

## Indigenous peoples: living on the edge

In 2004, no less than the United Nations Economic and Social Committee noted that “indigenous peoples in many countries continue to be among the poorest and most marginalized.” The comment was made in light of the conclusion of the first International Decade of the World’s Indigenous Peoples, which commenced in 1994. Admitting that the first Decade was a failure, a second International Decade was started in 2005.

Judging from the health situation of indigenous peoples, it seems that the second Decade is bound to be another failure unless concrete measures are taken to improve the lives of indigenous peoples.

This issue of Health Alert delves into the health issues faced by indigenous peoples. The editorial provides a brief profile of indigenous peoples, as well as the importance of land to their well-being. It maintains that unless the indigenous peoples’ right to land and self-determination is respected, no amount of intervention can make a difference.

Two articles, “Health care for the Orang Asli: consequences of paternalism and non-recognition” and “Indigenous people’s survival: our environment, our lives,” give a brief explanation of the indigenous peoples’ concept of health and well-being. Also, the first article examines how paternalism and lack of sensitivity in handling indigenous peoples’ concerns further worsen the people’s health situation. The second article, meanwhile, shows the effect of environmental degradation in the lives of indigenous peoples.

The articles on pages 6 and 7 detail the health situation of Taiwanese and Australian Aborigines. “Saving Taiwan’s Aborigines” shows that Taiwanese Aborigines have shorter lifespan than non-Aborigines. It also highlights the growing concern for the alarming rise of diabetes cases among Aborigines. “Australian Aborigines: a proud past; a checkered future” takes a look at the higher rate of mental and emotional distress among Australian Aborigines. It is emphasized that the skewed rate does not point to genetic aberrations; rather, it is the direct result of the social disintegration and neglect suffered by Australian Aborigines.

“The Mangyans of Mindoro: Tough life, ailing conditions” illustrates how apathy, government neglect, and militarization adversely affect the health and lives of indigenous peoples.

The last article, “The quest for the green gold,” focuses on biopiracy and how the act further marginalizes indigenous peoples.

The special issue, “Creating Roads to SRH,” provides a fresh angle in the discussion of delivery of health services in far-flung areas; detailing how the lack of roads and other vital infrastructures adversely affect a community.

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# Shared history of marginalization and oppression

By Ross Mayor

Indigenous peoples are the original inhabitants of the land, but years of oppression from lowlanders and non-natives are pushing them to the brink of extinction.

Different institutions have different definitions of indigenous peoples. In 1972, Jose Martinez Cobo, the former special rapporteur on Discrimination Against Indigenous Populations drafted the following definition:

*Indigenous populations are composed of the existing descendants of the peoples who inhabited the present territory of a country wholly or partially at the time when persons of a different culture or ethnic origin arrived there from other parts of the world, overcame them, by conquest, settlement or other means, reduced them to a non-dominant or colonial condition; who today live more in conformity with their particular social, economic and cultural customs and traditions than with the institutions of the country of which they now form part, under a state structure which incorporates mainly national, social and cultural characteristics of other segments of the population which are predominant.*

This definition provided a fairly accurate picture of the indigenous peoples, but in 1983, the UN Working Group on Indigenous Peoples further improved this definition by adding three criteria:

(a) *they are the descendants of groups, which were in the territory at the time when other groups of different cultures or ethnic origin arrived there;*

(b) *precisely because of their isolation from other segments of the country's population they have almost preserved intact the customs and traditions of their ancestors which are similar to those characterised as indigenous;*

(c) *they are, even if only formally, placed under a state structure which incorporates national, social and cultural characteristics alien to their own.*

This definition, together with that of the International Labor Organization's Convention Concerning Indigenous and Tribal Peoples in Independent Countries, are the most widely used definitions.

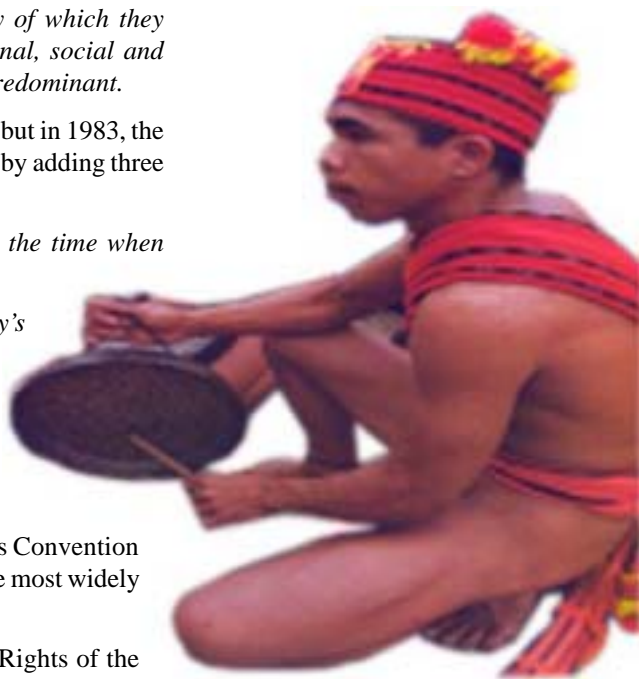
It is interesting to note that the draft of the Universal Declaration on the Rights of the Indigenous Peoples purposely left out a specific definition of indigenous peoples. According to the then rapporteur, Ms. Erica Irene Daes, the omission was to avoid boxing indigenous peoples according to the definition of others. For indigenous peoples activists, the definition put forward by Cobo was sufficient enough.

