007): <http://www.kernowtgg.co.uk/shadowreport.pdf>

³ The Council of Europe FCNM Advisory Committee Opinion adopted on 6 June 2007 was published on 26 October 2007: [http://www.coe.int/t/e/human_rights/minorities/2_FRAMEWORK_CONVENTION_\(MONITORING\)/2_Monitoring_mechanism/4_Opinions_of_the_Advisory_Committee/1_Country_specific_opinions/2_Second_cycle/PDF_2nd_OP_UK_eng.pdf](http://www.coe.int/t/e/human_rights/minorities/2_FRAMEWORK_CONVENTION_(MONITORING)/2_Monitoring_mechanism/4_Opinions_of_the_Advisory_Committee/1_Country_specific_opinions/2_Second_cycle/PDF_2nd_OP_UK_eng.pdf)

⁴ The Killing of Cornwall, October 2001 Business Age Magazine: Kevin Cahill.

⁵ The Duchy of Cornwall website: <http://www.duchyofcornwall.org/index.htm>

⁶ The Duchy of Cornwall website: <http://www.duchyofcornwall.org/index.htm>

⁷ The Cornish Question, Devolution to the South-West by Mark Sandford. September 2002, ISBN 1 903903 14 9:

<http://www.ucl.ac.uk/constitution-unit/unit-publications/94.html>

⁸ The Charter of 1337, Ministry of Justice UK Statute Law Database

<http://www.statutelaw.gov.uk/content.aspx?LegType=All+Primary&PageNumber=1&BrowseLetter=A&NavFrom=1&parentActiveTextDocId=1517658&ActiveTextDocId=1517658&filesize=23737>

About the Author:

Philip Hosking is a Cornish-Briton long-time activist living in Kernow promoting constructive recognition of the Kernow as a distinct political and cultural community. His writings and public pronouncements appear in numerous publications in Europe.

Ethical Thinking

International Mental Health Activities and Communities

By Janaka Jayawickrama

The Asian tsunami (26 December 2004) prompted humanitarian agencies to divert major resources and personnel to promote programmes in keeping with dominant Western concepts of ‘mental health programmes’. The Pakistan Earthquake, Sichuan earthquake in China and Cyclone Nargis in Myanmar soon followed. This emphasis—by both international and local nongovernmental organisations (NGOs)—on Western-style counselling, psychotherapy and befriending was at the expense of programmes addressing the physical destruction wrought by natural events. However, there is a huge gap in the psychosocial interventions in conflict and disaster affected countries and ethics. Ethics in the sense of how international and national organisations could measure and monitor their “fair and honest dealings” (Kellehear 1993, p14) with the communities in which they work. Also the fact that psychosocial services and research dealing with sensitive issues such as torture, violence and bereavement requires a continual process of reflection and reassessment, demanding constant awareness to the changing situation, in order to ensure it remains ethical.

Although there are many ethical frameworks from professional bodies such as British Association for Counseling and Psychotherapy (BACP, 2004) as well as guidelines from Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings (IASC, 2007) there is no monitoring mechanism on how mental health practitioners working in different countries that are affected by conflicts and disasters. This has created a situation where anyone who has little or no knowledge on mental health goes into communities to conduct ‘psychosocial’ activities or programs.

This paper questions the needs of such standalone activities, the ethics of conducting such programs in communities and monitoring unethical practices in communities by international mental health experts.

Pageant of Interventions

The existing humanitarian discourse has changed towards the assumption that conflict and disaster affected communities need psychosocial and mental health assistance. According to Pupavac (2001, p.358) “trauma is displacing hunger in Western coverage of wars and disasters”. Further the mental health experts from the West are arguing that disaster-affected communities, including children, often have negative outcomes - including ill health, loss of motivation, and depression. (Coddington, 1972; Vogel & Vernberg, 1993; and Joseph, Williams & Yule, 1995)

But the question is: Were such communities seeking mental health and psychosocial assistance framed in this way? The impressions gained from field level discussions are that they were not. They did not want counseling, instead pointing to their shattered homes and livelihoods. The children were observed to be sad, and a few with nightmares, but well functioning and keen to have their schools rebuilt. (Personal observations of the author in post-tsunami Sri Lanka, 2004-2005) Surveys from the war affected northeast of Sri Lanka indicate that even people who turned up at mental health centres were actually primarily concerned with issues like jobs. (Millar, 2005, p.209) Community priorities continue to be on regaining ways of life and means of livelihood. A human rights assessment conducted by Action Aid International (January 2006) pointed out that there are still major problems in land, housing, livelihoods, discrimination of women, and inequities in reconstruction programs in tsunami-affected countries. The report notes that “a major effort is required to prevent further abuse of human rights and to correct the wrongs that characterize the first year of the tsunami response [by all parties]” (Tsunami Response: A Human Rights Assessment, Action Aid, January 2006, p. 10).

Despite community concerns and longstanding arguments by Summerfield, Hume and Toser (1991, 1992, and 2000) about the limitation of Western medical models of mental health, International agencies continue their pageant of psychosocial activities around the world.

“He came in to our village after the tsunami with an assistant. We were told [by the local NGO] that he is a mental health expert from the UK. They said that they are going to treat us with our mental health problems. Then this man sat down in front of my wife and started pointing a finger at her eyes. Yes, we are sad and upset about all what happen. I thought that they are going to help us to re-build our lives, but I got really mad when I saw this strange man pointing a finger at my wife. When I questioned this in an angry tone, the translator said that my anger is the mental

health problem and I need special support. What nonsense? I asked them to leave my place immediately.”

A fisherman from tsunami affected Eastern Sri Lanka (Direct Discussion with the Author), October 2005¹

The above situation was an example that tsunami affected people were offered psychotherapeutic tools without explaining. Further discussion by the author with this fisherman explained that the western mental health expert and his assistant were trying to use EMDR (Eye Movement Desensitization and Reprocessing) Therapy for his wife. However, scholars such as Ashcroft, discuss the personal and moral qualities of the practitioner, stressing the personal dimension and the quality of the relationship in therapy. Further, Ashcroft (2001; 10) states “Counseling and psychotherapy are thoroughly ethical activities, in the deepest sense of the term ‘ethical’. They are concerned with the process of discovering the good life”. However, the above statement by the Sri Lankan fisherman does not tally with this ethical sense explained by Ashcroft.

“One morning a team of ‘psychosocial specialists’ came to our camp. We were told that they are from the US and here to help us to provide psychosocial activities. All of us gathered in the community hall and through translation they told us the importance of sharing our sadness and grief about our losses from the tsunami. Then the man and the woman who came from the US started hugging us. I felt very uncomfortable and irritated. During the tea break I went home and told my mother and she told me to keep away from them”

A teenage girl from tsunami affected Eastern Sri Lanka (Direct discussions with the author), October 2005²

Through that discussion it was revealed that the ‘psychosocial experts’ came from the US did not have a clue about boundaries of the Sri Lanka culture. Although it may be comforting to hug a person who is sad or grieving in the US, even when one is not personally acquainted with them, the Sri Lankan culture in general do not allow hugging strangers. The APA Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations (1990) specifically mention the need for a socio-cultural framework for service providers to consider diversity of values, interactional styles, and cultural expectations in a systematic fashion. They need knowledge and skills for multicultural assessment and intervention, including abilities to:

Recognize cultural diversity;

- Understand the role that culture and ethnicity/race play in the socio-psychological and economic development of ethnic and culturally diverse populations;
- Understand that socio-economic and political factors significantly impact the psychosocial, political and economic development of ethnic and culturally diverse groups;
- Help clients to understand/maintain/resolve their own socio-cultural identification; and understand the interaction of culture, gender, and sexual orientation on behaviour and needs.

As there are many similar guidelines and ethical frameworks in the US and Europe, the practical issue is that none of these are practiced or monitored in the field. The real complication is when local practitioners receive training from Western experts and start thinking as counsellors or psychotherapists. Most of the time, they get confused between psychosocial or counselling tools that they receive in these trainings and living realities of their communities.

