

LUKANKA(*)

by Rudolph C. R yser

  2005 Center for World Indigenous Studies

“Development,” “self-directed development,” “community trauma,” and “sustainability” are all a part of the lexicon of development literature. The Fourth World tackles the issue from the inside out.

In this issue we have collected writings from some fine scholars and researchers who elevate to a new level the discussion of self government, traditional medicine and sexual violence in the Fourth World. The Fourth World Journal has been the venue for the discussion of subjects often dismissed or ignored. In the tradition of careful research and thoughtful analysis **Dr. Melissa Farley** presents here a peer-reviewed article detailing her findings of her research on First World prostitution of Fourth World peoples. This extraordinary piece exposes with precision and accuracy the devastating causes of prostitution and its deeply traumatic effects on First Nations women in present-day Vancouver and indigenous women the world over.

She speaks to us about the plight of First Nations women and children forced into prostitution. The triple forces of race, class and sex discrimination that disparately affect First Nations women and the legacy of colonization are openly addressed in “Prostitution in Vancouver: Violence and the Colonization of First Nations Women”

Monica Charles’ critical voice admonishes people to again listen to their powerful traditions and let traditional foods and ways of life take care of themselves, their whole bodies. In her self-reflective talk Monica Charles emphatically illustrates the urgent need to reintroduce traditional foods into indigenous communities and use holistic forms of health to save lives and heal. **Mirjam Hirsch**, a Center for World Indigenous Studies Fellow for Traditional Health Policy addresses immediate basic human needs, looking at the devastating health care situation of the peoples in Uzbekistan (Central Asia) after independence from the former Soviet Union in 1991. Her focus is on the present prospect of indigenous self-determination efforts and the potential of traditional healers and structures of organization to substantially improve the overall health situation of the diverse peoples in Uzbekistan.

Sandi Loytomaki’s unique exploration of the cultural intersections of personal healing experiences and self is a reflection of her identity as a “Shamanic healer,” raised in Canada with Sami and Italian ancestry. She raises questions about meaning, belief and understanding, inviting readers to soul search and speculate about culture, belonging and ways humans grasp reality. **Tiffany Waters** a member of the Chinook Tribe delivers an informative piece that delves into the use of blood quantum by the US government to determine Indian tribal membership, which ultimately is facilitating the cultural eradication of Native people and dismantling traditional modes of life. She explores blood-quantum, or the “degree” of blood one possesses of a certain “race,” as a form of self-colonization among American Indians; this involves internalization and continuation of the colonial framework of subjugation and domination. Waters emphasizes the need for traditional modes of enrollment, such as cultural affinity, kinship ties, and descent to reclaim and validate ‘authentic’ modes of inclusion criterion. Finally, **Dr. Leslie Korn, Director of the Center for Traditional Medicine** draws from her rich personal background and clinical experience to present a revolutionary analysis on how to integrate traditional and integrative medicine for the treatment of diabetes in an indigenous community in rural Mexico. Her sharp insight and understanding make clear the intrinsic relationship between land, culture, health and the cosmos which allow the reader to understand illness and chronic disease in a new way.

Bios:

Melissa Farley, is a research and clinical psychologist who has been addressing prostitution and trafficking for the past 10 years. She has worked on issues of violence against women for the past 25 years. Melissa Farley is Director of Prostitution Research and Education, San Francisco Women's

Center.

Monica Charles' is a community activist from the S'Klallam nation at Lower Elwah reserve on the Olympic Peninsula in Washington State. She is a poet, writer and diabetes activist, trying to reintroduce traditional foods and medicines into Native diet, providing methods by which the community can define its priorities and enact self-determination to regain control of its health.

Mirjam Hirsch a Hessian from Darmstadt, Germany received her Masters degree in literature, geography and law from the University of Marburg, Germany with a focus on indigenous studies. Currently she is a fellow of traditional health policy at the Center for World Indigenous Studies. She is conducting doctoral research on the ethnogeographic topic of traditional medicine and self-determination, at the University of Cologne, Germany. This involves investigating relations between a geographical reality and the formation of peoples' cultural healing systems.

Sandi Loytomaki is a mother of two children, currently residing in Guelph, Ontario, Canada. She is founder of On the Winds of Change Healing Services, a traditional/energy medicine practice offering clinical, educational and research services. Sandi is a graduate of the Center for Traditional Medicine Certificate Program, where she blended traditional and energy medicine. She is trained in many CAM modalities including medical intuition, intuition, channeling, and spiritual healing. Her academic training is in Kinesiology and Psychology, where she specialized in neuropsychology.

Tiffany Waters received her Bachelor of Arts degree in 2004 at Vassar College in Poughkeepsie, New York. She received her degree in Geography/Anthropology with a concentration in Archaeology. At the Center for World Indigenous Studies she is presently working as Clinical Coordinator for the American Indian Caregiver Study. Tiffany is of Clatsop Indian, Polish, Norwegian, English, Welsh and German descent.

Leslie Korn received her Ph.D. in Behavioral Medicine and Medical Humanities, with specializations in Traditional Medicine and Feminist Theory from the Union Institute. She has a Masters in cross-cultural health psychology from Lesley College Graduate School. She received a Masters in Public Health (M.P.H.) from Harvard University and was a Clinical Fellow in Psychology and Religion and Clinical Instructor in Psychology at Harvard Medical School. She is a licensed psychotherapist, a Registered Polarity Therapy Practitioner, and Board Certified in Therapeutic Massage and Bodywork.

Enjoy reading this issue.
Rudolph C. Ryser, Ph.D.
Editor in Chief

(*) **Lukanka** is a Miskito word from Yapti Tasba meaning "ideas," "thoughts," "thinking."

Prostitution of Indigenous Women: Sex Inequality and the Colonization of Canada's First Nations Women

Melissa Farley, Ph.D. & Jacqueline Lynne

Introduction

The recent history of Canada is the history of the colonization of Aboriginal peoples. We use the terms Aboriginal, Indigenous, First Nations, and Native throughout this paper to refer to nations of people who have lived in Canada continuously for thousands of years. Colonization is a process that includes geographic incursion, sociocultural dislocation, the establishment of external political control and economic dispossession, the provision of low-level social services, and ultimately, the creation of ideological formulations around race and skin color which position the colonizers at a higher evolutionary level than the colonized (Frideres, 1983).

The transformation of Aboriginal people from the state of good health that had impressed travellers from Europe to one of ill health, for which Aboriginal people were (and still are) often held responsible, grew worse as sources of food and clothing from the land declined and traditional economies collapsed. It grew worse still as once-mobile peoples were confined to small plots of land where resources and opportunities for natural sanitation were limited. It worsened yet again as long-standing norms, values, social systems, and spiritual practices were undermined or outlawed. (Canada, RCAP, 1996, p 113)

Theft of land and destruction of traditional ways of life left many First Nations people in extreme poverty that has lasted for generations. For example, among First Nations women raising children by themselves in urban Winnipeg, Regina and Saskatoon, 80 to 90% were living below poverty level (Statistics Canada 1991 Census, RCAP 1996 p. 171). This level of poverty in any patriarchal culture is associated with a high rate of prostitution.

Estimates of the First Nations population of Canada at the time of first contact with Europeans range from 220,000 to two million, with a conservative figure of 500,000 currently accepted by Canada's Royal Commission on Aboriginal Health (RCAP, 1996, p 116). Estimates of contemporary First Nations populations vary. The official 1996 Canadian Census of the First Nations population in Vancouver is 1.7%, whereas the estimate from the 1998/1999 Capture/Recapture data cites 7% of Vancouver/Richmond's people as First Nations (Vancouver/Richmond Health Board, 1999).

Canada's Royal Commission Report describes the current state of Aboriginal housing as an "acute threat to health" (1996, p 372) (2). The Royal Commission report documented the perilous state of First Nations housing: 84% of Aboriginal households on reserves did not have sufficient income to cover housing (RCAP, 1996, p 180). Housing instability increases reserve-to-urban migration, leaving young women extremely vulnerable to prostitution, in that homelessness has been established as a primary risk factor for prostitution. Today, when women in prostitution are asked what they need in order to escape prostitution, housing is first on their list of needs (Farley et al, 2003).

First Nations women were considered "exotic" sexual commodities and were assumed by colonizers to enjoy that status, not only because they were viewed as primitive but because they were female. Men's assumption of the right to rape indigenous women is not a new idea - whether that right is institutionalized in prostitution or not. Vespucci, a colleague of Christopher Columbus, wrote that women colonized by the Spanish in 1498 were "urged by excessive lust, defiled and prostituted themselves." (Small & Jaffe, 1991). Colonist Vespucci, like today's customer of prostitutes, attributed his own impulse to dominate and sexually assault First Nations women to the colonized/prostituted woman herself.

Three descriptions of prostitution of Aboriginal women from different historical periods follow. First is a summary of how Canada's colonizers procured and profited from the prostitution of First Nations women in North America in 1792:

“The...Chipewyan Indians complain ...of the injustice done to them by the Canadians in taking their women from them by force; some of the Canadians keep no less than 3 women.... [For example, a] Canadian that had 2 women before, went to their tents and took a young woman away by force... The old Indian, her father, interfered, he was knocked down ...all this is encouraged by their masters, who often stand as Pimps to procure women... they make great profit, the Masters in the Traffic of the Females for the men’s uses.” (Philip Turner, 1792, cited in Bourgeault, 1989, pp 100-101)

A second example comes from Kenya where an official described the need for “home comforts” of Europeans in Nairobi (Leys, 1902, cited by White, 1988). In 1938, Nairobi’s Municipal Native Affairs Officer noted that when indigenous men were trafficked for labor, a population imbalance of one female for every eight males resulted, with “a demand for a large number of native prostitutes.” Trafficking of Kikuyu girls into Nairobi was “continually mentioned by the Kikuyu Native Councils urging that steps be taken to stop it.” (St. Davies, 1939 cited by White, 1988).

A third example of prostitution of indigenous women is seen in a description of today’s globalized labor practices in Africa. Congo has been described, like women, as “*too well endowed* with natural resources” (Harden, 2001, authors’ italics). The colonist cannot be expected to resist the opportunity to rape the land or the women. The nations of people in what is now called Congo have been devastated by centuries of colonial assault primarily by Belgium and the United States, but recently joined in by Rwanda. (1) Coltran, a metal used for superconductor chips in cell phones and pagers, is found abundantly in Ituri peoples’ lands (eastern Congo). When the price of Coltran crashed (from \$80. to \$8. a kilo) as a result of environmentalists’ protests, the prostitution that had been instituted to provide Coltran miners with “temporary wives” continued, even though the mines were closed down (Harden, 2001).

Prostitution requires a devalued class of women (Barry, 1995) which Canada produced by means of the combined forces of the military, the state, the church, and market capitalism. During Canada’s first 100 years, the Hudson’s Bay Company prohibited European women from emigrating to Canada. British brothels were established around military bases and trading posts. Just as men today purchase “mail order brides” in servile marriage, British military officers in colonial Canada acquired “country brides” in marriage-like prostitution that provided men with exclusive sexual access to First Nations women. Children were often born from this prostitution, although European common law did not recognize these relationships. When European women were later permitted to emigrate to Canada, European men often abandoned their First Nations families (Bourgeault, 1989).

Prostitution is colonization of women, generally. It is also one specific legacy of colonization, although it is infrequently analyzed as such. (Lynne, 1998; Scully, 2001). Prostitution of Aboriginal women occurs globally, in epidemic numbers, with indigenous women at the bottom of a brutal race and class hierarchy in prostitution itself (in addition to being at the bottom of race and class hierarchies in other walks of life)(UNICEF, 2004). Scully described “universal racialized sexual hierarchies” in sex businesses, the most visible of which involved colonists supplying their indigenous, indentured laborers with sexual access to women of their own ethnicity. Thus one aspect of Canadian prostitution was colonists’ intention to keep European women off-limits to indigenous men. (Scully, 2001).

Pimps and traffickers take advantage of the subordinate status of women and girls by exploiting sexist and racist stereotypes of women as servants and commodities. The economic dependence of countries on multinational corporations creates conditions for women to sell their own sexual exploitation at far better rates of pay than other forms of labor, thereby promoting prostitution and trafficking (Hernandez, 2001). Global economic policies seamlessly weave together sexism, racism, and colonialism via invasions of peoples’ lands, causing agricultural and community dislocation and environmental destruction. These events then result in poverty and rural-to-urban migration which produces a huge urban labor pool available for labor exploitation generally as well as for prostitution of women and children. Promoting prostitution as a reasonable job for poor women, the International Labor Organization euphemistically declared: “Mobile populations tend to have greater motivation and opportunities for commercial sex” (Lim, 1998, p 34).

On the other hand, Yakama Elder Russell Jim described prostitution as “self-cannibalization” (Jim, 1997). Jim’s characterization suggests the demolition of the self that occurs in prostitution, which paradoxically appears to be a result of the

victim's own choices. One woman in the Netherlands described prostitution as "volunteer slavery," articulating both the appearance of choice and the overwhelming coercion behind that choice (Vanwesenbeeck, 1994, page 149).

Most people in prostitution entered prostitution as adolescents. Nadon and colleagues (1998) found that 89% of her interviewees had begun prostitution before the age of 16. In Canada, as elsewhere, the average age of entry into prostitution is adolescence (cited as between thirteen and nineteen in Lowman, 1993). (3) Children enter prostitution because of abusive treatment by caregivers (Lowman, 1993 p 72) and because they run away from dangerous home environments (Federal/Provincial Territorial Working Group on Prostitution, 1998). Boyer and colleagues (1993) interviewed 60 women prostituting in escort, street, strip club, phone sex, and massage parlors in Seattle. All began prostituting between the ages of 12 and 14. Fifty two percent of 183 Vancouver women turned their first trick when they were younger than age 16, and 70% turned the first trick before age 18 (Cunningham & Christensen, 2001).

The vast majority of those in prostitution have been sexually abused as children, usually by several predators. Currie (1994) reported a 73% incidence of childhood sexual abuse of women who were prostituting in Vancouver. One girl prostituting in Seattle said:

We've all been molested. Over and over, and raped. We were all molested and sexually abused as children, don't you know that? We ran to get away. They didn't want us in the house anymore. We were thrown out, thrown away. We've been on the street since we were 12, 13, 14. (Boyer, Chapman & Marshall, 1993)

Cunningham & Christensen (2001) found that 68% of women prostituting in the Downtown Eastside had been recently raped, and 72% had been kidnapped. 89% of the women interviewed by Cunningham & Christensen reported that customers refused condoms in the previous year, another type of violence.

First Nations gay men, like First Nations women, are in double jeopardy. Comparing Canadian Aboriginal and non-Aboriginal gay men, researchers found that the Aboriginal gay men were significantly more likely to be poor, unstably housed, more depressed, to have been sexually abused as children, to have had nonconsensual sex, and to have been prostituted (Heath et al, 1999).

In order to find out about women's experiences in prostitution, what preceded their entry into prostitution, and what their current needs were, we interviewed women prostituting in Vancouver, Canada. This was a part of a multi-country study of prostitution (Farley et al., 2003). We knew that First Nations women were overrepresented in prostitution, with an especially high number of Canadian youth in prostitution from First Nations. Estimates of First Nations prostituted youth range from 14% - 60% across various regions in Canada (Assistant Deputy Minister's Committee, 2001, p 26).

Method

Brief structured interviews of 100 prostituting women and children were conducted in Vancouver, B.C. We contacted agencies working with prostitutes and set up collaborative efforts where possible. The second author was a board member of a Vancouver agency that provided services to prostitutes and was familiar with locations where prostitution commonly occurred in Vancouver. She was known to some of our interviewees in her capacity as a social worker. Interviewers, two of whom were First Nations and one of whom was white European-American, were screened for the ability to establish an easygoing rapport on the street and in occasionally dangerous locations.

The women we interviewed were from the Downtown Eastside, Franklin, and Broadway/Fraser prostitution strolls in Vancouver, B.C. We attempted to contact any woman known to be prostituting, whether indoor or outdoors. Using a snowball recruitment technique, we asked women to let their friends who were prostituting elsewhere (e.g. in other areas or indoors) know that we would return to a specific location at a specific time the next day.

Informed consent included a summary of research goals and participants' rights. Respondents' copies of the consent form included names and phone numbers of local agencies that could be contacted for support and assistance and included the authors' phone numbers and email addresses. In all cases we offered to read the items to respondents. Most were able to complete the

questionnaire without assistance; however, a few were illiterate.

If respondents indicated that they were prostituting we asked them to fill out the questionnaire. We paid a small stipend (\$10 Canadian) to those who responded. The Prostitution Questionnaire (PQ), used in similar research in South Africa, Thailand, Turkey, USA, and Zambia, Germany, Colombia, and Mexico consists of 32 items asking about physical and sexual assault in prostitution, lifetime history of physical and sexual violence, and the use of or making of pornography during prostitution (Farley et al., 2003). It takes about 15 minutes to complete. The questionnaire asked whether respondents wished to leave prostitution and what they needed in order to leave. We asked if they had been homeless, if they had physical health problems, and if they used drugs or alcohol or both. Because of item heterogeneity, psychometrics on the PQ are not available. Sample items include:

2. Since you've been in prostitution, have you been physically assaulted?

14a. When you were a child, were you ever hit or beaten by a parent or caregiver until you had bruises on your body or were injured in some other way by them?

