

Progress can **kill**



contains images some
may find distressing

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'OUTSIDERS WHO COME HERE ALWAYS CLAIM THEY ARE BRINGING PROGRESS. BUT ALL THEY BRING ARE EMPTY PROMISES. WHAT WE'RE REALLY STRUGGLING FOR IS OUR LAND. ABOVE ALL ELSE THIS IS WHAT WE NEED.' **Arau, Penan man, Sarawak, Malaysia, 2007**

'THESE PLACES [RESETTLEMENT CAMPS] HAVE TURNED OUR PEOPLE INTO THIEVES AND BEGGARS AND DRUNKARDS. I DO NOT WANT THIS LIFE. FIRST THEY MAKE US DESTITUTE BY TAKING AWAY OUR LAND, OUR HUNTING AND OUR WAY OF LIFE. THEN THEY SAY WE ARE NOTHING BECAUSE WE ARE DESTITUTE.' **Jumanda Gakelebone, Bushman, Botswana, 2007**

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progress =

forward moving towards a destination;

development towards an improved or advanced condition

Progress can kill

‘Progress’ is questioned less today than ever before; it is simply thought to be good for all. Current notions of progress date from the colonial era, when the taking of resources and labour was supposedly justified by the giving of ‘civilisation’.

So what is progress? For the poor citizens of the poorer nations, its main pillars are schooling, which they hope leads to more money, and healthcare, which they pray brings longer life. *Progress can kill* does not challenge this: some do see their dreams fulfilled, though others just get poorer.

It is different for tribal peoples, particularly those with less contact with outsiders. Forcing ‘progress’ on them never brings a longer, happier life, but a shorter, bleaker existence only escaped in death. It has destroyed many peoples and threatens many more. There are tribes who are aware of this and choose to remain isolated. Others have a closer relationship with outsiders – some of these receive healthcare intended to mitigate the devastation they face. But in a deadly catch-22, the ‘modern’ healthcare available to tribal peoples – even in the richest nations – is never enough to counter the effects of introduced diseases and the devastation caused by losing their land.

This study does not deny the genius and achievements of science, or support a romantic view that harks back to a mythic golden age. Nor is it a rejection of change – all societies change always.

The truth is that tribes who live on their own land – controlling their own adaptation to a changing world – are poor in monetary terms, but their quality of life and health is often visibly better than their compatriots. Indices show that when tribal peoples are forced off their land, their health and well-being plummet, while rates of depression, addiction and suicide soar. These are provable facts.

Recent attempts to measure ‘happiness’ in different populations bring no surprises to those familiar with tribes still in control of their own lives: the world’s richest billionaires are no happier than the average Maasai herder.

Projects which remove tribes from their land and impose ‘progress’ cause untold misery. This is not surprising: ‘progress’ – the conviction that ‘we’ know best – shares with colonialism the effect of taking over native lands and resources. Tribal peoples do not survive it. On the other hand, when on their own land choosing their own development, they simply thrive.

progress = the end*

* 90% of many Amerindian tribes died following contact with Europeans, mostly from disease. Others were wiped out entirely.



'Measles gradually spread throughout the whole of the Great Andaman... Half, if not two thirds, of the whole of the Andamanese... died from its effects... This epidemic was the most serious disaster which has befallen the Andamanese, and owing to the effects of it our treatment of them underwent a change; all attempts to force them to settle down to an agricultural life were abandoned...'

M.V. Portman, Officer in charge of the Andamanese, 1899

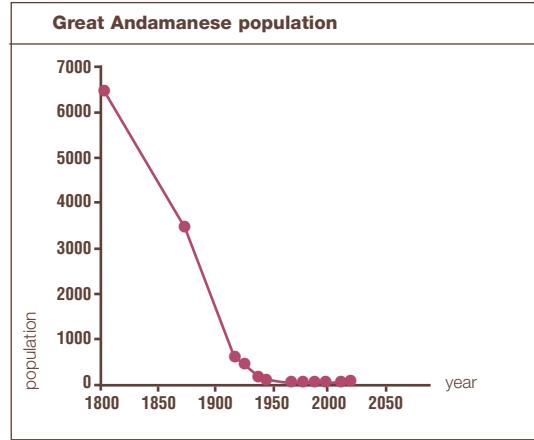
'What we are really doing is a crime. When I enter into contact with Indians I know that I am forcing a community to take the first step on a road that will lead them to hunger, sickness, disintegration, quite often to slavery, the loss of their traditions, and in the end death in complete misery that will come all too soon.'

