



# Newsletter from the Sierra #46

## December, 2001



**PROJIMO Community Based  
Rehabilitation Program**  
run by and for disabled villagers  
in western Mexico (Coyotitan)

**HEALTHWRIGHTS**  
Workgroup for People's Health and Rights

**PROJIMO Skills Training  
and Work Program**  
run by disabled youth in  
rural Mexico (Ajoya)

*In this time of twin terrors dividing the world, this newsletter explores possibilities for positive ways forward. The main article looks at the challenging, rapidly changing health situation in Iran, where the Health Ministry recently invited David Werner. Next we look at an ecologically and politically healthy way to resolve a root cause of tension with the Middle East: the US's huge dependency on oil. Finally, returning to Mexico, we include the review of an inspiring children's story book, which portrays how an adventurous little girl becomes disabled and then discovers new meaning in life at PROJIMO. An insert in this newsletter explores opportunities for "Seeking Peace" in these troubled times.*

## The Changing Pattern of Health in Iran

*In an effort to adapt to the rapidly changing problematic of health in Iran, the Iranian Ministry of Health is rethinking its strategies, updating its methodology, and reorganizing its infrastructure. Its "Bureau of Communication and Health Education" is being reformed as the Department of Health Education and Health Promotion, with a mandate to become more participatory and proactive at the community level. ... In February, 2001, David Werner was invited by the Iranian Health Ministry and the World Health Organization as a consultant in "education for health promotion in Iran." Here David tells some of what he learned about the complex health situation in Iran.*

**Oil—or "black gold"**—in Iran, as elsewhere, has proved a two-edged sword. Thanks to its vast reserves, Iran in recent decades has developed into a middle-income country, with a GDP (gross domestic product) per capita around \$2,000. Yet for all its oil wealth and an extensive national Primary Health Care system, the country's level of health remains far from optimal. The Under-5 Mortality Rate was 37 per 1000 in 1998.

thought has gone into what may happen when the nation's oil and water reserves run out.

**Urbanization** has been accelerated by the oil boom. Today 65% of Iran's people live in cities. What were bucolic provincial towns, like Isfahan and Tabriz, when I bicycled through Iran 40 years ago, are now bustling cities. Tehran, the nation's

Iran's heavy dependency on oil export has serious implications for the long-term sustainability of health and development. The oil industry, owned by the federal government, is a major source of revenue, yielding 80% of export income and 16% of the GDP. Oil dependency has led to serious decline in agricultural production, with increasing reliance on imported food (including rice, a national staple). The vast import of grain (including recent huge shipments of surplus wheat from the United States) is bankrupting small farmers, thereby contributing to urban drift.

Furthermore, **serious mismanagement of agricultural policies and technology** has led to over-dependency on increasingly expensive chemical fertilizers and overuse of limited ground water. These factors contribute to the increasing cost of local food production. In the country's relentless drive for economic growth, too little

### Situational Analysis

The Islamic Republic of Iran, like many countries in demographic and socio-economic transition, in recent years has experienced striking changes in the pattern of its serious health problems. While the death rate from infectious diseases (such as diarrhea and pneumonia) has declined, troublesome new maladies (including cardiovascular disease, diabetes, cancer, and myriad stress-related disorders) have escalated. In part, this disturbing new health profile appears to be the result of rapid urbanization and pervasive socio-economic and gender-based inequities. Iran's current situation is complex, influenced by oil, politics, and religion.



Iran's Health Ministry is making an effort to adapt health education to the troublesome new maladies that have come with rapid urbanization, falling wages, and growing socio-economic stratification.

capital, has mushroomed. Although the city's official population is 7 million, it is estimated to have 13 to 14 million people (nearly 1/4 of the nation's population) when squatters, drifters, homeless people and refugees are included. Traffic and pollution have become horrendous. There has been a drastic increase in illnesses related to crowding, stress, road accidents, environmental pollution, junk food, drug use (from tobacco to cocaine), and breakdown of social cohesion.

Yet for all this trend toward urban "modernity," the health profile in Iran remains mixed, with characteristics typical of both over- and under-development. In cities there has been an upsurge of the diseases of consumerism and industrialization in the new sedentary middle class, making heart disease, stroke, diabetes, and cancer the primary causes of death. Yet in outlying rural populations—as among the rapidly growing urban underclass—children still get sick and die from the ubiquitous "diseases of poverty" such as diarrhea and respiratory infection.

**Persistent undernutrition . . . and obesity.** Severe malnutrition in children has declined impressively in the last decade—in part due to a national program of food supplements. However, the rate of mild to moderate undernutrition in young children remains stubbornly high, in some areas from 20% to 40%. (Confusion in record keeping makes the data unclear.) Meanwhile obesity, both in children and

adults, is becoming a growing health concern.

**Increase in crime and violence.** In training sessions I facilitated with senior health educators from different provinces, we practiced an active participatory approach to "community diagnosis" much used in Latin America. The groups listed and then prioritized the "most important health-related problems" in their communities. At the top of the list of each group appeared problems they classified as indicators of collective psychosocial disfunction. These included violence (including high rates of domestic violence), mental depression, substance abuse, juvenile crime, and suicide (especially among women and adolescents). In exploring the "chain of causes" leading to these maladies, participants identified underlying causes such as low wages, social discrimination (by class and gender), hopelessness, and the widespread sense of powerlessness of ordinary people, who complain of a "lack of control over our lives."

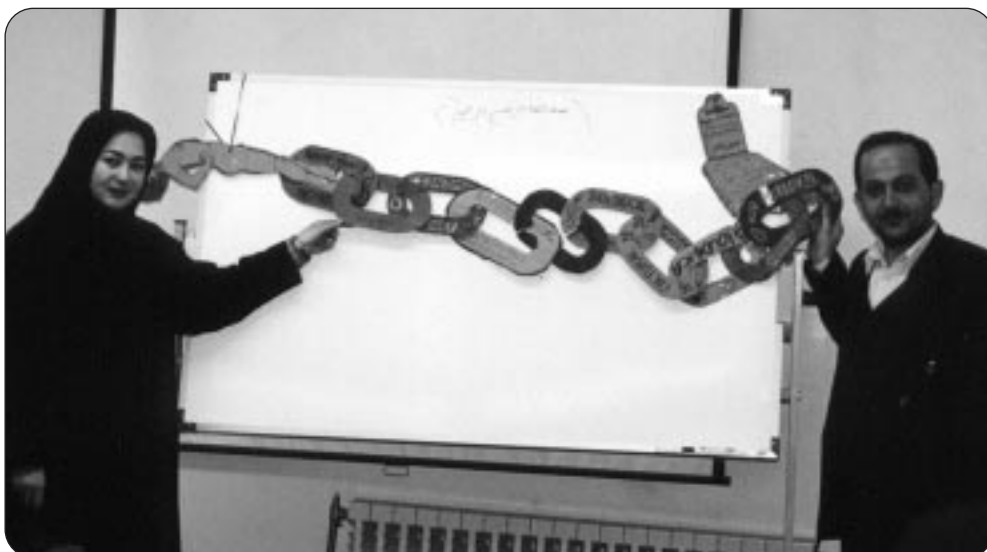
**Growing income disparity and slave wages.** In discussing the root causes of major health problems in Iran, participants pointed to the huge gap between rich and poor, which has been steadily widening. Today the richest 10% of the population earns 23 times as much as the poorest 10%. While absolute poverty has declined in recent years, real wages of working people (including civil servants and professionals) are outrageously low: from US\$100 to \$180 per month. The (unofficial) poverty

line is about US\$120 per month. The international buying power of Iranian currency (the tuman) has been grossly devaluated. At current exchange rates, basics such as food, gasoline, and rent are about 1/10 the cost in USA. However, cost of imports—cars, machinery, medicines—is about double the dollar value in the U.S. (A small car in Iran may cost up to US\$40,000).

