



SOCIAL POLICY ECOLOGY RESEARCH INSTITUTE (SPERI)

Yearly Narrative Report

July, 2007-June, 2008

Department of Community Development - DECODE

Network for Traditional Herbal Medicine - HEME

1/15/2009



This report refers to efforts of the traditional healers in the Lao-Viet Traditional Cultural Herbal Medicine Network (L-VTHEN) to obtain the right to indigenous knowledge, cultural identity, security of local livelihood and natural resources. The achievements mentioned in this report are in line with the networking methodology advised by SPERI since the yearly 1990s

Acronyms

DECODE:	Department of Community Development
CHFs:	Community Herbal Forests
CIRUM:	Center for Cultural Identity and Natural Resource Management
CBOs:	Community Based Organizations
HM:	Herbal Medicine
HEME:	Network for Traditional Herbal Medicine
HEGs:	Herbal Medicine Gardens
MECO-ECOTRA:	Mekong Minority Community Networking for Ecological Trading
TEW:	Towards Ethnic Women
FFSs:	Farmer Field Schools
OD:	Organizational Development
ID:	Institutional Development
CIRD:	Center for Indigenous Knowledge Research and Development
L-VTHEN:	Lao-Viet Traditional Cultural Herbal Network
L-VCBO:	Lao-Viet Healer Board



Network for traditional herbal medicine (HEME) is one of the themes of Mekong Minority Community Networking for Ecological Trading (MECO-ECOTRA) under the facilitation of Social Policy Ecology Research Institute (SPERI). Therefore, HEME shares the common philosophy with other thematic networks among MECO-ECOTRA. That is to promote the traditional civil society towards harmonious life, equity and democracy among indigenous minority communities in Mekong region.

The HEME started from the program pilot of Towards Ethnic Women - TEW (being merged with Center for Indigenous Research and Development - CIRD to become SPERI) in supporting the female Dzao healer association in Yen Son village, Ba Vi commune, Ba Vi district, Ha Tay province in the north of Vietnam since the early 1990s. The pilot's aim was to recover and maintain the values of Dzao in using and preserving the situated knowledge in herbal medicine, biodiversity of herbal plants and lobbying for recognition of indigenous minorities as Dzao people in their own traditional territory.

In the early 2000, the female Dzao healer association expanded into other regions in Vietnam like Son La, Lao Cai, Nghe An, Ha Tinh, Quang Binh provinces and the Central Highland. As a result, healers of the different minority groups in Vietnam agreed upon to set up the traditional herbal medicine network countrywide.

In November 2007, the Lao-Viet Traditional Cultural Herbal Network (L-VTHEN) was set up. The network is coordinated by the Lao-Viet Healer Board (L-VCBO) via its clear structure, regulation and agenda. The network incorporates of the hundreds of voluntary traditional healers who come from the different minority groups such as Dzao, Hmong, Black Thai, Malieng, Kinh, Xinh Mun, Arem, Macoong, Sach, Ede, Mnong, Lao Lum, Khmu in the sensitive border highland areas of Laos and Vietnam.

This yearly narrative report from July 2007 to June 2008 will focus to review SPERI's process in supporting the L-VCBO in order to coordinate and facilitate the network's members in order to address its objectives and values of the social traditional voluntary network. Some appearances, potential challenges to the network and recommendations will be mentioned in this report.

Objective and approach

The Traditional Herbal Medicinal Network (HEME) is a component of MECO-ECOTRA¹, hence it shares the same vision that MECO-ECOTRA is looking forwards. That is to promote and strengthen civil society in order to achieve a harmonious life, social justice and democracy for highlanders and indigenous peoples living in Mekong region.



In detail, the HEME aims to preserve biodiversity, herbal medicinal knowledge of the indigenous minorities, contributing to cultural identity maintenance, livelihood security and promotion of civil society in Mekong region.

The Mekong Traditional Herbal Medicine Network (HEME) stands for:

- Values of indigenous knowledge in herbal medicine of the minority groups in Mekong region are recognized by society as well as the government states.
- Indigenous right of the minority groups in Mekong region in control over and access to their traditional territories and livelihood resources (land, forest and water) is equally recognized by the mainstream and government states.
- Security of the livelihood of different minority groups in Mekong region.

Yearly Objective (Jul, 2007- Jun, 2008)

- To facilitate an establishment of the pilot on an across border herbal medicine network between traditional healers of minority groups in the sensitive watershed areas of Laos and Vietnam;
- To enhance coordinating skills of the Lao-Viet Healer Board in order to facilitate the exchange and study among network's members as well as supporting herbal medicine groups at village, commune, regional and national levels;
- To advise for the Lao-Viet Healer Board (L-VCBO) to facilitate the network's members to obtain the right to control and access to community herbal medicine preservation forests;
- To encourage an integration between traditional and formal health care systems, and into the practical training courses for minority youths in Farmer Field Schools (FFSs) facilitated by SPERI.

¹ Mekong Community Networking and Ecological Trading (MECO-ECOTRA)

Approach

As long as the reform of SPERI, thematic networks of MECO-ECOTRA like the L-VTHEN has changed the way which requires its local herbal networks at higher skills in coordination, facilitation and self-responsibility. In this stage, SPERI plays a role as a researcher, advisor and bridge-builder to assist farmer networks to self-coordinate and facilitate their own activities.

