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As we began to work on the preparation of this issue of Contact, we realized how little we knew about the health of Indigenous, otherwise known as Aboriginal or "First Nation", communities. However, spurred on by World Council of Churches’ Programme on Indigenous Peoples and with the statement on health by the Indigenous Caucus to hand, we took courage. We hope that our efforts will be accepted in the spirit that they are intended - namely, as an act of solidarity based on a genuine wish to learn.

According to the Centre for Human Rights, there are 350 million Indigenous Peoples worldwide. Although spread throughout the world, Indigenous Peoples, share many similarities in their "cosmo-vision", or way of looking at the world. In particular, they emphasize the centrality of the environment to human existence, and our dependence on our ecosystem. This viewpoint contrasts strongly with the industrialized world’s headlong pursuit of technology, in which little attention is given to weighing the costs to the environment.

A second commonality is that Indigenous Peoples believe that all things have a spirit and that this spirit is the common denominator for all of Creation. On the one hand, this knowledge has the effect of making each person feel that they have a reason for being here. On the other hand, it humbles people because it places them on an equal footing with the rest of the Creation.

Both these aspects of the Indigenous world view significantly affect thinking and practices in health and healing and differentiate the indigenous from the western approach to health. Sadly, the dominance of western culture has had the effect of downgrading other cultures and other healing traditions. The result has been that everyone has lost out. We hope that this issue of Contact will help to pose the challenge: "How can we learn and benefit from each other?"

As a starting point, the introductory article highlights some of the issues involved in the health of Indigenous Peoples. Many of these issues, such as colonialism, current economic policy, including patenting, recur in the "Statement by the Indigenous Caucus to the United Nations Working Group on Indigenous Peoples regarding the issues related to health". This statement, printed on page 7, was presented to the UN Commission on Human Rights during last year’s meeting. Health was the theme for 1996 in the International Decade of the World’s Indigenous People (1995-2005).

The second article describes some approaches to healing associated with Indigenous communities, such as the Healing Circle and the Sweat Lodge. The author shows how the spiritual nature of healing is a common thread running through the practices described.

The third article is the story of a highly successful indigenous health programme. We hope that a concrete example of the Indigenous philosophy of life and health in practice might provide a useful means of deepening our understanding. Native American Indian, Maggie Hodgson, tells the story of how an alcohol-addicted community in Alkali Lake, Canada, built on its own spiritual strength and resources in order to recreate itself as a model of sobriety and leadership.

Finding the path to developing partnership and harmonious coexistence among different healing traditions will not be easy. But it is a matter which requires urgent attention. Top of the agenda is the need for an initiative to prevent the patenting of the plants and medicines used by Indigenous Peoples and other traditional practitioners. How can we best face the difficulties and start the process of dialogue for the benefit of all? This is a challenge facing everyone, and a particular concern for the health of Indigenous Peoples.

Erlinda Senturias
Executive Secretary
CMC - Churches’ Action for Health
THE HEALTH OF INDIGENOUS PEOPLES

Beginning with colonialism and continuing as a result of globalization, Indigenous Peoples have been forced to deal with devastating, and often foreign, health problems. Meanwhile, their own healing systems have been systematically undermined. Recently, however, resistance has become organized, effective and highly visible. The following introduction to the health of Indigenous Peoples highlights some of the most important issues involved.

Any review of the health of Indigenous Peoples is dominated by the effects of colonialism. Europeans brought unfamiliar diseases to Latin America, Asia, Africa, Australia and Aotearoa/New Zealand which decimated local populations. While the native people battled with outbreaks of influenza, syphilis and smallpox, the colonizers made great efforts to silence the indigenous healers, and often banned traditional ceremonies as well. Missionaries and colonial legislators and administrators all gave a clear message that the Indigenous Peoples’ own spiritual leaders should be ignored.

In many communities, elders with healing and spiritual powers were ostracized. According to a report in Seasons, the newsletter of the National Native American AIDS Prevention Centre, many were labelled as mentally ill, witch doctors or trouble-makers. Some were sent to prisons or mental institutions. Others went into hiding for their own survival, preserving the skills and traditions that were sacred to them.

Although the health services provided by the new masters were able to provide cures, they were out of touch with local culture. The paternalistic approach was based on a belief that western medicine was the only one worthy of attention. To make matters worse, they were completely inadequate to meet the needs of the majority.

In some cases, indigenous children were snatched from their parents to be given an education directed by colonial masters. “Residential schools” for Native Indians in North America and for Aboriginals in Australia devastated the lives of children, parents and whole communities. Some of the schools were run by Christians. Stan McKay, a Cree from Manitoba, Canada and immediate past moderator of the United Church of Canada went to residential school and described his existence there:

“I experienced five years in an Indian residential school. It was a period of incarceration which affected my self-confidence and my self worth in negative ways. I am marked by the experience of..."
working through GATT and the World Trade Organization to fix new rules and regulations in international trading. Meanwhile, the World Bank and the International Monetary Fund have imposed structural adjustment programmes (SAPs). The result has been job losses, less subsidization of basic goods, and fewer school and health services for the poor. The effect of these combined policies make progress towards self-determination and autonomous development ever more difficult.

The growth in prospecting for energy and mineral resources, as a result of the opening up of markets for foreign investment, has had particularly deleterious consequences for many indigenous communities. Oil, gold and other mining operations often force native people off their land or contaminate the rivers which they rely on for drinking water and fishing.

In 1996, World Council of Churches organized a meeting in London to discuss how Indigenous Peoples could protect themselves from companies prospecting for gold. (For details of the report of the "Mining consultation on Indigenous Peoples", see page 15). The meeting heard that in 1995 the Omai gold mine in Guyana had been responsible for a flood of three million cubic metres of water containing cyanide, a chemical used in the mining operation.