Antonio Cotrim, FUNAI (Brazil's Indian affairs department), 1972

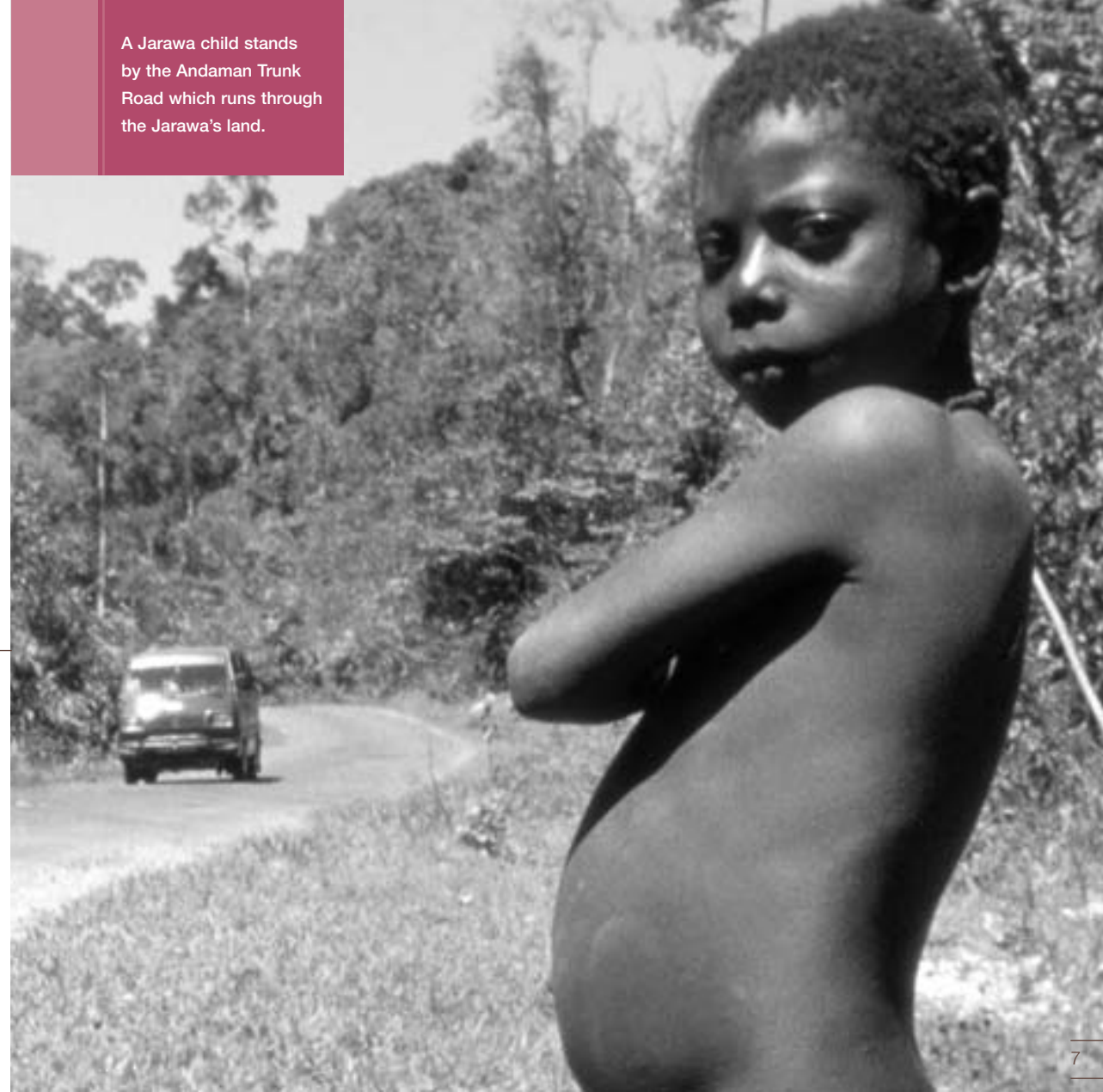
contact

The British brought 'progress' to the Great Andamanese by putting them in a 'home' to give them a better way of life. Of 150 babies born, all died before their third birthday. Overall, 99% of the tribe died, leaving just 53 people today. They survive on handouts, many have tuberculosis, and most men are alcoholics.

Their neighbours on the Andaman Islands, the Jarawa, have been on their land for around 60,000 years – five times longer than the ancestors of the British have been in Britain. The Jarawa have remained isolated and self-sufficient, and are still very healthy. Their survival is now threatened by a road which cuts through their land, bringing poachers and new diseases such as measles. The Indian supreme court has ordered the road to be closed, but the local administration has refused to comply, and it remains open.



A Jarawa child stands by the Andaman Trunk Road which runs through the Jarawa's land.



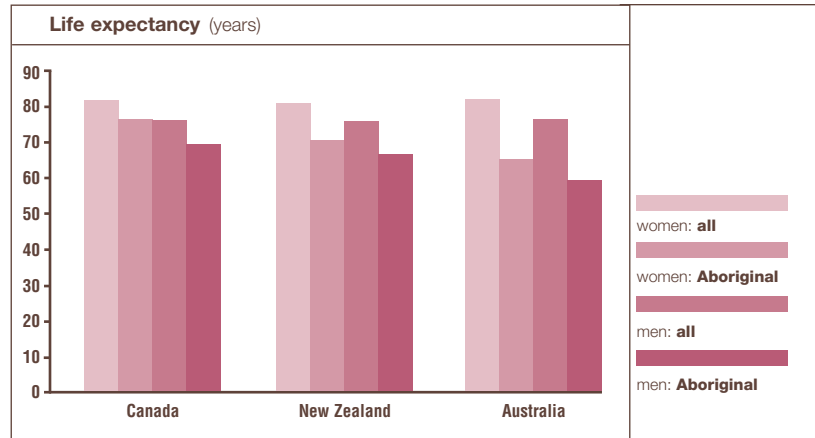
life expectancy

Progress has brought displacement, impoverishment and the destruction of communities to the Aboriginal peoples of Australia.