The local herbal networks have closely cooperates with local authorities and functioning offices of government at community and district levels such as agro-forestry, land, health care, etc to carry out their activities. During this stage, the local herbal networks strongly focus on their rights to control and access to CHFs, as well supporting members to get legal status in practicing their traditional herbal medicine career. Therefore, the government authorities and functioning offices play a role to offer legal environment for the local herbal networks to voice, act and obtain their own rights. Some local herbal networks of the L-VTHEN currently concern about the way in which they are able to self-sustain via money mobilization. In addition to development of groups, healers have stimulated the connection among members via setting up a development fund. They are trying to build up a fund in order to be independent from outside support. One of the strategy of the L-VTHEN is to make connections for members to give practical lectures for minority youths in the Farmer Field Schools (FFSs) facilitated by SPERI. So far, these practical lectures mostly relate to local knowledge in using herbs to treat diseases of animals and crops, and some normal illnesses of human. With the assistance of SPERI, healers developed manuals or guide books on using herbs for human, animals and crops.

In this stage, healers of the L-VTHEN in cooperation with SPERI's staff conducted field surveys and action researches on herbal plants in CHFs and herbal knowledge. Outputs of these co-researches are manuals and curriculum for practical training in FFSs and public awareness raising. The L-VTHEN in linking with some national magazines like The Literature on Weekly published several volumes on values and knowledge of herbal medicines.

Sharing, exchanging via study tours, seminars and workshops organized by the L-VTHEN are still effective approaches to facilitate individual members to gain more knowledge and confidence. This is also a basic to enhance ability of the local herbal networks. Topics for above activities of the L-VTHEN currently relate to not only local interests and needs, but national and trans-national concerns for instance how to preserve indigenous knowledge, value of traditions and cultural practices, and secure the local livelihood, right of indigenous minorities, etc under pressure of globalization, regionalization, industrialization and marketization.

Since the end of 2006, the herbal network of Black Thai in Hanh Dich commune, Que Phong district, Nghe An province has started to generate incomes by collecting herbs of members for selling. Secondly, the network also asks for the supports from local government at commune and district levels. Furthermore, the network has an initiative to mobilize supports of 1.100 families in commune. People Committee in Can Ho Commune decided to allocate forest and supported VND 200,000 for the fund of the herbal network.

Leadership is seen as a key for maintenance and development of networking strategy. Leaders of herbal medicinal networks at all levels are normally prestigious, high responsible and voluntary. They are knowledgeable on herbal medicine, traditional culture and community management. Healer leaderships are identified along with process of the establishment and development of herbal networks from village to commune, to district, and even inter-province and trans-national levels².



Healer leaders became key persons to direct the development of herbal medicine groups in their community. Together with members, they have developed strategies to preserve herbal medicine resources, determine ownership rights over the community herbal forests (CHF), maintain herbal medicine knowledge, as well networking values.

Members of the herbal networks are traditional healers who share the same interests and concerns about community

health care, strengthening traditional herbal medicinal knowledge, and preserving herbal resources. Strategy of the herbal networks to mobilize participation of traditional healers varies in different ethnic groups. However, all herbal networks are based mostly on a common spirit of voluntary, sharing and self-help. Participation of healers is determined by their engagement with the herbal networks, for instance sharing with members in other networks (e.g. Dzaio in Ba Vi - Ha Tay, Hmong in Yen Chau - Son La, Kinh in Quang Binh and Ha Tinh, Hmong in Lao Cai, Black Thai in Nghe An, ect).

The herbal networks actively organized study tours, workshops and practical training on herbal medicines, setting up herbal gardens (HEGs) at household, community, or regional levels³ in order to increase the awareness of members. HEGs are seen as democratic spaces for healers to share their experience and concerns on herbal issues.

Members who regularly participate in the L-VTHEN are currently around 295. Number of healers participated into herbal networks increase clearly. In Hanh Dich, for instance, the number changed from 3 healers in March 2003 to 12 in mid of 2003, and 23 in 2007. Similarly, the Hmong healers in the Simacai herbal network also increased from 14 healers before 2005 to 39 at 9 communes in Nov 2007, and 59 from 13 communes currently (table 1).

Table 1: Members of herbal medicinal network in Hanh Dich and Simacai

Geographical areas	Members	Time
Hanh Dich commune, Que Phong district, Nghe An province, Vietnam	23	Nov 2007

² Mr. Ha Van Tuyen, Thin, Phuong (Thai group, in Hanh Dich - Nghe An), Elder Hoang Seo Cau, Sung Seo Nha, Ly A Lang, Giang Thi Song (Hmong group in Simacai - Lao Cai).

³ Herbal medicine garden in Farmer Field School - Nan San village - Simacai district, Lao Cai province.

Simacai district , Lao cai province, Vietnam	59	Nov 2007
Tuyen Hoa, Minh hoa and Bo trach district, Quang Binh province, Vietnam	10	Sept 2007
Long Lan village, Luang Prabang province, Laos	14	June 2008
Xieng Da village, Luang Prabang province, Laos	15	June 2008
Nam Kha village, Luang Prabang province, Laos	10	June 2008
Nong Het district, Xieng Khoang province, Laos	1	
Vieng Chan, Laos	1	
Bo Keo province, Laos	4	
On oc village, Muong Lum commune, Son La province, Vietnam	10	June 2008
Yen Son village, Ba vi commune, Ba Vi district, Ha Tay province	80	July 2007
Total	295	

Together with traditional ways of transferring knowledge on herbal medicine that must follows norms and customary law⁴, the herbal networks have their own approaches to look for and educate followers (students). The herbal network of Black Thai in Hanh Dich has involved 11 government health care staffs with a hope that they would understand of values of herbal medicine, and integrate with western medicine for treatments. However, this strategy faced difficulties because young generation tends to prefer new knowledge rather than traditional ones.

