



# Newsletter from the Sierra Madre #41

December, 1999



**Project PROJIMO:** a program run by and for disabled young persons in western Mexico

## HEALTHWRIGHTS

Workgroup for People's Health and Rights

**Project Piaxtla:** a villager-run health care network in the mountains of western Mexico

The main article of this newsletter looks at the enormous inequalities in Australia, in terms of health and self-determination, and the complex difficulties and challenges faced by the country's original—or "Aboriginal"—inhabitants. It shows that public welfare assistance, when accompanied by discrimination and inequality can lead to spirit-crushing dependency and disease patterns associated with marginalization and the loss of hope. However, a growing movement among Aboriginal leaders and activists is working toward community control and assertion of equal rights.

Other brief articles here look at an attempt to save Australia's north-eastern rainforests, and an update on PROJIMO's new locations and activities. Finally, there is a progress report on the upcoming "People's Health Assembly", with an invitation for people and groups concerned with the health and sustainability of humanity and the planet to participate in some of the preparatory meetings and activities.

## From Dispossession to Self-Determination in the Australian Outback

In September/October, 1999, David Werner had a chance to visit parts of Australia he had not seen before. He had been invited to Darwin in the Northern Territory to speak at the annual meeting of the Public Health Association of Australia (PHAA). But while "down under," he also visited aboriginal settlements in and around Alice Springs in the central desert.

Here David discusses the staggering inequality that exists between the White majority and the indigenous minority—the Aboriginal tribes people—and its impact on health.



This picture is from the book titled "A Good Life for Disabled and Old Persons in Remote and Aboriginal Communities." It shows older women going "bush" to collect traditional medicinal plants. There is a growing movement among the Aboriginal people to rediscover traditional knowledge and values. (See page 9.)

Australia appears to have changed in profound ways since the 1950s when I studied biology at the small, rural University of New England in northern New South Wales. Now, 45 years later, as our Qantas aircraft—colorfully painted with Aboriginal designs—approached Sydney airport, I was astounded when a promotional video lauded Sydney as "the most multi-racial, multi-cultural city in the world!" When I was last there over 4 decades ago, the dominant mind-set tilted

more toward white supremacy than ethnic diversity. The nation's "White Australia Policy" was still entrenched. Immigration of non-Caucasian (non-white) people was fiercely discouraged and the native people—or Aboriginies—were still denied citizenship, were not counted on the national census, and were mainly confined to reservations on the most inhospitable land. Not until a 1967 Referendum were the Aboriginal people granted citizenship and the right to vote.

Today many white Australians feel ashamed of the historic mistreatment of the Aboriginal tribes-people (which was fully as barbaric as the white man's treatment of the "Indians" in North America). Apologies have been drafted. Efforts are being made to compensate (to a limited extent) for the monumental expropriations and abuses. Yet few deny that in Australia oppressive inequalities and racism still persist.

Before the arrival of British colonists in 1788, the Aboriginal people had lived in harmony with the land for over 40,000 years. They had managed to survive and live successfully in one of the driest, most challenging, and most delicately balanced environments on the planet.

They acquired a deep knowledge of the native plants and animals and the hidden sources of water, nutrients and medicinal plants, with which they were able to evolve and sustain a culture drastically different from (and outside the comprehension of) Western "civilization." With the colonization of Australia, its native peoples were driven from their ancestral lands. Those not slaughtered outright were pushed onto barren deserts and reservations. Vast areas of the continent were stocked with cattle and sheep, and overrun by rabbits.

Overgrazing and deforestation have now so depleted native vegetation in some areas that, due to reduced transpiration from plants, the shallow, rain-fed water table is rising. This has increased the saltiness of surface soil so much that agricultural flatlands are fast devolving into lifeless wastelands. Meanwhile, the source of fresh water for most of the continent is a vast 150-meter deep artesian basin; non-renewable groundwater which is 20,000 years old. This large but limited supply of fresh water is currently being extracted so fast to supply and feed Australia's agribusinesses and urban industries, lawns and golf courses, that the water level of the deep aquifer is falling by 1 meter every year.

Across the Australian continent, natural balances are being dangerously upset and disastrous long-term consequences are predicted. Yet the white man's imbalanced civilization plunders on, devouring the future. Rather than learning about balance and frugality from the indigenous peoples, the conquering race has displaced and disintegrated them. The Aboriginal peoples are struggling against great odds to keep alive the remnants and dreams of their long-surviving culture.

But spiro spero: where there is breath there is hope. As I soon had a chance to observe, there are many valiant attempts by Aboriginal people to assert their rights and preserve their ethnic identity. Especially in the Northern Territory (where 22% of the population is aboriginal as distinct from 2% in the nation as a whole), a wide range of "community controlled" health and development initiatives have been launched. Aboriginal activists seek greater self-direction and autonomy for their people. But the situation is complex, the obstacles overwhelming.

### Disabled People and Programs in Australia, compared to Mexico



On my first day in Alice Springs I gave a talk on PROJIMO (Program of Rehabilitation Organized by Disabled Youth of Western Mexico) to a group of rehabilitation field workers. I showed slides of disabled villagers making wheelchairs and assistive devices. After my presentation, the listeners told me that our experience in Mexico, while inspiring, could not be duplicated in out-back Australia. They could not conceive that poor disabled Australians, Black or White, would "take their destinies into their own hands," or create their own workshops to make wheelchairs and assistive devices, as they do in Mexico. Why should they?

"You see," said an occupational therapist who travels out to remote communities, "Disabled people in communities here expect that everything will—or should—be given to them by the State. Therefore they have no incentive to do or make things for themselves, as do disabled folks in Mexico."

In Australia, I learned, not only are rehabilitation services and assistive devices free, but every disabled person is entitled to a government pension, and so is the family member who cares for him. "So there is little motivation to become self-reliant." I was told. "This makes rehabilitation very difficult."

"But aren't there ways that some disabled persons take part in the family and community life?" I asked.

It seems that, at least in the out-back, some disabled persons do help mind young children. A few produce arts and crafts (some of them marvelous!) for tourists. But most, I was told, bide their time just sitting or lying around. A lot of potential—and with it, richness of life—remains unrealized.

In some more traditional rural communities, extended families tend to be kind to old and disabled persons and to include them in the life of the family. But as traditions are weakened and families become more dysfunctional, disabled and old persons are often left alone and neglected during much of the day.