HEALTH STATISTICS

Some statistics on the health of Indigenous Peoples were given to the 1996 UN Working Group on Indigenous Populations, Commission on Human Rights. For example, an indigenous representative from North America stated that, in his country, non-indigenous people lived 10 years longer than Indigenous Peoples. He also said that the incidence of diabetes was four and a half times greater among Indigenous Peoples and that of tuberculosis, nine times greater. He said that the rate of disability was twice as high and their suicide rate two and a half times as high.

A representative from South America reported that the infant mortality rate among Indigenous Peoples in a certain region of his country was 300 per 1,000, life expectancy 35–40 years, and that 82.9% of the Indigenous Peoples in that region were infected with viral hepatitis B, while 17.1% are carriers.

An indigenous representative from Oceania reported that babies born to indigenous mothers had an average birth weight over 200 grams less than the national average, that the maternal mortality rate for indigenous women was over five times greater than that for non-indigenous women, that the tuberculosis rates among Indigenous Peoples were 10 times higher, as were the leprosy and hepatitis A rates. He said that only two out of every five indigenous men in his country were expected to live beyond their 65th birthday, compared with three out of every four non-indigenous men.
The poisoned water flowed into a tributary of the River Essequibo which runs the entire length of the country. Although there are no deaths reported as a direct result of the bursting of the mine's earth dam, the eco-system of many native communities has been badly contaminated.

Intellectual property rights
The profitability of prospecting for natural resources has been boosted by the rapid growth in international property rights. This has presented another problem for Indigenous Peoples. The right to patent makes prospecting for traditional medicinal plants more commercially advantageous for individuals, companies and transnational corporations. At present, a North American is trying to patent a sacred plant of the indigenous peoples of Ecuador called "Ayahuasca". Ayahuasca is a wild plant which grows in the Amazon jungle and has been traditionally used in native indigenous rites for its hallucinogenic effects. Should the Ecuadorian government succumb to US pressure and decide to ratify a bilateral intellectual property rights agreement between the USA and Ecuador, Indigenous Peoples would have to pay a licence for the use of Ayahuasca.

Gene patenting?
Endangered indigenous societies are now becoming concerned that their own genes might soon be patented. The Human Genome Diversity Project based in the USA is intent on collecting tissue samples from 700 endangered indigenous societies. It aims to "immortalize" them in a search for unique DNA sequences that may offer clues to genetically caused diseases and to potentially lucrative cures.

Those supporting the project argue that this collection, and eventual patenting, is justified for the "greater human good". The peoples themselves, however, have rather different opinions. According to Leonora Zalabata, spokeswoman for the Arhuaco, people of northern Colombia: "Our land, our culture, our subsoil, our ideology and our traditions have all been exploited. This could be another form of exploitation. Only this time they are using us as raw materials."

A specific case of gene prospecting in Papua New Guinea is that of a researcher who collected blood samples from a member of the Hagahai tribe. A particular tribe member was discovered to have blood infected with a variant of the retrovirus HTLV-1 which would normally cause leukaemia but had not in his case. It was hoped that studies of the sample would produce a new treatment and therefore a patent application was filed. Critics at the Rural Advancement Foundation International (RAFI) argued that this was exploitative. The future of the Hagahai people should be secured rather than the preservation of their genes.

Peoples' collective action
Tremendously encouraging for health development, however, is the strength and visibility of the indigenous peoples' movement. Throughout the world, but especially in North and South America, Asia, Australia and Aotearoa/New Zealand, local and national groups and networks are being established. Since 1993, groups involved in health issues...
have been brought together by World Council of Indigenous Peoples for regional meetings in Venezuela, Uganda and Vietnam.

The series of meetings on Indigenous Peoples and health have produced some clear conclusions and recommendations. One is the need to promote the access by indigenous peoples to mainstream medicine. Another is the need to develop socially and culturally sensitive local health systems in which indigenous wisdom could be preserved. A third is also the need to promote measures aimed at safeguarding the cultural and intellectual property of the Indigenous Peoples.

The recommendations were reported to UN Commission on Human Rights, Working Group on Indigenous Populations in 1996 (see next page). Some specific recommendations on health were put to the World Health Organization (WHO). Ted Webster, WHO’s coordinator for activities on the health of indigenous peoples, says his organization is planning to co-sponsor a major meeting on issues relating to health in Aotearoa/New Zealand in February 1998. He says that he hopes the meeting, which will be organized with representatives of the indigenous population of Aotearoa/New Zealand, will provide an opportunity to discuss a broad range of issues, though primary attention will be given to alcohol and substance abuse.

Church support
Sadly, the role of the church has been a double-edged sword in the health of Indigenous Peoples. The arrival of the gospel was not always “Good News” for indigenous populations. Nevertheless, there were many Christians who learned from indigenous traditions. Some of them contributed their knowledge of the experience of integral health in Africa, Asia and Latin America to the discussions that led to the Primary Health Care (PHC) strategy developed in the 1978 Alma Ata Declaration.

Since then CMC, like many other ecumenical and non-governmental organizations, has supported the development of networks and training relating to indigenous and traditional approaches to health care. In May last year CMC held a workshop-consultation on “Gospel, cultures and traditional medicine” in Guatemala (for details see page 15). Training programmes in traditional medicine have become an important part of church-sponsored development work in many parts of Central and South America.

World Council of Churches (WCC) itself, in addition to its programme on Indigenous Peoples, hosts the Indigenous Peoples’ caucus group which meets prior to the UN Working Group on Indigenous Peoples. Recently, WCC Secretary-General Konrad Raiser, called upon the United Nations for the speeding up of the process towards ratification of the UN Declaration on the Rights of Indigenous Peoples. He has also called for a total ban on bio-prospecting.

However, more important than anything else to future improvements in health of Indigenous Peoples is the enthusiastic revival of traditional approaches to healing. Based on spiritualism and collectivism, the rapid and successful expansion of programmes for and by Indigenous Peoples provides not only an important contribution to future universal “health for all” strategies, but also provides health services to Indigenous Peoples which strengthen identity and pride among the indigenous communities involved.