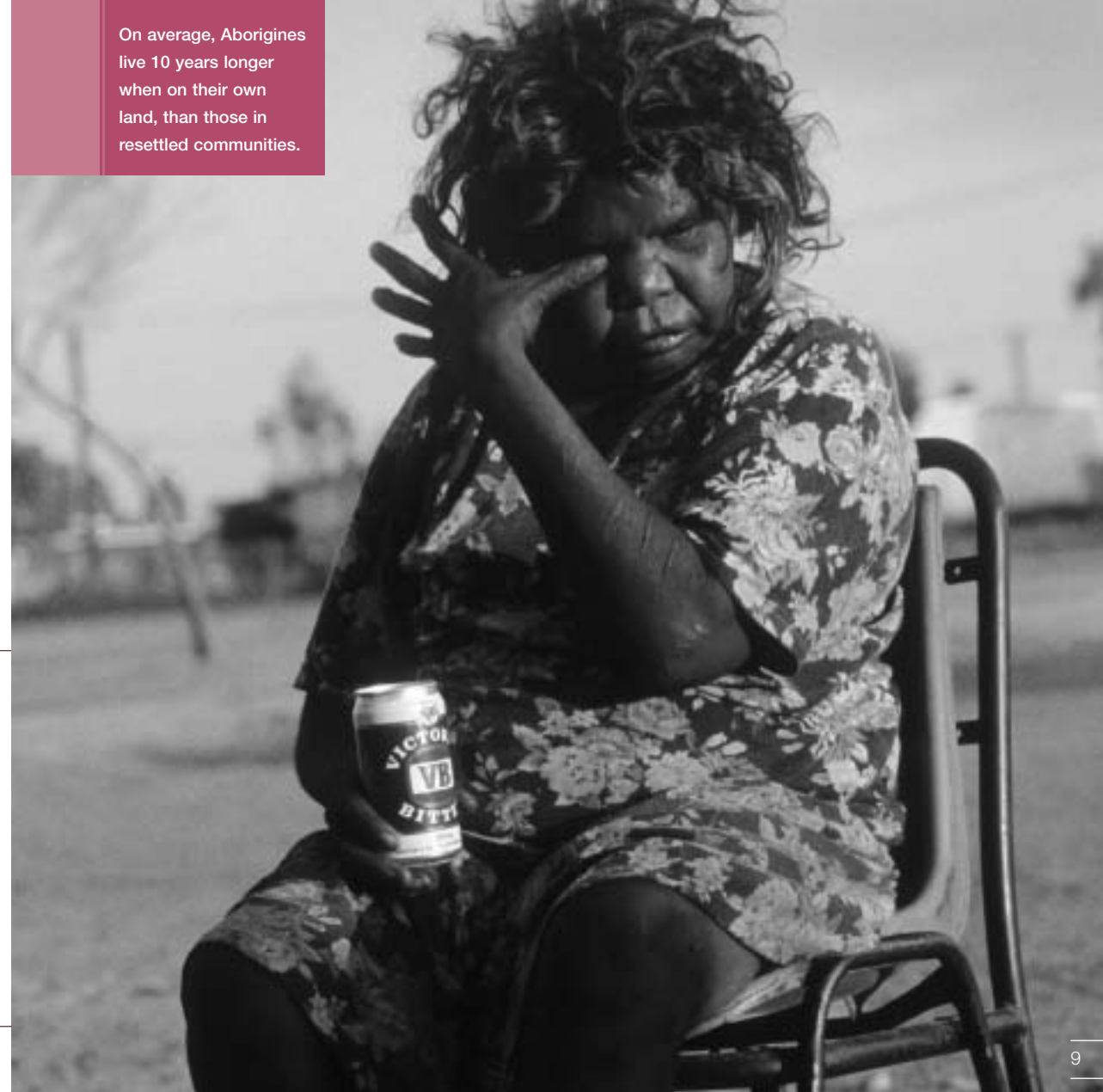
Compared to other Australians, Aborigines are:

- 6** times more likely to die as an infant;
- 6** times more likely to die from a stroke;
- 8** times more likely to die from lung or heart disease;
- 22** times more likely to die from diabetes.

Their life expectancy at birth is **17-20** years less than other Australians.



On average, Aborigines live 10 years longer when on their own land, than those in resettled communities.



‘The health of Aboriginal and Torres Strait Islander Australians is disastrously poor... the fundamental cause is disempowerment, due to various factors including continued dispossession from the land, cultural dislocation, poverty, poor education and unemployment.’

Royal Australasian College of Physicians (RACP), 1997

‘The first step in the journey of healing is to reconnect with the land. It symbolises so much to us: it’s our family, our parents, our grandparents. It’s the umbilical cord, the bond between mother and children.’

Doris Pilkington Garimara, Aboriginal author of *Follow the Rabbit Proof Fence*, 2003

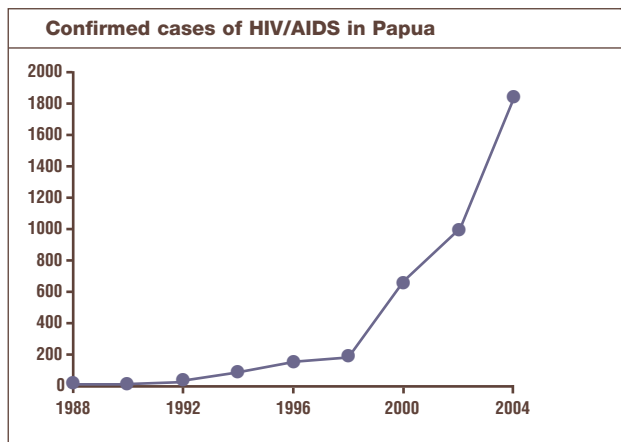
progress = HIV/AIDS*

* In 2002, over 40% of deaths of Gana and Gwi Bushmen in one resettlement camp were due to AIDS.

