

## DECLARATION

### **THREAT TO AND SYSTEMATIC DESTRUCTION OF THE BLACK GARIFUNA PEOPLES—DECLARED BY UNESCO A CULTURAL HERITAGE OF HUMANITY**

#### **Black Garifuna Peoples of Honduras**

---

*Drafted by Representatives of the Association of Garifuna Municipalities, Iriona Municipality (Colon Department), Luagu Hatuadi Waduheñu Foundation, the First Public Garifuna Hospital in Honduras, and OFRANEH (National Black Fraternal Organization)*

*Democracy is one of the most important political processes for the institutional development and stability of any free state. This implies the recognition of the social and cultural diversity of all peoples. For us, this means that the theory of justice must be articulated within a redistributive paradigm, a paradigm of recognition, and in the following terms: “All cultures usually allocate persons and social groups based on two competitive premises of hierarchical membership. One is the principle of equality, acting through the hierarchy within homogenous units (the hierarchy within socioeconomic strata; the hierarchy of citizen/foreigner). The other, the principle of difference, acts through the hierarchy between identities and unique differences (the hierarchy among ethnicities, races, and sexes). These two principles do not necessarily overlap; as not all inequalities are identical nor are all differences unequal. It is relevant to emphasize that the paradigm of recognition is part of the theory of justice, a concept that certain positions often leave out. Identity has moved from being forgotten or subverted by other subjects to becoming a specific field in the political agenda of democratic societies. In 27 years of a still developing democracy and a long tradition of international cooperation, the structures of the government, political forces and constitutional legislation have still not created spaces to make visible or empower the African Diaspora of Honduras.*

We must remember that to articulate a paradigm of recognition in the ethnic communities of the country, as in the case of the Garifuna peoples, is to provide the basis to accommodate cultural identities in the public sphere. Political philosophy should contribute those mechanisms so that persons with diverse identities can meet with the intention to agree rather than to confront each other.

The history of the Black Honduran community is linked to the events of the Trans-Atlantic slave trade, to the avoidance of its African footprint, and to the colonization and archives of Central America. Latin American intellectuals and supposed specialists on the subject of Africa argue that slavery was carried out by Portugal and other European countries. Spanish Honduras, having participated in the Trans-Atlantic commerce of enslaved peoples, was more benevolent (the commerce of enslaved peoples does not only imply the sale, but also those who purchase and determine where commerce is exported).

**The Black Garifuna Peoples of Central America are authentically African and also indigenous in this American continent, and are the only language and culture of the old Caribbean that still survives, a convergence of indigenous and African aspects.** Additionally, they are faced with the constant threat of legal instability, which is the product of a system of xenophobia, exclusion, homogenization and colonialism that does not consider the rights of black peoples framed within their own cultural parameters, as well as a constitution that has condemned us to invisibility for more than 200 years.

The Garifuna peoples of Honduras come from the Lesser Antilles and more specifically the island of Saint Vincent and have Arawak, Carib and black ancestors. From this place, the Garifunas were exiled in small rafts by the English, managing to arrive on the Islands of Bahia on April 12, 1797. Throughout their history, the Garifuna have established themselves along the Atlantic coast of Honduras in harmonious coexistence with nature.

The denial, invisibility, and institutionalized racism they experience are reflected in the absence of targeted, national and international policies of cooperation and the absence of laws that contribute to safeguarding identity, dignity, and linguistic, religious, cultural and spiritual diversity.

The underhanded expression of racism, prejudices, stereotypes, stigmas, segregation and racial discrimination will prevail until the moment that human rights, civil, social and fundamental liberties of black people are finally recognized. The racism, repression, police brutality, imprisonment and criminalization promoted lately by the de facto regime of the military junta are reflected in the capture and jailing of several Garifunas for simply participating in peaceful marches against the coup d'etat, in light of the breakdown of constitutional order sponsored by strategic powers within the country.

Afro-Honduran youth are marginalized, and are victims of paternalism. They are displaced, de-legitimized, discredited, and persecuted by the military junta of the de facto regime, whose acts generate dependence, marginalization and begging within the population. Afro-Honduran people have specific programs of cooperation and certain social and economic funds in international agencies. There is a framework of relations and direct dialogue with these institutions. However, in this moment, the dialogue has broken down and left the Afro-Honduran population with no benefits.