This article is based on a large number of reports and articles as well personal communication. Please write to Contact if you need references.
INDIGENOUS PEOPLES’ STATEMENT ON HEALTH

The following “Statement by the Indigenous Caucus to the United Nations Working Group on Indigenous Peoples regarding the issues related to health” was prepared at a meeting at World Council of Churches on Sunday, 28 July 1996.

We, the Indigenous Peoples present at the Indigenous Peoples’ Preparatory Meeting on Sunday 28 July 1996 at the World Council of Churches, have reached a consensus on the issues related to the agenda item concerning health issues as a “theme” year for the International decade.

The UN Decade is an opportunity for the UN and its specialized agencies to constructively promote the rights of Indigenous Peoples.

The health of Indigenous Peoples is related to the spiritual, mental, emotional and physical health of Indigenous Peoples who have suffered the effects of colonization of our lands, resources and our total being as a resource for the colonizers.

Indigenous health concerns relate to the continued refusal by the colonizer states to recognize our right to self-determination to control our lands and resources.

Indigenous health issues relate to our rights as peoples and not as minorities within states.

THEREFORE THE INDIGENOUS PEOPLES PRESENT MAKE THE FOLLOWING RECOMMENDATIONS AND CONCLUSIONS:

1. Call for a moratorium on bio-prospecting activities in Indigenous Peoples’ Territories
2. Call for a stop to the patenting of life forms, plants, animals and human genetic materials specifically condemning the Human Genome Diversity Project known as the “vampire project” and for the elimination of the government and corporate funding for such projects
3. Call upon the World Health Organization (WHO) to make a report on how patented materials from Indigenous Peoples (human genes, medical plants, seeds etc) have been collected, are being used for profits generating income for the multinational corporations who own the patents etc
4. Demand that the structural readjustment which is presently occurring and being implemented by World Bank-International Monetary Fund, and now also by the World Trade Organization, which directly affects the health of Indigenous Peoples be suspended
5. Demand the implementation of the Copenhagen Declaration of the Social Summit that 20% of the national budgets and 20% Development Aid be allotted for social development which includes health as a major component to be directly controlled by Indigenous Peoples
6. Demand that no approval or release of genetically-engineered organisms or genetically-engineered organic products be used unless there is a firm and complete evidence of its safety and a lack of risk
7. WHO should promote the implementation of the mandate of the United Nations to respect and to promote world peace through the recognition of the right of self-determination of Peoples which includes Indigenous Peoples
8. WHO should help with the recovering, strengthening and development of health rights of Indigenous Peoples
9. WHO should convene a global conference of Indigenous Peoples who are involved in Indigenous Health issues, including the establishment of a technical committee of Indigenous Peoples to coordinate and elaborate the traditional medicines and practices of Indigenous Peoples
10. WHO should assist the Working Group on Indigenous Peoples (WGIP) to develop standards which would promote and develop international standards affecting the health of Indigenous Peoples
11. WHO should conduct a survey on a worldwide basis to determine the health conditions including the use of alcohol by Governments against Indigenous Peoples
12. WHO should promote the recognition and respect for traditional medicine and medicinal practices of Indigenous Peoples
13. There is continued violation of the Convention on Genocide which should be condemned and stopped as state and corporate practices such as:
   • forced sterilization of Indigenous women
   • impact on the lives of Indigenous women through the use of contraceptives
   • impact of industrial development on the lives of Indigenous Peoples from toxic waste, nuclear testing, oil and gas development, construction of dams, mining, pollution and deforestation
14. Indigenous Peoples reject the patenting of the Ayahuasca from the Amazon region which has been used and continues to be used as a medicine by Indigenous Peoples of the region for millennia. We view the patenting of our medicines as theft of our intellectual property
15. That the United Nations and its specialized agencies and multi-national corporations should not be undertaking any activity without the expressed consent of Indigenous Peoples.
INDIGENOUS MODES OF HEALING

Recognizing the importance of the healing perspective and teachings of Indigenous Peoples is an important first step towards dismantling the barriers of ignorance. The following is an extract of a report by the International Institute of Sustainable Development.

In our territories and through our traditional people, we have been given certain ways and means to reconnect ourselves to our Mother and to remind ourselves of our relationship to her. These methods are deeply entrenched in the ways of our ancestors and their understanding of our relationship to the earth. They are not only ways of reconnecting, they are also the healing ways for our people.

The Healing Circle
One of the most ancient and effective methods that our people used to heal themselves was through conversation. While dialogue among our people took many forms, there were specific types of structures that were used and are still used today to promote healing in individuals and in groups. The Healing Circle today is a powerful tool for healing because, as Indigenous Peoples we have many common experiences that have caused much pain in our lives, the circle presents an opportunity to release this pain and to support each other through it.

The Healing Circle is premised upon the concept of respect, non-interference and the recognition that the spirits of our grandfathers and the Creator are present to guide us through the process. In this method of healing, our people asked for guidance and sensitivity through the sacred pipe and called upon the participants to exercise care and respect when talking. Each person was given the opportunity to speak without interruption. Each person was asked to listen closely to all that had been said so that solutions could be found that made the greatest sense to the individual.

Often the pain being experienced by one individual was the same pain experienced by another. This commonality allowed people to put their feelings in context. Sometimes conflict existed between people and the circle provided a forum for their feelings to be heard and validated. Always it was a learning experience, because you became acutely aware of the feelings that were contained inside of people and learned
new ways of dealing with your problems. It was understood by all who participated that what was said in the circle remained there.

The Sweat Lodge
The Sweat Lodge is given to the Indigenous people of our territories as a means of reminding ourselves of our relationship to the earth and as a means of purifying our spirits. The lodge was constructed in the form of a dome. Inside the lodge, a pit was dug to receive the hot rocks from the fire. These rocks contained the spirits of our grandfathers and our grandmothers. As the rocks were placed in the pit, the door would be closed, surrounding everyone in total darkness.