Conspicuous wealth is plentiful in metropolitan Iran: fancy cars, palatial homes, elegant restaurants, exclusive clubs, and all sorts of luxury goods. But these belong to the realm of an elite minority that has mysterious access to vast resources. By contrast, wages of working people, including most professionals, are so deplorably low that it is hard for families to make ends meet. Many people work double shifts; others "moonlight," sometimes at illegal or health-threatening jobs.

**Prostitution and drug use** have exploded in the last few years, with an emerging epidemic of sexually-transmitted and needle-transmitted diseases. AIDS, which until recently had been denied and ignored by the state, is now spreading rapidly, especially among the prison population where drug use and anal sex are a normative rite. Among university students and even in primary schools, use of heroine and cocaine is a growing problem. According to some estimates, up to 1 in 20 people in Iran now use hard drugs. Drug dependency, in turn, contributes to the high rates of crime, violence, and prostitution.

Until recently, the strong Islamic taboo on prostitution has kept it minimal or at least well hidden. But recently, the dire economic need of women, including college girls, has led to a new industry where women are picked up each evening in vans and transported to affluent clients. Unfortunately, few precautions are taken to prevent spread of infection and currently Teheran is experiencing an epidemic of sexually transmitted diseases. At last the Health Ministry is beginning to act on this time bomb for an AIDS epidemic. But it is hampered by religious taboos about discussing sex, which have made it difficult to promote condom use or relevant health education.



The staff of the Department of Health Education and Health Promotion experimented with participatory methods such as analysing the "chain of causes" that led to a child's death.



Domestic violence and family dysfunction are also growing concerns. There have been increasing reports of violence by men against their wives and children. Serious disturbances in young people are likewise prevalent. In girls as young as 11 years old, depression and suicidal tendencies are alarmingly common. Adolescent boys tend more toward anti-social behavior, and sometimes self-destructive acts.

**Growing impoverished population.** While insufficient wages contribute to the difficulties of millions of working people, in the cities there is also a growing underclass of unemployed and homeless persons. Every day I saw such persons, young and

old, picking through garbage bins on the streets. I was told that many of these destitute people in Iran are refugees, including nearly 2 million from Afghanistan. This swollen underclass helps explain the alarming rise in tuberculosis.

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### Primary Health Care, Iran style

The Health Ministry has taken many innovative measures to confront both the old and new health problems in Iran. More than most countries, it has put into action certain principles of Primary Health Care proposed in the Alma Ata Declaration.



This pair of "behvarz" provide promotive, preventive and basic curative services in a village "health house" near Tehran.

### Helping mothers solve domestic problems: The Cultural Houses of Isfahan

To help mothers in the City of Isfahan deal with difficult family problems, the mayor and the Isfahan University of Medical Sciences have set up a series of neighborhood "Culture Houses." Here women gather to discuss common concerns and identify skills they would like to learn. Based on their requests, experts are invited for discussions and to teach specific skills. For example, a group of mothers have learned to weave small rugs, which they now make in their own homes and sell to increase their income.

In a meeting I attended at one Culture House, a woman psychologist was talking with 50 mothers about some of the mental, behavioral, and interpersonal difficulties they were experiencing in their homes. Specifically they mentioned: 1) drug addiction, 2) depression, anxiety, and stress, 3) bad treatment of children by parents, especially fathers, 4) frustrations related to unemployment and low wages, 5) concerns related to family planning, and 6) aggressive behavior of boys.

Their boys were among their biggest worries. As their sons approach their teen-age years, they often become angry and aloof. Many end up becoming involved in gangs, drug use, petty crime, violence and other risky behavior. In discussing possible causes, the women observed that many fathers spend relatively little time with their children, and have little emotional or physical contact with them. Rarely do they hold or hug their children or show affection, especially to their boys. Some women suggested this lack of affection is an intrinsic characteristic of Iranian men (or men in general). Others asserted that the "distance" of fathers from their children is a consequence of current societal malfunction. They traced it to the sense of inadequacy and misdirected anger men feel when they are unable to provide adequately for their families. Many fathers work 12 or 14 hours a day in an attempt to meet their family's needs. They return home late, exhausted, and often bad-tempered. No wonder the relationship with their wives and children suffers.

The psychologist agreed with the mothers that children, especially boys, need to be emotionally and physically close to their father or another adult male role model. (Indeed, studies in other countries have shown that in societies where fathers rarely touch, handle, or hug their children, boys tend to become more aggressive and antisocial, and the homicide rate is higher than in countries where fathers are physically more affectionate.)

The interactive problem solving process that takes place in these Cultural Houses appears to be one of the more promising responses to the new spectrum of psychosocial health problems in Iran.

The frontline PHC unit in rural areas is the "Health House," which is staffed by a male and female "behvarz" (community health promoters with 2-years training). The behvarz perform a wide range of preventive and educational activities, plus a few curative services such as Oral Rehydration Treatment for infant diarrhea, diagnosis and treatment of pneumonia.

Backing up the Health Houses in rural areas, and providing the first level of services in urban areas, are Urban or Rural Health Centers, staffed by 1 or 2 doctors, often a dentist, and several specialized health technicians (in Maternal Child Health, environmental health, etc.) This staff provides training and supervision of behvarz and an active network of community volunteers, mostly women.

Both Health Houses and Health Centers have outreach activities into the community, workplaces and schools. Good use is made of local volunteers (all women).

A number of interesting innovations in community health education, and in management and financing of comprehensive services are emerging from the provincial levels, often through the Medical Sciences Dept. of the Universities. Some of these experiments, such as the Participatory School Health Program in Isfahan and Cultural Houses and the Girls' Reproductive Health Course in Semnan are genuinely enabling advances. (These initiatives are described in the boxes on pages 3 and 4.)