### **Iriona Municipality**

Iriona Municipality is located in the north of the country, in the eastern part of the Colon department, with a territorial area of 4,289.4 kilometers. The annual average temperature is 33 degrees Celsius; the topography is flat, with forests and the Rio Platano Biosphere. The population is approximately 25,000 people in 53 communities, situated in 2 sectors, Sico and Paulada and the Garifuna Coast.

Iriona Municipality has high levels of literacy, the percentage of the population that reads and writes is 78.3% and the other 21.7% are illiterate people over the age of 15. The seat of the **Luagu Hatuadi Waduhenu** Project is located in the Garifuna community of Ciriboya, in Iriona Municipality.

### **OWNERSHIP OF THE LAND**

Our country has permitted the systematic seize of our ancestral territories by landowners and members of dominant economic power groups. The racism in the town of Ciriboya has been persistent and there is a lack of an integral pattern of health and education that responds to our needs and permits us to preserve our ancestral, cultural heritage. This translates into serious obstacles with regards to the process of dynamics consciousness and the preservation of traditions and makes it imperative for there to be solidarity and supportive actions by the community and international agencies at this time. Likewise, the implementation of integral projects in our town are of critical importance and contribute to rescuing this brave, Afro-descendant town, whose language, dance and music have been affirmed (and labeled an Intangible Work of Cultural Patrimony of Humanity by the UNESCO in 2001) from the abyss of extinction.

## EDUCATIONAL IMPACT OF THE PROJECT

Since its initiation in 2005, the Luágu Hátuadi Wadúheñu Project “For the Sake of Our Town,” in Irióna, has strengthened the educational system of the region and placed special emphasis on bilingual, intercultural education. Its members, physicians and nurses have incredible human sensitivity and gifts and have approached schools and completed work to orient teaching staff. Many boys and girls have improved their habits and the happiness and security is apparent on their faces.

As a result of this project, teaching staff feels more confident and trustworthy of the existence of the first public Garifuna hospital and its ability to deal with any emergency or accident. They already know that they have a doctor, or female doctor friend and sister, who will attend to them in their own native tongue (in the Garifuna language). As Freire once said: “Nobody frees anybody and nobody frees themselves alone; the people free themselves in community mediated by the world.”

The Significance of the Project: Given the practice of discrimination, xenophobia, racism and other forms of human intolerance against the Garifuna community, the Indigenous and rural population benefit from having the first public Garifuna Hospital of Honduras and having medical staff and physicians they identify with as “minority citizens,” despite their university education in the Latin American School of Medicine (Cuba) as doctors graduated from the National Autonomous University of Honduras (UNAH). Our general practitioners are doctors of science and conscience trained in the highest scientific methods and doctors of practice who value education and the words of Freire that “Praxis (Practice) is the action and reflection of man over the world in order to transform it.” As a result, the medical staff is empathetic and the hospital aspires to become a health care model for the oppressed peoples of the world. This empathy is demonstrated by the results it has obtained in reducing infant and maternal mortality and reducing chronic non-communicable diseases (which kept re-occurring in previous years due to area’s lack of state support).

### **The Current Situation of the Health System in the Garifuna Community**

The dominant health situation in Latin America has common characteristics—inaccessibility, profit-motivation, dehumanization and discrimination. The health system in Honduras has a largely biological focus and ignores the socio-cultural universe in which it unfolds. Honduras

is also known as one of the three countries in Latin America with the highest incidence of poverty and the most deplorable health characteristics. This includes having approximately 1 bed per every 1,000 inhabitants, 1 doctor for every approximately 1,237 inhabitants, 1 nurse for every approximately 3,247 inhabitants, 1 dentist for every approximately 4,965 inhabitants and 1 medical technician for every approximately 9,264 inhabitants. There is a dire lack of human resources in highly concentrated urban areas. The social, cultural, and economic impact that the first, Public Garifuna Hospital Project has had on the development of Garifuna Communities in the Colon Department are reflected in the health indicators:

Since its founding two years ago, it has provided:

- ❖ **11 health positions filled by permanent, Bilingual Garifuna Doctors**
- ❖ **Over 240,000 medical visits for free treatment (if we multiply this by 600, which is the average cost of a hospital visit in Honduras, it would give us about 144 million Honduran lempiras)**
- ❖ **Reduction of the infant and maternal mortality rate.**
- ❖ **Voluntary service networks at the national and international level.**
- ❖ **Interventions in Primary and Secondary Education Centers: Oral hygiene, Intestinal Parasites, Teen Pregnancy, Alcoholism, Drug Addiction, STDs, AIDS, HIV, Self-Esteem.**
- ❖ **Trips to remove intestinal parasites in school aged children.**
- ❖ **The management of an average of 30 international medical brigades annually.**
- ❖ **Scientific studies of chronic illnesses such as: Diabetes Mellitus (Type I/Type II), Arterial Hypertension (High blood pressure), kidney failure, and sickness from venomous snakes in Honduras.**
- ❖ **Relevant Works in National Scientific Expeditions.**
- ❖ **The 2009 award for National Scientific Technical Development awarded by the Honduran President.**
- ❖ **The 2008 Medical Prize by the Rotary Club of San Pedro Sula.**
- ❖ **An agreement with the University of Pittsburg in Pennsylvania (United States)**
- ❖ **Participation in scientific trips to different universities such as Morehouse UNiversity School of Medicine in Atlanta, Charles Drew University School of Medicine in Los Angeles and the University of Southern California.**
- ❖ **The development of alternative ecological projects such as the “Solar Kitchen”**
- ❖ **The training of more than 86 midwives in the Irióna Municipality.**

- ❖ **The Vitamin Therapy Campaign in which 1 million Centrum multivitamin pills were distributed.**

### **Demographic Indicators (2007- 1<sup>ST</sup> Semester 2009)**

<b>Indicator</b>	<b>No.</b>
Total population	20900
Total treated population	16556
Total population younger than 1 year of age	2567
Total population between 1 - 4 years of age	3892
Subtotal population younger than 5 years of age	6459
Total population between 5 - 14 years of age	3785
Subtotal population younger than 15 years of age	10244
Total population 15 years of age and older	4706
Total population 60 years of age and older	1606
Born alive	67
Institutional born alive child	14
% of Institutional born alive child	20,9
No. of communities attended	36
Total families surveyed	1386

### **Community Assistance**

<b>Activity</b>	<b>No.</b>
Total cases seen	237395
Age of 15 and older	131435
Younger than 15 years of age	105960
From them, younger than 1 year old	41500
From them, between ages 1 - 4	28730

Subtotal younger than 5 years old	23355
Field visits	71551
Total cases seen on the field	8586
Total home entries	585
From them, younger than 1 year old	175
Saved Lives	165
Containment	805
Health education activities	34210
From them, those related to hygiene	840
Oral cancer prophylaxis activities	12220
Those suspected of oral cancer	6
Circles of functioning adolescents	48
Circles of functioning seniors	48
Circles of functioning pregnant women	48
Psychotherapy activities	650
Cases treated using TNM	237395
Patients treated with physiotherapy	160
Minor surgeries made by non-surgical personnel	5305
Nurse procedures	97610
Vaccinations	240

The National Autonomous University of Honduras (*Universidad Nacional Autónoma de - UNAH*) was founded in 1847, yet it was not until 115 years later when the first Garifuna doctor graduated from the UNAH School of Medicine – Dr. Alfonso Lacayo Sánchez. Nowadays, after ten years of the foundation of the Latin American School of Medicine in Cuba (*Escuela Latinoamericana de Medicina-ELAM*), there are more Garifuna peoples that are currently studying medicine and that have graduated from the ELAM than UNAH (a century and a half old institution).

In the year 2000, Garifuna medical students (inspired by first hand experience seeing the suffering of anemic and undernourished children, of young people threatened by drugs, and of diabetic, hypertensive and obese adults who lacked bio-psycho-socio-cultural medical assistance) made a commitment to Garifuna communities by dedicating part of their vacation period to volunteer work in student brigades. They set-up provisional health care centers in each of the Garifuna communities, which enabled them to develop a closer relationship and help create an identity (“Wasurusian” in Garifuna) link between themselves as doctors and the communities. It was of great interest to each of these medical students, who would graduate and become doctors soon, to be able to guarantee the health of each of the

community members and to be able to consult with patients in their native language (Garífuna). This reciprocal communication helped patients get better and regain health sooner.

Years after their formal education at the Latin American School of Medicine in Cuba (ELAM), these brave and determined young people are required to go back to their communities to provide professional medical services. It is in this context that, immersed in a difficult and chaotic reality in Iriona that lacked adequate and necessary conditions for the installation of effective health care services, the new Garífuna Honduran doctors graduated from Cuba and pursued the idea of organizing the first public Garífuna Hospital – a hospital close to the community and created with help from the Cuban government and population, American labor unions and other international organizations. Garífuna peoples have had a presence in Honduras for 212 years, yet this is the first hospital in a Garífuna community.

