

Doctoral Dissertation

**Disaster, Resettlement and Vulnerability: A Case Study of Indigenous  
People in the Bicol Region of the Philippines**

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March 2020

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D163909

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A Dissertation Submitted to  
the Graduate School for International Development and Cooperation  
of Hiroshima University in Partial Fulfillment  
of the Requirement for the Degree of  
Doctor of Philosophy

March 2020

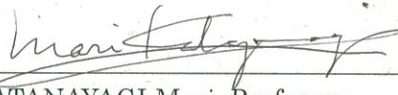
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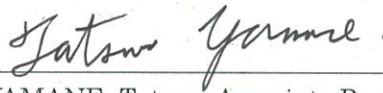


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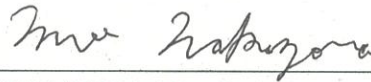
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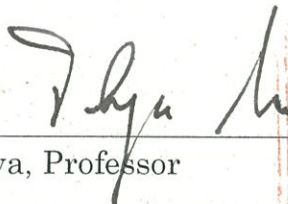
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Date: February 21, 2020

## Acknowledgment

*“For I know the plans I have for you,” declares the LORD,  
“plans to prosper you and not to harm you, plans to give you hope and a future.”*  
Jeremiah 29:11

I am first and foremost grateful to God’s faithfulness and unceasing provision of peace, hope, and love. This dissertation is a testimony that indeed, we serve a faithful God.

I would like to express my gratitude to Professor Koki Seki, for being a mentor and a critic. He paved the way for me to understand, appreciate, and celebrate the field of anthropology. I would also like to thank the rest of my examination committee, Professor Mari Katanayagi, Professor Tatsuo Yamane, Professor Moe Nakazora, and Professor Itaru Nagasaka for their valuable comments and encouragement.

To the Ati community and the Bicolanos who welcomed me like family and opened their homes to me, I am so blessed to be given the opportunity to learn and to know the meaning of life in its most personal sense.

I would also like to thank my strongest support system, specially during the writing of this thesis, my constant allies and source of hope, optimism, and courage Jip and Jack, and Damaso. Also, the fun and ever-helpful members of lab514, and my spiritual family, the Feast-Hiroshima. I am grateful for your love and prayers.

Lastly, to Dad Coroy, Mom Ludy, and sissy Peachy, for their trust, confidence, and overwhelming support. If not for my father’s persistence, faith, and high regard for education, I would not reach this final phase. Thank you, Pa.

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## **Chapter 1: Introduction**

The Philippines is a developing country prone to various types of disasters with segments of its population, especially the marginalized and most vulnerable, time and again having to suffer the aftermath. Repeated ordeals particularly among the most susceptible to such risk have made it apparent that the danger they face is attributable to natural disasters, poverty, or even further marginalization. In these scenarios, disasters are considered a "frequent life experience" (Bankoff, 2003) that notably wreak compounded damage when they strike communities already suffering from pre-existing forms of inequality (Smith, 2006).

This study examines circumstances of this nature faced specifically by the Ati indigenous people in the San Andres Resettlement Site in Bicol. The study intends to explore the relationship between post-disaster resettlement and the deepening vulnerability among the indigenous people. Particularly, this study considers the vulnerability caused by the culture loss among the indigenous people. Taking the case of the Ati people who are the focus of this study, such elements as the knowledge of traditional medicine, practices of curing the illness, and maintaining the health constitute the core of their culture and tradition. Thus, this study argues that marginalization, and even deprivation, of those elements are indication of the deepening vulnerability of indigenous people in the process of resettlement.

### **1-1 Background of the Study**

At present, efforts and lessons in disaster recovery have been at the forefront of the Philippine disaster management strategy in view of the devastation left by Super typhoon Haiyan, locally named as Yolanda. In November of 2013, typhoon Haiyan, considered as the strongest and disastrous tropical cyclone with a maximum sustained wind 195 kph and gustiness of 230 kph entered the Philippine area of responsibility (PAR). It made six landfalls in one day, firstly, in Guiuan, Samar, second in Tolosa, Leyte, third in Daanbantayan, fourth in Bantayan island, fifth in Concepcion all in Cebu province, and lastly, in Busuanga, Palawan. According to the records of the National Disaster Risk Reduction and Management Council (NDRRMC), typhoon Haiyan is the worst typhoon to hit the Philippines as it is ranked first among the top ten worst typhoons in terms of damages to properties amounting to P93 billion pesos (NDRRMC Final Report of Typhoon Yolanda-2014). The country, being a signatory to UN agreements on disaster risk management, namely the Hyogo Framework for Action in 2005 and subsequently the Sendai Framework for Disaster Risk Reduction 2015 – 2030, is expected to act on building resilient communities but, in reality, has left the root cause of the country's vulnerability unaddressed (Walch, 2018).

It is worth noting, however, that the government has made efforts to strengthen its disaster management through policies such as the Disaster Risk Reduction and Management Act of 2010, especially in the post-disaster recovery process, aimed at recognizing migrants, women, persons with disabilities, and indigenous peoples as particularly vulnerable to natural disasters. The tagline of the

Philippine government "build back better" emerged as an initiative of then-President Aquino and his administration to rehabilitate and reconstruct damaged areas, infrastructure, and houses under typhoon Haiyan's recovery program (Official Gazette of the Philippines, 2016).

In the Bicol region, site of the renowned Mount Mayon, an active volcano, the occurrence of a natural disaster has been deemed inevitable given threats of volcanic eruptions from time to time, putting residents living nearby in a constant precarious state. A long history of Mayon's disruptive eruptions has been on record since 1616 (Newhall, 1978). Every eruption produces ash deposits on steep volcanic slopes directly affecting the communities nearby (Orense, 2007). Consequently, the local government, as a preventive measure, issued explicit instructions to avoid areas within six kilometers from Mount Mayon designated as permanent danger zones. In 1993, notably, a destructive volcanic eruption yet again prompted then-President Fidel V. Ramos to order the relocation of Mayon residents from the 6-km permanent danger zone (PDZ) to several designated resettlement sites. Thus, it became a necessity to build permanent resettlement houses in key cities and towns in Albay (Albay Municipal Engineering Office Report).

In the reconstruction process in the resettlement site, particularly in the San Andres resettlement site, the local government played a pivotal role and intensified its presence in the decision-making process of house turnover while the private sectors and international organizations helped in the funding for the construction of more houses. The local government delineated the danger zones and relocated the disaster victims in resettlement sites. For this purpose, the government also set policies and created livelihood projects.

One of the communities subjected to resettlement is the Ati people, the original dwellers in the Philippine archipelago. Formerly, they lived as wide-ranging hunters and gatherers, nomadic in nature, but successive waves of Malay immigrants pushed them to the margins of their former territories. They hunted with blowguns, bows, and arrows, fished in rivers and coastal areas, gathered fruits and vegetables that grew wild in forests, and lived a nomadic way of life. They resided in makeshift shelters with grass roofs and split bamboo floorings (Jocano, 2000). The Ati are considered indigenous people of very low status. They possess Negrito features – of short stature, with curly hair, dark and oily skin (de la Pena, 2014).

In December 2017, because of the Mayon volcano eruption, the local government, under the initiative of the Department of Social Welfare and Development, persuaded the Ati people to resettle. To date, sixty Ati members have been relocated to the San Andres Resettlement site in the Bicol region. It will be argued, in this study, that these Ati indigenous people, who had been experiencing marginalization before the disaster, were relocated but, since then, are being subjected to further marginalization at the resettlement site.

This research also highlights that the Ati people's health system represents their cultural identity. The existence of traditional healers, their process of arriving at a prognosis, and their healing treatment constitute this health system. Their traditional medicine is referred to locally as "*Binisaya nga bulong*." *Binisaya* means their dialect in the Visayas region, *nga* is used as a connector, referring to the *Binisaya* dialect and the *bulong*, an old term referring to 'orasyon' or incantations, used widely by Bicolanos and some Visayans as well. While the Ati people's health system thrives and is evident in their day to day lives, its marginalization in the process of resettlement signifies cultural and identity



loss.

In the resettlement site, the Ati people, particularly the Ati middle-aged women, practice "*pagmamama*" (betel nut chewing), "*albularyo*," and "*hilot*" (traditional massage). Jocano (2003) has pointed out that despite the introduction of the biomedicine, in many parts of the Philippines, health practices remain traditional. Conversely, this study will show that in the resettlement context, the presence of the biomedicine is, in fact, very evident; thus, effectively modifying the Ati health system.

In the San Andres resettlement site, there is one health center, under the control of the barangay office, catering to the health needs of the resettlement population. It has three primary roles: first, to conduct house to house immunization for all the newly born children in the barangay; second, to disseminate information about the current program of the Department of Health, for instance, teaching about reproductive health and combatting malnutrition among children; and lastly, endorsing medical procedures to the provincial hospital such as childbirth. The health center serves as the frontline for access to medical advice for health-related issues and medical supplies through the municipal hospital. The health center staff comprises two registered nurses (RN) and five barangay health workers (BHW). BHWs are members of the community who were trained by the government or non-government organization to help in delivering health services to the community voluntarily. The health center is open during weekdays, from morning until the afternoon, to assist and accommodate people in the community with their health concerns. Since nurses are available at the center, they administer the standard medical procedure for patient assessment such as checking weight, height, and blood pressure. In view of their practice of biomedicine, the health center staff had preconceived notions about the health practices of indigenous people, in general, even before the Ati people arrived at the resettlement site. As such, they were curious to learn about the ways of the Ati community but perceived the Ati's health system skeptically because, according to them, there is no scientific validity for its efficacy.

At present, the Ati people's health system continues to thrive despite the on-going modifications brought about by the bio-medical health system in the resettlement site.

## **1-2 Statement of the Problem**

From the pre-disaster precarious state of the indigenous people in this study, it would appear that their situation had been aggravated during disaster and the recovery process. The Philippine government, in administering its policies and strategies to rebuild communities through the resettlement process, has failed to address the real cause of the communities' vulnerability. The case of the Ati people in San Andres Resettlement site in Bicol provides a preview of how they continue to live in danger despite being in the resettlement site. They are forced to adapt to the bio-medical health system where health workers use mainstream health strategies that undermine the relational and holistic concept of indigenous health. The Ati have been thrust in an environment which, to them, have inadequate and culturally inappropriate health care services. This research argues that in the resettlement area, the vulnerability of the Ati people become more pronounced as their own health system becomes threatened by bio-medical practices. Indeed, their increased interaction with government health practitioners impact their way of living in the resettlement site.

### **1-3 Objective of Study**

This study aims to examine in what way does the resettlement process further marginalized and deepened the vulnerability of the Ati people. In order to argue this point, the study will probe into the research questions below.

### **1-4 Research Questions**

1. What are the beliefs and practices that constitute the Ati people's health system, and how it comprises the core of culture and identity of Ati people?
2. How is the interaction between the Ati people and non-Ati people in the resettlement site affect the health system of the Ati?
3. How is the interaction between the Ati people and government health practitioners affect the health system of the Ati?
4. How does the Ati people experience the vulnerability in a form of cultural loss as a result of marginalization of their health practices?

### **1-5 Theoretical Framework: Territorialization and Counter-Territorialization**

There are several analytical perspectives toward the post-disaster reconstruction process. Here, three major perspectives among these will be briefly pointed out based on the summary made by Yee (2017). First, the technical or managerial perspective deals with policy issues and housing types to be delivered, as well as clerical forms and demarcation of private property rights. It should be noted that these technical responses have been criticized for neglecting to consider inequalities among the disaster victims. The next perspective is a critical one, leaning into the concept of "disaster capitalism" where, in the process of reconstruction, relief measures have become advantageous to the capitalist class who have the power to manipulate predisposed conditions for their own benefit. In this scenario, the private sector takes over the response and reconstruction; thus, privatization and structural changes are seen to occur in the aftermath of disasters. Finally, institutional analysis is the perspective where the situation of various institutions is investigated, and in the process, the local community's voices are also investigated and assessed to be able to scrutinize the impact of precarity to the households or the group (Yee, 2017).

As concepts partially related to each of above summarized approaches but have qualitatively distinctive character, Yee proposed the concepts of territorialization and counter-territorialization in order to analyze the process of post-disaster recovery. The remaining of this section elaborate on these concepts, and the dynamism they suggest, as theoretical framework of this study.

#### *Interplay of Power and Control through Territorialization*

Territorialization is defined by Vandergeest and Peluso (1995) as a process of exclusion or inclusion of people in a geographic boundary, usually done by the state, to deploy power over a population through controlling space. Within this space, control and access to natural resources are gained by means of area classification and alteration in regulating specific resources or individuals.

Territorialization gives meaning and significance to dynamic spaces of communities. On the other hand, counter-territorialization occurs when the affected community members, who have their own way of occupying and utilizing these spaces, negotiate issues or contest for the right to their space.

Yee's (2017) concept of territorialization emphasizes on how the state establishes power over a population by means of controlling the space during the process of post disaster reconstruction. When the typhoon Haiyan, considered as the deadliest tropical cyclone, hit the Philippines in 2013, the city of Tacloban was severely devastated. To manage the impact of disaster, the local government asserted its role by deploying territorialization strategies during the post-Haiyan reconstruction process. The state territorialization as seen in Tacloban and as tackled by Yee (2017) mentions about the exclusion of coastal communities in the reconstruction process, provision of resettlement housing in rural areas, discourses on cleanliness and conditional aid-giving. On the other hand, the victims responded by strategizing a counter-measure in forms of counter-territorialization. The coastal-dwellers opted to stay in the area which was declared by the government as danger zone to assert their space in the city.

### *Counter-territorialization Instigated by Territorialization*

This study further argues that the resettlement policy and its implementation by the local government of study area somehow reflect the concept of territorialization, which is deployed to control and govern the population and space in the resettlement site. Because of this, territorialization instigated counter-territorialization responses among the settlers. Paradoxically, however, the study suggests that such counter-territorialization carried out by both non-Ati and the Ati people create a circumstance where the Ati are put into further vulnerability. Under such situation, cultural loss is severely experienced by Ati, as their health practices faces further marginalization.

Finally, disaster recovery in the Philippines is often carried out in a top-down approach. One of the familiar sources of the policy-practice defect is its construction based on culturally bound assumptions. In a disaster context, interventions by the government often get delivered in inappropriate forms and based on unsuitable principles. An awareness of socio-cultural configurations of the society affected is essential in order to avoid significant problems that follow a disaster such as socially derived difficulties that often plague groups in the aftermath of a severe calamity.

## **1-6 Review of Related Literature**

### *(a) Advent of disaster in anthropology and the concept of vulnerability*

This research is an attempt to address holistically the relationship between human and its environment in the context of disaster. In the 1950s, disaster research in the field of anthropology commenced. This decade allowed cultural anthropologists to systematically examine the social consequences of natural disasters and disaster-related behaviors, codify findings, and participate in hazard control (Drabek, 1986). The communities who have undergone "ecological stresses" have recorded data in the past as anthropological works related to the disaster. For instance, classic studies of several populations like the Nuer, Navajo, Turkana, Dobu, Lozi, and Tikopia probe the sociological

requirements arising from environmental hazards. Furthermore, during this time, anthropological works can be depicted as hasty in fashion as it tackles mostly indigenous precautions against seasonal chronic hazards. The anthropological field at that time was not concerned with severe disturbances traumatizing entire societies (Torry 1979). Meanwhile, at the beginning of the 1960s and 1970s, social scientists began turning their attention to a systemic study of the impact of disasters and natural hazards on society. The social scientists in the United States, one of the leading countries in the field, were involved in such studies, and most efforts were isolated, short term projects which received little financial support (Quarantelli & Dynes 1977:40). However, the study of disaster is said to be pertinent as it creates a socio-cultural change and essential contribution to the existing cultural institutions, especially among the population undergoing a stressful situation. It is because of this reason that anthropological research in the context of disaster research is central as it provides anthropology with innovative, expository insights. Anthropologists have made considerable contribution to disaster studies showing how disasters are relevant in addressing the combined past, current, cultural, ecological, political, and economic inquiries alongside other fields like archaeology, history, demography, biology, and medicine. Anthropology necessitates a wide-ranging format shared by no other social science. This is significant because it reveals that anthropology can and should take the place at the center of disaster theory, research and practice. Moreover, disasters, both natural and technological, are recurring occurrences nowadays and impact a large number of people in vulnerable communities. Anthropologists aim to address the issues and everyday problems that come with disaster. Significantly, disasters present multidimensional interactions where social structures and processes are undergoing immense and rapid change. Along the boundaries of the social, technological and environmental, an anthropologist could connect with the various ways in which people generate meaning, identity, sense of place and community (Hoffman & Oliver-Smith 1999 p4).

By the 1980s, the concept of vulnerability had emerged. Wisner et al. (2004), in his disaster research, explained the different levels required of exposure to environmental and technological hazards among populations or individuals in order to "anticipate, cope with, resist and recover" from the disaster. This called the attention of social scientists who started considering natural hazards as well as anthropogenic risks, those caused through the vital role of people, and their uneven distribution among the population. They also investigated the temporal aspect of disaster, implying that people are living a precarious way of life on a day to day basis. By considering vulnerabilities as having been created by human activities together with the notion of its uneven distribution, they claimed that it has also been produced historically. In a sense, social scientists are suggesting that before the occurrence of a disaster, the vulnerabilities were already in place and its effects continue even if the disaster event waned. In this case, Faas (2016) emphasized the discourse that vulnerabilities place disadvantaged communities in an uneven distribution of power and risk. In this research, the Ati people are considered vulnerable people exposed to a vulnerable situation in the resettlement houses.

A question that needs to be looked into is how these communities address their vulnerabilities, especially in the aspect of their health. To understand the meaning of disaster fully, views on disaster reveal that other interpretations may transcend some aspects. For instance, disaster can be viewed on its political angle where the issue of lack of access to resources, leading to the exploitation of human and local resources, arise. This implies that disasters can also mean discrimination of gender, ethnicity,

or abilities. Crucial as it seems, the lack of options, prerogatives, and empowerment may also spell disaster, for this, too can lead to deeper issues of high population and density. Disaster can also be the failure of implementing strategies for disaster risk reduction (Kelman, 2008).

### *Philippines and its culture of disaster*

In the context of the Philippines, Bankoff (2013) coined the concept of “cultures of disaster” while highlighting that in the Philippines, natural hazards and disasters are perceived as ‘normal’ aspects of daily life. In this sense, the population adapts a culture of coping where the communities respond to natural disasters and the impact to the community, and the the Filipinos ways of resistant to constant threat. These various copings strategies are seen in their physical, behavioral, and conceptual aspects.

The culture of disaster as observed by Bankoff among the Philippine communities prompts for a serious attention to look into the present status quo of the country. There is a great need to change the existing mindset of the entire nation towards the concept of disaster. Understanding its concept, as a social process can impact and avoid its repeated and dreaded consequences. While the Philippines possesses its coping strategies to combat disaster, this ‘frequent life experience’ as pertained by Bankoff needs to change. Philippine disaster practitioners and affected populations must work on a new status quo, that is gearing towards proactive, empowered, and culture-specific concept of disaster management.

### *(b)Defining Vulnerability*

Vulnerability is central in the understanding of risk that challenges technocratic attitudes characterized by relationships between human societies and their environments over centuries and which are frequently connected with Western cultural norms (Hewitt, 1983). What this reveals is that the concept of vulnerability in the context of disaster is considered “social vulnerability;” meaning, disasters are not considered as purely physical occurrences but primarily the result of human actions (Lewis, 1999). Illustrating Canon’s (1994) argument that hazards are natural but not in the case of disasters, this study points to the need to realize that social processes generate unequal exposure to risk. It is vital to recognize why people are more prone to disasters than others.

Crucially, this highlights inequalities as being mainly a function of the power- relations in society. It is significant, therefore, to discern vulnerabilities, which reveal the nature of the disaster, and understand how human systems place people at risk with one another and with their environment. The concept of vulnerability is best understood in terms of an individual, household, or community’s relationship. It is important to note that determining vulnerability is a challenging task since its characteristics are manifested by a combination of various factors such as class, gender, or ethnicity.

### *(c)What makes people vulnerable?*

Hilhorst &Bankoff (2003) respond to the question of what makes people vulnerable in a simple yet complex level. They first pointed out poverty, resource depletion, and marginalization as reasons; and then they added that it is because of the diversity of the risks, which is the result of the interplay between local and global processes while coping with them daily. They brought to fore how the nature

of the vulnerability is changing and intensifying, but the people’s coping ability is weakening. This calls attention to Ferguson’s (1999) argument that the existing construction of the new world order is set to discount many populations and rob them of the promise of development. It implies that poverty and uncertainty in their day-to-day living hinders their freedom of choice and leaves them victims to natural and human-induced disasters.

Moreover, the quest to answer what makes people vulnerable is in the nature of a simple-complex paradox; that is, while people’s vulnerability can be easily distinguished, to manage or reduce it is a complex process. Significantly, there is more than one perspective to this problem of contradictions in reconciling local experiences with global considerations. The concept’s complexity dictates that there can be no general theory, and what this reveal is that there are no simple solutions.