Other experimental programs are more questionable. For example, the Province of Tabriz has introduced a user-financed cost recovery scheme for frontline curative services, which resembles that promoted by the World Bank. This increase in cost for low wage earners is likely to lead many families to delay needed treatment, or to spend their limited food money on health care. This could well prove counterproductive, as it has in many countries where the World Bank has imposed its belt-tightening policies. If Iran chooses its priorities appropriately, it has ample resources to provide basic health services to all its citizens (and refugees) through a single payer national health plan.

**The challenge faced by the Health Ministry** is to design an approach to health education/promotion that can help mobilize people to confront these daunting

health problems and work to correct their underlying causes. The Health Ministry has taken many important measures. However, the current political situation in Iran does not make attacking the root causes easy.

As described above, the most overwhelming health problems in Iran today stem, in large part, from the rigidly hierarchical and inequitable social order. This makes any comprehensive attempt to build a healthier society difficult if not dangerous. Those with wealth and power—divided as they are into conflicting camps—do not look kindly on reformers.



After Iranian health ministry staff learned a graphic, hands-on approach to community diagnosis, they facilitated the new method with health educators from the provinces.

Therefore, the policy makers in the Health Ministry, with their mandate to "improve the health of the nation's people" walk a political razor's edge. They are trying to carefully build the political will and public consciousness to gradually reform the social order without being so conspicuous that they endanger their jobs, their freedom, or their lives.

**Strategies for change.** Given this tense situation, it did not take me long to figure out why I had been invited to Iran. Key persons within the Department of Health Education were long familiar with my work. They had translated my handbooks *Where There Is No Doctor* and *Helping Health Workers Learn*. They had studied our recent diatribe, *Questioning the Solution: the Politics of Primary Health Care and Child Survival*. Though we had not met before, they viewed me as an "old friend" and said I had been their teacher. They are pragmatic idealists, eager to put the equity-building, community-based strategies of these books into practice. But, at the same time they are wisely aware of the risks. Strategically it was safer that I, as WHO-sponsored consultant, be the one to introduce this potentially revolutionary methodology. As an international consultant, I could make my "subversive" recommendations, which they could then implement with less risk.

The more I got to know the leaders of Iran's Department of Health Education, the more I admired their insight, wisdom and courage.

### **Combating Depression and Suicide: School Girls' Reproductive Health Course in Semnam**

The faculty of health education at the University of Semnam has developed a number of innovative pilot programs. For example, it has adapted the concept of "Healthy Cities" to rural areas through a comprehensive multi-sectoral program called "Healthy Villages." It involves different elements of the community, including schools, businesses, social services, NGOs, and various government agencies. The experiment is being carefully monitored and evaluated, and if successful, will be introduced in other areas.

In Iran today, an ominous indicator of psychosocial distress is the relatively high suicide rate, especially among adolescent school girls. Confronting this situation, one of the University of Semnam's most successful initiatives is a course for schoolgirls in female health education.

A research team in the Semnam University School Medical Sciences worked closely with a group of girls between 12 and 14 to learn more about their concerns. They found that their deepest worry was about their female bodily functions. Although their mothers and sisters were the primary source of information on these matters, helpful information was often lacking. Over 60 percent of the girls knew nothing about menstruation at the time they had their first period. Guided by the suggestions of the group of girls, the Semnam research team designed a short course for girls only on female concerns and reproductive health. The course was implemented and evaluated in a pilot project. It proved successful, both in terms of student feedback and, over time, in reducing the suicide rate. This course has subsequently been scaled up throughout the province and in other parts of Iran. Educators from China have come to observe the program and are considering implementing it there.

Currently, similar participatory research is now underway for boys, with a pilot group of boys aged 13 to 19. (Given the declining age of pubescence of boys in much of the world and probably also in Iran, the consultant suggested considering a lower age for initiating such "sex education" for boys, to at least age 11 or 12.)



## The Competing Political Forces in Iran

A root cause of the health situation in Iran lies in the political standoff between competing centers of power. There are 3 political groups vying for leadership. In order of relative strength, these are:

- 1) The political arm of the fundamentalist Islamic sect, headed by the inner circle of ayatollahs (high priests), who maintain a rigid hierarchy of religious law and power;
- 2) the formal, elected government, headed by the President and National Parliament, which is trying to modernize the nation and adapt it to the global free-market economy; and
- 3) a motley, largely unorganized groundswell of elders, academics, students, and concerned citizens who share the vision of an equitable, compassionate and sustainable society.

In spite of the fact the official government is run by the elected President and Parliament, the clerical power structure under the Ayatollahs has the real power and final say over social and political decision-making. This is because under the peculiar constitution left in place by the Ayatollah Khomeini's Islamic Revolution (which overthrew the US-supported Shah in 1979), decisive power lies with the unelected clerical establishment, now headed by the supreme leader Ayatollah Ali Khamenei. It controls the courts, the military, the religious police, and the heavy-handed intelligence services, as well as a good deal of the national wealth. It has used its arbitrary power to shut down pro-reform newspapers and imprison outspoken advocates of political change. There is little the formal government can do to mollify such tyranny.

Although the official, elected government has relatively strong popular support, it is in fact only a little more representative of the people than is the undemocratic clerical power base. The current president, Mohammad Khatami—though he won 77% of the vote in this June's election—represents elite business interests that are courting transnational corporations. He and his Parliament are bent on following a

model of development similar to that pushed by the World Bank, to make the rich richer in the hopes—however unrealistic—that "the rising tide will lift all boats." (In most other countries that have pursued this model, more has trickled up than has trickled down.)

The third significant political group—which is of necessity a loose underground movement—is aligned neither to the fundamentalists nor the official government. Rather it consists of progressives and idealists, young and old, who are cautiously working to build a truly democratic society that is founded on respect for the rights, basic needs, and dignity of all people. Many involved in this movement are devotees of the Islamic faith. Yet they are critical of the oppressive hierarchy of the clergy. Some of them refer to their spiritually-based efforts for social change as the "Islamic Theology of Liberation." Like the liberation theologians within the Catholic Church, they use passages from the holy scriptures (in this case, the Koran) to substantiate their commitment to building a fairer, more compassionate, and more equitable society.

It is in this "Islamic Theology of Liberation"—or call it a spiritual groundswell for social justice—that I place my hopes for a healthier social climate in Iran. In talking with a wide range of people, I got the feeling that many Iranians long for liberation from the self-aggrandizing power structures, whether clerical or profiteering, and whether internal or foreign. People want more voice in the decisions that shape their lives. They have a deep dedication to living in peace, in the spirit of respecting one another, of compassionately helping those in need (a basic thesis in the Koran), and of generously sharing the goodness that the earth provides.

**The future health of Iran**, I believe, will depend less on health services or economic growth than on health promotion in the largest sense. As elsewhere, it will depend on gradually building a fairer and more



The schools in Isfahan, in western Iran, have a Participatory Health Education Program in which children take turns as "health scouts" who teach and lead other children in health protecting activities (see next page).

equitable society. Recognizing this underlying need, the Ministry of Health, which is to a large extent decentralized at the provincial level, has taken a number of innovative steps to encourage a cooperative participatory approach to problem-solving at the community level.

