

## **CENTER FOR WORLD INDIGENOUS STUDIES**

1001 Cooper Point Road SW 140-214  
Olympia, Washington 98502 USA  
Telephone 360-754-1990

4 November 1998

MS. MIDORA WOODS

Dear Ms. Woods:

On behalf of the Center for World Indigenous Studies—Center for Traditional Medicine and the Women's Traditional Medicine Project permit me to present our proposal for the **THE YELAPA PROJECT: Community Trauma and Recovery**. We request support in the amount of \$9750.00 to cover the project period of three months beginning December 1, 1998 and concluding on February 28, 1999.

Dr. Leslie Korn and Doña Alisia Rodriguez Arias will guide the "community determined research and action" effort to document characteristics of community trauma and stress experienced in the small Indian village of Yelapa. Not only will the Yelapa Project document findings, but also it will undertake to facilitate the application of the Yelapa "knowledge base" to implement directly a recovery strategy. This "community determined research and action" approach has been employed in educational program development on Indian reservations in the United States and in Canada. Project coordinators believe this approach can be tested initially in Yelapa in anticipation of conducting two more phases of "community determined research and action" in this village.

The Center for World Indigenous Studies seeks support of the first phase study of the Yelapa Project to establish a baseline for conducting Phases 2-4 over the next three years. The Yelapa Study is a distinct study being conducted within the framework of a 20 year "Community Trauma Study" that includes independent studies in West Papua, Western Canada, Northeastern Nicaragua, Alaska, Mexico and we anticipate adding studies in Ireland and South Africa. Each distinct study must find its own funding, but coordination between the studies is conducted by the Center for World Indigenous Studies.

Your support of the Yelapa Project will get this distinct study started at a time when development pressures have grown substantially in Mexico since conclusion of the North American Free Trade Agreement. We are hoping to find a way to heal communities before they are compelled to violence or repeat violence on themselves as is happening in Chiapas and Guerrero states. Your support would also make the project function in a way that attracts important community participation—creating a greater possibility for finding a method of recovery for traumatized indigenous communities. Please find our proposal attached.

Sincerely

Rudolph C. Ryser, Chair of the Board

Center for Traditional Medicine -Womens Traditional Medicine: The Yelapa Project:  
Community Trauma and Recovery

***Project Description***

The village of Yelapa is one of five villages located in one of the last remaining *comunidades* in all of Mexico. Set aside as *protected* territory for Indians after the 1910 revolution the large area south of Puerto Vallarta is a mountainous, semi-tropical place where Indian communities hold tenaciously to the soil and to the sea. Yelapa, of all the villages, is dramatically affected by tourism and development pressures. Since about 1975, Yelapa has become an increasingly appealing village site for commercial development interests though actual placement of such commerce has not yet taken place. Like Indian communities throughout the Western Hemisphere, Yelapa has experienced increasingly demanding encroachments at a pace largely determined by outsiders—not the people who live in Yelapa.

Based on twenty years of observations, Dr. Leslie Korn has determined that members of the Yelapa community may be suffering from a growing disconnection from the land, social fatigue and development trauma. This three-part observation seems to parallel the observations of other researchers engaged in the Center for World Indigenous Studies “Community Trauma Study” being conducted in Western Canada, North eastern Nicaragua, Alaska, and West Papua. Indeed, the initial studies conducted by Dr. Korn are now a part of the twenty-year “Community Trauma Study.” Scores of Fourth World nations (indigenous peoples) appear to be suffering from traumatic stress directly associated with externally imposed development and change. Individual health problems appear to be directly associated with this stress and wider group dynamics involving violence, drugs and suicide appear also to be associated. The Yelapa Project is a three month “snap shot study” designed to establish a “baseline” for observations for use in the future, and initial organization of a community healing strategy for individuals and the group as a whole.

The Yelapa Project is both research and treatment for community trauma and healing that can be compared with findings in other communities currently within the scope of the “Community Trauma Study.” In addition, the Yelapa Project is designed to directly address the community healing needs of the village of Yelapa as a direct result of a “community determined research” method. This method aims to validate the store of beneficial knowledge already available in the experience and memories of Yelapa village members to address the symptoms of community trauma in individuals in the group. This method of research serves to empower village members armed with their own knowledge. The Project Team has the responsibility of supporting the village knowledge base while assisting the organization and structuring of that knowledge for internal use and external communications. The project emphasizes organization among community women who are the traditional holders of healing knowledge.