*(d) Causes of and Addressing Vulnerability*

In the global context, in order to control and prevent disasters, the international community must be able to asses and identify vulnerabilities so as to create affordable and effective strategies for reducing the negative effects of disasters (Anderson, 1995). How vulnerability is defined depends on the uses and role of vulnerability in the society concerned. Table 1 depicts how the understanding of vulnerability has shifted, how various actors regard the cause of vulnerabilities, and the corresponding ways to address them.

Table 1. *Causes and Ways to address Vulnerability*

<b>Causes of Vulnerability</b>	<b>Addressing the Cause of Vulnerability</b>
<i>(a) Nature.</i> The cause of people’s vulnerability is nature and natural hazards. Vulnerability results from hazards and risks.	<i>Technological</i> – systems for predicting the hazards and technologies to enable human structure to withstand negative impacts are applied; e.g., equipment for weather forecasting (Heijmans, 2013)
<i>(b) Cost.</i> People’s vulnerability is the inability to afford the cost of technology.	<i>Economic and Financial</i> – vulnerabilities will be resolved if the national governments adapt safety nets, calamity funds and financial assistance (World Bank, 2001:135)
<i>(c) Societal Structure.</i> People living in various danger zones experience different impacts of disaster. Vulnerability is generated by exposure to hazards, socio-economic and political processes. It creates conditions that affect the ability of communities or countries to respond, to cope with or recover from the damaging effects of disaster events.	<i>Political</i> – the long term solution is in transforming the social and political structures that creates poverty and the social dynamics and attitudes that serve to perpetuate it (Heijmans and Victoria, 2001)

Applying these views on vulnerability, Heijmans (2003) emphasizes that in big aid agencies, the first two views, which indicate nature and financial access as causes of vulnerabilities, are

dominant in the analysis of actions of most disaster response agencies. They perceive vulnerability as a result of both external dynamics and the lack of financial capacity. Poor people are plagued by critical needs, shocks, and seasonal problems which lie far beyond their control. The vulnerability here means “people being potential victims” or “people in need and crisis.” The third view, primarily supported by environmentalists and activists, emphasizes that for positive outcomes, approaches should target the most vulnerable groups in ways that relate to social order and politics.

However, this study argues that the more important question is, how do communities affected by the disasters view and respond to vulnerabilities? As can be gleaned above, in the paradigm shift and the actors involved in addressing vulnerabilities, there is a glaring failure to mention how people at risk experience and understand disasters nor how they can adequately participate in the risk reduction strategies. It is worth mentioning that hazards have always been part and parcel of the world’s reality, and populations living in hazard-prone areas have adapted strategies dealing with harsh events utilizing their own sets of knowledge and capacity. This connotes how local people approach their circumstances beyond the disaster and emergency paradigm. Even if not confronted with disasters, they face many risks such as food shortage, diseases, malnutrition, or eviction from the land that they till. Hazards aggravate such living conditions. The differing perceptions between hazard victims and the technical experts in disaster management, and how they respond to disaster risk, are consistent with their own understanding of disaster and experience (Smith 1996).

This difference often creates tension when, for instance, provincial governments issue evacuation orders to local communities without prior consultation with local authorities or people at risk. There is an unfortunate failure on the part of authorities to take into consideration the ways of their ancestors and their personal experiences - their strategy to adapt – which is part of their culture (Blolong, 1996). With respect to disaster management, indigenous people have always had local practices that have prepared them to face and cope with this precarity. They have little reliance for support from outsiders like government and non-governmental agencies. This is the case although notably, in a historical perspective, local people have no concept of vulnerability and most often, there is no direct translation available for it.

#### *(e) Considering Post Disaster Resettlement*

The process of resettlement involves removal of communities from an environment where they have evolved over many decades or even centuries with traditional patterns of adaptation (Oliver-Smith, 1991). The question of whether or not it could be a form of protection is questionable because, as Oliver-Smith and de Sherbinin (2014) point out, resettlement produces more failures than successes during the planning, preparation and implementation of involuntary resettlement and relocation projects. They highlight two main reasons why resettlement often leads to failure. One reason is the lack of appropriate inputs such as legal framework and policies, funding and care in implementation. The other is because of the nature of resettlement as a process that emerges out of the complex interaction of many cultural, social, environmental, economic, institutional and political factors in ways that are not predictable and that are not amenable to a rational planning approach. This may create a space for resettlers to take greater control of the resettlement process.

A key element to improving resettlement practice is the recognition that the displaced must be active social agents with their own views on rights and entitlements, which must be considered in any

displacement and in the planning and implementation of resettlement projects. Resettlement is a complex social process; at its best, it should support and nourish the coping and adaptation processes that enable a population to regain the functionality and coherence of a viable community, resilient enough to deal with social and environmental stressors. Central to these tasks are the issues of rights, poverty, vulnerability and other forms of social marginality that are intrinsically linked to displacement. However, planners have often perceived the culture of uprooted people as an obstacle to success, rather than as a resource (Smith and de Sherbinin, 2014).

*(f) Resettlement of Traditional Society*

Seitz (2004) carried out fieldwork among the Aeta of Zambales. In his book, he argued that as far as the Aeta culture is concerned, the Aeta is not a vulnerable group. He maintained that this was so even before the Mt. Pinatubo eruption of June 15, 1991, considered the most cataclysmic eruption affecting a densely populated area in the Philippines. As a hunter and gatherer group, the social relationships among them and their neighboring groups of agriculturalists have been generally harmonious. Interethnic marriages exist with the lowlanders. Although the Aeta did not hold written titles to their territorial possessions of land, in terms of adaptation to environmental conditions, the Aetas have demonstrated extreme flexibility in creating various subsistence procurement strategies.

As regards their disaster experience, before the magnitude 7.8 earthquake triggering the eruption, the Aeta claimed having noticed droves of deer, snakes, and birds migrating to the lowlands and minutes to the eruption, the amount and variety of the fish species living in the mountain streams have become extraordinary. At the time of the eruption, however, the Aeta perceived the calamity as the first consequence of harmful human activities to their territory in a physical and spiritual sense. They also viewed the Mt. Pinatubo eruption as an omen for personal misconduct of the government in general against the volcano. They believe that the Philippine National Oil Company (PNOC) venture of digging and boring at the foot of the mountain had enraged both Apo Namalyari and the anitos (spirit of ancestors). Thus, in their eyes, the catastrophic event occurred precisely in June of 1991.

The situation of the Aeta had definitely changed after the eruption although it was only slightly noticeable to outsiders of the community. Before the disaster, there was no Aeta who could be seen begging or loitering, but after the incident, they have abandoned their settlement and experienced intense stress. In addition, they perceive the emergency measures by local authorities as rather difficult to accept since the relief measures were more tailored to the needs of the lowland groups. Moreover, a large number of fatalities during this calamity was the result of non-compliance to evacuate from dangerous areas. However, for those who survived and were displaced, they had the opportunity to live in an evacuation center. Needless to say, it was no easy challenge for the Aeta to be forced to stay for the first time in an unfamiliar environment with other lowland evacuees.

The loss of lives attributable to this calamity was staggering: 93% of 538 fatalities had been Aeta, and among them, 80% were children under ten years old. Shimizu (2001) signified that the fatalities are the result of human-made calamity caused by the government's lack of initiative to respond to the disaster. At the evacuation site, primary health problems persisted such as malnutrition, sanitation, and deficit in measles immunization. It is worth noting that the Aeta, given their culture and traditions, have existing reservations from seeking medical help in field hospitals for their health needs. Worse, the government had been generally criticized for the inadequate aid package, lack of emergency



budget, delay in relief activities, and overcrowded facilities. Even the NGOs and religious groups questioned the relief distribution strategy of the government. As could be expected, the Aetas were not included in the decision-making process during evacuation. From the Aeta's perspective, they could not voice out their concerns and they observed some government bias for focusing more on and assisting the needs of the lowland farming groups. The Aeta felt they were at a disadvantage, especially during the distribution of aid. For instance, the Aeta, who were reconstructing their houses, were given organic materials like nipa and bamboo costing 5,300 pesos while the lowland houses used 52,100 pesos for the reconstruction of their concrete houses. To make matters worse, the location of the resettlement sites had been chosen by the government without any consultation with the Aeta community.

After the disaster, most Aetas were thrust in the situation of having no choice but to embark on a new existence among the lowland population. Mount Pinatubo drastically hastened their transition from hunters and gatherers into a post-hunting-gathering way of life. During and after the disaster, the Aeta preferred individual initiatives to joint strategies and were not accustomed to form or attach themselves to larger communities. Notwithstanding, they must battle unstable living conditions by pursuing different adaptive strategies like strengthening their ethnic, cultural bonds.

Shimizu's (2001) research about the Aytas of Pinatubo presents a compilation of narratives about their experiences during the volcanic eruption, the challenges they encountered in the evacuation centers, and their interaction with the lowlanders. The Aytas are the indigenous group who used to live on the slopes and foot of Mt. Pinatubo before the eruption. Almost all the Aytas had evacuated to government resettlement houses, and never returned to the mountain. Although the government provided them housing and a small lot for tilling, the Ayta could not do agricultural activities because the soil was too dry and stony. This fact is important to understand why the Ayta have resorted to working as casual laborers in the informal sector in neighboring towns. Shimizu points out that an individual Ayta may keep his identity but also receive and accept strong influences from lowlanders and would not be reluctant to adopt the lowlander's way of life, even if superficially. Essentially, in the Ayta's material culture and lifestyle, in general, they will move step by step toward the lifestyle of the Christian lowlanders.

Moreover, their life in the resettlement area points to the need for understanding their cultural and self-conscientization as enhanced by their interactions and negotiations with the lowlanders, media people, government employees and NGO workers, even with journalists and philanthropists. Crucially, because of the lowlanders' scornful attitude, the Aytas harbor mixed feelings of depression and repulsion. This reveals that they have come to realize some discrimination because of their being Ayta. On the other hand, they comprehend that they are aid beneficiaries being given importance precisely because they are Ayta. What this illustrates is a gap in the consciousness and lifestyle of Ayta found in the resettlement areas who are fully accustomed to the 'lowlanders' society as opposed to those Ayta who have returned to the mountains to resume their "traditional" life. Shimizu implies that the majority of the Ayta are located in between these extreme poles.

#### *(g) Traditional Healing System in the Philippines*

Magos (1992) investigated the endurance of the traditional healing system called ma-aram tradition in barrio Mariit in Antique province. The term ma-aram literally means “knowledge” in the

Bisayan language can be referred to as a medicine man or a shaman. The ma-aram is considered an intermediary between the sick person and the spiritual world in the barrio. The Mariiton medical system, which the ma-aram practice is closely interwoven with the supernatural ideology. For ma-arams, illnesses involve two categories, which are sakit nga espirituhanon (illnesses attributed to spirits) and sakit nga natural (normal causes of illness). For them to diagnose the illness of a sick person, they follow a method called “pagbatbat” or pag usisa: pamulso (pulsing), luy-a (Ginger ritual), pagpakot (divination): done by using objects like ginger, eggs, candles or clothes of the patient. While methods of treatment include: urasyon (magical prayers), hurobaton (formularies), libritu (booklet), pagkaon ka panguyang (eating ritual food), tu-ob (fumigation or smudging), lubu-ob (steaming), dirigos (medicinal bathing water), hilot (massage), tambal (poultice), irimnon (medicinal drinks), banyos (medicinal oil or ointment on a part of the body), tayhop (literally “blowing air from one’s mouth to a part of the body or on an object), laway (saliva), pagpa-athag kang pagsaysay (loosely “counselling”). The ma-aram mostly viewed illnesses as spirit-caused and paying attention to the dungan’s (soul) condition is a pivotal point for knowledge between good health and illness

Magos (1992) highlighted that ma-aram’s medical system has nothing to do with the concept of Western concepts because ma-aram medicine may not share most of biomedicine’s understanding of the illness. Furthermore, Magos (1992) pointed out that ma-aram practice cannot be detached from its religious belief and practice. It is interwoven with the ideology of the people’s medical system. The people in Barrio Mariit consider medicine as “art of healing” or “science of the preservation of health and of treating disease for the purpose of cure.” The people express their ideas and beliefs based on their supernatural ideology. For them, ideology affects the way they do things and the way they behave in situations. Apparently, the people’s medical system, the cognition is operationalized (Magos, 1992, p63),

Magos (1992) revealed that the Mariiton traditional medicine of the ma-aram continues to persist because it explains the cause/s of illnesses and provides a system of prevention and therapy. Furthermore, the people of Mariit consult the ma-aram because of the virtual absence of modern facilities and utilities. It serves the physical, spiritual, and mental well-being of the people; as such, it has the patronage of the people. Its unique feature is the kinship-oriented social structure of the Philippine rural society. This acts as a social security system that supports kin at a time of crises, encourages the perpetuation and transfer of the ma-aram tradition along with kinship or kin-like lines. To conclude, more clearly, the reasons to explain the maintenance and survival of ma-aram practice in Mariit are mentioned by Magos (1992):

1. because there is supporting ideology behind it
2. because it serves as the medical system of the people on the physical, mental or emotional spheres; it is a medical system closely interwoven with supernatural ideology
3. because there exists a mechanism for the transfer of ma-aram ideology to the next generation in the form of the socialization process
4. because of the high social status is given to the position of the ma-aram in the social structure of the village leading to positive maintenance of the ma-aram tradition

Like the ma-aram of Barrio Mariit, the Ati people in San Andres resettlement site resembles the Ethnomedical System of the ma-aram in such a way that it included a theory of causation of illness,

a method of diagnosis, a referral pattern, pharmaceutical medicine, a method of treating illness, and a body of rituals with preventive, curative and compensatory functions. These kinds of processes are practiced by the Ati healers as well, and it only goes to show that the Ati ideology is manifested in their medical practices as well. The only difference is that the Ati people living in the resettlement site are more exposed to the Western concept of medicine. These pave the way for understanding that there are two medical systems that can be utilized by them as long as they settle in San Andres Resettlement Site.

### **1-7 Significance of the Study**

This study has significances in both theoretical and practical areas. Theoretically, the argument of this study tries to expand the analytical applicability of the concept of territorialization and counter-territorialization in the disaster context. The concept of territorialization, as discussed by Yee (2018), aptly clarified the dynamic process in which the disorderly post-disaster situation is contained and controlled by governing the space. On the other hand, the concept of counter-territorialization successfully identified the variegated, and often messy, practices of the people, who are excluded, and disciplined, by the territorialization, to “recover” the space to their own usage. While heavily relying on the same concepts, this study argues that the agentic practices, or resistance (Scott 1987), of counter-territorialization by the victims of disasters quite often re/produce the further exclusion and marginalization of certain population particularly in a society marked by the multiple grids of differences among social classes and ethnicities such as the Philippines. Through examining such paradoxical process based on the ethnography of the interaction between the indigenous Ati people and non-Ati people evolved in the “territorialized” space of resettlement site, the current study tries to shed sharp light on the nuanced, and complicated, dual processes of territorialization and counter-territorialization. Through such theoretical refinement, the study hopes to contribute to enrich the ethnographic study of disaster.

Indigenous peoples suffer a lack of attention and priority under the Philippine health context. This is the strongest motivation for a study that would center on their plight, not only because it is timely but also indispensable. With the aim of contributing to disaster management and indigenous research in the Philippines, this study attempts to provide valuable information concerning the health system of the Ati people in Bicol, with the hope of paving the way for better responses from policymakers. Most importantly, this research proposes more in-depth consultation with indigenous peoples and their participation not only in the context of health management but also in local disaster risk management.

### **1-8 Methodology**

The research was conducted using a qualitative approach. Participant observation, casual, semi-structured and in-depth interviews, and focus group discussions have been conducted among various stakeholders. Preliminary visits to the Ati people along the foot of the volcanic transpired in 2015 with the representatives of National Commission on Indigenous Peoples and the local government. In 2018, the researcher found out that they were relocated to San Andres Resettlement

site as per information of the Albay Public Safety and Emergency Management Office. Preliminary visit was conducted in April 2018.

The table below shows the researcher’s fieldwork schedule indicating her conducted activities, and various individuals and institutions she worked with.

*Fieldwork: Year, Activities and Institutions Visited*

Year/Date	Activity	Institutions
2015: -February 17-March 1 -September 18-27 -October 17-November 2	-wrote correspondence with key holders -Research area visit along the foot of Mt. Mayon -participant observation	<i>Government Institutions</i> -National Commission on Indigenous Peoples (NCIP) -Local Government of Santo Domingo, NGOs -Barangay Officials <i>Community:</i> - Ati people, Local People
2016: -March 3-15	-Participant observation, Semi structured interviews	- Ati people, Local People, Local leaders
2018 -April 1-May1 -July 5-13 -Oct-3-30	-Participant observation in San Andres Resettlement site -In-depth interview -Casual interviews	<i>Government Institutions</i> Albay Public Safety and Emergency Management Office (APSEMO) Department of Social Welfare and Development (DSWD) Albay Provincial Human Settlement Office (APHSO) Local Government of Santo Domingo San Andres Barangay Office Barangay Health Workers Municipal Agricultural Office <i>Community:</i> Barangay San Andres Residents San Andres Farmers’ Association Resettled families of San Andres Ati people <i>Government Institutions</i> National Commission on Indigenous Peoples District Hospital Representative Rural Health Unit Representative <i>Community:</i> Ati Women
2019: Dec10-Dec20	-In-depth Interview	Ati People, Barangay Health Workers, Barangay Officials

*Reasons for Selecting the Research Site*

The area was chosen mainly because post-disaster resettlement and its effect to the indigenous people can be clearly observed in this site. Moreover, the following three factors were considered for choosing San Andres Resettlement site for this study.

### *1. Members of an indigenous group are beneficiaries*

By indigenous group, this study refers to the homogenous group of people in society who acknowledge themselves as such and are recognized by the people around them as a community that continues to live in their organized and communal territory. They possess their own language, belief system, tradition, and culture which is distinct from most of the Filipinos (Section 3h of Republic Act 8371).

The office of Human Settlement of Albay reported that, although the resettlement site is intended for the local people of Albay, the site accommodates the Ati people whose former dwelling site was along the slopes of Mount Mayon and included in the prescribed six-kilometer danger zone. The Ati people in the resettlement site call themselves "Ati" or "*katribu*" meaning members of an Ati tribe.

### *2. Contrasting features at the resettlement site*

It became clear that the resettlement site can be divided into two sections. One part could be defined as non-Ati territory, occupied by local residents from nearby barangays who resettled in 2008, while the other part is for the Ati who resettled in 2017. Although the resettlement site seemingly appears as one village, differences actually exist within it. First, there is a difference in the physical structures of the dwelling; for instance, majority of houses in the non-Ati territory have extensions or aesthetic renovations. The other difference is the unequal access to social and financial aid programs between the Ati and non-Ati residents.

### *3. Access to information*

The apparent involvement of the local government in the resettlement of the indigenous people paved the way for ample information to be available in the resettlement project as well. Further, owing to the fact that the researcher has established rapport among the Ati people since the time they were informal settlers along the danger zone, conducting the methodologies for this research became possible with the consent of the Ati community who have resettled.

## **1-9 Organization of the Thesis**

This thesis is divided into seven chapters. Chapter 1 presents an introduction to the research followed by a discussion of the research questions, significance of the study, review of literature, theoretical framework, and methodology. Chapter 2 discusses the research setting, giving details of the life and living condition of the Ati people in the resettlement site. Chapter 3 examines the research field area and focuses on the post-disaster recovery aspect of the San Andres Resettlement Site, including the management schemes regulated by the local government and the government pronouncements relating to resettlement. Chapter 4 explores the Ati people's health system and its relationship to its socio-cultural practices. Mainly, this chapter investigates the Ati people's connection with nature, their concept of the human body, and their idea of sanitation. Furthermore, Ati people's concept of health and illness, their classification of diseases, and system of diagnosis are tackled in this section. Chapter 5 expounds how Ati people echo their health system through their traditional

practices. This chapter focuses on various ethnographic cases displaying their health system through traditional healing practices such as *albularyo* (herbalist/faith healer), *hilot* (traditional massage), and *pagmamama* (betel nut chewers). Chapter six describes the health center, including the health situation and the common health issues of the residents in the resettlement site. The interaction of the Ati people and the government health workers are apparent during the implementation of the health programs of the national government. In this chapter, cases involving the interaction of government health workers and the Ati people are cited. Particularly, the case of a government health worker and her rapport-building strategy among the Ati members, the case of a pregnant Ati woman who gave birth to a health facility, and the cases of the two Ati healers who brought their sons to the hospital for treatment. Furthermore, the perceptions of the bio-medical practitioners toward the Ati health system are also discussed. Lastly, Chapter 7 gives the conclusion of the research.