16. Did you ever have pictures taken of you while you were working in prostitution?

19. Have you ever been homeless? (4)

Results

52% of our interviewees were women from Canada's First Nations, a significant overrepresentation of this group of people, compared to their representation in Vancouver generally (1.7-7%). 52% were First Nations, 38% were white European-Canadian, 5% were African Canadian, and 5% left the question blank. In response to "race/ethnic group," the majority of the 52 First Nations women described themselves as Native. Next most often, they described themselves as Metis, a French word that translates to English as "mixed blood" and is used by those we interviewed to describe themselves as having both First Nations and European ancestries. Historically, the two major colonizers of First Nations of Canada were the British and the French, therefore the majority of those called Metis were First Nations/French or First Nations/British. The First Nations women also described themselves as Native Indian, Cree, Cree Native, First Nations, Cree Metis, Ojibwa, Blackfoot/Cree, Aboriginal, and Interior Salish. Unfortunately, fewer than 10 women identified themselves by specific tribal ancestry, so we were unable to compare tribes in our analyses.

82% of our respondents reported a history of childhood sexual abuse, by an average of 4 perpetrators. This statistic (those assaulted by an average of four perpetrators) did not include those who responded to the question "If there was unwanted sexual touching or sexual contact between you and an adult, how many people in all?" with "tons" or "I can't count that high" or "I was too young to remember." 72% reported that as children, they had been hit or beaten by a caregiver until they had bruises or were injured.

90% of these women had been physically assaulted in prostitution. Of those who had been physically assaulted, 82% had been assaulted by customers. 78% of these respondents had been raped in prostitution.

67% of our interviewees reported that pornography was made of them in prostitution; and 64% had been upset by an attempt to force them to perform an act that customers had seen in pornography.

75% of the women we interviewed in Vancouver reported physical injuries from violence in prostitution. Many reported stabbings and beatings, concussions and broken bones (broken jaws, ribs, collar bones, fingers, spinal injuries, and a fractured skull), as well as cuts, black eyes, and "fat lips." (5)

50% of these women suffered head injuries as a result of violent assaults with, for example, baseball bats, crowbars, and having their heads slammed against walls and against car dashboards. Women were regularly subjected to extreme violence when they refused to perform a specific sex act.

Verbal abuse in prostitution tends to be socially invisible just as other sexual harassment in prostitution is normalized and invisible. Yet it is pervasive. 88% of our respondents described verbal abuse as intrinsic to prostitution. One woman in

Vancouver commented: "Lots of johns are super-nice at first. Then when the sex act starts, they get real verbally abusive." Johns' verbal assaults in all types of prostitution are likely to cause acute and long-term psychological symptoms. One woman said that over time, "It is internally damaging. You become in your own mind what these people do and say with you. You wonder how could you let yourself do this and why do these people want to do this to you?" (Farley, 2003b).

We compared First Nations women with European -Canadian women in a number of analyses. Childhood sexual abuse was reported significantly more often by interviewees identifying as First Nations than by those describing themselves as European-Canadian. Significantly more First Nations women than European-Canadian women reported childhood physical abuse.

We asked all participants what their current needs were. 95% of these respondents stated that they wanted to leave prostitution. 82% expressed a need for drug or alcohol addiction treatment. They also told us that they needed job training (67%), a home or safe place (66%), individual counseling (58%), self-defense training (49%), health care (41%), and peer support (41%). 33% needed legal assistance and 32% wanted legalized prostitution, and 12% needed childcare.

There were also ethnic differences in response to the needs assessment. First Nations women indicated a significantly greater need for self defense training, a greater need for peer support, a greater need for job training, and for individual counseling.

Discussion and Recommendations

Prostitution is intimately associated with sex inequality, poverty, racism and colonialism. Vancouver's Downtown Eastside, one of the poorest areas in North America, is referred to as the "urban reserve" by its First Nations residents. Life expectancy is short: a neighborhood center in the Downtown Eastside categorizes anyone over age 40 as a senior. The women we interviewed were survivors of conditions that many do not survive. Many were hungry, drug-sick, and almost all had a palpable look of fear in their eyes. Violence seemed to be in the very air they breathed. Our findings document this horrific level of physical and sexual violence.

One woman told us that she was continually raped in prostitution, explaining: "what rape is to others, is normal to us." Another woman, 36 years old, described a rape as the "defining experience" of her life. At age sixteen, she was raped at knifepoint, after which the rapist gave her a gold chain, in effect, paying her for the rape, and defining her as a prostitute. A fear of men was pervasive among these women, one of whom told us that being hit and bruised was "just your common aggressiveness from men."

The violence against these women while in prostitution was one aspect of a lifetime continuum of violence. The normalcy of living with violence began, for many, in childhood. 82% of the women we interviewed had been sexually abused as children. Previous research has linked childhood sexual abuse with prostitution. One young woman told Silbert & Pines (1982, p 488), "I started turning tricks to show my father what he made me." Dworkin (1997) described sexual abuse of children as "boot camp" for prostitution. (6) West et al (2000) found that women were most likely to prostitute if they had experienced sexual abuse as children and were later revictimized by rape in adulthood. Our respondents were in a state of almost constant revictimization.

In Canada the triple force of race, class and sex discrimination disparately impact First Nations women. With 52% of our respondents being First Nations women, their overrepresentation in prostitution reflects their poverty and their marginalized status within Canada (7). Although almost all of our respondents (including non-First Nations women) had migrated, given the brutal poverty that has been documented on Canadian reserves, migration is often critical for First Nations women's economic survival. Many women told us that they urgently needed safe housing. Prostitution is intimately related to homelessness, with 86% of our respondents currently or previously homeless. First Nations youth who leave their home communities for urban areas are particularly vulnerable to sexual exploitation in that they are both homeless and in an unfamiliar cultural environment (Federal/Provincial Working Group, 1998 p. 14). One young woman commented "The prostitutes in [Canada] are very young and have no place to sleep. They sleep on the streets and this is when the men take advantage of them and rape them" (Youth Delegates of Out from the Shadows, 1998. P 6).

A recent study in New Zealand found similar housing crises among the Maori. Maori in prostitution were significantly more likely than European-ancestry New Zealanders to have been homeless and to have entered prostitution as children (Farley, 2003a). Similar findings with respect to high rates of childhood abuse and entry of Maori women into prostitution at a young age have been reported by others (Plumridge & Abel, 2000, Saphira & Herbert, 2004).

Race, class and gender are multiplicative risk factors for prostitution. In order to understand prostitution, the effects of racism in addition to sexism and poverty must be addressed. Traumatic stress includes the historical trauma of colonization. Racism and cultural stereotyping can be understood as chronic, insidious trauma that wear away at peoples' self esteem and well being (Root, 1996). In a series of studies, Kirmayer (1994, 2000) documented the pervasive negative effects of racism and cultural alienation among First Nations youth: high rates of depression, anxiety, and suicide.

Imposing a sexist and racist regime on First Nations women, colonization simultaneously elevated male power within the colonized community (Fiske, 2002). Freire described the colonial destruction of positive roles for men as resulting in "adhesion to the oppressor" (1994, p 27). Dworkin also discussed the harm inflicted on women by colonized men:

The stigma of the prostitute allows the violent, the angry, the socially and politically impoverished male to nurse a grudge against all women, including prostituted women; this is aggressive bias, made rawer and more dangerous by the need to counter one's own presumed inferiority. (Dworkin, 2000, p 325)

The cultural destruction of positive roles for First Nations men and their subsequent identification with supremacist attitudes have had disastrous consequences for First Nations women, with astronomical rates of incest, rape, and husband violence. Nahanee wrote of "the almost total victimization of [Aboriginal] women and children" and noted that violence against Aboriginal women has reached epidemic proportions according to many studies. "This violence includes the victimization of women and their children, both of whom are seen as property of their men (husbands, lovers, fathers), or of the community in which they live" (Nahanee, 1993). 80% of Indian women seeking care at one U.S. clinic reported having been raped (Old Dog Cross, 1982). (8)

First Nations women in this study almost always reported childhood physical and sexual abuse. A Dene woman interviewed by the second author spoke of communities in which the entire female population had been sexually assaulted by men. She had been threatened with further violence if she attempted to speak out against this (Lynne, 1998, p 43).

The number one issue we have to deal with is violence against women and children, because as long as we destroy ourselves from within, we don't have to worry about anyone else. Sexual violence.... causes so much shame for survivors and communities... Nevertheless, because sexual violence has been one of the most successful avenues of colonization, Native communities cannot prosper until we find a way to eradicate sexual violence and heal from the shame and self-hatred it has instilled in us... (INCITE, 2001)

In order to address the harm of prostitution it is necessary to use education, prevention and intervention strategies similar to those dedicated to other forms of gender-based abuse such as rape and intimate partner violence. This understanding of prostitution as violence against women must then become a part of public policy and it must be structurally implemented in public health care, mental health services, homeless shelters, rape crisis centers and battered women's shelters (Stark & Hodgson, 2003). Any intervention for those in prostitution must first acknowledge prostitution as a form of violence. As with battered women, physical safety is a critical concern.

Culturally appropriate treatment for those escaping prostitution is also a necessity. The Royal Commission Report suggested that a general health strategy for First Nations should include 1) equitable access to health services, 2) holistic approaches to treatment, 3) Aboriginal control of services, and 4) diverse approaches which respond to cultural priorities and community needs (RCAP, 1996 p 110). These four basic strategies are applicable to the healing of those in prostitution. Western medical treatment must be combined with traditional healing practices for urban First Nations women who want to exit prostitution.

An approach that addresses prostitution from a public health perspective only (how can we make sure she does not

have STD/HIV so she does not transmit STD/HIV to the customer to take home to his wife/girlfriend) or from a legal perspective only (how can we keep prostitution out of my neighborhood) but that fails to address the psychological and spiritual damage to the person in prostitution - will not be effective.

The Peguis First Nation community in Manitoba found that a combination of traditional and western healing approaches was especially effective for those who suffer from emotional problems, including those related to alcohol and drug abuse, violence, and suicide. (Cohen, cited in RCAP, 1996, p 213). Strickland explained use of Maori philosophy to address the harm of prostitution:

I am a Maori community worker addressing the problems of my people who are caught up in this colonised system that has uprooted them from their land, rivers, mountains, forests, their language, and their gods and beliefs. When a nation of people has been stripped of their heritage one can easily become a lost soul - vulnerable and open to manipulation and exploitation. In this instance our women and children have been forced into paid rape (prostitution). Healing from prostitution involves healing of the four cornerstones for my people: Tinana (body), Hinengaro (mind), Wairua (spirit), and Whanau (family). (Strickland, 2003)

The health provider must become culturally competent regarding tribal differences in culture and language and also acquainted with community services and tribal anti-violence resources (Polacca, 2003, Walters, Simoni, & Evans-Campbell, 2002). In the United States there is the additional complexity of jurisdictional confusion. Tribal courts may lack the means or the will for prosecution of perpetrators of violence. Tribal jurisdiction sometimes conflicts with federal law enforcement, and perpetrators may be well aware that there are minimal consequences for violence against women (National Sexual Violence Resource Center, 2000, Polacca, 2003).

The most relevant paradigm currently available for understanding and treating the immediate harm of prostitution is that of domestic violence. Physical coercion, rape, and violence by husband/partner/pimp and john are perpetrated against women in prostitution (Currie, 1994; Lowman, 199; Lowman & Fraser, 1995; Miller, 1995; Stark & Hodgson, 2003). Of 854 people in prostitution, 73% reported that they had been physically assaulted in prostitution (Farley et al., 2003). Prostitution can be lethal (Potterat et al., 2004). A Canadian commission found that the death rate of women in prostitution was 40 times higher than that of the general population (Special Committee on Pornography and Prostitution, 1985). A study of Vancouver prostitution reported a 36% incidence of attempted murder (Cler-Cunningham & Christenson, 2001). In most instances, women in prostitution are battered women. Giobbe (1993) compared pimps and batterers and found similarities in their use of minimization and denial, attitude of ownership, enforced social isolation, threats, intimidation, verbal and sexual abuse, and extreme physical violence to control women.

Alcohol and drug abuse claim the lives of countless First Nations women and men. Traumatic events have been recognized as powerful contributors to drug and alcohol addictions. Substance abuse is commonly used as a means to numb the physical and emotional pain of prostitution. Observing that addictions among First Nations originate from cultural assaults and poverty, Summit leader Bill Wilson stated:

When you look at the conditions that [First Nations people] are in, it would be a surprise to me if they did quit drugs and alcohol and stopped committing suicide. We are not dealing with the core problem in all of this. If we had healthy communities that were thriving and had an economy, in all probability, we wouldn't be as interested in doing drugs and alcohol. (Rees, 2001)

And yet a colonizing attitude regarding drug prescription continues. In 2001, one in three First Nations women over age 40 was prescribed benzodiazepines (e.g. Valium, Xanax, Ativan), drugs that are highly addictive. Stewart Phillip, president of the Union of B.C. Indian Chiefs, described this practice as tantamount to "sedating poverty." (Rees, 2001). Wayne Christian, director of the First Nations Round Lake Treatment Centre in Armstrong noted that most of his clients used drugs and alcohol to deaden the pain of emotional and physical trauma. "Up to 95% of clients at Round Lake reported a history of some kind of trauma, personal trauma, whether it was residential school, sexual abuse, physical violence, abandonment -- those types of issues..." (Rees, 2001).

82% of the women we interviewed voiced an urgent need for treatment of drug and alcohol addiction. Like combat veterans, women in prostitution self-medicate for depression, anxiety and post-traumatic stress disorder (PTSD) with drugs and alcohol. An integrated approach to treating substance abuse and PTSD has proven more effective than treatment that addresses only substance abuse and fails to treat PTSD. (Epstein et al., 1998, Najavits, 1998, Ouimette et al., 2000). In order to treat addiction, one must also address the reasons for relapse. These include childhood sexual and physical abuse, prostitution, and generally, the harms of colonialism mentioned above.

Women in prostitution need special groups that simultaneously address addiction, prostitution, and other sexual exploitation. Since men regularly proposition survivors of prostitution as soon as the women are known to have prostituted, a mixed-gender 12-step setting is not appropriate. Furthermore, confidentiality is a concern in small communities where everyone is either related or knows one another.

First Nations women may need special supports in escaping prostitution and addictions. First Nations women in our study were finely attuned to the violence that surrounds them and expressed a need for self defense training as well as peer support, individual counseling and job training. Stating that “the Canadian sex trade is grim evidence of the ongoing struggles of Aboriginal peoples in Canada,” (Rabinovitch, 2003) PEERS, a Victoria BC agency serving women in prostitution, has recognized the unique challenges of serving Aboriginal youth and women in prostitution:

An Indigenous Community Empowerment Vision workshop attempts to overcome resistance within the Aboriginal community to acknowledging the over-representation of Aboriginal women in the sex trade. The goals of the workshop are to generate a sense of awareness of and responsibility for community members in the sex trade. Workshop leaders Tallefer and Moore stated: ‘We owe it to our ancestors, Nations, children and selves to work together and reclaim our lost community members.’ (Tallefer & Moore, 2002, p 1)

The needs assessment in our study points to possibilities for program development and public health policy. Programs for those in prostitution should include culturally relevant programming, job training, individual counseling, self-defense training, health care focused specifically on sequelae of chronic poverty and sexual and physical violence-related health concerns, and peer support (Rabinovitch, 2003; Hotaling, Burris et al., 2003).

It is beyond the scope of this paper to discuss what should be done to attempt to ameliorate the violence perpetrated by states (such as Canada) against nations (such as Ojibwa, Cree, Blackfoot, Salish). A lack of coexistence between nations and states is at the root of social and political crises and these ultimately impact First Nations women in prostitution (Ryser, 1995). Prostituted women are displaced women, in the most profound and pervasive meaning of what displacement is – they are displaced physically, emotionally, socially, and spiritually. Trafficked from reserve to city, the internally displaced in North America are poor, rural, and indigenous (Lynne, 1998, Cohen & Sanchez-Garzoli, 2001). This displacement makes them extremely vulnerable to the sexual exploitation and violence intrinsic to all types of prostitution.