Meanwhile, Hmong healers in Simacai have selected potential young relatives⁵ who are interested in herbal medicine to directly transfer their knowledge and skills. Moreover, they regularly organize practical training in basic knowledge and skills in using herbs for minority youths in the Nan San Farmer Field Schools. The herbal network of Hmong in Long Lan village, Luang Prabang province, Laos has involved 10 young people in village to study herbal plants as well as local herbal knowledge.

⁴ For the Hmong in Simacai - Lao Cai, healers are those recognized by spirits. Their house has an altar of herbal medicine spirit and they must follow specific cultural and spiritual norms of the Hmong in treatment or transferring herbal medicine knowledge.

⁵ Ly Seo Lung, who participant of the course on agro-forestry in Nan San FFS - Simacai, has been transferred herbal medicinal knowledge by healer Ly A Lang in Sin Chan commune. During the summer vacations, Ly Seo Lung stayed and learnt how to identify and use herbal medicine from healer Ly A Lang.

The herbal medicinal network has scaled up its activities from village or commune, inter-commune or inter-regional to trans-national level . In December 2007, the cross border network, namely the Lao-Viet Traditional Cultural Herbal Network (L-VTHEN) appeared.



This network as a result of the co-research of minority healers in Vietnam and Laos with the purpose to find out the common understanding, potentials as well as solutions for challenges of the herbal medicine. The L-VTHEN The network incorporates of the hundreds of voluntary traditional healers who come from the different minority groups such as Dzao, Hmong, Black Thai, Malieng, Kinh, Xinh Mun, Arem, Macoong, Sach, Ede, Mnong,

Lao Lum, Khmu in the sensitive border highland areas of Laos and Vietnam. Values of the L-VTHEN are to preserve and develop herbal medicine resources via network of community herbal forests (CHF) and herbal gardens at household and community scales (HEG); preserve indigenous knowledge on herbal medicines via study tour, exchange and education; and socialize values of the herbal medicine.

Networking at all levels has created practical thematic forums for members from different ethnic groups (e.g. Black Thai in Que Phong-Nghe An province, Hmong in Simacai - Lao Cai province, Hmong in Yen Chau-Son La province, Cao Lan in Tuyen Quang province, Dzao in Ba Vi-Ha Tay province and Kinh in Ha Tinh and Quang Binh province) to share and exchange knowledge and experiences. With these opportunities, they could learn from each others the ways in group working organization, how to determine community rights over CHF, and share medicinal lessons.

Organizational development (OD) of the herbal networks has normally started from key actors at different ethnic groups. The herbal network of Black Thai people in Que Phong district, Nghe An province started from the *3 traditional healers*⁶ of Hanh Dich commune who are aware of the importance of herbal medicinal knowledge and natural resource preservation. Under the mobilization of the first three healers, *twelve Thai healers* gathered together as a group, aiming to share herbal medicinal lessons of the Black Thai, and raise public awareness on herbal plant preservation. Mr. Tuyen, Mr. Phuong and Mr. Thin are recognized as leaders who are responsible for determining the direction as well as facilitating activities of the network. Since 2005 up to date, the Hanh Dich herbal network admitted 11 community health care staff as its members. Then, these staffs are working in 4 sub-working groups in 11 villages. This aims to train young healers for the network. In addition, the network also expanded its relationship to vertical system via integration of commune health center to establish the *Oriented Medicinal Association*.

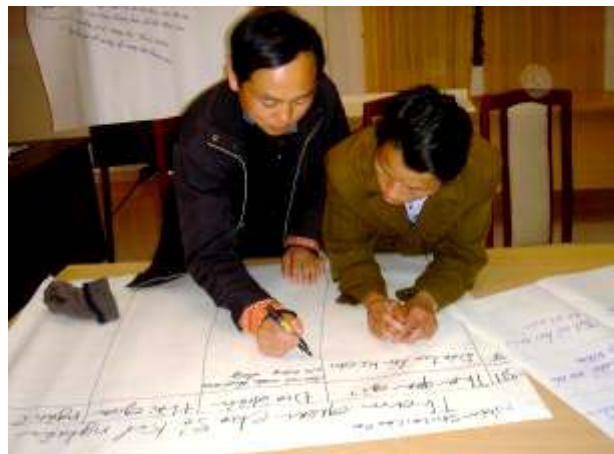
⁶ Mr. Ha Van Tuyen, Mr. Phuong, Mr. Thin.

The Hanh Dich network is involving 15 youths; the Long Lan network currently has 11 young members. These youths' participation mostly is to learn the way and ethich of herbal medicine from the traditional healers. For long-run, they will be potential members of the network in order to maintain traditional knowledge on herbal medicine.

Meanwhile, the herbal network of Hmong people in Simacai district, Lao Cai province started from the healer group in Quan Than San commune who had opportunities to exchange with the Dao healers in Ba Vi-Ha Tay and the Thai healers in Que Phong - Nghe An. Being supported by TEW (the former organization of SPERI) and health care center of the Simacai district, healers of 9 communes in Simacai area met and shared with Quan Than San healers about the role of herbal medicine in community health care. As a result, in November 2005, 39 healers from 9 communes voluntarily set up a herbal medicinal network, aiming to strengthen the use and preservation the herbal medicinal knowledge and resources. After only over 6 months, the Simacai herbal network organized several significant activities⁷ that attracted the engagement of 20 healers from 4 other communes into the network. Total members of the network now increases to 59 healers with 13 communes. An indicator for the development of herbal medicinal network is the emergence of healer groups in different communes without any outside consultation or intervention. They have operated very actively and creatively, contributing for the community health care, herbal medicinal forest conservation, and development of local knowledge on herbal medicine.

