

Pacific Peoples' Partnership

TOK BLONG PASIFIK

News and Views on the Pacific Islands

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TRADITIONAL



MEDICINE

Conserving Culture + Promoting Health

NEWS REPORTS

Trademarking Māori Culture

Solidarity For Papua





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About the Magazine

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TOK

TOK

by Francine Prévost

Efforts are ongoing to regain, conserve, and promote traditional medicine, and to establish legal protection over the "intellectual property" of traditional healing practices.

This issue of *Tok Blong Pasifik* profiles these struggles to maintain and extend traditional healthcare, both in the South Pacific and among First Nations peoples in Canada. We begin in the Fiji islands with *Wainimate*, the Women's Association for Natural Medicinal Therapy, that believes that protecting and promoting medicinal knowledge is saving lives. Kone Laqere and Ruth Lechte, respectively the administrative officer and the trustee of *Wainimate*, write about how this organization has created a network of healers whose rare and unique knowledge of the cultivation and healing properties of trees, roots, and herbs is being documented and shared among the members, and promoted within local communities. I write about Alisi Tuilakeba, grandmother, healer, and long-time *Wainimate* member, who is committed to passing on her unique cultural tradition and resources to future generations while protecting them against urban encroachment and commercial exploitation.



In the South Pacific islands, traditional medicine — defined by the World Health Organization as "ways of protecting and restoring health before the arrival of modern medicine" — remains at the forefront of indigenous healthcare. Indeed, more than 80 per cent of Pacific islanders rely on traditional medicinal plants for their overall well-being. Studies suggest that a majority of Pacific islanders are familiar with the most common medicinal plants, and that they are served by a vast network of traditional healers who possess a more specialized knowledge of the plants' curative qualities. The use of traditional medicine is due not only to the belief in their efficacy, but also to the fact that "modern" medical facilities and drugs are either too expensive or inaccessible. Thus, dependence on traditional medicine to maintain and restore health is a way of life in the Pacific region.

Among First Nations peoples in Canada, traditional medicine as a way of life is enjoying a popular resurgence. Healing practices based on local plants and herbs have been passed down through generations, but over the years much of this knowledge has been pushed to the margins of First Nations cultures. Today, many communities are revitalizing their traditional healing practices as they look for alternate ways to improve the health of community members and integrate their cultural practices into their lives.

Nevertheless, in both regions the traditional approach to healthcare is increasingly threatened. Modern medicine, with its pervasive marketing messages and the loss of forests and local gardens to urban development are weakening the scope and awareness of traditional medicine. Foreign companies seeking to commercially exploit the biological resources employed by traditional medicine, as well as the traditional knowledge guiding their cultivation and curative use, pose an additional threat. Today, these resources and knowledge are the basis of a thriving million dollar global market — one in which multinational companies reap the profits, and the communities of origin gain little.

Several articles in this issue follow the struggle to conserve traditional knowledge in the international arena, where impoverished communities and local healers are taking on the wealth and resources of foreign multinational interests in order to protect their "intellectual property." In the struggle to meet development needs in most Pacific island nations, many local communities have come to rely on foreign corporations, including profit-seeking pharmaceutical companies, to generate income. These local communities lack the capacity to protect their ecological resources and knowledge, losing control over these resources once they hit the mainstream commercial market. Laura Palmer, a volunteer with the Canadian South-Pacific Ocean Development Program in Fiji, offers insight into this phenomenon and its troubling impacts through her examination of the kava plant's transformation from a ceremonial and medicinal product used by local Pacific islanders to a commercial anxiety-relieving drug worth millions on the international market. And my article on biopiracy explores the ethical and financial dimensions of this issue, and examines a unique program operated by the University of the South Pacific that seeks to ensure equity for indigenous communities.

There are striking parallels between the experiences and struggles of indigenous peoples in Canada and in the South Pacific. Both have experienced the introduction of foreign health practices and both have moved away from the traditional way of life. As in Fiji, efforts are underway in Canada to restore and promote medicinal

knowledge.

Maxine Prevost and John Dwyer of the Sto:lo Nation in southern British Columbia explore how, for tens of thousands of years, the Sto:lo people have cultivated an intricate cultural understanding of their natural environment, and because of this have developed a unique relationship with their land. They write about the Sto:lo Nation's Shxwt'a:selhawtxw program, designed to preserve this tradition through museum exhibitions, an ethnobotanical garden and demonstrations of Sto:lo food and technology. I also write about the historical resurgence of traditional medicine by focusing on two First Nation elders of the Northwest coast and how courage like theirs has contributed to the revival of past traditions.

Many argue that for traditional medicinal practices to flourish and to remain easily accessible, they need the official backing of government, and the strength of legislation.

Last year the government of Fiji officially recognized traditional medicine as an integral part of health care in Fiji. It is in the process of developing a policy to integrate it into modern health care programmes and services. Litiana Kudriani, a lecturer at the Fiji School of Medicine, speaks of the benefits and risks of this merger, and of its particular impact on the status of indigenous women.

Clearly, indigenous peoples' development aspirations are both reflected in and fuelled by the health of communities and their members. Ensuring that traditional medicine is accessible, accepted, promoted, and protected is absolutely critical for people of the Pacific. This issue of *Tok Blong Pasifik* features the struggles of a handful of people who recognize this urgency, and share their creativity and commitment to help save lives and protect futures. 🌱

Francine Prevost is from the Coast Salish Sto:lo Nation in southwestern British Columbia, Canada. Through an internship program with Pacific Peoples' Partnership, she was in Fiji working with *Wainimate*.

Restoring Kava's Good Name

The Secretariat of the Pacific Community has produced a long-awaited Fijian-language handbook on the cultural, political, and botanical aspects of *Yaqona* or kava. Sales of the prized commodity have suffered from allegations that kava-based products are causing liver disease in Europe and North America (see story on page 12). SPC, an organization devoted to improving the health, economy, and political situation of the South Pacific, offered the handbook to Fiji's Ministry of Agriculture in a bid to restore kava's reputation as a healthful product. The handbook is to be distributed to kava farmers, agricultural extension officers and Fiji's agricultural colleges, in an effort to enhance their confidence in, and capacity to promote, the agricultural product. SPC says the handbook describes the quality of Pacific kava, offers insights into the kavalactones that are the plant's active ingredients and explains Fiji's marketing standards. A vernacular version of the handbook has already been distributed to kava farmers in Vanuatu, and SPC says it will soon issue vernacular editions for Samoa, Tonga, and the Federated States of Micronesia.

Solomon Islands Seeking Law and Order

Solomon Islands Prime Minister Allan Kemakeza promised to return law and order to his country when he was elected in December 2001, but the political situation in the country remains tense, and violence widespread. Kemakeza is attempting to quell ethnic conflicts arising from land disputes between the Solomon Islands and the neighboring islands of Guadalcanal and Malaita by implementing the October 2000 Townsville Peace Agreement that was signed between the Solomon Islands government, militia groups on the neighboring islands, and the provincial island governments. The agreement calls for the complete disarmament of the militia groups — the Isatabu Freedom Fighters from Guadalcanal and the Malaita Eagle Force — but that process has been difficult. Unarmed peace-monitoring groups have entered communities to ensure the peace process goes smoothly, but three of those groups recently withdrew because of the danger and risk involved.

Cooks Ponder Controversial Diabetes Tests

The Cook Islands government is currently in consultation with national and international health officials to decide whether to accept a proposal from Diatranz, a New Zealand-based biotechnology company, to test a controversial treatment for diabetes that employs xenotransplantation, the insertion of live animal cells into humans. The proposal is controversial because the Cook Islands have no protocol or procedures dealing with xenotransplantation. Tony d'Apice, president-elect of the International Xenotransplantation Association, accuses Diatranz of seeking to exploit a regulatory loophole. The experiment, inserting pig cells into human tissues to generate insulin, has been rejected as too risky by the New Zealand government and been denounced by numerous western scientists. According to a BBC report, Diatranz has not proved that the treatment succeeded in animal tests and the company's proposed consultations with prospective participants in the clinical trial "fell short of international standards." Diatranz says that it has identified volunteers with diabetes through the Rarotonga Hospital in the Cook Islands who are ready and willing to go through with the experiment. If the treatment is successful and marketed globally, Diatranz says that the volunteers will receive a portion of the profits.

Star Wars Heats Up the Marshalls...

Despite protests from Pacific islanders, the United States is expanding its National Ballistic Missile Defense System or *Star Wars* testing programme on Kwajalein Atoll in the Marshall Islands. The system is ultimately intended to shield the U.S. from missile attack by hitting incoming missiles with ballistic rockets, but most of the tests to date have failed. U.S. President George Bush recently abandoned the Anti-Ballistic Missile Treaty - signed in 1972 with Russia to prohibit missile defenses - and has tripled the number of experiments taking place on Kwajalein. At a UN Disarmament Conference held in New Zealand in March 2001, peace activist Edwina Hughes of the Marshall Islands explained that her people are suffering from malnutrition due to electromagnetic radiation and uranium contamination of their water and land. According to Pacific Magazine, the Marshall Islands have had no U.S. response to their request for \$2.7 billion for medical care, nuclear clean-ups, and direct compensation.



...While Marshall Islands Renegotiate Deal With U.S.

The Compact of Free Association between the U.S. and the Marshall Islands – an agreement that provides U.S. economic assistance and immigration access in return for military use of Marshall Islands territory – is being renegotiated. The Marshall Islands government has rejected the latest US proposal, which would have reduced economic assistance to the islands by 27 per cent. Although the Kwajalein missile testing site agreement does not expire until 2016, Pacific island news reports suggest that American plans to increase missile testing will give the Marshall Islands an edge in the negotiations. The Compact of Free Association is to be finalized by June 2002.