"Community-based Rehabilitation," Australia style, is very different than in Mexico and elsewhere. A better term might be "Community Outreach."

Rehab Centers in Alice Springs and Darwin send occupational or physical therapy workers to remote communities to assist disabled persons.

Sometimes they teach rudimentary skills to local persons, who are then paid to provide basic assistance in homes. But the therapists told me they often don't accomplish much because they are required to visit such a large number of distant communities. They travel to some communities only once or twice a year. As a result, disabled persons in remote communities rarely receive the rehabilitation or opportunities they are entitled to.



High blood pressure, stroke, and diabetes are major causes of disability in Aboriginal adults.

An encouraging sign is that the therapists I spoke with are determined to spend more time training local persons than delivering services.

After meeting with these therapists, I reflected on the contrast between the possibilities of disabled persons in Mexico and Australia. Australia is a rich country with a national health plan designed to provide free health care and rehabilitation services to all. Mexico is a poor country (with pockets of great wealth) where government provides discouragingly little assistance. Yet in some ways disabled per-



Pictures from *A Good Life for Disabled and Old Persons*, see page 8.

sons in Mexico may be in a better position! It struck me that in Australia, passive dependency-creating assistance is a disincentive to independent living. Many disabled Australians miss out on the grand adventure of figuring out a way forward for themselves and in solidarity with their peers.

I am a great believer in the right of all people to have publicly supported basic health and rehabilitation services. Those who are more fortunate should be taxed proportionately to make sure everyone's needs are met. That is a function of democratic government of any humane society. But public assistance needs to be provided in ways that enable, not disable.

## AN EXAMPLE OF CBR, AUSTRALIA STYLE

One of the pioneers of Community Based Rehabilitation (CBR) in Central Australia is Robyn Glynn. Together with Christine, a highly motivated young disabled Aboriginal woman, Robyn has traveled to Bangladesh, Canada, and elsewhere to learn how CBR works in diverse settings. Robyn and Christine realize that the problematics of CBR in Australia are different from those in Third World countries; in ways they are easier and in ways more difficult due to the dynamics of assistance and dependency in an affluent welfare state.

An added challenge in Australia is that many remote communities consist of just a few distant huts. In each settlement, there may be no more than one or two disabled persons. Trying to set up a community-based rehab program is often not practical.

Robyn and Christina told me about a paraplegic (spinal cord injured) adolescent whom they had found in a distant Aboriginal community. The boy was depressed, neglected, and had lost all hope for the future. The rehab team made several expeditions to the community to hire and train local persons as "rehabilitation helpers" for the 16 year old. They



Robyn Glen and Christine (seated) have traveled to different countries to bring the concept and methods of CBR back to rural Australia.

taught one person to give him the necessary physical exercises. They paid another to give the boy private home schooling to continue his formal education. Their goal was that he learn skills for economic self-reliance (in con-

trast to most non-disabled people in his community, who depend on the state for their subsistence). For similar reasons, they also hired a local artist to teach the boy to paint traditional designs for the tourist market. Reportedly, the boy is making good progress

However, the price of all this community assistance for one boy was far beyond what is possible for CBR programs in most countries, where low-cost solutions are the key to success. Through government funds, the boy's 3 community rehabilitation helpers are each paid around Australian \$17.00 (about US\$ 12) per hour. No one is willing to provide assistance for less.

Even in a rich country like Australia, it is doubtful if such a costly, completely individualized approach could ever be applied on a scale to reach the great number of rural disabled persons whose needs remain unmet.

But the search for solutions continues. And Robyn's effort to include Aboriginal disabled persons as equals in that search increases the probability of finding an appropriate course of action within Australia's paradoxical physical and social environment.

### Disabled communities

During my stay in Alice Springs, I became aware that the dysfunction and loss of incentive of disabled people were characteristic of much of the Aboriginal population. The overpowering colonialism of the past has given way to the racist paternalism of the present. Whole communities are socially disabled. The vast majority of Aboriginal people are unemployed or underemployed, and subsist on government "dole." Their living conditions range from substandard to deplorable.

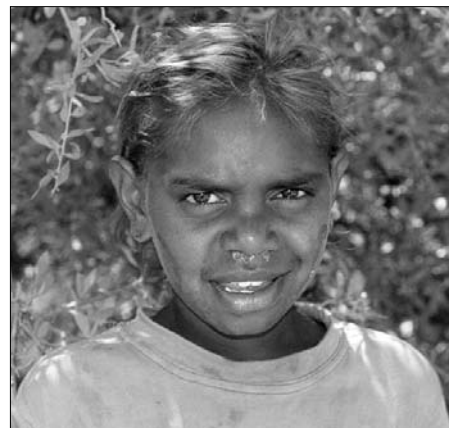
Most Aboriginal people still live in small, remote "communities" that were formerly "stations" or "reserves" (reservations). Some have migrated to the towns and cities where they live in segregated camps under apartheid conditions. In the Northern Territory 25% of Aboriginal people are classified as "homeless." Another 20% live in "humpies" (tiny makeshift stick or tin shacks). The government, with the assistance of "community-controlled" organizations, provides many families with basic housing complete with water supply, electricity, a stove, an air-cooler, and a bathroom. However, the meager welfare payments, about 1/9 the average earnings of white folks, are

often insufficient to cover basic needs for nutritious food and health-related expenses. As stoves and air coolers bite the dust, living conditions degenerate. Families get by on prepackaged junk food. They appease their poorly nourished children with lollies, chips and Coca Cola, thus draining their limited budget even more. Alcohol, kava, and tobacco also cut deeply into the food budget. Money often runs out before the next welfare check comes in, so families spend several days each month without eating. This is harder on the thin children than on the overweight adults.

The patterns of ill-health are characteristic of a culture stripped of its freedom and sense of purpose, resulting in dysfunction and squalor. Acute infectious diseases of poverty and malnutrition in children are coupled with the chronic degenerative diseases of adults that result from imbalanced over-consumption.

Children, who tend to be skin-and-bones, suffer from high rates of diseases such as skin, respiratory, and ear infections. As a result of repeated skin infections, scabies, and strep throat, the incidence of rheumatic fever is one of the highest in the world. As a result of repeated ear infections, one study in Central Australia

showed that up to 80% of Aboriginal children suffer from deafness severe enough to impede learning in school. This may partly explain the very high drop-out rate. Another reason for drop-out is the daily separation of the children from their families that comes with schooling. In virtually every family activity—including some meetings I especially enjoyed attending—children are intimately included.