Indicator for the organizational development of herbal medicine networks in

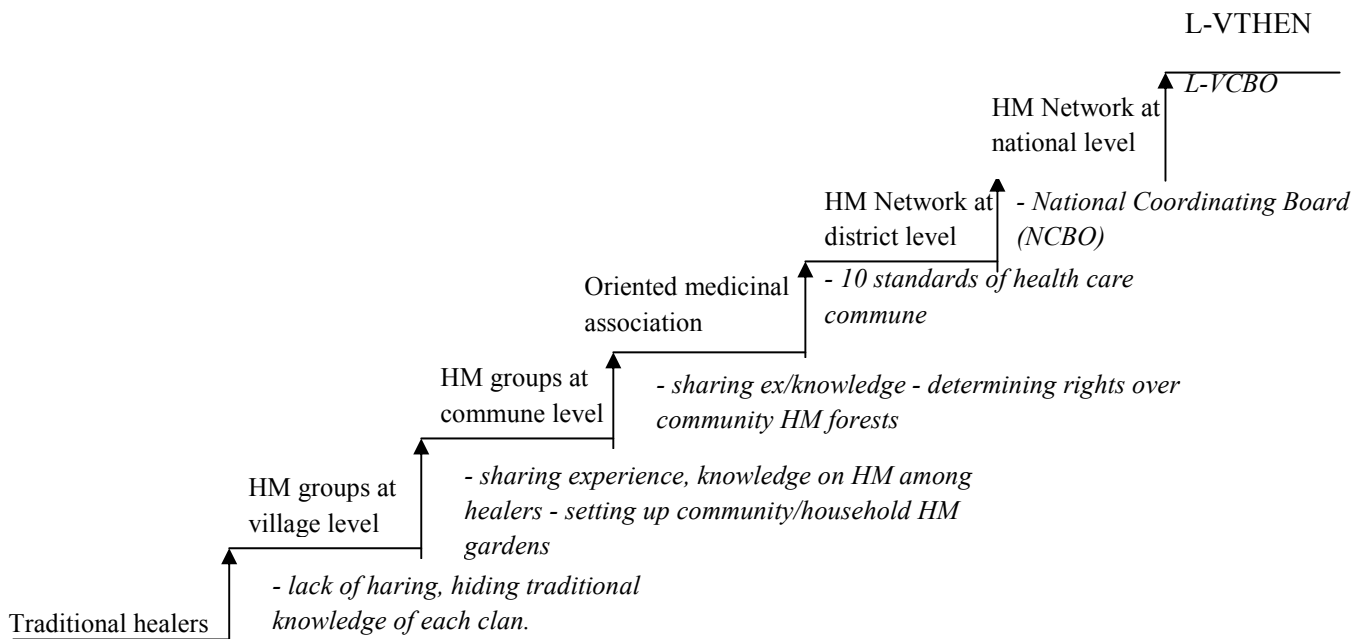
different regions is also reflected via changes of their vision and strategic plan. From groups of independent traditional healers, they integrated with formal health care system to enhance their legal status. From implementing activities focusing only on information sharing, training to increase knowledge, protecting herbal medicine resource, local herbal networks of the L-VTHEN have nowadays recognized the crucial value of CHFs. Under the pressure of the overexploitation over forest resources for the market, they aware of that herbal medicine knowledge and traditional belief on herbal medicine of their community can be preserved only when ownership of local community over herbal medicinal forests are determined. Therefore, lobby for community rights over CHFs is seen as a crucial strategy of minority groups in the L-VTHEN.



⁷ Dec 2005, a study tour for 13 Hmong healers to visit the Dao in Ba Vi - Ha Tay, the Thai in Que Phong - Nghe An and the Cao Lan in Tuyen Quang.

Jan 2006, a training on preservation and planning herbal medicine gardens by Dr. Tran Van On Collect herbal medicine plants and build up a herbal medicinal garden in the Nan San FFS.

Diagram 1: Ladder of Development for the L-VTHEN



Emergence of the regulation in Hanh Dich Herbal Network

At village and commune level, traditional herbal medicinal groups focused on sharing experience on planting, protecting and sustainable collecting the herbal medicine in gardens and forests. In addition, healers exchanged medicinal lessons and medicinal herb species. They collected medicinal herbs to plant in gardens and protected herb species in community forests. Operational mechanism of village level bases on the voluntary spirit and co-responsibility of group leaders and members.

When the herbal medicinal groups are integrated with the oriented medicinal association, their activities seem to be influenced by formal health care system and local authority. It needs to have an executive board standing in the health care center. Traditional healers suddenly become officers requiring a salary mechanism⁸ instead of voluntary contribution.

Relationship among healers, and between healers with patients changed from sharing and supportive to servicing and profitable. Participation of members was evaluated by their contribution of 2 parkets of medicinal herb/month to the fund of the association. Though this regulation is a way to create an available medicinal herbs for patients and create income for association, it made young members inconfident because they don't have medicine to contribute (Mr. Van, member of project management board).

Traditionally, healers must practice religious rituals before or after curing a patient, such as worshipping herbal spirit, choosing appropriate times to collect herbal plants, etc. However, when traditional healers who become members of the medicinal oriented association work as officers in the health center, relationship between healers and patients seems to be changed. A question raised is that whether those rituals are still practiced.

⁸ Salary for the executive board standing in the health care center was 280,000 dong/4 members.

The establishment of CBO is to maintain values, strategic action plans for the development of the L-VTHEN. The CBO includes five members, in which Mr. Lam Bay – Hmong people is a coordinator and other four as assistants such as Mr. Bliatua Zang, Hmong people in Long Lan village, Luang Prabang province, Mr. Thitphai, Lao Lum minority in Pha U Dom district, Bo Keo province, Mr. Sung Seo Nha, Hmong minority in Simacai district, Lao Cai province and Mr. Luong Kim Dung, Black Thai people in Hanh Dich commune, QuePhong district, Nghe An province -Vietnam.