Prostitution is a sexually exploitative, often violent economic option most often entered into by those with a lengthy history of sexual, racial and economic victimization. Prostitution is only now beginning to be understood as violence against women and girls. Prostitution has rarely been included in discussions of sexual violence against First Nations. Just as wife beating was historically viewed as having been provoked by the victim, prostitution is still viewed by some as a job choice to which the victim “consents.” Ninety-five percent of our interviewees said that they wanted to escape prostitution, while also telling us that they did not feel that they had other options for survival. Another Canadian study found that a comparable 90% of women in prostitution wanted to leave prostitution but could not (Elizabeth Fry Society of Toronto, 1987). If consent implies a range of options to choose from then these women in Vancouver certainly did not consent as most of us understand that term. There was no suggestion from these women that they desired to continue in prostitution. Many expressed a resigned hopelessness regarding the possibility of escape from prostitution.

In March 2005, Canadian legislators considered decriminalizing prostitution in Canada. While some well-intentioned people might assume that decriminalization will reduce the harm of prostitution by not arresting women – in fact, decriminalization removes legal sanctions against pimps and tricks as well, thereby normalizing prostitution as equivalent to any other sale of a product (Sullivan & Jeffreys, 2001). Despite some descriptions of prostitution as a reasonable job for poor women, the realities of prostitution,

including the findings reported in this paper, better describe multiple violations of human rights (MacKinnon, 1993, Leidholdt, 1993). Decriminalization of prostitution mainstreams and expands prostitution, and it would have devastating effects on the lives of First Nations women (Farley, 2004). Once prostitution is socially and legally considered a job like any other, it is possible that welfare offices might recommend prostitution as an employment option. Recent reports indicated that women in Germany (which has legalized prostitution) felt threatened with loss of welfare benefits if they refused to consider work in prostitution (Hall, 2005). Decriminalized or legalized prostitution would solidify the human rights abuses in these women's lives while at the same time doing nothing to provide them what they told us they most needed: treatment for addictions, vocational training (for jobs outside the sex industry), and stable housing.

Harm reduction strategies however, must address men's demand for prostitution as well as the supply. Viewing prostitution as a social phenomenon that should be abolished, the Swedish government in 1999 criminalized *the buying of sex acts but not the selling of sex acts*. Understanding that without the demand for purchased sexual access to women and children, prostitution and trafficking would not flourish; the Swedish law criminalized the customer of prostitution, the pimp, the procurer, and the trafficker, but *not the prostituted person*. The Swedish law recognized that "in the majority of cases... [the woman in prostitution] is a weaker partner who is exploited" and allocated funding for social services to "motivate prostitutes to seek help to leave their way of life" (Ministry of Labour, 1998). The effects of the law thus far seem beneficial. Two years after the law's passage, a Stockholm taskforce reported that there was a 50% decrease in women prostituting and a 75% decrease in men buying sex. Since the law was implemented, trafficking of women into Sweden has decreased as well, with pimps and traffickers apparently transporting women to nearby states that tolerate or legalize prostitution, such as the Netherlands, Germany, and Estonia (Ekberg, 2001, 2004).

We hope to see prostitution prevention programs for First Nations and non-First Nations women – programs that address the root causes of prostitution: sex inequality, colonialism, and poverty. We hope to see programs for healing those who have escaped prostitution and other sexual violence, including programs that are culturally relevant for those to whom services are offered.

Notes

1. The World Health Organization estimated that 2001's monthly toll of avoidable deaths in Congo was 72,800 (Harden, 2001).
2. Similar health consequences of colonialism on Aboriginal people are seen in health data from the United States. American Indians and Alaska Natives have the second highest infant mortality rate in USA, and the suicide rate of American Indians is 50% higher than the national rate. (US Dept of Health and Human Services, 2001 p82; US Dept of Health and Human Services 2001a p 17).
3. Victoria and British Colombia surveys found the average age of entry into prostitution to be 14-15.5 years, and a Vancouver survey found average age of entry into prostitution to be 16.3 for girls and 15.6 for boys. (Lowman and Fraser, 1989).
4. The Prostitution Questionnaire may be obtained from the first author.
5. Other descriptions of violence included:
 - a) "[I have a] long history of physical abuse. I was beaten by my mother's boyfriend, ran away from home to a pimp who beat me, I left him for a man who beat me up, and so on...."
 - b) A 13 year-old told us she had: "disalignment in my neck, cuts, and scratches, bruises caused by bad dates. Also deafness."
 - c) "A stalker hit me with his car on purpose."
 - d) "Date tried to assault me with steel-toed boots because I wouldn't do something he wanted."
 - e) "A bad date hit my head on a wall."
 - f) "I was beaten with stones by a couple of women."
 - g) A pimp locked her in a room and beat her 30 times with baseball bat.
 - h) "My boyfriend pushed me downstairs and broke my arm, [I've had] multiple beatings by various boyfriends, broken kneecaps, broken limbs. I'm scared of men."
 - i) "Two years ago, I was beat and raped for 45 minutes."
6. Use of a child for sex by adults, with or without payment, is prostitution of the child. When a child is incestuously assaulted, the perpetrator's objectification of the child, his rationalization and denial are the same as those of the john in prostitution. Incest and prostitution result in similar physical and psychological symptoms in the victim.
7. Aboriginal households were 90 times more likely than other Canadian households to be living without piped water supply (RCAP Report, p 369).

In Canada, the death rates of First Nations women from homicide were more than four times higher than all Canadian women, and their deaths from suicide were three times that of Canadian women (Health Canada, Medical Services Branch, unpublished tables,

One woman at first answered “no” to the question, “before you were 18 years old, did you experience any unwanted sexual touching or any sexual contact between you and a grownup?” Then she thought about it briefly and asked (without interviewer prompt): “does this question mean for when I was prostituting underage?” After the interviewer said yes, the young woman said, “every time a john touches me, it’s unwanted.” She started prostituting at age 12.

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Biometrics in Indian Country: The Bloody fight for Authenticity

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I'm left to defend
one lonely drop of blood.
I might terminate
if I get nosebleed.

Excerpt from the poet Annharte's 'Cheeky Moon'
(quoted in Strong and Winkle, 1996: 552)

What defines an American Indian? Is it race? Is it culture? Is it enrollment in a federally recognized tribe? Sovereignty and identity, the issues at the root of these questions, have historically plagued American Indian nations since the advent of their colonialism and continue to dominate contemporary American Indian politics.

Despite a pre-colonial history of defining tribal membership through descent and kinship ties, over two-thirds of federally recognized American Indian nations today use blood quantum to determine who qualifies as an enrolled member of their tribe and is thus eligible for tribal rights and funds (Garrouette, 2003). Simply stated, the US government developed blood quantum, defined as the 'degree' of blood one biologically possesses of a certain 'race' or ethnic group, to facilitate the cultural eradication of Native people and dismantle traditional modes of life. However, Ward Churchill claims "to tighten or even adhere to quantum requirements... is to engage in a sort of autogenocide by definitional/statistical extermination" (Churchill, 1998: n.p.). In short, if Native nations continue to adhere to strict blood quantum requirements, he argues that it is only a matter of time before all American Indian people eventually sink below the required blood quantum and American Indian nations will no longer exist.

I turn and put focus on what he calls the 'internalization of Euro-America's conception of race by native people' (Churchill, 1998: 15). I, unlike many others, do not believe that Native nations will continue to adhere to the common and strict 1/4 blood quantum to define membership. Much of the literature surrounding blood quantum concentrates on what will happen if the current strict blood quantum requirements are upheld. If the high occurrence of out-marriage continues at its present rate, it is a mathematical fact that, in a matter of generations, the majority of American Indians will fall beneath the popular 1/4 blood quantum (Beckenhauer, 2003). I believe that tribes will eventually (indeed some already have) gradually drop to an 1/8 blood quantum, then to 1/16 blood quantum, and so on, so as to fit the needs of the tribe. I believe that Native nations, like always, will do what it takes to survive. However, I am far more concerned with how the vast majority of the American Indian community has linked the very identity and 'authenticity' of American Indians to the introduced colonial tool of blood quantum.

In this essay, I touch on the issues of self-colonization, the realities of the General Allotment Act, the implications of an increasing 'mixed-blood' Indian community, and the growing place of DNA testing in Indian country. I argue that by choosing to forsake traditional modes of community membership in exchange for blood quantum, Native nations are committing the ultimate act of self-colonization in that not only are they excluding a growing number of their 'mixed-blood' brethren, American Indian people are, in a self-colonizing act, breeding themselves out of an 'authentic' Indian identity.

Self-Colonization:

Internal colonialism, and subsequently self-colonization, while not as widely discussed and analyzed as colonialism, is at the heart of the American Indian political, economic, and ideological struggle. Colonialism, defined by the United Nations as “the subjection of people to alien subjugation, domination, and exploitation,” was condemned by the UN in 1960 in Resolution 1514 (XV) as a clear violation of fundamental human rights (UN 1514). In the UN’s 1960 Resolution 1541 (XV), the conditions were stipulated to limit the instances that the UN would regard as colonialism. They thus would “transmit the information”, or legally protect only those communities that fell within their definition of colonialism (UN 1541). In this resolution, the UN included an ‘overseas requirement’ by stating that “there is an obligation to transmit information in respect of a territory which is *geographically separate* and is distinct ethnically and/or culturally from the country administering it” (Ortiz, 1985: 260, emphasis added). Thus, unlike colonialism, which is internationally recognized and condemned, ‘internal colonialism’ is not included in this definition since it takes place within a political entity, rather than geographically apart from it. Internal colonization is, in fact, the result of a colonial power subjugating a foreign entity/community to the point of its complete incorporation into the colonial power’s own political state or nation. A related variation of internal colonization is that of “settler-state colonialism,” where the colonial power sends and relocates part of its own population to the land of conquest. These ‘settlers’ then supplant, rather than simply subjugate, the aboriginal population of the conquered land. As in the case of the United States, this ‘settler’ community then revolted against its own sovereign and, in turn, formed its own nation state, which then absorbed the aboriginal community (Churchill, 2002).

Self-colonization, then, is the internalization and continuation of the colonist mindset in which a colonized person actively continues, rather than disassembles, the colonial framework of subjugation and domination (Gordon, 1999). Karren Baird-Olson (2003), in discussing the self-colonizing consequences of blood quantum remarks,

“The internalization of blood quantum criteria to determine identity has promoted in-group conflict, leaving First Peoples and their descendents fighting each other under the table for the pitiful scraps thrown by the lord and lady of the manor. We fight with each other for inadequate health care and education scholarships, underpaid jobs, and pitiful fee for land claims and mineral and resource rights, and land leases (Baird-Olson, 2003: 212).”

In this way, the use of blood quantum creates a window through which ‘Indian’ people, who have the correct blood quantum, but no cultural ties to the Indian nation, are allowed to partake in the economic and legal advantages of being ‘Indian.’ In addition, by choosing to reject those who do not have the correct blood quantum, but do have a strong cultural affiliation to the tribe, American Indian people are engaging in a self-colonizing act in that they are disenfranchising many of their fellow Indians. Also, by linking the very authenticity of the American Indian to the Western concept of biology and the ever-decreasing full blood category, American Indian people are, in a self-colonizing act, assuring the slow but sure decimation of a ‘true’ or ‘real’ Indian identity.

Legislative background of Blood Quantum:

Traditional methods of ‘tribal’ or rather Native community identity and enrollment was not dictated or even influenced by ‘genetic’ distinctions or qualifications. Native societies were organized on a ‘kinship’ basis that valued familial ties over the Western conception of genetics. This practice served to void out many of the genetic dissimilarities or distinctions between the participating Native groups. For instance, there is a recorded instance in the seventeenth century of the

Mohawk nation absorbing a significant portion of Hurons and Susquahannocks into their fold (Churchill, 1998). The combined number of absorbed Huron and Susquahannock actually exceeded the original number of Mohawks, showing that identification through 'blood' was not a leading, or even prominent factor in tribal or national identity.

Blood, as a distinct genetic marker of 'race,' was introduced with the advent of colonialism. Blood quantum first appeared legislatively in 1705 in the colony of Virginia in a law that forbade certain rights to any "negro, mulatto, or Indian. The Colony's legal definition of mulatto stated: 'The child of an Indian, and the child, grandchild, or great grandchild of a negro shall be deemed accounted, held, and taken to be a mulatto.'" (Baird-Olson, 2003: 210).

However, the General Allotment Act or Dawes Act of 1887 is generally viewed as the first real legislative landmark in blood quantum. Legislators designed the Act to break up the collective land holding tradition of the American Indian people and replace it with the Anglo-Saxon system of individual land tracts, or private property. The act read that each Indian individual who was listed on the official 'rolls' would be allotted a parcel of land in concordance with the following formula:

1. Head of family: 1/4 section [160 acres]
2. Single person > 18 years: 1/8 section [80 acres]
3. Orphan child < 18 years: 1/8 section [80 acres]
4. Other single person < 18 years: 1/16 section [40 acres]

Thus, while the act itself did not specify how an American Indian would be defined, it was left up to "special allotting agents' appointed by the president to assign individual allotments to reservation Indians" (LaVelle, 1999: 255). These agents assembled the official 'rolls' from which the allotments were distributed and demarcated. After every person (who was registered to the official 'rolls') had received his/her allotted parcel of land, the act officially declared all other land 'surplus.' This surplus land was then made available to non-Indian settlers (Churchill, 2002).

Recently, there has been much debate and controversy surrounding the exact wording and scholarly research of the General Allotment Act or Dawes Act of 1887. I defer to both the thorough works of John P. LaVelle and Ward Churchill when discussing the General Allotment Act. Well-written and impressively researched, LaVelle's article 'The General Allotment Act "Eligibility" Hoax: Distortions of Law, Policy, and History in Derogation of Indian Tribes' elaborately makes his point that, contrary to Churchill's ascertations, the General Allotment Act does not include any formal reference to blood quantum. My main criticism of this article is not in its thoroughness or attention to detail, but in its lack of attention to blood quantum itself. While the priority of this article was obviously to discredit Churchill and Jaimes' scholarly work surrounding the General Allotment Act and not to analyze the affects of the Act, I still worry that the stark reality that blood quantum was and is a colonial tool of destruction is lost in the critique.

Putting aside this current tiff in Academia, the disastrous consequences and realities of this Act lay not in its exact wordage, but in its interpretation. Two examples of how the interpretation of the General Allotment Act and the subsequent 'Burke Act' of 1906 cemented blood quantum in the Indian reality and subconscious is that of the Chippewa Indians of Minnesota and the Washoe Nation of Nevada and California.

In attempting to implement the Act to the Chippewa Indians at the Minnesota White Earth Reservation in 1906-07, physical anthropologists were called in as 'expert witnesses' (Wilson, 1992: 121). In a show of how Natives had restructured the Anglo hegemonic classifications to suit their own cultural constraints, the Chippewas at that time actually used culture to define blood, citing that those who lived with the tribe were full bloods and those who lived with the

Whites were mixed bloods. However, the anthropologists ignored these claims and instead conducted their own physical tests. Hair was sampled (any curly hair equaled some white blood), feet were measured (larger sizes indicated some white ancestry), and chests were scratched (mixed bloods' scratches were brighter red) to determine each Chippewa's level of 'blood' (Wilson, 1992).

In discussing the affects of the General Allotment Act on the Washoe Nation of Nevada and California, Pauline Strong and Barrik Van Winkle state, "These allotments... were an effective first step in the destruction of the previous pattern of genealogical 'amnesia.' Names of ancestors and their descendants were fixed permanently in the allotment records; similarly, names and relationships were recorded in school dossiers, probate court records, and the like. Individuals were identified in allotment and other documents as 'Washoe' or 'Washoe-Paiute,' but also as 'full-blood,' 'mixed-blood' (those of mixed Indian ancestry), or 'half-blood' (those with White ancestry). As a consequence of the *administration* of the Dawes Act, not only individuated land holdings but individuated blood quanta entered Washoe consciousness and experience" (Strong, 1996: 558 italics added).

Thus, while the exact wordage of the Dawes Act did not include blood quantum, it was in its interpretation and enforcement that the Western racial ideologies were firmly implanted. Even in the very creation of the rolls, a 'genealogical amnesia' was fostered and enforced. By permanently placing names and their respective (ill-determined) blood quanta on an official roll, the government began the effective stripping of traditional methods of inclusion and 'enrollment' in Native communities.

Out-marriage and 'Mixed-Bloods':

According to the 2000 US census, 1,643,345 of the 2,475,956 American self-identified Indian people, or roughly 40% identified as being two or more 'races' (Baird-Olson, 2003: 196). In fact, "the rate of racial intermarriage for American Indians is the highest of all American racial categories, with fewer than half of American Indians marrying other Indians." This same study showed and juxtaposed Indian endogamy with that of the racial categories of White, Black, and Asian. In contrast, all had "racial endogamy rates of 95 percent and higher" (Nagel, 1996: 245).

If one wonders why there is such a large disparity in endogamy rates between American Indians versus other 'ethnic' groups, I can only look at my own example of growing up near the small tribal community of Skokomish. With such a small community, nearly all were related. I recall one particular moment in middle school in which my future first boyfriend had asked me to 'go out' with him. I remember making the half-serious joke with my friends that I had to check and make sure we weren't related before I agreed. Many tribal communities are located in similar rural areas, in which many of the families on the reservation are closely related. This leads to socialization and intermarriage between Natives and the surrounding (often White) communities.