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Coming from a relatively young and culturally less-developed nation (the United States), what impressed me deeply about Iran is its long and vital history. I felt a kind of filial affinity towards its rugged yet lyrical people, seasoned in a culture charged with beauty, symbolism, spirituality and art, conserved and transformed through the ages. There is wealth of harmony and wisdom to draw on.

Also I was deeply moved by the warm and friendly welcome I received by Iranians everywhere I went. I especially appreciated their goodwill in view of the fact that the United States government has been hostile to Iran ever since the overthrow of the Shah in 1978. Washington has had no formal diplomatic relations with the Iranian government since the taking of hostages in the US Embassy. (To get into Iran I had to travel on a UN passport.) Although most Iranians are strongly critical of the US "might is right" foreign policy, they realize that many Americans are either opposed to those policies or unaware of their cruel impact. Therefore Iranians do not judge the visitor by his government, but welcome him as a fellow human being and potential friend.

I hope that we Americans can be equally gracious and understanding, in these troubled times.

## "Health Scouts" in the schools of Isfahan.

Throughout Iran there are separate schools for boys and girls. Only at university level has an element of integration begun to be introduced. The Health Ministry recognizes the importance of reaching and mobilizing young people. During my visit to Isfahan Province, we visited a girl's primary school to observe the Participatory Health Education Program. The key actors in this program are Health Scouts. The health scouts are children from 2nd through 5th grades who take responsibility for teaching and monitoring different health-related concerns with their fellow pupils. The 4 categories of health scouts are:

1) health educators, 2) nutritional health scouts, 3) environmental health scouts, and 4) classroom health scouts.

The health scouts are taught and monitored by a teacher specially trained in health education. This teacher is in charge of the school's "Health Room," which is equipped with a variety of health education materials as well as materials for recording children's height and weight, and for keeping records on each child's overall health and particular problems. Each health scout performs her duties for 4 months; then another child is trained and takes over the responsibility.

The school we visited had about 600 girls. We met with the four current Health Scouts. Over their school uniforms, the girls wore sashes of different colors, each according to her scout category. With confidence and clarity, each scout explained her distinct responsibilities.

The Health Education Scout explained how she advised her schoolmates on questions of cleanliness. This included, information about how germs and infections are spread, the importance of not using someone else's toothbrush or towel, and danger signs for which the children should seek skilled medical help.

The Nutrition Scout gave her classmates advice about healthy foods. She warned them that eating a lot of sweets can damage the teeth. She recommended milk products because they strengthen the teeth and bones.

The Environmental Health Scout explained how she periodically checks the condition of the bathrooms and dining area. She advises her classmates about keeping their school grounds clean and instructs them to throw garbage in the trash containers. Holding up a poster saying "My city is my home!" she stressed the importance of cleanliness and sanitation in the home and neighborhood. She also encouraged protecting natural resources, concluding: "All things are gifts from God."

The Classroom Health Scout explained how she teaches her classmates about health practices and



The "health scouts" in a girls' primary school in Isfahan had a strong sense of the importance of sharing and helping one another as the foundation for health.

habits. She showed us a simple first-aid kit she uses to attend minor injuries, and explained that she refers more serious problems to the Health Teacher. Every day the Classroom Health Scout checks the cleanliness of her classmates hands and teeth. Once a week, she helps the Health Teacher in an activity where all children brush their teeth with a fluoride liquid to prevent decay. She also teaches her classmates the importance of cutting—but not biting—their nails. (The health teacher explained to us that a great many of the girls chew their nails. She interpreted this as one of the many signs of anxiety common among school children.)

What impressed me most about the Health Scouts was the sensitivity, camaraderie, and spirit of equality with which most of them related to their classmates. For example, the Classroom Scout explained that when she found a child who chewed her nails or had dirty teeth, she made a point of speaking about this gently with the child, and never publicly. That the program had succeeded in awakening in the children such a spirit of thoughtfulness and caring was to me an important measure of its worth.

But what struck me as most wondrous of all was the big-hearted nature of the Nutrition Scout. A small dark girl with big questioning eyes, she had noticed that some of her classmates were overweight, while others were very thin. Often the overweight girls brought to school all kinds of tasty foods and snacks from their homes. Also they would bring money to buy goodies for the school shop. The thin girls brought nothing. So the Nutrition Scout began to encourage the well-fed girls to share some of their foods and snacks with the children who had very little. "By sharing," she insisted, "everyone will be healthier."

What a marvelous view! What a wonderful way to promote both individual and societal health! If the people and policy makers of Iran—and the world—could learn about health promotion and equity from this little girl, what a healthy nation and world we could achieve!

*"BY SHARING, EVERYONE  
WILL BE HEALTHIER"*





## Timeline of Iranian History

**8000 BC** —The onset of agriculture enabled settlements. Thus began on the Iranian plateau, part of the "Fertile Crescent", one of the oldest continuing civilizations.

**1500-800 BC** —The Persians, a group of Aryan nomads, migrated to the Iranian plateau from central Asia.

**1000 BC** —The prophet Zoroaster introduced an organized belief system including the concepts of: monotheism, duality of good and evil, messianic redemption, resurrection, final judgement, heaven (the word "paradise" comes from Old Persian), hell and an almighty, forgiving God, and salvation through Good Deeds. These concepts had a profound influence on Judaism, Christianity and Islam.

**550 BC** —Cyrus the Great established the Persian Empire, the first world empire. It demonstrated for the first time the economic prosperity of a diverse culture under one central government. This later was a model for the Romans.

**334 BC** —Alexander the Great conquered Persia, creating a mixture of Persian and Hellenistic cultures.

**570-632** —Prophet Mohammad, whose writings were collected into the Koran.

**642** —Islamic nomads conquered Persian Empire. Islamic ideals of equality and unity appealed to many Persians. The five pillars of Islam are:

- 1) "There is no God but Allah, and Mohammad is the Prophet of Allah"
- 2) Prayer (maintain spiritual connection)
- 3) Pilgrimage to Mecca (encourage a sense of community and the exchange of ideas)
- 4) Fasting (to feel the pain of the disadvantaged and to develop self-discipline)
- 5) Alms (to share one's blessings).

**661** —Mohammad's son-in-law assassinated, leading to the great schism in Islam between the Sunni and Shi'ite sects. Shi'ites believed in the divine right of the family of Mohammad to lead the Islamic world.

**696** —Arabic became the official language of the Islamic world.

**820-1220** —Arab rule over Persia weakened. Modern Persian language developed. Once again, Persia became a world center for art, literature and science.

**1220** —Mongol ruler Genghis Khan sacks and razes almost every city in Persia.

**1295** —Mongol ruler in Persia converted to Islam. After his conversion, the Mongols, like the Greek, Arab and Turkic invaders before them, became "Persianized." The vast Mongol Empire facilitated the exchange of ideas and goods among China, India and Persia.

