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Introduction

The Tchaikovsky Violin Concerto is a landmark in the genre’s evolution. Initially deemed too difficult to play and too transgressive of musical norms, the concerto received vitriolic reviews. The concerto was distinctly Russian, and some criticisms of the concerto are actually criticisms of Russian nationalism, especially the finale’s repetitive Russian folk melodies. Between the concerto’s genesis and its acceptance as a classic, it was altered to produce the several versions performed today. The edits made by Leopold Auer, a contemporary of Tchaikovsky, are the best known, but no version is universally accepted as definitive. This paper considers how and why Auer edited the concerto to make it less distinctly Russian and how Auer’s less Russian, more Western version gained prominence over Tchaikovsky’s original. With the goal of an informed, cohesive performance, this paper also explores what performers today should consider in deciding to play Tchaikovsky’s original, Auer’s edited version, or a combination.

Tchaikovsky’s National Identity: Russian or Western?

Tchaikovsky’s national identity—his native country and his musical style—played a role in the composition of his violin concerto, the hostile reception, and likely played a role in Auer’s subsequent edits. However, labeling Tchaikovsky’s music as solely Russian or Western is difficult, because his composing style was caught between the two worlds. Many of Tchaikovsky’s contemporaries rejected his music as Russian. Composer Alfred Bruneau influenced the French opinion of Tchaikovsky with this evaluation: “Devoid of the Russian character that pleases and attracts us in the music of the New Slavic school, developed to hollow and empty excess in a bloated and faceless style, his works astonish without overly interesting us” (Bruneau 1903, 27–8). Indeed, Tchaikovsky did not belong to the “New Slavic School.” He was not a member of “The Five,” also called the “Mighty Handful,” nor did he adhere to the group’s ideals. The Five, comprising Balakirev, Borodin, Cui, Mussorgsky, and Rimsky-Korsakov, strove to create a Russian school of composition by combining musical nationalism and progress (Norris). Cui wrote:

Tchaikovsky, too, is far from being a partisan of the neo-Russian school; he might be more correctly described as its enemy; yet he has been unable to escape its influence, which has left visible traces in his lyric works. What is a misfortune in his case, is his inability to become an out and out adherent of either the one or the other party (Auer 1923, 219).

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¹ music refers to the study of the production and appreciation of music.
Tchaikovsky could not win. Critics in Vienna condemned Tchaikovsky’s work as being too Russian, and Tchaikovsky’s fellow Russian musicians called him an enemy of real Russian music (Knapp 2003, 230–31).

Despite what his contemporaries said, Tchaikovsky loved Russian folk music and composed with it. He described the Russian elements in the violin concerto: “So far as the Russian element in general is concerned in my music, i.e., the melodic and harmonic devices akin to folk-song, this occurs . . . because I am passionately fond of the Russian element in all its manifestations, because, to put it briefly, I am a Russian in the fullest sense of the word” (Orlova 1990, 114–15).

The difference between Tchaikovsky’s use of Russian elements and the Mighty Handful’s use was the method of incorporation. “What probably annoys the anti-Tchaikovskians is that he often developed such [Russian] material in symphonic ways they regarded as German and academic instead of merely exhibiting it in picturesque settings that left it unsophisticated” (Blom 1946, 56). One way to answer the question of whether Tchaikovsky was a Russian or Western composer is to label him as a “Russian nationalist working within Germanic forms” (Knapp 2003, 234). Despite this categorization, musicologist Raymond Knapp calls Tchaikovsky’s relationship with the intersection of these two musical traditions “troubled” and “conflicted” (Knapp 2003, 197). Scholar Richard Taruskin characterizes Tchaikovsky’s relationship with Russian nationalism more favorably, writing that Tchaikovsky’s style was “instantly recognizable as indigenous by Russians, but accessible to Westerners as ‘universal.’” Though he was Russian, Tchaikovsky drew his music and techniques from the Westernized upper class he belonged to (Taruskin 1997, 52).

Although Tchaikovsky’s fellow Russians severely disparaged him for using Western techniques when other Russian composers opposed such practices, Tchaikovsky became the common ground (Olin 2002). He operated within two musical worlds, though he did not belong entirely to either; he was imbued with his Russian essence but not bound by it. Rosa Newmarch, Tchaikovsky scholar of the early twentieth century, summarized the issue of Tchaikovsky’s nationalism best: “The reader must not expect a verdict upon this question; because it is a case in which both parties are distinctly right” (Newmarch 1908, 254).