## Chapter 2: The Setting: San Andres Resettlement Site

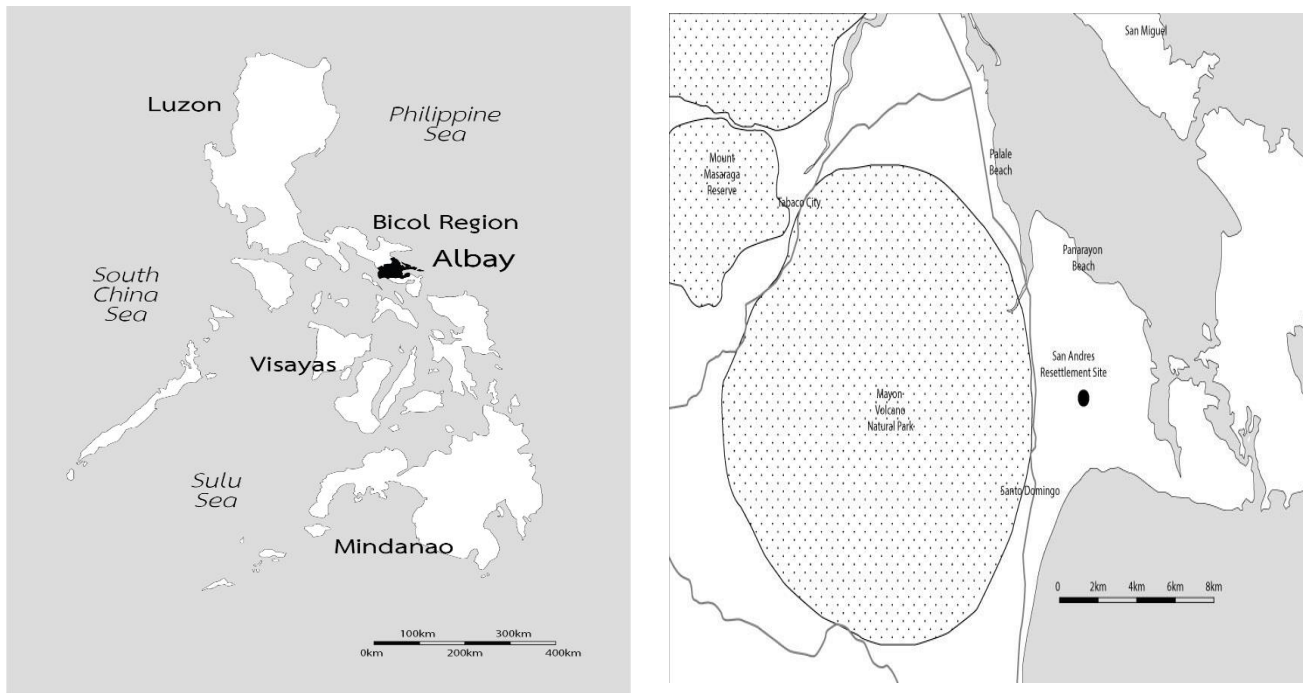


Figure 1. Map of the Philippines indicating the province of Albay in the Bicol Region and a large-scale map of the Municipality of Santo Domingo. Photo of Mount Mayon.

The San Andres Resettlement Site is located in Barangay San Andres in the Municipality of Santo Domingo, province of Albay in the Bicol Region of the Philippines.

### 2-1 Topography and Climate

The San Andres resettlement site is approximately five hundred kilometers south of Manila and is located close to the active-volcanic mountain Mayon. The barangay has an area of 258,000 hectares; bounded by one river and five creeks that originate from San Roque and a stream at Sitio Puro, all of which facilitate the irrigation of the rice land. The barangay proper is flat, and only Sitio Bulod in the southern part of barangay is hilly. The soil type is sandy loam. Access to Barangay San Andres for common location points such as the barangay health station, the town proper, and district hospital is by tricycle, motorcycle, jeepney, or bus at any time of day.

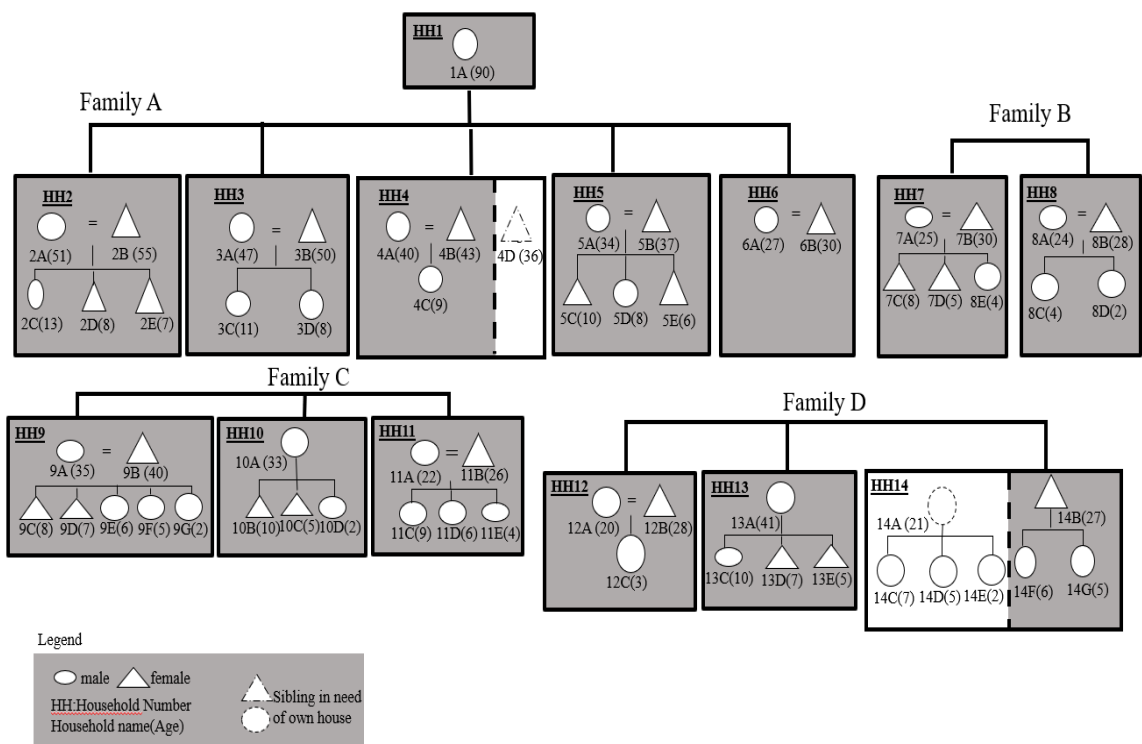
The climate is considered tropical. Throughout the year, there is significant rainfall. During the driest month, rainfall still occurs. Generally, the temperature in Santo Domingo is 27.0 °C. The average precipitation is 3293 millimeters. The rainfall is lowest in June, with an average of 173 mm. Most precipitation is in December, with an average of 509 mm. The average temperatures vary during the year by 2.8 °C (<https://en.climate-data.org>).

## 2-2 Demography, Concept of Family and Economic Subsistence

As regards the residents in the resettlement area, other than the lowlanders, the Ati people are composed of fourteen households with a total population of sixty. Among the fourteen households, there are four different families from Iloilo who, in their original settlement, were already acquainted as neighbors and therefore have a long-standing friendship and strong sense of community.

For the Ati people, whether in San Andres resettlement site, the danger zone, or back in Iloilo, their concept of family is not limited to the nuclear family, but it includes other members such as the parents, siblings, cousins, nephews and nieces of the household head. In essence, the norm for their concept of family is an extended family setup.

In San Andres resettlement site, a typical Ati household is composed of a mother, father, and their children. There are four families living in the resettlement site, represented by Family A, B, C, and D. In the case of the Ati matriarch (1A), and the head of family A, at 90 years old, she is the oldest member of the Ati community and has been given her own house in the resettlement. Her children have also been given separate houses and are represented as households HH2, HH3, HH4, HH5, HH6. Family B is composed of two households (HH7 and HH8), Family C is composed of three households (HH9, HH10, and HH11) and Family D, constitutes three households (HH12, HH13, and HH14). Figure 2 below shows the kinship of the Ati people in San Andres resettlement site in Bicol. Moreover, it can be noted that there are two Ati members who want their own houses. Ati 4D, is living with his brother 4B in household 4. He used to reside in Iloilo, but he wanted to permanently stay in Bicol with his family. Also, Ati 14A stays with her brother, along with her own children and her brother's family. Because of this set up, 14A wanted to ask the DSWD office to allow her to have her own house in the resettlement site. The request for additional houses by the two Ati members 4D and 14A has been forwarded to the DSWD but the latter confirmed that there are no available houses anymore.





As regards the San Andres area, there is a famous story being passed on, according to the local people, about how the place was discovered. The barangay was founded in 1818 by Zosimo de la Cruz, “Captain de Resurrection.” It has three sitios; namely, Puro, Suhi and Bulod, which were founded in 1850. The story shared among the villagers tells of the time when this place was still a pasture land. In a group of five men, one named Andres got lost to the amazement of his companions. They wondered where he spent his time. The last time he got lost, his companions found him at a place bound to a tree by the rope with which he used to tie his cattle. This place is now called San Andres.

Majority of the population here are non-indigenous people who subsist by farming (30%), followed by private or government employees (20%); construction workers, carpenters, and drivers (20%); laborers (15%); and others doing some livelihood such as sari-sari store owners / small business owners (15%). Meanwhile, the fourteen Ati households in the resettlement site are involved in livelihoods related to traditional medicines. They are either healers, makers, or vendors of traditional medicine and protective charms. To date, four are traditional healers, while seven Ati members are makers, and eight members are vendors. Five Ati men vend traditional medicines but are also involved in working as laborers from time to time. The Ati people’s main economic source is selling traditional medicines and receiving donations for their traditional healing services. They earn a maximum of 150 pesos (338 JPY) daily. Significantly, their roles in the community are much visible in the division of labor — each member contributing based on his or her capabilities, status, age, and sex. Usually, the Ati men’s role is to vend around the public areas in Santo Domingo while the Ati women stay at home and make herbal medicines. The little children who are not enrolled in school stay at home with their mothers. Table 3 gives details about the Ati’s livelihood such as healers, vendors, makers of traditional medicine, and those not involved in traditional medicine but have opted to work as laborers in a construction site.

Table 3. Types of Ati people’s Livelihood

<b>Traditional Healers (female)</b>	<b>Makers of Traditional Medicine (female)</b>	<b>Vendors of Traditional Medicine (male)</b>	<b>Laborers (male)</b>
1A	5A	2B	9B
2A	6A	4B	11B
3A	7A	5B	12B
4A	8A	6B	13B
	9A	7B	14B
	10A	8B	
	11A	9B	
		11B	

### 2-3 Common Language and Belief System

Inati is the language spoken by the Ati people in Bicol. Among themselves, they speak Inati, which is considered to be their mother tongue or traditional language, and they speak the common

language in the Visayas region. Their children who were born in Bicol are taught to speak this language apart from imbibing the 'Albayano' dialect. To be able to communicate with the Bicolanos, the Ati learn the dialect through everyday interaction with them.

The Ati practice Animism, a belief in different forms of spirits. These spirits are nature spirits that often guard rivers, the sea, the sky, as well as the mountains. Sometimes, they may cause both disease and cure. The Ati from Negros refer to them as "taglugar" or "tagapuyo," which means, "inhabiting a place." However, at present, Christianity has also been adopted due to less isolation and more contact with "outsiders."

#### **2-4 Settlement Pattern**

In the San Andres Resettlement site, though the land is hilly, the houses are linearly arranged along the hills. In general, the homes built are all residential houses except for the two adjacent houses with sari-sari stores located near the entrance of the resettlement site. The place is busy at night because the residents would often tambay (do nothing to pass the time) and tsismis (gossip) in front of the stores. Food stalls selling street foods like fishballs, lumpia, kikiam, and hotdogs have also been set up near this area. Here, the non-indigenous people, the middle-aged housewives would stay while the little children play on the streets. The small Ati children interact with non-Ati children.

The settlement pattern influences the kind of organization of the community, as argued by Sommer (1969) when he explained that the manner the homes are arranged is related to the type of neighborhood that develops. For instance, if the communities are crowded, more social problems are expected to be created. However, in the case of the resettlement neighborhood, the non-indigenous houses are located near the entrance, on the flat section of the resettlement area. Their homes are arranged linearly. On the other hand, the Ati people's houses can be found on the upper hilly area. There is an invisible demarcation line between non-Ati and Ati houses. Although there are houses between them, these houses are all empty. It will take a few blocks and an uphill stride to be able to reach the Ati people's neighborhood which is located some distance – not that far but not quite near either – to the non-indigenous peoples' houses. As to their relationship, it can be said that there exudes a positive atmosphere in the neighborhood where, most of the time, the Ati people interact with their non-Ati neighbors. It is of value to make this assessment because the type of space people move in has some connection to how they behave and, as argued by Hall (1969), human beings and their environment play a pivotal role in molding each other.

#### **2-5 Social Organization**

The residents of Barangay San Andres, the community, has been organized since 2011, mainly on their own initiative although with the support of the local government. The establishment of community organizations like the Women's Organization, the San Andres Farmer Association (SAFA), and the Samahang Katulong sa Pag-Unlad ng San Andres (SAMKAP) gave opportunities to the community members to earn more income since the groups are focused on doing livelihood projects and enhancing farm techniques.

In the resettlement site, the community used to have an organized group which eventually ceased operations when its leader proposed that members pay a registration fee. A majority of the

members opposed the idea. The Ati people were also informally asked to join this organization; however, their chieftain, the representative of the Ati people who acts as their community head, adamantly opposed the idea of joining since he did not see the point of paying the registration fee.

Among the Ati people, this chieftain was selected by the eldest Ati woman, Lola, to be their leader based on his good behavior, age, and ability to lead. He is regarded as a reliable and influential figure, as seen in his significant role in decision making for the community, dealing with NGO and government agencies, and accommodating other issues relevant to the Ati people.

The chieftain said that they maintain a pleasant relationship with the non-Ati people. His reference is to interactions in a specific context such as the Ati people purchasing rice, beer, or cigarette from the sari-sari store owned by the non-Ati people and, in exchange, the latter at times showing interest in the traditional healing materials that the Ati people are selling. However, the Ati are not keen on joining organized groups because they consider themselves as already one organized group. This increasing interaction with the non-Ati people is true to Gaillard's (2015) finding, in his research with the Aeta in Pinatubo, where generally, the kind of interactions after the volcanic eruption were economic, social, and political. The "communalness" among the Aeta despite the varied experiences in their day to day life has remained intact. He further argued that the Aeta are still regarded as a single group based on their similar features, language, beliefs, and inter-individual relationship.

## 2-6 Kinship

The kinships connections of societies, in general, constitute the aspects of social interaction (Ember&Ember, 2007). In the resettlement site, the non-Ati people's kinship system may be described as bilateral in structure. By bilateral, it is implied that it is characterized by tracing relationships through both parents' ancestral lines and considering both sides of the family as relatives. This also shows that in a bilateral family, in order to trace descent, only full siblings belong to the same descent group because only full siblings have the same parents. All kinship is said to be bilateral in the sense that, under whichever principle of descent, an individual has kinship ties to and through both parents. The non-Ati people's bilateral system includes parents, grandparents, aunts, and uncles. The enduring kinship of the indigenous people is said to be one of their sources of resilience.

## 2-7 Leadership and Authority



The barangay is divided into eight districts known as street blocks or *purok*, with every district headed by a district president and supervised by barangay councilors. In the San Andres Resettlement site, leadership and authority emanate from two sources – one legal and the other traditional. The former is based on laws of the Philippines while the latter is in keeping with existing local practices and beliefs of the community. The resettlement site is under the watch of the local government unit, particularly the Barangay Chairman of Barangay San Andres. Yet, among the Ati people, there is a tribal chieftain who oversees the welfare of the entire community. Within the Ati community, the concept of seniority is practiced in terms of conferring status and authority. The members of the Ati people are often categorized, whether they are junior or senior to each other. This reveals how age is deemed essential in determining the status and authority in the community. They give the highest status to their oldest member, the matriarch. As of this writing, the matriarch is 90 years old. Because of her old age, the community has appointed instead, as tribal chieftain, her oldest son who is 55 years old and received elementary level education. In the community, he is considered the most senior; thus, other Ati people can consult and seek his advice. His primary obligations are to serve as arbiter and give out guidance and solutions when there is a conflict among the Ati members. He also serves as the representative for the Ati community in times that there are visitors from outside, and for Ati members who are in dire need of help. The chieftain also appoints his secretary or his assistant in case of his absence.

## 2-8 “A Day in the Life” of an Ati



*Ati women tending children in the afternoon. July 2018*



*Ati children in the kindergarten level. July 2018*

By day, it is easy to see women either tending to their little children, assembling traditional medicines, or doing "*tambay*." The Ati men, on the other hand, would be busy doing labor either by vending herbal medicines in nearby or far-flung places or as part-time work in the nearby town.

Every afternoon, at around 2 PM, it can be noticed that Ati women gather together in front of the chieftain's house and prepare herbal medicines. They do this while also doing *pagmamama* (betel

nut chewing). The Ati people in Bicol are known for their knowledge in traditional healing in the municipality of Santo Domingo. According to them, though they are well aware that the local Bicolano healers exist in the region, their wide variety of herbal medicines gives them the edge in healing among the Bicolanos. In their array of medicinal plants, while some can be grown in Bicol, the raw materials came from their previous settlement in Janiuay, Iloilo, the Visayas Islands. A member of the Ati community in Iloilo would usually send the package via a shipping company from Iloilo City to Albay in Bicol.

At around 4 PM, they would stop working and prepare for dinner. Their food is usually rice and fish, sometimes canned sardines, or instant noodles. Although they already have a place to cook inside their concrete houses, they apparently prefer to cook outside their houses in their traditional way. They cook using firewood and wooden pots not only because of tradition but also because they could not afford to purchase gas or stove for financial constraints. Outside their houses, they utilize the soil for planting root crops like kamote and kamoteng kahoy and bananas. They also grow calamansi trees. A majority of the households raise poultry, specifically chickens. They said that they could use them either for personal consumption or for sale in case they need additional income. The Ati women only cook once a day, usually in the afternoon, while the Ati men and Ati children are still away.

The Ati children go to school in the nearby public elementary school, San Andres Elementary School (SAES). At present, twenty Ati children go to school: seven are enrolled in kindergarten; one is in the 1<sup>st</sup> grade; four are in the 2<sup>nd</sup> and 3<sup>rd</sup> grades; one is in the 4<sup>th</sup> grade, three are in the 5<sup>th</sup> grade. According to the school teachers in SAES, the Ati children have been receptive to their new environment but would have frequent absences that could go on for months. Nevertheless, the teachers did not give them failing grades despite their several absences. According to them, as members of the indigenous peoples, the students are considered 'scholars,' and because of that, they must get a passing grade for all their subjects. Gerry, in 5<sup>th</sup> grade, is the only Ati student who can read and write and is already 18 years old. Similarly, the Ati students in the 1<sup>st</sup> to 5<sup>th</sup> grades are all advanced in age.

On the other hand, the seven Ati in kindergarten are of the age normally required for this level. The children go to school on foot, and their classes are held in the afternoon session. The other children, who are too young for school, play with other Ati kids. By late afternoon, the Ati men usually arrive back together and update their spouses about their earnings. The Ati women would make an accounting of the earnings and prepare the herbal medicines to be sold for the next day.

## **2.9 Ati people's Former Way of Life in the Danger Zone**

In 1993, the Ati people settled in Barangay San Isidro, considered as one of the most impoverished barangays in the Bicol region. They relocated from municipality of Janiuay, Iloilo, and the Visayas Islands came to Bicol by sea and by land. From Iloilo City, they go by boat to Bantayan Island, Cebu. From there, they take a ferryboat bound for Masbate port. Lastly, they take another boat ride for Bulan port in Sorsogon. Buses are available from Bulan port bound for Albay. The whole trip costs around 2,000 Pesos (4,600 JPY) and lasts for sixteen hours (Labayo, 2019). Figure 3 shows the route of Ati people's from Iloilo to the Bicol Region.