As you sat in the lodge you were not expected to concern yourself with the outer shell that we carry around with us. In the lodge it was the spirit that spoke. Your eyes could not see and pass judgement on someone because of the way the person looked, your spirit spoke to the spirits of the other participants. As the water was poured upon the rocks, the steam that escaped represented the spirits of the grandfathers and grandmothers. Because they have been the earth from the first day of its creation, the spirit of the rocks, which represent the oldest spirits on the planet, are held in great respect. As these spirits entered the lodge, your own spirit spoke to them and asked for direction and guidance.

Finally, the process consisted of four rounds. After each round the door was opened and the steam was allowed to escape. Each round of the sweat represented the four directions of the earth. Each of these directions had something to teach us about the cycles of life that were represented in the seasons. Each time a round began you were reminded to think of this and to find some answers to the questions that come with you to the lodge.

Medicine People
In our society there are specific people who are charged with the responsibility for understanding the healing qualities of the plants, the minerals and the spirits of our environment. These people were afforded a special place around our fires because they had gone through a long and difficult process of training to be afforded the title of medicine person. It was not just a matter of learning the qualities of the plants and the minerals. The training consisted of many years of preparing the spirit for this role through fasting and sacrifices of self. Knowledge about the history and the legends of the people were a part of the preparation for this role as well.

The medicine person was called upon to help in the healing of physical ailments that included everything from toothaches to physical injury. This healing did not simply occur with respect to the needs of the body, but also took into consideration the needs of the spirit. Physical ailments were attended to from both these aspects and often the medicine person would deal with just the aspect of spiritual healing. Medicine people were called upon to provide advice on matters of the community, especially when major decisions needed to be made, a role with central importance for the health and well-being of the people.

It is always difficult to describe the significance of the healing practice of Indigenous Peoples. While it is relatively easy to provide a description of the practice, it is not so simple to make understood the interconnectedness of...
all these ways of healing. The common thread that runs throughout all of these healing practices is the spiritual nature contained in each one of them. Each of these practices is aimed at placing the person in relation to the spirit and in the context of his/her role with respect to the creation. None of these practices are discrete means of healing. Rather, it is likely that they would be used in combination with each other to facilitate the whole person healing.

Another significant commonality throughout these practices is the consistent reminder of interconnectedness to each other as spiritual beings and to our responsibility and accountability to our forefathers and the messengers that they have handed down to us as Indigenous Peoples.

**Mind, body and spirit**

Our ancestors had achieved a balance with all aspects of the earth. They had accomplished this through the development of their relationship to the earth parallel to the plants, animals and all living things. This parallel understanding gave rise to systems of thought that placed them in relation and on an equal footing with all things. The relationship that arose was one of respect and reciprocity that nourished their minds and provided them with a way of understanding their roles and responsibilities in relation to the creation. They drew their sustenance from the plants and the animals and nourished their bodies on the organic matter of the earth. They took only what they needed to live and through communion and the honouring of the gifts of creation, they appeased the spirits of the earth and joined their spirit with the spirits of the plants and the animals that had given them their life so they might survive.

The whole system of Indigenous thought is a reflection of this balance of mind, body and spirit. We can realign this balance for ourselves as Indigenous Peoples through the reconstruction of our lives. We begin this process by emptying our minds of the false messages that have been forced upon us over the last many years.

As we become more clear-minded about where our pain and suffering has come from, and as our understanding grows about our own history in a more positive light, we can begin the process of healing our spirit. We can begin the process of reconnecting ourselves through the healing practices that were given to us by our ancestors. As our understanding of our roles and responsibilities to ourselves and to our creation grows, our spirit will grow along with this.

The culmination of this process will be the recognition of our role as the caretakers of the planet. We need to share this knowledge with the wider society as the caretakers; we need to ensure that the creation is here for the seventh generation to come.

FROM ALCOHOLISM TO REBIRTH:
THE EAGLE HAS LANDED

A programme to fight alcoholism originally developed by the Indian community of Alkali Lake in western Canada, is spreading fast among indigenous communities throughout North America and beyond. Maggie Hodgson, a Native Indian and former director of Nechi Institute, tells the story of the indigenous anti-addiction programmes and describes how the success of this model has brought new hope for her community.

During a ceremony attended by a number of Hopi Elders in the mid-1850s, the following prophecy was given:

“Our people are in our midnight and we will come into our daylight when the eagle lands on the moon. When the eagle lands on the moon we will become world leaders.”

At the time, the prophecy confused the old people. They knew what was meant by “our midnight”. It was the breach of treaties, the residential school system, the outlawing of traditional Indian ceremonies, violence, alcoholism and pain. But they did not exactly understand what was meant by the rest of the prophecy. Nevertheless, they had faith in it and handed it down from generation to generation.

In 1969, when man first landed on the moon, the American astronauts sent back the message: “The Eagle has landed”. Hearing this, our people knew that the time had come for change! That same week, the first Indian alcohol and drug programme was set up. The programmes have created not only controlled alcohol addiction, they have also stimulated the renewal of our Indian spirituality and culture.

**History**

The first initiative was developed in Alkali Lake. Traditionally, the Alkali Lake community had been hunters and trappers, with a way of life based on a collective approach to health and community protection. However, in the early 1900s, when the white population moved into Canada, the life-style of Indian communities changed dramatically.

The programmes have also stimulated the renewal of our Indian spirituality and culture.
Children between the ages of five and 15 years were forcibly removed from their homes and taken to residential schools. In these schools, not only were the children cut off from their parents and family, they were not allowed to speak their own language. The result was that the whole community fell into a state of utter hopelessness.

By the early 1970s, the community was 100% affected by alcoholism. At least one person in every extended family was an active alcoholic. There was a high rate of suicide and murder, and there were many deaths from vehicle accidents. Children were often neglected, and physical and sexual abuse was common. There was violence in every form. Virtually no-one had a proper job and there was almost 100% welfare (money paid by the government to cover living costs).

Fortunately, however, the people of Alkali Lake had not lost their vision. They knew that all healing was spiritual, and that all things were related within the universe. Without this philosophy of life (see box), the dramatic changes in community life could never have been achieved.