## Demographic Profile and Health Situation

Owing to the remote locations of indigenous peoples, it is difficult to draw a comprehensive demographic profile. However, the number of indigenous peoples worldwide is estimated at between 300 million and 350 million, or about six percent of the world's population; more than half of them live in the Asia-Pacific region. Many indigenous peoples rely on subsistence economy and are often non-urbanized.

Indigenous peoples are also considered the most marginalized population worldwide, lagging behind in every human development indices. For example in Burma, they have the highest rates of infant mortality and illiteracy and the lowest level of income compared to non-indigenous Burmese. For Australian Aborigines, tuberculosis incidence is ten times greater compared to non-Aborigines, while the incidence rate of cardiovascular diseases is 15 times higher for Aborigines.

Indigenous peoples are also confronted by other health issues. Delegates to the Asia Indigenous Peoples Preparatory Meeting on the United Nations Population Fund held in 2006 also mentioned discriminatory behaviors of health personnel, antipathy towards



traditional healing practices, and the use of indigenous peoples as guinea pigs in clinical trials of new drugs and birth control methods without their knowledge.

### Right to land; right to health

*“...and the land shall become even more precious when nourished by our sweat and blood. – Macliing Dulag” (Filipino tribal leader who was assassinated in 1980 by the military for opposing the construction of Chico Dam)*

The lives of indigenous peoples are tied to their environment; take them away from their land and they would practically be like a bird with clipped wings. For them, land is not just a source of physical sustenance; it is, in all aspects, their very lives. It is the thread that binds an indigenous people to his or her community.

The loss of land causes a major tear in the indigenous peoples’ tightly woven social fabric. In “An Overview of Current Knowledge of the Social Determinants of Indigenous Health,” the authors contend that the loss of land ultimately leads to “widespread collapse of social relations which has been associated with increasing rates of alcohol and substance abuse and suicide in many countries.”

Among indigenous peoples, the sanctity of land is of paramount importance. However, in the era of globalization, this view is clearly at odds with the way land is utilized (*see Conflict of Land Systems table*). In the current milieu, land is a source of wealth and must be exploited. And this is where the problem lies.

With the global demand for natural resources, such as timber and minerals, the right to land becomes a source of conflict for indigenous peoples. Logging, mining activities, and infrastructure projects have driven indigenous peoples away from their ancestral lands. Aside from dislocation, these activities pose grave health threats to the communities. In the Philippines, for example, the mining activities of Lepanto in Northern Philippines has resulted in higher incidences of respiratory and skin diseases among indigenous and non-indigenous communities near the mining sites. Chemicals and mine effluence have already contaminated waterways, resulting in fish kills and crop infestations.

### Genuine Empowerment

For quite some time, indigenous peoples have been treated indifferently. At the rate things are going, there is a likelihood that many indigenous communities are bound for extinction unless their right to land and self-determination is respected and upheld. The importance of land to the indigenous peoples’ well-being cannot be underscored often enough.

Much of the issues affecting them are tied to their loss of lands. As such, the first step in finding a genuine solution to their problems is to recognize and respect their right to land. It is high time to treat indigenous peoples as partners in finding lasting solutions to issues affecting them.

## CONFLICT OF LAND SYSTEMS

### ANCESTRAL LAND

Diversity & flexibility in forms of ownership: from communal to semi-communal to private

Rights to land derived from labor, actual improvements

Ownership and rights regulated through customary laws, which the communities themselves evolved

Viewed as collective legacy, to be NURTURED FOR FUTURE GENERATIONS

Source of life and livelihood for its occupants

LAND IS LIFE, LAND IS SACRED

### STATE SYSTEM OF LAND OWNERSHIP

Highly rigid forms of ownership: basically, either public or private

Rights to land granted by state and/or sale

Ownership and rights defined by national laws, which are beyond the direct control of communities

Viewed FOR ITS COMMERCIAL VALUE as investment to generate profit, or as disposable property

*ebtebba\_files/unpf/pf5/AsiaCaucusInt.pdf*  
*men’s Education and Resource Center, Inc.*

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*of Current Knowledge of the Social Determinants of Indigenous Health,*  
*y the Commission on Social Determinants of Health, World Health*  
*the Symposium on the Social Determinants of Indigenous Health, Adelaide,*

*Australia 29-30 April 2007*

*6. “Ethnicity” Powerpoint presentation of Fr. Percy Bacani at HAIN’s RGS workshop*

*PHOTO from a powerpoint presentation of Fr. Percy Bacani*

# Health care for the Orang Asli:

## consequences of paternalism and non-recognition

By Colin Nicholas and Adela Baer

The Orang Asli are the indigenous minority peoples of Peninsular Malaysia. In 2004, they numbered 149,512, representing a mere 0.6 percent of the national population.

Like other indigenous peoples the world over, the Orang Asli are among the most marginalized, faring very low in all the social indicators both in absolute terms and relative to the dominant population. For example, while the national poverty rate has been reduced to 6.5 percent, the rate for Orang Asli remains at 76.9 percent. The official statistics also classify 35.2 percent of Orang Asli as hardcore poor, compared to 1.4 percent nationally. (Zainal Abidin 2003)

### Orang Asli concept of health and illness

Traditionally in Orang Asli settings, when a person suffered an illness that was serious enough to warrant some action, it became a concern of the whole community. Like most traditional communities, the Orang Asli have long perceived disease as being the result of a spirit attack, or of the patient's soul being detached and lost somewhere in this world or in the supernatural world. The Orang Asli also believe that both their individual and communal health are linked to environmental and social health. If there is too much pollution, for example, or too much blood spilled, and taboos governing correct behavior have not been followed, then disease and even death will strike.