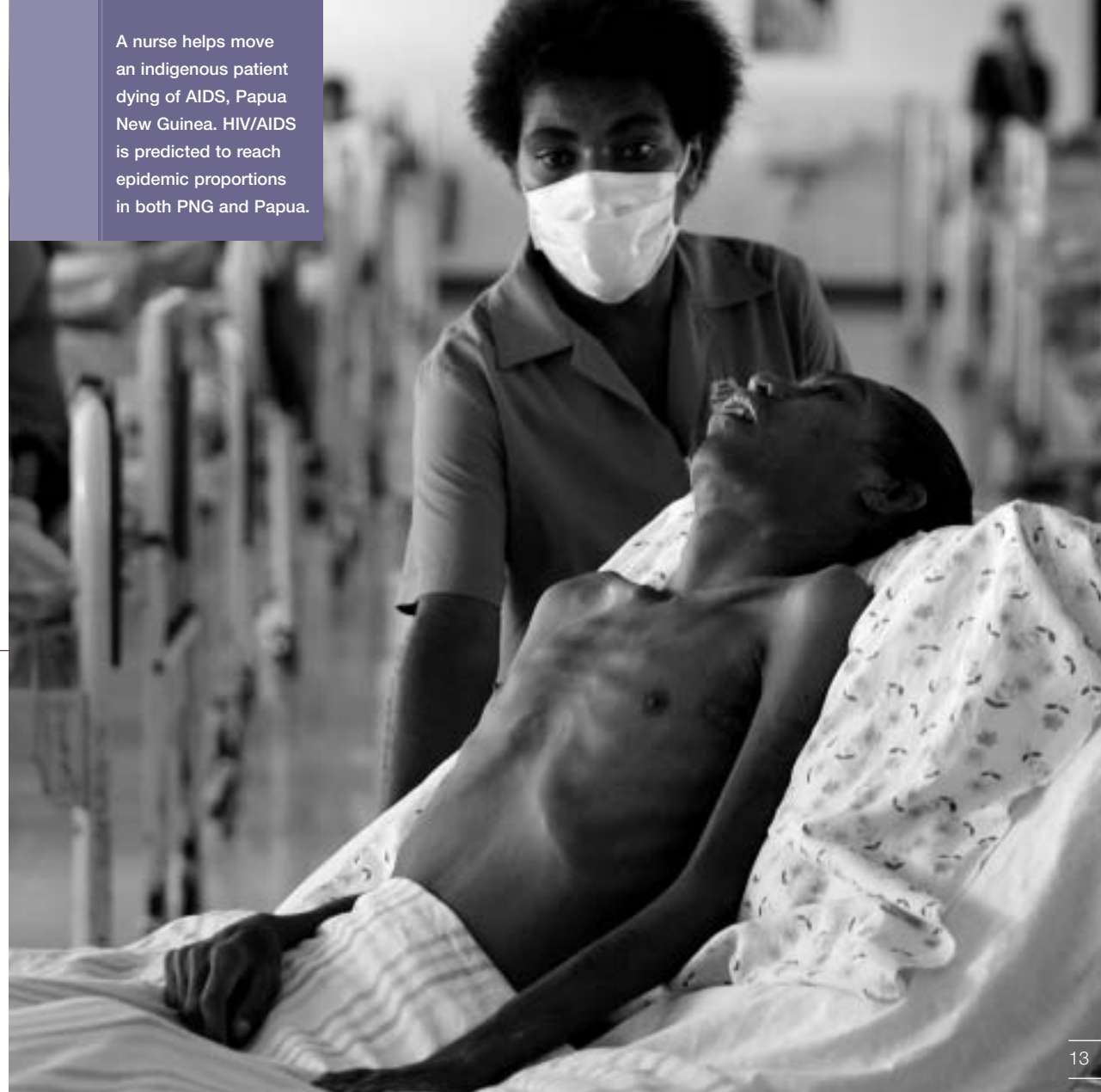
HIV/AIDS

'Progress', from road building to relocation, brings prostitution, the abuse of tribal women and children, and sexual diseases. In 1971, Brazilian government efforts to establish 'friendly contact' with isolated Indians brought gonorrhoea to the Parakanã. Thirty-five Indian women were infected by government workers; some of their children were born blind.

Indonesian occupation is disastrous for indigenous Papuans. Their rate of HIV/AIDS infection is 15 times the national average and rising rapidly. However, health education and testing is focussed on the Indonesian population, not the indigenous tribes. Soldiers take prostitutes and alcohol to tribal leaders to bribe them to give up their most precious wood, which is sold for incense. Many Papuans even believe that the Indonesian army is deliberately introducing HIV as a tool for genocide. Some tribes now face annihilation from the disease.



A nurse helps move an indigenous patient dying of AIDS, Papua New Guinea. HIV/AIDS is predicted to reach epidemic proportions in both PNG and Papua.



'The infection of the Parakanã with venereal diseases was not an isolated case: it was symptomatic of brutal attitudes to newly contacted Indians along the new roads.'

John Hemming, 2003, *Die If You Must*

'I want to go and be buried in my home in Molapo [in the Central Kalahari Game Reserve, Botswana]. I am sick now, I am about to die... We were the first people from Molapo to be evicted. Here in New Xade [government relocation camp] there are different kinds of diseases that we do not recognise... When you get sick, you die.'

Bushman woman who died of AIDS in 2006, aged 29. Before they were moved to resettlement camps, there were no reported Bushman deaths due to this disease.

progress = starvation*

* In one of Brazil's wealthiest regions,
Guarani children are dying of starvation.

starvation

In 2005, most Guarani Mbyá children in Iguazu, Argentina, were malnourished. In the following year, 20 children died from starvation in just three months. These Indians are losing 10% of their land annually, and just cannot grow enough food.

Over the border lies one of Brazil's wealthiest regions where over 11,000 Guarani Indians live, squeezed into an area which can barely support 300. Their children are dying of starvation. Almost no other tribe has suffered such an extreme loss of land and survived.

The forests which gave the Guarani their food are being rapidly cleared for cattle ranches, and soya and sugar plantations. The government's response is to give out oil, rice and flour, but the Indians can no longer even find the wood to cook these meagre handouts. Tribes who choose their own way of life on their own land may occasionally go hungry, but malnutrition is extremely rare. The Guarani need their land back or they will simply not survive.

'I always remember one old man said, "The whites – they're going to finish you off. They're going to finish off our houses, finish off our fish, even our crops. And once all our forest is gone, we as a people will be finished. It's all going to change and our land will become very small." And you know, that man, all those years ago, calculated absolutely right.'