Bougainville Defends Rio Tinto Lawsuit...

The Bougainville government is defending its lawsuit against multinational mining company Rio Tinto for genocide, human rights violations, and environmental destruction relating to the company's Panguna gold and copper mine in Bougainville. Over 2000 Bougainvillians signed a March 2002 petition calling on Papua New Guinea to withdraw comments submitted to the U.S. federal judge hearing the case in Los Angeles. PNG's comments argue that the lawsuit will threaten the Bougainville peace process (see below) and undermine foreign investment in PNG. The Bougainville petition says its lawsuit is a peaceful means to justice and will only strengthen the peace process. Rio Tinto is seeking to have the case dismissed. Meanwhile, it says it has abandoned plans to re-open the Panguna mine, which has been inactive since it was shut down in 1989 by the Bougainville Revolutionary Army.

...and Gains Autonomy From Papua New Guinea

Papua New Guinea has approved constitutional and legislative changes to the Bougainville Peace Accord signed last year, granting autonomy to Bougainville and affirming the island's right to a referendum on independence. Elections to form an autonomous Bougainville government are to be held early next year; a referendum on independence is promised within 15 years. The elections remain, however, contingent on the disarmament of approximately 3000 soldiers of the Bougainville Revolutionary Army and the Bougainville Resistance Force, both of which have fought for independence since 1988. Noel Sinclair, UN Ambassador and Head of the United Nations Political Office in Bougainville, is responsible for determining when the weapons disposal process is complete. So far, approximately 1,000 weapons have been handed over to the UN.

Tuvalu to Sue Greenhouse Gas Scofflaws

Tuvalu, a group of nine coral atolls with a population of 10,000, is a mere 16 metres above sea-level and is frantically seeking protection from global warming and rising sea-levels. In March 2000, Tuvalu's Prime Minister Koloa Talake announced a decision to sue countries such as the U.S. and Australia that have rejected the Kyoto protocol. Chief US climate negotiator Harlan Watson disputes the notion that greenhouse gas emissions are causing sea levels to rise and Pacific islands including Kiribati, Niue and the Marshall Islands to sink. Watson told Reuters that the Kyoto protocol would not save Tuvalu from rising sea levels because "the overall temperature of the Earth has been warming for the last 10,000-plus years." Greenpeace Pacific argues that the Kyoto protocol could slow the pace of climate change, giving low-lying nations time to adapt.

CUSO is looking for Canadians with skills and experience in agriculture, forestry, fisheries, environment, and community activism to work in volunteer programmes in some thirty countries world-wide. Standard contracts: 2 years, plus language training, basic cost of living and benefits.

Since 1961, more than 12,000 Canadians have gone overseas to work with CUSO's partners. CUSO supports alliances for global social justice. We work with people striving for freedom, self-determination, gender and racial equality and cultural survival.

If the time is not right for you to commit to an overseas posting, you may want to volunteer your time, energy and expertise on a local committee.



Check our web site at www.cuso.org for current postings and information on how to apply or call 1-888-434-CUSO (2876) for the office nearest you.

setting it straight in WEST PAPUA

by David Webster

West Papuans and international supporters are asking the United Nations to review its role in the forced incorporation of West Papua into Indonesia. In March, an international delegation presented a petition (signed by Pacific Peoples' Partnership, among others) to the office of Kofi Annan, Secretary-General of the United Nations Secretariat, calling on him to review the UN's participation in the 'Act of free choice'. This process, conducted in 1969, undermined Papuan independence efforts and essentially denied the existence of a West Papuan people. The goal of this international solidarity movement is to set the historical record straight.

The Papuan independence movement was active during the years of Dutch rule in Papua in the 1950s and '60s. In 1961, with the raising of a Papuan flag along with their national anthem, independence seemed one step closer. Then, threats of invasion by Indonesian President Sukarno brought the United States into the picture. Fearing that Indonesia would become pro-communist, and determined to prevent that, U.S. president John F. Kennedy sold out West Papuans, prompting a flurry of indignant telegrams from the region. "We Papuans are not Indonesians. Forced participation in Indonesian administration would be equivalent to a slave trade carried on by members of the United Nations," stated one telegram from the New Guinea Council to Kennedy.

Kennedy was unmoved, seeing self-determination as secondary to geopolitics. Thus, in 1962, the US forced the Dutch to the bargaining table where it was decided that the Dutch would hand over West Papua to UN rule. And so began the UN's formal and tragic involvement in Papua. In 1962, the UN gave the territory to Indonesia with the commitment to "assist and participate" in an 'Act of free choice' through which Papuans would choose between Indonesian rule or independence.

But the UN departed in 1963, and in 1968, in the run-up to the election, Indonesia allowed only a 16-member observer team to return. Instead of a general referendum or indirect ballot, however, Indonesia hand-picked over 1,000 representatives to vote on the Act and threatened to shoot those who voted against its rule. Additionally, Indonesia's president, by now Suharto, announced that West Papua would remain Indonesian regardless of the

outcome. Not surprisingly, the 'Act of free choice' produced a unanimous vote for Indonesia.

The most shocking aspect of the "Act of free choice" was the role of the UN. Charged with supervising an act of self-determination "in accordance with international practice", it instead lent its name to a cynical betrayal of democratic principles. Its representatives observed the selection of a handful of those who exercised their "free choice." It rubber-stamped the 'Act of free choice' and accepted West Papua's incorporation into Indonesia despite appeals from African governments for a true process of self-determination.

The assistant secretary-general responsible for West Papua, Chakravarty Narasimhan, has since stated that the UN simply wished to dispose of the problem quietly. "It was just a whitewash," Narasimhan admitted recently to the Sydney Morning Herald. "The mood at the United Nations was to get rid of this problem as quickly as possible . . . Nobody gave a thought to the fact that there were a million people there who had their fundamental human rights trampled."

Canada was also involved, along with the US and Pakistan, as a part of the UN peacekeeping force administering the territory in 1962. Instead of preparing that territory for independence — the usual role of UN administrations (consider, for instance, current UN efforts in East Timor)

— this administration prepared the handover of West Papua to Indonesian rule.

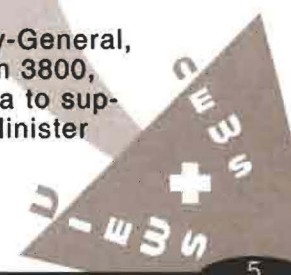
This year marks the 40th anniversary of the New York agreement that choked off Papuan progress towards independence in favour of a UN-assisted handover to Indonesia. Though these events seem long past, international supporters can play a role today — they can support the request to Kofi Annan to conduct a review of the UN's conduct in 1968-1969, which would be similar to the Secretariat's review of UN actions in Rwanda. International supporters can also call on their governments to support such a review. Action is already underway in Australia, New Zealand, Britain and Ireland, and this year a similar request will be made on the United States. It has a moral obligation to act: the US government helped to create this problem, and it should help to resolve it.

WRITE TO Kofi Annan, Secretary-General, United Nations Secretariat, Room 3800, NY, NY 10017, USA. Ask Canada to support a UN review: Bill Graham, Minister of Foreign Affairs, House of Commons, Ottawa, Ontario, Canada K1A 0A6.



The role of the UN is being questioned during West Papua's struggle for self-determination.

Photo: Ian McKenzie



MAORI MADE MARK: a costly initiative or a good investment?

by Angie Shuter

In February 2002, a bold new initiative aimed at maintaining the integrity of Māori art and culture was launched. Te Waka Toi, the Māori Arts Board of Creative New Zealand, a government entity responsible for promoting and supporting artists and their creative expressions, unveiled the *toi iho māori made* trademark which will promote Māori art and artists nationally and internationally. With its six wavy lines, this symbol will help consumers identify authentic Māori art and performance. The first products bearing the trademark are expected to appear on the market in July 2002. However, the initiative is already controversial. On the eve of the unveiling, reports that the trademark cost \$1 million to produce evoked public outrage. Winston Peters, leader of the political party New Zealand First exclaimed, "Anyone can see this is nothing but a rip-off," and the newspaper headlines flashed: "\$166,666 per line." I wonder if the critics of this initiative are losing sight of the real issues?

It cost \$831,000 to produce the *toi iho māori made* trademark. This cost included the design of the logo, legal fees, policy development, research, promotion, consultation with Māori artists such as master carver Pakaariki Harrison, and the development of a licensing system to control use of the logo. Te Waka Toi asserts that much of this investment was needed to ensure that the Māori made trademark becomes not just a symbol of authenticity and quality, but also a symbol of Māori innovation, creativity and tradition.

Te Waka Toi believes that the new trademark will benefit the sale and production of Māori art and culture. They envision not only an increased awareness of Māori art and culture among the general New Zealand population, but also increased support for Māori artists to market and sell their work. It will

verify for buyers the authenticity and value of works by Māori, and it will encourage retailers to buy and sell works that are genuinely Māori endorsed and made. It will also help aboriginal artists to control the production and sale of their art once it enters the local and global commercial market. Perhaps more importantly, the *toi iho māori made* trademark will help protect the intellectual property rights of the Māori - their cultural symbols, their songs, their dances, their legends and oral histories - that have often been commercialized without prior informed consent of Māori. For years, Māori artists have been challenged in their efforts to find markets for their work, and have been up against cheap imitations from non-Māori entrepreneurs.