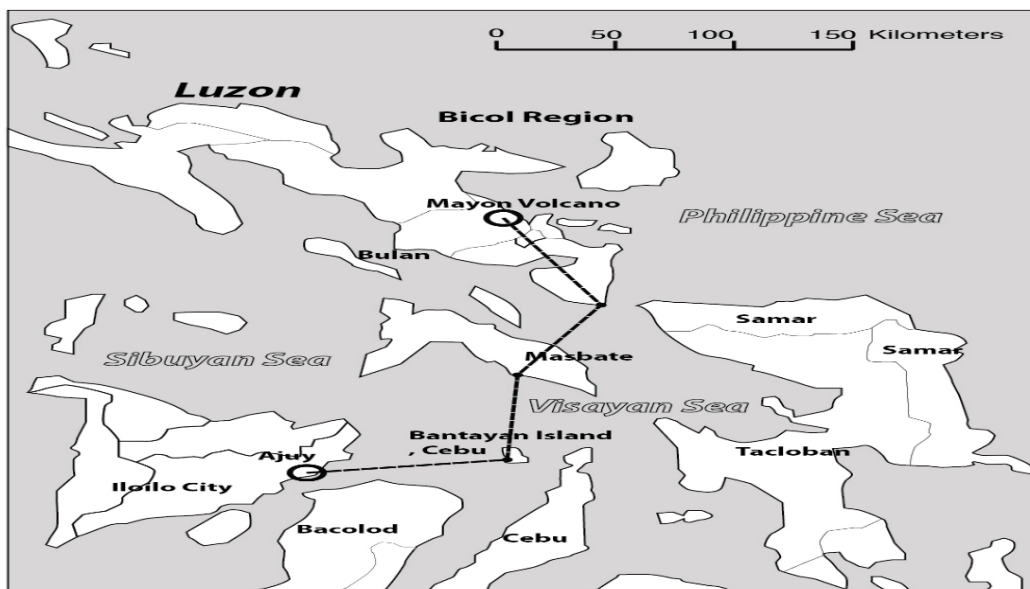


Figure 3. The Route of Ati people from Iloilo to the Bicol Region

The Ati people settled along the foot of the active volcanic mountain Mayon which is regarded as the danger zone by the local government of Santo Domingo, Albay. They stayed in a house called as a *bahay kubo* or a stilt house. The latter is a common house term pertaining to a house made of local materials commonly found in the rural area. The size of the *bahay kubo* is 10 x 10 meters in area. It is composed of the roof area, directly connected with the living room where they use for dining and sleeping. The roof is made of dried “anahaw” leaves interwoven to create a roof, and various materials like used plywood and cardboards to create walls. For their flooring, they utilize the ground itself. These *bahay kubo* is made of very light materials and it could not withstand disasters specifically the typhoons. Thus, when disaster strikes, according to the Ati people, they need to rebuild their *bahay kubo* repeatedly.



The bahay kubo of the Ati people along the danger zone. March 2015

Along the danger zone, the Ati people have no access to toilet facilities, but through the project on an international organization in 2004, a detach toilet for the Ati was constructed and plastic water pails are distributed to each Ati household to promote cleanliness and sanitation. Yet, according to them, the “community toilet” was not useful to them because they are not used to it. Moreover, electricity is not also available and so, they utilize a shared solar panel, donated by one loyal customer of the community healer. For their water source, the Ati people use the stream flowing behind the mountain for free cost. Meanwhile, the Ati households use the soil from planting root crops such as *kamote* (sweet potato) and *kamoteng kahoy* (cassava). According to them, these root crops can withstand typhoons. They also grow calamansi (Philippine lime) trees. Moreover, two households keep a poultry, specifically chicken and ducks. These two domesticated fowls are taken care of so they can use as source of additional eggs for their household consumption (Labayo, 2019).

The Ati people have established their daily life routine while living in the danger zone. By day, there are no Ati men in the area for they are either vending herbal medicines or working part-time as laborers in the neighboring town. The Ati women are left in the area and they gathered together around 2 o'clock in the afternoon to prepare herbal medicines. They would stop working around 4 o'clock to cook for dinner. They usually cook only once a day and it's usually in the afternoon, while the Ati men and Ati children are still away. Their typical food is rice, sometimes sardines, fish, porridge, and steamed sweet potatoes. They have a common place, a covered space where they comfortably seat on the grounds armed with their little children after they cook. By late afternoon, the Ati men usually arrive together and update their spouses about their earnings. The Ati women would account their earnings and prepare the herbal medicines to be sold for the next day (Labayo, 2019).

### ***Discussion***

The Ati's resettlement condition depicts the kind of relationships they make among themselves, the non-Ati people and their new environment in San Andres resettlement site. In line with Oliver-smith's (2005) discussion on the dynamic process of reconstruction, where a community can evolve according to the kind of environment it is in, this chapter attempted to show how the Ati people live in the resettlement site. Apparent changes have been observed since their resettlement such as their living in concrete houses instead of makeshift houses. According to them, these houses gives them a sense of security from the threats of natural disasters. Another noticeable change is the education of the Ati children who now go to school and have teachers who closely monitor their whereabouts. Moreover, in terms of the Ati people's structure as a group, it became apparent that the role of the chieftain as their leader has been preserved but he now has the new task of being the representative of the Ati people in dealings with the resettlement community. This is important to note since it reasserts that the Ati are by themselves an organized group. Another notable change is their manner of settlement evidenced by the continuing interaction between the Ati people and non-Ati from time to time. In summary, these visible changes are concrete proof that the Ati people do not cease to adapt to their new environment.

Against this backdrop, it is argued in this study, that there is cause to revisit existing literature on the indigenous people's paramount attribution to land. For instance, past research has stated that

for the Aeta, the oft-repeated slogan is “Land is life, respect it” in asserting rights to their land and the right to live there as human beings (Zayas, 2012). However, in the case of the Ati people in Bicol, similar to the Ayta of Pinatubo, as Seitz (2004) has pointed out, there has not been such visibly high regard for land acquisition. Instead, the indigenous people have become detached from their foraging tradition and are able to see themselves now as members of lowland society. It should be noted though that a vast majority of lowland residents emphatically reject this view.

Overall, ethnic affiliation seems to be defined not only by such relatively clear-cut criteria as anthropological descent, socio-economic organization, and religious beliefs, but also by subjective valuation and judgment from outsiders. For majority of the non-Ati people, the notion that the Ati are not lowlanders remains strong because they see defined physical features of the Ati which are very different from theirs, and they regard the Ati as primitive by virtue of their being traditional healers, uneducated and poor. Moreover, Jha A. et al. (2010) argued that the relationship between communities and their environment can be based on economic, political, or socio-cultural factors or a combination of these. Hence, the transfer of a community to another location can destroy social networks, divide communities, and reduce the members' livelihood opportunities. In the case of the Ati people who used to live along the danger zone of Mt. Mayon, their relocation could of course be seen as an effective way to withstand a natural disaster, but in reality, they are able to experience co-existing with non-Ati people in the resettlement site. This is true despite the invisible demarcation line existing between Ati and non-Ati houses. An invisible demarcation can be maintained through spaces and interactions. However, this becomes less pronounced when there is ongoing interaction between the two sides; for instance, the apparent interaction between Ati and non-Ati children playing on the streets every afternoon, or when Ati people buy rice from or charge batteries at stores owned by a non-Ati. Hence, it can be said that demarcation depends on the level of interaction and the Ati people's motivation for every interaction.



### Chapter 3: Vulnerability of Ati People in the Resettlement Site



*Mayon, the active volcanic-mountain. March 2019.*

#### **3-1 Context of Natural Disaster Risk in the Province of Albay**

Danger persists in the Bicol region, especially in the province of Albay, where the active volcano Mount Mayon is located. It is considered a high-risk province due to hazards such as this as well as threats of landslides, earthquakes, floods, and typhoons. Albay's geographic location, bounded by the Pacific Ocean on the east, Samar Sea on the southeast and the Sibuyan Sea on the southwest, puts more probability on the province being the gateway to typhoons (Uy et al., 2011). In addition, principally because Mayon Volcano is highly active, a volcanic eruption is an ever-present risk bringing with it hazards such as airfall tephra, lava flows, pyroclastic flows, and lahars as reported by the Philippine Institute of Volcanology and Seismology (PHIVOLCS). The first recorded eruption of Mayon dates back to 1616 (Newhall, 1978). Since that year, the volcano has had 45 recorded eruptions. In a major eruption in February 1993, 77 were killed and five injured as pyroclastic flow affected Mabinit and Bonga; ashfall affected Camalig, Sto. Domingo and Legazpi; and lava flow and lahar were confined to gullies. Those who died were those who had opted to stay in the danger zone in a fatal effort to save their valuable things, including crops and livestock (Orense, 2007).

#### **3-2 Albay's Resettlement Projects and Social Preparation and Resettlement Framework**

This disastrous event prompted the local government to establish resettlement projects to provide an alternative for communities inside the permanent danger zone as well as the high danger zone. It aimed to provide a resettlement area that will involve transfer of these families to a conducive site which is not only fit for living but has access to basic necessities, and where integration of community

welfare programs for shelter, livelihood, and adequate social amenities and facilities are provided together with other needed social welfare services.

As learned from the interviews with the Office of Human Settlement in Albay, aside from the on-going resettlement site in San Andres, there are six other resettlement sites in the province of Albay; namely Baligang (Ligao), Banquerohan (Legazpi), Batawon (Camalig), Buang (Tabaco), Quitago (Guinobatan) and Mi-isi (Daraga). These resettlement sites were established after the eruption of the volcano in 1993 with the cooperation of the LGUs, government line agencies, and other donor organizations. The management of these resettlement sites is entrusted to the respective LGUs.

In the Social Preparation and Resettlement Framework for Victims of Mayon Volcano Eruption '93, the collective goal of the collaboration among people's organizations (POs), non-government organizations (NGOs), local government units (LGUs), and government agencies (GAs) was to build a resettlement project as an alternative housing for the victims of the Mayon volcano eruption. It would be jumpstarted through education, networking, and socio-economic development strategies. These strategies would ensure (1) provision of essential services including primary health care, nutrition, basic education, drinking water and sanitation, and shelter; (2) social mobilization, which would allow people to examine and understand their own situation and come up with recovery initiatives in order to survive, adapt, and thrive in the fast-changing world; (3) advocacy and legal protection, which promote the fundamental rights of the Mayon-stricken communities; and (4) institutionalization, a process by which their behaviors and ideas become patterned, regulated, and established. The desired outcome under this framework is for the disaster-stricken communities to be involved and participate in the resettlement planning, preparation, transfer/movement, restoration, and rehabilitation processes (Report from the Engineering Office of Santo Domingo Local Government, 1993).

### 3-3 The San Andres Resettlement Site



*The Resettlement houses awarded to the Ati people. July 2018.*

The San Andres Resettlement Site is an on-going project of the local government of Sto. Domingo, Albay, covering eighteen hectares of land. In February 1997, to formalize the transfer of ownership of the housing units to its recipients, Resolution No. 06-07 was approved providing for “Land Use Reclassification of an Eighteen-hectare Agricultural Land at Barangay San Andres, Sto. Domingo, Albay into a Municipal Housing Project” which reads in part,

Whereas, the local administration with the end in view of safeguarding the lives and sources of livelihood of families residing within the high risk danger zone has deemed it wise, fit and legitimate to allot funds for purchase of an eighteen-hectare agricultural land at Barangay San Andres of this municipality where a housing project shall be installed for victims of Mayon Volcano's eruption to settle in.

To date, according to the report of the DSWD, the total number of housing units handed over to the beneficiaries is 421. Cross-information from the local government to verify the list of official beneficiaries is a limitation of this study. However, the San Andres Barangay Office reported that four barangays; Misericordia, Fidel Solvida, San Fernando, and Lidung of Santo Domingo, Albay are the beneficiaries of the housing units. The researcher could confirm that San Andres Resettlement Site has a total of 421 units and that out of these, 203 units are only occupied by 203 households. Out of the 203 households, 189 households are non-indigenous peoples while 16 households are Ati indigenous families. Only half of the number of houses are occupied with many beneficiaries having opted to return to their original settlements owing to the lack of source of livelihood near or in the resettlement site. In their original dwelling places, they could set up a shack on their farmland and work again as farmers.

### **3-4 Timeline of Award of Housing Units**

As earlier explained, in February 1993, after the violent volcanic eruption of Mt. Mayon, the local government was spurred into creating permanent resettlement houses in Barangay San Andres, in the municipality of Santo Domingo, Albay. From that time onward, there have been a series of awarding of housing units to disaster-stricken families through time. After 1993, instigated by the National Disaster Risk Reduction and Management Council, 39 housing units were awarded to residents of Barangay Lidung. Moreover, in June 1998, triggered by yet another natural disaster, a super typhoon and volcanic eruption, 192 housing units were awarded by the National Housing Authority to the residents of Fidel Solvida. In July 2006, funded by the United Nations and Development Programme, 170 housing units were distributed to the residents of Miserecordia. In 2017, 20 units were being built by the Gawad Kalinga for the beneficiaries of San Fernando. In total, there are now 203 occupied housing units while 218 units remain unoccupied despite having owners with rights under the law. According to the local government, many beneficiaries have opted to stay in their original houses while maintaining their houses in the resettlement area. Technically, this practice can be deemed illegal, yet it perpetuates, in fact, due to government inaction. These owners continue to claim possession of the houses despite a violation of the terms under the resettlement program, and this violation is likely known to the government.

In fact, this has become the trend in the resettlement site, according to an informant, among beneficiaries whose main source of livelihood is farming which can only be carried out in their original settlement. However, owing to the risk of natural calamities occurring every month, it makes practical sense for them to keep this alternative place to live in.

### **3-5 Land Development at the Resettlement Site**

The local government had a 10-million pesos fund for its land development. Construction commenced and, today, concrete roads of 8.0m, 6.0m, path walks, drainage canals, shallow wells, and entrance access road are visible at the site. Furthermore, a water system has been made available in the resettlement site, with water delivered through water faucets in individual households using connections tapped to the water spring available within their vicinity. In addition, 23 units of shallow wells have been installed, giving a ratio of 1 well per 25 families. As for the dwelling, the plot size varies from 100 sq.m to 120 sq.m. and the houses have a floor area of approximately 20.24 square meters, are made of concrete and equipped with a toilet. As for electricity, the power lines have been installed to tap the main lines of the Albay Electric Cooperative (ALECO).

### **3-6 Rules and Regulations at the Resettlement Site**

At present, to manage the resettlement site and its beneficiaries, the local government issued and implemented Ordinance No. 04-2017 entitled “An Ordinance Regulating the Operational Policies, Rules and Regulations, and Procedures of the Disposition of Housing Projects in Resettlement Area of Barangay San Andres, Sto. Domingo, Albay," which clearly states that the local government use a transparent process to award a lot in the resettlement site.

First, the interested households need to follow terms and conditions strictly enforced by the local government. For instance, the housing units must be awarded to only those who are qualified individuals, referring to families who are residents of the municipality of Santo Domingo and whose houses are located within the 6-kilometer permanent danger zone. These families should consider themselves vulnerable to natural calamities like volcanic eruptions, typhoons, and floods.

Next, once awarded the housing units, the families must not sell, alienate, pawn, rent, or dispose of the awarded house and lot. Most importantly, they are not allowed to perform illegal activities like gambling or using the house as a gaming house. Further, they are not allowed to expand or reconstruct the awarded houses. In case necessary to do so, they should seek approval for the renovation process by the local government. At times, the latter allows the renovation under valid reasons, for example, when the houses have been dilapidated due to natural calamities.

Furthermore, the recipients of the housing units must agree to vacate and demolish their previous dwelling once the new housing units have been awarded to them. However, as earlier pointed out, there are households who are recipients of resettlement housing units but have continued to live in their original houses within the danger zone, opting only to use their awarded resettlement units during times of volcanic eruption or typhoons.

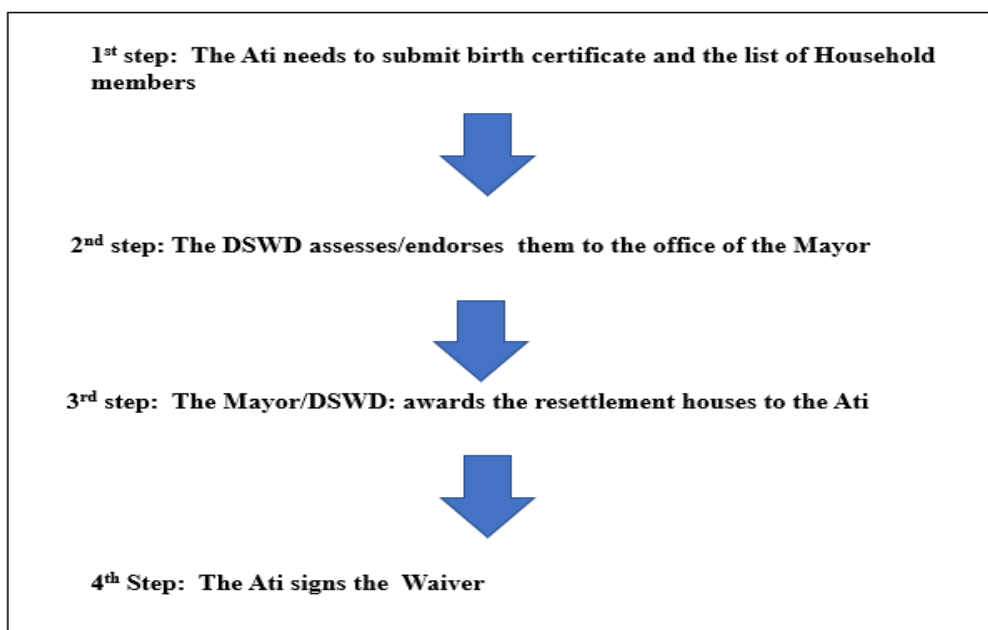
It should also be noted that, under the rules, the government of Albay owns the land where the housing unit stands. Hence, while interested individuals who wish to transfer their rights to their units to their relatives may do so, they will need to first seek approval from the local government by

undergoing the mandated assessment process. Lastly, if the unit recipients are no longer interested in staying in the resettlement area, they will need to waive their rights in favor of the local government and the vacated housing unit will be awarded to the next qualified individuals.

### **3-7 The Process Undergone by the Ati people to Acquire the Resettlement houses**

Initially, the San Andres resettlement housing project is created exclusively for Bicolanos residing in the danger zone. Nevertheless, the existence of the Ati people in similar resettlement area with the Bicolanos is an uncommon arrangement as compared to the other resettlement projects of the local government. While the Bicolanos are given land titles, the Ati people are asked to sign a waiver as a proof that they are beneficiaries of the houses.

From the Ati people’s perspective, to obtain the resettlement houses, the process requires four steps. First, they were asked to present to the DSWD office a copy of their birth certificates, and a completed list of members of each of their households. Second, after they submitted the two documents, the DSWD conducted an assessment, followed by an endorsement letter to the municipal mayor. Because the office of the DSWD identified the Ati people as former residents of the danger zone, they were automatically endorsed to the mayor. Third, the DSWD representative proceeded to the awarding of the houses based on the household list that the Ati provided. However, the Ati people complained that they have listed sixteen households but the DSWD office awarded them with only fourteen houses. Fourth, the Ati were asked to sign a waiver which contains the rules that they must follow as new owners of the resettlement houses. Failure to do so can mean dispossession of the houses. Diagram 1 explains the step-by-step process of acquiring resettlement houses.



*Diagram 1. Process to acquire resettlement houses*

The rules highlighted in the waiver are as follows:

1. The households under the DSWD list of recipients can only occupy the resettlement houses.
2. Once these houses are occupied by the recipients, renting is not allowed.
3. The recipients are not allowed to make other people stay in the resettlement houses.
4. They cannot go back to their previous settlement (danger zone) and are not allowed to leave the



resettlement house without prior notice.

5.They cannot change the paint color and put extension in their houses

### 3-8 Resettlement Issues

*(a) Non-Ati's "Back-up Houses" and its Backlash to the Ati People*



*The back-up houses being utilized by its owners only during times of disaster.  
October 2018.*

In San Andres resettlement site, the non-Ati people comprises 189 households while the Ati people is composed of 16 households. Nonetheless, the Ati people have been given only 14 housing units and they have had to make do with what the DSWD provided them. Under this situation, everyday practices around water, sanitation and hygiene have become even more difficult for them because the households have been crammed in small houses. Here, the most affected are the Ati children who often feel discomfort when sleeping. In view of the vulnerability of the Ati people to health risks under this living condition, the Ati chieftain asked the Barangay Captain of San Andres for additional housing units considering empty housing units abound in the resettlement site. To date, the sprawling rows of 218 empty houses serve only as a huge playground for the Ati children who play hide-and-seek every afternoon. These empty houses are called "back-up houses" by the local community and the local government. The latter, despite the non-compliance with regulations, openly acknowledge that the unit owners live in their original houses in nearby barangays and only return to these units during times of typhoons, floods, or volcanic eruptions. The crux of the matter is the lack of access to needed livelihood for housing unit awardees in or around the resettlement site coupled with their practical need for the units for risk preparedness. This issue of back-up housing has triggered various opinions from resettlers and even outsiders. For example, the elementary school head has expressed her dismay and dissatisfaction on the matter, emphasizing the local government's responsibility to manage these units properly instead of wasting the taxpayers' money by building so

many unused houses.

The local government reaffirmed that these houses have rightful owners and that they are not considered as empty and abandoned houses. As far as the local government of Santo Domingo is concerned, the issue about the empty houses in San Andres Resettlement appears to be not a pressing one. Although it may seem that the housing units are empty, it suffices for them that, during times of natural calamities, the owners return and utilize these houses. In fact, according to the DSWD head, these are the concrete proof that the government has on-going projects in terms of disaster management. Moreover, she shared that the local government is in negotiations with private organizations to build more housing units in the resettlement site.

