MA Dissertation - Summary:

Title: From Rio to Reality: A Case Study of Bio-prospecting Local Health Knowledge in Kani Tribal Community of Kerala, India

Field work area: Agasthyamala hills of Thriuvananthapuram district, Kerala

India is bestowed with rich oral, eco-system and ethnic community specific Local Health Traditions (LHTs). Even though this traditional medical knowledge serves a vast majority of Indian population, the government support for these traditions is very meager. Thus, LHTs in India are in a situation of economic and political marginalisation. On the other hand, interests of pharmaceutical industries in herbal drugs based on the local health knowledge and subsequent commercialization are growing due to increasing demand in the market for natural products. Even though there is utilization of local knowledge in most of these cases, the local healers who are the carriers of this knowledge have no say in this commercialization.

In the early 1990s, patents rights and rights of indigenous people became a major topic of discussion after the formulation of the Global Agreement on Trade and Tariffs (GATT), Intellectual Property Rights (IPR) and the Convention on Biological Diversity (CBD). After these, the utilisation of local health knowledge has taken new dimensions and meanings. CBD signed at the Earth Summit at Rio de Janeiro in 1992 at the United Nations Conference on Environment and Development seeks to protect the rights of indigenous people by preventing its unregulated commercial use. CBD tries to introduce a balance between indigenous rights and their commercial utilisation through benefit sharing.

This research has been an effort to describe the social, cultural and political factors involved in a bio prospecting case and how these factors influence the cultural base, knowledge base and resource base, which are the three major focuses in the revitalization programs. This research also looked at how this case study relates to the national and international policies and debates in the area of revitalization of LHTs and analyzed how policies related to Local Health Traditions and their commercial utilization are conceived and implemented at different levels of social integration.

It was understood that there are two major ideological positions in the revitalization of local health traditions: bio prospecting and bio piracy. This has been observed from the national level debates to the community level conflicts. This has made major influence on the benefit sharing process. Why people take these two ideological positions in relation to LHT revitalization could be an area of future research. It is understood from the case study that these views are very much related to the social, political and cultural context. As mentioned earlier these views have many layers that are linked to the issues of medical pluralism in India i.e. the relation between great traditions and little traditions, interaction of Western sciences with the traditional systems, reminiscences of caste system, colonial past and the attitude of colonial rules towards LHTs and so on in India.

Even though bio prospecting has created an organizational support for Kanis by defining the community and forming a trust, the future of this organization is still in an ambiguous situation as there is no organizational vision in the trustees or members. In the process of sharing the benefits, there have been conflicts between different factions in the community. During the fieldwork, it was realized that this is not an isolated event which has started from the community, but as a result of the above mentioned ideological views
among the organizations involved in revitalizing LHTs. Bio prospecting of *Arogyapacha* has resulted in very limited per capita economic benefit to the Kani people. Real beneficiaries are scientists with an increase in their reputation, research institution-TBGRI and the industry with their increased market appeal and the opponents of bio prospecting with increased populism. Kani traditional governance under *moottukani* is no more existing. *Moottukanis* have become powerless as part of the cultural erosion. New governance system under the state government does not provide Kanis a platform for interaction among the community members. It was also understood that parallel to the benefit sharing process some ideas/ethics that are new or alien to the community, are creeping into the community. In this case the best example is the influence of state party politics in the trust and the benefit sharing process.

Bio prospecting came as an outcome of codification of the local health knowledge. Now the knowledge has achieved a public domain status. It has also generated conflicts about the sanctity and sacredness of their knowledge and ownership claims on the same. The knowledge has been validated outside its cultural context through parameters of an outside system. This has also resulted in a medical absorption. There is also a change in the meaning of their knowledge. It is understood that this process has made tremendous change in the *Arogyapacha* based knowledge. A broad conclusion that can be derived from this is that, in a bio prospecting, local knowledge is absorbed, altered and gets eliminated from its original form and local cultures weaken due to such absorption.

Lack of access to resource has become a major hurdle in production of *Jeevani*. Forest department has completely banned cultivation or collection of *Arogyapacha*. This has generated illegal trade by non-Kanis of *Arogyapacha* from the forest areas of *Agasthyamala*. Outsiders are also taking advantage of Kanis and persuade them to indulge in illegal trade. The forest department was slightly adamant in their view to protect the plant, but now there is a plan to make it NTFP. They have also a plan to establish semi-processing units in Kani community areas for value addition. Here the major issue is the contest between conservationists and people who are involved in utilization. Issues like rights to resources for indigenous communities are not directly under the mandate of CBD. This issue remains unsolved as CBD gives sovereign rights over resources to nation states. As other rules and regulations in the state have not been matching with CBD’s sustainable utilization frame, the issue remains unsolved. Bureaucracy, lack of co-ordination and misunderstanding among different government departments as well have affected the benefit sharing process. If the national or state level bodies are not working in coordination in connection with CBD guidelines, as is evident in the case of *Arogyapacha* benefit sharing will have many hurdles.

Thus there are varied impacts on the cultural base, knowledge base and resource base in the process of benefit sharing.

At the level of CBD, the focus is much more on resource revitalization. It only indirectly addresses the related knowledge and culture. When I relate this case to CBD, an interesting insight that comes out of the research is that the resources base, knowledge base and cultural base form the priority in the respective order in the national and international revitalization agenda. Both at International and National level, there is huge investment for protection of resources. To a lesser extent knowledge base also gets attention in the form of documentation or codification, validation and utilization. But erosion of cultural base forms the last priority. This was clear in the Kani case as well that there is no serious attention given to erosion of culture. Emphasis on cultural erosion is restricted to rhetorics on sanctity, sacredness and traditional life styles.
According to CBD, benefit sharing has a pre-requisite of indigenous communities embodying traditional life styles. Due to the erosion of cultural base, there are substantial changes in the Kani community's culture and it cannot any more be called as an “indigenous or local communities embodying traditional life styles”. If CBD directions were strictly followed, Kani benefit sharing would be out of the purview of CBD.

From this it is understood that the knowledge, resource and socio-cultural aspects of local health traditions is conceived, valued and implemented as policies in different ways at different levels of social integration. At the national level there is very less attention for revitalizing local health traditions. The meanings attached to the culture, knowledge and resources are changing when LHTs move from their cultural context. Similarly the ideas in the CBD such as “respecting local knowledge and benefit sharing” are also changing when it comes to lower levels.

CBD focuses more on commercial utilization and access to industry of indigenous knowledge or traditional knowledge and not concerned with revitalization of local cultures that have sustained bio-diversity for centuries. Much more benefit should come from revitalization of LHTs for the local communities. India has a rich biological diversity as well as diversity of medical cultures. Around 7500 plants and their uses are recorded from 4638 ethnic communities in different parts of the country. This should be used not only by industries, but also for strengthening healthcare and self-reliance of local communities. CBD should have not only talked about access to commercial dealers but more importantly the need for revitalization organizations to invest in local cultures for self reliance and sustainable livelihood of local communities.

As mentioned earlier, it is clear from the study that cultural compatibility of benefit sharing ideas are very important. As cultures are diverse there cannot be a single mechanism. For understanding the cultural context, rigorous cross cultural dialogues are necessary before initiating any such bio prospecting activity.

Convention on Biological Diversity, National Bio diversity Authority and the state level bodies in India are still in the process of consolidation. In this context, Arogyapacha has already revealed many issues that can be taken up for the future benefit sharing agreements. As it continues its journey there will be many more, in the years to come.