The highly racialised US society has historically controlled Indian identity, causing the Indian identity to be considered shameful. However, Native people today are often faced with the opposite problem: not being enough Indian to claim full Native heritage. "Often mixed bloods in response to queries about their ethnicity will reply: 'I'm only one-quarter Indian or half Indian,' presumably accepting the notion that a lesser blood quantum somehow determines the degree of Indianness" (Wilson, 1992: 123). In my own experience, I have found that the system of blood quantum, as well as the surrounding enrollment criteria, has indoctrinated mixed Native peoples with the belief that they must 'prove' their Indianness and deny being just 'Indian,' because they are not 'authentic' or 'real' Indians (Garrouette, 2003).

Thus, with the previously stated percentage of mixed blood Indians approximating forty percent, this classification of mixed bloods as some sort of 'impure' or 'lower' strand of American Indian "makes hybridity a contaminant of the

American Indian's right to authenticity" (Garrouette, 2003: 56). This internalization of defining authenticity or belonging via blood pedigree is currently having a disastrous effect on the forty percent of the Indian population who identify as mixed blood and can only have an equally disastrous effect on the future of American Indians. In other words, with the ever increasing intermixing of the American Indian 'race,' the authenticity of Indian people, as defined by blood criteria, will only continue to dissipate.

DNA Testing/The Future:

There is a recent and disturbing trend in which genetic testing has been advertised as being able to prove 'Native American' descent. Not only are there corporations that offer 'tribal enrollment workshops' in which a sales pitch of DNA technology is promoted, but there was also a bill introduced in the state of Vermont, H. 809 in 2001. This legislation, sponsored in part by the Western Mohegan Tribe, was introduced to cement procedures for DNA testing for tribal people or nations in the hopes that they will prove their native ancestry to the US government (TallBear, 2003). In discussing the Vermont House Bill 809, Kimberly TallBear warns, "the acceptance of racial ideology that resulted in this legislation may be an indication of future overly racist laws and policies that will also assume that political and cultural rights are and should be biologically determined" (TallBear, 2001: 2). The bill was dismissed, but the fact remains that Native and non-native groups felt legitimate in proposing the legislation that promoted and legitimized a completely racialized definition of what constitutes a 'Native American.'

Simply put, "it is absurd to try to define what is essentially a social identity by using biological characteristics" (Beckenhauer, Eric p.17). I find it interesting that so many have stood up and advocated against genetic testing to determine tribal enrollment. Many tribal nations obviously fear this type of bill due to the fact that it could eventually usurp tribal sovereignty and the right to define their own membership would be relinquished. However, I ask, is this not what has, in effect, already happened and continues to happen in roughly two-thirds of Native nations that use blood quantum as the sole determinant of tribal enrollment?

Conclusion:

"First Peoples need to continue to take back the power to name, specifically to reclaim, the right to determine Indian nation membership. If we do not, the oppressed have become the oppressors: By denying our relatives, we have turned on our own. As long as we do not cast aside the colonizer's rules about blood quantum, phenotypical stereotypes, and other forms of racialized thinking with all of its issues of power, status, and prestige, both mixed bloods and full bloods will remind [remain] the "colonized other," a demonstration of internalized oppression" (Baird-Olson, 2003: 215).

To reclaim Native definitions of identity, blood quantum must, first and foremost, be abolished as a culturally appropriate measure of whom legally and culturally constitutes a 'real' Indian. However, the true work lies in outing blood quantum for what it truly is, a colonially imposed apparatus of cultural destruction. By adhering to blood quantum requirements to determine enrollment and identify prestige, American Indians have internalized 'Anglo norms' and Western notions of 'race.'

If traditional modes of enrollment, such as cultural affinity, kinship ties, and descent are not reclaimed and most importantly validated as 'authentic' modes of inclusion criterion, American Indians, as a distinct cultural group, will one day cease to exist. While I may not agree with other theorists' claims that Indians will 'breed themselves' out of a statistical/political entity, I do believe that blood quantum is ensuring the destruction of an 'authentic' identity.

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Tajik and Turkmen traditions of health in Uzbekistan

by Mirjam Hirsch

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

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

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

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

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

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

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

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

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

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

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

The mosaic of Uzbekistan's diverse peoples

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

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

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

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

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

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

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

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

Who are the Uzbek?

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

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

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

Identity and discrimination

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

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

Shortly after Uzbekistan’s independence on the one hand traditional peoples turned back to the customs they had secretly continued to practice under the Soviet regime. On the other hand identity to many, disconnected from their original culture, with the fall of the Soviet Union became a greater mystery. They started a desperate search for a new identity. „Americanization“ found an excellent ground and rapidly spread amongst the dominant Sart Uzbeks shortly after the Central Asian states of Kazakhstan, Kyrgyzstan, Tajikistan Turkmenistan and Uzbekistan gained independence. People were glad to be independent. The stereotyping of non-Slavs that was common practice in the Soviet Union had an end. Many turned their expectations to America and were fond of the Clinton administration and the prosperity and wealth it promised. Still today one can observe women wearing headscarves in the shapes and colors of the American flag and American style clothes. The initial pro-American enthusiasm, however, has ebbed radically since Bush came to power and his anti Islamic attitude became apparent. An open anti- America campaign has started since the tragedy happened in Osh.

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

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

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

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

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

Indigenous Health

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

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

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

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

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

Health care: past and present

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

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

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

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

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

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

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

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

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

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

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

Table 2. Uzbekistan: Demographic Indicators, 1989-93

Indicator	Uzbekistan
Live births	711,000

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

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

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

The case of the Karakalpak of the Aral Sea

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

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

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

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

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

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

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

Traditional medicine

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

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

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

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

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

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

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

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

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

Folk beliefs

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

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

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

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

The traditional healer

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

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

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

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

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

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

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

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

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

Conclusion

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

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

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

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

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

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

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

trust in the institutions.

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

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

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

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

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

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

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

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

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Reintroducing Traditional Foods Into The Community

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Salish Foods, Culture and Medicines Workshop

Center for World Indigenous Studies

Lummi Nation May 8th 2004

Reintroducing traditional foods into my community: It has been something I've wanted to do for a long time. What I had wanted to do was the 'First Salmon Ceremony' that they do here. Our ceremonies were outlawed up until 1978 when Jimmy Carter signed the "Freedom of Indian Religion Act."

When I was in college at the Santa Fe Institute for Arts and Crafts we used to bring the Hopi people to talk about their prophecies. They have petroglyphs that show there is a line, they call it a road, and it is the life path we are supposed to be on. But in World War II it split, one road goes up and on forever, and one road just goes a short way and it ends. And that's the bad road and the one we've been on.

The way for us to get back on the good road is really simple, it's just through prayer and getting back in touch with the creator and getting the spirituality back in our lives. So that's been always in the back of my mind in what our people need for healing.

I came to the first Salish Foods Workshop at Nisqually with Dr. Leslie Korn and Dr. Rudy Ryser and I was so excited, because this is what I've been wanting to do my whole life and it gave me a focus, what to do and how to do it. Diabetes on my reservation hasn't been a gradual thing; it has been a sudden explosion. I'm one; I got it a few years ago. It seems to be mostly people hitting middle age that are developing this. It hits varied lifestyles, some people drank a lot, I didn't. Weight is an issue for me but there are some people who are in shape who have developed diabetes and that concerned me.

And yet the day before yesterday Leslie was talking about the medicines you get from the doctor and side effects. Some side effects are really severe, and if there is a side effect I'll get it. Some of the drugs control your blood sugar, but they'll destroy your kidney in the process. And there's another class of drugs that's even stronger, an older one that will control your blood sugar but destroy your liver. And so, I wanted to find methods to help people without these dangerous side effects. The side effect is death; they'll prolong your life from diabetes, but they'll destroy your organs, which will kill you. So that was another thing I wanted to address. This workshop gave me the inspiration. I organized a traditional foods dinner to reintroduce the foods and the medicines.

Originally we just invited the elders from all three bands; the *S'klallam* is made up of three surviving bands. It was with the elders and we talked about all of this. We asked them to remember the medicines and the foods and we asked them what they wanted us to provide at the next dinner.

And it did bring up issues. One of the things we discovered when we were looking for traditional foods is that some don't exist anymore. When I was a kid the wild goose berry was really common but I couldn't find it last summer, and I talked to some of the elders who they told me where there had been patches that don't exist anymore. Salmon berries are disappearing; we still have them but they are not as abundant as they used to be and that makes me angry. It makes you

sad; it makes you angry.

And then it does bring up the issue of the genocide. The fact that our religion was outlawed, our food was deliberately cut off from us, the fight we've had to have to be able to fish. Before the boat decision, Natives weren't allowed to fish, it was a sport of the white man and illegal. My Dad fished at night and he was always worried that someone would see the smoke from the smokehouse and that he would be arrested. And the same with shellfish, we had to fight for all of that so it did bring up all of those emotions.

That was a problem with non-Native staff; they didn't want to hear that native medicine was better for us. They didn't want to hear that there were other methods of healing, and they sabotaged some of the work. I'm on disability so I don't have much money, if I did I would have funded the dinners myself.

But I worked through the diabetes program and we organized volunteers.

Some of the problems were with the non-Indian staff, the nurses and nutritionists. What I'm saying goes against their field; I'm saying that our traditional foods save us, the modern American diet is killing us as is the food pyramid they believe in.

(I think part of the reason I got sick is that I ate the wrong food the other day; I had bagels and cream cheese and I don't tolerate dairy but I like the taste of the cream cheese so I had it.)

We had people volunteer. You see, on reservations when there is a funeral people will come together to provide food, so we already had a system of donated food, we just asked a fisherman to provide us with a fish, a hunter to get us a deer. Ducks are one of the ceremonial foods we have to have. They are getting hard to get out where I am from. After the first dinner (and it was successful, they filmed it), the staff started to get more and more interested and when they did their end-of-year report, they got a really good response. (They took credit for it.) It was a little easier as we went along to participate, but they didn't understand ceremony and sacred foods.

When I said we had to have duck they wanted to substitute pheasant. Now I love pheasant and we could have had that too, but we had to have duck. Huckleberries are also one of the sacred foods we have. We used to have a thanksgiving ceremony just for huckleberries, and I did a study on the huckleberries and everything they do, and just like Leslie said, especially for diabetics they're important. Our nurse wanted us to use blueberries because we could just buy those, and that's one of the fights we are still having. I wanted to go out and pick the huckleberries because I do believe that the creator provided foods for our bodies from where ever we're from.

The other berry that has been really important in our culture we call '*swassem*'. It has become harder to find because of spraying on the road. We get it near Port Townsend. You know people are buying up land and a lot of our plants that we need to get are on private land. A few years ago when they found out that Indian people were picking these berries, they called the county and had them sprayed, so they don't grow in a lot of areas. After our first workshop I spent two years on a quest to find the berries; we found them last summer finally. I would drive all over and talk to people about what they remembered; patches they remembered don't exist anymore, so we found some new ones. And we hadn't gathered from them. My Mom did when she was young. My cousins and I found this patch on the beach in Port Townsend and it was right on the banks, so it was straight up and down. We sent my male cousin up to pick a few berries, because he could climb up. And he'd pick a few and slide back down, climb up and pick a few and slide back down, and when we told people about it they looked at us like we were nuts because that's not the way you gather them! You put a sheet down and shake the bush until the ripe ones fall off. So we learned that.

The younger people don't go out and get devilfish or octopus anymore and two of my young cousins used to go out with

their grandfather; they were talking to each other about that. That was one of the best times of their life. So in talking they were trying to remember the procedures and what they did. They went out a few times and tried things and talked some more. Eventually they were able to get it and remember what their grandpa did. So they became really proficient, and they would get it for the dinners. One has moved to the east coast but the younger one, he went out and got us some for the dinner before, and for last dinner we had when Rudy and Leslie came, he took two younger boys out and taught them how to do it. So now we have three other people who can do it.

One summer I took out some young people, some teenage kids that were in the youth program (and this just blows my mind); they didn't know huckleberries were edible. I just couldn't believe that that was possible, but it just pointed out how we're not handing down the teachings. That we're not doing it consciously with intent and we need to start. So we had these kids take some to the elders who were so happy to get it because they can't go out and gather anymore. And our oldest lady cried when she got hers. It made such an impact on them, it meant so much to get something they couldn't go out and get themselves.

About having dinners - it is just such a healing thing. It will start when you start it; it's as simple as that. I tried to interest my Council in doing this, people in power, but they were interested in other things. I think it has to begin at the community level with the people.

There was a lot of reluctance, people thought it wasn't possible. People think they don't know anything but they do, and it's just a matter of bringing out the memory. People won't talk at first because they think they don't know enough or don't know much, or they're not sure. But in just talking amongst themselves, the memory will be triggered. That's what we did in the beginning, just asked people to talk. We just had a small round table and a few elders from each band.

One of the elders talked about the potato we used to have, and that's the quest I'm on now, trying to find it. He's in his late eighties now. He and my dad and another man used to go camping when they were teenagers on the rivers further west, and eat what they caught. He said the potatoes grew above on the hill, but the roots grew out of the bank so they could reach and pick them like apples. We don't eat them anymore and I want to find them.

At our dinner we got some from the Makah, they're called *ozette spuds*, the tribes are reintroducing them. I heard that around Vancouver that the *Katzee* Band has found their traditional potato. Theirs grew in a swamp and they rescued it, are replanting and taking care of it and it's growing again. I think it's really important to do that. We have it in our power now to rescue things, and we have to, we have to find ways because they're disappearing.

In my quest for healing of the tribes I think it came to this, starting at ground zero, with food. Our teaching is that the first law of the chief is to feed the people, and I think that's ground zero where we start. Our sister Vera was concerned about me when I got sick, part of it being in a *smokehouse* again, part of it being in Lummi, where I was initiated, and then the food. So the food triggers the Indian spirit. It's really important, we do have a spirit that we do have to feed and the food is a part of that.

I'll say a couple of things about Leslie, and her work. I've been going to her for almost two years, a year and a half right now. I had gotten really sick and had a cancer scare, and I was tired, totally burned out. I had no energy; I didn't have the energy to fight off cancer if that was what it was. Leslie invited me, started doing the treatments that she was showing us here, and I think that saved my life. I know it did. It was a turning point in how I take care of myself and how I view myself. It's given me my life back and my energy; I really appreciate that.

One time I was in Olympia and I got a spider bite. I got really sick, I had the chills, and I couldn't sit up straight. I was

going to go home to see my doctor, but a friend told me to go see Leslie, and I did. She told me about a treatment using vitamin C. She told me to take 2000 mg every hour. The flesh around the spider bite got really hard, and then it started eating a hole down into my leg, it looked like it reached a vein and I got really scared. Leslie told me to keep taking vitamin C until I got diarrhea and that that was a sign of saturation in the body. I never reached that point, but the symptoms started abating right away and it did heal. I have trouble taking antibiotics, so this really helped me and I want to thank Leslie. And for having me here allowing me to tell about my program. I thank all of you for listening.

Monica Charles is a Native writer and storyteller from the Lower Elwah S'klallam Indian Band on the Olympic peninsula. She is very involved in community activism and has committed her life to fighting for better living conditions and health of Native peoples through reviving cultural traditions. It was because of her initiative that the S'klallam biannual traditional foods feast was very successfully reintroduced into her community and already is spreading into other tribes as well.

The Great Circle Of Justice:

Restorative Justice Is Only Half Of The Story

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February 11, 2002

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The Great Circle Of Justice: Restorative Justice Is Only Half Of The Story

Introduction

For centuries, American Indian socialization practices worked to maintain balance within their societies. Colonization and imposed western structures, values, and beliefs, however, have displaced major indigenous political and spiritual structures.(1) The displacement of these traditional structures, practices, values, and beliefs has created disharmony within American Indian communities.

Mandatory boarding schools, laws to prevent spiritual practices, and imposed political structures were implemented to strip American Indians of their cultural identity, their languages, their ceremonies, and other cultural values and practices needed to maintain healthy societies.(2) With displacement of traditional indigenous practices has come fractionalization and an increase in crime, arrest, and incarceration of American Indians. The Bureau of Justice and Statistics concluded that additional external controls in the form of stricter laws, additional law enforcement officers, and funding is needed to decrease crime.(3) Increased funding is a necessity; however, stricter western laws and forms of enforcement are not the answer to the prevention of crime, nor will it heal and protect the unique character of American Indian societies. Instead, funding should be used by American Indians to restore the Great Circle of Justice by identifying, understanding and, where possible, recreating traditional cultural social practices and structures to maintain social balance, diversity, and harmony within their societies, which is the most effective approach to crime prevention, protection and solution. (4)

In this paper, we suggest that American Indian justice is a multidimensional Circle of Justice that contains preventative as well as restorative mechanisms that together function to maintain justice. Today implementation of some of these programs within Indian country focuses primarily on the restorative aspects of justice, which are programs usually set within imposed Eurocentric judicial systems. Restorative justice, however, is only part of the solution to creating justice within American Indian communities. The time has come to rediscover and implement the preventative, as well as

restorative mechanisms, so that the Circle of Justice can be restored and true healing may take place.