“I received two weeks training from the psychologists from the head quarters of my organisation [a European based NGO] about a year ago. This training mainly focused on how raped or torture victims can express their feelings and how counsellors like me can help them to get in touch with their feelings. This is a rewarding job and all most all the women I come in to this counselling room freely talk about their feelings and cry. But the real problem is men. They don't cry and do not like to talk about their feelings and emotions.”

A Sudanese Counsellor from Garsilla, Western Darfur
(Direct Discussion with the Author), May 2005³

In this confusion, the above counsellor from Sudan is not alone.

“I became the senior counsellor of my organisation [an Australian based NGO] after receiving three and half weeks training in South Africa on counselling refugees in 2002. The trainers are from the US and Australia. I had some previous training on counselling when I trained as a social worker in the US in 1987. My counselling work is mainly for female refugees who have been abused, raped and tortured. But the problem is that most of them do not want to share their stories with me. They want me to help them financially or get access to other services. Rarely do they discuss about feelings or emotions. I get tired about their financial or service requests and they get angry with me as I push them to express their feelings and emotions. This is a very difficult job”

An Urban Counsellor from Lilongwe, Malawi
(Direct Discussion with the Author), October, 2006⁴

Receiving two to three weeks training, most field practitioners become counsellors in countries like Sri Lanka, Pakistan or Jordan. This is totally a different situation than in Europe or the US. To become a member of the British Association for Counselling and Psychotherapy (BACP, 2008) requires successful completion of a one-year full time or two year part time counselling and psychotherapy course. This course includes a supervised placement. In the US to be a member of the American Psychological Association (APA, 2008); one needs to have a doctoral degree in psychology or a related field from a regionally accredited graduate or professional school or a school that achieved such accreditation within 5 years of the doctoral degree (or a school of similar standing outside of the United States). In addition, these membership categories provide continuing professional development, ethical supervision and monitoring as well as opportunities to meet peers from the field.

However, these readymade counselling trainings in the field do not provide any of the above opportunities to the ‘counsellors’ they train.

“After receiving a two and half weeks training, my organisation promoted me as the senior counsellor of the organisation [a US based NGO] in 2001. Since then I have participated in three more one week trainings. I am suppose to train new counsellors, supervise them and provide them support when they have difficulties. But I do not have any of that. Since Iraqi refugees start coming in again my workload has gone up and it pushed me to work more than 18 hours per day. I learn new skills and concepts through reading books I buy through the internet and when I meet people like you from outside. Regarding my personal life, I have minimum time for my wife and no time to spend.”

A Senior Counsellor in Amman, Jordan

(Direct Discussion with the Author), November 2007⁵

This shows that the lack of ethical supervision, training or monitoring in the field. The Action Sheet 4.3 of the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (Organize orientation and training of aid workers on mental health and psychosocial support, 2007, p.81) states that “essential teaching may be organized through brief orientation and training seminars followed by ongoing support and supervision. Seminars should accentuate practical instruction and focus on the essential skills, knowledge, ethics and guidelines needed for emergency response.” Although this is in a document that has been agreed by all most all the international players on mental health and psychosocial support, the reality in the field does not reflect this.

The above discussions with practitioners in the field shows that these trainings have made them believe that expressing feelings and emotions is the best remedy to improve people's psychosocial status. Quoted by Summerfield (1995, p.06) "White and Marsella (1982) noted that the use of 'talk therapy' aimed at change through gaining insights into one's psychological life is firmly rooted in a Western conception of a person as a distinct and independent individual capable of self-transformation in relative isolation from social context." But the cultures in Africa, Asia or Middle East do not embody an individualistic perspective of life. People in these regions always identify themselves related to another person in the society. This community centred view of life seems to be contradicting with the Western view of individual self.

Existing Efforts and Failures

During 2007, there were efforts by the Inter Agency Task Force to field test the Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Between February 20 and 21, 2007 a field-testing workshop was conducted in Sri Lanka.

The workshop was filled with presentations and should have done in a more participatory manner. I don't think that one could become really qualified to implement even parts of these guidelines after a two days workshop. Also, they expect us to give feedback about the effectiveness about these guidelines within two or three months. Well, this is too much pressure and rushing. There were no discussions per say about how Sri Lanka could adopt these guidelines in to local realities. Then the workshops they conducted in local languages had so many errors with bad translations. I think that this will not produce anything effective as there is no support mechanism in Sri Lanka to assist field level problems and I am not aware about any monitoring process.

A Sri Lankan UN staff member that work on mental health
(Direct Discussion with the Author), March 2007⁶

Further, the IASC Task Force on Mental Health and Psychosocial Support in Emergency Settings ceased to exist by end of 2007 and hoped that the agencies would work together to continue to strengthen these guidelines (Van Ommeren, 2007, public e-mail). However, the field reality seems quite different to this hope.

We don't like the way this Working Group has been functioning. Two months ago it was one international agency that was chairing this and today we realised that there is a UN agency that is co-chairing this without consulting us as members. Then they are giving us orders on how to conduct our own projects and activities. We are going to leave this Working Group and continue to do our own activities as we used to do"

An International Agency representative about the Psychosocial Working Group in Jordan
(Direct discussion with the Author), November 2007⁷

It seems that these guidelines are not quite localised and at local level there are many issues among humanitarian agencies to work together. "Individual and international nongovernmental agencies bring their own missions and organizational strategies to their aid efforts and their managers and leaders quite naturally find it difficult to see the world through other lenses than those perspective supplies" (Scott, 2003; Quoted by Stephenson and Kehler, 2004, p.04) Further, "Donor behaviour currently represents a patchwork of policies and activities by individual governments which, taken together, do not provide a coherent or effective system for financing the international humanitarian enterprise." (Smillie and Minear, 2003, p.01) These differences and policy issues in the humanitarian sector create a situation where agencies do not necessarily work together. My own experience is that soon after the tsunami there were many agencies in Sri Lanka that did not want to co-ordinate with the UN or other agencies.

When it comes to mental health and psychosocial programs, the problem is that anyone who claims to be an "expert" could conduct whatever they want at community level. However, the communities tend to suffer more through these activities than the catastrophe they experienced.

These un-coordinated and unethical interventions in the field level often included "counseling sessions' or 'therapeutic activities' for survivors of the disaster by unknown international experts and poorly trained non-governmental organization (NGO) staff and volunteers from, despite the limited evidence to support the effectiveness of immediate post-disaster critical incident stress debriefing (Gray, Maguen & Litz, 2004).

"The foreigner who came to our camp asked all of us to list down our problems after the tsunami. We listed things like schools, education, housing and difficulties in this camp. After listening to us he said that we have mental problems as we do not want to discuss our feelings. He wanted to us to talk about our mental problems. We could not understand any of that and we left the foreigner and his workshop"

Teenage girl from Tsunami Affected Western Province in Sri Lanka
(Direct Discussion with the Author), March 2005⁸

As stated by Summerfield (1999), it is a common phenomenon that the International agencies and experts expect disaster-affected people to have emotional problems and not practical problems.

“The foreign woman who came with a translator asked me what my problems are. So I said that I want to go to school and there is no proper schooling in this village. Also, I said that my sisters and brothers do not have enough food as my parents do not have work to make enough money for food. But she kept asking me whether I have been raped or abused. When I said no, she told me that if I ever get raped or abused they are there to help me. I am really confused about this as why can't they help us now?”

Teenage girl from Umkher, Western Darfur in Sudan
(Direct Discussion with the Author), May 2005⁹

Conclusion: Morals, Ethics and Question

Morals are the base of ethics. As Kleinman (2006) says this does not mean morals are always good or positive. But different communities, countries and institutions have different moral values and ethical frameworks that others may consider as negative or bad. As discussed above, when it comes to international mental health activities, these are the universalised expectations from international agencies and ‘experts’ that everyone shares the same morals. As some of the discussions shows earlier this has created problematic and unethical situations in the field. Beyond that, local practitioners get confused and communities become weary with international mental health activities.