Paulito, an elderly Guarani shaman, Brazil.

Aché women starving after being forced out of the forest, Paraguay.



'We were a free people who lived surrounded by abundance. Today we live dependent on the government's aid. It is like having a gun cocked against our heads.'

Guarani-Kaiowá
leaders, Brazil, 2005

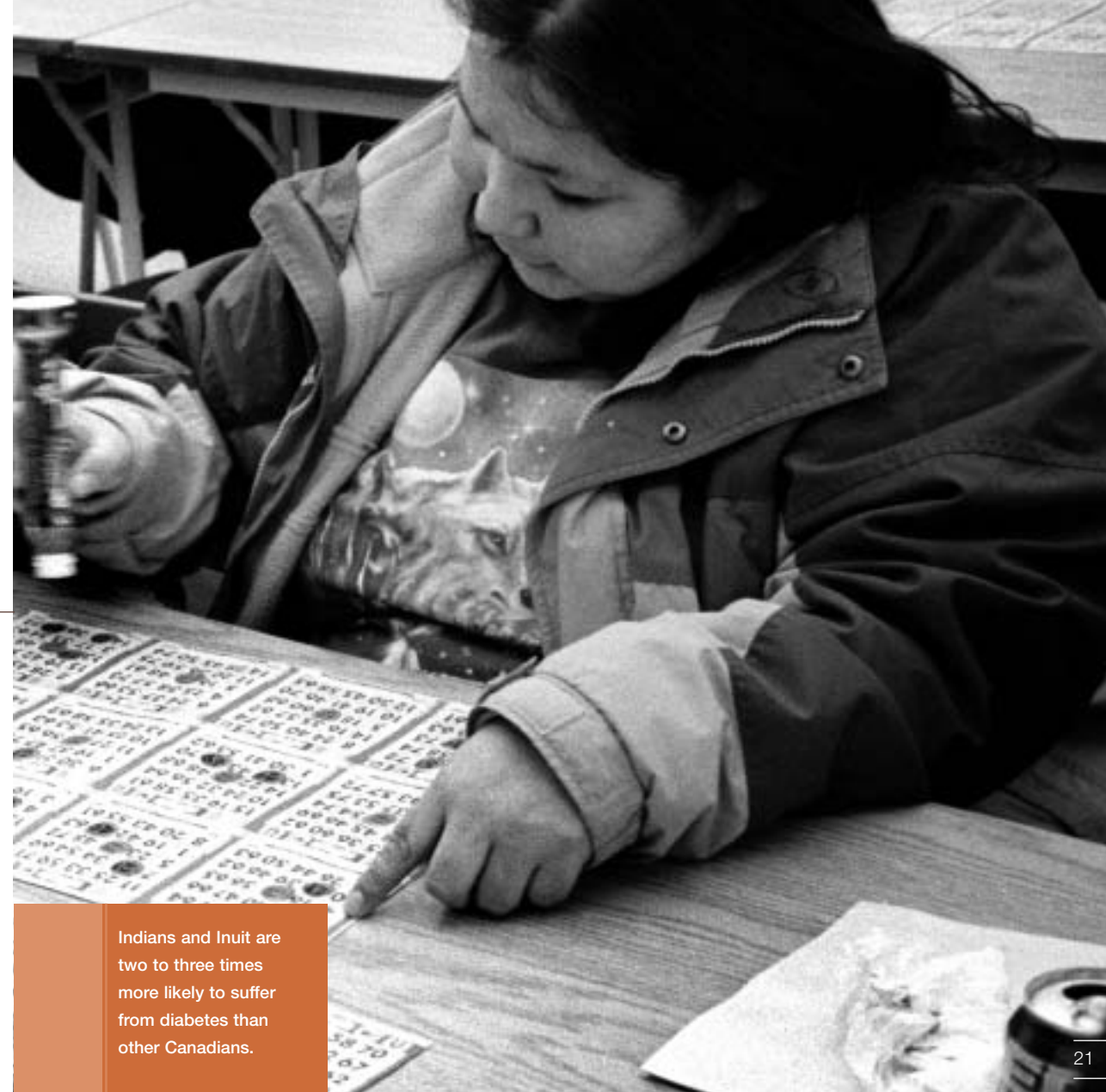
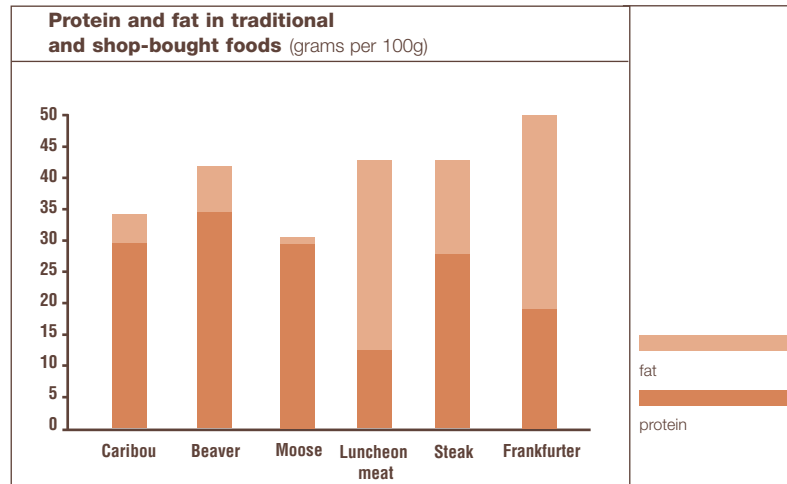
progress = obesity*

* In Australia, 64% of urban
Aborigines suffer from obesity.

obesity & diabetes

Tribal peoples without land are forced into a sedentary life and many become dependent on processed foods. This change in lifestyle and diet – from high-protein to high-fat food – is often disastrous, leading to obesity, high blood pressure and diabetes.