Today, there is a general and comprehensive medical program that includes natural and traditional Garífuna medicine. This hospital is attended by specialists in 8 different areas: general medicine and ultrasound, facial, dentistry, gynecology, pediatrics, internal medicine, laboratory, and nursing. There are 9 bilingual, Garífuna doctors that specialize in family practice and assistant nurse training.

The population of Iriona, Colon, la Mosquitia, the Gracias a Dios Department, and other Departments in Honduras are pleased with the health care services they are receiving from the Luagu Hatuadi Waduheñu Project.

It is important to stress the difficulties experienced by Garífuna mothers who try to gain access to today's health care services. These difficulties are mainly caused due to a lack of knowledge of Garífuna culture, among them: lack of knowledge of the language, xenophobia and racial discrimination. These factors have deprived the Garífuna population of a good quality, warm, efficient, and convenient, health care for more than two centuries. They have also sometimes paid a high cost for this deprivation – with their lives.

## BACKGROUND

On August 13<sup>th</sup> 2008, President José Manuel Zelaya Rosales inaugurated the second stage of the First Garífuna Public Hospital. At this time, doctors of the Luagu Hatuadi Waduheñu

Foundation proposed an outline to improve and support the First Garifuna Hospital. Zelaya approved and discussed with the secretary at that time, Dra. Elsa Palau, a way to manage the hospital so that it would be operating each year with an established budget.

In November 2008, a commission for the improvement of the health sector (*Proyecto de Reforma del Sector Salud-PRSS*) was created to examine how the First Garifuna Public Hospital worked and the relationship of its Foundation with the State. Since that day, negotiations to create an agreement to manage and supply first-class and decentralized health care in Iriona (Colón) began. This agreement was signed by the Department of Health and the Association of Honduran Garifuna Municipalities (*Mancomunidad de Municipios Garifunas de Honduras-MAMUGAH*). The contract was signed on April 1<sup>st</sup> and valid until July 31<sup>st</sup> 2009, since the project of the commission for the improvement of the health sector ended on July 31<sup>st</sup> 2009. Its renovation would be valid between August 1<sup>st</sup> 2009 and December 31<sup>st</sup> 2009 and it would be part of the Department of Health and signed under the same terms of the last agreement.

In July 2009, authorities from the Department of Health proposed a completely modified agreement. They specifically changed the eighth clause (Part B, Number 8, Page 15) of the agreement regarding the management and supply of first class health care services in Iriona made between the Department of Health and MAMUGAH. This clause states that the Department should coordinate with the provider of human resources in Iriona's health network and establish and implement a political framework with regards to Human Resources. It includes a regulatory framework and the operations necessary fulfill indicators of productivity, development and effectiveness. An agreement will be drafted that will include the staff negotiations, a set of unique, disciplinary rules for all personnel, and guidelines for an incentive program. The process of hiring and of human resources negotiations, which involve ethnic groups, should also incorporate guidelines and procedures established in the 169<sup>th</sup> agreement of the ILO.

Their modification is an attempt against the needs of the people that receive medical services per Convention 169 of the International Labour Organization (ILO) and its articles 24 and 25. These articles establish the following: **ART 24** *Social security schemes shall be extended progressively to cover the peoples concerned, and applied without discrimination against them.* **ART 25** 1. *Governments shall ensure that adequate health services are made available to the peoples concerned, or shall provide them with resources to allow them to design and*

*deliver such services under their own responsibility and control, so that they may enjoy the highest attainable standard of physical and mental health. 2. Health services shall, to the extent possible, be community-based. These services shall be planned and administered in cooperation with the peoples concerned and take into account their economic, geographic, social and cultural conditions as well as their traditional preventive care, healing practices and medicines. 3. The health care system shall give preference to the training and employment of local community health workers, and focus on primary health care while maintaining strong links with other levels of health care services. 4. The provision of such health services shall be coordinated with other social, economic and cultural measures in the country.*

The change in the clause also is intended to destroy the health system of the Afro-Honduran people, which is protected under the ILO Convention 169. People have the distinct ability, through the Convention, to direct their own policies according to their own interests and cosmological perspectives and develop the positive aspects, strengths and significant contributions of the Afro-Honduran Community to human development. Currently, the Black person is being treated as folkloric object, exposed to ridicule and denigration through pejorative images and the use of journalistic language with racist and xenophobic connotations. The de facto government of Honduras in particular has undertaken a political and racial prosecution of Afro-Honduran, organized civil society.