Aboriginal children have frequent colds and runny noses, which leads to chronic ear infections and very high rates of moderate to severe deafness.

While many children are undernourished, adults tend to be obese due to a high intake of fatty junk foods and alcohol. Consequently the extraordinarily high death rate of middle-aged adults is mainly due to diabetes, heart disease, high blood pressure, strokes, and renal failure.

Diabetes is one of the most common illnesses of adults. In turn, the combination of diabetes, alcoholism, and rheumatic fever has led to an extraordinarily high incidence of kidney disease and renal failure. The incidence of both diabetes and renal failure is up to 17 times higher in Aboriginal people than non-Aboriginal.

The high cost of renal dialysis is covered by Medicare, but is available only in city hospitals. For Aboriginals from the out-back, treatment usually begins late and is of questionable benefit. Typically, a middle-aged or older adult with advanced renal disease is taken far away from the family and hospitalized for dialysis. Within 2 or 3 months he or she dies, as much from loneliness and depression as from kidney failure. The failure is systemic. One strong demand of Aboriginal organizations is for home-based dialysis.

But to halt the epidemic of renal failure and other "diseases of despair," the root causes of unemployment, poverty, racism, and loss of purpose must be addressed.

Today Aboriginals have the worst health statistics of any "Fourth World" group (tribal people living in an affluent country). Although the patterns and underlying causes of illness and death are similar for all Fourth World groups, the health of the Australian Aboriginals is far worse and life expectancy lower than that of US or Canadian "Indians" or of the Maoris in New Zealand.

Life expectancy for Aboriginals is 20 years lower than for white Australians. Mortality of children under 5 (at 24 per 1000) is nearly 3 times the rate for white children. Although child mortality has

dropped substantially in the last decade, health activist David Legge warns that:

"Some caution is warranted in interpreting declining death rates among children as evidence of improving health. There remain unacceptably high levels of disease and disability among children which are in many cases reflected in adult rather than child death rates."

Indeed, while child mortality rates have gradually declined, death rates of young and middle-aged adults have been increasing, and are now among the highest in the world. Legge notes that many of the ills that cause premature death in adults stem from diets, habits, and exposure to infection experienced in early life.

Homicide and suicide are major causes of adult death, as are other alcohol-related causes. More men than women commit suicide. Yet more women die from homicide, due mainly to wife-beating by husbands when drunk. Homicide is the first cause of death in women under 50 years old.

While alcohol is heavily consumed by many adults and adolescents (in both White and Black communities), sniffing of petrol (gasoline) and glue is a common pastime of children. Many begin as young as 7 or 8 years old, some as young as 4. Petrol sniffing by children is

more frequent when parents drink so much that they neglect their children or spend food money on "grog" (alcohol). Petrol sniffing mutes the children's hunger. And since it takes away their appetite, they become further malnourished. Parents coax them to eat by offering them junk food and soft drinks.

**Colonialism, racism, and dispossession: the root causes**

"Victim blaming" is common when Australians view the current patterns of unemployment, unhealthy diet, substance misuse, and domestic violence of Aboriginal families. However, Legge and Bartlett caution their countrymen to take a historical view when considering the persistence of Aboriginal poor health. They see 2 main dynamics underlying the contemporary Aboriginal health disadvantage:

- the long term and continuing effects of the processes of colonialism;
- contemporary failures in policy, research, and administration.

They say:

"Perhaps the largest component of preventable ill-health among Aboriginal people is comprised by the health conditions which reflect the anger and despair of people whose lives and family cultures have been deeply influenced by

state abductions, police violence, authoritarian and institutionalized settlements, school failure and now by the failure to deliver upon the promises of reform. Health conditions which might be thus classified as diseases of anger and despair include, at least some proportion of the violence and injury, alcohol and drug damage and nutrition-related diseases which contribute so substantially to the excess morbidity and mortality."

Echoing David Legge, in looking at the huge problem of substance misuse, Fran Baum, President of the Public Health Association of Australia, says:

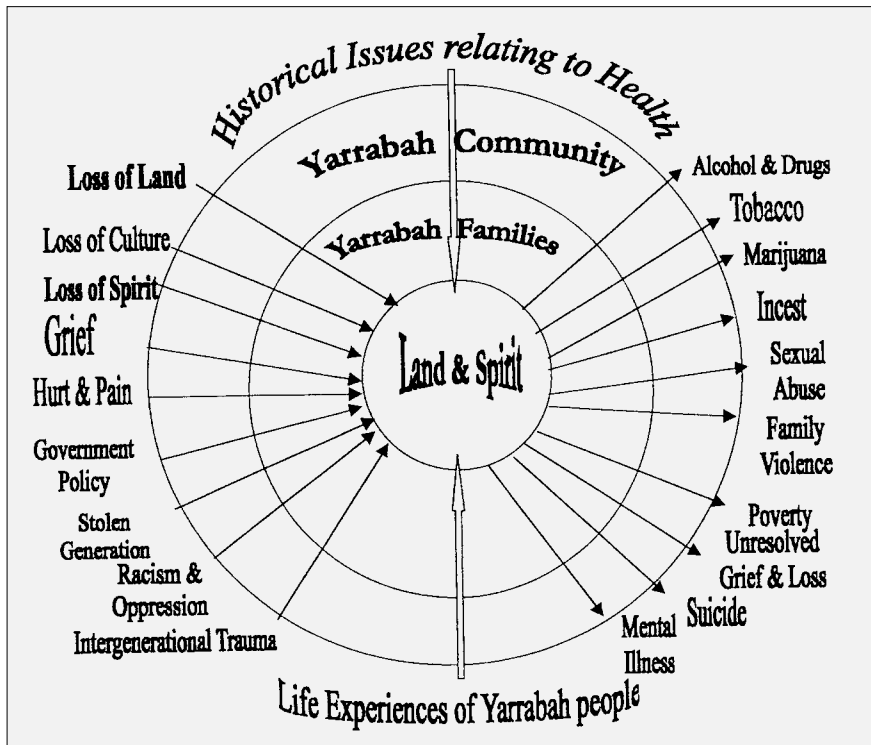


Diagram of the current health problems and their underlying causes, as identified by the Yarrabah people in northern Queensland, for whom Land and Spirit mean health.