Different ethical frameworks from different contexts are based on the available morals and may not necessarily be universal. In many ways, this can be similar to justice. One person’s justice can be other person’s punishment. Equally, approaches that may be suitable to Western settings are not necessarily suitable to non-western community settings. Further, Kleinman (2006, p.02) argues that, “...what looks so wrong from outside may not look that way from the inside.” Most ‘mental health experts’ that visit disaster and conflict affected countries without local knowledge of traditions and cultures judge communities from the outside.

In conclusion this article raises the following question for further research and policy discourse:

What is the real need for standalone international mental health activities in disaster and conflict affected communities?

How to develop flexible and sensitive ethical frameworks for such work?

What would be the effective approach to monitor international 'experts' going to the field and how to ensure that they won't conduct unethical activities?

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Endnotes

¹ The Community Mental Health and Wellbeing Programme of Disaster and Development Centre was working in Sri Lanka in collaboration with the Green Movement of Sri Lanka on damage assessments, emergency food, shelter and medical assistance and long term housing, livelihood and social re-building between December 26, 2004 to March 2006.

² The Community Mental Health and Wellbeing Programme of Disaster and Development Centre was working in Sri Lanka in collaboration with the Green Movement of Sri Lanka on damage assessments, emergency food, shelter and medical assistance and long term housing, livelihood and social re-building between December 26, 2004 to March 2006.

³ Partnership activities between the Community Mental Health and Wellbeing Programme of Disaster and Development Centre with UN Refugee Agency in Western Darfur, April to July 2005

⁴ Partnership activities between the Community Mental Health and Wellbeing Programme of Disaster and Development Centre with UN Refugee Agency in Malawi, August to November 2006

⁵ Partnership activities between the Community Mental Health and Wellbeing Programme of Disaster and Development Centre with UN Refugee Agency, October to November, 2007

⁶ Discussion with a former colleague who is now working for the UN, March 2007

⁷ Discussion with a participant of the Psychosocial Forum in Jordan, November 2007

⁸ The Community Mental Health and Wellbeing Programme of Disaster and Development Centre was working in Sri Lanka in collaboration with the Green Movement of Sri Lanka on damage assessments, emergency food, shelter and medical assistance and long term housing, livelihood and social re-building between December 26, 2004 to March 2006.

⁹ Partnership activities between the Community Mental Health and Wellbeing Programme of Disaster and Development Centre with UN Refugee Agency in Western Darfur, April to July 2005

Biographical Sketch

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Culture, Conscious Well-being

By Mirjam Hirsch

Wide health disparities are evident the world over. Dramatic inequalities dominate global health. It is thirty years after the landmark agreement was reached in 1978 by 134 Member States of the World Health Organization gathering in Alma Ata to adopt primary health care as the key strategy for achieving “health for all” by the year 2000. A lot remains to be done. Primary health care is more urgently needed now than ever before.¹

We are entering uncharted terrain. The world is in the midst of a multiplicity of crises in relation to food, climate, and energy. Moreover the global financial system is unraveling at great speed. Very likely misery and hardship will increase for many poorer people everywhere. Extreme poverty leads to highly problematic health conditions. Modern lifestyles marked by insecurity, and a feeling of powerlessness due to rapid changes in peoples’ immediate surroundings lead to stress and accordingly illness. We are all being thrown into a deep sense of insecurity causing severe strain on people’s health.

Moreover for various reasons health costs in developed and undeveloped countries alike are skyrocketing. This puts unbearable strain on many states and communities. Their proper functioning if not their very survival is threatened. Clearly the world community has to act quickly and find efficient responses to the health crisis in all sectors involved.

Howsoever severe the negative effects of current developments there also is a new openness to convincing alternatives. People are looking for practical solutions that are immediately feasible and that put the health and wellbeing of the planet and every living being on it at their center. There is a strong demand for more democratic control over financial and economic as well as health institutions.

The world over health systems have increasingly been defined in monetary terms, with health care being called the “economics of health” in Germany. The ill are less regarded as patients in need but seen as customers using services.

In the Philippines for instance the government is interested only in the infusion of dollar-denominated remittances and not the critical effects of the

brain drain on a deteriorating healthcare system². The government is further pushing its agenda of commodifying Filipino workers. Showcasing to the world that the government's policy of exporting and exploiting its own citizens is a model that should be emulated.

But what about the people these health systems should serve? To them health care is more than just money, global budgets and government pigeonholes. Health is a universal human aspiration and a basic human need. Health care is about values, and how to move beyond our cherished myths and preconceived ideas and make a real positive impact on the lives of all the people. Not only the immediate causes of disease ought to be treated. The focus should be on the "causes of the causes"—the long term effects of colonization on indigenous communities, the fundamental structures of social hierarchy and the conditions these create in which people live and work as emphasized by the WHO Commission on Social Determinants of Health. For it clearly is the structure of the social, political, and economic system that is the key determinant of health and variation in health.

Therefore the politics of health in the context of dominant ideological understructures of social and political forms has to be analyzed more closely. Likewise the control of consciousness and thus life, mind and body must be examined to outline possibilities and the potential of raising community consciousness of cultural wellbeing to ameliorate devastating health situations.

A series of questions should be asked: Are there examples in the world where community participation in health could serve as a role model? What about the principle of subsidiarity and community participation? How do cultural, spiritual, and healing aspects interplay with each other in various indigenous medical practices? What are the benefits and disadvantages of combining indigenous healing practices with Western medicine? All possible benefits of indigenous medical practices as well as potential negative outcomes should be explored and elucidated.

In this paper first indigenous definitions of health are described, factors of indigenous ill health are analyzed putting special emphasize on the importance of culture and community cohesion in health. Then the special case of Swiss health care and a recent very successful popular health initiative in Switzerland is highlighted. Switzerland could serve as a role model for indigenous health endeavors recognizing the importance of regional culture in health and people deciding for themselves what health care systems and regulations best serve them. The potential benefits of the inclusion of complementary medicine in Swiss basic health care provision are shortly discussed.

Furthermore biodiversity conservation and international indigenous rights to health are illustrated.

Indigenous views on health- attempt of a definition

What is health? Every culture finds its own specific answers to this question. There is nothing such as the only one correct definition of health. How health and disease is perceived and understood very much depends on the local context of where people grow up and live.

Kanaka Maoli (Native Hawaiians) maintain that the first characteristic of their health was the continuum of a people.³ Connective social forms defined as elements of history and tradition, art forms, literature, etc. connect the generations. If these elements are not intact a people cannot maintain their health. Therefore, as an important part of the health program, Kanaka Maoli ask these connective social elements to be addressed in the provision of health services. Or as Pōkā Laenui from the Wai‘anae community of Hawai‘i, brings it so accurately to the point: “Health services should support the continuity of the consciousness of a people.”⁴

For Aboriginal peoples, health is “not just the physical well being of the individual, but the social, emotional and cultural well being of the whole community . . . [and] a matter of determining all aspects of their life, including control over their physical environment, of dignity, of community self esteem and of justice. It is not merely a matter of the provision of doctors, hospitals, medicines or the absence of disease and incapacity.”⁵

The Aboriginal community in Australia has an understanding of health that has its origins and meaning embodied in Aboriginal belief systems- social, cultural and historical understandings.

In the last decade therefore social and emotional wellbeing has emerged as a key priority, recognized as an integral part of the Aboriginal health reform agenda. Aborigines describe their wellbeing:

*Enjoying a high level of social and emotional wellbeing can be described as living in a community where everyone feels good about the way they live and the way they feel. Key factors in achieving this include connectedness to family and community, control over one’s environment and exercising power of choice.*⁶

Important to note is that when defining health indigenous people the world over give more than a mere biological definition but a comprehensive one.