**1501-1524** —Shah Ismail I united all of Persia under Iranian leadership after 9 centuries of

foreign rule. Shi'ism became the state religion, a key differentiation between Persians and the rest of the Islamic world, in particular the Sunni Ottomans.

**1813 & 1828** —European imperialism arrived. Persia lost the Caucasus (present-day Georgia, Armenia and Azerbaijan) to the Russians in treaties of 1813 and 1828. Persians forced to exempt all foreign citizens from their laws.

**1851-1906** —Persia lost central Asian provinces to the Russians. Forced to give up claims on Afghanistan to the British. These two European powers dominated Iran's trade and manipulated its internal politics. Influential members of Persian court were bribed to sell valuable concessions to the British, such as the Tobacco Concession which triggered a massive popular uprising.

**1906** —Discontent with court corruption led to a Constitutional Revolution and establishment of Persian parliament. The constitutional aspirations for a limited monarchy were never to be fully realized. Although Persia never became an actual colony of imperial powers, in 1907 it was divided into two spheres of influence. The north was controlled by Russia and the south/east by Britain. By the end of WW I, Persia was plunged into a state of political, social and economic chaos.

**1921** —Army officer Reza Khan staged a coup. Although his initial objective was to become the president of a republic, the clergy, fearing a diminished role in a republic, urged him to become the Shah (i.e., "king" in Persian).

**1925-1941** —The new Shah's advisors created a modern standing army, initiated industrialization and public education, opened schools and work to women, and forcibly abolished veils.

**1935** —The Shah officially requested all foreign governments to refer to Persia as Iran. (The Iranian people had always referred to their country as Iran.)

**1941** —Reza Shah tried to remain neutral in WW II. Desiring the Trans-Iranian railway in order to supply the Soviets, the Allies invaded and occupied Iran for the duration of the war. Reza Shah was forced to abdicate in favor of his young son Mohammad Reza Pahlavi and died in exile in 1944.

**1946** —Under American pressure, Soviets were forced to pull out of Iran's northwestern province, the only time that Stalin ceded a WWII occupied territory.

**1951- 1953** —Iran's parliament passed a law sponsored by Parliament member Mohammed Mossadegh to nationalize Iran's oil from British control. The British imposed an embargo on Iran, enforced with their navy. The Shah's appointed Prime Minister was assassinated; Mossadegh was appointed Prime Minister over Shah's objections by vote of the parliament. Iran's economy collapsed under the embargo and lack of oil

revenues. Citing the threat of a communist takeover, British intelligence and the CIA sponsored a coup to topple Mossadegh and put the young Shah back in power. Over the next 26 years, Iran integrated into the US-led global capitalist market, its role in the world order being to export cheap oil and import consumer commodities.

**1957** —The Shah's repressive secret police (SAVAK), was created under the guidance of the CIA and the Mossad. During the Shah's regime, SAVAK silenced all voices of opposition with torture and 'disappearances'.

**1962-1963** —In an attempt to emulate the West, the Shah introduced major land reform, workers' rights and women's suffrage. His reforms did not develop as planned due to poor execution. In a series of public speeches, Ayatollah Khomeini, who attacked these reforms, was arrested and then exiled.

**1973-1979** —The oil embargo quadrupled Iran's oil revenue to \$20 billion a year. This new wealth accelerated the Shah's timetable of "catching up" with the West. The Shah's determination to rapidly modernize Iran at any cost led to culture shock, alienation of the masses, inflation, increased corruption, huge economic inefficiencies, massive urbanization, and increasing authoritarian measures in dealing with these social, economic and political problems.

**1979** —Most of the Shah's opponents united behind Ayatollah Khomeini in the Islamic Revolution. After 2,500 years of monarchy, Iran's government was changed to a theocratic republic, the Islamic Republic of Iran. The new government reallocated money from defense to social needs, cancelling billions of dollars' worth of orders placed by the Shah with US arms contractors.

**1979-1980** —US embassy hostage crisis greatly increased tensions between US and Iran.

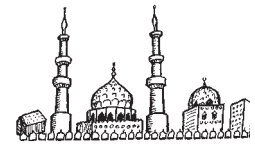
**1980-1988** —The Iran-Iraq war. Saddam Hussein attempted to seize control of a strategic waterway and oil fields in western Iran, but was forced to retreat from all Iranian territory by 1982. The Ayatollah counterattacked, advancing forces into Iraq. Iran received much of its weaponry from North Korea, China, as well as secretly from the US. Iraq received arms from the Soviets and various Western nations including the US. The US also sold Iraq materials for chemical and biological warfare. The war ended when Iran attacked Kuwaiti shipping, causing Western powers to intervene with warships to maintain the flow of oil, and demand that Iran accept a ceasefire agreement. An estimated 1.5 million people had died.

**1989-2001** —Officially Iran is run by an elected government/president, but the clergy headed by Ayatollahs still controls the military, police, and courts. A grassroots movement for equitable change is steadily gaining popular support.



## CRISIS AS A DOORWAY TO CHANGE

By Tim Mansfiel and David Werner



A huge disaster is a wake-up call. This is as true for us as individuals as for humanity as a whole. It makes us stand back from our habitual toils and diversions, and take a new look at ourselves and our world from a more wide-eyed, enlightened perspective.

**A terrible crisis can be a catalyst for positive social change.** Historically, some of our greatest advances in terms of "well-being for all" have arisen from the ashes of earth-shattering events (e.g. the New Deal from the Great Depression).

It has repeatedly been said that after September 11, 2001 "we no longer live in the same world." It is clear that we have to do some major rebuilding of our lives, our dreams, and our relationship with the world.

In arising from the ashes of the Twin Towers/Pentagon disaster we can, individually and collectively, move either backwards or forwards on the long up-hill path toward civilization:

- We can react reflexively to our feelings of fear, fury, and revenge so as to create an increasingly divided and dangerous world, systematically unraveling our hard-won freedoms, civil rights, and hopes of a peaceful and sustainable future.
- Or we can look deeper into the historical events that led to the cataclysmic, desperate events of September 11, try with humility to understand the causes, and then go about rebuilding a world that is safer, fairer, and more sustainable for everyone.

**Oil dependency is dangerous.** If the United States of America has an Achilles' heel, it is our huge dependency on oil. Our motor vehicles, our major industries, most of our power plants, even the innumerable plastic goods we use daily, depend on oil. The American military's expenditure of oil exceeds the national budgets of many nations.

With only 3% of the world's population, the US consumes 25% of the world's non-renewable fossil fuel supply. Having largely exhausted our own oil reserves during World War II, in order to maintain our high-energy life style, we Americans increasingly depend on oil reserves in other parts of the world, mostly the Middle East. In our commitment to sustain the enormous flow of oil at relative-

ly low cost, the US has time and again intervened in the internal affairs of the governments and peoples of the Middle Eastern countries. To assure our access to oil, we have propped up undemocratic governments or despots who have systematically violated human rights and kept the majority of their populations in poverty despite substantial oil-generated wealth.

