5-1-2015

In Situ 2015: University of Pennsylvania Undergraduate Research Journal

Melanie White  
*University of Pennsylvania*

Kirsten Myers  
*University of Pennsylvania*

Jordi Rivera Prince  
*University of Pennsylvania*

Charles McClelland  
*University of Pennsylvania*

Eileen Wang  
*University of Pennsylvania*

*See next page for additional authors*

This paper is posted at ScholarlyCommons. [http://repository.upenn.edu/insitu/vol4/iss1/1](http://repository.upenn.edu/insitu/vol4/iss1/1)

For more information, please contact repository@pobox.upenn.edu.
In Situ

Undergraduate Journal of Anthropology at the University of Pennsylvania

Editor-in-Chief:
Megan Bridges

Layout Editor:
Daniel Soley

Editors:
Ally Mitchem
Antonia Diener
Jordi A. Rivera Prince
Ashley Terry
Vanessa Koh
Kavya Timmireddy

Forward:
Dr. Brian Spooner

Cover Photo:
Kelly Anne Bridges
Contents

Forward
   Dr. Brian Spooner ......................................................... 1

As Long as You’re a Black Wo/man You’re an African:
Creole Diasporic Politics in the Age of Mestizo Nationalism
   Melanie White .............................................................. 2

A Perspective in Healing: Christian Science Practitioners
   Kirsten Myers .............................................................. 7

Can the Repatriation of the Murray Black Collection be
Considered an Apology? Colonial Institutional Culpability in
the Indigenous Australian Fight for Decolonization
   Jordi A. Rivera Prince .................................................. 11

Guatemalan Malnutrition: Combatting the Plight of the Rural
Poor with Community-Based Agriculture
   Charlie McClelland .................................................... 14

Pahari
   Eileen Wang .............................................................. 20

Middle Eastern Memories
   Kelly Anne Bridges .................................................... 21
Forward

By Dr. Spooner

We are happy to be issuing another number of our undergraduate student research journal In Situ. In addition to providing a selection of reports from some of the best original student research over the past year, it illustrates the changing agenda of Penn’s Anthropology Majors.

As you read, you will see that what it means to major in anthropology at Penn today is different from when In Situ first appeared, and different again from when the Faculty coaching them were trained a decade or more earlier. The trajectory is interesting. We are riding a wave of social and cultural change, and the pace is accelerating. Anthropology is the study of the human condition – biological, social and cultural, past and present. As that condition changes, we redefine our procedures and reformulate our objectives in order to keep building on our past achievements in ways that prepare us for the new material and new opportunities that are emerging in the world around us as it undergoes accelerating urbanization of globalization.

Until not too long ago, thirty years at most, education was still organized in a hierarchy of disciplinary categories that had evolved gradually since the Enlightenment in a structure inherited from Medieval times. Its foundation, liberal arts, goes back to ancient Greece. But specialization, majoring, in one particular academic “discipline,” identified by its separate methodologies developed in the study of a narrowly defined set of subject matter, structurally segregated from the rest to preserve methodological precision, was modern. Education was a prerequisite, essential qualification, to be acquired before embarking on research. Furthermore, even at a university like Penn, which has eleven professional schools in addition to the School of Arts and Sciences, the traditional academic (in the sense of the pursuit of knowledge) was kept strictly separate from modern professional training (in the sense of application and the pursuit of solutions to practical problems).

Since the turn of the century this siloed system has gradually given way to a more flexible accommodation of education to the problems of the modern world. The more we know, the more we realize what we need to find out. How can we decide usefully where to focus our research except in terms of our understanding of the practical challenges ahead. The academy and the professions are finally merging philosophically. Over the past decade the philosophy of education has changed. Not only has inter-disciplinary work developed an appeal, not only are courses being jointly offered between academic and professional schools, but the pursuit of new knowledge – research – is now an important component of basic academic training, as well: students learn by actively applying what they learn, while they are being taught. Research is an essential part of education and training. The challenges ahead cannot be met in terms of any single discipline. The articles in this issue of In Situ illustrate our readiness for this revolutionary change.

They also show that, in this academic revolution, anthropology is in the lead. Emerging in the 19th century, later than biology or sociology, but with a consciously global agenda, to provide analytical documentation of all varieties of the human condition, present and past, instead of allowing its methodology to define its subject matter, it incorporated the disciplines necessary for the task. In the 1960s its success led to fragmentation into “subfields:” biological anthropology (subdivided again into the study of human evolution, human biology and primate ethology), archaeology (subdivided into specializations in different periods and different parts of the world), cultural and social anthropology (subdivided by culture area), and, finally, linguistic anthropology which focused on language and intra-cultural communication.

Now, having begun as a multidisciplinary subject and struggled for half a century to integrate the study of human biology and culture, anthropology is edging towards a more central position in the curriculum because it is ideally positioned to train students in the integrative use of different disciplinary methods and the formulation of research questions about modern human problems that build on our understanding so far of how humanity came to be what it is globally today.

The papers and photographs published here were first presented at our undergraduate research conference, known as Anthrofest, on February 27, 2015, an annual event in which students whose research we helped fund present their findings. We welcome comments and reactions to this and future issues as we continue to marshal our resources to improve from year to year our ability to document and explain the changing human condition.
As Long as You’re a Black Wo/man You’re an African: Creole Diasporic Politics in the Age of Mestizo Nationalism

Melanie White

So don’t care where you come from
As long as you’re a black man, you’re an African
No mind your complexion
There is no rejection, you’re an African
’Cause if your plexion high, high, high
If your complexion low, low, low
And if your plexion in between, you’re an African

-Peter Tosh, African

Along with a number of Black Nationalist reggae hits produced in the 1970s, Peter Tosh’s famous call to African diasporic consciousness is emblematic of the genre’s commitment to Pan-African Garveyite politics, and has made its way across the Caribbean and into the diasporic imaginary of Creoles in Bluefields, a seemingly West Indian, English-speaking enclave on the southern Caribbean coast of Nicaragua.

In recent decades, it has become increasingly clear that Black and Afro-descendant struggles are continuously being taken up from a position of diasporic consciousness.1 The power, for example, that Tosh’s words in “African” (1977) have had on Nicaraguan Creoles can be gauged through a telling example from my field research in Bluefields this past summer. Though unbeknownst to each other, and on the same afternoon, Bluefields resident Leslie Britton and visiting expatriate Fernando Carter both cited Tosh’s lyrics as central to their understanding of Blackness. Leslie asserted that as long as one is Black one has an identity from Africa, and in a similar vein, Fernando proclaimed that Creoles descend directly from Africa.2 These claims to Africa as the origin and “homeland” are significant given that, historically, Creoles have not always identified as Black. In order to better comprehend this seeming disparity in Creole diasporic politics, it is critical to consider both colonial and Creole history, as well as Creole ethno-gene
disparity in Creole diasporic politics, it is critical to consider the longer histories and legacies of mestizo nationalism3; Floyd 1967). The first British regional contacts are thought to have occurred between the early to mid-17th century when, following the five-year Anglo-Spanish War of 1625, British captains were ordered to weaken the Spanish enemy by attacking their settlements, as well as to “occupy any land not held by Spain” (Floyd 1967, 18). Shortly after the occupation of Providence and San Andres Islands off the Mosquito Coast, the British began to occupy other settlements along the shore, such as Cape Gracias a Dios4 and Bluefields, for trading expeditions (Floyd 1967, 18). At the Cape, British troops established relations with the Miskitu Indians and laid the groundwork for what would soon become intense trade and working relations between them, while in Bluefields Englishmen imported Black slaves primarily from Jamaica to work their newly-established mahogany, indigo, and sugar plantations (Dozier 1985, 11). Along with the mixed Afro-indigenous descendants of an early 17th-century slave shipwreck (Dozier 1985, 12), these African slaves are considered to have constituted the initial Black presence in Atlantic Nicaragua. In the 19th century when slavery was abolished, there was an increase in the number of West Indians of African descent who came to the Atlantic coast to work on banana plantations (Gabbert 2011, 40). Creoles of mixed African, European, and indigenous heritage are the descendants of both these enslaved and immigrant groups.

The geopolitical situation facing Creoles in the postcolonial moment is particularly alarming considering their long history of struggle for rights to land, sovereignty, and survival as an ethnic group free from racial discrimination. In order to grasp the complexity of this struggle it is critical to take into account the longer histories and legacies of mestizo nationalism in Atlantic Nicaragua. Scholarship on the coast has addressed the steady increase of Black ethno-racial identification among Creoles in Bluefields.

Historically known as the Mosquitia or Mosquito Coast, the Atlantic region of Nicaragua was for centuries subject to domination by competing Spanish and British rule. The Spanish successfully colonized the Pacific region of Nicaragua by 1524. Although they laid claim to the Atlantic coast as part of their colonial empire, most attempts at subjugation of the indigenous populations were futile given the difficulty of traversing the region’s physical topography (Decker and Keener 1998, 3; Floyd 1967). The first British regional contacts are thought to have occurred between the early to mid-17th century when, following the five-year Anglo-Spanish War of 1625, British captains were ordered to weaken the Spanish enemy by attacking their settlements, as well as to “occupy any land not held by Spain” (Floyd 1967, 18). Shortly after the occupation of Providence and San Andres Islands off the Mosquito Coast, the British began to occupy other settlements along the shore, such as Cape Gracias a Dios5 and Bluefields, for trading expeditions (Floyd 1967, 18). At the Cape, British troops established relations with the Miskitu Indians and laid the groundwork for what would soon become intense trade and working relations between them, while in Bluefields Englishmen imported Black slaves primarily from Jamaica to work their newly-established mahogany, indigo, and sugar plantations (Dozier 1985, 11). Along with the mixed Afro-indigenous descendants of an early 17th-century slave shipwreck (Dozier 1985, 12), these African slaves are considered to have constituted the initial Black presence in Atlantic Nicaragua. In the 19th century when slavery was abolished, there was an increase in the number of West Indians of African descent who came to the Atlantic coast to work on banana plantations (Gabbert 2011, 40). Creoles of mixed African, European, and indigenous heritage are the descendants of both these enslaved and immigrant groups.

The geopolitical situation facing Creoles in the postcolonial moment is particularly alarming considering their long history of struggle for rights to land, sovereignty, and survival as an ethnic group free from racial discrimination. In order to grasp the complexity of this struggle it is critical to take into account the longer histories and legacies of mestizo nationalism in Atlantic Nicaragua. Scholarship on the coast has addressed

---

1 One of two English-Speaking Afro-descendant groups from Nicaragua’s Atlantic coast.
2 Other languages spoken in Bluefields include Spanish, Miskitu, Mayangna, and Rama.
3 For Black diasporic consciousness in political struggles, see Watts Smith (2014).
4 Interviews with Leslie Britton and Fernando Carter, Bluefields 07/30/14.
5 What Deborah Thomas calls a wedding of citizenship to formations of mestizaje, or mixture, that “[privilege] the contribution of the European” (2013, 521).