Also the definition of the World Health Organization is respectful of these concepts of health as expressed in the primary health care approach, which

maintains "health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity."⁷

State of indigenous peoples' health

Indigenous people recognize health as a priority. Many indigenous communities lack health facilities, and most government programs do not consider indigenous peoples in their health programs.⁸ In the past in countries like for example the United States of America traditional healers were even dismissed and outlawed by states' governments as part of a program of enforced assimilation of indigenous communities. But traditional medicine (of which there is no one system; instead there is a system of health and healing for each tribe⁹) survived in many communities.¹⁰

Undoubtedly the health conditions of indigenous people are generally worse than those of the national populations in the countries in which they reside. The alarming health situation confronting some indigenous peoples of the world was noted at the first Pan American Health Organization (PAHO) Workshop¹¹ on Indigenous Peoples and Health in the Americas held in Winnipeg in April 1993. It was recommended that immediate action should be taken and PAHO and its member governments identify priority areas and the neediest communities. Resolution V adopted by PAHO acknowledges that "the living and health conditions of the estimated 43 million indigenous persons in the Region of the Americas are deficient, as reflected in excess mortality due to avoidable causes and in reduced life expectancy at birth, which demonstrates the persistence and even the aggravation of inequalities among indigenous populations in comparison with other homologous social groups".¹²

The Winnipeg workshop recommended not only the promotion of access by indigenous peoples to mainstream medicine, but also supported the need to develop socially and culturally sensitive local health systems in which "indigenous wisdom can be preserved". The Workshop also stated that "indigenous peoples must regain control over their own lives, of which health is only one aspect", and acknowledged that it is "important to reassess the value of indigenous wisdom and to strengthen the unique elements of indigenous cultures, recognizing that it is the members of these cultures who have the best understanding of their own people, their health and development needs".

Factors contributing to ill-health

Social and cultural factors such as dispossession, dislocation and discrimination as well as economic and environmental disadvantages generally contribute to the poor health status of many indigenous peoples and the lack of access to good quality healthcare. Underlying these factors are specific health risk factors (such as obesity, physical inactivity and high blood pressure).

Dislocation, epidemics, depopulation, and subjugation have furthermore put indigenous peoples everywhere at high risk of depression and anxiety.¹³

Considering the importance of the factors listed above which are the disastrous consequences of colonization¹⁴ and lie outside the realm of the health sector, it is clear that improvements in indigenous health status are only likely to be achieved with substantial improvements in the overall circumstances of Indigenous people.

The struggle for better indigenous health is multi layered and very complex. It is a crucial part of the fight for cultural survival. It is about the struggle for self-determination and the endeavors of indigenous peoples to reclaim their native culture and land and thus ultimately their health.

Therefore to re-establish control over their own affairs indigenous people themselves consider the most fundamental basis for the improvement of living and health conditions.¹⁵

Culture and community cohesion

Indigenous peoples were slaughtered and dislocated from their territories. This deprived them of nearly all that gave benefit to their lives. Psychotherapist Alex Cohen maintains that it is “the loss of interest in life which allows indigenous peoples to work such ravages upon life and health.”¹⁶ As a result of this colonial experience, people now “live in the shadow of what they once were.”¹⁷

The break-up of traditional culture, way of life and belief systems can be the underlying cause for the high incidence of substance abuse, physical and sexual violence, child abuse, mental health problems, and family disharmony found among indigenous populations around the world. As Cohen underlines that “when pathways to meaning are no longer available, the result is psychopathology and mortality.”¹⁸

The true cause of indigenous ill health western health experts often explained with indigenous communities being passive, dependant and defiant. Health and culture appeared to be lying in opposition to each other. Celebrating indigenous culture and community to achieve better health were considered a contradiction within health services, due to the supposed unhealthiness of the indigenous experience.

However recently researchers have come to recognize that enabling indigenous communities to define and represent themselves is empowering and conducive to better health outcomes. Notions of identity and culture are held to be an important resource for empowering minority or marginalized communities.¹⁹ A better understanding of the phenomenology of ill health accordingly must not only encompass symptoms but take into consideration the interrelationship between culture and ill health, “the social contexts and cultural

forces that shape one's everyday world, that give meaning to interpersonal relationships and life events."²⁰

After colonialism took away indigenous people's place of communal interaction they now are trying to find ways to strengthen community cohesion. Indigenous peoples have to cope with pervasive changes disrupting social and cultural systems affecting family and community life and welfare and with which came exposure to further trauma caused by domestic violence, substance misuse, suicide and self-harm, as well as other sources of risk. To teach and learn their cultural lessons and find physical and philosophical roots and thus their identity could turn out to be crucial to indigenous' peoples health and very survival. The persistence of traditional practices and extended family systems can and already have formed the basis for resiliency of indigenous communities.

It holds true for everyone that in order to enjoy the most complete status of health we have to make possible ways of life that ensure a decent life quality for everyone, correspond to our specific worldviews and provide us with a sense of meaning in life and purpose in the world.

Role model Switzerland

Swiss social life has provided a framework for social, psychological and economic security, in which wellbeing was socially determined through the organization of relationships with the land and with people within frameworks of law and ceremony, family organization and systems of belief.

The healthcare system in Switzerland, regarded by some as the best solution in the world²¹ is of excellent quality, characterized by liberalism and federalism.²² The liberal element restricts state activity to guaranteeing health care 'when private initiative fails to produce satisfactory results'.²³ As a Confederation with decentralization of political power, the national authorities can only legislate when empowered so to do by constitution.²⁴ There are 23 cantons, three of which are split into demi-cantons, acting autonomously in the organization of healthcare in their area.²⁵ The result is 26 slightly different systems.²⁶ Local supervision of healthcare is the responsibility of cantonal health ministers.

Clearly there is much to learn from in the Swiss health care system. The Swiss "recognize the special nature of health care – it is partly a moral necessity and partly an ordinary consumer good."²⁷ Moreover the Swiss ensure "that people dependent on government support do not have an obviously inferior service. By combining insurance and solidarity, the Swiss ensure that the most disadvantaged people in society enjoy the same level of care as the working and middle classes."²⁸ Preferences of (potential) patients determine the structure of the system to a degree found in few other countries. The population of just over 7 million, divided between four language communities (French, German, Italian and Romansch), is directly involved in a three-level political process, through

seemingly-continual referenda. This means that patients really do influence the system.²⁹

During a recent study trip to Switzerland I visited a place called Appenzell. Without knowing that Appenzell is an oasis of health with claims of high quality, when driving or walking through the adjacent hills one is struck by a certain sense of harmony and beauty. Appenzell is characterized by a strong tradition based on agricultural life with many customs rooted in ancient vegetation and seasonal rites. Appenzell is a model example for the principle of participatory democracy efficiently implemented. Every year on the last Sunday in April the citizens' of Appenzell entitled to vote gather on the main square to appoint their representatives and decide themselves on all matters important to the community.

The visitor immediately gets the feeling of people caring for their surroundings. In the bakeries and restaurants delicious foods are offered not found anywhere else, made from herbs or fruits and berries growing in the region. In the pharmacies one notices an unusually vast array of natural products.

Natural medicine in Appenzell is extremely popular. On the one hand the population of Appenzell over centuries was formed of peasants who developed strong ties to nature. On the other government authorities did not put obstacles in the way of natural medicine. Law is not restrictive but liberal in that as long as it is not forbidden, it's allowed. Traditional medicine thus has been around for centuries and has been constantly improved over time the reason why nowadays, traditional medical practice enjoys a high reputation.

One patient in Switzerland out of three is using alternative traditional medicine. Today more and more people are using this type of traditional medicine. 79% of the population says, "yes" to full coverage of complementary medicine. Herbal medicine is most popular and its efficacy has recently been widely proven by pharmaceutical companies.

In a scientific study, Program Evaluation Complementary Medicine (PEK) at the university of Bern, Switzerland the efficiency, usefulness and cost effectiveness of five complementary therapies was tested.

Practitioners of complementary medicine tend to treat rather younger, female, and better-educated patients who are oftentimes exhibiting chronic and more severe forms of disease. In their diagnostic analysis technical procedures are performed more rarely, and patients' wishes are taken into account more frequently in the choice of treatment.³⁰ Patients are more satisfied with the care provided in practices offering complementary medicine. Side effects are reported by markedly fewer patients than with conventional care.³¹

The study also concluded that with complementary medicine the total patient-related costs do not differ significantly from those for conventional care. Annual costs tend to be lower, thus helping to save costs in health care.