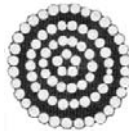
"The most important question is not what harmful substances they use or how much, but rather WHY." To answer this, she says we must look at the whole history of colonization, past and present, especially at the white man's robbery of the Aboriginal land, which both spiritually and physically gave them life and meaning. "Land and Spirit" are a single, sacred concept in Aboriginal tradition. Loss of one foreshadows loss of the other.

### From genocide to forced assimilation to paternalistic aid



In their colonization of Australia, the "conquistadores" have gone through a series of assaults on the indigenous peoples: first, GENOCIDE: mass slaughter, which decimated the mainland population and completely exterminated the tribes in Tasmania; second, ASSIMILATION: systematic eradication of the Aboriginal cultures, mainly by taking away their children and schooling them to white man's ways and values; and third, by PATERNALISTIC AID: providing them with meager pensions, assistance, and alcohol in such a way as to create degrading dependency, with loss of both self-esteem and any personal responsibility for health and well-being.

### The "Stolen Generation" of Aboriginal children



While the period of Genocide as part of the great land take-over is a well recognized dark side of Australia's history, the more recent period of Assimilation has only been publicly discussed and confronted in the last few years. Referred to as the "Stolen Generation," from the early 1900s to the 1970s thousands of Aboriginal children were separated from their families. The kidnappings were conducted by church-people, social reformers and other dogooders to "save" Aboriginal children from their parents, whom they thought backward and unfit.

Since the Aboriginal tribes were considered losers in the struggle for "survival of the fittest," selected children were rescued "to smooth the pillow of a dying race." They hand-picked those children who were the brightest and lightest. (Many Aboriginal children are actually blond during their early years.) These children were forcefully taken from their homes or abducted from school-rooms, and placed in distant orphanages and "homes." Although the intention was to give

these displaced children greater opportunities and a chance to assimilate into white man's society, continuing racism and segregation impeded assimilation. While some of the uprooted children did succeed and a few have become lawyers, development workers, and activists who today are fighting for their people's rights, they were the exceptions. Studies have shown that most of these children suffered immeasurably. Many were mistreated, abused, or subsisted as indentured servants. Many had mental breakdowns or, as adolescents or adults committed suicide, or became derelicts and delinquents. In some states one in three of these children ended up in prison.

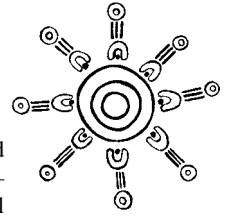
Separation for many was a death sentence. In any culture, separating a child from her mother is crushing for both. In Aboriginal society family bonds and kinship or "skin ties" are exceptionally strong. Even temporary separation can be devastating, and partly explains the very high Aboriginal death rate in prison, mostly from suicide. One strong argument for community based rehabilitation is that after a disabling injury or illness, most Aboriginal persons are unwilling to stay in urban hospitals long enough for rehabilitation, because they are so desperate to get back to their families.

The number of children abducted during the Stolen Generation is staggering. According to some reports, almost every Aboriginal family had at least one child taken away. The continuing grief, or "Sorrow Story," remains an open wound on the Aboriginal psyche.

In some ways the situation of Aborigines has improved in recent decades. In 1967 they were given citizenship and voting rights. In 1992 the Mabo Agreement recognized that the Aborigines were the original and rightful owners of Australian lands. They were permitted to apply for claims to "crown land" still unclaimed by Whites. Some Aborigines have returned to these homelands (having had to prove it is

where their ancestors once lived). But most of the land still available for resettling is barren and has little potential.

### Segregation and Apartheid



So the so-called "Aboriginal problem"—which for Aboriginal folk is the "White Problem"—persists. Segregation and apartheid, though unofficial, remain conspicuous. In Alice Springs there are 20 Aboriginal "camps," or enclosures where different tribal groups live completely fenced off from the affluent white majority. I visited several of these camps.

Two "illegal" camps (squatter settlements) consist of tiny tin shacks or "humpies" where extended families crowd, with Jerry rigged water and no electricity. Most of the camps, however, are official and have limited public support. A non-government "community controlled" organization called Tangentyere, with the help of hard won government funds, has provided simple housing complete with water, electricity, flush toilets, and stoves. But despite these amenities, the overall camp mood is depressing. For many occupants life seems suspended, empty of action or purpose. The unemployment rate in the camps, I was told, is around 90%. People live on pensions, of which, in many families, a substantial part goes for alcohol. Some community councils (controlled by resident Aborigines) have passed rules declaring their camps "dry." Possession, sale, or consumption of alcohol on the grounds is prohibited. Nevertheless, especially on payday, many residents go out and get drunk. Incidentally, even the bars in Alice Springs are segregated. One of the two bars for Aborigines is named "The Animal Bar." But insults are so common that few react.

Of the 10% of the people who are employed in the camps, nearly all are on the CDEP (Community Development Employment Program). They work 3 ½ to 4 hours a day and are paid roughly the same amount as are those receiving unemployment benefits. When I asked a White development worker why anyone would work when they can get the same money for doing nothing, the answer was "Self esteem."

Self esteem?



Kinchela Boys Home, New South Wales, c 1940s. These boys of the "Stolen Generation" are a few of the thousands of Aboriginal children confiscated from their parents and communities.



## Growing poverty and unemployment in Australia: a nation divided

In Australia much of the population, Black and White, is distressed by the dark underbelly of racism and extreme inequity. Among the industrialized countries, in terms of equity, the UN ranks Australia at the bottom of the list (17th place).

At the PHAA conference I attended in Darwin, Michael Raper, President of the Australian Council of Social Services (ACOSS), spoke on "Ourselves – A Nation Divided." He pointed out that until recently the Government had been relatively progressive. It had approved policies intended to meet the basic needs for health care, food, housing, etc. of all people. But lately Australia has experienced the same world wide reductionist shift to the Right that is taking place as part of globalization. Taxes of the rich are cut as those of the poor increase. Public service budgets are being slashed. Medicare is under attack. All this is widening the gap between rich and poor, and driving more people below the poverty line (8.2% in 1973; 11.5% in 1996.) While 45% of children live in families where both parents work, 20% live in households where no one has a full time job.