In Situ: Spring 2015

Published by ScholarlyCommons, 2015
the direct relationship between Nicaraguan nationalist ideology and the “myth of mestizaje” in cementing white supremacy and anti-Black racism in Nicaragua (Gould 1998; Hooker 2005; Gudmundson 2010). By constructing Nicaragua as an ethnically homogeneous mestizo nation-state after independence in 1821, its criollo7 “founders” played a major role in the omission of Pacific Blackness from national history as well as in the embedding of a structural system of white supremacy. Romero Vargas (1993) and Juliet Hooker (2010) discuss the origin myths that arose around Nicaraguan independence and the ways in which—in contrast to the racial dynamics in Pacific Nicaragua—the Black presence in the Mosquitia was seldom portrayed as secret. In fact, it was used to bolster the nationalist notion of mestizaje. Through what Hooker refers to as the “spacialization of race” and the “racialization of space,” criollo elites were able to construct the new Nicaraguan state—considered distinct from the Atlantic region—as having resulted in a mixture as close to Whiteness as possible. In other words, while Nicaraguan Blackness was relegated to the confines of Nicaragua’s Atlantic region, the Pacific “mainland” was able to not only racialize the Atlantic as Black, but also to racialize its largely mestizo inhabitants as white in that process.

Gordon (1998), in his ethnographic study on identity politics on Nicaragua’s southern Atlantic coast, critically analyzes notions of mestizaje and their role in the racial and cultural exclusion of Nicaraguan Afro-descendants. Elucidating the ways in which the Nicaraguan myth of mestizaje is intricately linked to the pathologization of Creoles, Gordon explains that the long-time perception of Blacks as foreigners in Nicaragua was used to justify their marginalization. This perceived foreignness is not only related to the fact that West Indian labor migration to the Atlantic coast occurred in the 19th and 20th centuries, but also to the notion that all Blacks come from Africa and thus have no claims to land or citizenship elsewhere.

Gordon’s critical intervention in Atlantic coast historiography lies in his strategically authoritative construction of a Creole history and ethnogenesis from which a Black diasporic identity politics can be waged to bolster claims to autonomy, land, and anti-discrimination rights.

Alongside Nicaraguan independence and the origin myth of mestizaje, there are several other key moments marking the ways in which postcolonial mestizo nationalism has negatively impacted the Caribbean coast. One such moment is the 1894 military occupation and annexation of the Mosquitia, known as “re-incorporation”8 by Hispanic Nicaraguans and “overthrow” (uovatrro) by Creoles. This event is now considered by Creoles to be the ultimate historical act of Nicaraguan mestizo nationalism and a grand attempt to Hispanicize the Atlantic coast’s various ethnic groups. Annexation of the Mosquitia would mean the military occupation of a region that had a vastly different history and process of identity formation than the rest of Nicaragua. The consequences of this internal colonial event included, but were not limited to, the implementation of mandatory Spanish language policies in schools across the coast, the replacement of Creoles in business, government, and various professions with mestizos, and the preference for the Spanish language over Creole and indigenous languages, especially for status, jobs, and education (Decker and Keener 1998, 4-5; Gabbert 2011, 37; Baracoo 2011, 124; Freeland 1988, 26 & 80). As the child of a mother who grew up on the Atlantic coast in the 1960s and 1970s, I am able to testify to the ways in which mandatory Spanish instruction disadvantaged people on the coast. For example, my mother can only (and barely) write in Spanish even though Creole English is her native language.

The next key moment, alongside independence and annexation, is the nationalist, anti-imperialist Sandinista Revolution9 of 1979 and the ensuing civil war of the 1980s that many Creoles have perceived as a second overthrow. Craig (1992) writes that the revolution was widely rejected by Creoles and most inhabitants of the Atlantic coast. One must only think back to Creole employment during US occupation of the Mosquitia as well as to the political influence of the Moravian church10 to understand why Creoles were opposed to an anti-imperialist revolution. Additionally, Nicaragua’s economic downturn following the US sponsored anti-communist counter-revolutionary war against the Sandinistas, as well as the US embargo against Nicaragua, weakened Creoles’ economic position (Gabbert 2011, 53). The reasons that the Sandinista Revolution is likened to the overthrow of 1894 has to do primarily with the military occupation of the Atlantic coast for the recruiting of rebel Sandinista fighters, in combination with the fact that it brought a great number of Spanish-speaking mestizos fleeing from danger in the capital to the coast (Decker and Keener 1998, 9). Overall, the Sandinistas failed to understand the unique history of the Atlantic coast, ultimately mirroring the mestizo Nicaraguans’ sense of superiority almost a century earlier.

Although the Nicaraguan state has historically viewed indigenous and Afro-descendent cultural and regional autonomy as a threat to its power and mestizo nationalist identity—often rooted in memories of Mosquitos nationalism (Goett 2004, 7)—towards the end of the revolutionary era in 1987 the Sandinista state passed several important laws, including the Autonomy Law and Law 445 that secured Afro-descendent and indigenous rights to land claims. The prime reason for the inclusion of a multiculturalist Autonomy Statute in the National Constitution was the protracted conflict between the Nicaraguan revolutionary government and indigenous groups on the Atlantic coast in the 1980s. Thus, these rights were not merely handed over to coastal populations; they were demanded.

Under the Autonomy Statute, Afro-descendent and indigenous peoples were to be recognized as distinct ethno-racial groups under the multiculturalist state model and to benefit from the implementation of bilingual programs in English, Mictriki, and Mayangna (Decker and Keener 1998, 7). Although Afro-descendent and indigenous struggles have been able to secure some rights, the laws granted do not explicitly address race or legacies of racial inequality in Nicaragua in paper or practice. Goett (2004) argues that following the Autonomy Statute, the state has continued to “privilege mestizo identity and culture as the defining characteristic of the Nicaraguan nation” (Goett 2004, 8), and has continued to write off Afro-descendent and indigenous groups as counter-national.

Additionally, although ethnic discrimination is part and parcel of race-based discrimination, efforts such as multicultural education, bilingual education, the defense of territorial rights, and even cultural revitalization programs do not nec-

---

7 American-born, Spanish descendants.
8 On “re-incorporation,” see von Oertzen et al. (1985); Gabbert (2011, 52).
9 Led to the downfall of the Somoza family dictatorship that lasted from 1936-1979.
10 Moravian missionaries first came to the Atlantic coast of Nicaragua in the late 1840s and have had a long history of involvement with Creoles and indigenous groups, often providing educational facilities with English teaching.
Before engaging in a discussion on the impact of mestizo nationalism on Black identity formation in Bluefields, it is important to note the important contribution this research makes in Hooker’s (2012) evaluation of the identifiers Black Creole and White Creole as signifying a larger Creole cultural identity with a “subset” of Black-identifying Creoles (Hooker 2012, 274). Although this may be true for some lighter skinned Creoles, my interviews with approximately 20 Creoles suggest that most Black-identifying Creoles (including both darker and lighter skinned Creoles) imagine an inclusive Black Creole identity category. That is, they see all Creoles—as Afro-descendants—as falling under the Black Creole marker regardless of skin color. Similar to Mary’s eschewing of colorism in imagining a Black Creole identity above, Pastor Rayfield Hodgson commented that the division between ‘Black’ and ‘white’ Creole is outrageous because “Creole is Creole, and if you’re Black you’re Black; it doesn’t matter the tone of your skin”.

Rather than commenting on the divisions within Creole society, the primary division Rayfield alluded to is between Creoles and mestizos. After addressing the increasing rates of mestizo immigration, Hodgson added that [mestizos] have recently been trying to identify as Creole. He explained that both incoming and older generations of mestizo immigrants are not only speaking Creole, but are also petitioning for land claims based on their now historical occupation of Bluefields land. High school principal Graciela Brackett similarly expressed fear that Creole people and their culture might disappear due to the influx of mestizo immigration, while Veronica Johnson urged Black Creoles to get together as a strong community to practice their traditions and culture “because that is what identifies [them] as Black people.” Despite this increasing mestizo immigration and the historical legacies of mestizo nationalism, such as enforced language policies and Black erasure in national curriculums, Creoles continue to positively identify as Black and take up the identifier Black Creole to claim a space within the multicultural rights regime. This suggests that Black Creole identity emerges in light of the continued reach of nationalist tentacles on the Atlantic coast. Interviewees primarily asserted that the influx of mestizos to the Atlantic coast has only strengthened their Black Creole identities.

This assertion of Black identity among Creoles has not been a long-standing position. However, given the histories of Spanish and mestizo encroachment on the Atlantic coast it is no surprise that for generations Creoles used to demonstrate a strong Anglo-affinity and cultural politics, believing they were primarily English descended and thus especially distinguishable from other groups by their British cultural roots. This politics of siding with their British ancestry most likely also has origins in Creole subjugation under British rule. As Gabbett's (2011) ground-breaking analysis of early Atlantic Nicaraguan slave societies demonstrates, Anglo-affinity among Creoles is deeply rooted in their quest for social and economic mobility during enslavement. According to Gabbett, slave status was correlated with African ancestry. Thus, once free, both Blacks and “coloureds” attempted to “dissociate themselves both socially and culturally from their African heritage and to conform to the European standards imposed” (Gabbett 2011, 46). While striving for both social mobility and legal equality, freed...
slaves had little option but to emphasize both their white ancestry and their distance from those still enslaved.

This kind of identity politics taken up by Creoles should not preclude Creole identification as Black. In *Disparate Diasporas* (1998), Gordon engages this notion in his discussion of Creole identity formation. He argues that identity and diasporic consciousness can shift over time according to sociopolitical context by providing a careful analysis of important political moments and Creole interpretations of those moments, such as the revolution and ensuing civil war, to explain that identity does not exist in a vacuum but is historically and epiphenomenally motivated. Following this analysis, when Creoles express sentiments of Anglo-affinity it is likely that those sentiments are politically and practically motivated, such as in the case of the annexation as well as the revolution. With that said, Creole identification as Black must also be understood in a socio-historical context. Despite the dangers of a functional anthropological discourse, there is something to be said, for example, of the sustained prominence of Afro-Creole cultural practices, such as Maypole, gombay, obeah and funeral wakes (Gabbert 2011, 43; Moody-Freeman 2004). These ostensibly African “retentions” are thought to have strengthened with the mass immigration of working class West Indians during the late 18th and early 20th centuries (Gabbert 2011, 59).