Functions of the L-VTHEN's CBO as following:

- i) Maintaining the values and strategic plans of the L-VTHEN at different levels;
- ii) Identifying orientations for the L-VTHEN
- iii) Linking and expanding the L-VTHEN into Mekong region. At the beginning, the network prioritizes Laos and Vietnam.
- iv) Coordinating activities of the L-VTHEN (study tours, exchange, setting up CHFs, networking development, etc)
- v) Organizing members to develop action plans that are suitable to local contexts.
- vi) Contacting with SPERI in order to link with other social organizations in Mekong region with the purpose of development of herbal medicine and natural resources management.
- vii) Surveying herbal plants and developing manuals, curriculum for sharing and training minority youths in FFSs.
- viii) Monitoring and advising the local herbal

Emergence of regulations in SIMACAI herbal medicine network

Regulations of herbal medicine network in Simacai are more flexible due to its self-esteem and proactive. When the network involved only 9 communes, coordination was done by Mr. Sung Seo Nha. When the network expands to 13 communes, with 59 healers, coordination has been decentralized to members of coordination board⁹.

Through setting up a community herbal garden in FFS_Nan San, the Simacai herbal network has still focused their activities at communes¹⁰. This way of working has maximized the proactive of members and coordinators, information is informed to related actors. Coordinators identify that each of them needs to build up a herbal medicinal garden in their communes as a pilot for members to learn.

Different from the Hanh Dich medicinal oriented association, activities of Simacai herbal medicine network include: development of the community herbal garden in FFS_Nan San, method to expand household herbal gardens, consultation on community and household herbal gardens, method to mobilize the self-assistance of herbal medicine groups.

Herbal medicine groups in different communes have set up regulations for meeting and sharing. However, they created initiatives to adapt their commune conditions. For instance, herbal medicine group in Can Ho commune has been proactive according to their members' situation and needs. It is divided into two sub-geographical groups and assigned tasks to each member according to geographical condition. Monitoring herbal medicine forest or gardens are normally taken place in early morning before going to the field for family works. This way of organization secures information sharing among members. In addition, it meets plan of both family and group.

Moreover, networks have been aware of the importance of self-determination, financial independence via their strategy to raise the local funds.

⁹ Mr. Sung Seo Nha (board leader), Mr. Hoang Seo Cau (vice-leader: coordinate 7 communes), and Mr. Lang (vice-leader: coordinates 6 communes)

¹⁰ Every three months, members of coordination board meet in FFSs in Nan San to share progressiveness in each commune. They discuss follow-up plan, and then they together take care the community herbal medicine garden by weeding, planting new species, etc.

Effectiveness and Impacts of the Lao-Viet Traditional Cultural Herbal Network (L-VTHEN)

Emergence of regulations in Lao-Viet Traditional Cultural Herbal Medicine Network

A Coordinating Board (CBO) for the L-VTHEN which includes 5 member representatives for local herbal networks in Vietnam and Laos was also born. Further, they set up a cross-border regulation for herbal medicine knowledge exchange as well as action plans for addressing the network's values. Focal of the action plans in 2008 is to strengthening human resources, organizational and institutional development of local herbal networks. For long-run, the L-VTHEN expects an expansion to other countries in Mekong region such as Cambodia, Yunnan-China, Myanmar and Thailand.

HEGs and CHF as Strategies for Biodiversity Preservation

In December 2007, members of the L-VTHEN from Khmu, Lao Lum, Hmong, Black Thai and Kinh, after a long-week conduction of the field survey identified over 200 herbal species in CHFs of Long Lan village, Luang Prabang district, Luang Prabang Province, Laos.

One of the directions of the L-VTHEN is to set up herbal gardens (HEGs) and community herbal forests (CHF) at different levels such as family, clan and community. This aims to preserve the rare herbal species and also creating on-site forums for different interested people, especially minority youths to come for studies.

The Simacai herbal network in Lao Cai province - up north of Vietnam which includes 13 member groups has established 20 HEGs at household level and 3 CHF. Thousands of herbal plants are planted and preserved in these gardens. For instance, two HEGs in Can Ho commune have more than 800 species preserved. Moreover, the network is also setting up a herbal gardens at Nan San Farmer Field School¹¹ in which about 700 herbal plants are being collected and planted for the purpose of preservation and education.

At the same time, the herbal network of the Black Thai people in Hanh Dich commune, Que Phong district, Nghe An province has set up 20 HEGs at household levels and one CHF. Hundreds of herbal plants are also being collected and preserved in these gardens. For instance, around 90 species are found in the garden of Mr. Tuyen, a network's member.

Along with the study exchange, members of the network also classified native herbal plants in accordance with the local knowledge for the name and usage. From then, they have recorded this knowledge into the curriculum to educate their children. Healers in the Hanh

¹¹ The Nan San Farmer School is facilitated by SPERI in order to train minority youths in ecological farming. This school was set up in 2006.

Dich commune made a photographic book of over 100 herbal plants in the Black Thai language, as well as the knowledge to use them. In the same time, the Simacai herbal network developed a manual which guides the way to use over 90 herbal species in Hmong and Vietnamese.

Biodiversity preservation of herbal plants is further carried out by the L-VTHEN via the establishment of community herbal forests (CHF). Currently, the network has 11 CHFs with the total 252 hectares for herbal plant preservation in which there are 3 in Simacai-Lao Cai (Sin Cheng, Lung Sui and Can Ho); 3 in Luang Prabang, Laos (Long Lan, Xieng Da and Nam Kha) and 5 in Hanh Dich-Nghe An province (Pakim, Chieng, Pom Om and Cham Put and Na Sai). Healers also identified herbal species in these forests. Totally, around 1,200 herbal species are being found and well protected.