But since existing legislation such as copyrights and patents have failed to protect the Māori, will the *toi iho* trademark prove any more effective? The Label of Authenticity, a national certification mark developed by the National Indigenous Arts Advocacy Association in Australia (NIAAA) was developed in 1999 to identify and promote genuine Aboriginal and Torres Strait Islander arts and crafts. Critics of the Label of Authenticity have raised valid issues for consideration: How can one define "authentic" aboriginal art? Who should be defined as "aboriginal?" How can a national certification system be monitored?

Despite the need for these questions to be answered, in both Australia and New Zealand, the success of the Label of Authenticity does provide motivation to move forward with the *toi iho māori made* trademark. In Australia, the Label of Authenticity has been in place for over a year. There are almost 200 aboriginal artists registered. The NIAAA confidently predicts increased interest from those in the marketplace, including indigenous creators, manufacturing firms, retail outlets and consumers. The NIAAA also anticipates that they will be a forerunner in many

future similar initiatives across the South Pacific. The *toi iho māori made* trademark in New Zealand is a case in point.

The *māori made* trademark can apply to 39 classes of goods and services including visual arts, multimedia productions and performing arts. Two other trademarks, a *mainly māori* trademark and a *māori co-production* trademark, were also created for collaborations between Māori and non-Māori artists for creations such as songs, stories, and art.

Creative New Zealand plans to establish a committee to decide who will qualify for the trademarks. They will also maintain a database of these Māori artists and performers on the Internet at <http://www.toiho.com>. All applicants must have their whakapapa (genealogy) verified and submit examples of their work to the committee for review, and their license to use the trademark will be reviewed annually. For the first year, the use of the trademark will be free; thereafter, indigenous creators will be charged a fee. Eventually, an independent Māori committee will take over monitoring of the initiative from Creative New Zealand.

It is imperative that people recognize the benefits of promoting and protecting genuine indigenous art. I find it ironic that the design and development of the initiative is criticized for being too costly. I hope that people like Winston Peters will come to see that one cannot put a price on initiatives that protect the integrity of indigenous heritage and creations, of which the *māori made* trademark is an exciting and innovative example.

Angie Shuter is from the Nlakapamux Nation of Merritt, B.C.. She is a land rights researcher and analyst and is a partner in Laxa'ks Tenth Moon Research. Angie was one of Pacific Peoples' Partnership's ten First Nations interns in 2001 and worked in Wellington, New Zealand with Te Puni Kōkiri (Ministry of Māori Development). She can be reached by e-mail at shuter@mdi.ca.

W a I N i M A T E

SAVING LIVES, SAVING CULTURE

by Ruth Lechte, Kone Laqere, and Francine Prevost

The telephone rings in the modest, mosquito-friendly office of *Wainimate*, the Women's Association for Traditional Medicinal Therapy. It is a young Indian woman seeking advice on how to soothe her ailing stomach pains. Kone Laqere is the office administrator and sole employee of *Wainimate*. The remedy the woman needs, Kone explains, can be prepared from a plant that grows literally outside the office – is she well enough to come down and get it? The woman sends her husband who, after careful instruction on how to prepare the medicine, departs with a handful of the large green leaves plucked by Kone from a small tree.

Kone is not a traditional healer – the knowledge she possesses is shared by many indigenous Fijians who have grown up in an environment with limited access to modern medicine. This knowledge, however, is quietly and quickly being eroded - by the powerful message behind modern medicine and the drugs it embraces, by the passing of a generation of elders steeped in the tradition, and by the loss of the plants themselves as a result of urbanization and deforestation.

About seven years ago, a group of more than 30 women in Fiji came together to talk about the future of women's health and women's role in environmental conservation.

From discussing the need to protect the forests for the valuable medicines they yield grew the women's ambition to form an organization they felt could help protect the health of their communities. These women - healers, environmentalists, and lecturers from the University of the South Pacific - came from varied educational, professional and economic backgrounds. What united them was a conviction that traditional medicine is at the root of community health in Fiji and that it, and its practition-

ers, needed to be supported and promoted. Two years later, with the support of Pacific Peoples' Partnership, the Canadian International Development Agency, and the Anglican Church of Canada in Toronto and Victoria B.C., the women had formed *Wainimate*, the only organization in Fiji devoted to pro-

tecting traditional medicinal knowledge and medicinal plants and to increasing the prevalence of traditional health care across the archipelago. Through workshops, publications, the creation of medicinal gardens and advocacy, *Wainimate* is providing women with opportunities to develop leadership skills and assume leadership roles, and is helping raise awareness of the government programmes, developments in trade and international law, and conservation issues that are increasingly affecting their way of life and the health of local communities.

From the beginning, *Wainimate* has focused its work on women. Pacific island women are largely responsible for the delivery and protection of their traditional medicines and have always been the primary caregivers for their families and communities. They are also responsible for keeping traditional medicine alive, teaching it orally and passing it from generation to generation. And so, through a careful information campaign, a series of newsletters, workshops and word-of-mouth,

Wainimate has drawn more than 200 healers into its network, and it is through this network that knowledge is shared, developed and exchanged.

To further conserve that knowledge, and to share it more broadly, particularly with younger generations of women, and women in rural areas, *Wainimate* produced a Fijian-language handbook outlining common medicinal plant treatments.

Photo: Francine Prevost



Wana Sivoi is a traditional healer and the Vice-President of *Wainimate*.

Wainimate continued...

The handbook is a collection of treatments shared freely by a handful of traditional healers. Many traditional medicinal practices vary from island to island, and this book is meant to highlight differences, and harmonize practices where possible. The handbook also helps healers to recognize and identify new plants. And the knowledge in print helps give them status with patients (and doubters!) in their role as a healer.

At the same time, *Wainimate* recognizes that while the forest is the pharmacy for women healers, the medicinal garden is their conservation tool. The Fiji Biodiversity Strategy and Action Plan estimates that over 50 per cent of Fiji's plants are endemic, existing nowhere else in the world; yet only a fraction of the species have been studied or even named, their curative properties as yet undiscovered! Who knows what treasures await?! Moreover, with increasing urban sprawl and a subsequent decline of plants in and around the growing cities, there is an increasing need to focus on conservation, and more women are planting medicinal herbs around their homes. Maggie Vuadreu, the former vice-president of *Wainimate*, has 80 species of medicinal plants in her garden. *Wainimate* has also established a central garden at the University of the South Pacific that is used for instructional purposes among horticultural and ethnobotany students. And *Wainimate* has established seven medicinal gardens across the Fiji islands. Of varying size, and filled with a rich variety of local species, the gardens are cultivated and maintained by local *Wainimate* members and serve as sites of learning and harvest for the healers, local schools and surrounding communities.

Over the years, various women have been drawn into *Wainimate's* steering committee, helping to determine the priorities of the organization. From the beginning, however, *Wainimate* members were clear that increasing public awareness of, and access to, traditional medicine was key,

particularly given the inaccessibility of modern medical facilities. Although outpatient visits to health centers are free, medicines prescribed are costly and must be purchased, and bus fares are required to reach the nearest center. In contrast, traditional medicine is relatively inexpensive. In fact, it is considered disrespectful for a healer to charge fees for her service, and many believe that the talent to heal will be lost if the medicine is not respected. It is common for healers to treat their families, but many go on house visits and also welcome people into their homes. Patients often feel obliged to pay the healer but payment can take a variety of forms, from a cup of tea to money for transportation. If there is nothing to offer, nothing is expected. Thus, the advice and treatment that Kone and other *Wainimate* women offer are free-of-charge. The *Wainimate* office door is open to anyone seeking traditional health care.



For the women of *Wainimate*, however, promoting traditional medicine more formally is critical to increasing access. *Wainimate* and other non-governmental organizations have thus been working with the Ministry of Health to develop a national policy on traditional medicine that will integrate the traditional and modern healthcare systems to provide a unique package to Fijians across the islands (see story on page 13). As a first step, the ministry has officially recognized traditional medicine and is encouraging its staff to cooperate with traditional healers. And *Wainimate* is creating a database of the traditional healers in Fiji to enable *Wainimate* and government health workers to better access the resources available in each locality. This is an important development with long-term advantages, but it will also bring fundamental changes to the lives of traditional healers as they begin providing health care in a more structured form through hospitals and health care centers. *Wainimate* will work to ensure that the rights and knowledge of these women are recognized and protected in the process.

Finally, *Wainimate* has long recognized the threats posed to traditional medicine from bioprospecting pharmaceutical companies seeking profits. The women have prioritized the need to protect indigenous knowledge from foreign exploitation. And so, *Wainimate* has facilitated many workshops with healers explaining how foreign research agencies and pharmaceutical companies are capitalizing on their knowledge by learning the medicinal

uses of traditional plants and turning the resources into synthetic drugs for the western market.

Wainimate has played an integral role in teaching healers about existing intellectual property laws meant to protect their indigenous knowledge. It has also pushed for answers to critical questions such as why indigenous people are not consulted about the development of their traditional resources and why they do not benefit from the commercialization of their knowledge. *Wainimate* has endorsed international indigenous declarations and agreements such as the Mataatua Declaration of 1993 and the Draft Declaration on the Rights of Indigenous Peoples, both of which recognize indigenous peoples as the sovereign owners of their cultural and intellectual assets. Through its work, *Wainimate* is enhancing understanding among healers, political decision-makers and consumers, not only of the wisdom of healers and the value of their traditional knowledge, but also of how the

wainimate continued exploitation of their knowledge is undermining indigenous livelihoods and community health.