Oil interests have superceded human need and rights. For example, Saudi Arabia—which has the biggest known oil reserves in the world—has been strongly backed by the US for the last six decades. In 1939 King Ibn Saud gave exclusive oil rights to US oil companies. In 1940 President Roosevelt offered the royal family protection in exchange for favored access to oil.

The Saudi monarchy has received this backing despite its long and tyrannous record of human rights violations. (According to the US State Department, abuses include torture, arbitrary arrests and executions, harsh discrimination against women, and restricted freedom of press, assembly, religion and movement.) To help the rulers defend themselves both from external and internal threats, the US has sold the Saudis billions of dollars' worth of weapons and trained their military to use them. This US support for the Saudis has continued throughout the Cold war era and up to the present. In 1990, before the Gulf War with Iraq, the US sent in American troops to form a "buffer zone" to protect Saudi Arabia and its oil fields.

Similarly in Iran, US interventions, which also triggered widespread resentment, were spurred by our oil interests (and the Cold War). In 1951-1953, when the highly popular leader Mohammed Mossadegh moved to nationalize Iran's oil from British control, the CIA (US Central Intelligence Agency) worked with British intelligence to overthrow Mossadegh and instate the pro-western "Shah of Iran." This set the stage for the ousting of the Shah by Ayatollah Khomeini and then the taking of hostages in the US Embassy followed by US military intervention. The breakdown of US-Iranian diplomatic relations continues to this day.

Time and again in the Middle East, the US has put our thirst for oil before the hunger for food and self-determination of the common people in that region. We have used overt and covert

interventions to overthrow popular governments and to prop up tyrants who supply us with oil in exchange for military and strategic aid, used in part to contain the unrest of their own impoverished peoples. We call this "maintaining the stability of the region." But it is a top-heavy stability of undemocratic power structures that need heavier and harsher external support to keep them from toppling and exploding.

**The socioeconomic disparity, widespread powerlessness, and unrest** engendered by such a situation is the breeding ground for outbursts of violence which (when directed towards us) we call terrorism. Given the history of US interventions in the Middle East—including the embargo on Iraq, which, according to UNICEF, has taken 500,000 children's lives—it, is understandable that in many Middle Eastern countries, Bin Laden wins substantial popular support. One of his goals is to topple Saudi Arabia's royal family, cut off the Middle Eastern oil supply to the US, and push the price of oil sky high.

**US oil interests in Afghanistan** should not be overlooked, especially in view of the ferocious bombing of that impoverished, war torn country. The Eastern Block countries north of Afghanistan—especially Turkmenistan and Kazakhstan—have huge, still relatively untapped oil and natural gas reserves. Eager to exploit those reserves and transport the oil to major markets, the American oil industry for several years has had plans to build a pipeline across Afghanistan. However, these plans have been thwarted by political instability and the fierce nationalism of the Taliban government. It is in the interest of oil potentates to see the Taliban replaced by a pro-US government that would depend on US military and economic assistance to stay in control. The Northern Alliance—whose human rights record is as terrible as that of the Taliban—could fill that role conveniently. (Much of this goes unreported by the mass media, which are owned by the same corporate interests that control the oil and the arms industries.)

NOTE: For substantiating data on US interventions in the Middle East, and on the human rights abuses of the Saudi Arabian government and of the Afghanistan's Northern Alliance, see the Appendices of this Newsletter on our website: [www.healthwrights.org](http://www.healthwrights.org).



## The environmental costs of oil dependency

The colossal US dependency on oil has not only led us to an explosive geo-political situation, but also to an extremely dangerous situation environmentally. The US is the world's biggest contributor to global warming, the consequences of which - unless a worldwide commitment is undertaken to reverse the process—will jeopardize quality of life, and even life itself, on the entire planet.

This problem is enormous and is urgent. Yet the US government has not responded accordingly. The power of giant transnational corporations over public elections in the US—by making large campaign donations—influences too many politicians to put short-term corporate interests before the long-term common good. Thus we find that the US has refused to sign the international Kyoto Accord to try to halt this pending global eco-disaster.

**Today it is time to rethink and rebuild.** Following the September 11 disaster, people in vast numbers are rightfully worried and looking for ways to build a healthier, more livable future.

One approach toward moving forward is to build on positive rather than destructive energy. We can use the process of awakening that has emerged from the current overwhelming crisis to realign our collective compass and get at the roots of the underlying problem. We can do this in a way that strives to solve mul-

tiples, interrelated impasses and helps bring people together, worldwide.

**To build on positive energy means to become less dependent on fossil fuels,** especially here in the US. We can do this by:

1) using more energy-efficient technologies, and; 2) using cleaner, safer, more renewable and sustainable forms of energy.

**The knowledge and technology already exists.** Amory Lovens of the Rocky Mountain Institute—a pioneer in energy alternatives and conservation—calculates that in 15 years energy consumption in the US could be reduced to 1/3 of present levels, at net savings of at least \$3 trillion! By using cleaner, safer sources of energy (neither fossil fuel nor nuclear) as well as making energy-conserving choices, we could become completely independent of any need for oil imported from outside mainland USA. This would end the rapacious need for "black gold" that helps set the stage for environmental and human disasters such as global warming, the Alaska-Valdez oil spill, the Gulf War, and also make terrorism less likely. It would also be an urgently needed step toward building an ecologically secure and sustainable future. In short, it would be a win-win situation, helping to create a healthier, more livable world for all.

**Then what is stopping us?** The necessary energy policy reforms are blocked by the enormous power that entrenched interests and

giant transnational corporations—especially the oil industry—have over politicians.

**Election campaign finance reforms** are, therefore, a necessary first step in working toward **energy policy reforms.** To pass measures that can help build a peaceful and sustainable future, we need to reduce the influence of corporate and special interest money on politics.

### BIG OIL'S TOP DONORS TO U.S. ELECTION CAMPAIGNS

1/1/87 through 3/31/98

Donor	Total Contributions (US\$)
ARCO	4,900,000
Chevron Corp	3,740,041
Occidental Petroleum	2,506,251
Exxon	2,456,690
Amoco	2,105,443
Coastal	1,802,139
Phillips Petroleum	1,588,687
Texaco	1,510,687
Koch	1,304,449
Mobil	1,248,750
Sun Co	1,166,231
BP Oil	942,604
Shell Oil	936,125
UNOCAL	817,873
Mesa	748,310
Davis	662,527

## Action we can take:

To follow are suggestions of where you can learn more about these vital issues, and then join others in action to help make elections more democratic and build a more peaceful and sustainable future:

### ALTERNATIVE ENERGY

—Visit the Rocky Mountain Institute site on Internet ([www.rmi.org](http://www.rmi.org)). Amory Lovins, recipient of a MacArthur "genius" grant, provides a credible roadmap for sustainable energy policy based mainly on clean-burning hydrogen, wind, solar and other renewable energy sources. We would no longer rely on foreign oil or vulnerable centralized power generation (e.g., nuclear power plants).