From July 2007 to June 2008, The L-VTHAN organized several study tours and exchanges among members. This activity is not only for information sharing, but the most importantly that is an encouragement to traditional healers to preserve and develop their local knowledge within and between different geo-cultural regions.

The LVTHEN as a Strategy to maintain values of indigenous knowledge in herbal medicines

For traditional healers within the particular geo-area

The L-VTHAN is currently facing challenges in maintaining its knowledge and expanding its members. There are two reasons. Traditionally, minority groups in Laos and Vietnam have very strict criteria in term of transformation of knowledge among and between generations. For Dzao people, only daughters or daughter in-law are allowed to learn the way and ethic from the mother in making herbal medicine to cure patients. With Hmong, people who are transferred herbal knowledge are both sexes, but they must come from the same clan with teachers.

Second, young generations, especially sons or daughters of the healers do not really like to learn their parents' knowledge in making herbal medicines. This is because of the low income incentives from the traditional career. They

Almost the local herbal medicine networks of the L-VTHEN are able and active to facilitate their members to maintain and produce the herbal medicine knowledge, herbal resources and values of social networking in community health care.

Monthly, the Simacai Herbal Network organize a meeting for members to share what they have done such as taking care of HEGs and provide herbal medicines for patients, etc.

During this meeting, members also share experiences and skills in making and using herbal plants.

Quarterly, the Coordinating Board (CBO) of the Simacai Herbal Network holds a meeting in the Nan San Farmer Field Schools (FFSs) to review what have been done, achievements and action plans.

want to get the higher education, and look forward to good jobs in big cities.

Therefore, The L-VTHEN has encouraged the local network's members to create initiatives in term of how to maintain and develop the herbal medicine knowledge. One of the common strategies of the network is an encouragement of knowledge sharing among members. This has significantly enriched knowledge of the member in health treatment. For instance, around 40 herbs are being shared among members in the Hanh Dich herbal network. Moreover, the network's members also share their knowledge with villagers. For instance, healers in Pom Om village, Hanh Dich commune regularly organize on-site training herbal medicine knowledge for 19 villagers. They also organized training skills for people in 11 villages of Hanh Dich commune in collecting herbal plants in sustainable ways.

In other hand, The L-VTHAN also encourages young people to study herbal knowledge via their direct involvement in the local networks. Every network's member such as Hanh Dich (Black Thai), Simacai and Long Lan (Hmong) has involved young peoples. Members of the Simacai herbal network have further transferred their knowledge and skills for minority youths who are studying in the Nan San Farmer Field School. They organized to give practical lectures for students in term of using herbal plants for animal disease treatments. As a result, students are equipped of basic knowledge and skills in making herbal medicines for human, crops and animals. So that, the herbal medicine knowledge will be important of the students' implication into their farms after they graduated.

One of the findings is that the herbal medicine and traditional handicraft network almost share the common value. Almost plants for dyeing natural colors are herbs, and ver. as. Therefore, the two networks regularly organize on-site exchanging with the purpose of enriching knowledge for both thematic networks. This is also seen as a strategy to raise community awareness in term of maintaining local knowledge for livelihood enhancement and cultural-biodiversity preservation.

Between traditional healers in different minority groups

Each minority group has its own values and knowledge in using and preserving herbal plants for health care treatment. So that, The L-VTHAN encourages members from the different groups to share their knowledge in using herbal plants. This aims to enrich knowledge and value of herbal medicines not only in their community, but society at large. Therefore, the network set up schedules for sharing and exchanging knowledge at all levels from village, commune, region, national and trans-national.

By this way, their skills in term of coordination and facilitation for networking are further getting enhanced gradually. The Lao-Viet Coordinating Board which incorporates representatives of the regional and national networks are now confident to facilitate local

In July 2007, The L-VTHAN has organized a survey of herbal plants in Hanh Dich commune, Que Phong District, Nghe An province, and Simacai district, Lao Cai province; in December 2007 the Network continued to organized another trips for its members from Hmong, Black Thai, Lao Lum, Kho Mu and Kinh to do survey the herbal plants in Luang Prabang province, Laos. As a result, they shared among the network approximately 1,000 herbal species which could make about 500 types of herbal medicine for human, animals and crops.

From January to October 2008, the herbal network in Simacai has successfully treated for 172 patients who had different kinds of diseases and illnesses such as heart, kidney, lung, blood, etc. These patients are not only in the same village with healers, but coming from other districts like Muong Khuong, Bac Ha, Van Quan, Bao Yen, and neighboring provinces such as Dien Bien and Ha Giang provinces.

network members to implement their activities such as setting up HEGs, CHFs as well as curing patients, etc.

The LVTHEN as an alternative in community health care

While the government health care system has not yet been available in remote areas where minorities are living, activities of The L-VTHAN turn into an alternative. Patients do not have to travel for long ways to access to the government clinics or hospitals. As the poor situation, many poor families do not have enough money to have treatments in the government health care system such as clinics and hospitals. Moreover, nowadays villagers have more realized the side-effects of western medicines. So that, instead of taking western treatments, they are looking for herbal medicines which are available in their villages.