Looking to the future, *Wainimate* hopes to build a traditional medicine research and training institute that will not only train healers and modern medicine practitioners in the art of traditional healing, but also formalize the study and documentation of the medicinal properties of traditional plants. This institute will work alongside the *Wainimate* garden at the University of the South Pacific. As the discipline of traditional medicine progresses beyond the informal delivery model, *Wainimate* and its 200 women see a clear opportunity to gain a voice, to assert their rights and to demand appropriate management of their resources and knowledge.

Kone Laqere has been the office administrator at *Wainimate* since 1999 and Ruth Lechte has been a trustee of *Wainimate* since its inception. Francine Prevost worked with *Wainimate* through Pacific Peoples' Partnership's 2001-2002 Internship program.

REFLECTIONS OF A WAINIMATE INTERN

by Francine Prevost

It was in the small, *Wainimate* office that I spent most of a two-and-a-half month internship offered by Pacific Peoples' Partnership. I was there to learn about traditional health care in Fiji and to support *Wainimate*'s projects to preserve and conserve medicinal knowledge and plants. On my first day, I walked into the Mosquito Control Unit, a division of the Ministry of Health where *Wainimate* is provided an office rent-free. I was amazed by the dedication of Kone Laqere, the association's sole staff member who — with a small budget, no bug repellent, and a computer that always seemed to crash on me! — manages the day-to-day operations of the office. As an indigenous Sto:lo woman from British Columbia (Canada) I grew up immersed in myriad cultural traditions — including those related to traditional health care — so I immediately felt comfortable working with Kone and the *Wainimate* healers. What I didn't know was that I would soon learn as much about the traditional health care of my own people as I would about practices in Fiji.

Within weeks of arriving in Fiji, I was spending time with various *Wainimate* women healers documenting their knowledge of medicinal plants for a handbook that will potentially be used by students of ethnobotany at the University of the South Pacific. I spent an afternoon with Mere, healer and *Wainimate* member, who took me on a walk through several backyards in the Namatakula village and explained the medicinal uses of various plants growing there. While I feverishly tried to write about the various types of plants, each with numerous medicinal prescriptions, she asked me about the plants my people use for traditional medicine. "I don't know!", I exclaimed. I told her that much of the Sto:lo medicinal knowledge has been lost as a result of our assimilation and colonization

over the past 500 years. Mere explained to me that traditional medicine has a similar history in Fiji. In colonial times, traditional healers were shunned from society and cast as witches.

Over time, I learned that — like the healers within my own community — the *Wainimate* healers have profound cosmological beliefs and sacred concepts that influence their daily life, including their health. Sto:lo healers believe, for instance, that the ability to heal is a gift that should be passed on from parent to child. This gift is usually given to their child in a moment — in Fiji, it is through a single touch of a hand. For the Sto:lo, the gift of healing is conveyed by singing a particular song. I know that, for both Fijians and the Sto:lo, to be healthy in mind and soul requires strong spiritual beliefs, the support of family, and the sacred practice of tradition.

I knew there was so much more to learn, but before long, it was time to return to Canada. Upon arriving home, I felt compelled to learn more about the history, traditions and use of Sto:lo medicinal plants. I learned that, as in Fiji, the plants that grow in my own backyard are the traditional medicines of my people. I was happy to discover that there are many people in my own community who, like Kone and the *Wainimate* healers, are committed to bringing medicinal knowledge back to Sto:lo communities. And so, as I reflect on my time as a *Wainimate* intern — after witnessing the potential of traditional medicine within an indigenous nation that has a similar history, a nation with similar beliefs and values — I feel committed to helping ensure that Sto:lo medicine and its practices become pervasive once again within my own community.

THE HIGHS AND LOWS OF PACIFIC KAVA

by Laura Palmer

What can happen when traditional knowledge gets commercialized and exported? Who benefits, who loses, who are the most vulnerable? The controversy swirling around the Pacific Islands' traditional kava drink shows all too well. Thanks to commercialization and a resulting backlash against kava in the west, this focal point of daily life in the Pacific has become a lightning rod for debates involving indigenous rights, traditional medicine, and international trade.

Kava is a plant related to the pepper plant (*Piper Methysticum*). Kava, *Yaqona* in Fijian or just *grog* in the streets, is a drink prepared from the root of the plant, scooped from a communal bowl and served in small cups of polished coconut shells. The slightly bitter taste leaves your tongue tingling and a few cups leaves you a little groggy. As the man who served me my first bowl explained, "It doesn't make you drunk, but if you drink too much, your knees will become weak and you can't stand up!" It is as common a drink among Pacific Islanders as beer is to North Americans. Gathering around the kava bowl at a Naqumal is much like sitting with friends at the local pub.

The kava plant is a lush shrub with large heart-shaped leaves. It is an infertile plant, relying on human intervention to keep its place within the traditional lives of Pacific Islanders. It has been cultivated for over 3000 years, each plant living for approximately 15 to 30 years. And while some believe that the kava plant came to Melanesia from Polynesia, others believe the plant originated in Northern Vanuatu. Regardless, today the plant is grown throughout the South Pacific, in Fiji, Vanuatu, the Federated States of Micronesia, Samoa, Hawai'i, French Polynesia, Tonga, Wallis and Futuna. The roots are usually dried and ground into a powder that is wrapped in cloth and soaked in water, creating a brownish drink.

Kava has been the center of many ceremonial and social customs and is used throughout the Pacific to confirm social rank, celebrate births and marriages, and acknowledge the departed. In Fiji, for example, it was historically reserved for the village chief and other men of high social rank. Also in Fiji, kava is central to the sevusevu ceremony where guests present a kava root that is then prepared and shared to welcome the visitors and cement social ties. On Wallis Island, a kava ceremony is performed to reconcile friendships. Kava is also employed as a traditional medicine—as a relaxant or diuretic and as a relief from headaches, urinary tract infections, syphilis, asthma and cramps.

Today, kava is sold throughout local markets as both a social drink and a medicinal product. It is also, increasingly, the subject of heated discussion. A recent open line radio program asked listeners to respond to the question, "Grog: Good or Bad?" Their responses were emotional and emphatic.



Kava photo: Laura Palmer

Kava's detractors in the Pacific Islands have long blamed the drink's mild narcotic effect for a host of social ills; and the international condemnation has some Pacific people wondering if it is time to drop their national drink. But today kava faces a greater challenge: the product has been banned in numerous western countries for fear that kava causes liver disease and other ailments. Kava export sales have plummeted and the demise of the kava industry is devastating local economies.

How did kava become an international pariah? And what are the implications for the indigenous populations throughout the South Pacific who still cling to its economic promise?

KAVA'S FALL FROM GRACE

I remember the first time I heard about kava. It was the late 1980s and I was perched at the back of my cousin's health food store in County Cavan, Ireland. As usual she was passing out advice about which herbal remedy was most likely to assist a customer - on this particular afternoon, an aging farmer. With his cap clasped lightly in his hands, the old fellow explained that

he was having trouble sleeping. He felt upset and nervous. He was desperate. My cousin listened sympathetically, then pronounced that she had just the thing to end his troubles: kava. It wasn't surprising; back then, kava was the multi-purpose cure-all for just about any kind of problem. If you were anxious, kava would calm you. Nerves a little rattled, kava would soothe them. Sore and aching muscles? Why not give kava a try? Can't sleep? Take kava....

Not surprisingly kava's sudden popularity in the west made kava cultivation an important cash crop in the Pacific Islands. In 1998 when prices peaked, Fiji and Vanuatu together exported at least US\$25 million dollars worth of dried kava to the United States and Europe. Today, however, kava is the black sheep of the herbal medicine world and demand for the product is plummeting as health food stores in western countries pull kava products off the shelves faster than you can say 'liver disease'. There are competing theories for its demise.

At the opening of a regional meeting held in February 2002 to address the kava crisis, Vanuatu's Deputy Prime Minister, Serge Vohor, took aim at globalization. Vohor suggested that the success of the kava market and its growth potential made it a threat to other countries and their competing products. In a recent article in the regional magazine Pacific Island's Business, one kava exporter suggested the existence of a "vile plot devised by multinational drug companies to strangle competition for the sales of tranquilizer pills."

But regulators in countries like Canada—the latest to take aim at kava—point to serious medical concerns. In January, Health Canada issued this terse warning: "Health Canada is advising consumers not to use any products that contain the herbal ingredient kava (also known as kava-kava) ...in light of recent reports of liver toxicity related to use of kava products in Europe. There have been at least 24 reports of liver toxicity associated with the use of kava products internationally, including one reported death, and several cases which required liver transplantation."

Germany, France, Switzerland, the United Kingdom, and the United States have all taken steps to prevent liver-related risks from kava use. Investigations are underway. Warnings have been issued. Products have been pulled from shelves. In some cases, all out bans have been put in place.

Bal Ram has been selling Kava products at the Suva Market in Fiji for more than 20 years, and he is critical of claims that kava is a health hazard. He says there have been no concerns raised locally over liver damage to consumers in this region. Instead, Ram blames biopiracy: "The indigenous knowledge and use of kava has been present in the Pacific islands for hundreds of years. It is only when foreign companies started adding chemicals and making kava into tablets for export that kava ran into trouble."

Kava merchants like Bal Ram suggest the problems with kava in the west do not stem from the raw material grown in the Pacific. They say pharmaceutical companies that process the raw materials may have added chemicals to make the kava lotions, pills and powders that became such lucrative products in the west.

KAVA'S FUTURE

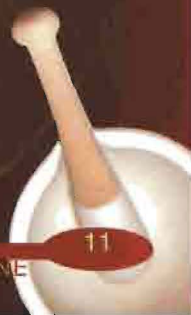
For years Pacific island countries have complained that they were not being properly compensated for the kava resource and the traditional knowledge that has been used to develop the kava crops. Now that complaint takes a back seat to the more pressing need to clear kava's reputation.

