

# EMERGENCE: Indigenous Women Struggle On

By

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*(Presented during a panel discussion on April 2 with professionals and academics, expanding on the social and human dimensions of global health. ‘The Pandemic as Portal: Exploring the Need for People-Centered Health care’ was the theme of the discussion initiated by Amherst College Bioethics Society and Liyang Network Western Massachusetts Chapter, Kidney Disease Screening and Awareness Program, Public Health Collaborative and Project Salud).*

DAVAO CITY (MindaNews / 04 April) — It is with honor that I accept this invitation to share experiences with you friends and colleagues in social justice movement. Allow me to express my gratitude for your interest in listening to the plight of indigenous women in the Philippines and for giving me freedom to develop my discourse according to my grassroots feminist slant. My talk has four key messages.

1. Indigenous women enjoyed a special role during the precolonial period.
2. Two health care models mainstreamed the indigenous women, the Social Model, and the Citizenship Model.
3. Indigenous women push back to claim their rightful place in inclusive and sustainable development.
4. Our response entails radical inclusivity because it is just and moral response

**KEY MESSAGE 1: Indigenous women enjoyed a special role during the precolonial period.**

During the pre-colonial period, the shamans were usually women. They were called “Babaylan” or “balian” or “katalonan.” They were said to have the ability to communicate or appease the spirits of the dead and the nature. There were also male shamans, but they had to change to women clothes, or they had to be feminized when they perform healing rituals. They were called “asok” or “bayok.” The shamans were said to have a spirit guide, and this enabled them to contact the spirits and deities (“anito” or “diwata”) and the spirit world. The babaylans also had specialties. Some known folk medicine practices were herbalism, divination, healing, and sorcery.

During the Spanish colonization the Babaylans were vilified, demonized, witch-hunted, labeled as satanic. The babaylans also took part in the armed struggle against the Spanish colonizers. Of course, there were women like Gabriela Silang, Tandang Sora, Teresa Magbanua and others. Our country never ran out of women heroes all throughout history.

Fast forward. The historical and political context dictated the type of health care response. In the Philippines, the Charity Model dominated during the pre-World War II era and was championed by foreign missionaries. It addressed the issue of survival. The philanthropists were at the helm of this model. For example, the hospital I am affiliated with, Brokenshire Memorial Hospital was named after Dr Herbert Brokenshire, a US Navy doctor. He was successor of the Dr. Charles Sibley’s team which came to Davao in 1903 and was sent by business-philanthropists based in New York.

Then came the Medical model, with doctors and other health care professionals taking the lead in health care system. The medical model effectively addressed functional independence of survivors of the illnesses. But then both charity and medical model were expensive models and did not welcome inputs from the communities. The indigenous women-healers were driven underground for the longest time until the model of the 70’s political movement surfaced.

**KEY MESSAGE 2:** Two health care models mainstreamed the indigenous women back, namely, the Social Model of the 70s and the Citizenship Model that surfaced in the 90s.

The late part of the 20<sup>th</sup> century witnessed the phenomenon of institutionalized poverty because of the global economic system which is neoliberalism. The grassroots movements influenced the Catholic church toward the institutional call for “preferential option for the poor and vulnerable.” For the Philippines, which is predominantly Christian, this is important because the Catholic nuns of Rural Missionaries of the Philippines started the community-based health program (CBHP) in 1973. There was also a similar global call in the health sector and in 1978 the Alma Ata Declaration that embodied the principles of Primary Health Care was adopted by several countries including the Philippines. The government translated the call into impact programs and was considered selective PHC. The grassroots NGO, on the other hand, opted for the comprehensive model. The communities took the driver’s seat in the health care system with the community health workers taking the lead. Some of the indigenous women became community health workers (CHWs), although many did not or do not self-identify as indigenous or Lumad, because many were assimilated and embraced Christianity.

The CBHPs produced several women-leaders from the CHWs such as Vilma Yecyec, whom I met during the CBHP conferences when I was a medical student, then, as a fledgling physician working in a CBHP covering the urban poor communities of Davao City. At 71, Vilma was arrested for trumped-up ludicrous charges of murder of members of Lumad tribe in Davao del Norte, allegedly former New People’s Army, 235 kilometers away from her region (estimated five hours travel). She does not even know the latter.