For Hanh Dich commune, values of the herbal network has had impacts upon the daily life of local people. “*My family now use medicinal herbs for drink instead of tea because it is good for health*”, Mrs Viet from Chien village said. She contended that after learning from the herbal network, she collected herbs from the forest to replace tea. Sometimes, she buys herbs from healers or medicinal orietation association. HEGs also help villagers to treat simple sickness such as headache, diarrheal, scabies, etc by themselves. Several diseases has been cured by using herbal medicine. Mrs. Hoa-a female healer from Chien village said that she cured for different patients¹² including the Thai and Kinh in the commune, other districts and provinces like Quang Binh, Ha Tinh.

¹² Son of Mrs. Đào in Khom village, Mr. Hung-vice head of border army station, and several patients from district, province used herbal medicine of Mrs. Hoa to treat their diseases.

Self-health care and self-treatment are one of the new directions of The L-VTHAN. Instead of asking for doctors or healers to treat some normal illnesses, patients are trained the way of making herbal medicine for themselves. For instance, almost families in Pom Om village, Hanh Dich commune grow herbal plants in their gardens. These herbal plants could help them to prevent and self-treat some normal diseases for human and animals. In the past, with these kinds of diseases villagers used to take western medicines.

In order to increase the effective and impact in community health care, The L-VTHEN closely cooperates with the government clinics and hospitals by several ways. First, nurses, doctors and traditional healers regularly exchange the ways of treating patients. So that, by this way the formal and traditional health care systems are integrated. Second, the network set up HEGs in the clinics. These clinics are seen as an environment for exchanging between nurse/doctors and healers, between traditional and formal methods of treatments, but the most importance is to educate patients the crucial role of herbal plants in their daily life. Further, the Hanh Dich herbal network, in cooperation with the commune clinic has set up a room which could allow an integration of the traditional and western methods in helping patients. Patients, especially women and children are now having more alternatives for health care treatments.

The LVTHEN as a strategy in land and forest decentralization

One of the initiatives of the L-VTHEN in preserving herbal plants and maintaining indigenous knowledge is to lobby the local governments to allocate rights to control and access to community forest and forestland. Currently, with the active involvement of members the L-VTHEN has managed about 252 ha of CHFs for herbal species preservation. Community herbal Forest (CHF) is mostly located in the watershed areas, so that they are richest in term of biodiversity storage. Importantly, CHFs support the concept of community forest and land, which are still new in the Vietnamese and Laos government policy which need to be upgraded for sustainable

-20 ha of Hoang Clan Forests which is managed by the customary law - 'Nao Long ceremony' of Hmong people in Simacai district, Lao Cai province;

- 16 ha of CHF of Black Thai in Hanh Dich commune, Que Phong district, Nghe An province;

- 47 ha of CHF of Hmong people in Long Lan village, Luang Prabang district, Luang Prabang province;

- 59 ha of CHF of Lao Lum in Xieng Da village, Nam Bac district, Luang Prabang province,

- 50 ha of CHF of Hmong people in Nong Het district, Xieng Khoang province;

- 30 ha of CHF of Kho Mu in Nam Kha village, Nam Bac district, Luang Prabang province;

- 30 ha of CHF of Lao Lum people in Bo Keo

In December 2007, healers from Hmong, Black Thai, Lao Lum, Kho Mu and Kinh discovered 45 special herbal plants in CHF of Long Lan village. These species could make over 200 types of herbs.

natural resource management. The CHFs are based in the different minority communities.

CHF becomes a strategy of the L-VTHEN to preserve the biodiversity of herbal species. According to a survey of the Simacai network in July and December 2007, the total herbal species discovered in CHFs is about 350; CHFs in Luang Prabang, Lao have more than 370 species in which 275 herbal plants are belonged to the CHFs in Long Lan village.

Above CHFs are not only related to biodiversity, but are storage of indigenous knowledge in herbal medicine of minority groups. For instance, with the 300 herbal species found in CHFs of Black Thai in Hanh Dich commune, Que Phong district, Nghe An province could produce around 370 different types of the herb for human, animals and crops.



The fact shows that CHFs are well managed by an integration of the customary law and government regulations. The meaning is that the value of cultural identity and practices of indigenous minorities are gradually recognized by the government and society at large. The customary law of indigenous minorities is getting more equal with the government framework. For instance, the network of healers in Simacai has applied 'Nao Long' for CHF preservation.

The 'Nao Long' is the traditional festival of Hmong in community organization for forest and crop protection. Lao Lum in Xieng Da village, Nam Bac district, Luang Prabang province, Laos have believed in the Buddhism's philosophy that human are being well protected by trees. Hence, they took that value to educate and regulate villager's behaviors towards CHF. The Black Thai and Kho mu people have both worshipped the spirits of forest. They believe in the protection of forest spirits to their life. So that, the herbal networks of Black Thai and Kho Mu have applied that values into CHF management.

The L-VTHEN has moreover tried to successfully lobby the government to legalize regulations which are set up by the local herbal networks for management of CHFs. These regulations are developed in accordance with the customary law of minority groups. However, the fact is that these customary regulations are normally effective to only villagers in that community, but not for outsiders. Sometimes, their CHFs are still cut down by people in other villages. By this way, the local herbal networks have obtained formal rights in combination with the traditional values to control and access to CHFs for long-term.

Status of herbal medicine resources of the L-VTHEN

According to the field survey of the L-VTHEN, the herbal resources are facing the challenge of quick degradation. There are several causes, as following:

The government framework not yet recognizes the community right to control and access to forest and land.

The fact is that even the Laos and Vietnamese government have policies and laws to community forest; this legal framework is still vague or sometimes is not applied in an appropriate way. At the moment, only two CHF of the L-VHEN as in Long Lan and Xieng Da, Luang Prabang province, Laos are allocated by the government based on the customary law. Even though, CHF in Hanh Dich commune, Nghe An province, and Simacai district, Lao Cai province are allocated for the local herbal networks. But, these CHFs are just only recognized by the government at commune level. These types of forest which are allocated to social organizations like herbal medicine groups are still not in the formal law of government. So that, outsiders are still coming to exploit herbal plants and do logging. The herbal networks do not have legal status to deal with this situation. In addition, there is not a legal instruction about benefit distribution for community forests.