Today, Creole dominated locales along the coast such as Bluefields, Pearl Lagoon, and the offshore Corn Islands are still culturally rich with staple West Indian foods such as run dun, coconut rice and beans, Jamaican patties, and multiple cake varieties: coco cake, cassava cake, johnnycake, soda cake, and more. Throughout these coastal regions one can also find the musically-rich traditions of Jamaica and Trinidad, with reggae, calypso, and soca playing from homes, automobiles, and disco clubs. This is not to say, however, that there is not a rich tradition of musical production among Creoles, given the prominence of several Creole music groups and musicians such as Dimensión Costeña, Grupo Zinica, and Mango Ghost. Their work includes original productions as well as renditions inspired by popular Caribbean music, particularly the works of reggae legends like Peter Tosh and Bob Marley. In a 1994 *Los Angeles Times* article, Raymond Myers talks about his life in the United States and the influence that Marley and Tosh have had on his music. Central to Myers’ discussion of Afro-Caribbean music forms is their power to alleviate stress and touch the soul in times of civil war and political strife.

Beyond these traditional cultural practices, migration to the United States might be another factor encouraging Creoles to identify as Black in the face of political struggle. Constance Sutton’s (1987) study of working class migration as central to Bajan ethnic and racial consciousness can be applied to Creoles. Sutton links the post-World War II liberalization of Western nations’ immigration policies and the subsequent Bajan immigration to these countries with the growth of racial consciousness both at home and abroad. Citing experiences of Bajan immigration to these countries with the growth of racial consciousness, both at home and abroad. Citing experiences of Western nations’ immigration policies and the subsequent Bajan immigration to these countries with the growth of racial consciousness both at home and abroad.

As my informants have shown, there are innumerable ways in which Creoles can choose to deploy their own brand of diasporic consciousness. However, the unanimous claim among the Bluefields residents I interviewed is that a diasporic politics is absolutely necessary in the face of Nicaraguan mestizo nationalism and multiculturalism. Creoles in Nicaragua continue to face the effects of a historic mestizo nationalism that has physically and ideologically encroached on the Atlantic coast via military occupation, the imposition of Spanish-language policies, Black erasure in school curriculums, and the occupation of regional government and political jobs by mestizos. Moreover, it is virtually impossible to appeal to cultural and race-based rights. Adding to these neocolonial practices, white supremacist mestizo nationalism along with the legacies of British colonialism have instilled within many Creoles a sense of colorism that is inherently about internal group divisions, creating distinctions like “Black Creole” and “white Creole.” It is precisely because of these conditions, among others, that Creoles in Nicaragua are increasingly taking up Black, ethno-racial diasporic politics.

Whether via a sense of community, an attachment to the arts, or an awakening sprouted by migration elsewhere, Creoles in Bluefields are showing strong commitments to diasporic consciousness. Diasporic formations at the community level may look like Veronica Johnson’s politics that urged Creoles to strengthen their cultural practices during a time when they were a minority population due to increasing mestizo immigration. It may also look like Mary Britton’s eschewing of colorism when she asserts that being Creole is not about one’s skin color but rather their belonging to the “Black ethnic group.” In terms of the arts and music, a diasporic politics can be ignited by a song’s lyrics, as in Leslie and Fernando’s case, or even during migration abroad, as was experienced by Raymond Myers during reflections on the political situation at home.

**References**


Decker, Ken, and Andy Keener. “A Report on the English-Lexifier Creole of Nicaragua, Also Known as Miskito Coast Creole, with Special Reference to Bluefields and the Corn...


—“Race and the Space of Citizenship: The Mosquito Coast and the Place of Blackness and Indigeneity in Nicaragua,” in *Blacks and Blackness in Central America: Between Race and Place*, eds. Lowell Gudmundson and Justin Wolfe (Durham: Duke UP, 2010), 246-278.


Thomas, Deborah A., “Racial Situations: Nationalist Vindicat-
A Perspective in Healing: Christian Science Practitioners

Kirsten Myers

In the quiet of the Christian Science Reading Room, all of the noise of Philadelphia is carefully left at the door. Lined with bookshelves, and a few sparse pieces of furniture, not unlike a library, the room exudes calmness and quiet. Yet the conversations that occur in this room, whether in vivo or via phone call, treat the same conditions that patients bring to the hustle and bustle of hospitals, filled with doctors in white coats and mysterious technology. Shelley Richardson, a Christian Science Practitioner, speaks in a thoughtful, low intonation that is deliberate and concise. Practitioners are the healers of the Christian Science religion. Her eyes are searching, and her expression thoughtful, not anxious, but wise. Meeting her you become aware of the allure and success of an "alternative" healing practice like Christian Science; she embodies empathy and the need to deeply care for another human being. By empowering patients through belief, practitioners like Shelley facilitate healing with prayer that is autonomic, self-sufficient, and, above all, caring.

I approach Christian Science with the view of an insider. Having grown up as a fourth-generation Christian Scientist, I am not an expert on the religion. However, I think my closeness and familiarity establishes my authority to speak on the matter. I grew up attending weekly Christian Science services and seeking guidance for healings from my Grandmother, a practitioner. My brothers and I were encouraged to work through our illnesses and life setbacks with meditative prayers and so-called Christian Science "thought." My Grandfather always told Great Depression stories of his mother, who, unable to find food for their family, used her Christian Science beliefs to give her faith that food would be provided for—and almost magically candy bars, milk and bread would appear for her to feed her family. Conscious of my own knowledge of Christian Science, I hope to mold the picture of a Christian Science Practitioner without the presence of bias. I want to mold a picture of what a Christian Science Practitioner, the Christian Science healer, represents to the outside world as a socially constructed system of healing. In molding this picture I hope to identify the sense of caring that pervades practicing Christian Science, a quality that is often compromised in Western biomedicine. I enter a conversation among scholars that has been thoroughly investigated. I hope to add a new perspective by emphasizing the compassion many individuals find in practices like Christian Science through their relationships with healers.

CONTEXT: An Introduction to Christian Science

Christian Science is formally recognized as an established religion, but it is also a form of alternative healing. In the words of McGuire, "Much Alternative healing, on the contrary, is not merely a technique, but rather entails entire systems of beliefs and practice" (McGuire et. al 1988). Christian Scientists meet weekly, have established church buildings, and control their religious teachings through an administrative base found at the "Mother Church" in Boston, Massachusetts. Mary Baker Eddy established the religion around the turn of the century, and her teachings were first inspired by healings discovered through the mesmerist Phineas P. Quimby. Due to the early inadequacies in modern medicine, Christian Science was very influential in the early 1900s when Mary Baker Eddy established the religion.

The basis of Christian Science is outlined in Eddy’s book, *Science and Health with Key to the Scripture*. In the book Eddy emphasizes the central tenet of Christian Scientists; that all individuals are created whole and perfect in the image of a perfect God (McClain & Shepard 1989). This interpretation is an extended metaphor for a way of viewing health and the body. That is, all healing of the body can take place within the mind since God has created the body to be perfect and whole. Christian Scientists are often averse to doctors and Western biomedicine for this reason; healings are a testament of mental practice that reject medicine for its view of the body as imperfect. Often patients seek out Christian Science after failed attempts at biomedicine to deal with issues of chronic pain or diseases that are difficult to treat in the acute model of medical intervention (DesAutels 1999). Besides the potential to fill the gaps in biomedicine, Christian Science attracts many followers with its individualized practice.

Much of the allure of Christian Science comes from its very personalized approach to disease and sickness. Christian Science healing focuses on the individual, with healings occurring through a change in individual thought. Practitioners enter the healing process as facilitators to their clients. If healing is the redress of sickness, then practitioners help redress the mind, which they believe is the direct means to heal the physical body (Hahn 1996). This redress occurs through prayer and faith (Fox 1984). Practitioners find their clients specific Bible verses and sections from Mary Baker Eddy’s *Science and Health* to use in prayer. Chapters in *Science and Health* contain guidance and interpretation of the Bible, but also examples of successful healings. The chapter titled “Fruitage” contains letters from Christian Scientists, writing of their successful healings within Christian Science; these healings range from curing spiritual trouble to correcting near-blind sight (Eddy 1875). The success of these healings—and all healings in Christian Science—rests on the concept of belief.

The same model that Levi-Strauss uses to explain the efficacy of magical practices can be extended to the efficacy of the Christian Science Practitioner model, both reinforcing the importance of belief. Levi-Strauss emphasizes how the efficacy of belief is mediated via the interaction of players within that belief system (Levi-Strauss 1963). Important players within the Christian Science model are the practitioners, patients, and the institution of Christian Science. Belief is created through the synergetic relationships between the practitioner’s confidence in Christian Science texts, the patient’s belief in the practitioner’s word, and the larger expectations created by Christian Science as an institution.

In the following sections I pair my interview with Practitioner Shelley Richardson and prior scholarship in order to analyze how the education, practice, regulation and healing philosophy of Christian Science Practitioners shape the Christian Science belief system.

I. Education
To practitioners, “The Practice comes to you, not you to it” (McClain 1989). Common to many religious narratives, individuals feel that there is a divine, overarching reason—a so-called destiny—that leads people to practice. Shelley describes her own calling as a divine pull into practicing Christian Science. Her beginnings in Christian Science practice indicate an earnest desire to partake in a meaningful profession. She came into the practice after attempts in teaching, politics, and political organizing. Shelley wanted to positively impact the world around her, “There was nothing else to do, that ultimately we were all going to be practicing and teaching Christ. That’s the direction we are all going. I couldn’t think of anything else that could be more important”. By seeing Christian Science as the highest form of good, Shelley self-selected herself for the profession of Practitioner.

Education as a practitioner emphasizes the experiential rather than the formal. Experience with patients is most important. However, most devout Christian Scientists enroll in technical classes during their early twenties. Since Christian Science heavily emphasizes the autonomy of the individual in achieving successful healing, the goal of class instruction is to empower each individual Christian Scientist to conduct their own practice in order to perform their own healings. Primary class instruction lasts for two intense weeks, and lessons are based off of twenty-four questions and answers found in a chapter called “Recapitulation” in Science and Health (Mclain 1989). These questions address the philosophical and practical approaches of Christian Science, from “What is Man?” to “Will you explain sickness and show how it is to be healed?” (Eddy 1875, 475 & 493). All individuals who complete class instruction should be able to understand the answers to these questions and can consequently begin to put the letters “C.S.” after their name (Wardwell 1965, 448). This designation serves as a formalized, public display to indicate that the person has finished their class instruction. The letters represent what Le- vi-Strauss (1963) terms the exercise of power over illness and disability in a secular world. This is the same power exercised by doctors who place an M.D. after their names once their medical training concludes.