Healing is often a community effort. The shaman or healer (who may also be the midwife in some communities) is an important anchor in the traditional Orang Asli health system. As Wolff noted, the intimate ties created between patient and healer in a traditional framework reinforce a strong sense of socio-medical reciprocity that government officials or western-trained doctors are rarely able to replicate. It is not surprising therefore that the Orang Asli have an intense desire for healing to be integrated within their local socio-cultural context. Traditional healers and their methods are thus unlikely to disappear easily from Orang Asli culture.

Furthermore, the Orang Asli's traditional medical system is an ordered and coherent body of ideas, values and practices embedded in a given cultural and ecological context. Health is viewed as a communal or kinship responsibility, that taboos and all other practices related to maintaining health and preventing illness are necessary, and that any breach by one individual will have repercussion on others. The Orang Asli are also very clear about the link between maintaining their environment and maintaining their health and sustenance.

### Orang Asli health today

The most recent review of the Orang Asli's health situation shows that the crude death rate for Orang Asli is twice that for all of West Malaysia. It is worth emphasizing here that most Orang Asli lack food security. With the majority of them living below the poverty line, their narrow margin of survival makes the Orang Asli's health situation precarious. They are also vulnerable to natural hazards and the whims of ecosystem destruction by others.

### Paternalism and Insensitivity

The Department of Orang Asli Affairs (DOAA) is tasked to manage and control the affairs of the community. Under the current set up, the Orang Asli are treated as wards of the state. The Orang Asli, therefore, are not recognized as a people, but rather as individual subjects requiring large doses of governmental support in order to assimilate them into mainstream society. This underlying attitude extends well beyond legal and land matters, and into the realm of health policy and healthcare for the Orang Asli as well.



"...the Orang Asli have an intense desire for healing to be integrated within their local socio-cultural context"

The underlying assumption in state policies is that Orang Asli's backwardness is a result of their way of life and remote location. Government policy therefore is to introduce strategies and programs to integrate them into the mainstream. Such an objective has ramifications for the Orang Asli, even in aspects of healthcare delivery and their general health situation.

Viewed as backward and ignorant, the Orang Asli are often blamed for any outbreak that happens within their communities. For example, in July 2004, when a university study found out that high levels of *Escherichia coli* in Tasik Chini lake caused rashes and diarrhea in some Orang Asli living in five lakeshore villages, the minister in charge of Orang Asli affairs immediately suggested that the Orang Asli be resettled into one place so that they can attain proper amenities. However, as the village *batins* there pointed out, the problem only started when the authorities dammed the Chini River to prevent the lake water from flowing into the Pahang River. Moreover, the university study plainly said the contamination was due to improper sewage disposal by a local resort and by the Tasik Chini national service camp at the lakeside.

Development planners and policymakers commonly assume that Orang Asli health will improve if the Orang Asli accept development programs designed for them or accede to resettlement elsewhere (usually with cash-crops as the main means of subsistence). The reality is far from this.

The poor nutritional status of Orang Asli children living in regroupment schemes shows that the scheme's social objectives are not being met. For example, Orang Asli children living in resettlements still have a poor nutritional status.

In hospitals and medical institutions, Orang Aslis are often treated with ridicule and derision. Two studies conducted in 2001 and 2004 showed that Orang Aslis were adamant to go to hospitals because of the unfriendly and rude treatment they got from staff.

The Orang Asli have been treated as not-so-deserving beneficiaries of government assistance, rather than the other way round. This situation is further worsened by discrimination and the formal denial of Orang Asli inherent rights, such as their rights to their traditional lands and resources. Those responsible for Orang Asli health (or for that matter, their overall well-being and advancement) could not or did not want to see the link between Orang Asli wellbeing and good health on the one hand, and their need to be in control over their traditional lands and resources on the other.

With increasing pressures to privatize healthcare in Malaysia, and the unwillingness of the state to accord the political and social recognition that is due to the Orang Asli as the first peoples on this land, it is difficult to see how Orang Asli healthcare will improve through the initiative of the state and its functionaries. It remains a major project, therefore, for the Orang Asli to assert the recognition of their rights as a people, and with it, the delivery of a more sensitive and effective healthcare system.

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#### The faces of poverty and ill-health



This article is a condensed version of a manuscript of the same title, presented at the Workshop on Healthcare in Malaysia. The full-length manuscript may be viewed at [coac.org.my](http://coac.org.my). The Center for Orang Asli Concerns authorizes the condensation and publication of the article.

Photos courtesy of the Center for Orang Asli Concerns.

# Indigenous people's survival:

## Our *environment* lives

By Susan Claro, Jerry Clewett & Alison Sizer

Among the indigenous communities, health is not just conceived as an absence of disease, but is closely bound up with relationships to community and the environment – both physically and spiritually.

*“Weather and water affect health and wellbeing,”* said Deuane, 80 years of age. *“In the past, I slept well in the mountains where the weather was cooler and we didn’t have to worry about where to get water as it was available all year round”*. Deuane and his family are one of the many families who belong to the Alak ethnic group that were relocated from the mountains to the lowlands by the Lao government as part of the program ostensibly aimed at improving access to health, education and other services. The name of his village, Ban Dak Kiat, goes with them wherever this community of about 30 families go. Many years ago, they were initially resettled in the lowlands of Sansai District, Attapeu, Lao PDR but after settling there, nine villagers died so the people consulted a spiritual healer who said that this location was the market place of the spirits, so they moved again to a ‘safer’ place in the same district.