There generally is a greater weighting for consultation costs and a lower weighting for drug costs.³²

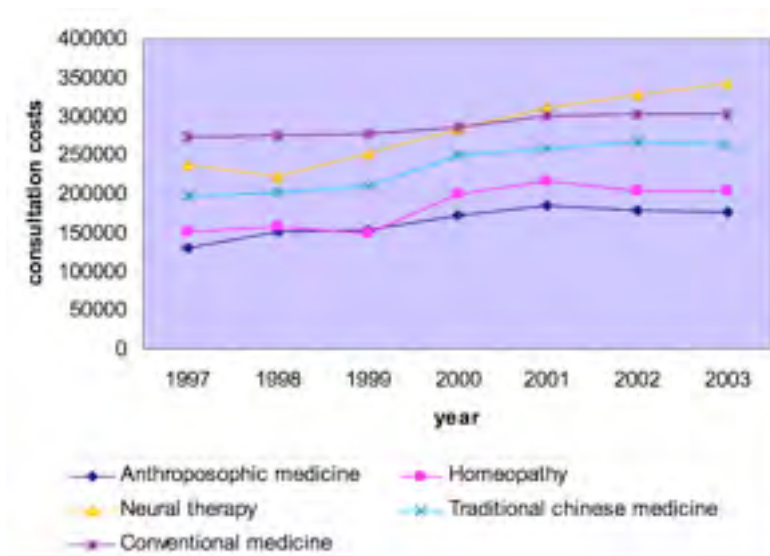


Figure 1: Development of consultation costs in basic healthcare provision (santésuisse) 1997 to 2003 comparing four complementary methods to conventional medicine, average costs (SFR) per certified practitioner. Source: Melchart, p. 53.

As evidence shows complementary medicine is of high importance to Swiss citizens. In science and politics it should have the same priority as amongst the population. The Swiss government, however, over the last few years has not adequately protected and supported complementary medicine. Quite the contrary, bureaucratic obstacles have rendered it more and more difficult for therapists to practice. “We fear to lose our traditional knowledge,” an Appenzell pharmacist said, “Swissmedic and new regulations make it too complicated and expensive to produce my natural remedies.”³³ Therefore the popular initiative “Yes to Complementary Medicine” was formed. The initiative demands an amendment to the constitution’s, Art. 118a, to strengthen the position of complementary medicine. The aim is the inclusion of five complementary therapies, anthroposophic medicine, homeopathy, neural therapy, traditional Chinese medicine and phytotherapy in Switzerland’s basic healthcare provision as well as licenses for non-medical practitioners, integration of complementary medicine in research and teaching and protection of approved natural remedies.

The popular initiative “Yes to Complementary Medicine” has been successful. In October 2008 was effected a national referendum to be held in the year 2009. It is in the hands of the people now to decide about whether to have a constitutional right to complementary medicine in basic health care provision.

As this empowering Swiss example shows self-determination and the principle of subsidiarity have great potential. It reflects the consciousness of people who feel responsible for their lives and surroundings. Basic democracy at the national level thus seems possible and works.

The Right to Indigenous Health Internationally

Successful as local initiatives can be, supra regional and global problems like climate protection, global resources distribution and conflicts have to be regulated at the global or supra regional levels. At the same time mechanisms of democratic control and transparency of international institutions as the UN, EU etc. have to be strengthened.

Today there are increasing numbers of regional, international, and global instruments that provide for health as a human right as well as indigenous peoples' right to their traditional medicines. The International Covenant on Economic, Social and Cultural Rights provides for the right to health:

... the right of everyone to the enjoyment of the highest attainable standard of physical and mental health... (Article 12.1).

The right to health is also indirectly provided for in Article 25 of the Universal Declaration of Human Rights:

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family...

During the International Decade of the World's Indigenous People (1995- 2004) proclaimed by the United Nation's General Assembly, in its Resolution 48/163 in 1994 the focus was "to improve the lives of indigenous people in such areas as health..." (United Nations General Assembly resolution 48/163).

After more than 20 years of negotiation between nation-states and indigenous peoples the United Nations General Assembly (GA) adopted the Declaration on the Rights of Indigenous Peoples on September 13, 2007. The Declaration guarantees indigenous peoples right to health and traditional healing systems:

- Article 7: "the rights to life, physical and mental integrity, liberty and security of person..."
- Article 23: "the right to determine and develop priorities and strategies...for health programs affecting them"; and
- Article 24:
- Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous

individuals also have the right to access, without any discrimination, to all social and health services.

- Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.
- Article 31: the right to maintain, control, protect and develop their... medicines, knowledge of the properties of fauna and flora....

Biodiversity- Environmental and human health

Another law instrument at the international level is the U.N. Convention on Biodiversity, signed or ratified by 190 countries. It calls for significant reduction in the loss of biodiversity by 2010. Indigenous peoples' vital role to save life on earth through indigenous knowledge of various plant and animal species is recognized. Strengthening universal and comprehensive healthcare systems in all countries is an outcome included in the treaty.

The physical health and wellness of indigenous people is particularly closely tied to the sound connection of the health and wellness of their environment. Scientists and public health experts have given little attention to the intricate relation between human health and the health of other species. Plant, animal, and microbial species support human health. Interacting with each other and with nonliving components of the environment, they make all life, including human life, possible on Earth, producing what are called “ecosystem services.” Understanding these connections will be increasingly important to physicians and other health care professionals in coming decades, as the number of species driven to extinction continues to mount.³⁴

Only fairly recently has the dependence of human health on healthy environments, and ecosystem services been highlighted by World Health Organization's (WHO) reports and the Millennium Ecosystem Assessment.³⁵ According to estimates by the World Health Organization up to 80% of the population of Africa uses traditional medicine for primary health care.³⁶ This medicine to a very large extent is derived directly from endemic plants.

Many indigenous communities are the first to notice and the first affected by changes in biodiversity and natural resources exploitation. Indigenous groups share the devastating consequences of the ravages done to the environment. Not sustainable economic practices such as mining or non-traditional harvesting of natural resources, tourism and development have negatively impacted indigenous lands, polluting water systems and destroying unique ecosystems. Indigenous peoples were and are losing their biodiversity in terms of food. Apart from changing diets which affected the health of indigenous peoples making them more susceptible to diseases, such as diabetes, environmental, also

pollutants accumulating in natural foods cause ever greater threat as those natural foods oftentimes no longer are safe for consumption.

Despite this being common knowledge the destruction of species continues at an alarming rate the world over. To discover those species immense value as unique and irreplaceable sources for new life-saving medicines is thus rendered impossible. Precious indigenous knowledge is lost to the world. Even more extreme we do not shy away from disrupting the vital functioning of ecosystems on which we know all life depends.

Policy-makers and the public have to fully understand that human health and life ultimately depend on the health of other species. They must at once give protection of the global environment and integrity of global ecosystems their highest priority. Medical practitioners and other professionals working in health care need to play an important part in promoting this understanding and should learn more about the human health dimensions of species loss and ecosystem disruption.

Conclusion

There is an urgent need to develop an alternative cultural and environmental perspective on health. We have to continue to test the hypothesis of causal societal factors in indigenous communities ill health by revitalizing local traditional culture; and resisting further forced assimilation, cultural conflict, and self-harming, destructive foreign lifestyle ways.

Advice and information needs to be a bottom-up process. Change has to come from all of us. It will only succeed if we can generate participation from individuals, families and communities. Therefore this community participation has to be fully supported from the health system and regulations. In helping local people to find their own solutions as a liberation from colonialism and institutional racism reinforces feelings of empowerment and control over their lives and thus ultimately better health.

Civil society must also play a strong part in holding companies and governments to account over health inequalities.³⁷ As companies sell in terms of profit and highest possible returns the pharmaceutical lobby is interested mainly to sell pharmaceuticals. Unless laws restrict them or the costs of conflict caused by image loss are too high and stop them health will solely be a profitable market. First and foremost though health is a value system based on social justice and community cohesion.

Movements have to grow stronger to evaluate the efficacy of indigenous health care systems and efforts have to be undertaken in coordinating and legitimizing traditional health care with the biomedical care system. More information about indigenous health care beliefs and practices establishes the basis for policy development for culture based health care delivery to and by indigenous peoples.