To the indigenous people of the South Pacific, kava is a major part of life. It is almost impossible to imagine kava being removed from the marketplace here. Yet kava drinking has come under fire on a number of different fronts. Governments are being urged to support legislation to control kava drinking. Its impact on marriages, work performance and family income are being questioned. Authorities are looking for ways to test drivers who may be 'grog-doped'.

And even as kava struggles to retain its place in Pacific island life, a major battle is underway to save the floundering export market. A group of kava stakeholders in the region have put forward proposals to help alleviate the current crisis. Among other things the group is calling for "reputable and independent medical research on the safety of kava as a traditional beverage." They are asking the World Health Organization to convene an expert panel to examine the scientific evidence concerning the alleged adverse health effects of kava.

In the meantime the farmers, merchants and traders who once looked to kava for economic salvation may now feel like they are waking up from a long grog hangover. They will be left to wonder how selling their crops to international interests became such a headache.

Laura Palmer is the Media Relations Officer for the Canada-South Pacific Ocean Development (C-SPOD) Program. Her position is made possible through CUSD. She is based at the Forum Secretariat in Suva, Fiji.



ASPIRATIONS OF a Healer

A DAY WITH ALISI TUILAKEBEA

by Francine Prevost

The first time I met Alisi was in Namatakula, a small village of about 600 people who live along the coral coast of southwestern Fiji. I was working with *Wainimate*, the Women's Association for Natural Medicinal Therapy, helping to facilitate a week-long workshop on national and international issues affecting traditional health care. Alisi, a healer for over 20 years, is a well-known and respected woman in Suva, Fiji's capital, and an active member of *Wainimate* since the organization first began in 1995. She is one healer among many at the workshop who spoke sadly of the medicinal plants that can no longer be found as the land around their homes are developed and the surrounding cities are expanded. With the other traditional healers, Alisi discussed the importance of promoting the knowledge among younger generations who are moving away from traditional medicine.

Alisi was at the workshop to voice her concerns about the threatened state of traditional medicine. She worried, like most healers in the Pacific, for the future health of her people. "If there are no efforts to preserve and conserve the medicinal plants and traditional medicinal knowledge," she said at the workshop, "modern health care systems will not be able to keep our children and families healthy. Something needs to be done!"

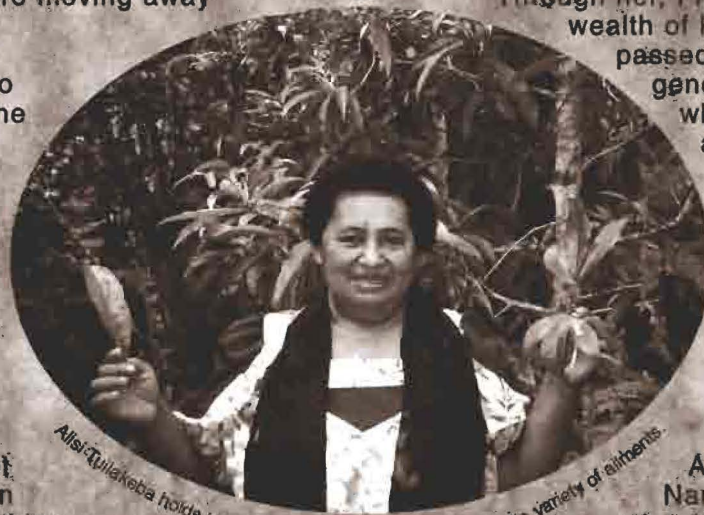
Back in Suva city, Alisi and I met to explore a medicinal garden at the University of the South Pacific built by other *Wainimate* members to preserve medicinal plants and generate interest in traditional medicine. We met at Alisi's home and, while I played catch with her four-year-old granddaughter, Alisi's son told me that his mother is always helping people. "When someone asks for help, she would never turn anyone down," he said. "That's a part of the teaching. It has to be respected. If you don't, some people believe the gift to heal will be taken away."

Alisi not only helps others in their healing, she also passes on her knowledge by teaching her children and grandchildren to use the medicines. I asked Alisi who taught her about the plants. "At one time, the plants were all our people had to stay healthy. We didn't have doctors or hospitals. My mother and grandmother taught me how to prepare the

medicine," she recalled. What would happen if the younger generations do not embrace traditional medicine? With an exasperated sigh, Alisi told me that medicinal knowledge is already being lost as many elders pass on without teaching younger people.

By the late afternoon, Alisi and I were in the cool shade of the palm trees that surround the botanical garden on the university campus. At every other step she would stop to show me a plant and tell a story about it. "The Fijian name for this one is Uci. The Uci with three leaves is female and Uci with one leaf is male." As I listened to how she prepared the plant for a sick family relative or a friend, I realized I was learning a piece of her family history.

Through her, I had come to receive a wealth of knowledge that has been passed down orally through generations. I asked Alisi whether she would tell just anyone about the medicines she knows, particularly since others might seek to exploit her cultural and intellectual knowledge. She said that she will not volunteer information unless her people would benefit from its development.



Alisi Tuilakeba holds leaves from an Uci plant, used to treat a variety of ailments.

At the workshop in Namatakula, we had heard stories from other healers who had told researchers about the medicinal plants and had even helped them collect samples, but then were never heard from again. "For other countries to come into our land and use their technology to make money from our plants is wrong," said Alisi. "Especially when there are many people here who don't have money and can't afford to go to the hospitals. The knowledge needs to be recorded, but it needs to be done properly. It needs to benefit the indigenous people because that's where the knowledge came from in the first place."

Soon we could see the clouds and could sense the impending rain. Alisi invited me to supper at her house. The rainy bus ride home was quiet, but during and after supper Alisi and her children shared their experiences with traditional medicine. I learned about plants made into a tea that will help the flu and leaves pounded into a paste that can ease a baby's rash. Alisi said she usually treats

CONTINUED ON PAGE 20... ☞

InstItutIonalIZIng TradItIonal MedIcInE

I N T H E F I J I I S L A N D S

by Litiana Kuridrani

The government of Fiji is in the midst of creating a national policy on traditional medicine. This article outlines the benefits that communities will gain and the challenges healers will experience as the process to institutionalize traditional healthcare in Fiji begins.

Pacific island communities have been practising traditional medicine for thousands of years, and as their environment changes and their perceptions of health and illness evolve, so too does their way of protecting and managing community health care. In Fijian communities, the approach to healing and illness is holistic, encompassing diet and exercise, social and family relationships, workload and stress. It is also spiritual and religious: the art of healing is an inheritance passed on from one generation to another, as the *mana* or healing touch is "washed on" from parent to son or daughter. The Fijian Ministry of Health must consider all of these factors as it develops a national policy to integrate traditional medicine within the rubric of a modern health care system.

The reasons to unite traditional and modern medicine are manifold. As the traditional healers of *Wainimate* see it, an integrated health care system will provide health services for a greater number of people. Currently, modern health care services are not widely accessible, especially to families in rural areas and to those who are unable to afford the expense of consultations and drugs; in contrast, traditional healers can be found throughout the islands providing their services for a minimal fee. *Wainimate* healers feel this merger could establish and promote traditional health practice as an effective and valuable service, drawing it back from the margins where it is seen as a collection of mere superstitions and rituals. It will also encourage a more holistic approach to health among western medical practitioners, while fostering the systematic study of the efficacy of traditional medicinal plants. Clearly, the Fijian government also sees bottom-line benefits in expanding and advancing traditional health care. Pita Nacuva, Fiji's Minister of Health, says: "We need to look purposely between the two ends of the continuum and identify the types of remedies that will improve and enhance the delivery of our health care system, irrespective of whether the remedies are traditional or modern in practice."

In March 2001, the Ministry of Health held the first of three workshops to begin building a national policy on traditional medicine. The Ministry of Health has adopted an open consultative process in developing the policy and has invited key stakeholders to attend. Those involved include the Fijian Affairs Board, a government organization responsible for

the welfare of ethnic Fijians, the Native Land Trust Board, the Law Reform Commission, various pharmaceutical and medical societies, *Wainimate*, the World Wide Fund for Nature, South Pacific Action Committee For Human Ecology and Environment, the Fiji School of Medicine, the University of the South-Pacific, as well as members of the general public. After much deliberation, participants have delineated five areas of concern and established five task forces to identify key issues and provide recommendations on each. The major concerns are the impact of commercial development on traditional medicine; the effect of a national policy on traditional healers and practitioners; the legal and liability issues surrounding the provision of traditional health care, including intellectual property rights; the need for research to ensure the safety and efficacy of traditional medicine; and the management and operations involved in implementing traditional medicine within the modern health care system.

The challenges and pitfalls are all too real. For example, traditional healers will face great challenges in practising medicine within their own customs while working alongside western-trained medical staff. Their intellectual property and cultural knowledge could potentially be on public display without appropriate protections in place. The national policy must ensure that regulations are established to safeguard the cultural and intellectual property rights of the healers.

Each taskforce was to convene separately at a later date to develop further recommendations that would be discussed at a second workshop. To date, however, the taskforces have not met, leading to a postponement of the workshop scheduled for November 2001. As September 1, 2002 – the date to present the final draft policy to the Minister of Health, Pita Nacuva – approaches, it is becoming clear that implementation of the national policy may take longer than expected.

As a member of *Wainimate* and as a woman with my own family medicine, I urge each taskforce to remember the healers and remember the teachings that encompass traditional medicine as issues and recommendations are discussed. Only then will the integration of traditional and western medicine revitalize indigenous ways of healing and keep traditional health care evolving and moving forward as it has for generations.