Meanwhile, the unit owners who opted to stay in their original houses claim that they would fight for their right of ownership of these houses because, as people at risk of disasters, they believe they are qualified beneficiaries. In an interview with one informant, he admits that he and his family do not live there because it is impossible to survive in the resettlement area. He mentioned that as farmers, they rely on their farmlands as their source of livelihood, and its distance is inaccessible once they choose to stay in the resettlement houses. Given this situation, they still would want to keep their units because they need a safe place where they can stay in times of disaster. For them, having this sense of safety, knowing that there is a safe place that they can go to in times of disaster, is paramount.

It can be said that due to the local government's recognition of its own inaction in providing livelihood sources to the beneficiaries, it has become incapable of preventing those who maintain "back-up houses" from doing so. Thus, both the local authorities and the residents have allowed this practice to continue despite the clear violation of rules and regulations imposed by the fourth condition of the pertinent ordinance which states, "Upon receiving the housing unit, family members must have an agreement on whether their previous house/shelter shall be vacated and demolished at their expense" (Ordinance No. 04-2017).

The Ati people have two varied reactions towards the backup houses. First, the Ati wanted it for themselves. The Ati people do not know the owners of the backup houses. All they know is that they are Bicolano's who are living nearby. Although it is prohibited to leave their place, the local government gives tacit approval to it and they feel it's very unfair when they want to have more houses too. Pilar, the Ati women said,

"The Bicolano's own those vacant houses. We do not know them. But if you ask us, we think if nobody lives there, it's such a waste. We want to have more houses. But they (DSWD) said that there are no available houses anymore." (Personal Communication, 2019)

*("Ang mga bicolano ang may tag-sadiri kaiyan. Bako man namon kilala sinda. Pero kun kami an hahaputun бага, sayang man kun dai ninda paistaran iyan. Kami ngani gusto mi sana magkaigwa pa ki harong. Bako man kami hinatagan ta mayo na daa.")*

Some Ati people have the feeling of annoyance towards the local leaders and the system of *palakasan*<sup>1</sup> in the local government. For the Ati woman, Pilar, she thinks that the Ati people should be given more houses, but she pointed out that because they are just indigenous people and they have no

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<sup>1</sup> The Filipino term of *palakasan*, which approximates nepotism, connotes the act of achieving personal benefits through utilizing the personal networks with the superordinate person, by which eroding the public interests.

connection inside the DSWD, it is hard for them to voice out their concern. Pilar, the Ati housewife mentioned that the problem of *palakasan* system, or the patronage culture, is strong especially in Philippine politics context where a person can easily get favor or be appointed through nepotism and not because of his actual capacity or merit.

Pilar said,

“Some of us need houses but we can’t demand one because wherever you go, there is always a *palakasan* involve. Even if we show our persistence and dire need, we need to follow whatever the DSWD want, and still, they won’t listen to us because we are only IP.” (Personal Communication, 2019)

The vacant houses, according to Pilar are used by them, they come and go. They do not ask permission because they know that the DSWD won’t allow them to stay and won’t give them additional houses.

Furthermore, another Ati woman Malu, expresses her annoyance:

“The annoying thing about that vacant houses is that the barangay captain accused us of destroying the windows and door knobs. We were forced to pay for it. We did not do it!” .” (Personal Communication, 2019)

*(“An makakauyam lang dyan ay kami an pigsasahutan ni barangay captain na nagraot kan mga salming nan mg pintuan. Pigpapabayad pa ngani kami ta kami daa su may hibo kaiyan. Bako man kami kaiyan an naggibo.”)*

Apparently, they confess that there are times that they use it for one or two days especially when they have relatives visiting from Iloilo. But they never stayed longer than one week. They made it clear that they are not the ones damaging the windows and door knobs. Moreover, for Karing, she feels that unless these vacant houses are occupied by people, for her, these houses are a waste of time, money, and effort of the local government. She wished these houses should be used by the Ati people who need houses.

Moreover, because of the unwritten rule that the Ati people, should stay, otherwise, the houses will be taken from them, they think It is unfair, but they say, they would rather follow it because they do not want to lose their houses. According to Malu, the DSWD is clear on this rule and they follow it. But according to them, the Bicolanos do not follow it, they are aware that the vacant houses are owned by the Bicolanos who have been going back to their original place.

*(b)Lack of Livelihood Source Leads to Creating New Suki through “Pagdayo”*

The Ati people recollected their living situation at the foot of Mount Mayon, and according to them, their lives, as well as their homes, were continuously exposed to danger specially during volcanic eruptions as well as the typhoon seasons. Thus, moving to a concrete house in the resettlement site gave them a sense of security and lessen their fear of the incoming natural disasters.

Moreover, the Ati housewife, Jenny, mentioned that she discovered turtles as an alternative food source. Jenny said that right outside the resettlement area, turtles abound which they can get for



free.

The living situation of the Ati has negative aspects as well. First, the access to their economic source, second, the limited space to plant root crops, medicinal plants, as well as to raise pigs and fowls that could also serve as their potential and additional source of income, and third, the unwritten rules from the DSWD office that the Ati people have to follow consciously.

*“Pagdayo” : A New Strategy to Access Economic Source*

One of the impacts experienced by the Ati people while living in the resettlement site is the dynamic change of their suki network. The suki, meaning, the regular customers, were reduced in number when they have settled in San Andres. This is because of the distance of the resettlement to the town’s center. However, to respond to the challenge of remoteness of their livelihood source to their settlement, Ati vendors resorted to “pagdayo”. Going to far-flung places and discovering new spaces for their vending business is known as “*pagdayo*”<sup>2</sup>. The Ati vendors bought motorcycles so they can be able to go to wide-ranging places. They use this strategy to be able to create new suki networks. The “*pagdayo*” pushed them to leave their houses for weeks and even for a month.

Prior to their “*pagdayo*”, the Ati ensure that they go during a specific town fiesta. The latter is a Christian event where every town in the Philippines celebrate a specific patron saint. The celebration could last for a week. This kind of event is favorable for the Ati because they can have more suki. They say that the number of suki they get from “*pagdayo*” is almost like the number of suki while they were at the foot of Mt. Mayon. Before, their number of suki is growing because they have a fix space in the public spaces, and they do it regularly. The “*pagdayo*” is almost a onetime thing, and they could not form any suki because they do not have the chance to sell regularly and their places of selling vary as well. Ati chieftain pointed out that they still maintain communication with their suki near Mt. Mayon because some of the Ati members go back from time to time.

The Ati chieftain Rico shared that he just arrived from “*pagdayo*” in Daet, Camarines Sur, 181 kilometers away from the resettlement site. Together with his wife, and three children, Rico finds a bridge and makes it as their temporary home. Rico said that the bridge is a perfect place when they are doing the “*pagdayo*” for several reasons including that it is free, they’re covered by concrete bridge, and there is a source of water. However, leaving the resettlement house for a long time has a serious impact to the children’s education and health. The children missed their classes and, they could not sleep and eat properly under the bridge. Furthermore, during the rainy days, the family who are doing “*pagdayo*” face the risk of flooding.

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<sup>2</sup> “*Pag-dayo*”, or its root word “*dayo*”, is a Visayan term which generally connotes “sojourn”, or “seasonal migration”. Such “*dayo*” is traditional livelihood strategy among the small-scale fishermen as well particularly in the islands-society of Visayas Region. For example, Zayas (1992) and Seki (2001) discuss how the Visayan fishermen engage in “*dayo*”, in which they seasonally migrate to the far-flung islands to utilize the better fishing grounds and profitable markets according to the seasons, through which they try to disperse and reduce risks inherent in the unpredictable maritime environment. . “*Dayo*” is not haphazard wondering about of the people, but rather reflects their cultural logic which requires meticulous cultivation and continuous maintenance of social networks among the people scattered around the various, and distant, islands. Zayas even argued that *dayo* (or *pangayaw* in the western Visayas) is an institution which facilitates the dynamic dissemination process of knowledge and skills in the local society (Zayas 1992).

While majority resorts to “pagdayo”, not everyone can do because only seven households have motorcycles. According to Pilar,

*“Life in the resettlement site is hard especially if one does not own a motorcycle and the jeepney fare amounts to 80 PHP going to the poblaci3n”* (Personal Communication, 2019)

For Pilar, who sometimes take the jeepney to build her own suki in the poblaci3n, she said that she needs to communicate well with her suki so she can maintain a good relationship with them. Meanwhile, other Ati women vend by foot in going to Bacacay, the closest public market in the resettlement site, which is twenty-five kilometers away from their houses. For instance, Karing, who has an estimated ten to fifteen suki before, at present, she only has three to five suki in Bacacay. According to her, she started to build again her own suki network in Bacacay by selling in the same place. Moreover, she mentioned that she still has communication with her previous suki by keeping in touch through text messages. Sometimes, her suki texts her and ask for her services.

Presently, the Ati people practice the “pagdayo” to create more suki and overcome their resettlement dilemma. Although “pagdayo” paves the way for the Ati to gain newer suki, nevertheless, it has also negative and serious consequences such as the disruption of their children's education, their safety, and security on the road and in their temporary makeshift shelter under the bridges.



*The Ati chieftain and his motorcycle he is using for “pagdayo”. December 2019*

### ***c. Limited space for planting crops and medicinal plants and raising animals***

For the Ati people, it becomes inevitable to make a comparison between the danger zone and the resettlement site in terms of its living space dimension. Formerly, living in the danger zone allowed them to plant root crops such as sweet potatoes and cassava, as well as medicinal plants like *madre de cacao* and *buyo* (betel leaf). At present, because of this constrained environment, they could not be able to do so.

Nevertheless, in the resettlement, they are prohibited to raise pigs and chickens because of its limited space. To date, five families are raising chickens in the resettlement under the tacit permission of the barangay leaders. There is an on-going negotiation between the Ati chieftain and the local

government to give them permission to raise some animals, but they have not reached any point of decision yet. At present, according to the local government, they could not provide financial support to create livelihood programs for the Ati people.

*What the Ati people really want: “Ati Store” and a revolving Capital*

For the Ati people, they are painting the office of the DSWD as a picture of sternness and neglect since they feel that their demands have not been heard. They accuse the government that they are just full of promises, and empty words, but they have not been made any concrete projects for them. The Ati housewife Karing said,

*“They (DSWD representatives) come here, hold a meeting and discuss with us the livelihood projects that they want to give us. They want us to undergo training so we can learn how to make soaps from scratch. We were all excited to do it, but until now, they didn’t come back or start with the training” (Personal Communication, 2019)*

The Ati people are clear with what they need and what is sustainable for them. According to them, they wanted to create an “Ati Store”, a communal *sari-sari* store where they can buy the things that they need, and they can borrow money from without interest. They wanted the chieftain to lead that Ati store. They also wanted to have capital to raise piglets for their additional income. However, the local authorities did not approve of raising pigs in the resettlement site because of their limited space. These plans of the Ati have been heard by the local leaders. The latter on the other hand said that they have no fund to start the Ati store that they wanted to build.

***d. Unwritten Resettlement Rules***

In their previous settlement in the danger zone, the Ati people were free from written and unwritten rules from the local government. However, when they transferred to the resettlement site, a verbal agreement between the DSWD representative and the Ati chieftain was conducted in order to facilitate peace and better way of living in the community. Specific rules were stated and violating these rules may lead to dispossessing the houses. The Ati people are also aware that “*sarong mali, gabos hali*” is implemented by the DSWD. It means, if one person disobeyed these rules below, all Ati members will be reprimanded. The Ati people are being held accountable for their own actions as well as their neighbors. The rules are as follows:

1. *Throw the garbage properly in the dumpsite, do not leave it in your houses.*

The Ati chieftain said that he was called in the barangay to explain about these because one non-Ati member complained about their garbage littered around their houses and the stinky houses of the Ati. The chieftain said that they were not aware of how to dispose their garbage that is the reason they have their garbage around. And they say that because they are not frequently around, he feels that it isn’t their fault that they are stinky.

2. *Drinking alcohol is prohibited.*

Ati men and women admitted that they violate this rule. And have no valid excuse, as this is what they do for relaxation and fun. But oftentimes, because of too much alcohol, fights between them have been reported to the barangay captain. The barangay captain gave them an ultimatum that if another incident was reported to them, he will report it to the

DSWD so they can be reprimanded for their actions.

According to Karing, Ati men specially are hard-headed. They always drink alcohol and they don't want to be stopped.

3. *Tsismis (gossip) is also prohibited especially among Ati women.*

The Ati women were reminded that they should not refrain from *chismis* as it can be the root of fights and disrupts the peace in the neighborhood. Incidents of Ati women physically fighting with another women were also reported to the chieftain. The Chieftain said that she keeps on getting complain among women and their petty fights.

4. *The Ati people cannot leave their houses for a long time.*

The Ati people's previous houses are found along the danger zone and they were asked to destroy it so they cannot return anymore. In the resettlement area, they resort to "*pagdayo*" that make them leave their houses for a longer period of time. The DSWD representative discouraged them to leave their houses because they highlighted that they are the custodians of the houses.

5. *They should maintain the cleanliness in their surroundings and maintain proper hygiene.*

According to the Ati, they often hear this derogatory statement '*Ati ka na nga, usma ka pa!*' - You're already an Ati, and yet you're disgustingly dirty! (Ati is used as a derogatory term for being black and impoverish, and *usma* means disgustingly dirty. The non-Ati people see them as unhygienic since they do not take a bath daily and their garbage are not disposed properly.)

With these rules, the Ati people's impression of the DSWD representatives is strict because they always need to consider these rules. Although the Ati women agree with the rules on prohibition to drink alcohol and *tsismis*.

*(d) Absence of Livelihood and Lack of access to food, water and electricity.*

There has been a long-standing issue of how to sustain the resettler's subsistence since employment opportunities are rare, if not non-existent. Among the non-Ati men, majority are into farming, whereas among the Ati men, none have any background on farming crops. Although there are institutional and financial support programs, like the conditional cash transfer, a lack of livelihood still remains as the main problem in the resettlement site. As a consequence, the next problem is the lack of food. The Ati chieftain mentioned,

Our main problem here is our source of food. If we can exist on herbs alone, why not right? However, we cannot. We need to eat rice. The National Commission for Indigenous Peoples (NCIP) provided blankets, five towels, and clothes. Also, they gave us two red buckets/pails, two water jugs. However, the clothes, we just gave it away to others because we do not need more clothes. We need rice. Even without viand, as long as we have rice, we can survive the day, because sometimes we can eat rice with salt, and we are okay with just that. (Personal communication, 2018)

The Ati people have also complained about not having electricity and water supply. The local government is aware of the water supply problem and their limitations as an institution to

resolve this issue. In terms of electricity, when a household needs electricity, the residents are required to pay for this service.



*They fetch water outside the resettlement site. October 2018.*



*They utilize batteries to be obtain electricity.  
October 2018.*

#### *(f) Issues on Hygiene and Sanitation*

The Ati community is perceived as people who are “unfit and unhygienic” by the non-Ati. This is a direct result of the Ati’s inability to establish appropriate living conditions because of a lack of or inadequate access to basic services especially, in this case, water for drinking and maintaining basic hygiene. The repercussions of the absence of access to water significantly affects, not only the image of the Ati to the non-Ati but more so, the Ati people’s hygiene and sanitation, nutrition, health, and education. Given the steep cost of water supply (at fifty pesos per 6 liters of water), the budget for food and drink sustenance for Ati children, as well as for their education, has been greatly diminished and is now being used to buy water. That the Ati house would be equipped with a toilet is highly notable but, because of lack of water, the Ati people have resorted to doing open-field defecation. Hence, skin and other water-borne diseases have spread. This is especially true since taking baths among the Ati are no longer done regularly or done using unsafe and dirty water. Ati mothers are no longer able to clean their houses regularly and finish their chores.



*Unwashed dishes pile up because of lack of water supply. July 2018.*

*(g). The view of health experts towards the Ati people's traditional practices*

Finally, a notable issue, which is of primary concern in this study, is the contrasting views on health between the health workers and the Ati people. Among the health experts assigned to provide medical assistance to the resettlers, there is a prevalent view of how the Ati health system is backwards. Therefore, they encourage the Ati to go to the health center. On the other hand, the Ati people remain indifferent towards medical experts. This gap will be further analyzed in the following chapters, as this opposing perception needs to be addressed.

***Discussion***

In agreeing with Oliver-Smith's (1982) view that post-disaster reconstruction is a complex process, it becomes necessary to be able to address this complexity with sensitivity to the needs of the victims. Reconstruction authorities will need to keep an open mind and understand that post-recovery in every disaster can be more challenging to deal with than the disaster itself. Though the effects of a disaster can rarely be reversed, such as in terms of lives being lost, people being put in danger, material and non-material things collapsing, still, organizations can cope and recover at some point after the disaster. In the case of the province of Albay, because of the frequent occurrence of natural disasters, its people are the very population that Bankoff (2003) is describing when he highlights the fact that Filipinos consider disasters as part of everyday life. In this light, to manage and reduce disaster risk in the long-term context, the local government of Albay has created resettlement projects. This approach reflects the managerial perspective on reconstruction where the local government is at the forefront of the administration and decision-making in the process of resettlement. For instance, it took the lead in purchasing land and investing in land development, identifying the displaced population for resettlement, drafting policies and rules and regulations inside the resettlement site, and awarding the houses to the qualified recipients. This could only mean that the local government has authoritative power over the resettlement process and the resettled people. Moreover, the concept of territorialization (Yee, 2018), which involves the interplay of power and control, was also emphasized in the relocation site. It was exemplified when the local government identified a 6-kilometer area as a danger zone and a no-dwelling zone. Because relocating the disaster-stricken population is the solution to lessen the risk of natural disasters, it is noteworthy that the local officials included the indigenous people as recipients of housing units in San Andres resettlement site. Unfortunately, however, the Ati experienced further exclusion when they were not given enough housing units, which forced them to live in the overcrowded space, which, as a consequence, made them prone to health risks.

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Significantly, the concept of counter-territorialization (Yee, 2017), is also exemplified when the population itself assigns meaning to risk and danger according to their experiences. Thus, they could create a dialogue with the local government to point out their issues and experiences in the resettlement site. Strategies of counter-territorialization were utilized by the non-Ati and the Ati people as well. In the case of the non-Ati, seeing that there is no opportunity for livelihood source in the resettlement area made them return to their original settlement. Yet, they still keep these houses in the resettlement site in order to utilize them during the occurrence of natural disasters. These houses are termed as backup houses. These put the Ati people in bad light mainly because the existence of backup houses directly prevents them from occupying additional dwelling unit.

Moreover, day by day, they endure the repercussions of a lack of water source that creates health risks in their sanitation practices, and they find themselves in a vulnerable state. The DSWDs system of “palakasan” , as well as the accusations of DSWD as being irresponsible house-owners worsens their opportunity to acquire additional housing units. Moreover, the Ati people were given unwritten rules, as well as prohibitions to plant crops and medicinal plants, as well as raise fowls and pigs by the DSWD so that peace, order, and cleanliness can be maintained in the resettlement site.

Furthermore, while the non-Ati people have source of livelihood and access to electricity and water in the resettlement site, the Ati people suffer from lack of access to these basic needs. It is clear that their present situation has exacerbated the vulnerable circumstance they were already in before they came to the resettlement site.

Meanwhile, to respond to the issue of absence of livelihood resource in the resettlement site, the Ati people resorted to “pagdayo”. This strategy is a form of counter-territorialization that can allow them to discover new places to be able to create new suki network. However, “pagdayo” has significant impact on their well-being as well. Its repercussion includes disruption of children’s education, precarious living condition under the bridge that has impact on their health and security.

As seen in the case of the Ati people and true to what disaster researchers of anthropology in the 1980s claim, the disaster-stricken community, once resettled, may be faced with still another disaster or another threat to its existence. Thus, disasters can continuously occur in their case because of social factors that aggravate the situation of the disaster-victims. Taking the case of the Great Peruvian Earthquake in 1970, after the disastrous event, the maldistribution of aid and the inefficiency of aid agencies put the Yungay community into a very unsafe condition (Oliver-smith, 1994). This chapter depicts that territorialization in the resettlement site exists as shown by the interplay of power and control by the local government, through the office of the DSWD. Nevertheless, both the Ati and non-Ati people respond to these through their own counter-territorialization strategies that generates even more vulnerability and marginalization to the Ati people in the resettlement site.

## Chapter 4: Ati People's Health System

### 4-1 The Socio-cultural Aspect of the Ati People

In order to describe and understand the Ati people's health system, it is vital to look into their socio-cultural practices. Particularly, the component elements of the social community and cultural tradition of the Ati people as observed under this research include: the relationship between man and nature, the concept of the human body, and the idea of sanitation as an environmental reality.

(a) *Ati people's view of the relationship between man and nature.*

Ati people claim that they have intimate knowledge about nature, referring to it as *kalikopan*, and man as *taw-han*. Intimate, in this sense, refers to how they can explain and predict the affairs of the environment just through observation. Below are some of the Ati's beliefs about *kalikopan* and *taw-han*.

First, *nature and man need to co-exist harmoniously*. Their central premise is that the *taw-han* needs *kalikopan* and in the same way, *kalikopan* need the people's help to care for nature. Similarly, the concept is applied to health, as one Ati healer explained that if one disrespects a particular place, it will manifest sickness in one's body. Thus it is essential to maintain respect for nature because nature is connected to people at all times. The elderly Ati member said, "Once you treat nature well, you will be treated well in return. If you do not want to encounter problems in life, you need to always be careful."