Restorative Justice Is Only a Part of the Great Circle of Justice

Many American Indian nations have created restorative justice programs. These programs are generally reactionary. In other words, they focus on trying to heal the offender, victim, and community only after a criminal act has occurred.(5) While these alternative justice programs are important components to restoring justice within American Indian communities, they are hampered by western-imposed structures and Eurocentric concepts concerning crime and punishment.(6) In the United States today, approximately two million people are in jails or prisons. Unfortunately, American Indians are becoming swept up in the expanding criminal law, and today American Indians within the United States are reported as having some of the highest rates of incarceration and arrest.(7)

Many American Indians challenge the legitimacy of these western-imposed structures, and they advocate for reclamation of power over their cultural and traditional forms of social control. Taiaiake Alfred writes:

No one can deny that our cultures have been eroded and our languages lost, that most of our communities subsist in a state of abject economic dependency, that our governments are weak, and that white encroachment on our lands continues. We can, of course, choose to ignore these realities and simply accede to the dissolution of our cultures and nations. Or we can commit ourselves to a different path, one that honours the memory of those who sacrificed, fought, and died to preserve the integrity of our nations. This path, the opposite of the one we are on now, leads to renewed political and social life based on our traditional values.(8)

Alfred's words may be prophetic. American Indian nations need not succumb to the western-imposed practices and structures that are devoid of their traditional values, nor settle for the implementation of restorative justice within a Eurocentric justice paradigm. The western system of justice not only compartmentalizes, but also uses prisons and the threat of incarceration as a means of social control, which is foreign and even in opposition to American Indian value systems.

For example, the Hollow Water Ojibway Community, who created a community holistic circle healing program, wrote of prisons and incarceration:

The use of judgment and punishment actually works against the healing process. An already unbalanced person is moved further out of balance. What the threat of incarceration does do is keep people from coming forward and taking responsibility for the hurt they are causing. It reinforces the silence, and therefore promotes, rather than breaks, the cycle of violence that exists. In reality, rather than making the community a safer place, the threat of jail places the community more at risk.(9)

The imposed Eurocentric justice paradigm furthers imbalance and disrespect, for it does not seek to restore or heal the offender, the immediate family, friends who are also victims, or the entire society that is forced out of balance by the transgression. Ada Pecos Melton writes of restorative justice principles:

The victim is the focal point, and the goal is to heal and renew the victim's physical, emotional, mental, and spiritual wellbeing. It also involves deliberate acts by the offender to regain dignity and trust, and to return to a healthy physical, emotional, mental, and spiritual state. (10)

Today, even where American Indians have alternative justice programs, the individual is often reintroduced to a community that is absent indigenous structures, practices, and traditional teachings that for so long a time acted to prevent

injustice. Restorative justice is only part of the Circle of Justice. Focusing only on the restorative justice mechanisms, without re-implementing the preventative mechanisms of indigenous justice, impedes community healing and the preservation of culture.

The Great Circle of Justice

What is American Indian indigenous justice? It is living in accordance with the traditional teachings and retaining balance by respecting and protecting each other and the rest of the Natural World. The goal of indigenous justice is to promote peace, heal the network of relationships, and eradicate political, spiritual, and emotional injustices.(11) The traditional teachings and original instructions contain the blueprint on how humans can obtain justice with each other and the rest of the Natural World. The displacement, through colonization, and the failure to respect the traditional teachings has created social imbalance and disrespect. Katsi Cook (an Akwesasne Mohawk) writes:

Many fundamental problems facing our communities today, including the disempowerment of Native women and the dissolution of family ways, result from our failure to give proper respect to our original instructions and our traditional teachings. Proper respect of our ceremonies, our original instructions, our language and our traditional teachings are essential to guide our path to the future.(12)

The Great Circle of Justice consists of interrelated socialization structures and practices that provide a traditional, multidimensional system of checks and balances that work in unison to retain diversity and harmony within American Indian societies.(13) The preventative mechanisms are found within the traditional teachings (e.g., ceremonies, songs, dances, stories, kinship relations, and healing and military societies). They function to create solidarity and teach society members appropriate behavior.

Justice Robert Yazzie in speaking about Navajo traditional teachings, emphasizes how it plants in the minds of the people what is acceptable and not acceptable in Navajo society, “and how things ought to be done, or not to be done.”(14) In Navajo society, for there to be Hozho (harmony and balance) the fundamental forces of K’e and K’ei must be maintained. K’e contains the concepts of “compassion, cooperation, friendliness, unselfishness, peacefulness, and all other positive values which create an intense, diffuse, and enduring solidarity.”(15) K’ei is more complex and includes the values and beliefs found in K’e, but also refers to the socialization structure and practices related to the interconnectedness of the clan system and one’s relationship with the entire universe.(16)

Haudenosaunee traditional teachings, found within the Kaienerekowa (Great Law of Peace), speak of Karihwiiio (The Good Mind/Message), Ka’shatstensera (The Power), and Skennen (The Peace). These concepts of the good mind, power, and peace were given to the people by Skennenrehowi (the Peacemaker) to prevent war and promote unity among the people and the rest of the Natural World.(17) The teachings of the Great Law of Peace plant within the minds of the people the concepts of love, unity, peace, equity, coexistence, cooperation, power, respect, generosity, and reciprocity.(18)

Within the Great Law of Peace are socialization structures and practices, reaffirmation of the clan system, duties, ceremonies, and societies that promote Karihwiiio, the good mind, which is necessary to heal the body, the spirit, and to maintain diversity and harmony. Haudenosaunee traditional teachings mandate that peace is maintained by preventing injustices to the Natural World and by protecting the future generations yet unborn.(19)

Restorative justice is dependent on the foundational traditional preventative structures and practices that work together to create justice and prevent injustice. Merely focusing on the restorative aspects of justice without incorporating the preventative mechanisms creates injustice, for it breaks the Circle of Justice and leaves individuals and the community without the necessary cultural foundational structures to heal and prevent crime. Colonization has, for many American

Indian nations, destroyed or displaced these essential and foundational traditional teachings. American Indian nations need to re-establish the Great Circle of Justice within their communities to eradicate injustices, preserve their culture, and to work towards a healing of mind, body, and spirit.

Restoring the Great Circle of Justice

There seems to be a Eurocentric tendency to generalize American Indian indigenous justice and cultures into one assimilative paradigm. One only needs to look to the application of federal Indian law in the United States for evidence of how laws and precedence are held to apply to all American Indian nations regardless of each nation's unique relationship with the government. We are not advocating a single universal paradigm. Instead, we advocate and embrace diversity. We acknowledge that each nation needs to identify and restore their unique traditional teachings (i.e., the foundational structures, practices, and essential norms) in an attempt to restore the Great Circle of Justice and protect their culture. In this section of the paper, we offer some places where research may take place to uncover or rediscover the various preventative mechanisms, and to see how they work together with restorative justice mechanisms to maintain harmony.

The complex history and diverse effects of colonization on American Indian nations will make it more difficult for some nations to identify and appreciate the traditional practices and structures, than for others. However, this should not stop nations from trying to strengthen their culture and complete their Circle of Justice. We suggest that as nations search and research their traditional teachings, they will uncover, for example, a Venn-like diagram of interconnected structures, practices, duties, ceremonies, and prayers that work together as a preventative and restorative mechanism to maintain the Great Circle of Justice.

Research should include in-depth interviews of traditional elders, medicine people, headmen, clan mothers, faith keepers, and other keepers of knowledge in the communities. Justice Yazzie writes of the *naat'aanii*, which is a Navajo keeper of traditional knowledge:

The traditional teachings are preserved in, to use the words of Canadian philosopher Marshal MacLuhan, a "tribal encyclopedia" which is maintained by "keepers of the tribal encyclopedia." The Keeper, who is a traditional civil leader, is called a *naat'aanii*. The word describes some one who speaks wisely and well, and a *naat'aanii* is someone who is respected for his ability to solve problems.(20)

The keepers of knowledge should be able to help identify and provide invaluable insights concerning the traditional teachings found within ceremony, prayer, and in the foundational narratives and stories. Particularly the importance of narratives within American Indian society cannot be understated. Frank Pommersheim writes of the importance of narratives, "Narratives and stories are not extrinsic niceties, but are basic life forces needed to establish and to preserve communities and develop a common culture of shared understandings, and deeper, more vital ethics."(21)

Narratives serve as more than just entertainment, as they preserve cultural teachings and history, and transmit knowledge of communities' norms and values.(22)

The foundational narratives, for many American Indian nations, contain the traditional teachings on how humans are to live with each other and the rest of the Natural World. They also contain a blueprint that provides the communities' structures (e.g., political and spiritual forms of governance, kinship relations, and societies that have specific duties and responsibilities in maintaining justice within the community). The narratives also teach the listener that everyone has a duty to self and to the community to prevent injustice. In other words, individuals and groups learn acceptable behaviors and duties through participation in narrative events and membership.

The Haudenosaunee, for example, look to the following narratives as containing foundational principles, norms, practices, and structures: (1) The Tsi kiontonhwentsison (Creation story), (2) the story about the creation of clans, (3) the Ohen:ton Kariwatekon (Thanksgiving Address), and (4) the Kaienerekowa (Great Law of Peace).⁽²³⁾ The Great Law of Peace contains traditional laws, political and spiritual principles, and the spiritual/political structure of the Haudenosaunee confederacy. The duties and responsibilities of each person in the society is given and reaffirmed every time the people come together for ceremonies and social activities. In addition, the Great Law of Peace reaffirms the sacred ceremonies, songs, and dances and the clan system.⁽²⁴⁾ In this way, the Great Law of Peace ties together previous structures and practices (e.g., the Ohen:ton Kariwatekon and the creation of clans works in a holistic way to strengthen the prevention of injustices from occurring and restores balance when an act of transgression occurs).⁽²⁵⁾ The Great Law of Peace, then, is a system of checks and balances that depends not only on people not wanting to commit a transgression, but on people understanding and having the will to prevent others from breaching the peace.

The clan system is one example of an important structure that contains duties, protocols, and practices that function to maintain justice. As such, the clan system or similar kinship systems can be researched. Chief Tom Porter writes of clans:

The clans are extremely important, and in fact without the clans we would have almost nothing as a society of people. Like the human body, the bones are what gives the body structure and the ability to function, so the clans serve the same purpose in the societies of the Rotinonhson:ni (Haudenosaunee) people.⁽²⁶⁾

The clan system functions to maintain justice in many ways. Kanienkahake Doug George-Kanentiio writes:

A clan in former times took care of all of its members from the time they were born until they died. Housing, food, health care, education, and employment were administered by the clans. Criminal acts and family disputes were also adjudicated by the clan elders. Clans controlled marriages and ceremonial activities, and they selected political representatives.⁽²⁷⁾

Kinship relations or the clan system creates solidarity by uniting the people through a common bond. In addition, for those nations that have clan animals or elements such as the sun and wind, there exists a unity with the rest of the Natural World. Unfortunately, in today's society, the feeling of belonging has become endangered. Many feel as if they are alone instead of feeling connected to the environment and their community. People commit crimes without thinking about the shame they bring to their clan, community, nation, and self. In other words, they act as if they have no relatives, or at least have no respect for them. The clan system plants within the mind of the people that they are not alone, and what they do affects the community's balance. In essence, the function of the clan structure is to provide solidarity and to maintain balance by preventing injustices. John Mohawk suggests that in former times, there was very little domestic violence because of these preventative and restorative structures and practices.⁽²⁸⁾

There are many practices that might account for the absence of this type of internal violence in traditional clan societies. For the Haudenosaunee, the practice of the new husband moving to live in the house of his ever watchful and present mother-in-law was a practical deterrent to committing domestic violence. Not only were there clan members present to make sure things were done in a good way, but the people knew that if they did commit a violent act, they would be asked to leave the safety of the long house, which in the 1600s, could have been a grave sentence.⁽²⁹⁾

Many American Indian nations had wedding ceremonies where young couples were instructed in the importance of marriage to the nation, as well as the acceptable behavior, which included not abusing each other.⁽³⁰⁾ Amongst the Haudenosaunee, traditional marriages, which still occur today, are more than the combining of two people, for they bring

together clans and extended families. During the wedding celebration all present at the joining of the couple are reminded of these acceptable norms and their duty in making sure that they are not broken.

As one can see, American Indian indigenous justice is multidimensional and a balancing process that contains and is dependent on numerous practices and structures that function as both preventative and restorative mechanisms in the maintenance of justice. Therefore it is crucial to restore the Great Circle of Justice in Native societies.

Working Towards Community Healing & Cultural Preservation

Colonization: Western-imposed forms of government and laws, the loss of lands, and policies to assimilate the American Indian, have caused many of the traditional indigenous justice mechanisms to become lost or damaged.(31) Today there remain numerous tribal courts that merely replicate the western-imposed beliefs and practices of an adversarial system of justice, instead of using traditional indigenous justice methods and values. We suggest that such tribal courts and forms of governance may be a form of internalized colonialism. These types of courts continue assimilation and cause disharmony within the community, as they do not preserve cultural traditions, nor do they heal the community.

This replication of imposed laws, practices, and ideas has seeped into many aspects of American Indian government. For example, many tribal codes are merely restatements of federal and state law and devoid of indigenous knowledge, values, and norms.(32) Such tribal codes make evident the urgent need to restore the Great Circle of Justice within American Indian communities. For the system to work properly, for there to be justice, nations cannot fail to assert their power by redefining and redesigning all the imposed structures with traditional structures and practices.

The traditional teachings, socialization practices and structures that once worked to prevent social injustices can be replanted. As realists, we recognize that there are practices that probably cannot be replicated, such as living in a long house with one's entire matrilineal extended family. In addition, we are not suggesting that American Indian nations should remain stuck in the proverbial past. However, we suggest that our traditional teachings do contain the seeds to how American Indians can live once again in skennen (peace) or Hozho (balance and harmony). The traditional laws, cultural values and beliefs, and structures and practices can be replanted and strengthened within indigenous communities and made to work towards maintaining justice by healing the society.

Conclusion

American Indian nations can guard against losing their traditional teachings and re-establish and/or strengthen the socialization practices that worked to maintain social diversity and harmony. We suggest that bringing back traditional indigenous justice requires an holistic approach in that preventative, as well as restorative mechanisms and practices need to be re-established throughout the community for there to be healing and justice. Such an approach provides the entire community with a structure based on traditional teachings, rather than imposed colonial structures that are based on non-Native American practices, values, and norms. We hope that this paper will inspire American Indian nations, as well as indigenous peoples from around the world, faced with similar problems and decisions, to become aware and to take a critical look at their communities, the absence of traditional teachings, and the disharmony that imposed structures create, and then actively change the present system. A new approach to justice is imperative, but it will come only after the status quo is challenged. Taiaiake Alfred writes:

The goals that flow from our traditions demand an approach based on undermining the intellectual and moral foundations of colonialism and exposing the internal contradictions of states and societies that promise justice and

practice oppression. Non-indigenous people need to be brought to the realization that their notion of power and its extension over indigenous peoples is wrong by any moral standard. This approach holds the greatest promise for the freedom of indigenous people.(33)

We hope that readers will agree that the time has come to replant the traditional teachings. In doing so, Native American culture can be maintained and lived, the Great Circle of Justice can be restored, and the community can work toward a true healing of mind, body, and spirit.