Many indigenous communities now have access to health services, but they still apply many of their traditional knowledge.

*“When my family and I get sick, we immediately go to the health center with trained health staff, which is in a neighboring village. Before the change of government in the 1970s, we used to go to spiritual healers...we started to change our belief in spirits but I still use some traditional treatments like steam baths with herbs to treat backache and body pains”* , said Nang Daen, a 53-year old grandmother who belong to the Oye tribe.

Chansamay, a 19-year old mother from the Taleang ethnic group, prefers to use a traditional medicine for birth spacing. *“The spiritual healer told me to take a mixture of leaves of a bitter vine and herbs for two days in a month, two weeks after my menstrual period to prevent pregnancy. I prefer the traditional medicine than western medicine because I heard a lot of stories about the side effects of pills and my mother experienced it herself. Besides, we don’t have money to pay for western medicine. Anyway, traditional medicine can be found in the forest and is easier to use.”*

It must be pointed out that there is a need to systematically document the communities’ intensive knowledge. But the documentation of their traditional

knowledge must be for the improvement of the entire community and not for individual material gains.

The importance of the environment in the indigenous communities’ survival cannot be underscored enough. But development approaches are frequently unhelpful to the indigenous peoples. In her appeal during the third session of the Economic and Social Council, Permanent Forum on Indigenous Issues in New York, a Health Unlimited-trained Tampoen Community Educator said, *“After years of relative isolation, the region has recently opened up to so called development where logging, cash cropping*

### Health Unlimited: working WITH the people

Different organizations have taken up the cause of indigenous peoples, but they sometimes take on paternalistic and patronizing attitudes towards the IPs. In the long run, such attitudes defeat their noble purpose.

Health Unlimited, a development organization working with the indigenous peoples of Laos and Cambodia, is careful not to fall into this trap. The core of its program is the empowerment of the indigenous peoples. At all times, Health Unlimited seeks to understand that for indigenous people, their worldview, their health and their wellbeing are rooted in traditional belief systems that must be recognized if the communities are to develop.

Health Unlimited works directly with indigenous peoples. It seeks to 1. improve their access to effective and culturally appropriate health care, 2. support them in articulating their own health needs while challenging inequity and discrimination and, 4. tackling obstacles that impede access to health services and achieving the health Millenium Development Goals. Health Unlimited has supported, financially and technically, the Provincial Traditional Medicine Station and the Traditional Healers of Attapeu Province with the aim at integrating the traditional health and western health modalities. Village women are also trained as volunteer educators in each village. They are active partners in conducting health information and education activities in their own ethnic languages. To facilitate the activities, culturally-appropriate interactive communications methodologies like role play, puppet shows, radio programming and story telling are adopted.



# Taiwan's Aborigines

By A.L. Guevara

In recent years, health professionals have been concerned about the health of Aborigines, which has been neglected for a long time. There are currently 12 major indigenous peoples in Taiwan: the Amis, Atayal, Bunun, Kavalan, Paiwan, Pinuyumayan or Punuyumayan, Rukai, Saisiyat, Thao, Truku, Tsou, and Yami. As of 2002, the total number of indigenous people in Taiwan was 433,689. The Amis account for over one third of the indigenous population, followed by the Atayal and Paiwan. Many indigenous people live in mountainous reservations, which cannot be sold to non-Aborigines.

## Shorter Lifespan

Taiwan's Aborigines share many of the health problems of other citizens but doctors are more alarmed by the wide gap in life expectancy between the Aborigines and the general population.

In general, their health status, as evaluated by life expectancy, mortality rates and the prevalence and incidence of various diseases, was worse than among the rest of the Taiwanese general population. Current investigations made by the National Health Research Institutes (NHRI) indicate that life expectancy for Aborigines is, on average, ten years less than that of the general population; 12.5 years less for men, six years less for women.

According to NHRI - Division of Health Policy Research, accidental injuries, suicide, tuberculosis, liver cirrhosis, alcoholism, pneumonia, bronchitis, parasite infections are the most frequent diseases. Cases of hypertension, heart disease, some selected sites of cancer, malnutrition and lack of adaptation are gradually becoming frequent. Alcohol abuse and mental illnesses among Aborigines are also considered serious health risks.

While there have been improvements in the health of Aborigines, their over-all health status is 25 to 30 years behind that of the general population or of off-shore islanders. Health experts agree that there is a need to study the cause why Aborigines die so young. A series of studies are proposed to address the specific, multi-dimensional health demands of the Aborigines. Health experts suggest the development of prevention and intervention strategies designed to overcome difficulties and barriers to eliminate these disparities among the people of Taiwan.

## Genes and lifestyles increase diabetes problems

Aboriginal people are increasingly threatened by diabetes because of their genetic make-up and changing lifestyles, particularly eating habits, said a medical specialist.

**Fast Facts**

- \* Fatalities from accidental pesticide poisonings is seven times higher for Aborigines than for non-Aborigines.
- \* Average life expectancy for a member of an Aboriginal tribe in Taiwan is 10 years less than their compatriots.

Dr. Ko Ying-ching, a scientist with the NHRI and an honorary chairman of the Taiwan Aboriginal Medical Society, said that the prevalence of diabetes among Aboriginal people has reached an alarming eight percent. According to Ko, if preventive measures are not taken in time, the Aborigines' average diabetes prevalence rate will shoot up to around ten percent within a few years.