Such economic restructuring has had a negative impact on many country towns where industries have closed their doors, community services have been reduced, youth leave because there is no work and those who are left wonder what will happen to them in the future. A recent study shows that although the country has sufficient wealth to meet all people's basic needs, there "are overwhelming inequalities in the health of Australians by all measures of socioeconomic status."

### Toward self-determination – but how?

Those analyzing the persistent health disadvantage of Aboriginal people agree that root causes include dispossession, dependency, and despondency of a people who see no way forward. Aboriginal organizations, NGOs, and government programs stress the need for self-determination. The path toward healthier, more fulfilling lives of Aboriginal peoples must cross the stepping stones of revalidation and preservation of ethnic identity.

But there are no clear or easy solutions. The dependency trap in which so many people are caught—where they subsist on pensions and enter a vicious cycle of despondency, poor diet, and substance misuse—is hard to escape. For most there is no way to go back to living off the land. Traditional subsistence through hunting and gathering is no longer viable. For thou-

sands of years the Aboriginal peoples were an integral part of a sustainable ecosystem. But today much of the sustaining force of the land has been desecrated by over-grazing and deforestation. Kangaroos and wallabies, the staple traditional diet, today are hunted with ranch-wagons and rifles. Surviving wild game has grown wary. A family trying to subsist on hunting and gathering would not have money for firearms and vehicles.

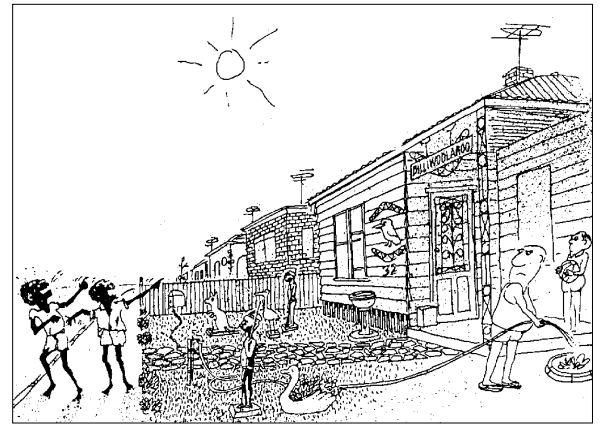
It is hard to see how Aboriginal families can become self-sufficient without giving up their traditional culture and buying into the white man's competitive, grasping and ecologically unsustainable way of life. With the persisting racism and hostility, attempts at assimilation have predictable tragic results.

Radical change is essential for a harmonious and sustainable future. But first and foremost, change is needed in the consciousness and values of the Whites.

### Beyond the dependency trap

A well known Aboriginal activist, Noel Pearson, has recently caused a storm of debate among progressives, Black and White, by declaring that Aboriginal people can only achieve self-determination if they cease to depend so heavily on welfare. He argues that so-called "community control" of government-funded assistance programs is not enough. (In many community controlled programs the all-Aboriginal council uses government funds to hire White persons to do the most important jobs.) As long as people are on the "dole" for their livelihood, says Pearson, they will never gain the self-esteem of independent living.

Politically, the dependency debate is highly charged. No one denies that having to rely on the "master race" for hand-outs of one's daily bread (unhealthy white bread, at that) is disempowering: a kind of economic slavery. It undermines dignity and leads to the vicious cycle of substance misuse, dietary neglect, and



psychosocial dysfunction. Yet among social activists, to raise the issue of self-sufficiency (getting out from under dependency on welfare) has become suspect. It plays into the hands of the reductionist government, which eulogizes "self-reliance" to justify cut-backs of welfare benefits. Even the rallying cry of "Self Determination!" will soon be co-opted as moral ground for "getting tough with free-loaders."

Still, however, "Self Determination" in the liberating sense of "Taking our lives and livelihoods into our own hands" remains the stated goal of many Aboriginal-run organizations. But everyone knows that to achieve self determination or self reliance in a way that sustains the tribal traditions and eco-cultural integrity will not be easy. The Spirit of the indigenous people is in the Land. Every charter or declaration they draft places Land and Spirit at the center of their demands.

But their primordial Land and Spirit has been so wasted by the Whites that even if vast tracts were returned to them, on the remaining wasteland it would be very hard for a traditional society to be healthy and self-sufficient without substantial assistance.

There are those who argue that to approach equal opportunities, not only must more and better land be returned to the Aboriginal peoples, but also concessions such as mining and timbering rights, now held by Anglo Saxon (and Arab) corporations.

Others argue that, in terms of aboriginal values and eco-economics, such steps would be self-defeating. For traditional hunters-and-gatherers to earn their livelihoods by exploiting and depleting the natural resources as does the white man, thereby abandoning their age-old art of living in sustainable harmony with nature, would come closer to the deadly policy of assimilation than to ethnic liberation. It would amount to "ethnic genocide" (or "ethnic suicide" if elected voluntarily).

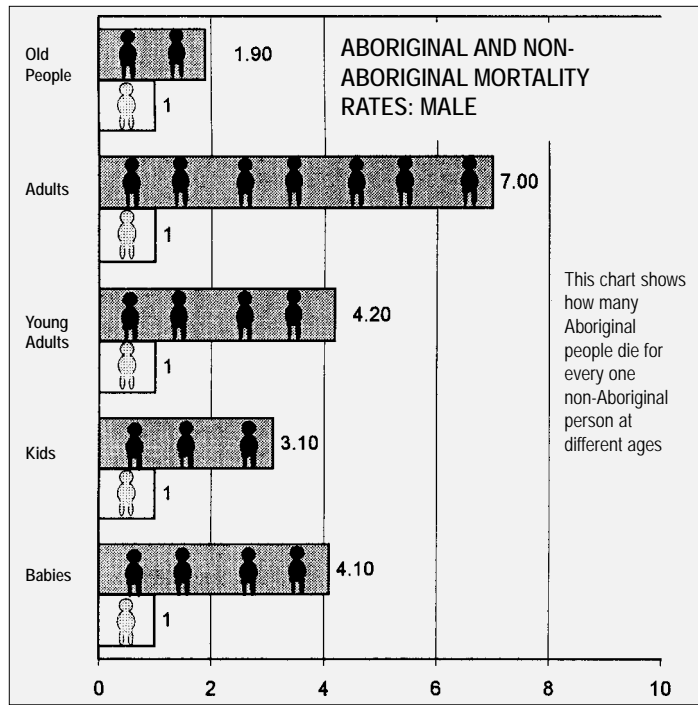


## The way forward

There are no easy answers. The problem that Aboriginal peoples currently confront in the face of the White Man's unsustainable development model based on unregulated growth regardless of its human and environmental costs, is a microcosm of the global crisis humanity and the planet face today.