The CBHPs addressed the issue of human rights and the community participation of the Lumads in development. The 90s decade saw the deepening of the understanding of human rights. Various sectors formed organizations and became self-propelling. The women also formed organizations in their subsectors, which paved the way for the mainstreaming of the traditionally excluded communities. Women at the grassroots level articulated the issues that affected their communities. They became champions of sustainable and inclusive development. This is especially important to us, in the health sector. We, health professionals, may be able to solve the

medical side but we must be mindful that, addressing the social determinants can solve the health problems significantly.

Two Lumad women-leaders of Sabokahan, namely, Bai Lorena Mandacawan and Jennilyn Baguio, are former Barangay Health Workers of the government health agency. They are both products of the social model and citizenship model of health care. Bai Lorena is spokesperson of Salugpongan School's Parents and Teachers Community Association until the demise of the Lumad schools from the attacks by state agents, plus the bomb threats made by no less than the President of the Philippines. Jennilyn Baguio formerly was facilitator of conditional cash transfer under the Department of Social Welfare and Development and now is the secretary-general of Sabokahan. Both work hard for relevant education for the Lumad people. In 2019 alone, the Department of Education shut down the Lumad schools. Thus, the so-called "Bakwit" (from the term evacuate) schools. The students and teachers sought sanctuary in various universities to be able to continue with their education.

Lately, the National Commission on Indigenous People and the Presidential Communications Operations Office have red-tagged the word Lumad, claiming that the word originated from the CPP-NPA-NDF. The non-Islamized indigenous people of Mindanao had earlier agreed to identify themselves as Lumad people. This marked the citizenship model of social development as well as that of health care for the Lumad people. Note that in the Citizenship Model, any group of people have the right to identify themselves. For example, those with disability call themselves People with Disability (PWD) rather than Disabled People because they are equal citizens. When their disabilities are addressed, they become functional, contributing to meaningful change in the society.

This is also the case of the Lumad people. Because of their concrete experiences, of militarization, vilification, and exclusion, they see connections between resource control and neoliberalism. They defend our remaining forests in Mindanao. They advocate meaningful policy changes and inclusive governance. They agreed to identify themselves as Lumad people, and this gives them the Mindanao ethnic identity, even though the word "Lumad" is an adopted Visayan term for native.

All the development activities that took place in the territories of the Lumads have not addressed the issue of access to health care and other social services by the entities, specifically, corporations and government agencies and politicians, that promised development in their papers. The Lumad women have always been at the forefront in defending the environment from the so-called development aggression. Datu Bai Bibyaon Ligkayan Bigkay waged a pangayao, a form of resistance, against Alcantara and Sons Corporation Incorporated.

She was given the title Datu by the Talaingod Manobos. This title was traditionally for the male leader or the village chief. If they surrendered their mountain range to the mining companies and land conversion, then we would be consuming poisoned water. The more we suffer from flooding. A lot of the diseases from development projects such as mining are prevented by their environmental defense work. The Pantaron mountain range is an important resource for the Mindanao population because the headwaters of the important rivers of Mindanao come from this range.

The network of schools for the Lumad children was established as a response to the mainstreaming of Lumad people's development issues. The Rural Missionaries of the Philippines and other non-government organizations, people's organizations, civil society organizations and philanthropic individuals sustained them.

**KEY MESSAGE 3: Indigenous women push back to claim their rightful place in inclusive and sustainable development.**

When I started joining the medical missions and fact-finding missions in various places in Mindanao, I saw the displaced Lumads, back then they were called Internally Displaced People or IDPs. They were displaced and I was just a mere physician providing health services. Other teams got stories from the communities. According to them they had to stay in an evacuation center, which was usually a school. They evacuated because their communities were militarized. And I started asking why their communities were militarized. Then I saw the connection between business interests and militarization. The Lumad people do not need convincing how foreign businesses like mining have become ethnocidal. They do not need convincing that their

collective rights have been violated. They have concrete experiences. And this relationship between neoliberalism and extrajudicial killings were confirmed by the factfinding done by Agnes Callamard, UN rapporteur, in 2017.