Notes

1. See Gerald R. Alfred, Heeding the Voices of Our Ancestors: Kahnawake Mohawk Politics and the Rise of Native Nationalism (Oxford: Oxford University Press, 1995).
2. See generally, Frederick E. Hoxie, A Final Promise: The Campaign to Assimilate the 3. Indians, 188–1920 (Cambridge: Cambridge University Press, 1984); see also, Rupert Ross, Returning to the Teachings: Exploring Aboriginal Justice (Toronto: Penguin, 1996).
3. Lawrence A. Greenfeld and Steven K. Smith, American Indians and Crime (Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, NCJ 173386, 1999, February, Rev. June 18).
4. See, John Mohawk, “Oratory Coming to Wholeness: Native Culture As Safe Place,” Akwekon Journal 10, no. 4 (1993): 31–36.
5. "Restorative justice" is a global social movement that relatively recently began establishing a foothold in both academic and public policy arenas. In 2000, The United Nations Crime Congress conducted an ancillary meeting on the standards for restorative justice in Vienna, Austria. One of the main moral entrepreneurs in this global movement, John Braithwaite, has extended his seminal work on restoration in Crime, Shame and Reintegration to include additional international examples, including many from indigenous cultures. John Braithwaite, Crime, Shame and Reintegration (Cambridge: Cambridge University Press, 1989). His work suggests that some restorative models are capable of repairing relations among victims, offenders, and communities. Those models based on the precision and autonomy embedded in indigenous practices have significant potential; however, as the global movement of restoration expands, other models often include compromises that erode precision and autonomy, or are co-opted by lawyers or the state in the form of licensing of mediators, as is evident in the majority of dispute management centers. Pat Lauderdale, “Indigenous North American Jurisprudence,” International Journal of Comparative Sociology 38 (1997):131-148. Moreover, part of the emphasis on restoration focuses narrowly on the rights of victims and does not include the indigenous practices of prevention that we outline in this paper. See, e.g., John Braithwaite, “Restorative Justice and Social Justice,” Saskatchewan Law Review 63 (2000): 194.
6. We believe that Emma LaRocque, is correct when she questions whether healing circles are employing American Indian traditional methods of justice. She writes, “Have they, in fact, fallen prey to contemporary, white, leftist/liberal, Christian, and even New Age notions of ‘healing,’ ‘forgiveness,’ and offender ‘rehabilitation’?” Emma LaRocque, “Re-Examining Culturally Appropriate Models in Criminal in Justice Applications,” in Aboriginal and treaty Rights in Canada: Essays on Law, Equity, and Respect for difference, ed. Michael Asch (Vancouver, BC: University of British Columbia Press, 1997), 85. We believe that the tendency of indigenous mediation programs, within Eurocentric imposed systems of justice, is to create assimilative restorative models. However, such programs are not conducive to protecting each culture’s traditional laws and practices and in effect causes further social imbalance. However, unlike LaRocque, we believe that traditional laws and practices that once worked to protect women and children from domestic violence can be restored. In fact, we

believe that they need to be restored to heal our communities and protect individual victims, as well as, the community.

7. See, Stewart Wakeling et. al., Policing on American Indian Reservations (Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice, July 2001); See, Lawrence A. Greenfeld and Steven K. Smith, American Indians and Crime.
8. See, Taiaiake Alfred, Peace, Power, & Righteousness: An Indian Manifesto (Oxford: Oxford University Press, 1999), XII.
9. Rupert Ross, "Aboriginal Community Healing in Action: The Hollow Water Approach," (an excerpt from Rupert Ross's paper Dueling Paradigms? Western Criminal Justice versus Aboriginal Community Healing), Justice as Healing: A Newsletter on Aboriginal Concepts of Justice Native Law Centre (Spring 1995); available from http://www.usask.ca/nativelaw/jah_ross.html.
10. See Ada Pecos Melton, "Indigenous Justice Systems and Tribal Society," Judicature 79, no. 3 (1995): 127.
11. Oren Lyons, "The American Indian in the Past," in Exiled in the Land of the Free: Democracy, Indian Nations, and the U.S. Constitution, ed. Oren Lyons et al., foreword by Peter Matthiessen, preface by Daniel K. Imouye (Santa Fe, N.M.: Clear Light Publications, 1992), 38.
12. Katsi Cook, "Grandmother Moon," in Words That Come Before All Else: Environmental Philosophies of the Haudenosaunee, (Mohawk Nation: Haudenosaunee Environmental Task Force, 2000), 142.
13. Audrey Shenandoah, "Everything Has To Be In Balance," Indian Roots of American Democracy, Northeast Indian Quarterly, Cornell University (1987): 4-7.
14. Robert Yazzie, "Hozho Nahasdlii—We Are Now in Good Relations: Navajo Restorative Justice," Saint Thomas Law Review 9 (1997): 120.
15. Philmer Bluehouse and James W. Zion, "Hozhooji Naat'aanii: The Navajo Justice and Harmony Ceremony," Mediation Quarterly 10, no. 4 (1993): 329.
16. Ibid., 329–330.
17. Doug George-Kanentiio, Iroquois Culture & Commentary (Santa Fe, N.M.: Clear Light Publishing, 2000), 10.
18. Jacob Thomas, "The White Roots of Peace: Reading of the Great Law of Peace" (Brantford, Ontario: Iroquoian Institute, 1992); John Arthur Gibson, Concerning the League: The Iroquois League Tradition as Dictated in Onondaga ed. John Arthur Gibson and trans. Hanni Woodbury (Winnipeg: Algonquian and Iroquoian Linguistics, 1992).
19. We are keenly aware that many of the attempts to reveal, rediscover, and/or suggest the importance of traditional indigenous life are met with severe criticisms. See, e.g., Shepard Krech III, The Ecological Indian: Myth and History (New York: W.W. Norton, 1999). Krech uses apt and isolated secondary sources and only two Indian primary sources in an attempt to generalize to all North American Indians. He claims that new ecological terms simply don't fit the mindset of early Indians and that, for the most part, Indians abused the environment, at least, as much as "modern" humans. Even if his sources were correct, his argument is an attempt to prove the rule by a few exceptions. Traditional American Indians did not and still do not separate themselves from nature and the fact stands in direct contrast to his argument. It would create a great imbalance, if not a form of mass suicide, for American Indians not to be ecologically minded. Their lives

and spiritual relations depended on the health and propriety of nature. Traditional restoration also might be obscured by revisionist social science fiction or ignoring many of the unique facts of American Indian life prior to 1942. It seems absurd to ignore the fact that anthropologist and archaeologists still are searching for indigenous prisons or jails. The absence of prisons is a primary source, one that speaks loud and clear without the machinations of "wordsmiths". Restoration of human animals and all their relatives was and is a central indigenous concept and practice. It seems directly relevant to new concepts such as ecological balance, including ideas and practices concerning our relationship to nature, including, of course, traditional American Indian peoples and Mother Earth.

20. Robert Yazzie, "Hozho Nahasdlii," 121–22.
21. Frank Pommershiem, Braid of Feathers, (California: University of California Press, 1995), 109.
22. However, we recognize the scholarly debate as to the legitimacy of oral traditions; thus, some caution needs to be used when researching such sources. See, e.g., David Henige, "Can a Myth Be Astronomically Dated?" American Indian Culture and Research Journal 23, no. 4 (1999): 127–57. Of course written sources could be used, in addition to oral accounts, and they should be, but a caveat also applies to written sources that might contain Eurocentric misunderstandings and biases.
23. Tsi kiontonhwentsison actually means "When the Earth Was Made," Ohen:ton Kariwatekon translates to "The Words Before All Else," and the Kaienerekowa translates to mean "The Great Binding Law."
24. Doug George-Kanentiio, Iroquois Culture, 23–24.
25. The order of the foundational narratives is as follows: Creation, creations of clans by Ro'nikonhrowa:nen (He Who Has Great Ideas), Thanksgiving address, and the Great Law of Peace. In the Great Law of Peace, Skennenrahawi (The Peacemaker), strengthened the clans and gave them a new duty within the new political and spiritual structure.
26. Tom Porter, Clanology (New York: Native North American Traveling College, 1993), 7.
27. Doug George-Kanentiio, Iroquois Culture, 70–71.
28. John Mohawk, "Oratory," 31–36; see James Zion and E. Zion, "Hozho' Sokee'—Stay Together Nicely: Domestic Violence Under Navajo Common Law," Arizona States Law Journal 25.. (1993): 415–17.
29. John Mohawk, "Oratory," 31–36.
30. Ibid., 31–36; see James Zion and E. Zion, "Hozho' Sokee'," 415–17.
31. See Carey N. Vicenti, "The Reemergence of Tribal Society and Traditional Justice Systems," Judicature 79, no. 3 (1995): 135.
32. There are numerous codes that are mere regurgitations of state and federal law and devoid of traditional laws and values. See, e.g., Navajo Nation Solid Waste Code (1990); Navajo Nation Water Code, Title 22, Navajo Tribal Code, Chapter 7 (1984). In contrast, the following tribal code incorporates traditional knowledge, law, and; thus, is protective of the culture. See Mille Lacs Band Chippewa, Band Chapter 1091-MLC-24, Chapter 24 Environmental Protection, Natural Resources Protection Ordinance (1980).
33. Taiaiake Alfred, Peace, Power, 144.

"Talking an Edgewalker's View"

Sandi Loytomaki

Recently I have been continually perplexed by the invisible 'powers that be' within the society I reside. I am no one special and yet, I am special because there is no one like me. A single Caucasian mother, raised in northern Ontario Canadian culture, residing in southern Ontario Canadian culture; European ancestry – maternally Italian, paternally Finnish – mountain folk and nomads, Sami stories circulating through those who dare to speak and acknowledge them (the stories of a schizophrenic relayed to a child, not knowing she was yearning to know who she is). A child not able to refer to herself as Canadian, for what was that? An adolescent who referred to herself as Finnish and Italian – Canadian, of course what was that? An adult referring to herself as her ... where she lives now, who she is now, physical ancestry that influences her, spiritual ancestry that influences her, and defining roles that others see in her.

Who am I? One voice. A voice of a woman wondering why we, in western society, like to categorize, label, associate, and in the end often dissociate as a result of the associations. I contain all the logical, rational thoughts within that can explain the whys, and when necessary will work within the established system – using their language/my language, so some might hear.

Many years ago I felt a calling. This was a calling that had come twice before, but the third time came also the listening. Along with the listening and the acceptance of that calling came a label to call myself "Shamanic healer." I had an understanding of that term, an understanding that was generated by the anthropomorphism of the time. It was acknowledged that I would use this label so that people would find me. In the end, I found my self and the self-imposed limitations of beliefs and theories. It was an interesting exercise and an enlightening process. This disclosure was met with recognition, confrontation, explanations and assumptions, ridicule, honor, separation and community, and further separation. What I understand now is that the reactions to this label were a result of people's beliefs. How could a white woman with blond hair (hmm, actually very short blond hair) be a Shamanic healer? "I have met a Shaman, you are not one," the words echo in the recesses of my mind. Interestingly I had not referred to myself as 'Shaman.' How does one meet a Shaman? Was this person they met a self-professed Shaman? Was this person they met recognized by their community? Was this person from the Tungus tribe? Is it possible for someone from western society, from a city, to be a Shaman? A Shamanic healer? "You know, I admire people like you. You are rebels," an Ojibwe elder's words echo as well. What did they recognize in me? And so the path to understanding language, developing a language, and using other's language or my own language unfolded. In this context, the use of the word language is referring to the selection of words used at any given time. What you will read is a personal epistemic exploration, a process still developing.

The term 'Shaman' is, I currently feel, an abstracted term developed within an entrenched patriarchal system, a Eurocentric style of approaching the world – which in its subtle forms is an exploration of imposed imperialism. An alternate way of expressing this could be looking at the world through one's own glasses – instead of acknowledging the world that others see through their glasses. This is a term is taken from one culture, the Tungus peoples of Siberia – this culture's one word, for one type of healer. This fact is quoted throughout the literature on 'shamanism'. There are a few who tread further – and begin to use the terms of individual cultures independently. And so the use of the term is exploited.

- shaman...one who travels between the worlds
- shaman-ism...the practice/techniques/tools of the shaman
- shamanic healing...the healing practice/techniques/tools of the shaman
- core shaman-ism...(ah, a recognition of the underlying principles common to cultures throughout the world engaged in the practice of ?) the core techniques/practice/tools of shaman
- urban shaman-ism...the practice/techniques/tools of the shaman in an urban setting

Perhaps this is oversimplified. And yet, we see the repetition and use of these terms in this manner throughout current writings, leading to a mindless association. “Where can I find American shamanism?” “I have studied shamanic journeying. I know all about it ... I took a weekend course with...” the words echo. When engaged with others, who often arrive because of the language of the times, I make a conscious effort to introduce an alternate language (culturally succinct), to educate, to deconstruct. In the end, the language of convenience, the language of acceptance is reconstructed – with new context, perhaps beckoning a mindful approach. Shaman-ism taught in a weekend? Is this an oxymoron? Is it not the realm of the Indigenous healer to be aware and careful of the use of language, as language carries within it an energetic code, a call to the universe? Why is the negation of the fullness of all factors involved an accepted practice?

“Several volumes would be needed for an adequate study of all the problems that arise in connection with the mere idea of “spirits” and of their possible relations with human beings...But the study of shamanism does not require going into all this; we need only define the shaman’s relation to his helping spirits.” M. Eliade

In doing this, do we negate an understanding? Do we negate others’ perspectives? Do we create categories of what is and what isn’t based on how we see the world, instead of what is the reality experienced by some? My search to answer these questions, keeps leading me to answer “yes.”

Language is at once expanding and contracting. There are some descriptions of this area of human existence (shamanism) that do acknowledge a variety of cultures, and the cultures’ words for various types and forms of healers/medicine people. And yet, there is the reliance on the language of “shaman” applied to all. It is like a fall-back position. If it works, don’t fix it. Does this not necessitate the exclusion of some cultures’ healers/medicine people, going so far as to say that a shaman does not exist within certain realms of experience? For example, there are those writers who contend that magic is not the realm of the shaman, while others indicate it is. Could this exemplify the necessity of using a culturally succinct language for the types and forms of healers/medicine people? Has the language of a culture grown out of the culture itself ... instead of aligning with another culture’s language? We continue to categorize, label and associate with what has been written before, no matter the implications – without mindfulness given to the meanings and history of languages. This perspective necessarily then allows us to understand some things – and miss other things.

“One of these things, it seems to me, that most of us eagerly accept and take for granted is the question of beliefs ... One can see how political and religious beliefs, national and various other types of beliefs, do separate people, do create conflict, confusion and antagonism – which is an obvious fact; and yet we are unwilling to give them up ... One can see obviously, that belief is separating people, creating intolerance; is it possible to live without belief? One can find that out only if one can study oneself in relationship to a belief. This after all is the truth: to have the capacity of meeting everything anew, from moment to moment, without the conditioning reaction of the past, so that there is not the cumulative effect which acts as a barrier between oneself and that which is.” Krishnamurti

I am reminded of being compared to a South American healer who specializes in using entheogens, and told that I knew not what 'spirit is about' since I did not engage in these practices. Later, an individual who had engaged in a culturally displaced ceremony arrived on my doorstep, traumatized. Physiological adaptations to this person's environment completely disregarded, the manifested imbalance was a result of this person's society/community, and not common in the other's cultural context. And so, this pattern continues intermittently. Has our quick-fix society facilitated our approval and acceptance that something (even if not complete or full circle) is better than nothing?

Perhaps in our examination, we are missing the point. What about culture in its purest sense – the way the people interact with their environment? Is it not important that we hold all perspectives in view? Quantum physics provides a reflection here. It explains how reality unfolds/enfolds based upon where we attend or focus – if we focus on one event, reality is that event. Assuming this is a perspective we can use to assist us in understanding the world, if we look through our glasses at one thing – we see that one thing. What about the other 'things' that are there – do they or do they not exist? Are they, or are they not important? Perhaps when leaving out some of what remains in our periphery, we miss very salient information. Indigenous knowledge systems, or spiralist thought, allow us to flow between the microcosm and the macrocosm – taking in the 'one thing', and then acknowledging that 'one thing' in relation to the whole (or all other 'one things'). How then can we attempt to explain a form of thought or experience that is outside our focus of analysis and still assume we have full understanding if we do not adapt our style of focus?

In an attempt to trace my familial ancestry, as a way of explaining why I was the way I was (conscious recognition of our 'knowing' had long since vanished), many different healing traditions and knowing systems arose. I have appreciated the term "edgewalker," as it evokes for me the person that walks on the edge of many different worlds. And so, being of mixed cultural heritage, raised in a separate cultural environment, living on a land with another cultural influence (that of the original peoples of that land) – I walk in many worlds at one time. The maternal lineage from which I descend is northern Italian ... from here Strega traditions and Christian mysticism traditions call out to me. The paternal lineage from which I descend is Finnish – with ancestry traced back through the Sami – a name change in our family history coinciding with a resettlement of the Sami people in Finland ... from here Sami traditions call out to me. I was born on the southern part of the Canadian Shield, ancient rock on the North American continent. The forest, the waters, the rock, the meteor that fell to earth in this area, the people of the land (human, animal, plant, mineral) teach me in the whispers of the wind ... from here arise similarities to practices of the original peoples, the indigenous peoples of that land – the Anishnabe ... the environment calls out to me. And then, having limited accessibility to physical mentors/elders ... they arrive in spirit form ... the spirits call out to me. And I recognize that I am physical and spiritual all at one moment.

Experience has a way of leading one exactly where they need go. This path of discovery revealed many 'secrets' to me. The dogma, the politics and the leading religious trends of a time influence what people talk about and what people accept. These models influence the underlying beliefs and cognitive concepts a society develops. I was born the way I am – being able to communicate with the world (physical and spiritual) around me. As a young child, it was clear to me from a very early age that certain things should not be known. It is not that anyone necessarily came out directly to indicate such, rather the actions and responses dictated the underlying belief, which you were supposed to believe. And so, accommodation being the rule of the day, I acquiesced for many years. As a youth trying to reconcile what I was seeing with what I knew within, I recall a slap in the face and the words yelled, "you are not to question, you are to believe!" Ongoing acquiescence.