In the Pima reservation (Arizona), more than half of Indians over the age of 35 have diabetes; while those living in the mountains suffer far less from this condition. The International Diabetes Federation predicts that excess weight and diabetes will lead to ‘earlier deaths and disabilities’. If untreated or detected late – as is common with tribal peoples – diabetes can lead to blindness, kidney failure, strokes, heart disease and amputations. The impact on future generations will be catastrophic.



Indians and Inuit are two to three times more likely to suffer from diabetes than other Canadians.

‘Without urgent action there certainly is a real risk of a major wipe-out [due to diabetes] of indigenous communities, if not total extinction, within this century.’

Professor Zimmet, International Diabetes Institute, 2006

‘The human costs of unrestrained development on our traditional territory, whether in the form of massive hydroelectric development or irresponsible forestry operations, are no surprise for us. Diabetes has followed the destruction of our traditional way of life and the imposition of a welfare economy. Now we see that one in seven pregnant Cree women is sick with this disease, and our children are being born high risk or actually sick.’

Matthew Coon-Come, Cree, 2002

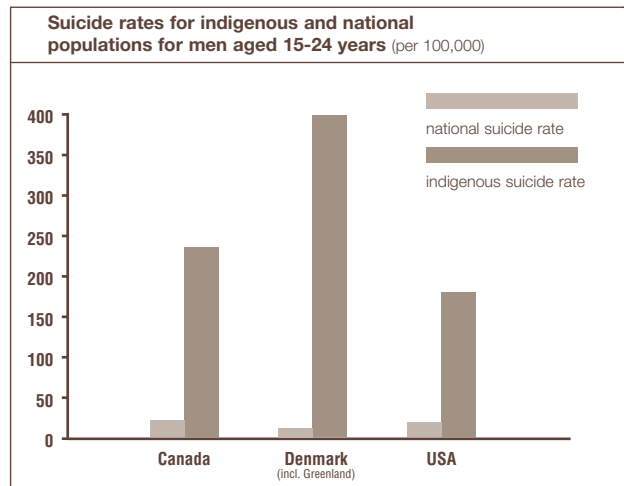
progress = suicide*

* Between 1985 and 2000, over 300
Guarani-Kaiowá committed suicide.
The youngest was nine years old.

suicide

Tribal people across the world suffer from the trauma of forced relocation and settlement. They find themselves in an environment they are not used to, where there is nothing useful to do, and where they are treated with racist disdain by their new neighbours. Their children may be taken to boarding schools which separate them from their communities and often forbid or ridicule their language and traditions.

Alienated and without hope, many take to drugs and alcohol. Domestic violence and sexual abuse soar. Many resort to suicide. In Canada, Indian groups who have lost their connection to their land have suicide rates up to 10 times the national average; those with strong links often see no suicides at all.