But in spite of enormous obstacles, some positive things are happening.

More Aboriginal people are taking the lead in a process of historical and contemporary analysis of the events and inequities that determine their current realities. Some communities are reawakening to the values of their traditional ways of life: the eternal importance of Land and Spirit, of kinship groups, of inclusion of children in the daily lives and activities of adults, of reverent and sustainable co-existence with nature, of intimate knowledge of the land, the plants, the animals, the waters, and the stars, with all their intricate, interwoven life, beauty, and sacred powers of healing, of an ethic which places more value on sharing and divining than on private ownership and commandments carved in stone; the celebration of openness and space rather than boundaries and walls.



It is likewise encouraging that a growing number of white folks in Australia are awakening to the fact that the land's original people—for all their passive resistance—have a resilience and wisdom, survival skills and sustainability, and a holistic culture of living as one with the earth, which the white man has tragically lost (or is perhaps still too immature to acquire). Out of this growing awareness of a common destiny, lie the seeds of hope and survival for the Aboriginal culture—and in the long run, for humanity.

## Steps toward Reconciliation

As more and more white folks in Australia examine the dark side of their colonial history, they are beginning to discover that we all have much to learn from Aboriginal culture and traditions. As the sad saga of the Stolen Generation comes to light, the Australian government is being urged to make an official apology to the indigenous people who are left. Up to now, Prime Minister Howard has refused, but the pressure to officially ask forgiveness and make amends continues.

Among the Aboriginal peoples has emerged a growing movement calling for fuller respect, equality and opportunities. Out of a search for good will on both sides, Aboriginal leaders and forward-thinking Whites have drafted a Declaration of Reconciliation. It is now being circulated for country-wide feedback, with hopes that it will be nationally approved by the year 2000.

The draft has a tone of optimism and mutual appreciation of difference. It comes like a breath of fresh air in a murky land.

May this seedling of good will grow and transform into practical and equitable actions. If life on our shrinking planet is to survive, it is the Western World with all its transient colonial conquests, that must learn to be sustainably self-reliant—and must change. Only then will reconciliation be vital and lasting.

## DECLARATION FOR RECONCILIATION

Circulated for discussion by the Council for Aboriginal Reconciliation, Alice Springs. To be launched nationally in May, 2000

*Speaking with one voice, we the people of Australia, of many origins as we are, make a commitment to go on together recognizing the gift of one another's presence.*

*We value the unique status of the Aboriginal peoples as the original owners and custodians of traditional lands & waters.*

*We respect and recognize the customary [aboriginal] laws, beliefs and traditions.*

*And through the land and its first peoples, we may taste this spirituality and rejoice in its grandeur.*

*We acknowledge this land was colonized without the consent of the original inhabitants.*

*Our nation must have the courage to own the truth, to heal the wounds of its past so that we can move on together at peace with ourselves.*

*And so we take this step: as one part of the nation expresses its sorrow*

*and profoundly regrets the injustices of the past, so the other part accepts the apology and forgives.*

*Our new journey then begins. We must learn our shared history, walk together and grow together to enrich our understanding.*

*We desire a future where all Australians enjoy equal rights and share opportunities and responsibilities according to their aspirations.*

*And so, we pledge ourselves to stop injustice, address disadvantage, and respect the right of Aboriginal peoples to determine their own destinies.*

*Therefore we stand proud as a united Australia that respects this land of ours, values the Aboriginal heritage, and provides justice and equity for all.*



# "A GOOD LIFE FOR DISABLED AND OLD PEOPLE in remote Aboriginal Communities"



Book available from: Willowra Women's Center, Willowra Community, via Alice Springs 0872, NT, Australia

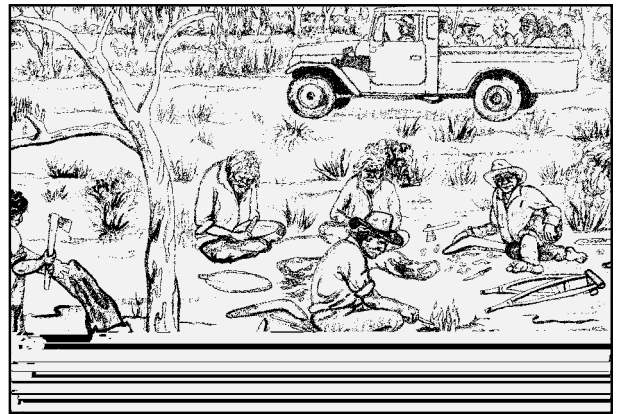
One of the best tools for family and community based rehabilitation I encountered in Australia is an attractive booklet titled "A Good Life for Disabled and Old People." It builds on ancient traditions of caring and sharing within Aboriginal communities. The drawings (by Aboriginal and white artists working together) are wonderful. I wanted to include some of the drawings in this newsletter, and wondered how I could arrange permission. Then I discovered, on the title page, the following invitation:

"Any part of this book, including the illustrations, may be copied, reproduced, or adapted to meet local needs, without

permission of the authors or publisher, provided that [they are] distributed free or at cost, not for profit. ..."

I recognized at once this invitation (so unlike the standard warning prohibiting copying in any form). The wording for the invitation was taken, almost word for word, from the title page of *Where There Is No Doctor; Nothing About Us Without Us* and our other self-help manuals! So our spirit of free sharing has come full circle!\*

To follow are examples of the wonderful, enabling and culturally sensitive art work from "A good Life for Disabled and Old Persons."



\*Note: When the open-invitation to copy, adapt and translate any or all of contents first appeared in our self-help books over 20 years ago, such a "waiver of copyright" was almost unheard of. Today, an increasing number of "publications for the public good" carry a similar open-ended invitation. We are delighted to see that this new

policy of caring and sharing is making headway, and that an increasing number of authors and publishers are placing human need before maximum profit. It is little breakthroughs like this that contribute toward a healthier, more caring and sustainable world.





# Rescuing Rainforests and Flying Foxes on Australia's Cape York Peninsula

David Werner



While in Australia in Sept/Oct 1999, I had the long-awaited opportunity to visit an old friend of mine, Hugh Spencer, who now runs AUSTROP, a tropical research station in the coastal rainforests of the Cape York Peninsula, in north-eastern New South Wales.