Litiana Kuridrani is Treasurer of *Wainimate* and has been active in the organization since 1996. She is a lecturer at the Fiji School of Medicine teaching Health Services Management and is also a practitioner of traditional family medicine.

KEEPING THE MEDICINES ALIVE

TRADITIONAL HEALTHCARE IN STO:LO NATION

by Maxine Prevost and John Dwyer

This article presents the efforts of Sto:lo Nation, a First Nation organization in southwestern British Columbia, to reclaim and restore the traditional knowledge of one of Canada's many aboriginal cultures. The authors will take you through the House of Long Ago and Today, an ingenious and creative interpretive centre and art gallery that Sto:lo Nation developed to share the history of their people. That history includes insights into the rich cultural relationship the Sto:lo developed with their land in their search for food and medicine. Over time, their knowledge of the land, and their relationship to it, has been threatened by foreign influences, including disease, colonization of their traditional territory, and most recently, popular media and culture. With the help of Sto:lo elders, the traditional knowledge of the Sto:lo people, especially traditional health care, is being recovered and renewed for future generations.

Shxwt'a:selhawtxw means "The House of Long Ago and Today" and is the name of Sto:lo Nation's interpretive centre and art gallery. Sto:lo Nation is an organization representing 19 of the 24 Sto:lo Coast Salish communities in southwestern British Columbia, Canada. They have chosen Shxwt'a:selhawtxw to express their vision for revitalizing past Sto:lo teachings and traditions and integrating them into contemporary Sto:lo lives. It includes a unique interactive museum depicting traditional homes, clothing, art, and technology, as well as an ethnobotanical garden with traditional food and medicinal plants. The Sto:lo Nation organization hopes to sustain the cultural teachings and natural resources for future children. This program was the inspiration of a handful of people who saw the need to teach the younger Sto:lo children - who are increasingly subjected to an urban lifestyle with popular media and mainstream values - about the Sto:lo traditional lifestyle.

It was Gwen Point, Education Manager in the Community Development Education Department of Sto:lo Nation, who originally presented the vision behind the Shxwt'a:selhawtxw program. With the backing of local elders, she designed the program primarily to arouse curiosity about historical teachings among Sto:lo youth. But appreciating the value in welcoming Xwel'tem, or non-Sto:lo peoples, she also envisioned Shxwt'a:selhawtxw as a centre that would welcome non-Sto:lo to learn about the Coast Salish Sto:lo way of life. Over time, it has become a tourist initiative, emphasizing the need to understand the history of our different cultures and to nourish cross-cultural relationships. In 1996, The House of Long Ago and Today received their first visitors - young, eager, and curious

eight and nine year olds from the local city school district. Since then, 6,000 visitors are welcomed each year. As visitors walk in to the interpretive centre and art gallery, they are welcomed by their Sto:lo tour guides who share several distinctive aspects of traditional Sto:lo life. One watches Sto:lo artists carve masks or totem poles as they explain the myths behind their art; Sto:lo women show visitors how to weave baskets and clothes with cedar bark or wool; traditional Sto:lo food, such as slet'ses, or dried salmon, is prepared and provided; and traditional tools and technology once used to gather food and hunt are on display. Through historical accounts, stories and legends, the tour guides emphasize the importance of reintegrating traditional knowledge into communities. Maxine Prevost, co-ordinator of the Shxwt'a:selhawtxw program, hopes that greater cross-cultural appreciation and support for the traditional practices will help Sto:lo communities to once again embrace traditional practices such as herbal medicine.



A tourist's visit also goes through the ethnobotanical garden, where tour guides recount stories about how historically, the Sto:lo depended on the rich ecosystem of the S'olh Temexw, the Fraser valley in southwestern B.C., for a vast array of food and medicinal plants. They hear about how in the past and still today, the Sto:lo live along the Fraser River, the largest river in B.C., which flows into the Pacific Ocean. It was here that they learned to cultivate and harvest their

plants such as the Red Columbine that was traditionally made into a decoction for a hair wash, and also used as a love charm. They also relied heavily on the elderberries that grew along the river valley. Elderberry fruit was used as a sweetener, while roots, leaves, and flowers were used for medicinal purposes. With exceptional skill and knowledge, the Sto:lo evolved productive and varied types of plants that were crucial in maintaining nutrition and health throughout the year.

The food and medicinal plants had a significant role within traditional Sto:lo life. Communities would hold large gatherings with interior and coastal neighbours to trade the plant resources, to share food, and renew social ties. Each person served a purpose and contributed equally to the health and well-being of the community. Women were held in high esteem because, among their many roles, they were the keepers of the traditional knowledge. They

Photo copyright Sto:lo Nation



had extensive and sophisticated wisdom

concerning the cultivation, harvesting, storage, and preparation of medicinal and edible plants. Elders watched children carefully to identify those who had an interest in the medicine. As the children matured, their strengths and interests in traditional health care were nurtured and developed by the community. Through *sxwoxwiyamx*, or stories and legends, children were taught that the natural resources on the land were once

our ancestors. This taught respect for the resources and demanded an exceptional relationship with the land. For someone to take a plant or a tree for medicine, for example, they would have to offer a prayer or song of thanks along with a token of appreciation to this once-human ancestor.

Guests to the centre also gain a sense of the Sto:lo peoples' history of struggle. They learn that, with a large variety of nutritional and medicinal plants, complemented by rich spiritual and cultural teachings, the Sto:lo led healthy, sustainable lives for many years. This was suddenly disrupted when, in 1782, the first smallpox epidemic, bred in densely populated European cities, arrived in S'olh Temexw, killing an estimated two-thirds of the Sto:lo people. At least three major epidemics followed, killing still more. In the mid-1800's, thousands more immigrants from Britain and other European countries moved into Sto:lo territory. In the beginning, relationships were peaceful and the Sto:lo and *Xwelitem* relied on each other for trade. But in 1858 an estimated

In 1996 the Sto:lo Nation, with the support and guidance of Sto:lo elders, built an ethnobotanical garden full of plants traditionally used for food and medicine.

23,000 miners arrived in Sólh Temexw searching for

gold. This mass migration opened the door to more immigrants. Eventually, disputes over land ownership began complicating relationships between Sto:lo and *Xwelitem*, terminating all hope for cooperation. By the 1900's, the Canadian government had implemented policies aimed at assimilating First Nation people into the rest of society. Sto:lo people were forced onto small reserves within their vast traditional territory. Sto:lo children were coerced into attending residential schools, distant from their families, where they were punished for speaking their traditional Halquemeylem language. As a result, a tremendous amount of cultural life was lost, including traditional knowledge of food and medicinal plants. It did not take long for Sto:lo health to deteriorate.

By the 1960s, however, the Sto:lo people began to reassert control over their health and governance. The Sto:lo people came together and established Sto:lo Nation, an organization which now has over 300 employees administering justice, health services, family services, fisheries, treaty negotiations and community developments. For instance, the Aboriginal Rights and Title department is carrying out negotiations to regain control of traditional Sto:lo lands. The Lands and Community Economic Development department is building a program to facilitate a revival of food and medicinal plant horticulture on reserves and in the broader traditional territory for both local use and marketing. The Education Department administers the *Shxwtá:selhawtxw* program that is incorporating the traditional Sto:lo way of life into contemporary Sto:lo lives. *Shxwt'a:selhhawtxw*, The House of Long Ago and Today, is also preserving Sto:lo medicines, teaching the Sto:lo children about traditional health care and helping to rebuild the Sto:lo-*Xwelitem* relationships. ☞

Photo copyright Sto:lo Nation

Red Columbine grows wild in the Coast Salish territory. It is traditionally used as a hair wash and a love charm.

sto:lo revival continued...

Sto:lo Nation invites people from around the world to the Shxwt'a:selhawtxw interpretive centre and art gallery to learn about their people's struggle to regain their health and determine their future. The Sto:lo people developing this program envision their communities and their *Xwelitem* neighbours working across cultural boundaries to preserve the cultural teachings and health care practices. This vision is coming true as many visitors leave the House of Long Ago and Today understanding the value in preserving traditional knowledge. It is the hope of Sto:lo elders that, after exploring the ethnobotanical garden and discovering the intricate aspects of a people's traditional way of life, both *Xwelitem*, Sto:lo, and their children will learn how the land is steeped in cultural significance – so valuable indeed that it should be protected and respected for the future health of our communities. ♡

Maxine Prevost is the coordinator of the Shxwt'a:selhawtxw program at Sto:lo Nation and John Dwyer is the Lands Officer in the Sto:lo Nation Lands Department.



Photo copyright: Sto:lo Nation

OPENING UP TO SAVE A CULTURAL TRADITION

by Francine Prevost

Over a decade ago, Elsie Claxton and Violet Williams, elders of the Cowichan and Saanich Coast Salish people of southern British Columbia, Canada, shared their traditional medicinal knowledge with ethnobotanist Nancy Turner of the University of Victoria, and Richard Hebda, her colleague at the Royal BC Museum in Victoria. For hundreds of years, colonial powers and assimilation policies of the Canadian government had marginalized the use of traditional medicine to the point that young Coast Salish people were not learning it. Traditional medicine was steadily disappearing with the passing of elders who did not share their traditional medicinal knowledge. The decision by Claxton and Williams, keepers of the traditional tree bark medicine, to share their knowledge with the ethnobotanists was just one of a series of steps that has facilitated a resurgence of traditional medicine among the Coast Salish population.