**Starting point**

One day in 1974, an Alkali Lake community member came home to discover that his daughter wanted to move in with her grandmother. The daughter said that she was fed up with her parents’ drinking. The man and his wife couldn’t bear the thought of losing their daughter’s love and respect and, as a result, they both managed to give up alcohol. At Christmas, they held a party for those people who were willing to come sober.

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**The Medicine Wheel: Symbol of a philosophy of life**

Handed down from the grandfathers through generations, the Medicine Wheel symbolizes the spiritual foundation of a philosophy of life. Knowledge of it gives rise to the belief that healing is spiritual and that all things are related.

The Medicine Wheel is divided into four quadrants (or quarters). The “North” quadrant of the wheel represents respect, the “South” - sharing, the “West” - kindness, and the “East” - faith. By focusing on each of these symbols of spiritual life in turn, the journey around the Sacred Circle becomes a healing journey. The wheel also symbolizes relatedness because there is balance the quadrants since each is of equal value to God.

Without the common philosophy symbolized by the Medicine Wheel, none of the success of the anti-addiction programme could have been achieved. When the people of Alkali Lake began, it took a quantum leap of faith for them to believe that they could control alcohol addiction. They had no funds and no qualified staff. But by concentrating, in turn, on these four aspects of spiritual life, and especially by emphasizing the need for sharing and faith, they were able to overcome the barriers.

Their faith made them believe that, even though they did not have all the answers, God would provide answers. They knew that as long as they were prepared to do the necessary work, they would be able to move forward. The strength of our community members is that they believe that in each one of them there is the life-force which is part of the Creator’s energy.

The Medicine Wheel also symbolizes relatedness. Each quadrant is of equal value to God, each has its own quarter and there is balance between them. Believing that “Everything is related” and “You don’t get something for nothing, you have to earn it” affects our understanding of community change. If everything that anyone does affects the whole society and the whole world, each person has to act as a role model if change is to take place. By contrast, in White society, everyone sees himself or herself as separate. A counsellor is not a neighbour of the client and is certainly not a relative. He or she is separate but with an ability to influence. We believe that if we want change, we ourselves have to change. If we genuinely want our peoples’ respect then we ourselves must behave in a respectful way.

Maggie Hodgson
Only children came. They wanted the hot meal. However, while every one was eating, a woman arrived with her children saying she had given up drinking too. These three adults started a new trend towards sobriety.

Over time, a small group of non-drinkers worked together to persuade others to give up drinking. The members of this group encouraged alcoholics to go for the 30-day treatment provided by the provincial government. They offered support to anyone who gave up drinking, recognizing the need for the community itself to be involved in treatment and healing. They organized sober dances and revived ceremonies and community prayers. Because many traditions had been forgotten, they invited elders from other regions to demonstrate traditional ceremonies and prayer "sweats" (see "The Sweat Lodge" in previous article) to the people of Alkali Lake.

Eventually, the group decided that the council leaders needed to set a better example. At that time, members of the council were talking about addiction-related problems while continuing to drink themselves. The sober group therefore decided to make a systematic attempt to encourage each council leader to go for treatment. The process took several years but when all of the council members were sober, it was time for the community development programme to begin!

Training
With the entire council made up of non-drinkers, it was decided that new ways to broaden strategies needed to be found. At that time, similar indigenous programmes were starting in the neighbouring province of Alberta. There, the provincial government had been willing to support some of the indigenous initiatives, and the first training programme of the newly-created Nechi Training, Research and Health Promotions Institute had begun as a 10-day course held in a teepee (traditional Indian tent).

The council members returned from their training with a determination to involve the whole community in anti-addiction treatment. Everyone was encouraged to become part of a process of commitment, caring and "tough love" in order to meet the challenge of working towards a healthy community. "Tough love" demanded that each time someone within the community was found stealing to feed their addiction, he or she would be given the choice of going for treatment or being charged with theft. It also meant that when families were abusing alcohol, they would be placed on a voucher system rather than being given their welfare in cash. When the chief or a council member discovered that parents had left their children at home alone, someone would go and collect the children. The children would not be returned until the parents had agreed to go for treatment.

This was the tough side of "tough love". On the other hand, people received

From: "Alcofama", a publication of Bureau d'études et de recherche pour la promotion de la santé, Kangu-Mayumbe, Zaire.

The consequences of alcoholism

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The community had moved from one in which everyone was affected by alcoholism to one in which only one in twenty of its adult members were active alcoholics.

constant care and kindness. Close attention was given to the body, mind and spirit of the people, and interventions were organized in close collaboration with extended family members and friends. When an alcoholic person had the courage to go for treatment, he or she received a card from the community signed with encouraging comments such as: “Hang in there”, “We love you” and “You can make it”.

While the former drinker was in treatment, a community team would ensure that his or her children were cared for in the homes of relatives. Another team would visit the person’s home to clean it up and do any necessary repairs. This increased the excitement of coming home and made it more pleasant. Several community members would travel up to 500 miles to the treatment centre to honour a successful graduation from the treatment programme.

Breaking the rules
Another important aspect of the expanded strategy was the recognition that the community needed to break the rules that had been set by the community’s many addicted families.

The “Don’t feel rule” had developed in many families as a direct consequence of alcoholism. When the experience of repeated pain becomes too much, people simply stop allowing themselves to feel it. Part of the strategy for becoming healthy again meant relearning how to feel both pain and joy.

The “Don’t talk rule” developed in a similar process of self-denial. This unspoken censure had previously prevented adults and children talking freely about the destructive effects of drinking. With the help of new developments in the programme, people were encouraged to join talking circles where they could share their losses and relearn how to have trust in themselves and others.

Council members also tried to reduce the constant stream of vehicles bringing alcohol into the community. Bootleggers (illegal sellers of alcohol) were charged with the offence, one of whom was the current chief’s mother!

A locally-controlled store and a logging company were set up. This meant that when someone came back from treatment, they had the opportunity to work as a volunteer, even if there were no job opportunities. It was felt important that everyone had a sense of purpose.