Ko also warned that fatalities among Aboriginal people from mistakenly drinking pesticide is seven times higher than among non-Aboriginals. The high fatality rate is attributed to the fact that the pesticide used by Aboriginal farmers comes in a container that looks very similar to a tonic liquor that they drink to boost their energy.

Aboriginal cultures in Taiwan as well as in other countries have been evolving in step with larger social developments. But with the current health trend and situation of Aborigines, specifically in Taiwan, preservation of the country's culture is endangered.

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- [3] CNA, TAIPEI Sep 15, 2005, Page 4
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### Indigenous peoples' survival...from page 6

*and industrial farming were introduced. Traditionally, we have depended on the forest for our livelihoods and now we are threatened by diminishing forested areas, migration, land loss due to confiscation of ancestral lands and border insecurity. These are affecting our ability to survive."*

For example, commercial pressures and environmental degradation result in the continued loss of land and water resources upon which the livelihood and traditional ways of life of indigenous people depend. At the extreme, indigenous peoples suffer systematic repression and deprivation, to the extent that their survival is threatened. For most, life is a constant struggle in the face of poverty, ill-health and social disintegration.

### Note:

- <sup>1</sup> Tampoun is an ethnic community in Ratanakiri Cambodia.
- <sup>2</sup> Utz' Wachil, Health and Well-being among Indigenous Peoples, Health Unlimited and London School of Hygiene and Tropical Medicine, 2003.

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# Australian Aborigines:

## A proud past; a checkered future

By Ivy Ramos

Indigenous Australians generally have poor health compared with other Australians. Overall, indigenous Australians have lower levels of access to health services, are more likely to be hospitalized for most diseases, have a life expectancy 20 years less than other Australians, and suffer a higher burden of possible mental illness compared with that experienced by the general population.

According to the Australian Institute of Health and Welfare, “there are large discrepancies in the mental health and emotional wellbeing of indigenous Australians compared with non-indigenous peoples.” The status of indigenous Australians’ mental health is difficult to define as details are poorly documented. However, the recent use of the term “emotional and social wellbeing” shows an increasing understanding of the need to recognize the indigenous holistic concept of mental health among mainstream services and policymakers.

*The 2002 National Aboriginal and Torres Strait Islander Social Survey found that indigenous Australians aged 18 years or older were almost one-and-a-half times more likely to report experiencing at least one stressor (82%) than non-indigenous people did. The stressors reported most frequently by indigenous people were the death of a family member or close friend (46%); serious illness or disability (31%); and inability to get a job (27%).*

Deaths from mental disorders accounted for 2.4 percent of indigenous deaths in Queensland, Western Australia, South Australia and the Northern Territory in 1999-2003. During the same period, the mortality rates for mental and behavioral disorders for indigenous males and females were 5.5 and 2.2 times the rates of non-indigenous males and females, respectively. Meanwhile, the suicide rate for indigenous males and females was twice that of non-indigenous males and females.

### Incarceration

The National Inquiry into the Human Rights of People with Mental Illness found that indigenous people frequently came in contact with the criminal justice system due to anti-social and self-destructive behavior

which is often the result of undiagnosed mental and social distress. In 2004, 21 percent of the total prisoner population were indigenous Australians. Indigenous people aged over 17 years were incarcerated at a rate of 1,417 per 100,000 compared to only 129 per 100,000 non-indigenous people.

The Australian Institute of Health and Welfare says incarceration may be both a risk factor for, and a result of emotional

distress and mental illness. The 1991 Royal Commission into Aboriginal Deaths in Custody found that indigenous people who were imprisoned “often experience depressive symptoms and unresolved anger which sometimes leads them to attempt or commit suicide while in custody”. The incarceration of indigenous men during their formative years left them “permanently alienated from their communities,” and they were likely to turn to substance abuse and violence after their release from prison. Figures from the Australian Bureau of Statistics show that alcoholism and homicide and violence among indigenous Australians are both 11 times higher than for the total Australian population.

### Moving forward

According to the Fred Hollows Foundation, one of the reasons for the crisis in indigenous health is the neglect of the past, as little money and few resources have ever been put into the area. There is a need to allot a bigger budget to come up with a comprehensive health program for the aborigines. Currently, the budget for indigenous health programs accounts for less than one percent of Commonwealth funding of Australian health services.

For Indigenous Australians, mental health must be considered in the wider Aboriginal concept of health, which is not only perceived in terms of the individual’s physical well-being, but in regard to the entire community’s social, emotional and cultural well-being. Indigenous culture dates back more than 40,000 years, and for indigenous peoples, culture and society have their origin when the Ancestral Beings created Aboriginal people and Earth. However, according to Ron Brown, senior lecturer in Southern Cross University’s School of Nursing and Health Care Practices, the present mental health services in Australia do not recognize or adapt programs to indigenous beliefs and law. As a result, mental distress in the indigenous community often goes unnoticed and untreated. Brown says that indigenous spiritual beliefs, as well as their sacred sites and ceremonies, should be acknowledged as part of the healing process.



*Australian Aborigines’ concept of mental health is intrinsically tied to the entire community’s social, emotional and cultural well-being.*

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# Mangyans of Mindoro:

## Fighting the odds

By Jennie Malonzo

Mangyan is the general term for the indigenous people of Oriental and Occidental Mindoro, 140 kilometers south of Metro Manila. A Mangyan alliance, Samahang Pangtribo ng mga Mangyan sa Mindoro (SPMM) or Association of Mangyan Tribes, estimated the Mangyan population in Mindoro at 260,000 as of 2006, a 34 percent reduction from the 1989 estimate of the Office of Northern Cultural Communities.