The Compositional Process

Tchaikovsky once wrote, “To regret the past, to hope in the future, and never to be satisfied with the present—this is my life” (Tchaikovsky 1970, xiv). The history of the Violin Concerto in D Major, Op. 35, embodies these words. Tchaikovsky composed his only violin concerto in the summer of 1878 following a dismal time of his life, and he had high hopes for the piece. He was satisfied with his final manuscript but others were not.

At his psychiatrist’s behest, Tchaikovsky relocated from Russia to Switzerland after his marriage failed. Tchaikovsky’s wife, Antonina Miliukova, had been Tchaikovsky’s student at the conservatory. She had confessed her love to Tchaikovsky and insisted that they marry immediately. Tchaikovsky was homosexual; however, it is unclear.
whether or not she knew this before they married. At the time, homosexuality was illegal. Some scholars speculate that Tchaikovsky wed to squelch rumors of his homosexuality and to protect his career. Within weeks of his wedding, however, Tchaikovsky and his wife parted ways, and he retreated to Switzerland to recover from the marriage and regain his self-respect. It was at this time that he began his violin concerto (Wiley).

Composing the violin concerto was cathartic for Tchaikovsky; working on it helped him heal from his short but disastrous marriage. Indeed, Tchaikovsky had a habit of only working on one piece at a time, but he became so excited about writing a violin concerto that he set aside his partially completed piano sonata to compose the concerto. Within six weeks of arriving in Switzerland, Tchaikovsky had completed his violin concerto (Orlova 1990, 122).

In a letter to his patroness, Madame Nadezhda von Meck, Tchaikovsky described how he approached composing. He wrote of how carefully he revised his work once the initial composition was done.

What was written in the heat of the moment must now be checked critically, corrected, expanded, and in particular, cut down in the light of formal requirements. Sometimes one has to do violence to oneself, to be merciless and cruel; for example, by completely cutting out passages which have been conceived with inspiration and affection. (Orlova 1990, 131)

Tchaikovsky admitted that his compositions were not perfect, although perfection was his goal. His letter to Madame von Meck continued, “But I am pleased to see that I am all the same gradually making progress along the path of improvement and I passionately desire to attain the highest point of that perfection which my abilities entitle me to expect” (Ibid.). With that goal in mind, he critically examined and meticulously revised his compositions. Not only did Tchaikovsky revise extensively, but he also collaborated with another musician. Tchaikovsky was not a violinist himself, so he consulted the violinist Iosif Kotek during the compositional process (Wiley).

The Concerto’s Reception

Although many of Tchaikovsky’s other compositions achieved immediate success, his violin concerto did not. Once the violin concerto was complete, Tchaikovsky dedicated the concerto to Kotek, who refused to premiere the work. Some scholars speculate that Tchaikovsky and Kotek were in a homosexual relationship, and Kotek did not want to invite or encourage rumors (Greenberg 2000, 24).

Tchaikovsky changed the concerto’s dedication to virtuoso Leopold Auer, hoping he would perform the premiere. Auer declined the performance opportunity, saying that the concerto was too long and its technical demands were not suited to the violin (Schwarz). Instead, Adolf Brodsky performed the premiere in Vienna in 1881, three years after Tchaikovsky wrote the piece. Brodsky convinced Hans Richter, the conductor of the Vienna Philharmonic, to take a chance on the concerto, but Richter did not allow for sufficient rehearsal time. Because the orchestra did not know the
work well, the instrumentalists played *pianissimo* and without confidence (Steinberg 1998, 487). Of the “firestorm of insults,” the response of well-known critic Eduard Hanslick in the *Neue Freie Presse* was especially savage (Wiley):

For a while it proceeds soberly, musically, and not mindlessly, but soon vulgarity gains the upper hand and dominates until the end of the first movement. The violin is no longer played: it is tugged about, torn, beaten black and blue. . . . The Adagio is well on the way to reconciling us and winning us over when, all too soon, it breaks off to make way for a finale that transports us to the brutal and wretched jollity of a Russian church festival. We see a host of gross and savage faces, hear crude curses, and smell the booze. In the course of a discussion of obscene illustrations, Friedrich Vischer [the nineteenth-century aesthetician] once maintained that there were pictures whose stink one could see. Tchaikovsky’s Violin Concerto confronts us for the first time with the hideous idea that there may be musical compositions whose stink one can hear (Steinberg 1998, 487).

Tchaikovsky had great aspirations for the piece and was deeply disappointed at its reception. In his diary he recorded, “the composer can never be the judge of his own works” (Orlova 1990, 177), but he was always grateful to Brodsky—a Russian-born, Western-trained violinist—for his heroism (Orlova 229).