Success
By the early 1980s, 95% of the community were sober. In a period of only 10 years, the community had moved from one in which everyone was affected by alcoholism to one in which only one in twenty of its adult members were active alcoholics.

In 1985, the Alkali Lake community developed a film entitled “Honour of All”. It shows the miracle of the 10-year transformation of a community from drunkenness to sobriety. As a result of the film, Alkali Lake community members are invited to speak to other Indigenous Peoples throughout North America. When they travel, they take with them a belief that the prophecy given to the Hopi Elders during the 1850s is coming true. They have a vision of spiritual healing and world leadership to share. The eagle has landed!

This article is developed from “Indian communities develop futuristic addictions treatment and health approach” by Maggie Hodgson, Nachi Training, Research and Health Promotions Institute, Box 3407, Kingsway Mall PO, Edmonton, Alberta T5J 3C4, Canada. Fax: 403 458 1883.
World Council of Churches has a programme on indigenous peoples. Its staff members, Eugenio Poma, an Ayamara from Bolivia, and Tara Tautari, a Maori from Aotearoa/New Zealand contributed to Contact 151 on Healing traditions. A report of a consultation which took place in London in May 1996 on “Mining and Indigenous people” is available from WCC Programme on Indigenous Peoples. CMC - Churches’ Action for Health held a workshop-consultation on Gospel, cultures and traditional medicine in Guatemala in May last year. The report is available in Spanish (with a draft translation available in English). Various issues of Contact also relate to the health of Indigenous People, please write to CMC - Churches’ Action for Health, WCC, for a copy of the list of back issues of Contact. These materials are free of charge.

World Council of Indigenous Peoples coordinates meetings of groups involved in health issues. A report which brings together recommendations of three regional meetings and entitled “Gifts of Health” (Los Regalos de la Salud in Spanish) is available in English and Spanish. It was produced by Global Initiative for Traditional Systems (GIFTS) of Health, Oxford, UK.

World Health Organization’s Ted Webster is responsible for coordination of issues relating to the health of Indigenous Peoples. Sharon Clarke is Indigenous Team member with WHO’s Programme on Substance Abuse. If you would like to learn more about her Indigenous Peoples and Substance Use Project, her telephone number is 41 22 791 4325, e-mail: clarke@who.ch. A report on collaboration (relating to health issues) within the United Nations system and with other intergovernmental organizations on International Decade of the World’s Indigenous People will be presented to WHO’s Executive Board meeting in 1997.

INCUPO (Instituto de Cultura Popular) in Argentina can provide information about a major meeting held in 1996 on “The indigenous peoples and health” held at the National Academy of Medicine of Argentina, Buenos Aires. A standing committee, formed at the symposium, will monitor the health conditions of the country’s indigenous peoples. After the meeting, the Argentinian Society for the Health of Aboriginal Peoples (SASPA) was founded.

Te Hotu Manawa Maori, a Maori health group, has developed a community-based rheumatic fever programme and been engaged in many health prevention and promotion programmes in Aotearoa/New Zealand.

 seasons is the newsletter of the National Native American AIDS Prevention Center (NNAAPC), 2100 Lake Shore Ave, Suite A, Oakland, CA 94604, USA. Fax: 1 510 444 1593. e-mail: RRWoll@aol.com

Issues in Gender and Development produced a special issue for Beijing 1995 on “Indigenous Peoples and Women’s Rights”, Asian and Pacific Development Centre, Pesiarian Duta, PO Box 12224, 50770, Kuala Lumpur, Malaysia. Fax: 603 255 0316.

Co-Traveller produced by Voluntary Health Association of India, Tong Swasthya Bhavan, 40 Qutab Institutional Area, South of IIT, New Delhi 110 016, India focused on Indigenous People in Summer 1994 issue. It provides information about the tribal peoples in India and the state of their health.

Health Alert produced an issue on “Traditional medical practitioners in the Philippines” (Issue 134) in October 1992. The newsletter is produced by Health Action Information Network (HAIN), 9 Cabanatuan Road, Philam Homes, Quezon City, Philippines. Fax: 632 927 6760. e-mail: hain@mnli sequel.net

Internazionale idoc has produced several issues on indigenous peoples including April/June 96th issue entitled Reconquista of identity: Indigenous struggle in the Americas. Idoc Internazionale, Via S Maria dell’Anima, 30, 00186 Rome, Italy. Fax: 39 6 6832766. e-mail: idoc@gn.apc.org

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USEFUL NEWSLETTERS

contact n°154 - April-May 1997
INFANT FORMULA: MARKETING PRACTICES EXPOSED

"Cracking the Code", a research study conducted by the Interagency Group on Breastfeeding Monitoring (IGBM), has found that infant formula companies are violating the provisions of the International Code "in a systematic, rather than one-off, manner".

During 1996, approximately 3,200 pregnant women and mothers, and 800 health workers, were interviewed in Poland, Bangladesh, Thailand and South Africa. The women were questioned in health centres, and were selected either from the register or according to their position in the waiting room queue.

In each of the four countries, the code was being violated. Women in all four countries had received free samples of products. This ranged from 0.3% of mothers in Bangladesh to 26% in Thailand. In Poland, 36% of mothers had received information which promoted bottle-feeding. Gerber, Milco, Nestlé, Nutricia and Wyeth were identified as the main companies involved.

Within the IGBM coalition are 27 independent and distinguished academic institutions, churches, non-profit organizations and experts in infant feeding, all of whom endorsed the research techniques of the study. This was important because the study was rooted in the wish of the General Synod of the Church of England, to seek unimpeachable evidence of violations of the code.

In 1991, the General Synod passed a resolution urging churchgoers to boycott the infant formula manufacturer, Nestlé products in a protest against the company’s marketing of breast-milk substitutes in the developing world. In 1994, the Synod downgraded its action to a monitoring operation, persuaded by company representations and a Church Commissioners’ plea to be "reasonable". The IGBM report demonstrates that if the 1991 boycott was misguided only in that it did not extend to the other violators of the international code, according to the UK’s Church Times.