—If you live in California, Pennsylvania, or Massachusetts, start buying "green power". See [www.ucsusa.org/energy/guide.buy-green.html](http://www.ucsusa.org/energy/guide.buy-green.html).

—Consider trading in your current car for a fuel-efficient hybrid gas/electric car (see "Fuel-efficient Vehicles" link at [www.usca.org](http://www.usca.org).) and take advantage of the 10% federal income tax credit. Buy hydrogen-based cars when they come out market. (E.g., Honda in 2003).

—Invest your money directly in alternative energy. The New Alternatives mutual fund ([www.newalternativesfund.com](http://www.newalternativesfund.com)) invests strongly in alternative energy companies.

### CAMPAIGN FINANCE REFORM

—Use the database at Common Cause ([www.commoncause.org](http://www.commoncause.org)) to understand exactly how our government is tainted with corporate and other special-interest money. Then see their Agenda section.

—Also see The Center for Responsive Politics ([www.opensecrets.org](http://www.opensecrets.org)), Public Campaign ([www.publiccampaign.org](http://www.publiccampaign.org)), and Political Money Line ([www.tray.com](http://www.tray.com))

—Join one or more of the following campaign finance reform efforts:

The Campaign for America's Future ([www.ourfuture.org](http://www.ourfuture.org))

The Alliance for Democracy ([www.afd-online.org](http://www.afd-online.org))

Public Citizen ([www.publiccitizen.org](http://www.publiccitizen.org))

State Public Interest Research Groups ([www.prig.org/democracy/cfr/index..htm](http://www.prig.org/democracy/cfr/index..htm))

—Support multiple party nomination ("fusion"), now legal in only 10 states. (See [www.newparty.org/strategy.html](http://www.newparty.org/strategy.html).) Fusion enables minor parties to enter mainstream politics without splitting the vote of a secondary party (i.e., the Democrats).

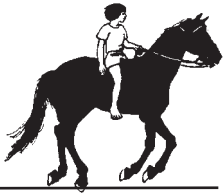
—Support socially and environmentally progressive organizations and parties such as the New Party ([www.newparty.org](http://www.newparty.org)) and Green Party ([www.greenpartyusa.org](http://www.greenpartyusa.org))

## Book Review

**TIGER'S FALL**, Written and illustrated by Molly Bang

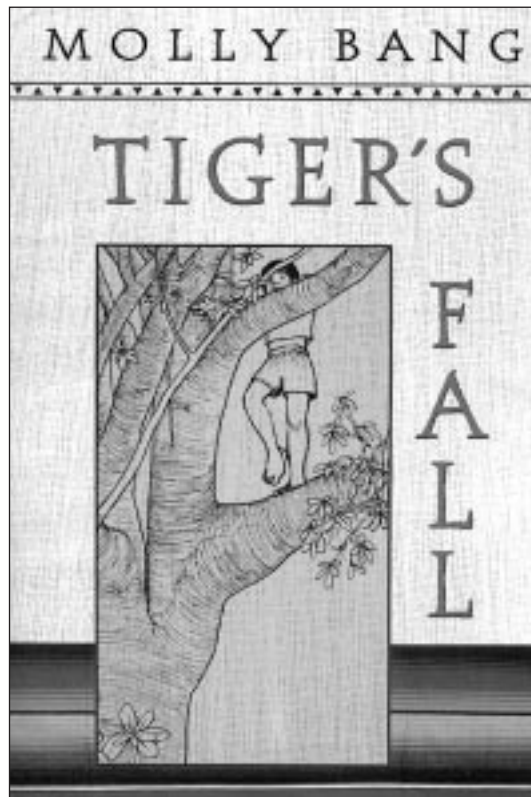
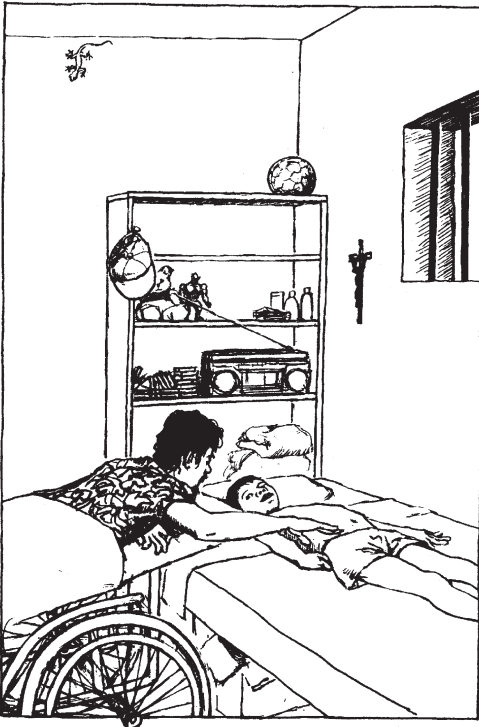
Henry Holz and Company, NY, 2001

Molly Bang, a highly acclaimed writer and illustrator of children's books, has just published a spellbinding story about a little girl named Lupe. A mischievous, high-spirited young dare-devil whom her father lovingly calls "Tigrilla" or Little Tiger, Lupe lives in rural Mexico. After a backbreaking fall from a giant fig tree, Lupe loses all movement and feeling in her legs. Soon she develops dangerous pressure sores. Feeling totally useless and miserable, she becomes angry at herself and the world. Her parents love her but



don't know how to help. Others pity her or pretend she doesn't exist. She begins to wish she were dead.

Lupe then finds herself in an unusual village rehabilitation center. This crazy place is run by cheerful people



in wheelchairs or on crutches, whom Lupe at first, with disbelief and scorn, calls "happy cripples." But where other people have treated her with pity, and expect nothing of her, this odd assortment of disabled young people at the center treat her with understanding, support, and even good-natured pranks. Through their example, they teach Lupe to become more self-reliant. The girl gradually overcomes her despair and discovers that becoming disabled need not be the end of a happy and purposeful life.

As Molly clarifies in the Afterword, "The 'center' in this story is based on a real place in the village of Ajoya about 80 miles north of Mazatlan, Mexico." This real place, of course, is "PROJIMO, or, in English, Project of Rehabilitation Organized by Disabled Youth of Western Mexico."

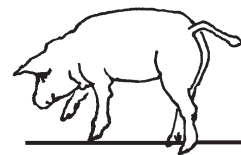
"I have set the story about 15 years ago when I first visited PROJIMO," Molly explains, "and began to visit some of the people who lived there. All the events in the story are

real and did happen there, though I've created some composites and have not used real names. There was one particular girl at PROJIMO whose courage and radiance served as my inspiration for Lupe. She was paralyzed from the waist down, she began her own rehabilitation when she healed the sore on a donkey, and she helped in the rehabilitation of a younger girl exactly as described in the story."