Second, *the coming of disasters can be predicted by observing the environment*. They can predict the coming of disasters through a sudden change of the color of clouds, or the patterns of flocks of bird in the sky, or the high temperature of the soil. These kinds of observation are predeterminers for a coming volcanic eruption.

Third, *hot and cold elements are ways to predict illnesses*. The Ati people's very natural environment impact the human body, and therefore, may easily cause illnesses. They have developed the ability to determine illnesses depending on the amount of air that enters the human body. The Ati healer explained that the human body needs just a reasonable amount of hot or cold air. If a person gets over or underexposed, it will cause an illness. She further mentions that when she performs "*hilot*" (traditional massage) to her customers, the usual cause of their illness is taking in too much air which causes the body to be weak.

(b) *The human body and food intake*

The human body, according to the Ati healers, is sacred. They pay essential attention to specific body parts when they heal. Specifically, these are the head, *kaput*, and the stomach, *tungol*. The role of the *kaput* is to control all of the body's activities, including human emotions and decisions. While the stomach, specifically for women, is important because it carries the womb. Moreover, the *tungol* is the most vulnerable part of the body because it serves as the receiver of all the food that one takes in. The typical food of the Ati people is rice, sweet potato, fish, and vegetables. They also eat canned sardines, eggs, carbonated drinks, and dried fish. The healers always highlight the significance of taking care of these two crucial body parts.



### (c) Local Sanitation

In many indigenous cultures, like the Ati people in Bicol, women especially have special regard for water as it is connected to childbearing and birth. Water for them is sacred because they believe water gives life to babies inside the womb of their mothers. The first bath of a baby signifies purity and cleanliness. On the other hand, after giving birth, mothers bathe with lukewarm water and a mixture of herbs to ensure their cleanliness. This kind of practice is now compromised, at the resettlement site, because of the on-going issues they have with sanitation, particularly the lack of water supply.

## 4-2 Exploring the Ati People's Health System

Through the observance of the Ati's socio-cultural practices, a clear depiction of their health system could be had. Miller (2011) defines the health system as a cultural perception and classification of health-related issues, healing practices, diagnosis, prevention, and healers. In this research, the Ati's health system constitute the observed and the ethnographic pieces of evidence in the field which includes the Ati's concept of health and illness, classification of diseases, the system of diagnosis, and the treatment process. For purposes of the organization of the research, the specialists in the resettlement site, including ethnographic evidence, will be discussed in Chapter 5.

### (a) Concept of Health and Illness

The Ati people perceive health as *himsog* or *libsog*, meaning the absence of illness. Further, health or being healthy is also referred to as a feeling of *mahilom* or at peace, akin to a person who does not have problems in general. The Ati always regard health as a positive concept. Thus, for them, someone ill is someone *nasakit* meaning, suffering from pain, inflicted with something, or exposed to a negative element. According to indigenous people, the local concept of health and illnesses can be comparable to bio-medical health in the sense that both perspectives focus on the physical and emotional aspects of human experiences. However, the main difference with regard to the indigenous people's concepts can be distinguished in their view of health and illness as a holistic and comprehensive process that involves the interconnectedness of the human body, spirit, and the environment (Simbulan, 2011). It has also been observed that while the barangay health center utilizes biomedicine, the indigenous people continue to practice their traditional health practices.

Interestingly, according to Jocano (2003), in the context of folk medicine, especially in the rural areas, there are three sources that can validate if a person is ill – the ill person himself, the people around him, and lastly the local healer. Generally, the local healer has the last say if the person is ill. Moreover, he emphasized that "health is a mode of concretizing the ideal, a process of symbolizing what is highly desirable in society" (Jocano, 2003p.177). The same way can be observed among the Ati people. The Ati healer has reliable power and influence to determine and manage illnesses. Their role as health custodians of the community is essential because they are the first responders when it comes to health issues. However, these roles can transcend to a more personal level because, as healers, the Ati members also consult with them to seek advice on raising children or problems about family life. The Ati highly consider and follow the suggested treatment of the healer because they rely on the knowledge, credibility, and the capacity to heal of the local healer.

Furthermore, Jocano (2003) points out Rene Dubos' concept of health as the process of

adaptation to the real world. The common perception among people is that one fits in the environment, whereas Jocano discusses that due to conflict of power between elements of the physical environment and elements in the body itself, as well as the supernatural sanctions and the human, a human's willpower will experience a certain kind of threat when ill.

*(b) Classification of Diseases and System of Diagnosis*

The Ati healers classify diseases into two levels, the natural and the supernatural forms of the disease. The typical examples of natural diseases that they encounter are wounds from snake or dog bite, dislocated bones from accidents, pain in the stomach, high-fever, asthma, skin allergies, difficulty in breathing, pregnancy related issues, and infertility. First, the Ati healer will assess whether the illness has signs of a natural form of disease. Tentatively, she will classify it as such. The second level occurs after further asking about the patient's experiences before he/she had the disease. This is an essential stage where the Ati healer assesses whether a conflict between the patient and the environment has occurred. In this process, the healer starts performing rituals and further suggests treatment for the disease.

In terms of diagnosis, the Ati healers, in general, will take three steps: first, she examines the ill person thoroughly. She physically observes the eyes, the breathing patterns, and look at the face. Second, the healer asks the ill person about the degree of pain or suffering. She asks for the last activities of the person; also checking as to whether or not this kind of disease has happened before. Third, the healer further observes the behavior of the ill person. She would continue probing until she is satisfied with the information gathered and then she makes her final diagnosis.

The case of Cora, the Ati healer who treated a patient with a stomachache, included a suggestion for the patient to make amends with her dead father. The case below emphasizes the Ati healer's process of diagnosing and treating disease.

*The case of Ati healer Cora*

Cora is 51 years old, and she is known in the community as a healer. When the researcher asked about her healing procedure, she shared that she needs to ensure that she is physically healthy and free from any illness because the impact of the process of "*albularyo*" could be transferred to her. The Ati people, as well as the local people, call their traditional healing practice as "*albularyo*". She added that more often than not she can channel spirits, and that there are various types of spirits, some good, others evil. So as a healer, she needs to be in good shape so she can effectively deal with the spirits.

Cora then explained how she treats her "patients" by demonstrating with a healing session with patient x. She first assesses the body and then asks for their names. Then, she starts with the head massage. She then makes the chant, which means that she is taking away the spirit inside the body of her patient and touches the head, heart, and two shoulders, like that of the sign of the cross.

Then Cora starts the massage in both arms and stomach. For this particular case, she focused on the stomach because she felt that there is a problem in the patient's digestion. She then said that she already knows the problem. She mentioned that she could feel there is something abnormal in her stomach. She, later on, asked if she already has experience of childbirth, and the patient said yes. She then said there is an evil spirit inside her body attacking her stomach, which explains the patient's constant stomachache. She said there is a possibility of live worms living inside her stomach attacked

by the evil spirit. She then continues the healing procedure by getting a white plate and her image of a little statue of the saint, called "Santo Nino" and then chanting. As if offering the white plate to the statue, she has begun making a hand gesture of sign of the cross. Then she gets a white candle and lit it up. She asked if she has a close family who died recently. The patient said, her father died two years ago. Cora asked if she had a good relationship with her when he died, the patient said, "Normal, we were not that close, but we do not hate each other. My father was a womanizer!" Cora said it does not matter. I will try to contact him so he can help you deal with the bad spirit inside your body. Cora, with a candle on left hand and plate on the right, traced the location of the bad spirit. Cora then said, "You ruined his house. He was very angry with you. Please apologize now." The patient x said, "How?" Cora said, "Follow my lead," then "We are at fault here. There was no intention of harm. We meant not to destroy your house. We will remove the obstructions as soon as possible." The patient x was repeating the words of Cora. Cora then looked at the plate and explained to her that the evil spirit has a house at their backyard, but patient x planted something where the house of the bad spirit is located. Cora then asked if she planted recently in her backyard. Patient x said, indeed, they started planting in their backyard and promised that they would remove it. She then continues to massage her stomach, and after that, Cora said that she would be feeling better soon because the spirit just left her body. Patient x felt tired and was relieved. Cora then warned her to be careful with her surroundings. She told her that the spirit of her father helped her with her healing.

Patient X was feeling better. She then asked Cora how much she should pay. Cora said, "That is up to you." Patient X gives 200 pesos. Cora seems to be happy.

## Chapter 5: Practices of Traditional Medicine by the Ati Healers

In the resettlement site, majority of the population are involved in traditional healing and medicine. In this section, the different roles of Ati specialists and the Ati people engaged in traditional medicine will be explored.

There are four Ati specialists or healers, and all of them can perform “*albularyo*” and *hilot* (traditional massage/traditional midwife). The people engaged in traditional medicine work as makers, concoctors, and as vendors. Moreover, it is important to discuss the group who practices *pagmamama* (betel nut chewers). Interestingly, this group of women was observed in the research area, and it is significant to discuss their activity as *pagmamama* (betel nut chewers) in order to understand the significance of the practice in the Ati community. Following is a description of the Ati people who are engaged in traditional medicine.

### **5-1 Albularyo (herbalist/faith healer)**

The four faith healers disclose that their knowledge of albularyo was inherited from their mothers. All of them said that when they were still children, their curiosity about the healing process, and their enthusiasm to become a healer gave them the power to receive the knowledge. The Ati faith healers utilize traditional medicine for healing. The case of Ana, 43 years old, reveals the process of treating the Ati child who got bitten by a dog.

#### *The Case of Ana, utilizes traditional herb-medicine*

Ana is a faith healer who practices “*pagmamama*” (betel nut chewing). According to her, the betel nut’s leaf is beneficial and multi-functional for the treatment of her patients. She uses the betel nut’s leaf frequently.

Every so often, Ana's patients are the Ati children who got bitten by dogs in the resettlement area. The little Ati children are fond of playing outside the house, where stray dogs abound. According to her, the moment a child’s mother knocks at her door to announce a dog-bitten incident, she would start collecting the betel leaves from her backyard and concoct a herbal solution. The betel leaves, according to Ana, is useful for cleaning wounds and protects further infections of the body. To prepare the betel leaf solution, Ana boils the leaves with water, including the oil *sinukuan* wood extract for five to seven minutes. Then, she directly washes the wound and the other affected area. To prevent the wound from developing inflammation, she uses the crushed betel leaves and directly lay it on the surface of the wound for 25 minutes. According to Ana, this kind of healing practice was handed down to her by her mother who is also a folk healer.

Another patient of Ana is Alvin, and his case is significant because it shows the interaction through traditional healing by the Ati to a non-Ati. Alvin is a fourteen-year-old boy and a non-Ati resident of the resettlement site. Alvin has been struggling with asthma since he was two years old, according to Angie, his mother. He has already been “in and out” of the district hospital because of this. The doctors in the Santo Domingo hospital detected the hereditary cause of Alvin's condition, and the only possible treatment prescribed was to manage the symptoms. However, Angie was eager and

hopeful to find other ways to treat his son's illness. Upon knowing that there are Ati healers among the Ati community in the resettlement site, she ended up asking for Ana's help. Angie believes that "nothing will be lost if she were to resort to the traditional way of healing."

During Angie and Alvin's consultation, they were asked to go inside Ana's living room. Ana firstly checked Alvin's body and squeezed both his hands. Ana then started mumbling an *orasyon* (prayer). This, according to Ana, was a prayer asking spirits to intercede for Alvin's well-being. Ana emphasized the importance of prayers to the spirits to fast-track the treatment and the healing process. Ana then asked Alvin to breathe deeper. She mentioned that Alvin's lungs are weak, so he must avoid physical activities such as basketball or running.

She then prepares to boil the betel leaves for Alvin. After that, she asks Alvin to drink the betel leaf solution, and she suggested Angie buy her *panghaplas* or essential oil to be put on Alvin's chest every night before he sleeps. The *panghaplas* essential oil is a concoction of *kabulay*, *bag-angan*, *kawayan na may tunok*, *salong*, and *lakad bulan*. These are all herbal leaves used as a remedy for different ailments like difficulty in breathing, as in the case of Alvin. It should be used to massage Alvin's upper body. Angie bought one bottle for 450 Php.



*The essential oil sold for 450 pesos per bottle. July 2018.*

After the consultation, Ana placed both her hands around Alvin's head and continued to mumble a prayer. The prayer, according to Ana, was to express her gratitude to the spirits for guiding her in healing Alvin.

Angie paid 80 pesos for Ana's services which Ana gladly accepted. She explained that she could not set a fixed price for her healing treatment because the patient must be one to assess the effectiveness of the treatment, and it should be gauged according to the desires of their hearts.

### **5-2Hilot (traditional massage/traditional midwife)**

The practice of *hilot* is a typical traditional massage which is quite popular in the Philippines. The case of Dina tackles how she obtained the knowledge in *hilot*, the process of *hilot*, and her popularity among women who have experienced difficulty in conceiving a child.

#### *Case of Dina, hilot specialist*

Dina, 40 years old, narrated that, while growing up, she used to observe her mother heal sick people. She said that *hilot* (traditional massage) is the first skill her mother taught her. Dina uses a special healing oil (*panghaplas*) from the extract from various woods, namely *sinukuan*, *bang-aw*, and *ginatuug*. The Ati healer said that *hilot* is useful to ease the tension and pain of any particular body

part. However, her patients most commonly hire her services to treat headaches, backaches, and stomachaches. It is also used generally by pregnant women to ease *hilab* (pain in the abdomen).

Remarkably, Dina is known for her treatment of women who experience difficulties in conceiving children. Dina revealed that, more often than not, the misalignment of the uterus of a woman is the main reason why they experience such struggle. In order to correct the placing of the uterus, *hilot* (traditional massage) must be done. With the use of essential oil, Dina puts pressure on the uterus so it could be ready for the meeting of egg and sperm. During the *hilot* (traditional massage) process, Dina shares that she recites a special prayer for the spirits so that her patient could be fit to become a mother. She also mentioned that the patient needs to participate in the prayer. It is essential to trust the process of *hilot* and spirit.

Dina is most sought after by her non-Ati patients. She mentions that the reason for her popularity is because when she performs *hilot*, her patients get pregnant quickly. So, word of mouth of her expertise made her quite famous. She also attributed it to her faith, as well. She said that before she performs *hilot*, she asks the spirits to help her and she also asked her patients to pray for the baby as well. She said it should not only be coming from her end; the patient should understand that getting pregnant is also her responsibility.

The process of *hilot* starts by making her patient feel comfortable and engaging in conversation. Then she starts massaging the head, arms, legs, but the focus is more on the belly. She uses oil, an essential oil, to do this process. She puts pressure on the belly until she feels that it is "aligned" and ready. She does this for at least thirty minutes. Dina said that while she is doing the *hilot* process, she prays silently to the spirits so that her patient can get pregnant. The cost of the *hilot* depends on the patients. Dina said she always receive not less than 300 pesos.

### **5-3 Makers/ concocter and vendors**

In San Andres resettlement, seven female members are makers (HH5 to HH11) and concocters of traditional medicine, eight male members are vendors (HH2, HH4 to HH9, and HH11), while five Ati men (HH9, HH11 to HH14) vend traditional medicines but are also involved in labor work from time to time. These group of Ati usually spend their day assembling and concocting traditional medicines. They also make preventive bracelets for protection against evil spirits. These preventive bracelet's raw materials are made of stones, plastic tubes, gold laces, and minerals called *santwara* that has the power to cast out evil spirits. Before assembling it into a bracelet, the healers perform incantations or a prayer for the user to be kept away from bad luck, natural disasters, and illness. The bracelet costs 65 pesos.

Particularly, vending traditional medicine and preventive objects is the main economic source of the Ati people in San Andres resettlement. Most of their customers are looking for an alternative and organic way of treating their illnesses. Their most bought product is the combination of herbal leaves, *Kabulay*, *Bag-angan*, *Kawayan na may tunok*, *Salong*, *lakad bulan*. These leaves are used as a remedy for the general treatment of ailments such as detoxifying toxins from the whole body, kidney and liver problems, and breathing problems. To prepare it, one needs to boil these leaves and drink it once a day. The products for pregnant women are also in demand, such as *Buntot Ki Ukay* (tail of the monkey), a piece of string that is made of vine that comes from a monkey's habitat in the forest.



Pregnant women, during the entire nine months of pregnancy, use it. To use the string, it must be put around the belly of the pregnant woman at all times until she gives birth. They have a belief that this string symbolizes the umbilical cord that protects and connects the mother and the baby in their lifetime. This costs 800 pesos.



*Buntot Ki Ukay (tail of the monkey), represents the umbilical cord to protect pregnant women during pregnancy. July 2018.*



*Red charm for protection against bad spirits for pregnant women. July 2018.*

Aside from that, they also sell the red charm for pregnant women. The small red pouch is a charm that is intended to protect pregnant women from bad and evil spirits. The Ati believe that pregnant women are vulnerable to these kinds of spirits, so this charm must be pinned on one's clothing at all times. The charm is made of garlic parts, and charmed stones, (luyang dilaw, luyang puti, santwara,) pinned on one's clothing. This charm costs 45 pesos.

The Ati vendors earn within a range of 100- 300 PHP per day. Usually, they sell their products in the nearby town's designated market day. For example, in Bagacay, their neighboring town, the market day is held on Wednesdays. During this day, the Ati vendors will set-up their products from 5 AM until 4 PM. On weekends, they usually go to far-flung areas which are celebrating the town fiesta. The latter is usually a week-long festivity among towns, cities or barangays in the Philippines honoring their patron saint. During these days, market days are extended, and for Ati vendors, these are good opportunities to sell their products.

#### **5.4 Group of paramama (betel nut chewers)**

Betel nut, (scientific name "Areca Catechu") is the "common name" for a tropical vine. The leaves of the plant, and usually with quicklime, are used to wrap the seed kernel or betel nut of the betel palm. When one chews this, it will produce bright red saliva and eventually darkens teeth. For the Ati people in the San Andres resettlement site, the use of betel nut is significant. Among the Ati people in the resettlement site, the betel nut refers to *buyo* and the lime, *apog*. *Pagmamama* is the process of chewing betel nut; on the other hand, the chewer is called *paramama*. *Mama* is the combination of *buyo* and *apog*.

It is worth noting as well that the practice of betel nut chewing in the Philippines has long been

existing. Fox (1970) found proof of such practice, which was a betel nut stained tooth, in insular Southeast Asia and Oceania with early human remains in a burial site in the Duyong cave on Palawan Island in the South of the Archipelago, accompanied by six lime containers made of Anadara shells, still filled with lime (Zumbroich 2008, p99). In Philippine folk medicine, traditionally, betel nut is used as an abortifacient, anti-constipation, anti-parasite, anti-inflammatory and as an anesthetic, especially in teeth filling. The healers still practice spitting red betel colored saliva over the patient.

In Philippine culture, moreover, one study argued that the process of betel chewing is associated with connecting friends, relatives and trade partners, men and women, a messenger from human to gods and bearer of life. Interestingly, in the resettlement site, the researcher observed two main functions of *pagmamama*, which has been validated by the *paramama* themselves. These two main functions are as a ritual specifically by the middle-aged Ati women, and as an alternative source of healing ingredient by the Ati healers.

The case of Chona illustrates *pagmamama* as being embedded in their Ati culture.

#### The Case of Chona, *pagmamama* as a ritual

For Chona, 55 years old and a *paramama*, *pagmamama* is part of her daily ritual and her identity as an Ati. She practices it as frequently as her daily meal – three times a day. In fact, according to her, she rather would chew betel nut than to eat meals.

Chona explained how, in the resettlement site, together with other middle-aged Ati women, they would gather in front of the house of the Ati chieftain at around 2:30 through 4:00 in the afternoon almost every day. They prepare the *mama*, while the other women are chewing betel nut or assembling folk medicine. During this meeting, while I, the researcher, joined the *pagmamama* session, they casually talked about each other's life happenings. At this moment, Chona was complaining to her friends about her husband's vices. According to Chona, instead of buying two kilos of rice, her husband bought six bottles of Redhorse (local beer). She said that she was so furious that she did not let him in for two straight days. All the women laughed. The older Ati member gave unsolicited advice on how to improve their communication with their spouses while the rest of the women listened nonchalantly. For most of their afternoon, they would chitchat, chew betel nut, and assemble folk medicines. Chona shared that it is how they live their lives daily. Bonding together while chewing the betel nut is their form of relaxation. According to Chona, it gives them a positive mood and releases them from the problems that they are facing every day.