However, the transition from a graduate of class instruction to a working practitioner takes time. Fox describes the transition to a practicing practitioner in three phases: phase one involves helping friends and consulting with family members, while phase two marks the shift from private work to public work. That is, those who have been healed publicize the healer’s work. Lastly, phase three occurs when the practitioner meets the formal requirements imposed by Christian Science as an institution (Fox 1989). The three phases do not follow a specific timeline, and differ from case-to-case. For example, Shelley’s third phase did not come until later in life when the practice became her path. Some practitioners will take years, others will practice a bit on the side, and some will start immediately after class instruction. As a profession of faith, becoming a practitioner hinges on when a person feels compelled to help heal.

II. Regulation

Most religious institutions utilize very stringent rules and laws to uphold their beliefs. The Christian Science church uses its own ritualistic language that its users endow with power (McGuire 1988). This language is put in use within the institutional structures of Christian Science, such as at church services. Every Sunday there is a religious service that includes singing hymnals and reciting the weekly Bible lesson, which includes a section from the Bible as well as from Science and Health. Wednesday nights are marked by a testimonial service in which the Bible lesson is read, and then testimonies are voluntarily recounted by church members.

Wednesday night services are important because the testimonies given share and recount healings. These testimonies are not so different from the idea of testimony introduced by Tom Boelffstroff in Nuri’s Testimony; Boelffstroff defines testi- mony as a socially recognized genre composed of “a witnessing or opening oneself in front of many people” (Boelffstroff 2009, 355). Both testimonies are shared personal stories in which the protagonist triumphs fear. To Christian Scientists in particular, testimonies are opportunities to speak about personal challenges, serving as sources of healing. Testimonies are intensely personal, highlighting aspects of both crafty knowledge and confession. By sharing their experiences aloud, members hope to empower fellow churchgoers in the audience to seek out healing, while also providing examples of their intimate journeys in creating relationships with God. The testimonies communicate an utmost belief in the healing process by describing how that healing came about, often times with the aid of a practitioner.

These qualitative testimonies are important to practitioners because they are the only means of measuring the outcomes of a practitioner’s work with patients. Furthermore, Shelley emphasizes that the process of becoming a practitioner depends on these testimonies because they serve as evidence that the practitioner facilitated healings when they were just beginning their practice. Once a practitioner feels confident enough in their practice, they ask patients to write their healings down and submit them to the Christian Science Journal, the major publication produced by the institution of Christian Science (DesAutels 1999). All church-regulated practitioners are listed in the journal’s pages by region and state. Consequently, the accumulation of testimonies allows practitioners to officially practice within the institution of the church. To be listed requires that the practitioner give up all outside sources of income. All means of living are put in the hands of patients, and, therefore, ultimately rely on the power of testimony. This endowed power given to testimony reiterates the idea that testi- mony is a socially recognized genre; not simply a religious confessional, but also a construct through which practitioners sustain a means of living (Boelffstroff 2009). As such, a caring and attentive relationship between a practitioner and their patient becomes increasingly important.

III. Practice

The patient-practitioner relationship is best explained through the simplicity of a phone call. The phone is always ringing when things are going well for Shelley. Communication with her patients, while sometimes face-to-face and at other times via e-mail or text message, is most often done using the phone. As Shelley describes, “They call, usually the phone rings, and the more that I am loving the practice, the more I am loving the desire to practice, the phone rings more.” For Shelley, the phone ringing symbolizes spiritual growth. Shelley believes that moments when phone activity is stagnant are opportuni- ties for her to grow closer to God. That is, in order to cross a plateau of stagnant phone calls and then testimonies because they serve as evidence that the practitioner facilitated healings when they were just beginning their practice. Once a practitioner feels confident enough in their practice, they ask patients to write their healings down and submit them to the Christian Science Journal, the major publication produced by the institution of Christian Science (DesAutels 1999). All church-regulated practitioners are listed in the journal’s pages by region and state. Consequently, the accumulation of testimonies allows practitioners to officially practice within the institution of the church. To be listed requires that the practitioner give up all outside sources of income. All means of living are put in the hands of patients, and, therefore, ultimately rely on the power of testimony. This endowed power given to testimony reiterates the idea that testimony is a socially recognized genre; not simply a religious confessional, but also a construct through which practitioners sustain a means of living (Boelffstroff 2009). As such, a caring and attentive relationship between a practitioner and their patient becomes increasingly important.

The patient-practitioner relationship is best explained through the simplicity of a phone call. The phone is always ringing when things are going well for Shelley. Communication with her patients, while sometimes face-to-face and at other times via e-mail or text message, is most often done using the phone. As Shelley describes, “They call, usually the phone rings, and the more that I am loving the practice, the more I am loving the desire to practice, the phone rings more.” For Shelley, the phone ringing symbolizes spiritual growth. Shelley believes that moments when phone activity is stagnant are opportunities for her to grow closer to God. That is, in order to cross a plateau of stagnant phone calls and then testimonies because they serve as evidence that the practitioner facilitated healings when they were just beginning their practice. Once a practitioner feels confident enough in their practice, they ask patients to write their healings down and submit them to the Christian Science Journal, the major publication produced by the institution of Christian Science (DesAutels 1999). All church-regulated practitioners are listed in the journal’s pages by region and state. Consequently, the accumulation of testimonies allows practitioners to officially practice within the institution of the church. To be listed requires that the practitioner give up all outside sources of income. All means of living are put in the hands of patients, and, therefore, ultimately rely on the power of testimony. This endowed power given to testimony reiterates the idea that testimony is a socially recognized genre; not simply a religious confessional, but also a construct through which practitioners sustain a means of living (Boelffstroff 2009). As such, a caring and attentive relationship between a practitioner and their patient becomes increasingly important.

The patient-practitioner relationship is best explained through the simplicity of a phone call. The phone is always ringing when things are going well for Shelley. Communication with her patients, while sometimes face-to-face and at other times via e-mail or text message, is most often done using the phone. As Shelley describes, “They call, usually the phone rings, and the more that I am loving the practice, the more I am loving the desire to practice, the phone rings more.” For Shelley, the phone ringing symbolizes spiritual growth. Shelley believes that moments when phone activity is stagnant are opportuni-
tioner’s phone will start ringing with greater frequency.

Despite the time that practitioners spend speaking with and caring for patients, the profession is isolating. In comparison, biomedical physicians work in a bustling atmosphere in which they are constantly prescribing, researching, examining, and listening. The practitioner, on the other hand, lives in a world of silence and reflection. This is evident by the way Shelley carries herself. Her speech is frequently interrupted by pauses so she can close her eyes for a moment to think. She dresses modestly, and there is an absence of make-up on her face. From the perspective of a university student, her purposefulness—her pause—is strange but enlightening.

Some would consider the profession of the practitioner as solitary; instead Shelley cherishes it because she is able “to spend so much time alone with God,” which she sees as a privilege since God is so good. Fox comments that practitioners exemplify the isolated individual since they often must retire to their books for their work, not unlike a scholar. This type of austerity is often marked as separate from popular society. Devotion of this kind requires a transcendence of normal social obligations, and in other faiths it manifests itself in celibacy or living without material wealth. To the practitioner, isolation is a means of sustaining their healing practices (McClain 1989). Patients can be assured that the practitioner is properly caring for their ailments and sicknesses since they are exclusively focused on the patients’ needs.

IV. Healing the Self

The emphasis placed on individual care and needs during a healing begins with the first patient-practitioner interaction. Shelley begins the healing process by addressing the immediate fear in the individual.

> When the patient calls, the first thing I want to do is quiet their fear... that the material picture is trying to say ‘I’m real, I’m real, I’m real...’ just a prayer, sometimes a few words to assure them whatever this world is presenting to their thought is just a suggestion, a suggestion that they don’t need to take in...

Addressing that initial fear is monumental, and it usually takes place through suggestion. Shelley suggests another thought, usually from the Bible, to replace the previous thought that caused so much fear. The goal of the practitioner is to change the thought in order to treat any physical symptoms that result from it.

The success of a healing is subtle, and to outsiders the outcome might appear more as a psychological change as opposed to spiritual reflection. The practitioner helps the patient to see him or herself as whole no matter what the ailment, whether they suffer from chronic headaches, cancer, or a bad fall. However, the issues patients face are not exclusively physical. For example, a practitioner may help patients with marriage problems, existential dilemmas, and general depression. Shelley describes a healing as a thought process—all it requires is a small shift in thought so that the patient no longer sees him or herself as flawed or imperfect, but as a part of the goodness of God.

When Shelley describes this process, you can see her eyes begin to sparkle. In her experience, when this shift occurs, physical ailments typically cease to be a problem. The language used by practitioners in this process is key. The ritualization of the process through language creates expectations for the patient each time they call the practitioner. This ritualized experience is similar to that of visiting a doctor’s office; similar experiences at every doctor’s visit lead to a ritual, which give certain practices power. The practitioner sets the patient’s thought into motion, after which it is the individual’s responsibility to follow through with the healing. This makes the practice of Christian Science autonomic and ultimately empowering to the individual.

Concluding Thoughts

Leaving the Christian Science reading room, I was accosted by the loudness of the Philadelphia streets. Shelley’s last comment was still resonant in my mind; she stated that Christian Scientists see the good in the world, and that all they see is good. Practitioners are familiar to me. However, the larger world sees Christian Science as a faith-based healing religion that is at best crazy and backwards. Practitioners like Shelley must confront the blatant hatred of some groups towards Christian Science. It is difficult to confront, especially for a woman who only expects goodness. From the point of view of an anthropologist, I caution taking a polarized position regarding culturally constructed systems, whether faith-based healing or biomedical. They are in essence all strategies to deal with the quotidian issues of the body. I think Hahn (1996) says it best, “The anthropological perspective has an egalitarian theme: although beliefs about sickness and practice of healing clearly differ from society to society, all are equally created cultural systems.” Therefore, beliefs cannot be arranged on a hierarchy of importance, since they are all related to the specific experiences and values of an individual. Ultimately, individuals align themselves with modes of healing that capture their beliefs.

As I stepped out of those doors, I remembered the comfort I found in Christian Science during my childhood. The empowering nature of the autonomic healing practice reassured me that care was always a thought away. But more often than not that care was realized through a phone call with my grandmother, who also worked as a practitioner. Her calm voice was always ready with a Bible verse or Mary Baker Eddy quote to help counter the various physical and mental pains of growing up.

References


McClain, Carol Shepherd. Women as Healers: Cross-Cultur-


Can the Repatriation of the Murray Black Collection be Considered an Apology? Colonial Institutional Culpability in the Indigenous Australian Fight for Decolonization

Jordi A. Rivera Prince

Acknowledgement of Country

I would like to acknowledge the Wurundjeri people of the Kulin nation who are the traditional custodians of the land upon which I learned and acquired the knowledge for this paper. I would also like to pay respect to the elders past and present of the Kulin nation and extend that respect to other Aboriginal peoples today.