The Yelapa Project will produce a “written report of findings and prognosis,” and an “oral report addressed to village members.” While outside the direct scope of the three month project (December 1998 – February 1999) results of the study will be shared with Project Coordinators engaged complimentary studies in other countries under the CWIS “Community Trauma Study.” The eventual outcome of the Yelapa Project will contribute

11/22/98

Dear Medora:

In reply to your 7 November email where you ask for more information about the CWIS "Community Trauma Study," and you ask for more about "community determined research" I offer the following:

#### CWIS COMMUNITY TRAUMA STUDY

The CWIS Community Trauma Study grew out of an intense meeting in Amsterdam, the Netherlands in 1995 when Rudy and I met with Viktor Kaseipio, the spokesman for OPM, the political arm of the West Papuan Movement. Mr. Kaseipio and Rudy had been working for about ten years to help bring the war between Indonesia and the West Papuan tribes to a peaceful end. Kaseipio asked if the Center for World Indigenous Studies could help the Papuan tribes address an even greater problem than the war with Indonesia. The Papuan representative explained that the war had traumatized hundreds of tribes because of the violence they sustained for more than a generation. He also indicated that he believed the war with Indonesia would end within a few years, but a new and more ominous problem had emerged: violence between tribes and within tribes. The new violence, Viktor described would result from some tribes having been forced to relocate into other territories historically occupied by other tribes. Still more violence would come from the presence of thousands of weapons (Uzies, AK47 assault rifles, M16s, pistols, hand grenades, etc.) left in villages and in the possession of young men willing to use these killing tools on members of tribes. What Viktor described was the prospects of a rein of terror in the west part of Papua that would come from the traumatized populations that had engaged Indonesian troops for more than a generation. A form of self-destruction would ensue, suggested Viktor.

On behalf of CWIS, Rudy agreed to open an inquiry about what might be done to help traumatized indigenous communities made so by violent wars, displacement by habitat destruction (deforestation, river system redirecting, hydroelectric dam construction and dislocation of villages, and territorial annexation, forced relocation of whole populations, and long-term refugee status) and forced socialization programs (reeducation programs, boarding schools) brought on by colonizing powers. After discussions with social scientists the CWIS determined that little or no work social research had been done in the field we came to call "Community Trauma," a proposal was put before the CWIS Board of Directors to authorize a twenty-year study of theoretical and applied research that would help define appropriate modalities for identifying and treating community traumatic stress among indigenous peoples.

I advised the Board that I had observed symptoms of "community traumatic stress" in the village of Yelapa over the many years working in Mexico and that my clinical and community work there focused on this issue. Some of my own work on the subject of traumatic stress had just been published. That same year, Rudy and I had been invited to present to a conference on self determination at the University of Alaska, where I applied a community trauma and traumatic stress model to understanding the impact of development on Alaska natives, whose rates of ill health and suicide has skyrocketed in

the last 30 yrs. I indicated that I had considered the possibility of community trauma for a number of years and linked resolution in part to community health building through traditional medicine. The stressors on Yelapa have some of the same characteristics of "invasion" as the Papuans experience from Indonesia—though Mexico did not undertake an "armed invasion." Rapidly introduced changes, (not under the control of the people themselves) by Mexico appear to have some of the same effects on Indian peoples in west Mexico. The villagers of Yelapa appear to suffer from overwhelming experiences over which individuals have no control—traumatic stress disorders. My work seeks to apply a model of post traumatic stress disorder to whole communities that manifest symptoms of stress and traumatic stress. I apply a model of recovery that includes community-based knowledge validation, group work and individual treatment that is culturally appropriate. The model contains elements of establishing safety and trust, naming, witnessing, education about the effects of stress and trauma including the model of self medication (abuse of drugs and alcohol) intergenerational transmission, grieving losses, and methods of reclaiming capacities and building new ones. There is a spectrum of traumatic stress and community dis-order and a spectrum of stressors affecting indigenous communities. These are some important elements incorporated into the Community Trauma Study.