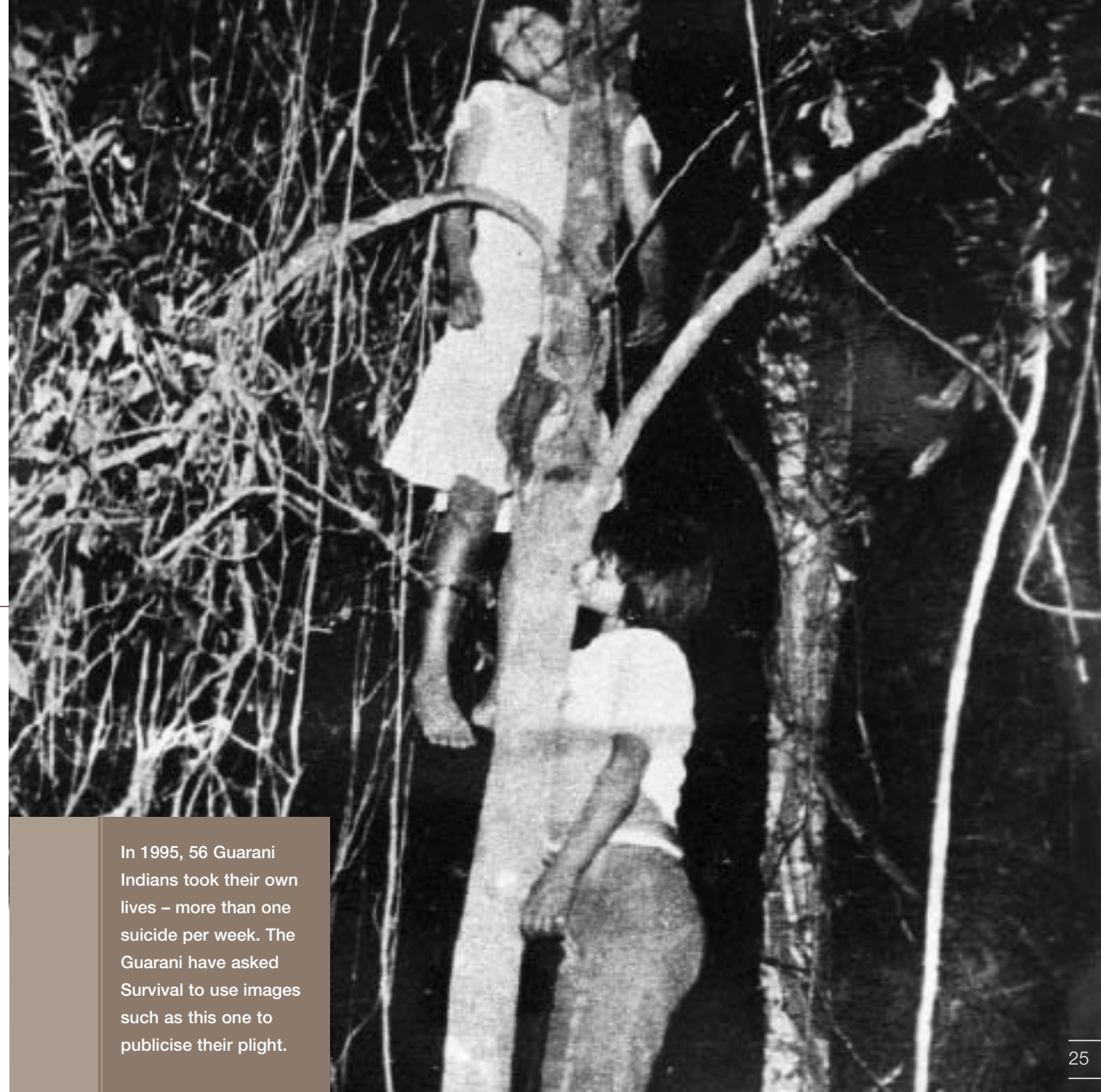


‘Young people are nostalgic for the beautiful forests... A young person told me he didn’t want to live anymore because there was no reason to carry on living – there is no hunting, no fishing, and the water is polluted.’

Amilton Lopes, Guarani, Brazil, 1996

‘The Guarani are committing suicide because we have no land. We don’t have space any more. In the old days, we were free, now we are no longer free. So our young people look around them and think there is nothing left and wonder how they can live. They sit down and think, they forget, they lose themselves and then commit suicide.’

Rosalino Ortiz, Guarani Ñandeava, Brazil, 1996



In 1995, 56 Guarani Indians took their own lives – more than one suicide per week. The Guarani have asked Survival to use images such as this one to publicise their plight.

progress = addiction*

* One third of Innu children sniff petrol.
Many start as young as five years old.

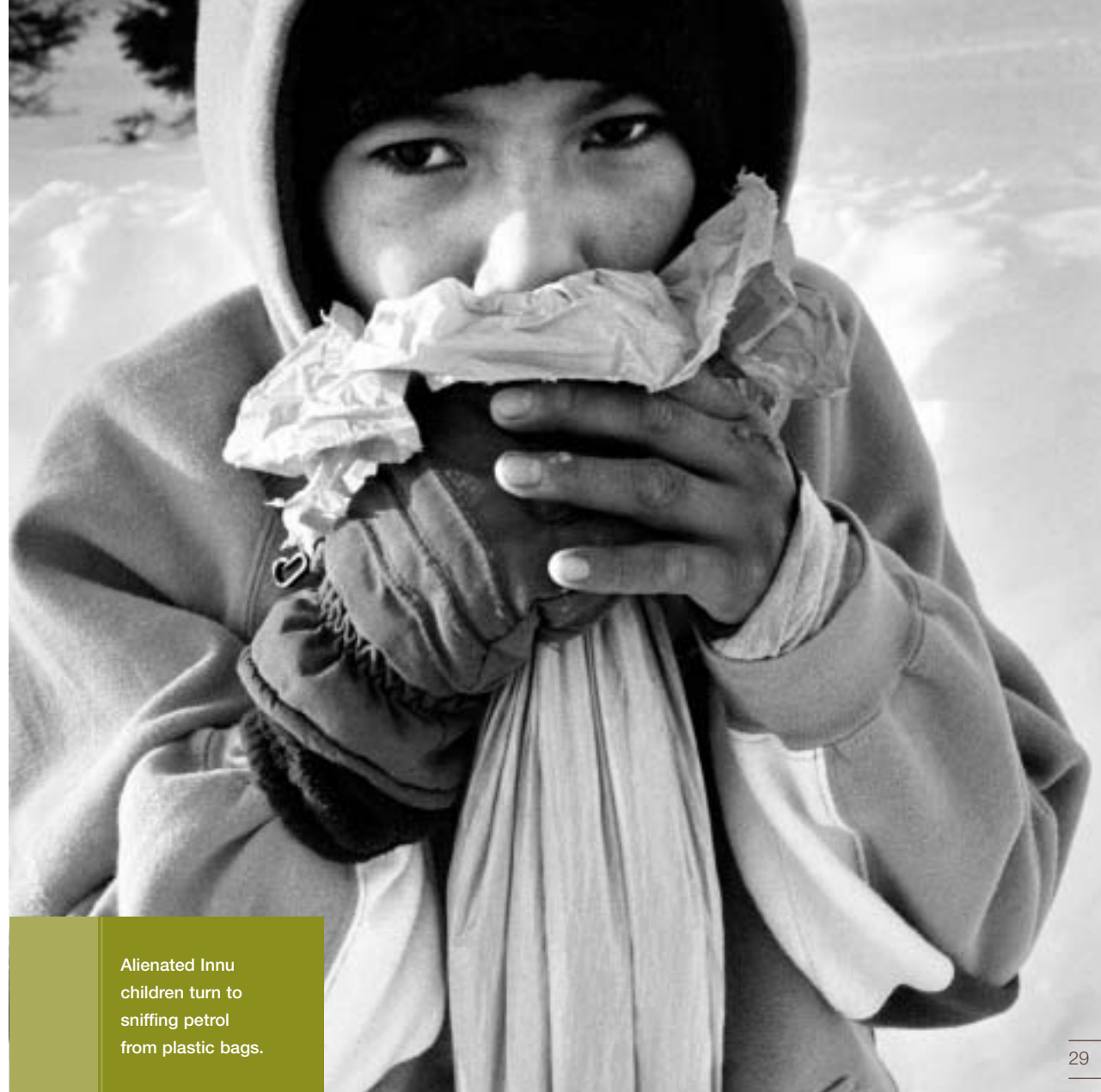
addiction

Dispossessed and alienated tribal peoples often take to drugs, usually the cheapest and most easily available such as alcohol and petrol. The health of individuals and families collapses. Babies are born with foetal alcohol syndrome, children get little care from addict parents, teenagers follow suit, and once-respected elders are alienated from younger generations. Cycles are fixed which cannot be broken by merely treating individuals or symptoms. The entire society falls apart.