Then, one can only acquiesce for so long, as the body reveals what lies within. And issues of health and balance will call to one. In later years, explorations of my Italian heritage through discussions with the elder women, would yield less than fruitful results when using an Indigenous healing system language, an ancient language - the language of the Strega. This part of our heritage was long removed from our family, giving over to the principles and faith of the Catholic Church. Discussing the church and posing the same questions in a Christian context, or posing questions in relation to daily activities, for example about food, opened the doorway to the secrets that were disguised in 'acceptability'. A stunning example was the combination of spices each elder woman placed in her tomato sauce for pasta – heralding medicinal plants that would assist the digestibility of the food. Different sauces for different base foods. Long lost to these women were the medicinal properties of the plants, however the tradition was retained. To me, this is an example of the whispers on the wind – those things that cannot, at one time in history, be spoken for fear of recrimination.

In the course of reading the limited resources available in writing on Sami healing traditions, the words illuminated that there were no women healers. And yet, in discussions with people, I was continually led to one elder – a woman, Elina Helander, who was taught orally by both her father and her mother. Since then, some other writers have yielded similar truths. Was the first information wrong? No. However, it was that person's truth/understanding at that time. Perhaps this is the 'one thing' that they saw at the time. Elina graced me with sharing. This led me to recognize that although we were hundreds of miles apart, that she lived a tradition and I was reclaiming a tradition – the same knowledge revealed itself to both of us. I am humbled and honored by the ability to share with her. And to know that one day this sharing will be available to others.

Continuing in my personal exploration was the search for why I had access to knowledge I was recognizing as the domain of sacred knowledge of the Anishnabe. (Many of my friends of this nation prefer the term Anishnabe as opposed to Ojibwe. They have told me the term used by the 'whites' was a misunderstanding from how the language was spoken. Somehow Anishnabe was spoken and Ojibwe was heard. There are some friends who continue to use the language of acceptance, Ojibwe. I use both, respecting whom I am with at the moment.) Now, if a person is born on a land – does that make them indigenous to that land? If they are drawn to assisting other people when they are in a state of imbalance, to return/restore balance – are they healers, involved in medicine ways, shamanic in nature? What if there are other people who are seen in the society of the time as the indigenous people of that land, the original people of that land; are those people not indigenous because their ancestry hails elsewhere? Should a person be what they are put on this earth to be – or be what a society says they should or should not be? How does the language the person uses, the language the society uses, the language the world uses open the possibilities to the person and close possibilities to this person? Experience is the purveyor of life. Life is experience. Each day, each person is faced with opportunities and choices – some which they make in a conscious and directed manner, some which they make automatically. How do these choices affect how we see and interpret the world, and each other? How are these choices influenced by the beliefs we hold, whether they are acquired, adopted or original to our selves? When the answers to questions yield volumes of writing – why do we choose to look at some things and not others? Why do we assume that the volumes would be too much, and that a little is adequate – or rather, something is better than everything?

And so, here I am, perceptions or reality or, simply my perceptions? It matters not and at the same time matters fully. Here I am ... standing for the rights of my children – the next generation(s), serving those who arrive on my doorstep, dreaming of reindeer, allowing the questions and searching for the answers ... continually striving to live in balance within this blessed place I have chosen to live. Thank you for exploring with me.

Ethnobotany and culinary pedagogy as a community-based clinical intervention among Mexican Indians with diabetes

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Peer review

Introduction

Every society conceptualizes what wellness/health is, and ways of maintaining health, curing illness, or addressing disability. Indigenous people exchange and trade their medicinal knowledge with other peoples. Traditional healing systems are taught inter-generationally among families and are based on Indigenous, empirical science, borne of observation and experience in the healing arts and sciences. Distinctive cultures develop within the environments that shape them, (Kuhnlein 1996a) (Wadsworth 1977) and thus nature in its myriad forms shapes the foundation from which traditional medicine and food choices evolve. As access to the land is impeded, or as medicines are destroyed as a result of neo-colonial practices, itself, and thus the practice of medicine, and community health is undermined.

A basic principle of our work at the Center is: Food and medicine rooted in their cultural context are avenues into community healing and action research. We term this method culinary pedagogy. This paper explores the integration of clinical and social science methods that are congruent with the conduct of culturally appropriate research among indigenous peoples of the west coast of Mexico. Our work uses a heuristic and phenomenological approach to address what we consider the social and somatic dissociation that underlies diabetes and other chronic diseases.

Personal commitment

Each staff member, faculty and patient engages a process of “personal detoxification” and authentic health-building that is bio-culturally isomorphic with achieving his or her health goals.

Authentic health building derives from the dynamic discovery and use of foods and practices that are indigenous to a region or, if resulting from syncretic practices nonetheless provide nutritive or medicinal sustenance and balance. This contrasts with foods that are exotic or introduced into an environment that contribute to or cause addictions and illness acting like poison. Authentic foods and food ways always support a balanced approach to glucose levels. Even where cultures cultivate authentic sweet foods such as sugar cane, tree sap like maple syrup, honey, or wines, or sweet wild plants such as Stevia (*stevia rebaudiana*), their use is moderated by cultural practice informed by empirical knowledge and does not give rise to illness, indeed are often curative and nutritious

Meaning and Success

The Center for Traditional Medicine serves as a cross roads of medicine, and people feel validated when they are invited to discuss their beliefs and knowledge about the causes of their illness in an historical and cultural context. We listen openly and actively engage narratives that reveal the symptoms of *susto*, (loss of spirit, extreme fright,) *mal de ojo*, (evil eye) and *empacho*, (stomach congestion). The use of medicinal plants, animals, foods, touch and massage, the elements and spirit ways are all methods of healing that continue to evolve in rural western Mexico. Beginning in the 1970's, I compiled oral histories with local herbalists and healers to document the use of plants and their categories of knowledge and practices (Korn 1983). The purpose of this action research was to affirm and sustain knowledge in the community and to support its practice inside and outside of my clinic.

We believe that a complex interaction of forces contributed to our success in the treatment of diabetes and other chronic diseases. First, we supported the body's natural ability to heal while avoiding secondary side effects: The gentle, non-toxic effect is generally a hallmark of natural medicines. The use of these natural, traditional medicines draws from a deep wellspring of somatically-encoded (Ferreira 1998) familial histories that when tapped, reinforce a healing response.

Because we interpret most of the disease states within a holistic model, we are able to treat and respond to the whole person. Thus where chronic pain or somatization is at best generally understood by allopathic physicians as merely physical or emotional symptoms, and therefore to be medicated psychotropically, or where people with diabetes deteriorate in spite of the multiplicity of medications, we respond to these calls of distress by addressing each individual's situation as a reality whose symptoms, when listened to, tell a whole narrative (Korn 1987) that contains the answers. We take time to learn the language of each person, listening and treating with our hands, eyes, ears and heart as well as with nutrition,

herbs and all the other modalities within our repertoire.

By the late 1980's several socioeconomic classes emerged in this western Mexican comunidad. Twenty years earlier, class distinctions were not as severely demarcated. During these same years, the introduction and consumption of sugar, flour and hydrogenated oils became new staples in the daily diet. Introduced foods progressively replaced the use of authentic foods. Authentic foods are native to the environment of west Mexico such as zapote, choyte, the Mexican sweet potato called camote, beans, amaranth, maize, fish from the sea, deer, avocado, turkey (guacalote), chilies (Andrews 1984) chocolate (Coe 1996) and the ubiquitous coconuts (coco nucifera). (Duke 1983)

Several changes contributed to shifts in food quality and security. A major Mexican national policy initiative that reached the comunidad was the CONASUPO. Established in 1965 to maintain price supports for introduced foods, Compañía Nacional de Subsistencias Populares (CONASUPO) delivered large quantities of cheap foodstuffs like flour, refined sugar, canned fruit juices, honey and packaged ground corn. However this attempt by a parastatal organization, (subsequently implicated in massive corruption and illicit drug trade) to deliver food to the rural The comunidad members who were acquiring wealth were also, we observed, among the first to become ill with the chronic diseases. They sought help in the city while the poor continued their visits to the Center for Traditional Medicine's clinic. It was common that following dissatisfaction with the medicine in the city, the wealthier members then returned to our clinic, not for traditional medicine per se, but for the latest "alternative" or "complementary medicine" that was commanding attention in the media. Thus, my task was to respond not only to the illness at hand but also to the belief systems that influenced people to reject various indigenous traditional healing methods, only to accept these same treatments known by different names in the lexicon of "complementary medicine."

Blood Type and health

Blood type of individuals has proved to be an important consideration when examining nutritional and chronic conditions. Four blood types evolved as responses by the human species, to migrations, climate change and environment. Type O blood, the oldest and predominant (universal) blood type evolved as the hunter with an intense and vigorous physical capacity supported by a diet that is predominantly fish, meat and fowl, combined with fresh fruits, green leafy vegetables and low carbohydrate roots. Native peoples in the Americas are among these "oldest of peoples". American Indian populations show a very high (sixty-seven to eighty percent) predominance of type "O" blood. (D'Adamo:1999). Type "A", "B" and "AB" represents proportionately smaller percentages of the world's human populations while type "O" is the main blood type worldwide. African peoples, American Indian peoples, the Basque of Spain and Sami of Scandinavia belong predominantly to the type "O" blood group.

According to D'Adamo's research either a positive or negative or neutral chemical reaction occurs when eating foods that interact with proteins called lectins. Lectins are abundant and diverse in foods and have agglutinating (sticking) properties that affect the

blood (D'Adamo p 9 cook). For example cereal grains influence immune function by the ability of the wheat germ lectins to precipitate the passage of antigens derived from viral and bacterial pathogens to pass to peripheral tissues. Similar processes have been identified in dairy legumes and yeasts (Crayhorn p 147). Dr. D'Adamo's work is similar to the nutritional work being conducted by Dr. Nicholas Gonzalez who maintains that metabolic typing of individuals, though more specific than blood-typing, offers an effective approach to treating diabetes, heart disease, and cancer in addition to serving as an effective method for rebalancing body chemistry. (Gonzalez: 1999)

D'Adamo's research provided further theoretical support for our own intuitive concepts about the intrinsic value of eating according to where your ancestors themselves sprouted. Our research team decided to test out his work by following his mode; for one year in order to evaluate the effects prior to recommending it to others. For some of us this meant a return to our tribal customs; for others it meant learning them for the first time. Overall improvement in health and digestive functioning, reduction or eradication of allergies led us to incorporate these approaches into our clinical and educational programs. Following this first year we included blood typing analysis in the clinic and found it to be an effective model for communicating about and improving health.

Blood as Mnemonic

Why is blood type important? In addition to the applied bio-cultural nutritional specificity indicated by the role played by lectins and their effect on digestion and health, we have also found that "scientific evidence" which supports the "right to difference" among indigenous peoples is a potent tool for communities and individuals in understanding why "defectively modern" foods are disastrous. The third reason links to the second. Blood, like skin color has been a colonial mnemonic since colonization and continues to play a role in identity politics, whether it is the color caste system in Mexico in which mestizocization continues as government policy resulting in negatively internalized identities by many communities, or the

blood quantum system adhered to by the Bureau of Indian Affairs that continues to impose definitions of identity on American Indian tribal peoples. Blood in the context of identity and authenticity becomes both metaphor and emblem for the reclamation of blood type, a tool reclaimed by peoples who are choosing authentic forms of nourishment.

Defective Modernization

Throughout my time in Mexico, I witnessed a persistent trend of socioeconomic and cultural change resulting from modernization, which in turn severely affected the overall health of the community. Economic and social forces introduced into the Comunidad from the rapid growth of Puerto Vallarta in the last thirty years had a significant effect on the level of self-sufficiency, self-esteem, absenteeism, and the growing use and abuse of alcohol and drugs. As the economy, external development and political influences became apparent by the late 1970s, Puerto Vallarta became an economic focal point for developers and investors.

One Chacalan, Lupita Ramos C, explained that increasing housing construction along the Rio Tuito (one of two major water sources serving the comunidad and the ancient link to the mountain town of El Tuito) and other rivers increased levels of water contamination and water is wasted all over the place, and it does not rain like before.” (Cruz Ramos 1999).

When I arrived at the comunidad in 1973, the use of pharmaceuticals and refined foods were growing at an accelerated pace. Denatured oils and refined wheat and sugar products, including, white flour, corn oils, powdered and on-the-shelf milks and candies were flooding the market. Yet most people also continued to grow coffee, beans and squash and grind corn, make fresh fish soups, slaughter pigs and pick fruits from family plots. In 1982 we witnessed the smoke rising from the beach as the Federales stormed the small village of Mismaloya 10 miles north and burned down the palapa homes and restaurants chasing the villagers back into the mountains in order to clear the beach for the development of a five star resort. That resort stands where the village had been located now limiting access to the beach to all but registered guests.

Rapid change from development imposed by expansion of Puerto Vallarta, the role of drug dealing (considered to be the driving economic power in the city and increasingly a significant factor in the comunidad) (Cruz 1999) and the growing influence of economic and social pressures flowing from the North American Free Trade Agreement have paralleled changes in health patterns.

Jalisco is the largest corn (maize) growing state in Mexico, but the financial value of corn is low compared with the export value of soybeans. Soybeans are rapidly replacing maize. Growing investments in touristic and agricultural changes portend even more rapid and larger scale economic and thus social and cultural changes in western Mexico. Such rapid externally imposed and internally adopted dietary and health transitions also altered access to wild foods and medicines by altering communal value systems. The migration from the villages by young adults began in the late 1980s. The increase in diabetes along with other chronic diseases rose side-by-side with these changes. The pace of life increased along with stress-related disorders. A Chacalan diet began replacing masa tortillas with white processed wheat bread sandwiches with cut-off crusts

Children and young adults came in to the clinic with high blood pressure, high blood sugar, insomnia, (often due to over-consumption of Coca Cola and other commercially produced sugar water products) allergies, and diabetes. An epidemic of chronic diseases was unfolding.

Imposed development and Chronic Disease

The gestation period of “defective modernization” (Simonelli 1987, p 23) that I began observing in early 1970’s had resulted by the 1990’s in a village-wide diabetes epidemic and the related triad of cardiovascular disease, stroke and high blood pressure. There was a palpable shift from infectious to chronic disease. Whereas people in the rural subtropics are subject to sanitation-based disorders such as intestinal parasites, typhoid fever, dengue, hepatitis A and non-A and the usual forms of influenza, colds and pneumonias incidents of chronic disease invaded the comunidad.. Heart disease, stroke, cancer, high blood pressure, diabetes (adult onset), chronic pain and stress became primary the primary health maladies. Villagers developed huge and multiple lipomas (benign fatty tissue) on their bodies. At the same time, there were growing rates of cancer and drug and alcohol abuse. Traditional healers using healing remedies from the jungle pharmacopoeia would each typically have detailed knowledge of more than 1000 Iatrogenic symptom rates grew as most villagers now traveled by boat to the city an hour away to obtain health care at the Social Security Clinic. We identified and catalogued iatrogenic symptoms including severe allergic reactions to pharmaceuticals, dermatitis, antibiotic resistance, over-use of cortisone, dizziness, and secondary digestive problems all resulting from inaccurate diagnoses or overmedication.

All of these problems were exacerbated by the (undiagnosed) chronic dehydration experienced by most of the patients seen at the clinic. The commonly practiced proscription against drinking quantities of water appears to have arisen out of the

history of sanitation problems. However traditional *agua frescas*, drinks made from fresh water, local fruits and berries, and anthelmintic herbs teas that traditionally took the place of plain water were replaced by Coca Cola and other commercially produced sugared juices. Not only were the benefits of water, fresh fruits and teas substantially reduced, but also adverse affects of refined sugar consumption became the norm.

Nutrition trauma

Community trauma includes a subset concept we call “nutrition trauma.” we define this type of trauma as a “disruption in access to endemic natural food resources due to overwhelming forces that make inaccessible foodstuffs that are bio-culturally and bio-chemically suited to healthy digestion and nutrient utilization.” Such outside forces include externally introduced economy, cultural genocide or ethnocide in the form of Mestizocization policies, (Salvador 1996 (Oct.4)), the melting pot in the United States and Russification in the Union of Soviet Socialist Republics where state integration policies are imposed on culturally distinct peoples (Fallon 1985). Agrarian reform policies like the Mexican constitutional revision of Article 24 that migration of Indian men primarily from rural to urban areas mainly in the north of Mexico along the border with the United States where manufacturing were quickly built by US companies after the adoption of the North American Free Trade Agreement. Self-sufficient and collective reliance practices among rural Indian peoples were replaced by landless peoples now dependent on unseen economic forces and dependence on commercial foods not suitable for Indian metabolisms. Dependence and food scarcity replaced self-sufficiency and plentiful and appropriate foods.