I first knew Hugh as a precocious "boy naturalist" when I studied biology (for 3 years) at the University of New England in northern New South Wales over 40 years ago.

At that time we took many field trips together into sub-tropical and sub-antarctic rain forests hunting for exotic orchids, birds and bugs.



to people) than they are to the smaller "micro bats" which in many ways they closely resemble. Unfortunately, a large number of White Australians have the same disdain for the indigenous flying foxes as for the Aboriginal peoples. This is partly because the flying foxes travel in large numbers (in times past over a million in a flock) and when they settled on a farmer's orchard they would strip it bare of fruit in a matter of minutes. But now the flying fox population has been decimated and some species are in danger of extinction. Yet the old

passion of "search and destroy" persists.



Hugh teaches a group of children how to plant rainforest trees.

When I studied at the University of New England, I edited the newspaper, *Nucleus*, and wrote many editorials around the then still unpopular but expanding campaign to end the apartheid "White Australia Policy" and give the Aboriginal people the same basic rights as the Whites.

On my recent visit to Australia, I was delighted to learn that when Hugh had studied biology at the University of New England, 6 years after I had graduated from the same institution, he too had edited *Nucleus*, and had also campaigned for issues of social justice, Aboriginal rights, and environmental integrity.

Hugh's love of rain forests and flying foxes eventually led him to the Cape York Peninsula where he and friends are working to save the biodiversity of the rainforests

from encroaching sugarcane plantations and other environmentally destructive commercial ventures. One of their endeavors is to educate the public about the importance of appreciating and preserving the environment. Groups of school children from all over the country come to learn about Australia's unique rainforests, and to contribute to reforestation efforts by planting indigenous trees.

Hugh and his group try to awaken people to the finer attributes of these miraculous creatures, in a campaign for their preservation. They find that the opinion of adults is hard to change. But when children are given a chance to relate to a flying fox on a one to one basis, they often become their admirers and defenders.

For me it was a delight to spend a few days with Hugh and to see how he has kept alive his love of wild things, which was the purpose and passion of his childhood.



Check out the AUSTROP website at:  
<http://www.austrop.org.au>

Hugh and his team run a rainforest information and resource center called "The Bat House" on the main coastal highway. (Even Batman has visited there and made a generous contribution!) One of the main attractions of the Bat House are "orphaned" and injured flying foxes, which the folks at AUSTROP adopt and befriend.

Flying foxes, or so-called "mega bats" are fruit eaters with a wingspan up to 2 feet across. Wide-eyed, intelligent, and affectionate, they are now thought to be primates, more closely related to lemurs (and hence



The Spectacled Flying Fox: almost human!



# UPDATE ON PROJIMO



Readers of this Newsletter will be aware that PROJIMO (Program of Rehabilitation Organized by Disabled Youth of Western Mexico) has recently divided into two sub-programs, located in two different villages, Ajoya and Coyotitan:

## The PROJIMO Rehabilitation Program,

headed by Mari Picos and Conchita Lara, has at last completed its move from Ajoya to Coyotitan, a larger and more accessible village on the main north-south coastal highway, 67 km. north of Mazatlán. The team has built a completely new rehab center, and several workers have constructed basic but comfortable homes. The new community rehabilitation center in Coyotitan makes PROJIMO's friendly, low-cost services more easily available to coastal towns and villages.



All the buildings seen here were built during the last year as part of the new PROJIMO Rehabilitation Center in the village of Coyotitan. Construction is still in process.



In her new specially adapted seat built into her wheelchair, Xóchitl is able sit for the first time. Her mother (shown here) and father will be teaching crafts at PROJIMO for the next 2 months.

## The PROJIMO Skills Training and Work Program—

which continues to be based in the village of Ajoya—has now moved into the quarters vacated by the Rehab program. The team, made up of disabled persons and local village youth, is busy readapting the facilities for the three main workshops.

The goal of the PROJIMO Skills Training and Work Program is to achieve ECONOMIC SELF-SUFFICIENCY for disabled and non-disabled village youth. While reaching this goal has taken longer than originally planned, impressive progress has been made.

### The Children's Wheelchair Project

has now essentially become self-sufficient. As the word gets out that low-cost wheelchairs are being designed and built for disabled children, requests are coming in from farther and farther away. The demand is now so great, there is a long waiting list. Gabriel Zepeda, our master wheelchair builder, has many requests to train community-based craftspersons in different states. He recently helped to train a group in San Luis Potosi, Mexico. In January-February 2000, he will do the same in Guatemala, then from March to May 2000 he will help train a team from Ecuador.

Thanks to help from Stichting Liliane Fonds in the Netherlands, which helps cover the cost of wheelchairs for children from poor families, the Children's Wheelchair Shop is now essentially self-sufficient (though funds are still needed for renovating and expanding its new facilities. With the help of Maurits Zijp, a student of industrial design from the Netherlands, the Ajoya team has been increasing the efficiency of their wheelchair design and construction. In the last year the team has produced over 50 individually designed wheelchairs.

### The PROJIMO Carpentry Workshop

is now producing a variety of colonial furniture. Until recently, production was low due in part to electric line problems. But with new lines and repair of power tools, efficiency is improving. The team hopes that soon the carpentry shop will become self-sufficient. Daniel, a man who lives alone with his disabled daughter, Eli on the main coastal highway, has agreed to set up a road-side stand to sell some of the Work Program's furniture, wooden toys and crafts. We hope that this will increase sales of PROJIMO goods at better prices.

### The Toy Making and Crafts Workshop

has been producing beautiful hand-made and hand-painted wooden animals: frogs, turtles, lizards, horses with riders, etc; the legs of which move when a string is pulled. Many of these animals, intricately painted by disabled villagers, are works of art well suited for wall hangings and unique Christmas gifts.

See enclosed flyer. Please help the PROJIMO team find sales for their goods and thereby become more self sufficient.



The new carpentry shop of the PROJIMO Work Program.

**THANK YOU FOR YOUR HELP**

THE TEAM MEMBERS OF THE PROJIMO REHAB PROGRAM IN COYOTITAN AND THE PROJIMO SKILLS TRAINING AND WORK PROGRAM IN AJOYA WISH TO THANK ALL THOSE PERSONS WHO RESPONDED TO THEIR RECENT LETTER REQUESTING HELP FOR CONSTRUCTING/RESTRUCTURING THEIR NEW WORK SITES.