Among Innu youth, sniffing petrol is an acute problem. In the long term this addiction can cause convulsions and permanent damage to the kidneys, eyes, liver, bone marrow and heart. In 2000, 11-year-old Charles Rich died by accidentally setting himself on fire when sniffing petrol. A child who witnessed this horrific death said:

'My name is Phillip. I'm a gas [petrol] sniffer. I sniff gas with my friends. In wintertime, we steal skidoos and we steal gas... I don't go home because I sniff gas. And I sniff gas because both my parents are drinking and I'm mad at that... At one point Charles ran towards me when he was in flames, but because I was sniffing gas and the fumes were very strong on me, I ran away. I was afraid I would be caught on fire too.'

Alienated Innu children turn to sniffing petrol from plastic bags.



'We were ashamed of ourselves... [We had] lost our mastery. Our sons were ashamed of us. We had no self-respect and nothing to give our sons except violence and alcoholism. Our children are stuck somewhere between a past they don't understand and a future that won't accept them and offers them nothing.'

Boniface Alimankinni,
Tiwi Islands, Australia, 2006

'The [Bushman resettlement] camps looked like abandoned mine camps with little or no economic activity. At both camps, alcohol abuse was visible from the many people (old and young) seen drunk... The settlements do not provide any visitor with a sense of hope and future for the residents.'

African Commission on Human
and Peoples' Rights, 2006





'We want to participate actively and have close control over healthcare in our indigenous areas, because we know our reality and the needs of the communities we represent... We do not accept that a non-indigenous organisation... with no experience of working with indigenous peoples' health, can take over indigenous healthcare.'

Brazilian Indian leaders, 2006

'I feel a lot better about myself out here in the country. In the reserve all I do is drink... I like it here. It's peaceful. There are no drunks or drugs.'

Jonathan Walsh,
Innu, Canada, 2006

health & freedom

The Yanomami story

The Yanomami Indians of Amazonia suffered catastrophic decline in the 1980s and 1990s when miners invaded their territory, bringing disease and violence. Twenty percent died in seven years. Brazilian government assistance achieved little: what the Yanomami really needed to survive and recover was their land and their own healthcare.

It happened. In 1992, after a 23-year campaign led by Survival and the Pro-Yanomami Commission (CCPY), the Yanomami Park was created. This gave these Amazonian Indians control over almost 10 million hectares of rainforest.

During this time, independent medical staff were recruited to work alongside traditional Yanomami healers. This new health initiative, *Urihi* – which was supported by Survival – reduced the number of deaths by half. In 2004, the Brazilian government took it over by decree. Spending was doubled, but disease rocketed. Some communities saw fatal cerebral malaria increase four-fold.

The model for proper healthcare amongst tribal peoples is tried, tested, and cheaper than alternatives: outsiders must treat the

people and their own knowledge with respect; tribespeople must be trained themselves to give all but the most specialised treatment; and outside health workers must build a mutually supportive relationship with the communities they work in.



Tribal people living in freedom on their own land, making decisions about their own lives, are far healthier than those who have been uprooted and had 'progress' forced upon them. If they suffer from diseases introduced from outside, they need appropriate healthcare delivered with respect and sensitivity.

Tribal people are damaged by racism and a clash of cultures when links to their land and identity have been broken. Helping them to rebuild those links is the most effective and efficient cure of all.

It is simple common sense, but the major obstacle facing tribal peoples is the archaic notion – held by governments and many aid organisations – that the problem facing tribal peoples is their lack of progress. It isn't.



'It is not that the Yanomami do not want progress, or other things that white people have. They want to be able to choose and not have change thrust upon them, whether they want it or not. I am not saying I am against progress. I think it is very good when whites come to work amongst the Yanomami to teach reading and writing and to plant and use medicinal plants. This for us is progress. What we do not want are the mining companies which destroy the forest and the miners, who bring so many diseases. These whites must respect our Yanomami land. The miners bring guns, alcohol and prostitution and destroy all nature wherever they go. For us this is not progress. We want progress without destruction.'

Davi Kopenawa, Yanomami shaman, Brazil, 2003



act now

we need your help

* count on me!

Pledge your support and get active for threatened tribal peoples. Visit our website to find out how: www.survival-international.org/progresscankill

* raise awareness

Help make sure the world hears the voice of vulnerable tribes, and takes action.

* donate

Survival accepts no government funding. Without your support, we can do nothing. With it, we can help give tribal peoples a future.

* have your say

Join our online blog at, www.survival-international.org/blog

To read the full report, *Progress can kill: how imposed development destroys the health of tribal peoples* visit: www.survival-international.org/progresscankill

To get involved, and to help stop injustices against tribal peoples, please contact us.

We help tribal peoples defend their lives, protect their lands and determine their own futures.

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**‘WHAT KIND OF DEVELOPMENT IS IT WHEN THE PEOPLE
LEAD SHORTER LIVES THAN BEFORE? THEY CATCH
HIV/AIDS. OUR CHILDREN ARE BEATEN IN SCHOOL
AND WON’T GO. SOME BECOME PROSTITUTES. THEY
ARE NOT ALLOWED TO HUNT. THEY FIGHT BECAUSE
THEY ARE BORED AND GET DRUNK. THEY ARE STARTING
TO COMMIT SUICIDE. WE NEVER SAW THAT BEFORE.
IS THIS “DEVELOPMENT”?’**

Roy Sesana, Gana Bushman, Botswana, 2005

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