Nutrition Trauma occurs when introduced foods overwhelm the capacity of the local Indigenous peoples to digest and metabolize these new foods, which may cause disease and debilitation—conditions that were unknown or rare before the colonial process. A 1946 study of the Otomi people (who live in Puebla) found that they suffered no malnutrition, despite difficult conditions, relied on traditional foods such as *quelites* (greens) and ate no refined or processed foods, no wheat, and little dairy (Anderson 1946). Larsen asserts that bioarcheological evidence (from the Americas) suggests “most settings involving prolonged interactions between Europeans and Indians led to a decline in the quality of life and changes in activities for the latter” (Larson 2000, p 167).

Introduction of single-species agriculture or mono-culture in the Americas dramatically altered the ecology as well as the health of the indigenous populations. Such a change in quality of life and dramatically altered health affects can also result from changes slowly introduced into a society from outside trade. (Larson 2000; Murray 1998; Nabhan 1997; Jackson 1994; Lang 1989).

Even where people are active, as many are in the *comunidad*, the balance has tipped in favor of a process of “dis-ease” that has overwhelmed the body’s capacity to adjust to change. In Cabo Corrientes, nutrition trauma includes a sharp reduction in available arable land, reduction in fish supply in the bay (the seventh largest in the world) due to over fishing in response to tourism and development, pesticide poisoning, media propaganda and by a greater dependence on commercially produced foods in the 1990s, electricity and hence television in 2002 arrived in the *comunidad* in some villages. The images and storylines portrayed through the television clearly associated certain foods with being Indian, poor and disenfranchised, and, thus, undesirable. Commercially produced foods loaded with wheat, sugar, corn syrup, and preservatives were promoted as desirable and “modern.”

Reductions in arable land and fish supply caused an out-pricing of certain traditional foods by highly processed, less healthy foods that were mass-produced by corporate conglomerates. Our food surveys of the village *tiendas* revealed over 100 food and toxic cleaning items with nearly all supplied by transnational corporations such as, Kraft, (Phillip Morris) Pronto Unilever, Coca Cola, Quaker, Colgate, Palmolive, McCormick, Kimberley Clark and del Valle (Hirsch 2003). Not surprisingly, people in the villages want to be “modern” so they work to acquire currency so they can buy the new products. “Indian foods” that have sustained members of the community, require physical labor and are sometimes unavailable appear destined to be replaced by convenient products.

European settlers introduced mono-cropping (the practice of single crop planting usually enhanced with fertilizers, herbicides and pesticides) into a previously efficient and abundant culture of Indigenous an intercropping farming system (the practice of encouraging the growth of many different, but interdependent plants and selecting for benefit). European introduction of wheat and the near destruction of amaranth as an important food led to an agricultural dominance of corn. Amaranth was a major ceremonial grain for the peoples of west Mexico out of which deity icons were made for the thirteen three-week celebration periods each year praising different gods (Butterwick 1998). Not only is the seed a major source of protein (seeds contain 16-18% compared to corn or wheat (12-14%). but the flower, the leaves and the roots provide rich nutritional benefits that rival and exceed all other plants in Mexico. Amaranth is very rich in the amino acid lysine (Karasch 2000) richer in iron than spinach and unlike corn, has hypoglycemic qualities.

Today in west Mexico honey is added to amaranth seed and it is now sold as a candy alegrías, meaning happiness, the name the Spanish gave to Amaranth. Yet one need only travel today a few hours from Mexico City to discover that amaranth as a seed or plant is virtually unheard of. The Spanish prohibited amaranth cultivation because of its use as a ceremonial food (Karasch 2000) and this caused its near complete disappearance as a major grain (seed) in Mexico.

However, like the ceremonial sacred mushrooms used by the Mazatecs and Maya, some peoples continued cultivation in secret or outside the boundaries of colonial rule.

In spite of millennia of exchange and trade among Indigenous peoples, the introduction of different foods did not contribute significantly to diabetes and other chronic disease patterns until recently. For many years, refined sugar like white flour was a product for the very few and very rich (Erasmus 1993). We can trace the parallel course of sugar production with diabetes development. By 1930 worldwide production of sugar catapulted sales to 19 million tons and by 1950 it was approximately 14 million tons. By 2000 more than 120 million tons of refined sugar was produced worldwide in one year. (Galloway 2000)

Diabetes is a symptom of community illness and we believe the answer is to be found in the community. Our work leads us to conclude that the failure of conventional diabetes prevention and treatment programs is due in large part, to the onus placed on the individual to change instead of recognizing culture and the community's role in the healing process. The failure to act from an integrated analysis of causality, in turn precludes appropriate prevention.

Treatment then remains dissociated from cultural identity and reinforces separation from authentic systems of support. In response to our conclusions we developed a community-wide intergenerational project to assess if the support of traditional medicine could mitigate the effects of community trauma. We received funding for this project between 1997 and 2000.

Community-determined methods

We began by gathering with women and teens throughout the community to share healthy meals and to discuss their concerns and interests. We traveled into the mountain towns several hours away, and by boat to neighboring villages. As plans for the project evolved we educated the influential community actors—the doctors and clergy—to prevent them from doing harm to the project and to also assess and engage their support for the value of traditional medicines.

The role of the facilitator in a community-determined action project is to collaborate in processes that validate community knowledge that is beneficial to the community, (Minugh 1989) define questions to be answered, the methods to use, the action to take and in this project, to define the health problems to be addressed. The principal emphasis is to encourage an exchange of knowledge and then present the knowledge as visible information—to mirror the information back to the source. My role was to offer conditions under which the comunidad's knowledgebase could be viewed, examined and recognized as a valid way to understand the community's cultural reality. Our work proceeded from the protocols defined by the Center for World Indigenous Studies for the conduct of community-determined research:

1. The project must be community-based, that is, the knowledge of the community must have a primary role determining the shape and direction of the project with outside researchers, activists and educators serving as collaborators and cohorts engaged in a process of the free exchange of knowledge.
2. The project must be bi-technological, that is, outside practitioners and researchers and community researchers and practitioners must be able to do some of each other's work.
3. The project and its outcome must be economically and technologically appropriate, that
4. The dissemination of the project knowledge and format must meet with agreement by the participants.

During our initial meetings we listed priorities, designed activities, and developed a plan of action that addressed each area of the group's interest. These activities and interest areas included a priority stated by the teen girls to learn the use of medicinal plants from their mothers and abuelas, sewing classes for the women, art classes for the children, and classes to train women in natural medicine health promotion and to conduct community screenings for diabetes, high blood pressure and stress.

The practice of traditional and integrative medicine must include satisfying the requirement that actions protect the cultural property rights of Indigenous Peoples—the products of each distinctive culture, including the knowledge of healing practices. This led to discussions with the comunidad men using this approach arising from the work of Dr. Rudolph Ryser (Ryser 1997) and Rodney Bobbiwash (Bobbiwash 2001) Their work focuses on the definition of laws protecting

indigenous people rights, which develop from the requirements of indigenous nations themselves, not subject to definition or modification by states governments. In the forum it was noted:

Only through new mutually agreed and enforceable treaties and the maintenance of existing treaties can Indians hope to preserve the diversity of tribal cultures and ensure the diversity of fish wildlife plants and their habitats for seven generations of families. Community members are rarely privy to the ongoing mechanisms promoting or countering the effects of development. While rural peoples are often the subjects of policy deliberations, they are most often excluded from the discussion table. Thus, our work in this project included facilitating network links within Mexico that would inform the comunidad members about policy development in other communities.

Exotic Food Preparation using local foods

Discussions of ancestral foods and nutrition led naturally to sharing foods. During one group session, the community members suggested making "Chinese food". A few young men joined in the cooking, by sneaking through the back door, as their interest in cooking challenged the strict gender role assignments that normally prevailed. Since one of the male team members from the north was a chef, he undertook the task of food preparation of exotic dishes. Together we gathered and prepared a feast of different Chinese (Han) dishes, using the neglected local foods such as Chaya (*Chayamansa cnidoscolus*), Capomo (*Brosimum alicastrum*) and Jicama (*Pachyrhizurosus*). These ingredients became "Huevos Foo Yung" and Chaya Chow Mein.

Group food gathering and preparation also provided opportunities to discuss Chinese medicine and its similarities with curanderismo and its principles of Hot and Cold disease familiar to the group. In turn, the discussion about the ancient trade in chilies, indigenous to Mexico, finding their way east, gave breadth to the discussion about cultural continuity, change, and the value of local indigenous foods. We discussed the history of Chinese travels to the west

Intergenerational Activities

The children joined in the feasts and also attended arts classes at the Center where we emphasized themes of nature and respect for the environment. We engaged the schoolteachers to provide time for the young ones to make art of local (anti-diabetic) plants and provided the supplies; the teenage girls interviewed their grandmothers, adult women gathered plants, and made herbal tinctures and formed sewing circles. Some women sewed clothing for their daughters; still others embroidered dresses, aprons and potholders with local food theme designs; Nopales (Cactus), Obelisko (Hibiscus), and Pinas (pineapples).

The project sparked conversation between villages as well, as people traveled to collect items from around the community and exchanged plants for the gardens. More than once an elder would appear with an ancient herbal recipe and recite the utility of its application. Otherwise uninterested teen boys joined the project by participating in sports medicine classes where they learned how nutrition (not sugar) would enhance their soccer performance.

The boys also learned to use computers and along with teen girls, scanned the botanical art of their younger siblings. Together we all designed the medicinal plant book, mapping out the dialogue that would be used to share community knowledge.

Ethnobotanical validation

We validated community knowledge as we encouraged the use of the edible cactus nopale (*Opuntia* sp.), (Ramos 1980) Sabila, (Aloe Vera), (Bunyaphradsara and Yongchaiyudha S. 1996; Yongchaiyudha 1996), Cundeamor (*Momordica Charantia* L.) (Raman 1996), I (Garlic) (*Allium sativum*), Onions (*Allium Cepa*), Tamarindo (*Tamarindus indica*) and Papaya (*Carica*)

Plants have been used extensively for medicinal purposes throughout Mexico and North America (Moerman 1998). Mexico is one of the most biologically diverse regions in the world, with over 30,000 species of plants, an estimated 5000 of which have some medicinal value (Toledo 1995). Many of these are hypoglycemic in action and also support metabolic, (Davidow 1999) cardio-vascular, lymphatic and kidney function for a person with blood glucose dysfunction (IBIS 1999; Marles 1996).

The Comunidad is rich in natural anti-diabetic plants, and there is a history of using these plants medicinally and particularly as a food. The most common of these plants include Cundeamor (*Momordica charantia* L) (Sarcar 1995) Zabila, (Aloe vera), (Bunyaphradsara and Yongchaiyudha S. 1996; Yongchaiyudha 1996; Ghannam 1986) Ajo (*Allium sativum*), (Day 1998) Canela (*Cinnamomum verum*), Capomo, (*Brosimum alicastrum*) and Linaza (Enig 2000; Fallon 1995; Michael 1997; Erasmus 1993).

There are ongoing challenges to overcoming the dependency cultivated by (post) colonial medical systems. The comunidad, like much of the indigenous world is currently caught between, the degradation of local habitat containing indigenous medicines and the resultant loss of traditional knowledge. Many of these plants, like *Mormordica charantia* L (Cucurbitaceae), which grew alongside the dirt paths, were all but gone from the village by the 1990's. Others, such as Nopale Prickly Pear Cactus (*Opuntia* sp.), while still grown are used less now. Still other plants, like Breadnut (*Brosimum alicastrum*), which along with Chaya (tree spinach) were a diet staple, are Capomo (bread nut) is one of the main plants we focused on for renewal especially for people with diabetes.

We spent countless hours with the elders gathering the capomo seeds and preparing and eating them in all the ways the elders said their mothers did. In addition we focused on the renewal of traditional food uses that had medicinal value. We found that the local practice of drinking tea made from cinnamon every morning is all but gone except among some elders and people living in the small ranches of the comunidad and increasingly coconuts whose value cannot be overestimated (Enig 1999) are left on the trees and are ignored except for their touristic value.

Detoxification Strategies

A final strategy for clinical and educational reclamation of natural healing methods was discussion and implementation of detoxification. One of the major components of our clinical work was to employ detoxification methods that were both indigenous to the region as well as novel and acceptable for introduction.

Detoxification involves activities that support liver function and metabolic balance, including eliminating as much as possible refined foods such as white flour and sugars, soft drinks and (excessive use of) alcohol. For indigenous peoples this means eliminating “introduced” or “colonial” substances that act like poisons. This call for the rejection of colonial nutrition may be located historically with other nodal moments when leaders, such as Shirley Palmer, a Colville Confederated Tribes council woman stood before the meeting of the Affiliated tribes of Northwest Indians in 1977 and implored every leader there to take responsibility for the alcohol abuse that is “killing our people” (Ryser, personal communication). This call to action was a turning point leading to the elimination of alcohol at leaders meetings and a turn to sobriety by many in the sovereignty movement.

Every culture that we have investigated includes detoxification strategies in their traditional medicine repertoire. Indigenous societies use alterative (blood- purifying) plants, peoples use practices derive from curanderismo and incorporate the use of particular herbal teas, herbal enemas, temazcales (sweatbaths) and bathing rituals (Goldwater 1983; Korn 1983). At the clinic we have applied detoxification methods that include the use of castor oil packs, and coffee enemas, which serve as “dialysis of the blood across the gut wall”. (Walker 2001, p. 49)

Coffee enemas are theorized to dilute bile and dilate blood vessels countering inflammation of the gut and to enhance Glutathione S Transferase, facilitating the phase-two liver detoxification pathway so integral to health in people with diabetes. While often ridiculed by the uninformed, coffee enemas were until recently included the bible of medicine, the Merck Manual (Gonzalez and Issacs 1999). In our patient population in Mexico and in the northwest the USA patients readily embrace the coffee enemas in part because they promote a sense of relaxation and well being and because enemas are a tradition among many. Among the people who express resistance to use coffee enemas have been people who have given as an explanation that they have experienced sexual abuse.

Project significance

Authentic foods and medicines (those foods and medicines naturally evolved over time within a specific human culture) bring balance to the body, mind and spirit. Health practitioners and native peoples living in comunidades, on reservations, reserves and in urban communities, however, do not generally turn to authentic foods and medicines. Furthermore, nor with the passing of elders, these individuals do not necessarily possess that traditional knowledge to make appropriate diet changes. Foods introduced into a culture often serve as substitutes for natural foods that are readily available, but their consumption can produce disastrous dietary and health results

Our study of culture and community as healing for chronic disease is the first major effort to document the relationship between imposed development, community trauma and diabetes in Indigenous Mexico. We have demonstrated the efficacy of culture and the validated knowledge healing is palpable. Five years after the start of the project, several of the women trained as natural health promoters during the project continue their work with people in the village. Individual incidence of chronic disease can be reversed through cultural validation, reintroduction of local wild and cultivated foods and employment of traditional healing techniques.

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About the Authors:

Leslie E. Korn, PhD, MPH

I am the granddaughter of Romanian Jewish women who healed with their hands and their food.

I embraced this cultural memory only years after I had been living in the dry forest of Mexico wondering why I felt so totally at home in that beautiful land touching the feet and bellies of my patients. Following 10 years in Yelapa, I returned to complete my formal graduate training at Lesley University, (Health Psychology) Harvard School of Public Health (Maternal Child Health/International Health) and Harvard Medical School (Religion and Psychology). I returned to Mexico following my PhD from the Union Institute (Traditional Medicine and Feminist theory) where I conducted the work outlined in this chapter. I have a clinical/healing practice in Olympia WA. My current research is funded by the National Institutes of Health to document the effects of Polarity Therapy on the health of American Indian family caregivers. I am married, with three grown step-sons and a wild dog who figures in everything.

Rudolph C. Ryser, PhD

I grew to the age of awareness in a tiny village on the Pacific Coast surrounded by the sea, forests, long beaches and mild climate in the State of Washington—so similar to the semitropical comunidad in Mexico. The youngest of eight children I grew up in the Taidnapum Cowlitz way even though I knew nothing of the Indian politics that would later define so much of my life. While I received my formal education at Washington State University and the Union Institute and University my practical and fundamental education took place in the struggle to achieve the fullest expression of Indian Rights. I served as an advisor, researcher, and writer with the key leadership of US Indian tribes and later with leaders from other

indigenous peoples elsewhere in the world for more than thirty years to negotiate peaceful relations with often violent and dangerous state's governments and their policies. For the last twenty-five years I have served as the Board Chair and Executive Director of the Center for World Indigenous Studies, a policy analysis, education and research organization dedicated to the advancement of indigenous peoples' rights through activist scholarship. My wife and I have three beautiful sons.

Acknowledgements

We wish to thank the people of the Comunidad Indigena de Chacala, in particular our friends Alisia, Jose Garcia, Chamba and Aaron, who contributed immeasurably through their trust and friendship and to this important work. We also express our gratitude to Dr. Peter D'Adamo and Pharmacal, Inc who generously contributed supplies we used in this study and at our clinic. We give our thanks to Medora Woods, whose generous financial support allowed us to set our sights high and to many others who contributed funds and time.