Traditionally, Coast Salish medicine is kept within the family. Violet learned a special "four-barks" medicine from her father, who instructed her not to share the preparation method with anyone. Many Coast Salish people believe the "secrecy surrounding the preparation of some medicines is a reflection of their special status; some...feel that they will lose their curative powers if too many people try to use them," as Turner and Hebda wrote in their 1990 account in the academic *Journal of Ethnopharmacology*. Yet for reasons not documented, both Claxton and Williams were willing to share their knowledge of the bark medicine with their community and with the two ethnobotanists.

They also shared the unique rituals employed when harvesting and preparing the bark medicine. Turner and Hebda write that these women respected "medicinal plants and their curative powers. Herbal medicines were and are harvested and prepared with care and with a certain degree of ritual." Their article wrote of how harvesting of the bark for medicine must be done in the early morning before eating so that the mind and body are mentally and spiritually pure. The bark should be pulled from the tree in long strips "from the side on which the first rays of the morning sun shine." It is thought that with the help of the sun, the tree will heal faster and, as the tree heals, the individual treated with the bark medicine will heal with it. These customs encourage respect for the medicine and foster the sustainable use of the natural resources.

After listening to the ways of harvesting and preparing bark medicine, Turner and Hebda realized that traditional medicine could be used to a wider extent, quite possibly alongside western scientific medicine. In the publication, Williams recounts a personal story of when "her labour went on 'for days' and she was hemorrhaging badly, but still the baby would not come." Eventually, her sister made a tea with elderberry bark and within 30 minutes, her baby girl was born - healthy and full of life. The elders explain several ways to use the bark medicine to treat various ailments. The bark - used fresh or dried and commonly prepared as a drink or an external wash - can be used to heal "respiratory ailments, digestive tract ailments, diabetes, fevers, gynecological problems, sore eyes and dermatological complaints." Turner and Hebda suggest that the integration of traditional medicine into western medicine may be possible, and may be even more successful in treating illness than western medicine alone.

The authors write that traditional medicine is still being practiced to a significant degree in Coast Salish communities and conclude that "although the use of native medicines has diminished within the lifetimes of the present grandparent generation, medicinal knowledge has not disappeared." Today, it is possible to find many Coast Salish healers, young and old, using their families' traditional medicine. In part, it is because healers such as Violet Williams and Elsie Claxton had the courage, determination and motivation to share their medicine; but it is also because people like Nancy Turner and Richard Hebda, aware of the cultural and spiritual values of traditional medicine, worked tirelessly to ensure the medicinal practice was recorded in a respectful manner. I believe these collaborative efforts have kept much of the traditional knowledge alive within our First Nations communities. Within the Coast Salish nation, in particular, traditional medicine is increasingly being shared with children and grandchildren - as long as this continues and intensifies, the health of our communities can only improve. ♡

BIOPROSPECTING or BIOPYRACY?

by Francine Prevost

Indigenous knowledge is a people's collective memory. For indigenous people of the South Pacific, this knowledge defines socioeconomic and gendered roles in the community. Traditional medicinal knowledge, for example, is usually passed on from mother to daughter, making women the keepers of natural medicine and the caretakers of their families. Bioprospecting - the systematic analysis, appropriation and development of natural resources for commercial value by overseas research and pharmaceutical companies - threatens to upset such time-honoured cultural traditions with its failure to extend recognition or benefit to indigenous peoples and their communities. For the first time in the Pacific, however, one community in Fiji has ventured into a bioprospecting agreement that may sustain a balance between economic development and culture. Its progress bears watching.

For the developing nations in the Pacific islands, bioprospecting represents one way to generate income for poor villages. In 1997, the Verata communities, a group of nine villages on Fiji's largest island, Viti Levu, and the University of the South Pacific struck a deal. In exchange for the appropriation of their biodiversity, the Verata communities will receive financial benefits and conservation assistance. The university signed a parallel agreement with the Strathclyde Institute for Drug Research in Scotland, who will be offered extracts of the plant and marine organisms collected from Verata. In the rich biodiversity of the South Pacific, there are more than 2,000 unique ecosystems. More than 80 per cent of the species are endemic, existing nowhere else in the world. Strathclyde recognizes that with less than ten per cent of the South Pacific's biodiversity documented, bioprospecting can and will lead to further cures for disease. If Strathclyde manages to profit from the pharmaceutical properties of the biological resources in Verata, it agrees to share financial benefits "on an equitable basis" among Verata, USP, and the government of Fiji. The community has received approximately US\$30,000 so far. The Verata council is using this money to fund conservation efforts in the area.

As the need for financial and conservation assistance for communities grows, bioprospecting has become increasingly controversial. Many indigenous nations and grassroots organizations are calling for a moratorium on bioprospecting. The Erosion, Technology and Conservation Group, formerly known as RAFI, maintains that bioprospecting is biopiracy - the expropriation and exploitation of indigenous biological and cultural diversity. Theoretically, indigenous medicinal knowledge and plant resources are safeguarded by the Convention on Biological Diversity created by the United Nations in 1993. This convention promises the protection and sustainable use of biological diversity and seeks fair and equitable benefits from its commercial development. But it is a voluntary agreement and has yet to be ratified by world powers such as the United States.

More recently, the World Trade Organization created Trade-Related Intellectual Property Rights, a legal

protocol that aims to protect "creations of the mind" through trademarks, copyrights, and patents. But it has come under attack by indigenous and grassroots organizations that argue that its framework is discriminatory and leads to the further obliteration of indigenous knowledge. TRIPS requires that medicinal plants be protected through patents; but the prospect of placing ownership over life forms is abhorrent to indigenous peoples across the world. They argue that patenting their medicinal plants would force them to alter their cultural beliefs, and that, in fact, their indigenous knowledge simply does not meet the requirements for patenting: to qualify, ideas must be original and unique, whereas indigenous knowledge is community-based and has existed for generations. They also say that the cost of patenting alone exceeds the financial capacities of the developing communities and governments.

The lack of proper national or international regulations to protect traditional medicinal knowledge raises concern about the Verata communities' bioprospecting agreement - an agreement that could prove hard to enforce if valuable drugs are developed and foreign drug companies are then obligated to share their profits. It will take many years to determine if the Verata communities' resources are viable. Until national and international laws are in place to protect medicinal knowledge and resources, such bioprospecting agreements may be the best way to generate income from natural resources. The Fijian government and the University of the South Pacific are currently using this agreement as the basis to develop bioprospecting regulations. The next step for indigenous communities is to ensure these regulations are implemented and enforced so their traditional medicinal knowledge and resources are protected and preserved.



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REGISTER NOW!



on tour

by Rita Parikh

I was definitely feeling the heat when I jumped off the plane at Fiji's main international airport near the seaside village of Nadi. There was that legendary heat, enveloping and drenching, that made this visitor's mind drift off and body go limp. But there was also that flushed, excited heat of being in unfamiliar territory with new people and new cultures that reenergized my step. There was that pressured, worried heat that comes from representing an organization upon whose 27-year history I was about to tread. And there was that underlying panicked heat that rose out of the recognition that no amount of reading could have adequately prepared me for the variety of development realities I was about to witness.

I'd been executive director of Pacific Peoples' Partnership for about seven months when I slipped away from Victoria this February to get my first real orientation to the South Pacific. Fiji, Vanuatu, the Solomon Islands, the Cooks – before I left Victoria these countries seemed not so distant from South Asia where my development work had focused for over a decade. Yet the Pacific development realities, the cultures, and the way peoples' organizations worked were so clearly distinct, not just from other regions, but across the region itself. I'd spent much of the past seven months learning about those distinctions from afar – about the unique character of these small island nations and the indigenous peoples who inhabit them. Now I was there to see for myself.

My trip took me to Fiji and Vanuatu, with a brief stop in New Zealand to visit our young First Nations interns. My goals were clear: to learn as much as I could about the sustainable development challenges in these countries and to gauge the state of civil society in the region. I was there to see the strength of the social movements and the peoples' organizations, how communities are organizing to realize their development goals, what our traditional partners are doing to support these efforts, and how Pacific Peoples' Partnership could play a more effective role.

What struck me first was the absence of the abject poverty I had grown accustomed to seeing in my travels through South East Asia. Gone were the heartbreaking sights of children picking through garbage, the destitute beggars pleading for change. No stench of open sewers overwhelmed my senses. Instead, an impression of order and organization pervaded the communities I visited.

But the poverty is there: our partners spoke of high mortality and morbidity rates that continue to plague the region, and of high levels of illiteracy sapping the growth potential of their people; newspapers proclaimed the arrival of electricity in rural communities where subsis-

tence living is still the norm, affording few luxuries to village inhabitants. Shantytowns rim urban centers and stand in stark contrast to the plush resorts and spacious homes of tourists and expatriots.

Pacific islanders are clearly responding to these challenges in innovative ways. In Port Vila, Vanuatu, for example, I visited Wan Smolbag, a theatre group that has built a talented team of local actors (the youngest is 12!) who travel the archipelago educating communities in a range of important issues. With song, dance, and theatre, they creatively deliver key messages, among them: stay in school, refrain from wife-beating, drink and take kava in moderation, and respect local resources. Complete with recording studio and sound booths, the organization has also become a training centre for young Pacific broadcasters who are committed to using radio as an educational medium.

And I met with the brilliant and committed staff of the Pacific Concerns Resource Centre, one of Pacific Peoples' Partnership's oldest counterparts, and the secretariat for the Nuclear Free and Independent Pacific Movement. Based in Suva, Fiji, PCRC initiates a range of environmental programmes, pursues research into human rights abuses, seeks to enhance the status of women in the Pacific (executive director Motarilavao Hilda Lini was busy gearing up to facilitate a week-long training workshop aimed at strengthening the campaigning skills of women electoral candidates), and promotes the independence struggles of indigenous peoples across the region.