CWIS Board Member Rosalee Tizya, who had worked with the Royal Commission on self-government as director of research, had begun work in Canadian Indian communities in 1994 when she left her post to return home. She believed that her work might add to a better understanding of community trauma. Tizya's research deals with Indian communities that have been under strict colonial control—imposed invasion—for many generations. She has focused on intergenerational trauma in Indian communities that invite her to work with them to mediate and control violence among their people. She uses "community determined intervention techniques" which rely on validation of a community knowledge base and the use of that knowledge to define healing remedies.

The Study was authorized by the CWIS board and work was begun as independent studies in West Papua, western Canada, west Mexico and in South Africa where Dr. Rich Griggs, coordinator of the CWIS Fourth World Atlas Project was conducting similar studies in Zulu villages. In 1997, CWIS was invited to co-sponsor the World Congress on Violence and Human Coexistence at the University college in Dublin. CWIS brought 8 multidisciplinary presenters addressing issues of self-determination, environmental degradation of Indian territories, prostitution trauma and violence and development. Those papers await publication in the CWIS Fourth World Journal. While there, Rudy met with local groups in Dublin and Belfast, Ireland and learned of their interest in collaborating with the Center for World Indigenous Studies in the "Community Trauma Study." The "field studies" in four to six countries have already begun to reveal appropriate methods for treating "intergenerational trauma" (trauma suffered a generation or two after the initial onset of traumatic experiences with ongoing symptoms and traumatic and dissociative behaviors) resulting from Ms. Tizya's work. Understanding the multiple levels of traumatic stress among Papuan tribes is beginning to unfold as well. CWIS is considering the idea of organizing an international conference on Community

Trauma perhaps in a year or two to bring together all of the parts of the "Community Trauma Study" and involve a wider circle of researchers and thinkers at the conference.

#### COMMUNITY DETERMINED RESEARCH – "INTERVENTION"

Community Determined research, education, development and change are all old concepts which have in the last ten years begun to fire the imagination of social researchers and thinkers. The concept is rather simple with these aspects: 1. Individuals from outside a community, having earned the trust of community members, engage in a "democratic sharing" of knowledge aimed at finding a remedy or answer to a problem defined by the community. "Knowledge sharing" must be equal and balanced. 2. Outside individuals work with community members to understand and formalize the community's "knowledge base" and by so doing give validation to that knowledge as a legitimate means for solving community problems. 3. Outside individuals and community members collaborate to design appropriate methods for communicating the community's knowledge-base back into the community while forming approaches to translating that knowledge into information that informs outsiders. 4. After the knowledge based has been securely validated it must then become the basis for community members acting on their own behalf inside and outside the community

Community Determination initiatives are equivalent to the expression "self-determination" on an individual basis. A community may freely determine its social, economic, political and cultural future without external interference might be a variable way of expressing the collective concept. That a settled community has a valid knowledge-base that forms the underlying structure of its culture is a certainty. This knowledge-base is often disregarded or subordinated by outside claims of superiority, though no such basis might exist for such a claim. Communities often set aside that knowledge-base when confronted with such claims. When they do so, communities often lose the capacity to function fully and completely in their own interest. Community determined research, education and development are all part of the method for restoring self-directive capacity by cultures wounded by intimidation, threats or persistent denigration. It is for this reason that the methodology is thought useful and desirable concerning treating community trauma.

I hope I have given you a clearer understanding of the Community Trauma Study and the concept of "community determined research." Your interest in our work is warming and reassuring.

to a wider analysis for approaches to community healing in Fourth World nations suffering from war, environmental upheaval, social displacement, and other adverse affects of development.

### ***Purpose***

To validate traditional healing practices and knowledge in an Indian village as a way to restore community stability and strengthen the community's ability to heal itself from the adverse effects of externally imposed development—understood as a form of community trauma.

### ***Goal***

Document characteristics of community traumatic stress and implement strategies for strengthening the capacity of community members individually and as a group to name stressors and define methods for mediating the adverse affects of these stressors.

Document traditional healing in a Phase I Analysis and in group presentations as a way for strengthening and reinforcing individual and group identity.