**Edits to the Concerto**

In addition to Tchaikovsky’s national composing style, another polarizing issue is the multiple versions of the violin concerto. Auer later championed the concerto, but he first made substantial edits that he justified as more idiomatic to the violin. Auer’s edition became the performance standard for much of the twentieth century, especially in the West. Fritz Kreisler, the Austrian virtuoso, created the other notable version of Tchaikovsky’s Violin Concerto, though it has become obsolete. Why did Auer’s version thrive while Kreisler’s faded into obscurity? Kreisler was solely a performer and did not teach his version of the concerto to students as Auer did. Kreisler said, “I did it more for my own use than for any other reason” (Applebaum 1972, 105). Auer, on the other hand, was a professor for fifty years at the St. Petersburg Conservatory, where he taught his version of the Tchaikovsky concerto to his students—Elman, Zimbalist, Heifetz, and others (Schwarz 1983, 416–17)—who concertized worldwide. In the late twentieth century, Boris Schwarz wrote that Auer’s influence on the Russian violin school “is reflected through today, several generations removed” (Schwarz 1983, 419). Auer’s version of the concerto is one way that his legacy is still felt.

Auer kept Tchaikovsky’s dynamics, tempos, and most articulations intact, but he did change pitches, rhythms, and structure. Auer’s edits can be classified into four categories:

1. Changes. Auer replaced old notes and/or rhythms with new notes and/or rhythms.
2. Simplifications or embellishments. Auer maintained the skeleton of the music but made cosmetic adjustments.
3. Octave transpositions. Auer retained the rhythm and pitch class but displaced them to another octave.


With the exception of one cut, the edits in the first movement solo part are a combination of the first three types and are decorative rather than functional. The two edits in the second movement are octave transpositions. Most of the edits in the third movement are cuts.

Performers today must decide whether to play Tchaikovsky’s original concerto, Auer’s edited version, or some combination. Auer’s most significant change is thirteen cuts in the finale, which performers should consider as a set. Taking only some cuts would create a patchy performance, confusing to audiences familiar with the movement. Auer wrote, “If the soloist is to play it with orchestra accompaniment he should have his own orchestra parts and an orchestra score, in which the cuts have been exactly entered, or else he should play in accordance with the original, making no cuts” (Auer 1925, 137). Here, Auer also acknowledged the possibility of playing Tchaikovsky’s original. Performers should consider Auer’s reasons for making cuts and the results of these changes. Two such reasons are that Auer questioned the concerto’s worth and edited based on his personal taste. One result is that the cuts make the concerto less distinctly Russian. With the goal of an informed, cohesive performance, the following sections discuss these considerations.

A Question of “Intrinsic Worth”

Auer wrote contradictory accounts of his first encounter with Tchaikovsky’s concerto and his reasons for editing it. In 1912, he wrote to the Musical Courier, “My delay in bringing the concerto before the public was partly due to this doubt in my mind as to its intrinsic worth.” The other part was that Auer thought some of the concerto was not suited to the character of the violin and would not sound how Tchaikovsky intended (Steinberg 1998, 485). In 1923, he wrote in My Long Life in Music that the concerto had “great intrinsic value” though he felt it needed revision (Auer 1923, 209). The later statement sounds “less defensive, less patronizing, and there is no hint of suppressed pleasure in the account of the bad reception of the concerto in Vienna” (Steinberg 1998, 486). Perhaps Auer’s recollections dimmed with time, or perhaps he knowingly changed his account.

Auer wrote, somewhat defensively, “I have—with Tchaikovsky’s consent and approval—deleted a few repetitions” (Auer 1925, 137). However, Tchaikovsky’s diary does not contain a record that Tchaikovsky gave Auer permission to make cuts. Within this context, Auer’s cuts undermine Tchaikovsky’s authority and experience as a composer. The edits become “overt yet silent markers of Tchaikovsky’s failure” (Knapp 2003, 232). Taking the cuts in performance today can be seen as supporting Auer’s initial judgment that the concerto lacks “intrinsic worth.”

Some violinists may want to honor Tchaikovsky by playing his original concerto. Knapp states that performing Tchaikovsky’s original with lackluster commitment
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may actually reinforce the idea that Tchaikovsky’s grasp of Germanic forms was not sound. Such a rendering of the uncut version compromises the heroic persona of the concert violinist and results in an awkward performance:

It is surely more honest, and more considerate of the performer, the audience, and the composer’s reputation alike, to leave the traditional cuts in place . . . [or at least render] an uncut performance that communicates enjoyment rather than embarrassment . . . a performance that progressively relishes, rather than impatiently endures or eliminates the . . . indulgence in these diversions that Tchaikovsky insists on before the music is allowed to push forward” (Knapp 2003, 232–33).