I was impressed by the determination and strength of the organizations and staff I met. But I was equally struck by the stark capacity issues confronting so many of these organizations – a big contrast from the NGOs in countries like Bangladesh where a single non-governmental organization can employ up to 4,000 staff and occupy all 20 stories of its own high-rise tower. The NGOs I encountered in the Pacific islands were consistently small, understaffed, and technologically challenged. PPP's long-time partner, the women's healers association, *Wainimate*, is a case in point. With only one staff person, intermittent internet access, and a steering committee made up of women all fully employed and serving on other boards, *Wainimate* has struggled to fulfill its core objectives of enhancing access to traditional medicine and supporting the practices and knowledge of traditional healers in Fiji. Meeting quarterly reporting requirements of international donors, acting as a resource to Fiji's Ministry of Health, serving the collective needs of its 200 members, as well as building the financial base for the organization, is a job well beyond the capacity of a single staff person.

on tour continued...
And so, *Wainimate* struggles on.

The primary challenge for many of these NGOs, I learned, is not always financial. Even where money is available, finding highly skilled staff committed to social justice issues, to remaining in their own country despite the pull of migration, and to working in a job with often punishing hours and poor compensation, remains a challenge. Unfortunately, turnover is high, and small populations mean the pool from which to draw is inevitably shallow.

And so I began to reflect on PPP's work in the region. I had many questions: What role can Pacific Peoples' Partnership play in strengthening the capacity of these organizations to fulfill their development mandates? What exactly are the critical issues confronting Pacific peoples today and how should PPP respond to them? How should we be influencing Canadian foreign policy and what role

should we be playing in shaping the character of Canadian Official Development Assistance? How can our advocacy efforts best reflect the needs of our southern partners?

The answers to these questions did not emerge clearly from my trip. My experience did, however, strengthen my conviction that PPP must pursue a strategic visioning and planning process in order to remain relevant to the struggles of Pacific island peoples. Over the next six months, with support from the Canadian International Development Agency, Saint John the Divine Church in Victoria, B.C., and the United Churches of Canada and the United States, Pacific Peoples' Partnership will sketch out its long-term goals and strategies. The insights I gained on this recent trip should help ensure that our new vision and plans resonate well with the work of our counterparts overseas.

...CONTINUED FROM PAGE 12

only her family, but word gets around in a small country. Tonight she had to visit a friend who had hurt himself at work, so half an hour later I found myself in his house drinking a cup of hot tea while Alisi dressed his wound. She used a common plant found virtually everywhere in Fiji. She showed his wife how to prepare the medicine and apply it to his injury. She asked if he was on other medication and reminded him to eat properly and drink lots of water.

Afterwards, his wife told me that like most people in Fiji with limited finances they prefer seeing a traditional healer to visiting a health care centre. "It can get expensive to go to the health centre and most of the time it is more effective to consult a healer," she said.

Still later, Alisi, her son and I stood outside her home as the sun began to set. I asked her if she had her own medicinal garden and she took me for a walk through it. It is increasingly difficult to find the medicinal plants in their neighbourhood, requiring trips deeper and deeper into the forest. So, whenever Alisi travels, she brings plants home to grow in her garden. We couldn't go through all of her plants (there were so many!) and the sun was casting shadows.

I stepped inside Alisi's door and said "Vinaka, moce" - thank you and good night - to her family, Alisi kissed me on the cheek and said, "Make sure you come home again." On the way to my house that evening, I reflected on everything I learned that day. I realised that the fight to protect and conserve cultural and biological resources needs to be fierce and that women healers like Alisi are at the forefront of those struggles.

Francine Prevost was a participant in the 2001-2002 Pacific Peoples' Partnership Indigenous Youth Internship Program funded by the federal Department of Foreign Affairs and International Trade.

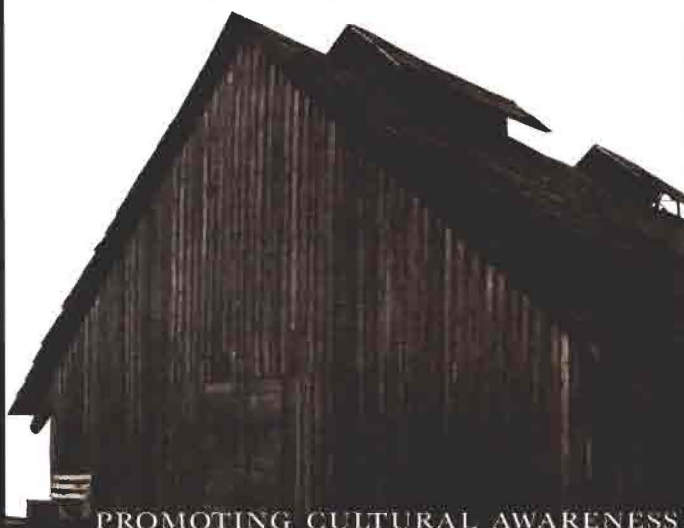
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WEBSITES & ORGANIZATIONS

Association of American Indian Physicians www.aaip.com

AAIP is a dynamic, U.S.-based organization devoted to improving Native American health through education and traditional healing. Its goal is to blend cultural health perspectives into mainstream health services by promoting and supporting American Indian physicians. Their website presents in-depth information on health care issues, policies and procedures for Native American people and a historical outline on American Indian health. Email: aaip@aaip.com

Erosion, Technology and Concentration Group www.rafi.org

The ETC Group, formerly known as RAFI, is an international organization based in Canada tracking the impact of biological and military technologies on regional communities, the sustainable development of cultural and ecological diversity, and the advancement of human rights of poor and marginalized populations. Its website is an indispensable source of news releases, publications, and research studies on biopiracy, biotechnology, and intellectual property rights. Email: etc@etcgroup.org

GRAIN www.grain.org

Genetic Resources Action International is an international non-governmental organization focusing on the threat to food security from loss of genetic and biological diversity in the South. The organization, with offices in Spain, the Philippines, and Uruguay, advocates community and indigenous rights over local biodiversity and works against the negative effects of international trade. The quarterly newsletter *Seedlings* and other publications on biological diversity, intellectual property rights, and cultural resource rights are free online. Email: grain@grain.org

Halq'eméylem Ethnobiology Website www.sfu.ca/halk-ethnobiology/index.html

This excellent site shares the traditional knowledge of the Halq'eméylem speaking people, or Coast Salish, in southwestern British Columbia, Canada. Through recorded demonstrations, one can learn how to speak the Halkomelem language while learning about traditional resources such as plants and animals upon which the Coast Salish once depended for their livelihood. There are also extensive references to further information about Coast Salish ethnobotany.

Programme for Traditional Resource Rights users.ox.ac.uk/~wgtrr

The vision of the Programme for Traditional Resource Rights is to protect indigenous knowledge and resources. It is a self-funded program affiliated with Oxford University's Centre for the Environment, Ethics and Society. This site provides information on traditional resource rights and provides an extensive list of declarations and agreements on traditional knowledge by indigenous organizations, the United Nations and others. There is also an annotated bibliography with over 200 resources. Email: wgtrr.oees@mansfield.ox.ac.uk

Secretariat of the Pacific Community www.spc.org.nc

The Secretariat of the Pacific Community, based in New Caledonia, is a non-partisan organization dedicated to the development needs of Pacific island nations and protection of their land, marine, and cultural resources. The SPC website offers extensive information about health, education, gender issues, and land development in the Pacific islands. Email: spc@spc.int

Third World Resurgence www.twinside.org/sg/index.htm

Third World Resurgence is a monthly publication of Third World Network, an international non-profit organization based in Penang, Malaysia. The magazine explores everything from globalization and intellectual property rights to human rights, health, environment, economy, and culture. An article in the Aug-Sept. 2000 issue entitled *TRIPS and Pharmaceuticals: A Case of Corporate Profits over Public Health*, discusses indigenous medicinal resources, intellectual property rights and international trade. Email: twinside@igc.apc.org

Traffic www.traffic.org

Traffic is an international organization established by the World Wide Fund for Nature and The World Conservation Union. Traffic addresses the survival of wild plants and animals as wildlife products and derivatives become commodities in the international market. Through active monitoring of, and research into, the wildlife trade, it seeks to influence conservation policies. Its quarterly publications *Traffic Bulletin* and *Traffic Dispatch* and other documents are available online. Email: traffic@trafficient.org

BOOKS

Science of Pacific Island Peoples

This four-volume series presents indigenous Pacific islander perspectives on ocean and coastal research; fauna, flora, food, and medicine; land use and agriculture; and education and language policies. It was published in 1994 by the Institute of Pacific Studies and edited by John Morrison, Paul Geraghty, and Linda Crowl. It can be purchased by contacting: Institute of Pacific Studies, University of the South Pacific, P.O. Box 1168, Suva, FIJI, Tel: 679-3313900 x2018, Fax: 679-3301594 or 3301305. E-mail: ips@usp.ac.fj

Sto:lo Nation Historical Atlas

This insightful atlas, published by Sto:lo Nation, a Canadian First Nation organization, presents oral and written historical information on the Sto:lo Coast Salish people. Topics explored include governance, treaty rights, traditional healthcare, cosmology, traditional technology, and language. It also includes archival and contemporary maps and photographs of Sto:lo land and people. To purchase a book for CDN \$65.00, contact Sto:lo Nation at 1-800-565-6004 or find it at your local bookstore: ISBN 1-5505-812-3, edited by Keith Thor Carlson and published by Douglas & McIntyre.

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