An agency should set up the necessary monitoring and evaluation system for improvements in indigenous health. Findings will have to be translated into country-specific policies, as countries will need to work on practical policies for their individual populations, whose needs might differ depending on their geographical locations.

Governments are then better able to provide in environmentally sound surroundings culturally sensitive, effective health care to all the citizens.

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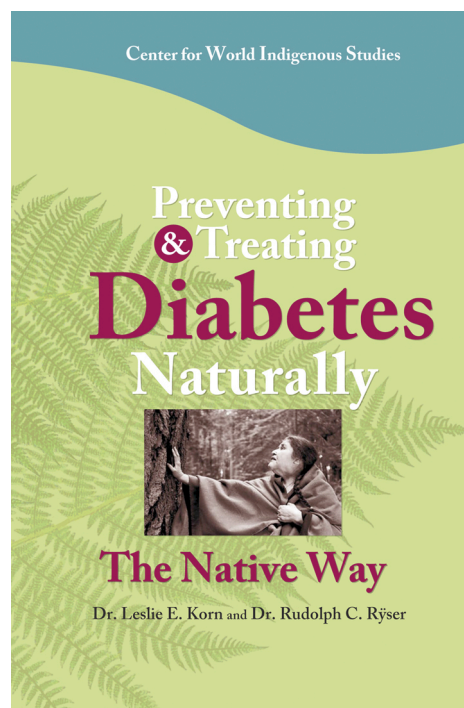
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THE TRAGEDY OF U.S. FOREIGN POLICY: A Retrospective

By Joseph E. Fallon

Since the end of the Cold War, Washington has actively pursued a foreign policy inimical to the national interests of the United States. To paraphrase Pat Buchanan, Washington seeks an empire, not a republic. And it is pursuing empire through a sovietization of U.S. foreign policy. This occurred because the Democratic and Republican Parties have been seduced by three false beliefs.

1. History proves the United States is the only successful politico-economic model for the rest of the world to emulate.
2. As the world's most powerful nation, the United States has an obligation to insure global peace and economic development by imposing its model on the rest of the world.
3. The rest of the world desires to have the United States impose its model on them.

Acting on such beliefs, Washington adopted a Marxist attitude toward countries, cultures, and economies. Including its own. All are viewed as anachronisms; treated as obstacles to the spread of American democracy and free markets worldwide. Therefore, they must be revolutionized, standardized, and anesthetized. Each must be made non-national in form, capitalist in content. The affinity with Marxism extends to promoting the withering away of the state. Political borders, including those of the United States, are being abolished through free trade agreements, while the sovereign powers of states are being expropriated by international bureaucracies. All are preconditions for what Washington calls globalization, which mirroring Soviet foreign policy

advocates that a powerful ideological state imposes a single political and economic order on the rest of the world. Capitalism replaced socialism as that ideal order and the United States supplanted the Soviet Union as the historic agent of change. Both attempts only unleashed political and economic havoc upon the world.

Contrary to assurances from Washington, outsourcing, privatization, and free markets restructured global economies for the benefit of the few, not the many. As a result noted Joseph E. Stiglitz, former Chief Economist and Senior Vice President of the World Bank, in *The Overselling of Globalization*: “globalization has been accompanied by increased instability; close to a hundred countries have had crises in the past three decades. Globalization created economic volatility, and those at the bottom of the income distribution in poor countries often suffer the most.”

The United States was not immune from this volatility and has experienced an economic blowback. By encouraging the relocation of U.S. manufacturing abroad Washington’s policies have deindustrialized the U.S. economy. As a result of such relocations, coupled with outsourcing of U.S. jobs and the flood of illegal aliens into the domestic job market, more and more U.S. workers are being made redundant. In some sectors, overtime pay is being abolished. Unions are being busted. Pension contracts are being broken. Income disparity is widening. The Social Security System faces financial crisis. The health care system is going bankrupt. The education system is failing more and more families. Social safety nets established after the Great Depression are being cut. The national debt is ballooning and exceeds the amount of U.S. dollars in circulation. The middle class, on which representative government rests, is being crushed under the weight of wars, taxes, and institutionalized corruption. And things are only getting worse for Americans.

As Dr. Stiglitz observed “some of the more ardent advocates of globalization advance a position not far different from social Darwinism; tough luck for the cultures that cannot survive in the face of the forces of globalization; they should be left to die, and the quicker the death the better”.

This belief is shared by Washington. For it, the only “cultures” that count are those of transnational corporations. And cultures that “should be left to die” include America’s. Proposals, at this point trial balloons, are advanced on merging the United States with Mexico and Canada in a North American Union and replacing the U.S. dollar with a new currency, called the *amero*. Laws and treaties are being selectively enforced. The U.S. Constitution is shredded. Habeas corpus? Property rights? They have effectively been abolished. Freedom of speech is attacked. Dissent is criminalized. Freedom of assembly proscribed. Freedom of religion is guilt by association. Transparency and accountability in government are ignored. To all intents and purposes, the separations of powers, and checks and balances on government have been annulled. Under deregulation, health, safety, labor, and environmental laws are being eviscerated. This deconstruction of classical Western political liberalism, foundation of U.S.

liberties, is what Washington is aggressively exporting to the rest of the world under the name of globalization.

To advance this process, the U.S. government resorts to wars, sanctions, and color-coded revolutions to topple uncooperative governments -- Afghanistan, Iraq, Somalia, Ukraine, Georgia, Kyrgyzstan, and Lebanon -- and dismember inconvenient states -- the USSR, Yugoslavia, and Serbia.

In doing so, Washington ignores the potential political blowback. It is oblivious to how its tactic of dismembering states can also be applied to a number of U.S. allies -- Brazil, Canada, Chile, Georgia, India, Indonesia, Mexico, Pakistan, the Philippines, Poland, Romania, Spain, Turkey, Ukraine, and the U.K.—or even to the United States, itself, in the case of the Aztlan movement.

It targeted Saudi Arabia and Iran for regime change and dismemberment even though this could destabilize the world's oil markets and trigger a worldwide recession. Under the pretext these interventions are to liberate Muslims, especially Muslim women, from the oppressive rule of Islamic fundamentalists, Washington seeks to control the oil and politics of both countries by exploiting religious and ethnic secessionist movements in each.

On July 10, 2002, Richard Perle, then Chairman of the Defense Policy Board Advisory Committee, sponsored a presentation by Laurent Murawiec, a Rand Corporation analyst and former executive editor of Lyndon LaRouche's 'Executive Intelligence Review', who called for the U.S. to seize the oil wells in Saudi Arabia's Eastern Province and proclaim that region an independent state.

In 2003, in An End to Evil: How to Win the War on Terror, a Random House book which he co-authored with Paul Frum, a fellow Neo-Con and former speech writer for President George W. Bush, Richard Perle, championing Murawiec's proposal, urged Washington to support independence for Saudi Arabia's Eastern Province.

That year another Neo-Con, Max Boot, senior fellow at the Council on Foreign Relations and contributing editor of "The Weekly Standard" envisioned a similar fate for Saudi Arabia with the United States "occupying the Saudi's oil fields and administering them as a trust for the people of the region."

Iran also became an official target for dismemberment in 2003. The Pentagon met with Mahmud Ali Chehregani, leader of Southern Azerbaijan National Awakeness Movement. While Mr. Chehregani resides in the United States his opposition movement operates in Iran. He advocates the secession of "southern" Azerbaijan from Iran and its unification with "northern" Azerbaijan, the former Soviet Republic. According to the Washington Times, "Mr. Chehregani said in an interview that his group was working with other Iranian ethnic minority groups — such as the Iranian Kurds, Baluchis, Turkmen and Arabs — to form a common political front that could challenge Teheran." It

reported “Mr. Chehregani said he had more than 50 meetings with senators and congressman, State Department officials, the White House to further his cause.”

In October 2005, the American Enterprise Institute, a Neo-Con think tank, convened a conference chaired by a prominent proponent of regime change, Michael Ledeen, entitled “A Case for Federalism?” It was repudiated by exiled Iranian opposition groups in the United States as a call for the dismemberment of Iran along ethnic lines.

