

INDIGENOUS PEOPLES' HEALTH JOURNEY: EXPERIENCING LEADERSHIP & GOVERNANCE FROM THE TOP

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Thank you so much to Cartwheel Foundation for inviting me here in this “Bayanihan sa Kalusugan: Collaborating for Indigenous Peoples’ Health.” I am an indigenous person of the Igorot Kankanaey tribe from the Cordillera Administrative Region particularly Mountain Province. We are not yet autonomous. This tapis (skirt) is our traditional women’s attire. It has a belt that doubles as a purse. The original topper is the tattoo, which I don’t have the courage to have, and which you might be scandalized to see. This blouse is a modern apparel which makes me Filipino as well. The beads are for special occasions like weddings and this forum.

It is a welcome development that we, indigenous peoples, are being consulted and, hopefully, being heard. We are almost always seen as beneficiaries, not partners. Government just downloads policies from Aparri to Jolo, thinking that one size fits all, and unfortunately, these same policies govern most non-government organization work as well. Well, we have 7000+ islands and that would already make us diverse and make us think of customizing policies and programs. But we don’t automatically think of customizing. Let me tell you my journey.

Right after graduation, I entered government service in 1981 as a rural health physician first in Besao, Mountain Province, my birthplace, then in Bontoc, the capital town. At that time, there were only 2 out of the ten municipalities who had doctors.

As a young idealistic doctor, trained in the ways of western medicine, I worked in Bontoc Rural Health Unit with all my heart, believing I had the answers to the health problems of the community. Together with my staff, we trekked to the barrios carrying our medicines, trying to educate the people on the biomedical theory of disease, telling them to construct toilets, pen their pigs, wash their hands, come for prenatal and have immunization. We would examine all the school children yearly. We were too pre-occupied with all these and we thought we were doing well.

But when I was confronted with typhoid fever and malaria, I didn’t recognize them. I was humbled right in my first year of practice. It was the first time I was encountering these diseases. Apparently, medical school didn’t prepare me for tropical diseases or I wasn’t

listening. We had to call Manila to do the tests. Then after some years, dengue fever struck Igorotland first time. We called it “Bontoc rash”. We again had to call Manila.

The historic Local Government Code of 1991 took effect in 1992. It is an empowering instrument but neither the local officials nor us, health workers, were taught how to handle it. We did not see the fine print. Section 16 says “Local government units shall ensure and support among things, the preservation and enrichment of culture”. I don’t remember anybody telling us that- not DOH, not even NCIP. At that time, we could not have cared because at that time we saw culture as a cause for “poor health-seeking behavior” so how can we “enrich” such a negative thing. With devolution, we just knew we had to continue delivering health services to the people as instructed by health authorities in Manila. All policies and programs came from Manila and they also hounded us for reports. Kami naman implement ng implement, report ng report. We swallowed them, hook, line and sinker.

However, despite all our efforts, our health statistics were getting worse. But we were so busy doing our clinics, immunizations and prenatal check-ups and telling people to wash their hands, etc. We were also too busy counting all those who came to our clinics but we didn’t ask why our people were getting sicker and sicker. We had program implementation reviews but we were so focused on how many people utilized our services, not on health outcomes. We were and are still busy looking at the leaves of the trees that we missed noticing the forest being denuded.

In 1981 there was only one person in Bontoc with diabetes and she worked in Manila. When I left Bontoc RHU in 2003, I couldn’t count those with diabetes and we now have a dialysis center. I remember a young mother who religiously had her prenatal check-up, we saw her two days before delivery and we thought she and baby were well, only to know later she delivered in the hospital - stillbirth. I was so bewildered. There was also one who lived just near the RHU and hospital but died in pregnancy. There was another one who came to Bontoc so she can be near the hospital when she delivers but still we lost her. We had maternal death reviews and we always blamed the mother and/or her family for their “negative” attitude and cultural beliefs or they came late for help. We blamed the victim. Our efforts didn’t impact on our statistics and they even got worse. I myself got sick.

In 1997, the Indigenous Peoples’ Rights Act (IPRA, RA 8371) was passed & also the Traditional and Alternative Medicine Act (RA 8423, TAMA). Again, these are also powerful instruments for indigenous peoples but again, we, government health workers, are not trained to think out of standard operating procedures. And with IPRA, government focused on ancestral domain which threw indigenous peoples in the Cordillera into conflict because of land ownership and is a big headache up to now. Apparently, health matters are not something that indigenous peoples

are experts of so, despite, IPRA and TAMA, it was a given that we continue doing what Manila says.