The repatriation, or return, of Indigenous remains is a topic of great discussion in anthropological, institutional, and Indigenous discourse in Australia. Australia’s repatriation movement commenced in 1985 with the return and reburial of the Murray Black Collection. The repatriation of Aboriginal remains is politically correct and necessary, and the reburial of the Murray Black Collection was a great win for Indigenous peoples. However, repatriation occurred in the midst of a dominant Western culture that has marginalized, victimized, and exploited Indigenous peoples from first contact. If people and institutions are truly on the other side of a philosophical transformation (that is, working towards reconciliation), it stands to be asked if the first repatriation of Indigenous remains by the University of Melbourne Medical School can be considered an apology, moving towards reconciliation.

Individuals at the National Museum of Australia today believe there has been a general shift in political, professional, and institutional thinking in the past 10 years, evidenced by the return of approximately 1,000 Indigenous remains (Pickering 2010, 80). Michael Pickering (2010, 80) asserts that the return of these remains is motivated by an understanding that Indigenous Australians have rights and interests over the remains of their people, which dominate the desires of any other group. He argues that members of the Australian government, heritage agencies, and museums support this. Its appropriateness is further evidenced by media acceptance and the relatively absent challenges from the public (Pickering 2010, 80). However, Pickering’s account of the relationship between Australian institutions and Indigenous remains today cannot be applied to their history as a whole.

Normalization of the exploitation of indigenous remains emerged from a deeply rooted dominant Western ideology. The initial invasion by British settlers in 1788 was comprised of various military personnel, convicts, and others who came of their own volition (Pickering 2010, 82). Initially, contact with Indigenous peoples was peaceful, and it was not until settlers expanded out of their jurisdiction that violent confrontation occurred; the resulting Indigenous exploitation and deaths went largely unreported and unpunished (Pickering 2010, 82). Settlers adopted and perpetuated popular Western ideologies by maintaining a sense of biological and cultural inferiority of an exotic “Other,” defined in contrast to normalized whiteness (Attwood 1992, iii; Pickering 2010, 82). Widespread cultural acceptance of social hierarchies permeated twentieth-century thought, and was largely unquestioned by the media, government, and individuals. Ideals remnant from the Enlightenment asserted that science was an “arbiter of knowledge,” and foreign cultures and goods were exploited to explain racial, cultural, and intellectual differences (Pickering 2010, 82).

In this societal context, the University of Melbourne Medical School was established in 1862. Biological fields were in the midst of great change perpetuated by the recent publication of Charles Darwin’s On the Origin of Species (Jones 2010, 50). Medicine adopted a functional approach to studying the body, its focus reductionist and evolutionary based (Jones 2010, 50). An emphasis on anatomy resulted in increased demand for human remains to study (Jones 2010, 51). It is within this landscape that acts such as deliberate killings and the removal of remains from gravesites were allowed to proceed unpunished in the early 1900s.

Early human samples at the medical school came from the poor in Australia, those of which were quite likely partially comprised of Indigenous individuals (Jones 2010, 51). A series of professors of anatomy and other enthusiastic individuals targeted Indigenous remains while forming various collections for study; George Murray Black was just one of many who contributed (Jones 2010, 52). Remains were disarticulated and sent across Australia and abroad for study by various researchers intending to find a “scientific” basis for race (Jones 2010, 51).

George Murray Black was not an archaeologist, but rather an amateur collector of Aboriginal remains in the 1920s (Jones 2010, 55). Commissioned by both the medical school and the Australian Institute of Anatomy Canberra (AIA), Black collected prolifically during the 1940s and 1950s. Additionally, he profiled and documented the customs and ways of life of Aboriginal peoples far back in history (Jones 2010, 55). Initially, Black sent most of the remains he collected to the AIA where they were studied as part of their faunal collections until notified by their director in 1940 that they were no longer of value (Russell 2010, 59).

Black had been sending the medical school Indigenous remains in 1937, but with the news from the AIA declaring that his collections were no longer of value his attention turned solely to the formation of the medical school collection (Russell 2010, 59). The Murray Black Collection was the largest collection of Indigenous Australian remains at the time of its donation, comprised of approximately 800 individuals from the Maraura, Kureinji, Tati-tati, and Wati Wati peoples across five burial sites along the New South Wales side of the Murray River (Russell 2010, 60). Stephen Collier’s 1985 study found that the individuals represented a large temporal sample, ranging from approximately 10,000 years old (Kow Swamp) to 100
years old (Russell 2010, 62). Black neglected to keep records of provenience for the remains and instead focused on collecting “samples” beneficial to research in medicine and anthropology. That is, he collected pathologically “interesting” remains (Russell 2010, 62). The collection remained largely unstudied due to a lack of physical anthropologists, and although Professor Les Ray of the University of Melbourne Medical School had expressed his intentions to study the remains, he passed before he was able to do so and the collection remained in storage until 1984 (Russell 2010, 63).

It is important to understand the significance of Indigenous remains to Indigenous peoples. The laws of the Kulin nation, in whose country present day Melbourne is located, hold that Bunjil (a creator deity) created the Earth and within this Earth he created Nations, or Country. It is from Country that he created people (Mudrooroo 1994, 23). One cannot be spiritually at rest until the body is returned to Country (their mother) and given last rites as held by tradition, at which time one is able to reenter the cycle of Dreaming once their body has disintegrated (Turner 1991, 8-9). All remains are viewed with deep respect; ancestors should be returned to Country, their proper resting place (Faulkhead 2010, xix). It is for this reason that people such as Jim Berg think it is essential to return Indigenous remains back to Country.

Jim Berg, a Gunditjmara man, first took people back to Country in the early 1970s, returning eighty deceased individuals (Berg 2010, 6). In 1983, Berg commenced work as inspector and deputy chairperson of the Advisory Committee for the Victorian Archaeological and Aboriginal Relics Preservation Act 1972, an act stipulating that permission from the Secretary for Planning and Environment must be obtained in order to hold Indigenous artifacts and remains (Berg 2010, 6). While working at the Museum of Victoria, Berg learned of the Murray Black Collection and filed an injunction, which was served to the Vice Chancellor and legal advisor to the University of Melbourne (Berg 2010, 15). The University of Melbourne requested a letter to the Secretary for Planning and Environment to hold the remains was denied, and eventually the university agreed to repatriate the remains, at which time they were stored at the Museum of Victoria until they could be reburied (Berg 2010, 8). On November 22nd, 1985, the individuals in the Murray Black Collection were reburied in King Domain Garden, returned to Country, and rejoined in Dreaming (Berg 2010, 19).

Can the repatriation of those remains be considered an apology? Nicholas Tavuchis’ *Mea Culpa* details various types of apologies, their functions, and their reconciliation actions. The repatriation of the Murray Black Collection by the medical school is evaluated either as an apology by the “Many” or by one individual. Apologies from the “Many” do not originate from an autonomous individual, but rather from something created by society—artificially made tangible and sustained by “human purposes, efforts, and discourse but with an independent existence, history, and identity as defined by custom or law” (Tavuchis 1991, 99). As such, this institution acts with an abundance of resources, power, privileges, and rights exceeding the individual’s (Tavuchis 1991, 99). In an apology by the “Many,” the burden lies on the institution’s ability not only to acknowledge but also to accept responsibility for their actions, and to implicitly or explicitly assure that these acts will not be repeated at a later date (Tavuchis 1991, 108). For an apology to truly be legitimized by both parties, the offending party cannot divert responsibility (Short 2012, 287).

As long as the Western colonial ideology persists in Australia, the repatriation of the Murray Black Collection cannot be considered part of a genuine apology, nor an act contributing to reconciliation efforts. The repatriation of the Murray Black Collection was not due to any intellectual or philosophical changes in the humanities and sciences. The motivation stemmed from the politics surrounding repatriation, rather than from a collective understanding by these institutions and academics that repatriating Indigenous remains to their people is of utmost importance.

The National Museum of Australia’s repatriation program claims its research is limited to determining geographic and cultural provenance and the broader historical context of the remains (Pickering 2010, 80). Although research is necessary for the repatriation process, it stands to note that this museum and other institutions have completed repatriation efforts almost thirty years after the Murray Black Collection’s return. Museums and universities are institutions birthed in Western thinking. Their main function and focus is to put the exotic “Other” on display, capitalizing off of their history and cultural artifacts. As long as Aboriginal remains are held in museums against the wishes of those to whom they belong, the repatriation of the Murray Black Collection is just a distraction. This voids any possibility of this collection’s repatriation to be considered a true apology.

Distractions from any potential apology are further evidenced in the University of Melbourne Medical School’s handling of the Berry Collection. The medical school’s initial decades of research were largely devoted to the study of race by way of measuring head size (Jones 2010, 52). Professor Richard Berry’s work in this area culminated in the publication of many texts, such as the *Atlas of Australian Aboriginal Crania*, considered one of the foremost works of the medical school’s first fifty years of research (Jones 2010, 52). The medical school became a beacon for the study of Physical Anthropology with many collectors sending Berry settler and Indigenous remains (Jones 2010, 52). Eventually reaching a notable size, the remains became part of the “Berry Collection.” The records were patchy at best and left much information to be desired (Jones 2010, 52).

Berry used this collection to collect data in support of his belief that an individual or race’s worth was reflected in head size, producing many publications perpetuating ideas of racial hierarchy and reinforcing ideals of inferior and superior demographics (Jones 2010, 52). His 1919 publication in the *Medical Journal of Australia* claimed that an Aboriginal adult male’s head size was equal to that of a 13-year-old white boy’s (Jones 2010, 52). In the wake of his departure from the University of Melbourne Medical School in 1929, Berry left behind a legacy of popular and widely accepted racist literature, continued by Colin McKenzie (Jones 2010, 52). With the aid of a federal government act, McKenzie went on to establish the AIA in 1931, the other institution where the Murray Black Collection was held.

The Berry Collection eradicates any notion that the medical school and the AIA could consider the repatriation of the Murray Black Collection as an apology serving a reconciliatory function. The Murray Black Collection remained largely undisturbed at the medical school and the AIA. The Berry Collection was actively used during Dr. Berry’s prolific research and publishing career, which produced work that reinforced and further perpetuated ideas of the “Other,” racial hierarchy, and Indigenous exploitation and marginalization. This further dehumanized Indigenous peoples and damaged any hope of an open narrative with settlers. If the repatriation of the Mur-
ray Black Collection was due to an intellectual and philosophical change on the part of these institutions, then it could be argued that the return of Indigenous remains would be seen soon after. However, the Berry Collection was not repatriated until 2002, nearly 20 years after the return and reburial of the Murray Black Collection (Jones 2010, 53). Such a delay was a failure on the medical school and the AIA’s behalf to truly acknowledge and take responsibility for their past actions. Australia may think of itself as a post-colonial state, but it remains a nation in which very little to no significant structural and functional changes have occurred (Short 2012, 302). Although Berry’s research is no longer acknowledged as scientifically valid, his ideas, message and legacy still live on (Jones 2010, 54), reinforced and perpetuated in the white patriarchal dominant narrative permeating Australia and Western society more broadly. The retention of the Berry Collection exemplifies just how ingrained this dominant narrative truly is. Any action on behalf of these universities cannot be considered an attempt at apology and reconciliation if they occur in a political context ingrained in Western colonial thought (Short 2012, 302).