Mangyans largely depend on swidden agriculture (*slash and burn*) for subsistence, with hunting, fishing and gathering of forest products as major supplements.

### Difficult existence

Asked to describe the current situation of Mangyans, Antonio Calbayog, an Iraya and chairman of SPMM shook his head saying, "Our life is hard, miserable." Mangyans suffer extreme poverty largely because they are losing their lands.

Like other IPs, Mangyans believe that land is not merely a piece of property to be owned or disposed of by anyone, but is part of the ancestral domain. For decades now, however, they have been driven from their ancestral lands as landlords, corporations, and even government projects take these lands away from them.

Calbayog cited government forestry projects and the 9,720-hectare Mindoro Nickel Project of Crew Minerals Philippines that constricted their areas and limited their communities' access to natural resources they depend on. The mining company's Mineral Production Sharing Agreement (MPSA) was cancelled by the Department of Environment and Natural Resources in 2001 due to overwhelming public protests but was reinstated by the Office of the President in March 2004. Calbayog said crew is set to start operations this year, which they plan to protest against.

With their source of subsistence shrinking, many are forced to leave their communities. Calbayog estimates that about 20 percent of the Mangyan population have become farm workers who are often deceived and exploited.

Military operations in the island also force Mangyan communities to flee. Aside from being caught in the midst of armed conflicts between government troops and rebels, they have become targets of harassment as the military accuse them of supporting the New People's Army. According to Calbayog, Mangyan leaders have also become victims of extrajudicial killings, with at least four Mangyans killed in 2003-2004.

Poor, insecure, and discriminated against, it is no longer surprising that Mangyans do not have access to basic services such as education, housing and health. Lack of adequate health and sanitation services for Mangyan communities has resulted in malnutrition, illnesses, and death among adults and especially children.

### Health-poor

The Oriental Mindoro Health Investment Plan (OMHIP) 2006-2010 admits that "public health facilities which cater to the poor are mostly ill-equipped, with inadequate supply of drugs and medical supplies. Private hospitals that provide better health care are beyond the reach of the poor." It also acknowledges the limited access of Mangyans to health services.

In this province, respiratory diseases still rank as the leading causes of mortality and morbidity. The most common causes of morbidity are upper respiratory tract infection, bronchitis, pneumonia, diarrhea and pulmonary tuberculosis (TB). In Occidental Mindoro, acute respiratory infection has also been the leading cause of morbidity, followed by diarrhea and gastroenteritis.

Barangay Health Stations (BHS), run by rural health midwives and volunteer health workers, provide primary health care at the barangay level. In Oriental Mindoro, only 91 out of 426 barangays or 21 percent have BHS. Meanwhile, nearly 25 percent of the 162 barangays in Occidental Mindoro do not have BHS.

Oriental Mindoro has 22 hospitals, 13 of which are privately owned and nine are government-operated. Occidental Mindoro has eight government hospitals and three private hospitals.

The OMHIP contains a specialized health care program for the Mangyans with the goal of making health care services more accessible for Mangyan communities. Among the plans are special Mangyan wards in all government hospitals and provision of free medical services to Mangyan patients in all government facilities; construction of additional 25 BHS in different Mangyan barangays; and training of Mangyan volunteer health workers.

Calbayog acknowledged that training for barangay health workers (BHW) are given, but he laments that no medicines are provided. He said the common illnesses are tuberculosis, pneumonia, measles, and gastro-intestinal diseases, all of which are curable but many Mangyans still die of these. Since there are no doctors in the barangays, they have to go to the municipal health units and usually all they get is a prescription. In hospitals, even public ones, they are still confronted with biases and are often not attended to.

Moreover, even if there are BHW trainings and medicines provided, if they still go hungry, are sleepless and terrorized by military presence, then they can never be healthy, Calbayog said. A widower with six children, Calbayog cited his

see next page

**FAST FACTS**

**Key Health Data in Oriental and Occidental Mindoro, year 2004**

|   |   |     |
|---|---|-----|
| Malnutrition among preschoolers                 | : | 17% |
| % of households with no access to potable water | : | 33% |
| % of household with no sanitary toilets         | : | 31% |

# Biopiracy:

## quest for the green gold

By Ross Mayor

Indigenous peoples may lack the scientific sophistication of lowlanders, but they are keepers of a rich knowledge of the healing properties of the flora and fauna in their surroundings. Deprived of access to modern health care, they have long learned to harness the curative properties of these plants. And biomedical researchers are tapping into their vast knowledge to obtain leads on plant species that may hold the cure for various diseases.

According to the Rural Advancement Foundation International, random testing in pharmaceutical research has a success rate of 1:10000. However, with the involvement of traditional knowledge, the success rate is boosted to 1:2. The US National Health Institute is more conservative with its estimate of 1:5000, but this ratio is still significant and shows the major role played by indigenous communities in the success of biomedical research.

The knowledge of indigenous communities is an accumulation of millennia of experience of living in perfect harmony with nature. However, biopiracy is threatening their hold on this traditional knowledge. Biopiracy is the act of staking a claim on an already existing knowledge through patent application, without giving any recognition and compensation to the indigenous communities that have developed and used the said knowledge for hundreds – if not

thousands – of years. For example, Solomon Islanders have been using the Ngali nut as a remedy against arthritis. However, in 2002, the US Patent Office granted the application of an Australian for the use of the Ngali nut oil for arthritis and other similar diseases.