By year 2000, thanks to our leaders, national government gave much more money for health. Government built more hospitals and clinics and birthing centers. Government bought more gadgets and more medicines and more vaccines. However, gadgets have limitations. One pregnant woman was brought to the hospital and her condition wasn't correctly diagnosed because the gadget she needed was, at that time, of all times, not functioning. Our doctors are trained to depend on gadgets. She died and became a statistic. Heartbreaking.

Finally, with my heart opened, I discovered what I missed all along. It took me more than 20 years in Bontoc RHU to realize that we were chasing the wind. It took me more than 20 years to recognize the rich heritage we have as Igorots way beyond our beautiful costumes and dances and music. We have wonderful indigenous support systems, in good times or in bad times. It took me more than 20 years to unlearn what was impressed on our psyche as indigenous peoples that we are poor, dirty, that our ways are primitive, uncivilized, unscientific. It really dawned on me that our colonizers have successfully degraded our indigenous spirit. We have been shamed culturally. Anything indigenous is poor, dirty, backward, superstitious, pagan. What cannot be explained and measured by their western gadgets are considered unscientific. And, sadly, we believed our colonizers. Even our Igorot names were considered pagan, thus my name Penelope. Our colonizers also have successfully convinced you, our lowland brothers and sisters, that such is true. Up to now. Indigenous peoples are always seen as poor and they know little. I was disappointed, to say the least, when I learned that a high-ranking government official visited Sagada, a popular tourist destination, and looking around, he saw that we don't have fresh milk so he decides that dairy production would be good livelihood here. It's amazing how people have been so hooked on cow's milk. As if drinking cow's milk will solve our problems. In our utter belief that "west is best", we fail to ask ourselves where the cow, with its big hard bones, gets massive amounts of calcium. In case you didn't know, the cow gets it from grass. The ironic thing about this dairy plan is that 2 dairy cows would need at least 2000 square meters of land to grow Napier grass for their food. In our steep-sloped mountains, you would have more productive uses of 2000 sq. meters, foremost of which is to grow food for the residents. People, not cows. Or to let the forest be to produce water.

In 2013, the Joint Memorandum Circular No. 2013-01 (DILG, DOH, NCIP) – "Guidelines on the Delivery of Basic Health Services for Indigenous Cultural Communities/Indigenous Peoples" was released. We thank again our leaders for coming out with this JMC even if it was 15 years after IPRA became a law. It is a beautiful document that says:

"favorable and better health outcomes for IPs are the primary goal of health service delivery..." and

"Health care providers should not see traditional and cultural beliefs and practices and IKSP as an obstacle or barrier to health care." and

"Health programs and services shall be reviewed and adapted to cultural and local conditions.."

So we have all these laws and instruments to protect and promote the rights of indigenous peoples rights for “self-governance, empowerment and cultural integrity” (IPRA). But how these will be implemented and who will implement will matter.

At the moment, indigenous peoples right to health is interpreted as the right to avail of western medical care – give us health facilities, gadgets, medicines, vitamin A, vaccines, etc etc. and we are okay. Because our homes are dirty, we should deliver in health facilities and PhilHealth will only pay for those who deliver in health facilities. Policies and standards are based on western values. I tell you, it’s not kind, it is even against rights of women and IP rights, to tell a woman, heavy with child, to hike mountains and cross rivers just to deliver in a health facility when she had been delivering all her babies normally at home. Even Jesus was born in a stable, with the cows and horses, and he did not get tetanus neonatorum. It is not kind to tell me I am malnourished and stunted because I am not as tall or heavy by “global standards”, when I could run up and down the mountains and I can carry a load. By now, we should know that people are as naturally diverse in looks and weight and height and color. Who says they are the best or are better than others? Who sets the standards?

If we think we are doing right, then why are we getting all these worsening health situation, not only in the Cordillera but worldwide? Why are we not okay? Who defines development and quality of life?