That same year, responding to Mr. Chehregani’s call to form a common political front, Iranian Arab, Azeri, Baluch, Kurdish, and Turkmen organizations assembled in London where they issued a manifesto calling on Teheran to restructure the state along the lines of ethnic federalism. The U.S. State Department then met with the Iranian secessionists to support their demands for autonomy, while continuing to condemn similar secessionist movements in neighboring Turkey, Georgia, Afghanistan, Pakistan, and India.

On February 23, 2006, the Financial Times reported the U.S. Marine Corps confirmed its intelligence unit was actively analyzing the potential military benefits ethnic secessionist movements in Iran could hold for U.S. foreign policy.

This was followed by the April 17, 2006 issue of The New Yorker which published the article by Pulitzer-awarding winning journalist, Seymour Hersh entitled “THE IRAN PLANS: Would President Bush go to war to stop Tehran from getting the bomb?” In it, Mr. Hersh wrote: “If the order were to be given for an attack, the American combat troops now operating in Iran would be in position to mark the critical targets with laser beams, to insure bombing accuracy and to minimize civilian casualties. As of early winter, I was told by the government consultant with close ties to civilians in the Pentagon, the units were also working with minority groups in Iran, including the Azeris, in the north, the Baluchis, in the southeast, and the Kurds, in the northeast....The broader aim, the consultant said, is to ‘encourage ethnic tensions’ and

Then came the publication of “Blood Borders” by Ralph Peters in the June 2006 issue of Armed Forces Journal. “*Armed Forces Journal* is the leading joint service monthly magazine for officers and leaders in the United States military community...providing essential review and analysis on key defense issues for over 140 years.” Publication confers authority and respectability on the views presented. In “Blood Borders,” the author champions national independence for Azeri, Baluchi, Kurds, Pushtuns, and Arab Shia. These are peoples who have long sought separation from the states into which they were placed upon their independence. He advocates redrawing the borders of virtually every country in the Middle East, not just Saudi Arabia and Iran, and provides his readers with the following map of his Pax Americana for the Middle East.



Influenced by thinkers such as Murawiec, Perle, Boot, Ledeen, and Peters, U.S. foreign policy was radicalized. It now fosters perpetual wars to enhance U.S. power and profits. First there was Afghanistan, then Iraq and Somalia, and next is possibly Iran. The aim of globalization, therefore, is not democracy and free markets, but U.S. world hegemony. And the means to hegemony is coercion and subversion at home, as well as, overseas. But the policy isn't working well. Washington's actions in the Middle East have enraged Muslims and alienated much of the world. As a result, the post-911 support and good will of most of the international community has been lost. Washington is not winning its wars in Afghanistan and Iraq. Its ability to unilaterally impose its will on other countries is evaporating. Overextended militarily, financially, and psychologically, its empire is reaching the breaking point. And the rest of the world knows it.

Washington's foreign policy became the very definition of "waste", "futility", and "self-destruction". As the fates of Athens and Rome attest, no republic that acquires an empire remains a republic. And the price US citizens pay for an empire has always been the loss of their liberties. Washington's decision to protect the United States by waging imperial wars abroad confirms the wisdom of that great American philosopher, Pogo: "We have met the enemy and he is us!"

About the Author

Joseph Fallon is the author of a number of earlier essays published in the Fourth World Journal dealing with the geopolitical status of the Union of Soviet Socialist Republics, Mexico and the European Union. His works have appeared in numerous other publications concerning international relations.

Statements submitted to the 14th Session of the Conference of Parties of
the
United Nations Framework Conference on Climate Change - 2008

**Statement of the International Indigenous
Peoples Forum on Climate Change
to the Ad-Hoc Working Group on Long-Term
Cooperative Action
Wednesday, December 10, 2008**

(Editor: This is the statement prepared by the International Indigenous Peoples Forum on Climate Change meeting in Poznan, Poland during the United Nations Framework Convention on Climate Change Conference of Parties meeting #14. The delegates in the IIPFCC came from indigenous nations and organizations from Asia, South America, Africa, North America, Europe and Melanesia.)

Thank you Mr./Ms. Chairperson,

It is appropriate that we address you today in the name of Indigenous Peoples, on the 60th anniversary of the Universal Declaration on Human Rights, a year after the adoption by the General Assembly of the UN Declaration on the Rights of Indigenous Peoples. We have been frustrated that efforts by ourselves and some parties to include recognition of our fundamental rights have been resisted.

We know that Indigenous Peoples' are the most affected by the impacts of climate change. We stand to lose our lands, our resources, our cultures, our identity. We conceive of our

human rights being violated not only by the effects of climate change, but also by the so-called solutions, and the way negotiations are carried out.

We can reference many articles of the UN Declaration on the Rights of Indigenous Peoples. We remind you that the Declaration affirms Indigenous rights to lands, resources and territories, to self-determination, to means of subsistence, to the right to development, among others. We urge the Convention to use the Declaration as a minimum standard in its future programme of work.

On the theme of long-term cooperative action, we have not been adequately included in the discussions about moving forward with the Convention. We envision adaptation and mitigation measures taken with our full and effective participation that reflect our concerns and protect our rights.

In particular, we note that efforts surrounding Reduced Emissions from Deforestation and Degradation programs and then Clean Development Mechanism are at great threat of violating our rights further, and that some projects already have. We reject these mechanisms being implemented without our free, prior, and informed consent. We will continue to oppose these mechanisms until Indigenous Peoples rights are fully recognized, protected and promoted.

We are particularly concerned that REDD programs in particular will not recognize our contributions to preserve forests, and may lead to grave impacts, including forced displacement, appropriation of our lands and resources, loss of self-determination, and other human rights abuses.

Indigenous Peoples are rights holders in this discussion, and are the primary ones responsible for protecting forests, but have not been adequately consulted and their rights are not adequately protected under current negotiations.

We are calling for the establishment of an Expert Group on Indigenous Peoples and Climate Change, which will include our representatives, to represent our views and concerns, and advise the Convention.

We call on parties to safeguard our rights and our survival by establishing the strongest emissions reduction targets – at minimum of eighty percent by 2050 – while making funds available for adaptation efforts in Indigenous communities.

We call for the next phase of negotiations to fully respect Indigenous Peoples and have our full participation by , if it is to seriously address climate change mitigation and adaptation.

Thank you.

(Editor: Also issued during the Poznan, Poland conference was this statement to the UN Framework Convention on Climate Change Subsidiary Body for Scientific and Technological Advice for Parties (SBSTA).)

Statement of the International Indigenous Peoples Forum on Climate Change

SBSTA

December 10, 2008

Chair,

We acknowledge the efforts of some Parties who have supported and worked with us to reflect our rights and our full and effective participation in this COP14. However, we denounce those Parties, including Canada, the United States, New Zealand and Australia who continue to exercise, outmoded, and outdated colonial power structures that the rest of the world left behind decades ago.

We remind the parties that (Editor: United Nations Framework Convention on Climate Change) UNFCCC is not a consensus document and perhaps a time has come for a simple majority vote that lets these four nations know how isolated their position is.

On the 60th Anniversary of the adoption by the United Nations of the Universal Declaration on Human Rights it is appalling that any United Nations body is still denies extending the Rights enshrined in this document to the Indigenous Peoples of the planet. It is a abrogation of both the Universal Declaration on Human Rights and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).

Reference to the draft text ON SBSTA 29 agenda item 5, on REDD [Reducing Emissions from Deforestation in Developing countries: approaches to stimulate action]. In the annex of this document, 1 (c) we are profoundly disappointed that the Indigenous Peoples fundamental rights, including the UNDRIP and other existing Human Rights instruments (Convention ILO169) are not included in the operative paragraphs of the latest document of SBSTA29.

We are just not one single indigenous people, as the document states. We are a multitude of indigenous Peoples from multiple countries, with multiple languages, diverse cultures and background and experiences. To reduce all this, to the concept of a singular unitary experience is a denial of the richness of diversity that exist within, the framework of indigenous peoples as a collective of nations.