With the evidence of continued violations, the Bishop of Coventry, Simon Barrington-Ward has called for the reimposition of the boycott of Nestlé products. When Synod meets in July 1997, it is likely to consider not only this recommendation but also a withdrawal of the Church of England’s £1 million investment in Nestlé shares. The World Council of Churches, which was one of the 27 bodies supporting the research, withdrew all investments in Nestlé some years ago.

Unicef has welcomed the research study, saying that it considers the issue

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Unicef, like World Health Organization, claims that 1.5 million children die each year because they are not adequately breastfed.

Say no to harm and waste of bottle-feeding!
of code violations to be of great consequence. "The effort to promote, support and breastfeed ... speaks, quite simply, to child survival and development. There is too much at stake for the International Code to be ignored." Unicef, like World Health Organization, claims that 1.5 million children die each year because they are not adequately breastfed.

Follow-up action

In response to the findings, Unicef has requested the manufacturers and distributors of products within the scope of the International Code to uphold its provisions, including the call on companies to monitor their own marketing practices. In addition, Unicef has urged the infant formula companies "to set out, country by country, their range of marketing practices, in order to demonstrate, through full disclosure, precisely how those practices are consistent with the code."

Addressing the non-governmental community, Unicef proposes that IBFAN (International Baby Food Action Network) and other nongovernmental organizations (NGOs) that regularly fulfill the monitoring role assigned by the World Health Assembly should be given renewed encouragement to continue monitoring compliance with the International Code. Offering its congratulations to IGBM, Unicef suggests that the coalition shares its report widely (with consideration for translation), and encourages the coalition to share the details of its experience so that NGOs in other countries and regions might follow its example.

International Association of Infant Food Manufacturers (IFM) has rejected the report as "biased in design and execution". A statement from Nestlé said: "The position of the company is not changed by the research. We promised Synod that the company would adhere to the code, and should any breaches be identified, would correct any errors."

In its editorial, the Church Times says: "The combination of poor education, incomplete information, poor hygiene and commercial pressure is a fatal one for perhaps a million infants a year. This alone should prompt the churches to take further action."

Clearly, the battle is not yet won. Here at CMC - Churches' Action for Health, World Council of Churches, we urge you to keep up your efforts in monitoring the International Code, as well as in all other efforts towards promoting breastfeeding.

Copies of the report are available from Unicef-UK, 55 Lincoln's Inn Fields, London WC2A 3NB, United Kingdom. Tel: 44 171 406 5592. Fax: 44 171 405 2332.

The Interagency Group on Breastfeeding Monitoring (IGBM) received financial support to undertake the research from the following organizations: Aashma Charitable Trust, Baptist Union of Great Britain, Bishop of Coventry, British Association of Community Child Health (BACCH); British Medical Association (BMA), Catholic Fund for Overseas Development (CAFOD), Catholic Institute for International Relations (CIIR), Centre for International Child Health, Institute of Child Health, London, Charity Projects, Children's Direct Aid, Christian Aid, Church of England (Board of Social Responsibility), Church of Scotland, Council of Oriental Orthodox Churches, International Child Health Group, Methodist Church, Mothers' Union, Oxfam UK/I, Radda Barnen (Save the Children - Sweden), Save the Children - UK, Tear Fund UK, UK Committee for Unicef, Unicef, Regional Office for CEE/CIS, United Reform Church (Church and Society), VSO (Voluntary Service Overseas), World Council of Churches, World Health Organization (WHO), Regional Office for Europe, World Vision UK.

Summary: International Code of Marketing of Breast Milk Substitutes

1. No advertising of breast milk substitutes to mothers.
2. No free samples to mothers.
3. No promotion of products in health care facilities, including no free supplies.
4. No company "mothercraft" nurses to advise mothers.
5. No gifts or personal samples to health workers.
6. No words or pictures idealizing artificial feeding, including pictures of infants, on the labels of products.
7. Information to health workers should be scientific and factual.
8. All information on artificial infant feeding, including labels, should explain the benefits of breastfeeding, and the costs and hazards associated with artificial feeding.
9. Unsuitable products, such as sweetened condensed milk, should not be promoted for babies.
10. All products should be of high quality and take account of the climatic and storage conditions of the country where they are used.

HEALTH WORKERS FOR CHANGE: A MANUAL TO IMPROVE QUALITY OF CARE

WHO's Task Force on Gender and Tropical Diseases has initiated an action-oriented project to improve women's health entitled "Health worker for change". Its approach and methodology has been developed with a view to encouraging discussion of the negative way in which women are often treated by health workers. Developed in Uganda, Zambia, Mozambique and Senegal, the manual is now available for free distribution to hospitals, health centres, health posts and clinics in Africa. Write to: Dr Carol Vlassof, Special Programme for Research and Training in Tropical Diseases, World Health Organization, CH-1211 Geneva 27, Switzerland. Fax: 41 22 791 07 46.

THE VILLAGE WOMAN: A CHRISTIAN PERSPECTIVE

This book was written in Indonesia by Di Van Cooten. Her intention was to help empower the people with whom she works. Many had confided in her an intense fear of marriage and motherhood. The book "enables women to understand their own body and its God-given ability to bring life into this world." The manual focuses on improved primary health care which will prevent much suffering and death. Half its contents are simple illustrations in recognition of the fact that some women may not be reading as an everyday activity. Di Van Cooten hopes that the book will be useful to people in other countries. The publication costs 17 Australian dollars plus A$6.50 to cover postage and handling fees to USA, Europe and Africa. If you would like a copy, write to: Win Kent, Publications Officer, PO Box 366, Howard Springs NT 0835, Australia. Fax: 61 8 8983 2449.

LISTENING FOR HEALTH - BETTER HEALTH COMMUNICATION THROUGH BETTER LISTENING

Designed for use with the Child-to-Child approach to health promotion and education, this book is for adults who want to help children become good listeners. Listening is a two-way partnership where the listener and the talker have a shared responsibility for communicating well. In learning how to be better listeners, people also learn how to be better talkers. A joint publication of International Catholic Child Bureau and the Child-to-Child Trust, it is available (price: 10 Swiss francs or US$9) from ICCB, 62 rue de Lausanne, CH - 1202 Geneva 2, Switzerland. Fax: 41 22 731 93 77.