### ***Objectives***

1. Conduct up to six women's group gatherings to identify community stressors and define healing modalities for individuals and groups during meetings at the Center for Traditional Medicine, Casa Xipe Totec Clinic, conducted over a three-month period from December 1, 1998 through February 28, 1999.
2. Compile and collate existing historical Yelapa village member interview data developed over twenty years in the form of an analysis paper by February 10, 1999.
3. Establish a village photo exhibit from a donated collection of photographs of Yelapa dating from 1955, provided by Ms. Kay Harper of New Mexico in Tumi Hall and offer village viewing and organized presentations for village youth describing the history and changes in the village by February 28, 1999.
4. Compile and develop displays of traditional medicines, in particular flora for group discussions and public viewing by February 15, 1999.
5. Provide up to eight clinical treatments to individuals with dual diagnosis of somatization and traumatic stress between January 2 and January 31, 1999. Use this clinical data with historical data to analyze the link between development, community trauma, violence, substance abuse, traumatic stress and somatization and have available oral presentation for meeting of village women.

### ***Activities***

1. Coordinators organize a one group of women to travel by boat and VW bus to Llano Grande and Tapulleque villages that are traditionally linked to Yelapa families to strengthen social and cultural ties and sharing of traditional practices by February 28, 1999.
2. Community organizers invite Yelapa women members to participate in a traditional meal preparation at the Xipe Totec *pretile* to make tortillas, corn, beans and rice and a

discussion of traditional knowledge during the week of Jan 2, 1999 and continue organizing through January and into February 1999 as in Activity #5.

3. Interns compile and translate historical interview data for evaluation by the Coordinators by January 31, 1999 and Coordinators complete evaluation by February 10, 1999.
4. Clinical Assistant with Coordinators provide clinical treatments based on need by Yelapa village members from January 2 – January 31, 1999 documenting diagnosis for inclusion in the historical data review.
5. Community organizers visit up to fifteen households each to identify and encourage participation in women's group gatherings.
6. Coordinators evaluate historical and extant data and then deliver a public presentation on Yelapa village culture in late February 1998 at Xipe Totec's Tumi Hall to affirm knowledge gathered in the first three months of the project.
7. traumatic stress survey tools are translated for inclusion in clinical questions
8. exhibit walls and frames are designed and constructed for the photographic and traditional medicine exhibit

**Project Personnel**

Dr. Leslie Korn, Ph.D., M.P.H.  
 Doña Alisia Rodriquez Arrais  
 Marta Cruz  
 Nati Cruz  
 Lucinda Sanchez  
 Dora's Daughter  
 Marianna Gonzalez  
 Alexandra Ponette  
 Rudolph C. Rýser, Ph.D.  
 Liz Anne Pastore

Project Coordinator  
 Assistant-Project Coordinator  
 Community Organizer  
 Community Organizer  
 Community Organizer  
 Trainee  
 Intern  
 Intern  
 Technical Assistant  
 Clinical Assistant

PROJECT TERM: December 1998 – February 1999.

**Budget Summary:**

Budget Item	Unit	Unit Cost	Total
Personnel			
Coordinator 1	3 months	1600.00	4,800.00
Coordinator 2	3 months	560.00	1,680.00
Stipends	25	20.00	500.00
Technical Assist	3	400.00	1,200.00
Food	1 main and 6 gath		950.00
Gifts			300.00
Supplies			100.00
Equipment			50.00
Travel			175.00

Space Rental			300.00
			\$9,755.00

**Personnel:**

The Project Coordinator and Assistant Project Coordinator have responsibility for overseeing the conduct of the project, conduct women's gatherings, supervise community organizers and direct the activities of the interns, technical assistant, clinical assistant and trainee. The Assistant Project Coordinator works part-time due to her home responsibilities and the Project Coordinator works at three-quarter time.

**Stipends:** Individual payments to community organizers for specific organizing activities in the village at \$10.00 to \$20.00 per event.

**Technical Assistant:** Picture and plant mounting, data entry, community determined research adviser.

**Food** includes \$200 for a village-wide gathering, each of the six women's gatherings involves a main meal for twelve to twenty women plus helpers (25 people maximum) at \$125.00 each for a total of \$750.00—total food is \$950.00

**Gifts:** Giving to other village women, and participants in groups and other informants from Yelapa and other villages.

**Supplies:** Display materials, display boxes,

**Equipment:** plant press

**Travel:** 4 boat trips and ground taxi to Puerto Vallarta for supplies at \$12. per trip, 8 participants taking boat trip and VW bus to upper villages at \$100.

**Space Rental:** Space for conducting gatherings in the main hall of Xipe Totec compound.