The reconciliation efforts of today aim to rectify past behaviors by colonial Australia. However, the relationship between settlers and Indigenous peoples is not just a series of events, but also a complex structure erected on a deeply rooted foundation of subordination and discrimination. In order to truly apologize and move towards reconciliation, that foundation needs to be shattered. The repatriation of Indigenous remains should work to keep an open dialogue between settlers and Indigenous peoples, but this dialogue is not enough. Repatriation of Indigenous remains does not undo years of oppression, victimization, and marginalization of a rich culture. Though the repatriation of Indigenous remains cannot be considered an apology, perhaps it can open a dialogue between Indigenous peoples and their colonizers while making positive steps toward righting past wrongs.

References
Short, Damien, “When Sorry Isn’t Good Enough: Official Remembrance and Reconciliation in Australia,” Memory
Guatemalan Malnutrition: Combatting the Plight of the Rural Poor with Community-Based Agriculture

Charlie McClelland

Hunger is not an issue of charity. It is an issue of justice.
-Jacques Diouf, Director-General of the Food and Agricultural Organization (FAO)

Introduction

Guatemalan society is entrenched in a crisis driven by inequality and poverty. Just 3.5% of the total income of the country goes to the poorest 20%, while 50% is earned by the wealthiest 5.6%. Similarly, only 70% of the land is owned by 2% of the population (Groundswell International n.d.), 70.5% of the rural population is impoverished, and 90% of indigenous Guatemalans are likewise disadvantaged (IFAD n.d.). The distribution of wealth in the country is dramatically uneven, and the divisions that it creates are deeply rooted in the country’s historical past. The country comes from a rich Mayan tradition, which was disrupted by Spanish imperial rule in 1523. The result was a dichotomous society, with an urban elite and a rural poor. Those systematized divisions persist to this day, reinforced by a violent 30-year civil war. A frequency distribution measure by the UN (of, for example, levels of income) throughout a country, called a Gini coefficient, reveals that the country still suffers from crime, social injustice, human rights issues, and persistent inequality. While a 0 indicates maximum equality, the value given to Guatemala in 2003 was 56.08 (Gragnolati and Marini 2003). As of 2011, the country was ranked 131 out of 187 countries according to the 2011 Human Development Index by the United Nations Development Program, which incorporates life expectancy, literacy, education, and standards of living into its evaluation (Population Reference Bureau n.d.). The result of this centuries-old isolation is chronic poverty and cycles of marginalization in social, political, and economic spheres of the rural poor, especially those of indigenous descent. As a result, those struggling populations face endemic malnutrition and both physical and mental stunting. This kind of structural violence, the systematic ways in which social structures put individuals and populations at risk for harm, is the motivation for intervention. The majority of the population still faces systematically produced public health issues (Smith 1990), but a targeted, community-based intervention can be the first step towards improved health outcomes.

This paper will outline a health intervention aimed at ameliorating malnutrition and stunted growth in rural Guatemala, built on diet and nutritional education, shifts in agricultural practices, and nutritional supplements. First, I will outline the history of the country to provide the context for said effort. Second, I will discuss the issues of chronic malnourishment in further detail. Third, I will examine similar programs with similar goals. Last but not least, I will outline the program, as well as the evaluative measures to be imposed in full.

Part I: History of Guatemala

To address the issues of health in Guatemala, one first has to understand the series of events that explains why the country is in its current state, from the Mayan empire, the Spanish empire, independence, through the 30-year civil war to the present.

In 1523, Pedro de Alvarado claimed the Mayan civilization as a Spanish colony. Thus began the marginalization of the local population with the imposition of colonial rule. The social structure colonizers enforced lowered the status of indigenous peoples and set in place a system that offered differentiated opportunities based on one’s ethnicity (Grandin 2000). During an interview about her summer spent working in a health center just outside of Guatemala City, Ebony Easley, of the University of Pennsylvania, recalled numerous stories of the wealthy healthcare providers of Spanish descent ridiculing the poor indigenous people that came seeking help, making jokes about their supposedly poor hygiene and low levels of education, both of which constitute the prevalent stereotype. Her experience underscores the contemporary repercussions of development under Spanish rule, which prioritized just one small subset of the population while disenfranchising the rest. In 300 years of development, certain infrastructural elements were created, but only insofar as they would restructure the operations of the country towards the benefit of Spain itself, primarily in Guatemala City and other large cities rather than in rural areas. The entire country was mis-developed into a natural-resource-based export economy, lacking utilities and public services for the majority of the population living outside major urban centers. This unequal system left the country already at a deficit relative to the globally dominant Western countries by the time it separated from Spain in 1821 (Hale 2002).

In 1822, Guatemala joined the Mexican empire, taking a step towards improved health outcomes. However, industrialization and globalization had already cemented the control of those dominant powers over international policy. Guatemala was just beginning to develop itself as an independent country while the international system was increasingly favoring the already developed Western powers (Stiglitz 2002). To combat this unfavorable system, Guatemala became part of the United Provinces of Central America alongside Costa Rica, El Salvador, Honduras, and Nicaragua, though that alliance did not last. In 1839, Guatemala became fully independent, at first under dictatorial rule before the liberal President Justo Rufino Barrios was elected in 1873 (BBC News 2014). Barrios began modernization efforts, namely coffee growing and army development, but those benefits primarily aided those of Spanish descent, rather than the population as a whole (Hale 2002). Until President Juan Jose Arrevalo ran on a campaign of social-democratic reforms in 1944, no true attempts to minimize inequality and bridge the dichotomous society were made. President Arrevalo pushed for a social security system and land redistribution for impoverished peasant farmers as a way to combat the structural violence set in place by the Spanish.1

1 Interview with Ebony Easley, Philadelphia 04/01/14.
but in 1954 those reforms were halted. A coup backed by the United States placed army Colonel Carlos Castillo in power as part of the fight against the spread of Communism in the Cold War, directly in response to Arevalo’s efforts (Calderon 2014). This led to increased tensions in the country that ultimately produced a civil war that would last for 36 years.

In 1960, all developmental progress came to a halt as military rulers instead began asserting autonomous rule and systematically terminating their opposition, which was largely composed of the indigenous Mayan people. Tens of thousands were killed, promoting the growth of anti-government guerrilla activity and consequently prompting tens of thousands more to be silenced by death squads. Political unrest came to define the actions of both the government and the people. By 1982, 60,000 civilians had been killed. Furthermore, a military coup that year put General Efrain Rios Montt in power, which increased the toll to 100,000 dead and 50,000 missing by 1989. It was not until the Guatemalan Revolutionary National Unity party and the government held peace talks in 1994 and affected a ceasefire in 1995 that peace was conceivable (Guatemala Human Rights Commission n.d.). By that point, though, the army and security forces, controlled largely by those of Spanish descent, had been shown by a UN-backed commission to have overseen 626 massacres in indigenous villages and claimed at least 200,000 lives. The commission determined that 93% of the human rights atrocities committed during the war were at the hands of the army and security forces (Hale 2002). In 1996, peace accords officially ended the 36-year civil war. Only at the signs of peace did the mindset begin to shift back towards the thinking of President Arevalo, taking greater consideration for the working class than the government and its corrupt leaders.

Recently, the country has been governed by a constitutional multi-party democratic republic, which has ostensibly been trying to stabilize the country and ameliorate the issues plaguing it. In 2004, army bases were closed and 10,000 soldiers were forced to retire, just as victims of the war received 3.5 million dollars in damages along with a formal admission of guilt by the government for the human rights crimes it committed (Guatemala Human Rights Commission n.d.). Two years later, the government and the UN created a commission to identify and dismantle clandestine armed groups that had been threatening the lives of poor, disenfranchised Guatemalans who had opposed the government during the war. The UN stresses, though, that the country still suffers from crime, social injustice, human rights issues, and persistent inequality (Gragnolati and Marini 2003). In fact, Guatemala has one of the worst records of social development indicators, such as maternal and infant mortality, chronic child malnutrition, and illiteracy, in the hemisphere. Nonetheless, the end of the civil war marked a shift towards improving health outcomes, even for the most impoverished groups. The peace accords and new governmental structure removed the most substantial obstacles to foreign investment, which had hamstring development efforts for nearly half a century (Smith 1990). In 1998, Guatemala signed the Trade and Investment Framework Agreement with its Central American neighbors; in 2000, it signed a free trade agreement with Mexico, Honduras, and El Salvador that went into effect in 2001; and in 2003, Guatemala, Nicaragua, El Salvador and Honduras agreed to a free trade agreement with the United States (BBC News 2014). This series of partnerships and agreements shows how rapidly Guatemala was able to engage the international economic system and take steps towards development.

Despite this, economic disparities still exist within the country, which is still one of the most unequal in the world. A handful of millionaires have made a fortune on the natural resources and exports of the country, while the masses, who are primarily indigenous or rural-dwelling people, are impoverished. In 2003, the top 10% held 41.2% of the country’s income while the bottom 20% held 2% (Smith 1990). The partnerships and free trade agreements opened the economy to international trade, with great promise, but the neoliberal tendencies of the marketplace put local industries at risk. Such tendencies toward the removal of trade barriers and privatization of resources and services only create a system that benefits a small few (Stiglitz 2002), which is why the 2005 Central American free trade deal with the United States saw street protests in Guatemala City (Guatemala Human Rights Commission n.d.). Nonetheless, the establishment of relationships with powerful international actors did increase foreign investment and the diversification of exports (Stiglitz 2002). These recent developments have proven beneficial: the country has been shifting away from the systematic favoring of the well-off Spanish descendants and the denial of opportunities for the poor and working classes, although the inequalities are still very visible. As a matter of fact, the disparity can be seen in the physical size differential of the urban well-to-do and the rural poor as a result of poverty and chronic malnutrition.