The concept of intellectual property rights and the financial windfall it guarantees spurs the rush for the patenting of chemical derivatives of flora and fauna. Much of the activity is focused on medicinal plants, dubbed by experts as the “green” gold. According to [www.grain.org](http://www.grain.org), the herbal medicine industry posted more than US\$30 billion in revenue in 2000, and continues to grow at a rate of between 5 to 15 percent annually.

### Biopiracy and traditional knowledge

The play grounds of biopirates are the rich ecosystems that are commonly found in developing nations and are often populated by indigenous communities. Sometimes, biopirates do not only steal the knowledge of the people; they actually steal plant genetic resources. In its 2002 briefing on “Traditional Knowledge of Biodiversity in Asia-Pacific: Problems of Piracy and Protection,” the global non-government organization GRAIN mentioned that the actual removal of plants has been reported in Cambodia and

### Mangyans of Mindoro...continued from page 9

own experience, “I believe my wife died because of the constant stress brought by military operations.”

Due to poverty, hunger and the effects of militarization of their communities, many Mangyans are malnourished and thus have low resistance and are easily infected by diseases. With government projects and mining operations encroaching into their domains, they are not only losing their freedom of mobility but also their source of food and medicinal plants.

### Health and beyond

It is not enough that local governments recognize the Mangyans’ lack of access to health services and plan special programs for them. Strategies such as those contained in the OMHIP, if at all implemented, are like mere drizzle in a parched field. As expressed by Calbayog, his people’s problems are very basic – land to till, food to eat, right to live in peace. Without securing these, social services will not reach them or make a dent on their hard life.

The overall approach to addressing IPs’ issues must change. Government policy regarding IPs has been directed at their assimilation or integration into mainstream Philippine society and at the expropriation of their land and resources for the “national interest.” Oppression has already forced the IPs to retreat deeper into the mountains where they have a much harder

existence. But they are still being pursued because mountains are rich in mineral deposits and diverse forest products.

Although laws have been passed ostensibly to protect the rights of IPs, the government has supported the intrusion of commercial activities into ancestral domains. The struggle of the Mangyans against Crew Minerals Philippines is a case in point. This only shows that state policies recognizing IPs’ rights are mere lip service as IPs continue to be marginalized, dispossessed and live in abject poverty. IPs like the Mangyans of Mindoro still face a long journey towards genuine socio-economic advancement and self-determination.

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the Philippines. Ironically, designated protection areas have become more vulnerable to biopirates because of the boom in ecotourism. For example, a Philippine yew tree, which is being studied for its potential in cancer treatment, was uprooted in a protected area of Mount Pulag.

Biopirates are not just after the patenting of chemical derivatives of flora and fauna. Even traditional practices are being pirated by unscrupulous individuals.

India was prompted to document and create a database of more than 1,500 yoga *asanas* or postures after the United States awarded patents to 134 *asanas*. Sixteen other *asanas* have been granted patents elsewhere.

### Gene Hunters

Even the genes of certain ethnic groups are also fair targets. Of particular interest to gene hunters are the blood samples of aboriginals and other indigenous communities. Living in virtual isolation, experts agree that aboriginals have higher purity of species. They also have certain genetic mutations that make them either more susceptible or immune to certain diseases.

Taiwan's aboriginals are acutely aware of the gene hunters' keen interests on their blood samples because of their susceptibility to diabetes and their seeming immunity to sexually transmitted infections. Taiwanese activists contend that more than 10,000 blood samples had been taken from aborigines, and most of these samples were taken through guile – the aborigines were told that the samples would be used for their medical check up. A doctor who used to work for Taiwan's genome projects said that researchers would often draw between 10mL and 20mL of blood when 3mL would have been enough for a medical check up.

Some of these samples end in databanks where a researcher can order a sample he or she needs. At [www.ccr.coriell.org](http://www.ccr.coriell.org), for example, a researcher can buy a blood sample of an adult male Atayal (a Taiwanese aboriginal tribe) for US\$85, exclusive of shipping and other costs.

For some biotechnology firms, buying a mere sample is not enough. Autogen Limited, an Australian firm, secured a deal granting the company exclusive rights to conduct studies on the Tongan gene pool. The Tongans' genetically unique DNA is believed to hold the key in the treatment of diabetes, cardiovascular diseases, hypertension, cancers and ulcers. A research laboratory would be built next to the only government-owned hospital in the Pacific island, and patients would be asked to donate blood samples to the laboratory. The same company is also seeking to strike a similar deal with other Pacific countries.

### What must be done

Undeniably, legitimate biomedical research has resulted in the discovery of new medicines that could better treat diseases.

However, these gains are being eclipsed by the wanton plunder of traditional knowledge.

With biopiracy, the sole motivation is monetary reward; but with traditional knowledge, the underlying factor is the common good of the community. Indigenous communities treat traditional knowledge as communal properties.

To protect indigenous communities from biopiracy, several global institutions have either put forward a set of conditions and mechanisms to screen biopiracy. However, developed countries often ignore these conditions and mechanisms. Under the patent

system, for example, a patent will only be granted if a product or a process is novel and innovative. Novelty and innovativeness are judged against the concept of "prior art," or existing information relating to the product or process. And this is where the problem lies.

Traditional knowledge is largely undocumented and is passed on orally. However, some nations do not consider oral knowledge as *prior art*. The US, meanwhile, recognizes oral knowledge, but only if the oral disclosure is made within its territory.

The documentation and the creation of an electronic database on existing traditional knowledge may partly address this. India successfully defended its cases against the patenting of chemical derivatives of various plants like neem because it produced hundreds of pages detailing the plants' medicinal use. India is currently completing its Traditional

Knowledge Digital Library (<http://203.200.90.6/tkdl/langdefault/common/home.asp>) which contains voluminous information on its extensive traditional knowledge. India hopes that the database would serve as *prior art* for the traditional knowledge listed in it.