For this reason, we, appeal to the UNFCCC and Parties to ensure rights of Indigenous Peoples as it is recognized in UNDRIP and other relevant Human Rights instruments (EG. Convention ILO 169). Any decision or measure that will be adopted at this COP, in particular the REDD process, should consider the principle of free, prior and informed consent of Indigenous Peoples and our rights to say No. In that regard, Indigenous Peoples must not be excluded from, and should be centrally involved in and benefit from, all climate change and forest programs and policies at all levels to ensure that they deliver justice and equity and contribute to sustainable development, biodiversity protection, and climate change mitigation and adaptation.

We, demand an immediate suspension of all REDD initiatives and carbon market schemes in Indigenous Peoples territories until indigenous peoples rights are fully recognized, protected and promoted.

Thank you.

Book Reviews

Renee Davis

Review: *The Subsistence Perspective: Beyond the Globalised Economy*

Maria Mies and Veronica Bennholdt-Thomsen

Zed Books, 2000. 256 pages.

ISBN 978-1856497763

Reading about global economics can be intimidating. Attempting to understand it and possible alternative perspectives can be even more so. But in this book authors Maria Mies and Veronica Bennholdt-Thomsen offer a structural overview of the neoliberal capitalist creed that has shaped the global economy and propose a new economic viewpoint. It is the subsistence perspective: a way of looking at the economy and development from the bottom-up.

Drawing from their work in the women's movement, the authors began to look at the subject of housework as it relates to the women's movement. This inquiry broadened and they began to investigate the role of housework in global capitalism, asking: Why is it not seen as work? Why is it non-paid labor? Recognizing that housework and other types of subsistence work cannot be paid work in the global economy, they set out to look beyond global capitalism and define the subsistence perspective. As a result of their analysis, the authors propose the development of a new concept of labor and a new valuation of wageless labor.

What is the "subsistence perspective?" To begin with, commodity production is the goal of capitalist production. Everything is to be transformed into a commodity that is then marketable. But subsistence production has an entirely different goal: the direct satisfaction of human needs. Its goal is the support of life directly. And this type of production is necessary as a prerequisite for all types of paid labor. Thus, subsistence is the opposite of commodity production. It's not an economic model, but a new economic perspective.

Meis and Beholdt-Thomosen take a critical look at the neoliberal capitalist tenets that have shaped the contemporary global economy. One of the most prominent of these is the perceived necessity of unlimited growth. Without growth, there is no development, and the entire economy stagnates and collapses—according to the credo. But in practical terms, in a world of finite resources this aim can only be realized at the expense of others. Furthermore, the primary indicators of growth are the GNP and the GDP. This narrow measure of growth does not account for the bulk of the work of women, subsistence peasants, or those in the informal sector because it is not wage labor. Wage labor is sharply contrasted with unpaid work, creating a misguided perception that only work that produces wages is gainful. Since subsistence work is not wage labor, much work is invisible under this system, and can thus be exploited.

As the authors analyze these economic structures, they point out that patriarchy is a structural necessity for capitalism in their analysis of the “housewifeisation” of labor. Gender roles were used to create an asymmetric sexual division of labor: The males are the “breadwinners” of the household and the women are the “housewives.” This would place males primarily in the world of wage labor, and women with the wageless reproduction of labor power, which is the cheapest and most exploitable type of production work. Therefore, they make the case that the women’s movement ought to create an alternative to the capitalist system and the modern notion of progress, and not merely fight for equal rights within it.

Additionally, the authors discuss the role of development and colonialism in the pervasive growth of this system. Prior to World War II, many subsistence economies existed in both rural and urban areas worldwide. The near demise of these societies and life-ways was intentional. To illustrate how subsistence production had to be eliminated for the expansion of capitalist ventures, the authors call on the peasant resistance communities of the Mayan people in response to Guatemala’s seizure of their village common lands. A large part of their resistance efforts was the refusal of any paid or migrant labor as well as the rebuilding of their peasant subsistence economy, threatened by the government due to pressure to acquire land for foreign agricultural transnational corporations.

In sum, the subsistence perspective is not an economic model, but a new way of perceiving the economy. It is concerned with the production and reproduction of life directly, not just commodity production. It’s a vision of development from the bottom-up, where the aim is happiness, quality of life, and human dignity as opposed to the accumulation of wealth. In the end, Mies and Bennholdt-Thomsen describe a perspective of labor and economics that serves societies—not the other way around. The reader and the world will benefit greatly from this book especially in light of the dramatic economic tidal waves begun in 2007 tearing the market system from its moorings. This book offers a radical yet grounded view of the contemporary economic creed that has formed current economic practices, and what wisdom of life-supporting subsistence work can bring to such a system.

Book Reviews

Loni Ronnebaum

Review: Silent Victims: Hate Crimes Against Native Americans

by Barbara Perry

*The University of Arizona Press, 2008. 176 pages
ISBN 9780816525966*

I was somewhat uncomfortable in the beginning with writing a book review on hate crimes against Native Americans. Barbara Perry, author of “Silent Victims,” has quite a background on the subject; she is currently professor of Criminology, Justice, and Policy studies in Ontario, Canada. Between the years 1999 and 2003, while employed by Northern Arizona University, Barbara conducted over 300 interviews throughout Indian country. Her study was composed of 8 research questions rather than a hypothesis; it was the first of its kind, a large-scale empirical exploration of hate crime against American Indians.

“Silent Victims” is structured well; Barbara uses plenty of excerpts from interviews providing individual instances of hate crime as well as the growing body of literature on oppression based on race/ethnicity, gender, class, and sexual orientation to explain the structural and cultural context of hate crimes in America. In setting the context, ethical considerations during research on such a sensitive subject are discussed. I found these of particular importance and of value to future studies. Keeping with oral tradition was one thing mentioned; the written word can sometimes be regarded with suspicion by some native peoples. Giving in exchange for the knowledge you use and sharing the consequential information with the interviewees is pointed out to be good etiquette as well.

Dr. Perry exposes the history of violence that came with the colonization of America and the alarming ignorance of this in American society today. Barbara gives us example after example on how oppression is laced in our education system, the medical industry, policing authorities, government, religion, the workplace, and media. In the authors view hatred and the negative

identity construction are part of formal governmental mechanisms which fuel the informal mechanism, which help perpetuate the marginalization of traditionally oppressed and subordinate groups. Understanding violence and hatred in this context is rather disturbing.

Perry writes on how stereotypes are being used to marginalize and stigmatize, disempowering the “other”. The eternal tourists or Euro-Americans are described as being held back by their contrasting values (power, materialism, economic efficiency, immediacy, endless growth, and imperialism) from completely understanding the “other’s” ways. Extremely troublesome is the pushiness of euro-culture on indigenous peoples, to the point of ethno-genocide. Ethno-genocide would be the systematic destruction of the thought and the way of life of people different from those who carry out this enterprise of destruction. Whereas the genocide assassinates the people in their body, the ethno-genocide kills them in their spirit. Perry shows that the stereotypes and putdowns have become internalized by some native peoples, leading to high levels of violence, alcoholism, and suicide. On the other hand some Native peoples have been empowered by reactionary violence to extending land bases and asserting treaty rights, motivating constructive defiance.

In the final chapter, the most powerful of the eight chapters in the book, Perry argues that decolonization as an answer. Decolonization can be achieved by attaining independence, integrating with the administering power or another state, or establishing a "free association" status. Re-education is an important aspect of her solution. Perry believes confronting and challenging stereotypes and hate crimes provides one avenue to bridging the gap between native and non-native communities. She also calls for collective defiance against the institutions and mythologies that shape ethno-violence. At base, she insists, this must be a part of the broader agenda toward Native sovereignty.

Over all I enjoyed reading this story and believe it has value on many levels. “Silent Victims” gives voice to those who struggle to keep their cultures alive amidst a dominating society. The next step is to acknowledge the deep cultural loss in America and offer help in its revival. Once we learn to appreciate cultural diversity and respect difference we will really understand the wisdom of indigenous cultures and what living in a balance with nature truly means. I feel knowledge is meant to be shared and I think this book will encourage and empower others.

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