The real little girl on whom Lupe is based was Vania, whose actual transformation from a miserable child lacking self-confidence into a happy, very caring nursing assistant at age 10, was no less remarkable than in Molly's account. The story is a wonderful read, not only for children, but for anyone who can identify with the valiant struggle of children to maintain their vitality and spirit through difficult times.

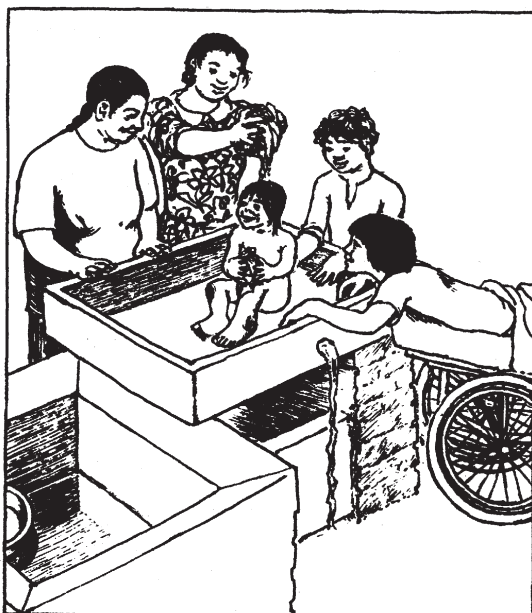


As an introduction to disability awareness, or to help non-disabled children appreciate the strengths and abilities of a disabled child—rather than looking at such a child with pity—this little book is invaluable.



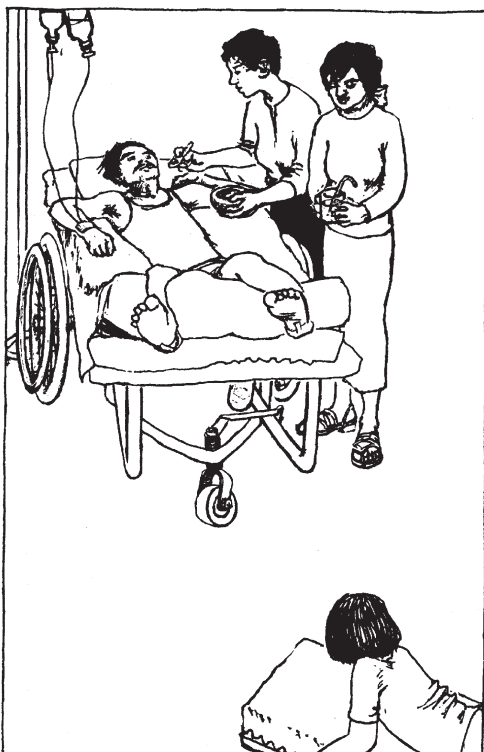


Without being sentimental, Molly's story traces the dynamic events in the lives of her characters with sensitive yet psychologically astute precision. Molly Bang describes the turmoil of Lupe's physical and mental battle to cope with her limitations, and to rediscover joy of life, in a down-to-earth way that any child can understand. A rich sense of humor and childlike freshness gives a silver lining to even the saddest moments. Finally, the way that Lupe manages to overcome her difficulties and regain her fiery spirit and self-esteem provides an uplifting conclusion to the story.



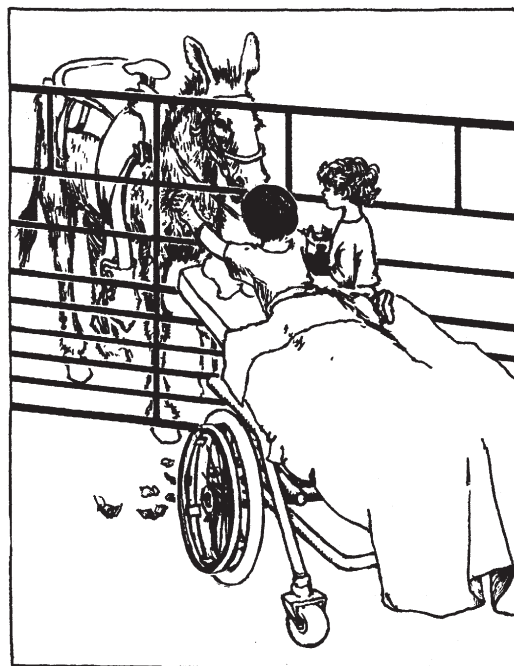
heart of the tale is "Tiger's Rise." It is the amazing saga of the child's return to a vigorous and adventurous life, thanks in large part to the help of the remarkable team at PROJIMO, that makes the story so memorable and inspiring.

In sum, this is a beautiful book that kindles our sense of equality, human dignity, and understanding—whether we be children or grown-ups. Recently Molly said to me, "I hope a lot of kids read this book." We hope so too—and that adults do so as well. We will all be wiser and more understanding for having done so.



huts, porches, courtyards, and gardens, and to PROJIMO's "playground for all children." We guided her to the rocky ledges along the riverbank, and even to a freshly killed rattlesnake. Finally, we escorted her to a grove of giant fig trees near the river, until she found just the right tree for Lupe's fall. Now, when I look at her drawings in the completed book, I recognize each tortilla grinder, rocking horse, or poinsettia as clearly as I do the workers in PROJIMO and Vania (alias Lupe) herself.

On finishing this small gem of a book, the reader realizes that its title, "Tiger's Fall," is misleading. True, the story covers in heart-rending detail the tragedy of Lupe's fall from a tree. But the



Adding to the magic of this captivating tale are Molly Bang's life-like, heart-warming drawings. To anyone familiar to Mexican village life, the drawings ring exquisitely true. When Molly returned to Ajoya last year to complete her drawings for this book, I and a pack of village children accompanied her in her quest for lively subject matter. We led her to an array of adobe



**"Tiger's Fall"** by Molly Bang can be found in bookstores or from Henry Holt and Co. (ISBN 0-8050-6689-6) for US\$15.95. Or you can get copies through HealthWrights for US\$14.00 + US\$3.00 for mailing. To order, contact us at our e-mail or postal address. Credit card purchases are possible.

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December 2001

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### Please Note!

If you prefer to receive future newsletters online, please e-mail us at: [healthwrights@igc.org](mailto:healthwrights@igc.org)



Lupe, the high spirited little girl in Molly Bang's new illustrated children's book, "Tiger's Fall," is based on the story of a real little girl (Vania) whom Molly met when visiting PROJIMO in western Mexico. For a review of this insightful, delightful little book, see page 10.

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This issue of *Newsletter from the Sierra Madre* was created by:

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*"Have we not come to such an impasse in the world that we must love our enemies—or else? The chain reaction of evil—hate begetting hate, wars producing more wars—must be broken, or else we shall be plunged into annihilation."*

—Martin Luther King, Jr.



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