We, Igorots, are proud that we have access to the rest of the world through a road network and internet. As it is turning out, the farm to market roads are actually market to farm roads. The market is more ready to peddle its goods to the farmers than the farmers are ready to market their produce. Where there are roads, there is bad food- hot dogs, frozen chicken, foods rich in MSG, sugar and dairy and artificial additives, junk food, etc. Where there is internet, where there is television, there is surely aggressive marketing of anything, including junk food and junk behavior. And with bad food, there is bad health and phenomenal waste.

In the mid-1980s, Bontoc got 24 hours electricity. What do you expect with electricity? Refrigerators, TVs. (Contrary to what modern society tells us, we don’t really need TV or refrigerators to live well.) That time was also when the General Agreement of Tariffs and Trade was ratified and countries had free trade. But like the farm to market roads, imports to the Philippines were quicker than exports. In the first place, we don’t have surplus to export. Chocolates and milk and flour products flooded the market, even remote Bontoc. I know because I love chocolates.

Now, we produce more meat and eggs in a year than our ancestors could produce in their lifetime. Non-indigenous vegetables are good cash crops and have taken over some rice farms and our rainforests. We, Igorots, ourselves, are denuding our mountains. The Cordillera is a major watercradle and lungs of Luzon so we can imagine the impact of denuding it and spraying it with poison.

Yes, we have more cash now than before. More Igorots have computers, refrigerators, TVs, have bigger homes, have cars. In the province, government has built more clinics, more hospital buildings, added more health workers, etc. Sadly, our records at the Provincial Health Office show an alarming increasing prevalence of acquired western diseases – hypertension, cancer, diabetes, arthritis, obesity. What’s more alarming is that patients are getting younger and younger. We, Igorots have become global, not only in our lifestyle, but also in our diseases. We have, at present, the multiple burden of non-communicable diseases, infectious diseases amidst limited resources. Is this what we call development? Is this the kind of development that we like?

It is in this context that, in Mountain Province, we began our journey to rediscover and reclaim our indigenous traditions to recover our health and wellness. Whatever indigenous traditions we have as a people have been tested throughout generations and these have carried our people through centuries up to where we are now. If not for these traditions, we will not be here. These realizations have really made me mighty proud to be Igorot and have affirmed my faith in a loving God, that He really loves us all, not only those who have power and money. Not only those in air-conditioned rooms in the cities but also the hardworking Igorot in Sagada.

In reclaiming the wisdom of our ancestors, we affirm the peoples’ way of life and they are empowered. We affirm our being indigenous and thus exercise our rights to cultural integrity and self-governance. In our outreach programs, we don’t bring food to the community- we just make sure that we eat what they have. When before the community would have problems of what to feed the health team, now they are happy to see us and would proudly say, “Doctora, we boiled camote and pechay for you!” I am happy to share that people have been healed as they went back to our indigenous diet. I myself was healed, praise God.

I am not saying that we do away with western medicine. What I mean is that when DOH or any body talks about “expert medical opinion”, please consider not only western medicine opinion but also eastern and traditional medicine opinions. For after all, these are opinions. Integral to this, consider also indigenous peoples’ concept of life and wellness. Because when interventions are locally-derived, they are culture-sensitive and socially acceptable, empowering, available all the times, holistic, cost-effective and environment-friendly. I shudder at the immense waste that is generated by our current western medical interventions – our clinics and hospitals are worried because their septic vaults are getting full and they are just a

few years old. In the Cordillera, land is so limited. Fifty years from now, mining companies will be mining plastic tubes and syringes instead of gold and copper. We are thinking of giving back to DOH these wastes because we don't have the capacity to handle them. I, therefore, strongly suggest that DOH and society consider holistic modalities of treatment and less-gadget dependent diagnostic and treatment methods, in the tradition of indigenous peoples worldwide. Let us integrate these holistic concepts and modalities into the mainstream health system.

I also hope that we, in government and private sectors, integrate health in all policies because we know that an individual cannot be healthy if he or she is acting alone in a vacuum. Health promotion should be the underlying goal of development programs, education, livelihood, food production, food processing, building design, medical technology design, etc. These should include regulations or clamor for regulations to include ban on hazardous pesticides and unhealthy food.

I invite you then to journey with us, indigenous peoples, as partners in true development, as we celebrate our rich culture and heritage, and as we exercise our rights to empowerment, self-governance and cultural integrity for better health outcomes. That, together, we all move forward to attaining the sustainable development goals. ***