GUIDELINES FOR WRITING A SCIENTIFIC PAPER

WHO's Special Programme of research, development and research training has produced a 15-page document providing general guidance on writing a scientific research paper for publication in a learned journal. It includes advice on how to structure the report, how to write an abstract, and how to prepare tables, figures and references. There is also a general discussion on selecting the most appropriate journal, responding to reviewers of the article and then making revisions, as well as checking proofs. Copies are available to Contact readers (in English and French) from J Khanna, Special Programme of Research, Development and Research Training in Human Reproduction, World Health Organization, 1211 Geneva 27, Switzerland.

USEFUL CONTACTS

PANOS INSTITUTE

For anyone wishing to write about health, environment and development issues, Panos Briefings may prove very useful. The latest briefing entitled "The silent pandemic: Reproductive tract infections" summarizes the costs of neglecting the problem, the relationship between poverty and reproductive tract infections, the search for solutions as well as providing basic information on the symptoms and consequences of specific diseases. Other briefing papers are available on: The lure of gold (about gold mining); Global warming; Biodiversity; The Internet; Fish; Ecotourism; Tobacco; Balancing public and private health care. Panos also publishes books. Each copy of a briefing paper costs £5. Write to: Panos Books, 9 White Lion Street, London N1 9PD, UK.

INDIA PEACE CENTRE

This inter-religious centre for justice and peace initiatives has produced two books which may be of special interest to readers. Medical ethics in India contains the papers...
from a consultation which was jointly sponsored with the Centre for Rural Health and Social Education, Tamil Nadu, in 1991. It covers the full range of issues: cost of medical care, organ transplants, doctor-patient relationships, drugs, care of the aged, medical education, medical research, spirituality, and a section entitled “What we can do”. The second publication, Health, healing and wholeness by Dr Ernest Fritschi, focuses on man and his environment, health issues in India, care of the handicapped and the aged, medical ethics amongst other topics. Copies of both books are available at a price of 35 Rupees in India (US$4 or 2 requests from abroad) plus postage and packing from India Peace Centre, C K Naidu Road, Civil Lines, Nagpur 440 001, India.

LETTERS

Healing ministry

Let me introduce myself. Since 1987, I have been working as a missionary in East Africa. I provide this service to the people irrespective of religion or sect or kabila (tribe). Over the past year I have been concentrating on healing ministry. Mostly, I heal the people with prayers. But to speed up the action, I also use some alternative healing processes, as the Lord Jesus used water and mud in the healing of the person born blind (John Chapter 9). I do not charge the people for my service. The poor people spend their money on witchcraft and in private hospitals and have no money left by the time they reach here. When a friend of mine showed me a copy of Contact 151 on Healing Traditions, I was happy to read it through and through. Each article is meaningful. Please include me on your mailing list. Copies in Kiswahili would be very useful for making its contents available to the people.

Sebastian Kuzhupil
Mawlaar Holistic Healings - Itaga
Tanzania

Contact in Kiswahili used to be produced in conjunction with the National Council of Churches of Kenya. We hope to investigate recommencement of production in the near future – Editor.

I understand that you are in the process of doing an evaluation of Contact. May I pass on some comments? I think the magazine is excellent. I feel, however, that an explicitly theological article would occasionally be of value. WCC embraces a wide range of Christian traditions and this is a richness. Theological articles occasionally for Protestant, Orthodox and Roman Catholic viewpoints would be helpful.

Contact presents many very important issues and broad topics. I feel an occasional medical up-to-date article (e.g. some infectious disease or nutritional or trauma topic) would be good. I feel that even though we are now thinking particularly of national and macro-programmes, it is good to remember the small actions based on faith and belief of which big ones grow. For the past 13 years, I have been working in a small Christian village health programme in Bangladesh. It seems that certain things to which we give great emphasis, for example, diabetes, do not receive so much prominence in other programmes.

Edric Baker
Village-Thanarbaid, PO Jalchatra
District-Tangail 1900, Bangladesh

Continuing evaluation

ANNOUNCEMENTS

Pharmacy newsletter
Georgina Stock has written to us to announce the launch of “Practical pharmacy for developing countries” sponsored by ECHO International Health Services. Georgina has recently returned from working as a pharmacist in Tanzania. She decided to start the newsletter because she says that there was little available to help her and the hospital team with whom she was working. The newsletter aims to provide practical information and advice. She would also like people to write to her with their own ideas and problems. Published four times a year, the newsletter is available free of charge from Georgina Stock, Heatherlands, Lydford, Okehampton, Devon EX20 4AU, UK.

Contact n°154 - April-May 1997
Industry helps in eradicating polio
Representatives of four leading vaccine companies have announced the largest ever combined industry donation to the global effort to eradicate polioviruses. The donation was accepted by Dr Hiroshi Nakajima, Director-General of the World Health Organization, and Dr Denis Broun, Chief Health Section, United Nations Children’s Fund (UNICEF).
The 100 million doses of polio vaccine were donated by Chiron Vaccines, Pasteur Merieux Connaught and SmithKline Beecham. In addition, a US$1 million grant for strengthening a laboratory network for disease surveillance in Africa was provided by Wyeth-Lederle Vaccines and Pediatrics.
“This donation will help ensure that the dream of eradicating polio during this century becomes a reality,” said Dr Jong Wook Lee, executive secretary of CVI and director of WHO Global Programme for Vaccines and Immunization.

“INDIGENOUS HEALTH ISSUES RELATE TO OUR RIGHTS AS PEOPLES AND NOT AS MINORITIES WITHIN STATES.”

The Statement by the Indigenous Caucus to the United Nations Working Group on Indigenous Peoples regarding the issues related to health was prepared at a meeting at World Council of Churches on Sunday, 28 July 1996.
See page 7 for the complete statement.