Part II: Malnutrition, Poverty, and Stunting

Widespread and sustained inequality continues to drive poverty and malnourishment. Even before the civil war, nearly half of the population had been undernourished to the point of stunted growth. The war only exacerbated the issue, with more than 50% of children under five-year-old now facing limited physical growth and mental development (Pan American Health Organization 2001). It is endemic in rural areas and the central government has been unable to produce significant positive changes. Instead, a significant portion of the population is marginalized, especially the rural and indigenous poor (Annis 1981). The “invisible killer” disproportionately affects that demographic, such that the average ten-year-old is taller than most “full grown” adults in rural Guatemala (Pan American Health Organization 2004). The most recent data, from a study of 893 children from 0 to 5 years of age, determined that 52.2% showed signs of stunting (Pan American Health Organization 2007). In the first thousand days of their lives, a period proven to be critical to development, over 50% of Guatemalans do not receive the nutrients necessary for bone and brain development (World Health Organization 2007). As Kathryn Dewey, a professor in the department of nutrition at the University of California, Davis, states, there is a “golden interval” before the age of two: “This is the period when brain growth is very extensive and babies are developing their immune systems, and stunting that occurs by the age of two-years-old is generally irreversible (Rice 2010). The chronic issue is ubiquitous and leaves those afflicted with a permanent disadvantage.

One contributing factor is the pervasive cycle of poverty in Guatemala. In 2010, 13.5% of the population was living on less than $1 USD per day, and, in 2011, 30.4% were living entirely below the minimum level of dietary energy consumption. During this time, the government had been spending roughly 16.2% of its total expenditures on health, or roughly $325 per capita, on urban dwellers (World Health Organization 2007). Malnutrition is driven by poverty and governmental oversight,
which further perpetuate the problem by increasing the burden of morbidity on poor populations, which limits their economic capacity. Breaking this cyclical relationship could not only improve the nutritional and health standards of these populations, but also boost their productivity and reduce health expenditures, improving the economic status of the country as a whole (Bennett 2011). Alas, that has not happened so far.

Rural Guatemalans endure abject poverty and ill health more often than not, and alternatives are scarce. The rural communities are kept at a physical distance due to a lack of roads and terrain conditions unfavorable for agriculture. The land that is suitable for farming is often on steep slopes, which necessitates a reliance on generally unreliable rainfall for water. Moreover, the practice of slash-and-burn farming is prevalent, which reduces long-term land productivity even for basic crops, and reliable clean water sources are few and far between (IFAD n.d.). Beyond these practical issues, the volatility of food prices in Guatemala continually threatens the poor. Professor Adriana Petryna at the University of Pennsylvania, giving a lecture on nutrition, described this as “a silent tsunami, affecting everyone: the middle class sacrifices healthcare to eat three meals a day, the middling poor pull children from school and cut back on vegetables to afford rice, and the true poor cut everything to one or two meals of nutritionally lacking rice.” She emphasized that the most nutritious food is often the most expensive option, while in at-risk areas the most accessible, cheap, and popularly preferred options are nutrient-lacking.1

In fact, many communities have succumbed to the powerful marketing efforts of Coca-Cola and Pepsi, which provide sanitary, though unhealthy, soft drink alternatives to the question-able water, which has compounded the undernourishment crisis with obesity concerns.4

In addition, prenatal care, childhood education, and the choices of the mother contribute to the stunting of children. Often, parents receive very little education themselves, sometimes linked to their own childhood malnourishment, which thus affects the education and nourishment of their children. For those with the financial resources, private obstetricians are available, but the indigenous and rural poor do not enjoy that luxury (IFAD n.d.); they are unable to make the long trip to a public hospital and instead remain in their local community for birth (Annis 1981; Charles 2014).3 Even if they are able to make the trip, trained officials are not always available and the care they provide is often rushed. Rural populations are consequently further distanced from the government and lose trust in the services it provides. As Barg and Weiss state, “Approximately 80% of all childbearing women are attended by traditional birth attendants who have little or no formal education” (Barg and Weiss 2013). With under-educated or under-nourished parents and uneducated midwives, children are similarly unlikely to attain higher levels of education, and are likely to experience cognitive deficiencies (Bennett 2011). This can be seen in the different rates of school enrollment between the relatively well-off urban centers and the poor rural areas: the rate is 65% in Guatemala City and just 20% in Quiche and Alta Verapaz, two poor, rural areas (IFAD n.d.). Consequently, instead of transmitting information about breastfeeding through educated health personnel, such knowledge is often transmit-

**Part III: Precedent Intervention Evaluation**

There have been a number of attempted interventions both in Guatemala and elsewhere, and we can learn lessons from all of them about what it takes to make sustainable change within a community.

One of the most sustainable and beneficial programs in Guatemala has been the Guatemala Health Initiative (GHI) that the University of Pennsylvania began in 2005. It is a partnership with a hospital in Santiago Atitlán, the Hospitalito Atitlán, which is the only hospital that provides 24/7 emergency care for hundreds of miles around Lake Atitlán. The mission of the partnership is to address the “reciprocal needs of Guatemalan stakeholders and the mission of the university” (Barg and Weiss 2013). The community is primarily constituted by Tz’utujil Mayans and is located in the Western Highlands of Guatemala. It is primarily a subsistence economy, like most rural economies in the country, but it is also influenced by tourism and remittances from abroad. The area has the most limited access to healthcare in all of Guatemala and, as in many poor communities, respiratory and diarrheal illnesses and malnutrition are all prevalent among children, while diabetes, hypertension, and pulmonary disease are common among adults.

To place the area in context: the maternal mortality in Santiago is the third highest in Guatemala, malnutrition rates are fourth highest in the world, and seventy percent of the children in the area have stunted growth of varying degrees.10 Thus, the goal of the GHI is to utilize community-initiated programs that can improve health in the community, especially those that target maternal and child health. The initiative works with the Hospitalito Atitlán to strengthen medical services in a socially relevant and ethical way for resource-poor people by increasing...
clinical activities and community health education. It employs videotapes, lectures, and community projects that specifically aim to engage with women (Barg and Weiss 2013). Albeit a program in just a small community, the efforts of the GHI in advancing the quality of care and health in Santiago suggest that there is hope in the fight against national health issues in Guatemala, especially malnutrition.

An older program to combat malnutrition in Guatemala used a supplement known as “Incaparina,” and a more recent program first employed in Africa has created what is called “Plumpy’nut.” Dr. Nevin S. Scrimshaw developed Incaparina with the Institute of Nutrition of Central America and Panama, which he founded in 1949. He noticed a protein malnutrition that affected infants and young children in developing countries around the world, which prompted him to develop Incaparina (International Nutrition Foundation 2013). The name is derived from INCAP, the acronym for his institute, and “harina,” the word for flour in Spanish. It only costs one penny to make a glass of the nutritional food. As The New York Times (2010) describes, “Cooks were instructed to add water to the gruel, cook for 15 minutes and flavor it with sugar, cinnamon, vanilla, or chocolate.” It spread throughout Guatemala, El Salvador, Honduras, and Nicaragua (Martin 2013). It is still available for sale online for just $2.85, marketed as “a mixture of corn and soy flour that provides a high quality protein. Enhanced with vitamins and minerals that promotes growth, development and maintenance of the body” (Guatemala4Ever n.d.). The issue with this supplement, though, is that it does not remain fresh after opening and requires preparation that the most resource-deprived populations may not be able to execute. Also, the requirement to add water presents risks in poor countries and communities, where the water is likely unsanitary (Rice 2010).

This is the beauty of Plumpy’nut, which does not require refrigeration or preparation and stays fresh after it is opened (Morrison 2013). The 500-calorie, protein, vitamin, and mineral-rich product was invented by the pediatrician Andre Brillard, of the French company Nutriset, who designed it for Niger to be able to be made “by poor people, for poor people, to the benefit of patients and farmers alike.” The ingredients are F100, a dried milk fortified with vitamins and minerals, peanuts, milk, sugar, and oil (Rice 2010). Moreover, because it is an oil-based paste with low water activity, it is extremely bacteria-resistant (Prudhon, Brillard, Prinzo, Daelmans, and Mason n.d.). According to CBS News, a daily dose costs about $1 USD, which is a relative bargain, and it has proven very successful thus far (Cooper 2007). During the 2005 famine in Niger, it was distributed to 60,000 children with severe acute malnutrition and 90% of the population recovered completely (Morrison 2013). For that reason, Dr. Milton Tectonidis, the chief nutritionist for Doctors Without Borders, calls it “a revolution in nutritional affairs” (Cooper 2007) and why Paul Farmer’s Partners in Health Charity is now manufacturing products similar to Plumpy’nut with the help of community workers and farmers in Haiti. These kinds of products have proven successful and, in fact, can be “surprisingly tasty, with the consistency and sweetness of a cookie filling” (Rice 2010).

Furthermore, there are three agriculture-based interventions that operate in different places around the world that exemplify good work that can be done: 2Seeds, World Neighbors, and Groundswell International. 2Seeds operates in Africa to promote the best agricultural practices and financial stability, World Neighbors develops sustainable agriculture and promotes community health around the world, and Groundswell International operates throughout the world spreading agro-ecological farming practices, innovation, and farmer-to-farmer cooperation in addition to trying to strengthen local organizations.

What is notable about 2Seeds is its ability to develop a wide variety of projects that share the same core values: financial and operational sustainability, accountability, and community ownership. Each project is conceived within the community it aims to serve, beginning with “an assessment of the challenges of food and income security that local farmers face.” The project leaders from 2Seeds are there primarily as catalysts, while the community leaders actually implement the best agricultural practices with cutting-edge ideas and technologies from around the world revealed by 2Seeds members. They currently have nine projects in operation throughout Africa. Most notable is the Kijungumoto Project, which combines agricultural and market trainings with an incentive-based rewards system. The goal, which has been successful since the project began in 2012, is to educate local farmers on best practices and management strategies using a demonstration, while pushing them towards increased yields and improved crop management on their own plots (2Seeds Network n.d.).

Groundswell International aims to combat “the effects of the financial crisis, repeated disasters, and environmental deterioration” by aiding a shift in farming and related social practices. Specifically, they promote agro-ecology, which “centers on food production that makes the best use of nature’s goods and services while not damaging these resources.” This means aligning ecology to farming systems, economics to culture and society, and food production to communities. It employs farmer experimentation to improve soil, seed, and water management, while simultaneously trying to limit the number of technologies and practices taught so that change can be easily affected: “It is better to teach 100 farmers a few practices that work, rather than a few farmers 100 practices that work.” In this way, they set in motion new systems within communities that address challenges like hunger, poverty, community health, and income that allow for local people to take the lead in implementing productive, practical, and palatable solutions (Groundswell International n.d.).

All of these historical circumstances provide context for the health intervention that can combat the ill effects of malnutrition and reduce the prevalence of stunting among rural communities in Guatemala.