As I was doing my campaign against coal power in the various parts of Mindanao, I heard stories of Lumad communities, being made to sign a document so that they may become beneficiaries of 4Ps or Pantawid Pamilyang Pilipino Program. 4Ps is a conditional cash transfer program. They were surprised that a coal fired power plant was to be established because they have signed Free Prior Informed Consent and as far as they remembered they signed up only for 4Ps. This is a common scenario. People in far-flung areas being made to sign attendance sheets which magically turned into Free Prior Informed Consent for big projects whose activities have negative impact to the said communities. This is unethical, unjust, and runs contradictory to the intent of inclusive development.

Aren't these reasons enough to push for genuine Lumad education? This is the social context of the Lumad communities. This marginalization led the indigenous women to rise against institutionalized violence against their communities.

The first genuine Lumad woman-leader in Congress, Rep. Eufemia Cullamat, comes from Caraga region and her community resisted coal mining. It was in their region where an educator and Lumad supporters were brutally murdered. The murder scene was a school, which received awards for its Alternative Learning System, eventually, forcibly shut down upon the marching orders by no less than President Rodrigo Duterte. Rep. Cullamat's presence in Congress is a major victory for the Lumad women and the indigenous communities. This is critically engaged citizenship. This is the kind of preventive medicine that we long for. People do not have to suffer needlessly from health problems arising from the toxic wastes of coal mining or drowning, because of flooding from environmental degradation.

**KEY MESSAGE 4: Our response entails radical inclusivity because it is just and moral response.**

I know it is quite scary to be a Lumad advocate, especially when activism is being criminalized through trumped up charges and killings. The state agents and supporters of authoritarianism have become so desensitized to brutality. All they had to do is designate activists and personalities, organizations, and the whole people's movements as communists. Paint the enemy black and anything goes.

There is a proposition that the indigenous people should be "left alone." But what does this mean. Are we supposed to watch them live in learned helplessness and programmed ignorance?

Our pandemic response failed because our government does not believe that communities should be front liners in the pandemic response. They spent so much time creating fake propaganda stories about the Lumad people seeking sanctuary in Haran that they were harboring COVID patients. There were two sickly babies who died of pneumonia despite being taken to the hospital. But the parents' and the babies' nasal and throat swab tests were negative. Then another person who died at Brokenshire Hospital was said to be due to COVID and the fake news looked like our hospital violated the confidentiality, and the Data Privacy Act. I noticed that the story was labeled as sponsored content. I called out the local newspaper, asked our hospital authorities to write a complaint to the Philippine Press Institute. The reporter went back to the source of fake news to correct the story, the source turned out to be the Davao police authorities. After my intervention, I got included in the "Wanted" poster. That poster labeled us as "Berdugo" or executioner, and killers of Lumad people. This is to demonstrate that there is conscious exclusion. The pandemic response in my country was placed at the helm of the military. They have spent more time red tagging, illegally arresting and killing activists. They have killed Dr. Mary Rose Sancelan in Negros Oriental in the Visayas, despite being head of the pandemic response of the Guihulngan City Inter-Agency Task Force against Emerging Infectious Diseases. They have spent more time with propaganda and campaigning for 2022 election, red-tagging and killing.

I teach medical students. We teach them about the Hippocratic Oath. The oath states that as physicians, “we will not permit considerations of age, sex, class origin, religion, political persuasion and race intervene our duty.” And to us, there is a need to expand the oath beyond doctor-patient relationship. In the age of neoliberalism, there is an obligation of a physician toward the physician-community relationship. We also teach them about the social obligation scale. It is not enough to be socially responsible. We must be socially responsive at the very least and socially accountable at best.

We push the Primary Health Care as an approach that is beneficial to all. It is anchored on the principle that health is basic human right and that the health problems are mere reflection of the social, political, economic, and cultural structures of the society. We insist that the communities, the authentic issue bearers should be at the driver’s seat.

This is radical inclusivity. We reject the red tagging of activism. We reject the red tagging of the term Lumad. If we believe in health, peace, and justice, we must change the tone of our conversation. Authoritarianism has no place in radical inclusivity.

*(MindaViews is the opinion section of MindaNews. Dr. Jean Lindo is a medical practitioner doing community development work for four decades. Her clinical practice is Anesthesiology. She is chair of the inclusive women’s movement, Gabriela Southern Mindanao, and co-chair of Panalipdan! Mindanao a multisectoral network of environmental defenders all over Mindanao. She is faculty member of the Department of Community Medicine of the Davao Medical School Foundation).*

<https://www.mindanews.com/mindaviews/2021/04/emergence-indigenous-women-struggle-on/>