When asked about the benefits of *pagmamama*, the eldest Ati member called Lola repeatedly mentioned that it is the secret for having a longer life, and not to mention, stronger teeth. Chona also highlighted the fact that *pagmamama* also strengthens one's immune system. Lola, the oldest in the Ati community, mentioned that *pagmamama* serves as her healthy practice against physical illnesses ever since her younger days. Lola says:

Believe me, I have never been to a hospital. I never consulted a doctor. I was never seriously sick. You know why? Because of *pagmamama* every day. I don't get sick because I am protected. Illness cannot penetrate my body. (Personal communication, 2018)

However, government health practitioners warn of health risks due to *pagmamama*. They point out that the adverse effects on chewers are oral and esophageal cancer, and they urge refraining from this practice. Despite being informed about the *pagmamama* posing a severe risk to one's health, the



Ati people in the resettlement area stand firm against these criticisms. Lola, specially, does not believe in the alleged health risks of *pagamama*. It is the opposite of what they believe in. Lola retorts, "the more stained your teeth, the healthier you get!"

Furthermore, according to Chona, for the Ati people, there is no need to go to the hospital and talk to the doctors or nurses. She shared that the Ati members are reluctant to go to the health center because they could feel being looked down on. According to Chona, they feel ashamed to be stared at and to be the subject of other people's conversation.

## **5-5 How Ati People Access Traditional Medicine**

They access their traditional medicine by ordering it in Iloilo, then it will be sent through a ship bound for Masbate, from there, it will be delivered to Pilar, from Pilar, they will pick it up via motorcycle. They already have a point-person in every port so the transaction is smooth.

### ***Discussion***

#### *Understanding the Ati Health System*

A sound health system, according to the World Health Organization should offer quality services for all the people, regardless of when and where they need it. It also needs an active funding scheme, able workforce, and credible information as the basis for their policies, excellent facilities, and availability of proper medicines and technology. Under this standard of a sound health system, the Ati people's health system is far from acceptable.

A definition of the health system of the Ati people can be said to be the one used by Miller (2011), a cultural anthropologist. According to her, the concepts of disease and illness are separate. The former is a conditioned caused by pathogens and could be verified empirically, while the latter is a perception of not being healthy. Illness may possibly be caused by a disease but may also be brought about by other factors, psychological and spiritual. A health system involves the perception of culture and classification of health-related issues, practices, diagnosis, preventions, and healers. Moreover, her basic premise on understanding the health system is that it provides meaning for suffering, thus, also called an interpretative approach. The Ati people's health system reflects their socio-cultural beliefs and practices. It includes their concept of health, folk healing practices, classification of diseases, the system of diagnosis, and the treatment process. As Saydoven (2009) argued, Filipino traditional medicine has been a practice for more than a thousand of years starting circa 8th century AD, even before the pre-colonial period.

To date, the Ati health system continues to persist. The Ati community favors traditional health practices despite the presence of biomedicine in the resettlement site. This is made possible by their health system embedded in their everyday experience. Moreover, other local people in the area also believe in the use of traditional healing. History will prove that traditional healing has been part of the Filipino psyche because it reflects their culture, folklore, superstitions, including saints and mythical creatures. Thus, the patients/customers still regard the healing practices and traditional medicines of Ati as not only still relevant but also essential, not to mention accessible and inexpensive.

However, in the resettlement area, as the interaction with government health practitioners become apparent, the Ati people's health system is being received unfavorably. Jocano (2003), in his

research about the local people of Bay, Laguna, mentioned that the negative image harbored by many people is due to their unfamiliarity with the system of folk medicine. There is a view that this system is based on superstition and hocus-pocus which is not fair to the indigenous peoples.

Folk medicine has specific valid theoretical and methodological considerations that have been neglected. The Bay system, as Jocano (2003) said, involves recognition of the causes of diseases, assessment of their condition, development of techniques for treatment of illnesses, promotion of known social and cultural practices to lessen the hazards. The same can be said about the government health practitioners but their unfamiliarity with the people's health system can lead to the neglect of the cultural practices in the resettlement area.

## Chapter 6: Marginalization of Traditional Health System

### 6-1 The Health Center

In Barangay San Andres, there is one health center adjacent to the Office of the Barangay. The health center is staffed by two nurses, five barangay health workers (BHW), and one student intern. A BHW, according to the Philippine Women Commission, is a volunteer who has undergone training under the local health board of the Department of Health with the primary role of providing health care services in the community. Moreover, to become one, registration in the local health board is needed followed by endorsement by the provincial health board to the Department of Health for accreditation.

Notably, there are no doctors assigned to the center because they are in the municipal hospital, a 10-kilometer tricycle ride from the health center. The health center is a compact office. On the walls, vital information like the daily duties of its members, and the record of the current pregnant women are posted. There is one patient bed supposedly for a pregnant woman's prenatal check-up which, however, is being utilized by health workers for storage purposes. In the center, the staff has a kitchen and a small refrigerator which they use for vaccine storage.

The daily task for health workers is to look after the needs of residents with health issues. The usual scenario during a medical check-up is to assess the patient's weight, height, and blood pressure. Their typical patients are expectant mothers whose names they have kept on a list for endorsement to the municipal hospital. One of the nurses mentioned the limitation of the center, and that is its being merely the initial step to provide for the medical needs of the residents. Quality biomedicine, child deliveries, or doctor's consultation can only be done in the municipal hospital. Though the center is open from Mondays through Fridays, from 8 am through 5 pm, should residents have a health-related emergency at night or the weekend, it is recommended that they look for barangay health workers who are also residents of the barangay.



*The health center of Barangay Andres. October 2018.*



*Standard operating procedure includes checking the patient's weight and height. October 2018.*

## ***6-2 Common Health Issues in the Resettlement Site***

The health center reported that in the wake of the recent volcanic eruption, in December 2017, the residents experienced some physical injuries because of panic and anxiety. Moreover, on a normal day, incidents of respiratory problems, muscular-skeletal complaints, cardio-vascular disease, and sensory impairment have been usual cases.

The common health issues in the resettlement site involve children suffering from diarrhea which is often followed by a severe case of dehydration; increasing case of the measles, and mosquito-borne diseases like dengue fever. For adults, the universal health issue is food-borne and water-borne infectious diseases which include bacterial diarrhea, hepatitis A, and typhoid fever. Tuberculosis is also listed as one of the common diseases. Moreover, the elder population struggle with degenerative and communicable diseases because of their aging immune system.

## ***6-3 Health Programs in the Resettlement Site***

The health workers have three tasks in the health program for the site: “Ligtas Tigdas” campaign, safe motherhood promotion, and PhilHealth assistance. The discussion that follows expounds on these tasks and presents cases involving the interaction between the health workers and the Ati people.

### ***(a) "Ligtas Tigdas" campaign***

This campaign aims to immunize infants and children 6-59 months of age through measles vaccination. This is a national project under the Department of Health, providing free measles vaccination for all. The BHWs are tasked to conduct house to house visits to ensure the vaccination of all the children in Barangay San Andres. According to a BHW, while the local residents warmly accommodated them, in the case of the Ati people, they needed prior informal meetings before the vaccination. They gathered the group in the chieftain's house to explain the "Ligtas Tigdas" campaign. However, they observed that the Ati people were not responsive and keen on the vaccination. They neither asked questions nor showed interest. However, when they mentioned that the measles vaccine is essential to protect their children from measles and that the government freely gives the vaccine, there was a sudden change in the atmosphere. Some of the mothers of the Ati allowed their children to be immunized, while others remained adamant. Nevertheless, the BHWs came up with a strategy to visit the Ati people every day to educate them about the benefits of vaccination until they changed their minds. They succeeded after two months. This indicates that the Ati can be open to the bio-medical idea of vaccination.

It cannot be overlooked how essential the informal meeting between the health workers and the Ati people was in reaching a certain level of understanding with regard to the measles vaccines. The Ati, who were initially unfamiliar with and therefore non-responsive to the process of immunization, had a shift in perspective through the initiatives of the health workers and perhaps because they did not need to shell out any amount for the vaccine. Based on this incident, it can be said that the Ati can be accommodating to unfamiliar concepts if explained adequately and if not limiting to their resources, as in this case, free vaccines. However, the strategy of government health workers to make their presence felt every day and convince the Ati worked in both their favor.



*(b) Campaign for safe motherhood*

Again, this is a national campaign of the Department of Health to promote healthcare for mothers and children. The health center workers are tasked to educate the women to prioritize antenatal care, facility-based delivery, postnatal check-up, as well as family planning. They request that all the women residents of the barangay visit the health center so they can monitor their health. Except for pregnant women, the barangay health workers visit the women in their homes.

In the case of the Ati women, there was no initiative on their part to visit the health center regardless of their health condition. Because of Ati people's unresponsiveness, the health workers were prompted to assign a specific BHW to monitor the Ati people's health. Below is the case of Aling Nita, the designated BHW for the Ati people:

*The Case of Aling Nita, BHW for the Ati people*



*Aling Nita visits the Ati people in their homes. July 2018.*

Aling Nita is 44 years old and a mother of three children. She has been working for more than ten years in the health center. She used to be a housewife, but she volunteered to be a BHW. She receives an honorarium of 1,000 pesos per month. She mentioned that the honorarium she gets monthly goes directly to her children's needs. She said that she cannot complain, although it is not enough money to compensate for her entire service, because at the very least, she can still take home some money. Mainly, she relies on her husband's salary as a supermarket staff. She regards her job as a noble profession and likes the idea of taking care of others and being involved in the lives of her community. She is like a "a public servant." She believes that if she runs for the next barangay leader election, she will get all the support of the people in the barangay because she knows and maintains a cordial relationship with everyone

Aling Nita, aside from being one of the most senior barangay health workers, was also chosen by barangay health members and the barangay captain to work with the indigenous people in the resettlement site. She was tasked to visit the resettlement site to encourage and focus on the health issues of Ati people. She knows little about the Ati people other than that they are performing traditional healing in the resettlement site. She thinks that the Ati need to visit the center to be given the right orientation about healing.

When the researcher met Aling Nita for the first time, her calm and very welcoming smile automatically created a pleasant atmosphere. Without hesitation, she was providing information about her first-hand experiences with the Ati people in the resettlement site. She gave an overview of how she established good relationships with them. According to her, when she first set foot in front of the Ati people's houses, she was initially introduced to Rico, the Ati chieftain and his wife, Mila.

*Aling Nita on establishing rapport with the Ati people*

They are good-natured people. Moreover, they are not rude and difficult to talk to. I introduced myself as a resident of San Andres and as a barangay health worker. I had to explain to them that I am concerned about their health issues. At first, they thought that I was a visiting doctor, so they called me 'doctor,' but I said I am a BHW. Not a doctor. However, you can tell me about your health problems because we can deal with your illnesses. Rico and Mila were listening to me speak about what the health center does and its role in the community. Later on, the Ati chieftain revealed that his wife is a healer too. Mila has the knowledge to treat diseases just like BHWs do. So, I told them that we give away biomedicines and what they do are very different from the health center's activities. Mila said that they are aware of the biomedicine that we give away. She even said that for every painful body ache, there is always a pill. Also, Mila said, *"I would not take it! It should not be."* Mila is not keen on taking biomedicine. That was my first encounter with the Ati couple. Soon after, since we needed a copy of their household number and we needed to know their health concerns, I organized a meeting with the entire Ati people. We held it outside the chieftain's house. Now, they already know me. Every month, I go there, and they welcome me. They even give me herbal medicines when I go there. I get it. I do not want to hurt their feelings. (Personal communication, 2018)

*Aling Nita slowly builds rapport by conducting home visits to the pregnant Ati. During her visits, she would share her personal birthing experience. At times, she brings her own children in the resettlement site where the Ati children can play together while the Ati mothers and the pregnant Ati can talk about raising children and parenthood. This kind of personal interaction prompts the feeling of trust and openness. In this light, Aling Nita was keen on accomplishing her plan of convincing the pregnant Ati to deliver in the hospital despite the Ati people's practice of giving birth at home. A "hilot" (traditional midwife) performs this process.*

*Aling Nita on Ati woman's first time experience to give birth in the hospital*

There was one Ati member, Krisa, who was pregnant, so I listed her name on the official list of pregnant women in the barangay. I convinced her to have prenatal check-ups and to give birth in the hospital. She was very hesitant at first because it would be her first time. Luckily, she agreed to be listed, and I told her to visit the health center so that she can get prenatal vitamins. She told me she would go, but she never went down to the center. I figured that she might be a little shy. So, I was the one who came over and handed the biomedicine. She took it. She was happy because it is free. I told her to drink it three times a day and reminded her not to skip any day.

Krisa and I had an agreement that she will be giving birth in the municipal hospital. However, when her due date was near, she changed her mind. She said that she would deliver her baby at her house, with her mother, also a traditional healer. She told me that she is not comfortable giving birth in the health facility because she never tried it before. I tried to convince her again. I told her that it is safer to deliver in the hospital. The equipment is there, and a doctor will attend to her needs. I explained the crucial part of giving birth, and I even told my own story to convince her further. I told her that I would accompany her, but she was still not convinced. Her parents are not encouraging as well. They do not want Krisa to give birth in the hospital because it is far from their house and child delivery for them is a very normal process. Krisa's mother told me that they do not need to use equipment because they are also equipped, referring to a pair of scissors for cutting the umbilical cord, and the herbal concoction to sanitize the baby.

However, I did not stop from trying to convince Krisa until she agreed to give birth in a hospital. So during her labor, I, together with her mom and dad, went to the hospital. A doctor helped her to give birth. The baby was normal. However, there was a problem; after the delivery, they could not leave for home because they needed to pay a certain amount. Krisa was not a member of Philhealth, so I helped her apply for it. I must say, it was hard because, in the hospital, they were given many forms, of course, they cannot read and write. I tried to help them. I understood why they do not like to go to the hospital because they do not want to interact with the doctors and other staff in the hospital because they are shy. I tried to talk to the doctor on their behalf. I was writing the documents for their application in Philhealth. The Philhealth staff said it would take a week to process so they could not go home yet.

I was caught in the middle because I understood the frustration of Krisa and her family. The longer they stayed in the hospital, they feel agitated that they have to pay. I completely understood them and tried my best to negotiate with the Philhealth representative if they could go home but said that they really must wait for the release of the Philhealth ID. It took them five days to process it. Finally, Krisa was released from the hospital after five days. (Personal communication, 2018)

Aling Nita's experience with Krisa is notable. She was able to penetrate the latter's mind and convinced her to take pregnancy supplements and give birth at the hospital. This interaction has made her learn the reason why Krisa and her family have hesitations. Giving birth in the hospital make the Ati feel intimidated with the doctors and even the facility itself. However, Aling Nita played the bridge to ease the gap between the Ati people and the PhilHealth officers. This is a positive act by Aling Nita to create an atmosphere of inclusion despite the reluctant attitude of Juanita and Krisa. Aling Nita paves the way for the Ati to access the benefits from health insurance. For her, to be able to get the PhilHealth card for the Ati is essential. She feels that the Philhealth benefit is the right of every Filipino.

On the other hand, to determine the view of Krisa, the researcher visited her in her house to ask about her childbirth. Krisa's mother, Juanita, who is also a traditional healer, decided to join our

conversation. Her mother's facial expression was notable – her attitude showed repugnance and disbelief the moment the researcher mentioned the topic about child delivery.

*The Case of Krisa: The Ati who gave birth at the health facility*

If I had it my way, I could have just opted for my mother to help me deliver my baby here in our house. However, I changed my mind at the very last minute because of Aling Nita's persistence. During my pregnancy, Aling Nita kept going back and forth to our house and strongly encouraged me to give birth at the hospital. Once a week, Aling Nita checks up on me, making sure to explain to me the importance of taking prenatal medicine such as iron supplement, like ferrous to prevent low blood levels or anemia. Aling Nita is very kind. She has always been reminding me to avoid any strenuous activities. Because of Aling Nita's frequent visits and expressions of concern, I developed a good relationship with her, and because of this, I gave in to Aling Nita's recommendation. (Personal communication, 2018)

However, Krisa's mother, Juanita, was adamant to the idea of giving birth in the health facility from the very beginning. She said:

I pointed out that child delivery is a prevalent practice and even reiterated to Nita that my daughter already experienced childbirth at home, and the experience was very safe! It did not cost us anything because Krisa traditionally gave birth. I think that the first childbirth is very crucial for women. Child delivery, if not executed properly, can lead to death. That is the exact reason why it should be done by the people you know, and you are comfortable with! Inside the house, everything is complete. I could not understand why Nita keeps on insisting that Krisa should deliver her baby in the hospital. I know that Nita is a good person because she shows genuine concern for Krisa. I appreciate her kindness and weekly visits. However, if I could make a decision, I do not agree with giving birth in the hospital. However, in the end, I must support my daughter's decision. (Personal communication, 2018)

Krisa, continued her narration as follows:

Half-heartedly, I decided to give birth at the health facility. A few minutes before we reached the municipal hospital, my water bag broke. However, no one was there to accommodate us at the information section. There was no doctor nor even health officers who were willing to talk to us. The hospital staff would pass us by, acting as if we did not exist. If not for my mother's persistence, they would have probably continued to neglect our presence. However, my mother was becoming emotional and out of panic and desperation yelled out, "Doctor! What are you waiting for? Shouldn't you check on my daughter? I can deliver it myself! Can't you see my daughter's water bag just broke!"

I, together with my mother and Aling Nita, was seeking immediate help. Aling Nita coincidentally found a hospital staff to talk to and explained the situation. Finally, I was brought to an emergency room, and a doctor accommodated me. I was asked to lay on a hospital bed and to spread my legs comfortably. After three grueling hours of labor, I gave birth to a 2.9 lbs baby boy! I was relieved to see my healthy baby. My mother, who was there the whole time, was also very nervous and relieved.



After giving birth, I was transferred to a hospital ward. We were billed 9,000 pesos for my normal delivery. Aling Nita said she would help us as soon as the Philhealth representative arrives. She gave us papers to sign, but we gave them back to her. We could not understand them. My mother and Aling Nita talked about the process of being a Philhealth member. I did not know what was going on, but we were not allowed to go home. I wanted to go home. It took us five days, almost a week in the hospital. Finally, the Philhealth card was given to me, and it covered 6,500 pesos of the expenses. My parents paid the remaining 2,000 pesos. They had to borrow money from relatives. I was so happy when I learned that I could go home because I did not like it in the hospital. The people kept on staring at me. I felt very uncomfortable. (Personal communication, 2018)

This case depicts that women's health is a pivotal aspect to study. A dynamic and varying power relation exists among the three key respondents - Krisa, the pregnant Ati; Juanita, Krisa's mother and a traditional healer; and Aling Nita, the government health practitioner. Aling Nita is a barangay health worker and is regarded by the community in the resettlement as a figure of authority and a well-informed person primarily in terms of health. Aling Nita's attempt to create a positive relationship with the Ati women, Krisa and Juanita is motivated by her profession, which is to persuade all the Ati women to give birth in a health facility. Her persuasion, as seen in her weekly visits, transcended into a more engaging and personal connection with Krisa.

On the other hand, Juanita is a practitioner of the traditional practice of home birthing and is highly regarded as such by the Ati community. For Juanita, safety and comfort is the most crucial aspect of childbirth. She emphasized that, more important than the experience, child delivery must be conducted by a trustworthy person. As Krisa's mother, she wanted to make sure that Krisa is well-taken care of. Although Juanita was not open to Aling Nita's suggestions, she entrusted Krisa to be the decision-maker in this situation.

Krisa was faced with two options of child delivery, the traditional way or the bio-medical way. Krisa decided to choose the latter way of giving birth because she was influenced by Aling Nita's encouraging words and candidness. Because of their interaction, Aling Nita earned Krisa's trust and respect as a BHW. Hence, Aling Nita assisted the pregnant Ati in the hospital and informed them of their right to access health benefits. This constructive and reassuring relationship brings new possibilities for Ati women in terms of future health issues. Krisa, as a first-timer Ati who experienced child delivery in the hospital, said that her experience is a positive one, signifying that in the future, the Ati women will now have the available options to give birth traditionally or in a health facility.

#### *Considerations of Ati Women's Child-birth Delivery*

For a pregnant Ati women, they consider the sense of safety and security as top most priority when it comes to child delivery. And according to them, this kind of feeling can only be felt inside their homes. At home, during child delivery, the pregnant woman, along with the *hilot*, the family members, the neighbors who experienced child birth are there to witness, comfort and offer support to the pregnant woman. Child delivery involves the participation of not only members of the family but also the community. Moreover, the Ati women prefer giving birth at home because of the discomfort they feel in the hospital. According to them, doctors insert metals and apparatuses inside

their reproductive organ which is painful for them. They would prefer *hilot* as it brings them relaxation and comfort. Furthermore, the Ati women prefer giving birth at home because the *hilot* process cost them nothing while giving birth in the health facility gives them financial insecurity. According to them, the possibility of spending a huge amount of money in childbirth in health facility is another consideration of the Ati.