More than the creation of a database, what would really protect traditional knowledge from biopirates is the genuine empowerment of indigenous communities. As activists argue, indigenous peoples must not only be made stakeholders ; they should be treated as rights holders, with the capacity to decide for themselves.

A strong united front is also a vital cog in the global fight against biopiracy. This has been demonstrated time and again, as was the case in the patenting of the DNA of a Papua New Guinea male from the Hagahai tribe. In 1995, the US National Institutes of Health was given the patent for the man's cell line, which was believed to hold the key for the treatment of cancer. The patenting of the man's cell line raised a global outcry that prompted the US to withdraw the patent.

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## 12 Health Alert Resource List: Indigenous Peoples

**UN Declaration on the Rights of Indigenous Peoples and the Programme of the 2nd Decade of the World's Indigenous People.** The pamphlet describes what happened during the historic adoption by the UN Human Rights Council of the UN Declaration of the Rights of Indigenous Peoples last 29 June 2006. Aside from the Declaration, the intervention of indigenous peoples for the Declaration's adoption and the Programme of Action of the 2nd Decade are also printed in this publication. USD5.00 exclusive of postage. Contact Tebtebba Foundation, No. 1 Roman Ayson Road, 2600 Baguio City, Philippines. E-mail: [tebtebba@tebtebba.org](mailto:tebtebba@tebtebba.org).

**We, Indigenous Peoples, 2005.** This book is an initial collection of indigenous peoples' declarations covering the themes of economic and social development, culture, education, human rights, health and environment. Contact Tebtebba Foundation.

**Globalization and its impacts on indigenous women: The Philippine experience, 2001.** by Victoria Tauli-Corpus, 44pp, ISBN: 983-9747-63-0. The TWN gender series is a series of papers published by TWN on gender and development issues from a Third World perspective. It highlights the obstacles that hinder women from enjoying secure and sustainable livelihoods, such as those posed by the process of globalization. It provides proposals aimed at gender justice and equality, and the empowerment and progress of women. Price: US\$8. Third World Network [twnet@po.jaring.my](mailto:twnet@po.jaring.my), Postal Address: Third World Network, 131, Jalan Macalister, 10400 Penang, Malaysia

**Human development report 2004 : cultural liberty in today's diverse world. Fukuda-Parr, Sakiko et al. Washington DC: United Nations Development Program (UNDP), 2004, 299 p.** This report focuses on how development work can help build inclusive, culturally diverse societies. It examines and rejects the claim that cultural differences lead to social, economic and political conflict, and that cultural rights supercede political or economic rights (eg the right to education). It acknowledges the importance of legislative recognition of diverse cultural backgrounds, but stresses that there has to be changes in political culture: people need to think, feel and act in a way that respects the needs of others. Finally, it considers the threats and opportunities presented by globalization, in terms of the intellectual property of indigenous people; cultural goods markets; and emerging and established multicultural societies. English; French; Spanish. Free from UNDP, PO Box 3059, 55 Lodhi Estate, New Delhi 110 003, India. E-mail: [webadmin@undp.org.in](mailto:webadmin@undp.org.in). <http://hdr.undp.org/reports/global/2004>

**The challenge of indigenous education : practice and perspectives. King, Linda; Schielman, Sabine. Paris: United Nations Educational, Scientific and Cultural Organisation (UNESCO), 2004, 283 p.** This publication focuses on indigenous peoples' lack of access to an education that respects their diverse cultures and languages. Part I of this study deals with the challenges and obstacles in indigenous education including legal and political contexts. Part II develops a set of criteria for the identification of successful examples of quality education for indigenous peoples. Part III presents some successful case studies in education for indigenous peoples. Of particular relevance to early childhood development are the case studies: 'The Bokamos pre-school program in Botswana' on p 65, and 'the pre-school snake and ladder project in Sabah, Malaysia' on p 145. This book offers insights for education policymakers, researchers, and all those concerned with educational provision for indigenous education. Euros 19.80 from UNESCO, UNESCO Publishing, 7 Place de Fontenoy, 75352 Paris 07 SP, France. E-mail: [bpiweb@unesco.org](mailto:bpiweb@unesco.org). <http://publishing.unesco.org/default.aspx>

**Health Consequences of Gender-Based Knowledge, Attitudes and Practices by E Castro-Palaganas, et al. 2004.** A study to understand from the context of the communities' particular conditions and holistic perspective the health consequences of gender-based knowledge, attitudes and practices. It validated previous findings on the existence of gender issues in the Cordillera. Available at U.P. Baguio, Cordillera Studies Center, Baguio City, Philippines.

### Websites

**[www.surforever.com/sam/](http://www.surforever.com/sam/).** The Malaysia-based Sahabat Alam Malaysia (SAM) is a grassroots community non-governmental organization involved in environment and development issues. Since its inception in late 1977, SAM has worked closely with numerous affected communities throughout Malaysia, such as supporting the villagers of Bukit Merah against the illegal production of radioactive substances in their village, a landmark environmental battle in this country.

**[www.tebtebba.org](http://www.tebtebba.org).** Tebtebba (Indigenous Peoples' International Center for Policy Research and Education) is an indigenous peoples' organization that seeks to promote a better understanding of the world's indigenous peoples, their worldviews, their issues and concerns. In this effort, it strives to bring indigenous peoples together to take the lead in policy advocacy and campaigns on all issues affecting them.

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