Quick process of the replacement of native forest to hybrid ecologies causes the loss of herbal medicine species as a consequence of the massive development programs such as hydro dam, rubber plantations, mining and etc.

- ✓ The case of Hanh Dich commune, Que Phong district, Nghe An province, Vietnam: Hundreds of the native forests are threaten by small scale business companies. These companies come to buy land and forest of villagers for logging in long years.
- ✓ The case of Long Lan village, Luang Prabang province, Laos: Coffee Companies come to buy hundreds of native forest to grow coffees for 50 years.
- ✓ The case of Pha U Dom district, Bo Keo province, Laos: The government will move hundreds of Lao Lum villages as well as their traditional land, forest in order to build a massive hydro-power dam from 2007 to 2011.
- ✓ The case of Xieng Da (Lao Lum people) and Nam Kha (Kho mu people): The government set up a new economic development zone there. So that, all native forests are replaced for urbanization.
- ✓ The case of indigenous minorities in the Northern Laos: Chinese companies in cooperation with local authorities to develop mega program in term of replace native forest by rubber plantations.
- ✓ The case of indigenous minorities in the Central Highland-Vietnam. The trans-national companies are doing the massive project on mining which causes the kill of thousand hectares of native forest.

Free trading of special herbal species to big pharmaceutical companies in China, America and EU

- Herbal plant so-called 'seven leaves, one flower', and 'Qwv Qws Dev and Mis qwv qws dev' (in Hmong name) which are types of health improvement, and found only in Simacai region are quickly disappeared due to the free trading to China.

- ‘Tshuaj txuas lees’ tree (in Hmong language) which could treat vein cut and paralyses are only two left in the forest of Long Lan. This is because of the steal to transport to America.
- ‘Hoang Dang’ trees are now exhausted due to the exploitation to export to China for diarrhea treatment.

Deforestation

The Laos government has policy to exchange forest products to foreign currency as US, EURO, etc in order to gain GDP income.

Illegal logging happened in every watershed forest areas in Vietnam while the state-owned forest enterprises are rather weak to manage this forest.

The rapid increase in population in watershed areas, in which free migration and resettlement program of the government are seen as main causes, has lead to the higher pressure into the forest. People have to open more forestland for agricultural production as well as applying mono crops to earn income.

Tendency of conversion from cultural ecological aspects of herbal medicine to economic value

The fact shows that the poor increase to use western medicine, while the rich people are hunting for traditional methods of health treatment, especial rare and special herbal medicines. Therefore, herbal medicine turns into ‘luxury goods’ of the rich. This causes the conversion from the cultural ecological aspects of herbal medicine to economic value. This stimulates the exhausted exploitation of herbal plants which are rare and endangered species in the CHFs.

Status of herbal medicine of the L-VTHEN

Not yet having policies to recognize healers

Currently, there are centers for traditional health treatment in Laos and Vietnam. These centers only carry researches and collects herbal medicines of minorities in Laos. However, these two governments still do not have policy to support and recognize role of healers in health care as equal as the formal system.

Not yet having law in property right of herbal medicine

Laos and Vietnamese governments do not have any law related to property right of indigenous knowledge in herbal medicine. Laos has the law related to property right, but not specifies herbal medicine. Currently, the Laos National Assembly is discussing about the law for indigenous knowledge in herbal medicine. This law could be issued soon in this year.

Loss of prestigious traditional healers, while young people do to want to study herbal medicine

The fact shows that almost good healers are old. For instance, $\frac{3}{4}$ healers in the L-VTHEN are from 45 to 73 years old. While young people tend to move to stay at big cities. They do not really want to follow the traditional career as making herbal medicines. This could lead to the dis-generations in term of maintaining the herbal medicine knowledge.

Direction of the Lao-Viet Traditional Cultural Herbal Network (L-VTHEN)

In front with the above new appearances, the L-VTHEN's direction in the coming years shall focus on:

1. Lobbying the government to allocate more CHFs for the local herbal networks to manage and use based on customary law and indigenous knowledge of different minority groups in Laos and Vietnam. In the same time the network will encourage members to develop more HEGs to promote the strategy of self-treatment of local people, and raise awareness of herbal medicine at larger scale;
2. In cooperation with the Farmer Field Schools (FFSs), the L-VTHEN will open more practical training courses on herbal medicines for minority youths. Besides, the network will also focus on develop more manuals and curriculum for FFSs and raising public awareness about the values and knowledge of herbal medicines;
3. Lobbying the local government to recognize role of the traditional healers, members of the L-VTHEN in community health care. In the same time, the L-VTHEN will support the local herbal networks to integrate their activities into clinics and hospitals for instance establishment of herbal medicine gardens (HEGs), exchanging knowledge and skills between western doctors / nurses and traditional healers, etc.
4. Scaling up the L-VTHEN by cooperation with organizations and networks working on herbal medicines in the Mekong region. For instance, the traditional herbal network is facilitated by Center for Cultural Identity and Natural Resource Management (CIRUM); the Research Center for Traditional Herbal Medicine in Laos, Thailand and Vietnam;
5. Enhancing capacity of the local herbal networks to be more confident and suitable; so that these networks could be independent in term of self-finance for their activities.
6. Qualifying the herbal medicine treatments; so that the number of patients who would get these services will be increased. Besides, the L-VTHEN will look for the basic technologies for adding values into the herbal medicines.



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