Pregnancy according to them is a delicate condition. They claim that pregnant women are being sought after by the '*aswang*' (witch)<sup>3</sup>. According to Nadeau (2011), an *aswang* is a normal woman of considerable beauty during daytime but transform at night into a horrible flying 'half-bodied' female monster. She then preys on the unsuspecting and sleeping population as a food source, focusing on the infant or pregnant women. Her long tongue sucks out the blood visceral, and even the fetus. Similarly, taking the case of the Ati people, their *aswang* belief is still alive and is apparent in the resettlement site. For them, the *aswang* symbolizes a witch that implies fear, anxiety, and distress specially during the pregnancy of the Ati women. It is their belief that during this nine-month pregnancy, the pregnant Ati women's lives are at risk. That is why, the pregnant Ati women use protection. *Buntot ki Ukay* (tail of the monkey) is a form of protection for pregnant women against *aswang*. The Ati explained that the *Buntot ki Ukay* is actually that monkeys in the jungle transfer from tree to another tree using vines, these vines represent strength and endurance. The Ati use these vines as well for protection. For them, it has a significant meaning as it represents the umbilical cord of the baby and the mother. The Ati pregnant women use this *Buntot ki Ukay* around their stomach during their whole pregnancy.

Moreover, the Ati pregnant women must protect themselves by staying indoors and by being with company of family members. The pregnant Ati women prefer to deliver their babies at home through the process of *hilot*. First, they practice the '*pagpulso*' (pulse assessment) to check the over-all blood flow of the patient. Through this process, they can identify if it is safe to proceed to the *hilot* process. During their childbirth, in order to feel secure and comfortable, they choose to do the *hilot* at home. If they do not trust the *hilot* themselves, they can get miscarriage.

In terms of the health programs of the health center, the Ati mothers agreed to let their children be immunized and monitored. Majority are also practicing family planning.

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<sup>3</sup> *Aswang*, though sometimes represented as monster-like fairy-tale figure, is actually a real and concrete existence in the people's community and neighborhood. It is the images of the "unknown", "otherness", and "danger", projected by the people toward a certain member of community. For the rich folk tradition of Aswan, see Ramos (1971).



*Ati healer demonstrates to the researcher how pulse assessment is done. December 2019.*

#### **6-4: Ati people's Perception on the Biomedicine Doctors in treating Illnesses**

According to the Ati healers in the resettlement site, the treatment process depends on the illness of a person. For there are illnesses that can be treated by a medical doctor relying on the biomedicine and there are illnesses that can only be treated by the “albulario”. “The illnesses which are “gibo ki tawo” (done by people) is treated by the albulario. These illnesses such as ‘pagsanib ki ispiritu’ (possessed by evil spirit’), lason(poison), galit(anger), and inggit (envy) are example of the illnesses that they can treat but and are beyond the medical doctor’s capacity. One Ati healer confessed that there was an incident where she was secretly invited by her suki who was admitted in the hospital to perform albulario. The Ati healer said that if one is ill, it is important to seek the help of albulario first before going to the hospital. Meanwhile, they say that the medical doctors heal the illnesses which are innate and are “gibo kan hawak” (done by your own body). According to them, these kinds of illnesses are asthma, cancer, or physical disabilities like being deaf or blind.

Moreover, the cases of two Ati children, who are both the sons of Ati healers in the resettlement site, are worth highlighting because it signifies the perception of the mothers towards the health practitioners based on the biomedicine. The Ati healers mentioned that as albulario, they have limitations to treat various illnesses. Going to the hospital is their next solution to treat the illnesses which is beyond their capacity. However, as disclosed by the Ati healers, they experience discrimination every time they go to the hospital.

##### *Case of Ati Mark, 2yrs old with a heart problem*

The Ati healer Pilar has three children but in May of this year, she lost his son Mark, died because of a heart failure. Treating Mark’s illness is beyond her capacity. According to her, although she can perform albulario, as well as the other Ati healers in the community, she knew that Mark’s illness is not “gibo ki tawo” so she resorted to going to the hospital out of desperation. In the hospital, she said that the hospital staff did not sense the urgency of her child’s condition. The staff did not pay attention to her and the nurse informed them that all doctors are on the meeting that day. Only when she started cursing and making a scene in the hospital, that the nurse tried to call a doctor. According to her, the doctor who attended her son’s case was not explaining to her what’s going on. She just saw

the doctor injected biomedicine that prompted his son to have chills and high fever. Pilar asked the doctor to stop giving medication, but the doctor did not listen to her. After a few hours, her son died, and the doctor said it was because of an abnormality of his son's heart. On the other hand, Pilar said if the doctor did not inject a biomedicine his son, his son would not react badly with it. She said she regretted the fact that she went to the hospital. She stated that it would be the last time she will stepped inside the hospital and she is not trusting any doctors anymore. To date, Pilar does not welcome the programs of the barangay health center. She does not want her children vaccinated nor does she visit the health center anymore.

*The Case of Ati Edric: treated in the health center for Asthma*

The Ati healer Jenny has a 4 year old son who has an asthma. According to her, she goes to the hospital to ask for Edric's biomedicine because she thinks that Edric's condition can be critical and she can only do treat him by applying *panghaplas* (essential oil). When she went to the doctor, the doctor did not believe in the effect of the essential oil and ask her to take a free biomedicine, a bottle of an anti-asthma. The doctor said that the nebulizer is not free though, so she felt very problematic. Jenny confessed to the doctor that she practiced *albularyo* to treat her son and the doctor said that she should stop the *albularyo* practice because the reason for her son's illness is Edric's weak lungs. Jenny told the doctor that Edric is not possessed by any bad spirit. According to Jenny, in this situation, the medical doctors are much knowledgeable about the human body because she already checked the spiritual aspect of her son's condition. She said that in this case, the doctor's biomedicine is effective for her son's illness but she maintains that she will still continue to massage her son with the essential oil, contrary to what the doctor wanted her to do.



*Ati healer Jenny shows the Ventar bottle, an anti-asthma medicine given by the hospital. December 2019*

### **6-5 Attitude of Health Practitioners toward Ati Healing Practices**

For the five barangay health workers (BHW) under the health center of Barangay San Andres, there are three apparent perceptions on the Ati as healers and their traditional health practices. Two out five BHWs think that Ati healers as well as their practices are not effective, and so, they are not convinced the healers capacity to cure illnesses as well as the efficacy of the Ati health practices.

“In my personal opinion, I don't think the Ati healers and their traditional healing practices are effective. I do not approve it. They are given priority by the local government now so if I am in their position, I will take advantage of the health benefits provided by the health center instead of their

“kahoy-kahoy” (various woods)” - Evelyn, 54 years old. 20 years as BHW

“I am not convinced. I think they are fooling their customers. I do not think that their practices are helping sick people because if they do, then why did they panic and rush to the center when their children got pneumonia? If their healing practice is effective, then they should really be curing themselves, right?” - Telly, 47 years old, 19 years as BHW

For Evelyn and Telly, they have not tried seeking the help of Ati healers and utilizing the medicinal products that the latter’s selling. Both of them strongly expresses their doubt with regard to it’s ability to cure. Evelyn continues:

“I fear the Ati people’s use of “kahoy-kahoy” (various woods). I think if I will use it, I will be poisoned!” I think they should stop selling it because it seems very dirty and could just further harm people, not cure them.”

Moreover, Telly also expressed her distrust,

“I am not convinced with their use of “panghaplas” (herbal oil) because if its effective they do not need our biomedicines. Personally, I think, they should stop the practice of using “panghaplas” (herbal oil) because it is not safe. If they feel ill, they should go straight to us (BHWs), not rely on themselves.”

However, two BHWs Emilita and Nita, because they experienced first-hand the practice of Ati, they have a positive perception with regards to the Ati healers and their health practices. They think that the Ati healers have knowledge to cure specific illnesses, not all types of illnesses though. For BHW Emilita who have tried the use of herbal drink, she said

“I think the Ati healers have some knowledge specially in the herbal medicine because I can sense that they rarely get sick. They seem to be always strong and healthy. I think herbal drinks are good because these are naturally made. I think, if we use too much chemical in our body, it is toxic.” - Emilita, 59 years old, 30 years as BHW

Nita who tried “hilot”, think that Ati healers have some knowledge in treating illnesses but not all illnesses they can heal. Nita said that

“the Ati people think that giving birth at home is safe. And I want them to change their minds about it. I want them to realize pregnant women should give birth in a health facility where they will be given utmost care.”

But for one BHW, Cathy, she remains to be neutral with regards to her perception. She maintains that either traditional and modern health practices are important. But on the other hand, because expressed that she trusts more the biomedicine because she has been used to consulting the doctors in the hospital whenever she experienced suffering. She said:

“I cannot say that they (Ati healers) are not effective healers, because I haven’t tried to consult with them. But I think, for everyone’s safety, if for example, I am not feeling well, I think I will go directly to the hospital. But I have no problems with them, personally, I just trust more our doctors in the hospital.” Cathy, 43 years old, 10 years as BHW

In conclusion, the BHWs perception of the Ati healers are not in unison. For the BHWs who have no actual experience of the Ati’s healing practices, they strongly express their worries and reservations. But for the BHWs who have tried to seek the help of the Ati people to cure their illnesses,

they express their positive affirmations towards it but also highlights the fact that only certain illnesses can be cured by the Ati healers. Lastly, one BHW expresses her impartial take on the Ati and their practices.

Moreover, the five BHWs strongly agree that as now residents who are listed under Barangay San Andes, they encourage them to come down and visit the health center. The BHWs mentioned that they wanted the Ati people to realize that they should go monthly to the health center and not as a last resort. As part of the San Andres community, the BHWs said that information dissemination is their main strategy in order for the Ati to have a greater understanding of their various health projects. The BHW who is assigned to monitor the health and living situation of the Ati mentioned that she conducts house to house visits and discussed about immunization and family planning to the Ati couples.

In terms of child birth, the Ati are already starting to realize the importance of giving birth in the health facilities. In the past, they are used to deliver babies at home, but now, because of the BHWs encouragement and intervention, they are more open to give birth in the health facilities. Although they are not Bicolanos, the BHWs pleaded that they should at least participate in the projects of the barangay because it's all for their welfare. For example, for giving birth, they urge them to give birth in the hospital, also because after they give birth, the BHWs can monitor the mothers and babies. They want them to be immunized. They want them to understand that for their safety, the government is strictly prohibiting pregnant women to give birth in their homes.

Nevertheless, there are instances shared by the BHWs that the Ati people showed signs of resistance to these projects, in a recent outreach events, a local NGO gave away soaps and toothbrushes to improve their hygiene and foods specifically, spaghetti noodles. Hours after the organization left, they sold those products to their non-Ati neighbors. The Ati people sold the soaps because they do not need it so much, and the noodles because they have no idea how to cook it. Incidents like this were reported to the DSWD head and the latter would summon the Ati chieftain. There was this one incident when the Ati chieftain was called by the DSWD because of Ati's unhygienic behavior. The chieftain came in the office armed with his son, naked son. The DSWD head said, "What kind of leader is he? He didn't have the sense of decency to dress up his son while conducting a meeting with a DSWD official? You know, we gave them soaps so they can take a bath but they did not use it! And we also gave them spaghetti last time, they did not cook it. They sold it! Because what they are used to eat are the turtles found around the bushes, they grilled them." It is pertinent highlight that aid-givers need to identify what their recipients need and be intentional with their activities. Failing to do so may put all their time and efforts to waste.

### ***Discussion***

The concept of health and illnesses according government health workers is different from what the indigenous people have been accustomed to. According to Jocano (2003), differences in interpretation or assigning of meaning and the points of reference are the two fundamental difference between the folk healers view of medical care and that of modern health workers. The latter perceive health and illness in the context of the biomedicine. On the other hand, the folk healers define the same phenomena in the context of culturally accepted medical beliefs and practices. The difference lies only in the application, how the disease is treated, and the given medicine. On the whole, both practitioners

in these opposing medical systems have the same goal which is to heal the discomforts of illness and to restore the patients to normal life.

This chapter shows that illnesses are categorized by the Ati healers as “gibo ki tawo” and “gibo ki hawak”. The Ati people’s capacity to heal is only limited to the illnesses which originates from the gibo ki tawo. This means that the bio-medical health experts have a significant role to fill in the treatment of illnesses which originates from the *gibo ki hawak*. Furthermore, it is important to highlight that the increased interaction of the government health workers with the Ati people made the latter more marginalized as cited in the case of Krisa where she felt uncomfortable to give birth in the hospital and made her mother angry for the initial neglect of the doctors. Moreover, the Ati women although they are starting to welcome the idea of giving birth in hospital facilities, they would still prefer giving birth in the home because of the sense of comfort and familiarity that the house brings. Also, the perception of the Ati healers towards bio- medical experts as cited in the cases of Mark and Edric suggests that the Ati’s way of healing and medicine is marginalized and neglected by the doctors based on the biomedicine. The Ati people resort to going to the hospital only during times of extreme situations and as a last resort. Moreover, they continue to utilize their healing practices as well as taking in the biomedicine.



## Chapter 7: Conclusion

The core question this research asks is in what way does the resettlement process further marginalized and deepened the vulnerability of the Ati people. The study concludes that at the San Andres Resettlement Site, the Ati people's vulnerability has become more visible

### *Ati people's health system and its relationship to cultural identity*

This research concludes that the Ati's health system, which is constituted of their traditional health practices, can be located at the core of cultural identity of the Ati. Their traditional medicine is referred to locally as "*Binisaya nga bulong*." *Binisaya* is a lingua franca of the Visayas region where the Ati originated; *nga* is used as a connector between *Binisaya* and *bulong*; then, *bulong* is an old term referring to prayer or incantations, used widely by Bicolanos and some Visayans as well. In the resettlement site, the Ati people, particularly the Ati middle-aged women, practice "*pagmamama*" (betel nut chewing), "*albularyo*" and "*hilot*" (traditional massage). Moreover, the Ati health system encompasses their culture and identity as it is the reflection of their socio-cultural practice. Their traditional health practices are embedded in their everyday experience. Despite the presence of biomedicine in the resettlement site, the existence of traditional healers, their own concept of health and illness, their classification of diseases, their process of arriving at a prognosis, and their healing treatment continue to persist.

### *Further Vulnerability as a result of the Interaction of Ati people and Non-Ati people*

The perception by the non-Ati as "unfit and unhygienic towards the Ati community impact negatively the interaction between the two. Yet, this perception is a direct result of the Ati's incapacity to access to basic services especially, in this case, water for drinking and maintaining basic hygiene. The consequences of the absence of access to water expressively affects the image of the Ati to the non-Ati as well as to the Ati people's hygiene and sanitation, nutrition, health, and education.

Furthermore, the existence of the non-Ati's backup houses in the resettlement site placed the Ati people in bad light mainly because these back-up houses directly prevents them from occupying additional dwelling units. When the Ati people have been given only 14 housing units, they have had to make do with what the DSWD provided them. The vulnerability of the Ati people to health risks becomes apparent under this living condition since everyday practices around water, sanitation and hygiene have become even more difficult for them because the households have been crammed in small houses. Here, the most affected are the Ati children who often feel discomfort when sleeping.

Moreover, as a result of the lack of provision of the local government of livelihood projects for the Ati people forced them "*pagdayo*". The term "*pagdayo*" means going to distant places and finding new spaces. They utilize this approach to gain and create new *suki* (loyal customers) networks. The whole household, including the mother, father, and little children are involved in the "*pagdayo*" since it takes them away from the resettlement house for a long period of time. During the "*pagdayo*", they often stay under the bridge to minimize the cost of renting a housemaking them even more vulnerable as the risks of flooding and unforeseen danger become higher. More so, the children missed their classes in the school, and, they could not sleep and eat properly.

### *Ati and government health workers: Increased interaction leads to further marginalization*

The Ati people's increased interaction with government health workers made them more marginalized as mentioned in the case of Krisa's child delivery experience in the hospital, as well as in the cases of Mark and Edric which imply that the Ati's way of healing is disregarded and neglected by the doctors based on the biomedicine. Furthermore, the Ati women, although they are starting to welcome the idea of giving birth in hospital facilities, highlighted that giving birth at home give them sense of safety and security.

Meanwhile, the Ati people's health practices have triggered different perspectives from government health workers. While the perception of the barangay health workers in the resettlement site of the Ati healers are not in unison, meaning, those who have no actual experience of the Ati's healing practices, strongly express their worries and reservations while those who have tried to seek the help of the Ati people to cure their illnesses express their positive affirmations, the five BHWs strongly emphasized that as current residents who are listed under Barangay San Andes, the Ati people must be involved in their health projects.

The Ati people are forced to adapt to the bio-medical health system where health workers use mainstream health strategies that undermine the relational and holistic concept of indigenous health. The vulnerability of the Ati people become more pronounced as their own health system becomes threatened by bio-medical practices.

### *Ati People's Cultural Loss as a result of Territorialization and Counter-Territorialization*

This study argued how the cultural loss experienced by the Ati people in the resettlement site was a result not only of territorialization by the state but also of counter-territorialization strategies of both the Ati and non-Ati Bicolano people. Yee's (2017) territorialization concept is clearly reflected in the policies, and the assumptions lying beneath such policies, to propel the resettlement of the residents living in the disaster-prone areas. A uniform and standardized delineation of the area within 6 kilometers from the mouth of volcanic Mt. Mayon has been designated a "danger zone" where no one can enter. Moreover, residents had to move to a resettlement site characterized by clustered spaces, gridded lots, and uniform housing units, which would clearly indicate the aspect of territorialization administered by the local government. On the other hand, having been denied and deprived of their former activities and livelihood based mainly on unique and variegated utilization of the space at the foot of Mt. Mayon, the people moved to the resettlement site but engaged in various practices of counter-territorialization.

Furthermore, it is argued that the territorialization, concretized by the resettlement, created a confined space where the Ati have been forced to have interactions with non-Ati Bicolano and government officials and employees, such as Barangay Health Workers, in an unprecedented degree of intensity. Such intense interactions with "new" neighbors, necessitated by the resettlement, has created an environment of increasing vulnerability for the Ati people. The derogative gaze and narratives by non-Ati Bicolanos, particularly practitioners of health-related services based on the biomedicine, toward Ati traditional medical and curing practices have resulted in further marginalization of the Ati's cultural identity.

Finally, the counter-territorialization practices of the non-Ati Bicolanos, such as their keeping of back-up housing, had relegated the Ati into a confined space. Unable to secure sufficient housing units for their families, the Ati's hygiene and health situation further deteriorated. Nevertheless, the Ati themselves have engaged in counter-territorialization practices in the form of "*pag-dayo*." This practice, ironically, reproduced vulnerability among them, which is exemplified by the children's long absence from school and their insecure life under bridges during their sojourn.

Thus, counter-territorialization cannot simply be laudable as an expression of agency of the disaster victims against the bureaucratic and standardized governing of post-disaster situation. Future studies on the dual movement of territorialization and counter-territorialization should pay closer attention to the nuanced process of inclusion and exclusion in a concrete disaster setting, particularly in a society marked by a high degree of division and differences among its people such as in the Philippines.

#### *Post disaster recovery and resilient communities in the Philippines*

While being one of the front liners in disaster risk management, the Philippines, does not possess a clearer and fuller picture on how to go about the resilience and disaster preparedness among affected populations (Alcayna, 2016). This study argues that resilient communities may experience further marginalization and that vulnerability can be reproduced for a certain group of marginal people in the post-disaster community.

Post-disaster recovery in the Philippines is often carried out in a top-down approach. This top down initiative, according to Oliver-smith (2005) has a poor record of success because this lacks any regard for local community resources. Normally, communities do not construct themselves but practice trial and error attempts to replace an evolutionary process in which, social, cultural, economic, and environmental interactions develop. Through this process, a population achieves a mutually sustaining social coherence and material sustenance over-time.

Furthermore, Gubic et al (2017) pinpoints the importance of community resilience in the disaster recovery process. The government and the community must be equal partners in enhancing the capacities and engagement of the communities. Moreover, Gaillard (2006) also highlighted the important feature of a resilient society as having the capacity to overcome the impact of a natural hazard by keeping their social cohesiveness or by accepting changes to survive. A resilient community, as stated by Gaillard (2016), means that societies can survive to maintain its predisaster culture, or by accepting changes, be it small or big, in order to survive.

Focusing on community resilience, these scholars propose that disaster recovery is a gradual process and should center on improving communities' capacities, engagement to government initiatives, and maintaining social cohesiveness. Viewing communities as resilient, gives an over-all image of optimism and constructive outcome to disaster recovery, but this study states otherwise. This research argues that resilient communities can reproduce further vulnerability and marginalization as their engagement and interaction with the local government increases. In the case of the Ati people, their differences and vulnerabilities became even more pronounced while residing alongside the non-Ati Bicolanos in San Andres resettlement site.

#### *The Future for the Ati people in Bicol*

The relationship and the interaction between the Ati people and the non-Ati Bicolanos can be improved if concrete responses are adapted in San Andres Resettlement site. Firstly, the need to build mutual trust through open communication is essential in considering their various perceptions towards the traditional and biomedical health system. There must be a venue, where it is a safe space for both the Ati people and the government health workers to engage in learning the Ati practices of traditional healing and understanding their culture. Secondly, the local government needs to be culture-specific in instigating livelihood projects among the Ati people. The 'one-size fits all' approach in responding to post disaster community such as the Ati, is not what they need. To date, the Ati people are one of the most vulnerable indigenous communities in the Philippines but their future can be improved if these two simple, yet essential responses be undertaken unhesitatingly by the local government leaders

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