YOUR GENEROSITY WILL HELP THE TEAMS IN THEIR EFFORT TO SERVE DISABLED CHILDREN AND DISADVANTAGED YOUTH.

# Update on the PEOPLE'S HEALTH ASSEMBLY (PHA2000)



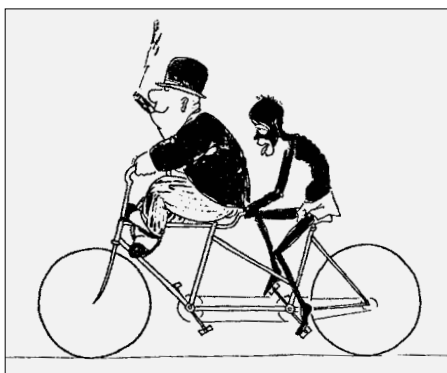
**The People's Health Assembly** is a new international, multi-sectorial movement whose purpose is to give a "voice to the people" in decisions that affect their well-being. The main event of the PHA will take place December 4-8 2000 near Dhaka, Bangladesh, with as many as 600 participants from 100 or more countries.

**Preparatory Activities.** Fully as important as the big event in December, 2000, will be the preparatory activities and follow-up, which will provide the ongoing energy and continuity to work for the changes to be advocated in a People's Health Charter, which will be endorsed at the main event.

**The need for "democratization of global decisions"** is critical as we move into the new century. The health and viability of the planet and its people are endangered as never before. Global policies affecting our present and future well-being are currently made by a small number of powerful, wealthy persons with links to multinational corporations, international financial institutions, and the helmsmen of world trade. This handful of powerful persons and the institutions they represent has imposed on the globe a model of socioeconomic "development" designed to make the rich richer at enormous human and environmental costs. The trade policies they have imposed have undermined the sovereignty of nations, and their massive lobby to sway public elections has weakened democratic processes. The resultant growing gap between rich and poor both within and between countries, has led to deepening poverty, falling real wages, unemployment, and a global epidemic of crime, violence and despair. While part of humanity leads lives of over-consumption that damage their health and endanger the planet's ecosystems, millions suffer from deprivation and hunger. This lop-sided global socioeconomic system is as unsustainable as it is inequitable. With its ideology of "growth at all costs," it is a global cancer that, if not stopped, will lead to destruction of the social fabric and irreversible environmental demise.

**The purpose of the PHA2000** is to bring together all sectors and movements that are related to health or whose activities contribute to sustainable well-being. Health in its fullest sense consists of physical, mental,

social, economic, environmental, and spiritual well-being. Today the forces that control the globalized economy are so powerful and connected that popular struggles for more equitable and sustainable approaches have a hard time making any gains. Even at the national or international level, efforts to bring about significant lasting change within a given sector—be it health, agriculture, education, environment, human rights, disarmament, gender or ethnic equality, or whatever—often come up against overwhelming barriers. In many sectors, progress made in previous decades is being systematically rolled back.



**The goal of the People's Health Assembly,** therefore, is to achieve strength through numbers. By forming a world-wide, intersectorial movement of a broad spectrum of caring people and groups—from local to international, and from all classes, castes, creeds, ages, genders, orientations, ethnic origins, nations, and walks of life—we hope that we can make our collective voice heard where it matters. We hope that such a collective "voice of the people," or "globalization from the bottom up" by advocating for the common good at local, national, and international levels, can begin to turn around the selfish, unfair, and unsustainable paradigm of globalization from the top-down.

In essence, it is hoped that **the People's Health Assembly will be the front edge of a global democratic movement for change.** We hope that it will help to make global policy-making more democratic, and will place a strong demand on global policy-makers to respond more humanely and accountably to the horrendous unmet human and environmental needs endangering present collective health and future survival.

**Analysis of the current situation and prospects for action.** An important part of the preparatory process will involve an analysis of current global and local problems affecting people's well-being. It will also include a review of actions and alternatives that have been taken or proposed to cope with or resolve the major problems. It will consider strategies for actions that can be taken at different levels: individual, family, community, national and global.

## WAYS TO PARTICIPATE IN PREPARATIONS FOR PHA2000

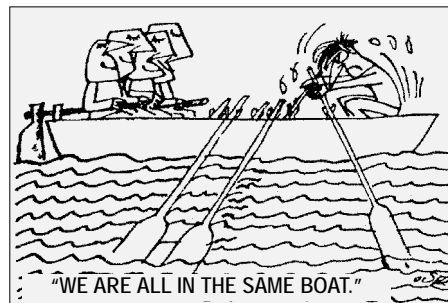
During the year preceding the PHA2000 event, in December 1999, concerned persons and groups from all of the above sectors and movements in different parts of the world are invited to organized preliminary meetings and activities to explore the content and direction of the PHA and to make proposals for inclusion in the People's Health Charter.

A set of guidelines for preparatory meetings and activities is available upon request. If you want to learn more about PHA2000, or if you are interested in participating in some way with the PHA2000, or possibly helping to organize some of the local or national preparatory activities, we suggest you write to:

Janet Maychin  
PHA Secretariat  
Consumers International Regional Office  
for Asia and the Pacific  
250-A Jalan Air Itam  
10460 Penang, Malaysia

Tel: 604-229 1396, Fax: 604 228 6506  
E-Mail: [pharoap@igc.org](mailto:pharoap@igc.org)

**Check our website: [www.pha2000.org](http://www.pha2000.org)**



Cartoons on this page from *Educacion de Adultos y Desarrollo*.

Please visit our World Wide Web site at:  
<http://www.healthwrights.org>

P.O. Box 1344  
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December 1999

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Gabriel Zepeda (left) and Chente Bañuelos construct children's wheelchairs in their new shop location in the village of Ajoya, Sinaloa, Mexico.

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

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- Efrain Zamora - Layout and scanning
- David Werner - Writing, photos, and layout;

*"The true revolutionary is guided by strong feelings of love. It is impossible to think of an authentic revolutionary without this quality."*

—Ernesto "Ché" Guevara

*"Keep love in your heart. A life without it is like a sunless garden when the flowers are dead. The consciousness of loving and being loved bring a warmth and richness to life that nothing else can bring."*

—Oscar Wilde