Currently, the ELAM<sup>1</sup> doctors are being threatened by the military regime. This attempt has been considered by the Afro-Honduran community as a crime against the health and education of the Garifuna People, which has already suffered deeply and been abandoned by the health system of the Honduras for several centuries.

It is the same ghost of cultural genocide that one more time is coming for our people and is disguised by attempts against our people's inalienable right to life and health. The same drivers and promoters of this vernacular policy are trying by any means to choke the screams of freedom out of us – out of those of us who believe a fairer and less forgotten Honduras is possible.

---

<sup>1</sup> ELAM. Escuela Latinoamericana de Medicina (Latin American School of Medicine, LASM, Cuba)

Today those same oppressors for two thousand years that we had tried to erase have found the way to comeback. Today, these proponents of false democracy have the perfect alibi to fill the hope, defense and dream of a dignified health system with doubts and darkness.

Today this dream of health in the Garifuna communities of the Colon department is manifested in the First Public Garifuna Hospital. However, the outlaws, the hope merchants, the traffickers of misery and ignorance of our people are using a few coins to try to make invisible all the efforts that allowed us to monumentally double our services in two years – something that 30 years of failed democracy could not do.

Today they try to give us a lecture on accessibility to health and make us think that is just paving the road to hospital.

**Accessibility** is not a concept. It is the practice that guarantees the individual can demand that services will reach him despite the fact there are no roads.

**Accessibility** is access to health in a cultural universe without violating the right of the individual to express ailments in one's own language.

**Accessibility** is not a utopia but the interaction that allows the patient to access to the doctor and the doctor access to the patient.

**Accessibility** is not about rebuilding or installing a doctor's office in front of a patient's house if inside there is a doctor that doesn't understand the surrounding cultural environment and demands the patient to give up their traditional practices because he does believe they have the potential to influence the individual's health.

To improve a service first it has to be provided: one can't improve what one has not been able to provide.

We demand energetically our right to organize and provide such services under our own responsibility and control and to guarantee that our communities can reach their maximum mental and physical health – as is written in article 25 of the ILO Convention.

Garifuna Peoples have united to denounce the colonial attitude that still prevails in the Honduras Health Ministry, which is trying to use the July 2009 agreement to dismantle all the

health networks advanced by the “Luagu Hatuadi Waduheñu Foundation” and the First Garifuna Public Hospital. They are also trying to dismantle the cooperation and solidarity we have received and are displacing the bilingual, Garifuna doctors from their jobs even though they have provided high quality services and taken care of the bio-psycho-cultural aspect of patients in a consistent way for two years.

Health is a human and constitutional right and under this framework they cannot guarantee that the services provided by outsiders will have better or the same impact that we have had.

We denounce the Health Ministry and its *de facto* administration, which tries to justify the enormous expenses it receives from international organizations when it never accomplishes its projects and uses indicators that are not important to and have nothing to do with our people’s development. They use our names to fill out pieces of paper but, in practice, the projects do not function because they were designed in an office thousand of miles away from the everyday reality of Garifuna communities. With this abuse they try to take advantage of our people by cultivating ignorance and raising false concerns.

On behalf of our people, we condemn this cultural attempt and join our voices to reclaim our right to continue accomplishing what for us is an ancestral duty – to provide health and to tighten the historical gaps that, until now, the politics of exclusion have condemned us to.

---

Lic. Lucas Garcia Caballero  
Association of Garifuna Municipalities  
“MAMUGA”

---

Lic. Arnulfo Mejia  
The Mayor of Iriona Municipality  
Colon Department

---

Dr. Luther Castillo Harry  
Director of the Luagu Hatuadi  
Waduheñu Foundation

---

Dr. Wendy Lizeth Perez  
Director of the First Public Garifuna  
Hospital in Honduras

Lic. Mirian Miranda  
President OFRANEH  
(National Black Fraternal Organization)

Iriona Municipality, August 23<sup>rd</sup>, 2009

---

*\*English translation provided by TransAfrica Forum, [www.transafricaforum.org](http://www.transafricaforum.org) (Credits: Jessica Coates, Rosaura Fox, Alejandra Fernandez, Guadalupe Ortega, and Nnenna Ozobia)*