Part IV: Project Outline, Timeline, and Significance

The inequality between the urban elite and the struggling, chronically undernourished rural populations that are systematically disregarded by the social and political infrastructure is clear. The following intervention would begin to bridge that gap by engaging community leaders in creating a shift towards improved diet and nutritional education. In short, seeds for new agricultural products would be provided to better nourish the community members in conjunction with educational workshops that would instruct locals on how to effectively and sustainably farm the crop. Additionally, to ensure long-term health benefits, the intervention would also include the provision of supplies for immediate consumption that can combat acute cases of malnutrition. All of this would occur at the first introduction of the program, which would remain active in the community for five years to establish the relationships essential for its success.
This program would first be implemented in Santiago Atitlán. A variety of seeds of nutrition-rich crops and fertilizer would be supplied for community use in this rural Guatemalan area. These would include new weather-resistant corn varieties, new bean and squash variants, and weather-resistant soybeans. In this community of already engaged community members with pre-existing ties to international aid efforts, farmers would experiment with these seeds to determine which are the simplest to grow with the least capital investment. Simultaneously, the community would be trained in workshops that focus not only on the crop, but also on effective farming techniques for less-than-favorable terrain. Workshop attendees would be divided into groups overseen by program workers to make program implementation more considerate of individual cofactors affecting community members. The draw for these workshops would be packets of a product similar to Plumpy’nut, which would be provided free of charge by those implementing the program. These workshops would occur periodically throughout a five-year trial period to both ensure the transfer of knowledge from provider to community member and also to refresh old concepts and introduce new ideas about sustainable agriculture. To assist in this educational effort, information would be printed on the packages of the provided nutritional supplements, which would eventually be created from a new recipe designed using those crops that were proven most practical and cost-effective by the community members. Moreover, a volunteer community member would be specifically chosen to first comprehend fully and then disseminate completely the information to community members who did not attend the workshops but would benefit from them. In this way, the community would be equipped to combat malnutrition with or without international help.

Once the program is established in this way, the international aid workers would remove themselves from active participation, remaining available for help in times of emergency but not in the daily work of the community members. With these people extracted, this health intervention program could be assessed for any flaws that come up in their absence, and an evaluation could be made as to whether or not the program ought to expand. First, food security would be measured, as part of the goal of the program is to increase farmer productivity such that fewer and fewer meals would need to be shrunken or skipped to ration food. Second, the income of the participants in the program would be measured to determine if a positive change occurred since its implementation.

This program could improve the life experiences of the rural and indigenous Guatemalans, made better by the efforts of organizations working with the community to create the most effective and sustainable program. Funded by microloans and potentially by grants from the World Health Organization, National Institutes of Health, Pan American Health Organization, or partnerships with American universities, the Guatemalan rural poor would be provided with the tools necessary for their success: seed, fertilizer, and education. This economic activity has been unsustainable because of poor agricultural practices, high capital investment costs, and competition with cheap brands like Coca-Cola and Pepsi-Co. There are socio-cultural dynamics at play in the country that limit the effort of the government in improving the lives of the rural poor. This program moves beyond that to work in concert with target communities on an individual basis to break the cycle of health inequalities, relieve issues of malnutrition, and create new lives for previously marginalized Guatemalans.

References


In Situ: Spring 2015

In Situ: Spring 2015

Published by ScholarlyCommons, 2015


"Pahari" is the name of the Indo-Aryan people living in Uttarakhand, India, on the foothills of the Himalayas. I adore this photo not only because it captures the sense of serenity and liberating simplicity I felt when I was living in rural India, but also because it encapsulates the absolute love that my good friend and translator, Tulsi, exudes for her home and her animals.

Tulsi is a true Pahari. She was born and raised in the rural village of Kumaon in Uttarakhand, and served as the bridge between my outsider-ness—as I was merely a fresh-faced intern for a local rural development NGO for the summer—and local village life. Her parents are farmers, and their daily lives consist of fetching water, cooking, sowing seeds, harvesting vegetables, collecting fodder, and looking after their cows. At the age of 22, one would expect that she would already have been married off with one or two children like many young women in Kumaon. Instead, she is a Master's student in English Literature, a fluent Kumaoni-Hindi-English translator, a camper and trekker, a tutor, an activist who believes strongly in women's rights and empowerment, and a de facto professional henna artist. Whenever she returns home from university, she is also a humble daughter who helps around with household chores, which may involve hoeing potatoes or carrying boxes of apples on her head across steep hill paths, while also continuing her studies.

I am absolutely awed by all that she does. I especially admire how her education has empowered her. But it is the fact that she remains a modest Pahari—one who loves the animals and nature around her yet remains grounded in her community—that makes me take an intense liking to her. With every path we took, we came across someone who recognized her and wanted to chat—young men on scooters, the momo-maker (Tibetan dumplings), the lady pharmacist in Bhatelia, women in saris carrying fodder along the road…Whenever we visited mothers' or healers' homes for my health project, Tulsi's bubbly personality opened up these people's hearts to me—the foreigner—and my questions.

Tulsi was my entry point into the everyday lives of the Kumaoni men and women, enabling me to understand the culture so much more than I ever would have otherwise. Although I was an intern looking to help the community, I know that if anyone can make change in this community from the inside-out, it would be her. I consider myself a plain foreigner who took away more than I could give to the people here. But I also know that people like Tulsi deserve the opportunity to travel and volunteer in other countries as well, including the United States, so they can learn and continue to be that bridge between their communities and the world outside of their villages.

Eileen Wang
Middle Eastern Memories
After traveling 32 hours across three continents, I arrived in Jordan. I traveled to the Arabian Peninsula in mid-May last year to partake in Columbia University’s Summer Ecosystems Experience for Undergraduates (SEE-U) Program where I spent five weeks studying water management, sustainable dry-land agriculture, and conservation biology. It was not only the field of study that attracted me to the program, but also the adventure of traveling to a country so far from home. Over the course of the program, we traveled to a number of Jordanian cities, including Amman, Ajloun, Jerash, Dana, Petra, Aqaba, and Madaba, where I formed a number of unforgettable memories. For example, I snorkeled amongst lionfish, clownfish, and other colorful sea life in the Red Sea; floated in the Dead Sea, where the current pulled my body across the warm, oily water; rode a camel in Petra fearing that its wobbly, pencil-like legs would break under my weight; explored ancient Roman ruins in Jerash and Amman; and haggled in the souks, surrounded by a myriad of beautiful fabrics, jewelry, and handicrafts. While these are only a number of memories I cherish, I am most nostalgic for the cultural experiences I had while in the Middle Eastern nation. I miss the smell of crisp, rounded falafels as they sizzled in metallic vats on street corners in Madaba—their fumes wafting through the air, choking the street vendors who fashioned them. I miss the trancelike sounds associated with the Islamic calls to prayer—the pious chanting bounced off the walls of grand ravines, causing them to echo throughout Amman, Ajloun, and Dana. I miss the faint sound of goats being herded in the rural Bedouin villages in which we stayed—the sounds of baaahs and bells growing louder in the evenings. I miss the sea of red dunes that blanketed Wadi Rum. Lastly, I miss the minarets, which glowed green each night against the backdrop of a million stars. Studying abroad in Jordan through the SEE-U Program not only allowed me to study a discipline that I am passionate about, but also to experience another region of the world I would have not visited otherwise. Although I spent only five weeks in Jordan, I long to return to that otherworldly land.

Kelly Anne Bridges
Authors

Kelly Anne Bridges

Kelly is a senior studying Science, Technology, and Society with a concentration in Energy, Environment, and Technology. Furthermore, she is pursuing a minor is Sustainability and Environmental Management. Born and raised in San Diego, her interests lie in the environmental, social, political, and cultural impacts of droughts, particularly amongst indigenous populations. This interest has led her to study the impact of water and food security amongst Bedouins in Jordan and Aboriginals in Australia. This summer, she continued to pursue this academic interest as an intern at Samaj Pragati Sahayog (SPS) through Penn’s Center for Advance Study of India. At SPS, she worked in a rural village in Madhya Pradesh on watershed management and sustainable dryland agriculture projects. Furthermore, the site served as a case study for her senior thesis on the impacts of monsoon variability and droughts on tribal populations in India. Kelly hopes to pursue a graduate degree in either climate, disaster, food security, or water studies, in which she can further analyze the impact of droughts on vulnerable populations around the world, including her homestate of California.

Charlie McClelland

Charlie graduated this past May with a major in Cultural Anthropology and a minor in International Development. He was born and raised in Philadelphia, where the distinct personalities of different neighborhoods first piqued his interest in culture. He is currently interested in globalization, social change, and systematic inequalities. To that end, he spent this past summer traveling Europe and Southeast Asia before he returned to Philadelphia for work.

Kirsten Myers

Hailing from Beaverton, Oregon, Kirsten graduated from Penn this May with a degree in Health and Societies, with a concentration in Public Health, and a minor in Anthropology. She is interested in social determinants of health and the construction of disease narratives. After spending last summer working with indigenous populations with chronic disease in Guatemala, she is hoping to work again with indigenous populations during an Americorps year this fall. Her career aspirations include embarking on the journey towards an MD and PhD in Anthropology. This past summer, she explored Thailand.
Jordi Rivera Prince

Jordi is an Anthropology major and Psychoanalysis minor in the College of Arts and Sciences Class of 2016 from Holland, Michigan. Her specific interests lie in Biological Anthropology and Skeletal Analysis. In addition, her independent research concerns strengthening the techniques utilized in determining biological identity in the repatriation process of Native American remains, topics surrounding NAGPRA. A semester abroad in Melbourne, Australia, inspired her to further explore questions surrounding identity and cultural heritage that arise from institutional possession of indigenous remains.

Eileen Wang

Eileen is a senior from Richmond, Virginia, studying Health and Societies, with a concentration in Global Health, and pursuing a minor in Anthropology. She plans on going to medical school, perhaps in conjunction with attaining a graduate degree in Medical Anthropology. In the future, she plans on practicing medicine, doing anthropological research in either global health or maternal-child health, and teaching. This summer she went to Shanghai, China, to conduct ethnographic research on the sociocultural context surrounding cesarean deliveries on maternal request, or elective C-sections, as part of her senior thesis.

Melanie White

Melanie graduated this May with a major in Cultural Anthropology and a minor in Africana Studies. Her senior honors thesis documents processes of identity formation among Black Creoles on the southern Caribbean coast of Nicaragua, specifically in relation to the post-colonial mestizo nationalism of the Nicaraguan nation-state. Her ultimate aims in conducting this ongoing research include undoing processes of Black erasure (at both the personal and structural level) in Latin America and the Caribbean, as well as writing Central America in as pertinent and no longer peripheral to conceptualizations of the Black diaspora. She is currently developing a graduate research proposal that is an extension of her undergraduate research to examine identity formation among first, second and third generation Nicaraguan Creoles in the US and particularly in Miami. This fall she entered the African and African Diaspora Studies PhD program at the University of Texas at Austin.