Regardless of whether performers agree with this description of the uncut concerto having “diversions” that impede the music’s progress, violinists should make deliberate decisions and commit to giving an energetic performance.

A Matter of Personal Taste

Auer said the concerto, even if played perfectly as written, would not sound as Tchaikovsky hoped. In discussing a particular edit, Knapp suggests in blunter terms one of Auer’s possible reasons for making changes: “More likely, he simply found the passage ugly” (Knapp 2003, 222–24). This assessment underscores Auer’s personal preferences in editing the concerto. Ultimately, Auer’s cuts are a realization of what he thought was better suited to the violin and are a reflection of his personal taste. The individual taste of performers today should play a role in which version they play. This idea is evidenced by the successful modern performances of the original and the edited versions.

Auer said his ideas on interpreting the classics were not “ironclad rules” or “uncontrovertible laws” but tentative suggestions. “Tradition is all too often only the dead letter of the law of musical beauty and not its living spirit” (Auer 1925, IX). Accordingly, Auer’s edits can be seen as his personal interpretation of a master work. Schwarz subscribed to this concept and found Auer’s cuts “none very good or necessary” (Schwarz 1983, 417). Though Auer’s version has been the standard, performers are not obligated to play his version.

Another question violinists should ask themselves is if one best version of the concerto is even possible. The individuality of the performer and the circumstances of the performance are some factors that may affect finding one best version. Auer highlighted the importance of a performer taking individual responsibility for interpretation:

In my opinion the question of musical style is one that can be considered only from a purely individual standpoint: it is not possible to determine exactly how the Beethoven Concerto or the Bach Chaconne should be played. A hundred years ago and two hundred years ago people played, and heard with other ears than those of our own twentieth century, the age of the telephone and the radio (Auer 1925, VI).

In today’s age of easily accessible digital recordings, audiences have heard Tchaikovsky’s original concerto, Auer’s edited version, and combinations of both. In the spirit of Auer’s words on style, performers should consider their performance venue and the audience’s experience with the concerto when searching for their best version.
The Abridged Finale—and Russian Character

Of the concerto’s three movements, the finale is especially Russian. A rondo with “Slavonic verve” (Wiley), the finale has at least five rustic elements make it distinctly Russian:

1. The drone accompaniment (Greenberg 2000, 24–5)
2. The initial theme on the G-string, which makes the music gritty (Ibid.)
3. An accelerating tempo (Ibid.)
4. A folk-inspired melody (Ibid.)
5. Thematic circuits (Hepokoski 2002, 442)

These five elements struck Hanslick’s delicate nose as uncivilized (Steinberg 1998, 488). Perhaps when contrasted with the works of Brahms, whom Tchaikovsky hated, Tchaikovsky’s music seems less Western and more Russian. Hanslick’s sour review of Tchaikovsky’s Violin Concerto may have been colored by a close friendship with Brahms. In fact, Hanslick vocally opposed the works of composers outside the Brahmsian style (Auer 1925, 133). Hanslick was not alone in praising Brahms; Auer, too, championed his music (Schwarz 1983, 417).

However, Tchaikovsky’s use of folk elements from his native land was not at all out of the ordinary. Brahms and others used similar techniques:

Chaikovsky is unpacking the popular ethnic tone found so often in concerto finales: a hornpipe in Handel’s Concerto Grosso in B-flat, Opus 6 No. 11, a mazurka in Chopin’s F-minor Concerto, echoes of Russian folk-dances called *naigrïshi*, of the kind popularized by Glinka’s orchestral fantasia *Kamarinskaya*, in this work of his own. . . Hanslick knew perfectly well that his much-admired Brahms wrote finales with an explicit ethnic accent. Brahms furnished his First Piano Concerto and his Violin Concerto with Hungarian finales, neither of which drops so much as a hint of reflection or irony (Kerman 1999, 57).

Thus, Hanslick’s objection seems to be more with Russian nationalism in music, specifically with Russian folk music, than with other ethnic tones.

Whether or not Auer held the same opinion of Russian folk music is not clear, though he did write that Hanslick’s venomous review was unprofessional (Auer 1923, 210). Auer asserted that Tchaikovsky was “fundamentally and essentially Slavic” and was regarded “as a really national composer” (Auer 1923, 287–88). On the other hand, Auer’s cuts in the finale detract from the movement’s Russianness by eliminating some repetitions. Whether lessening the concerto’s distinctly Russian character in this way was one of Auer’s intentions or was an effect of his edits is speculation. In this context, taking Auer’s cuts highlight Tchaikovsky’s position in no-man’s-land between the Russian and Western schools.

On the other hand, an argument in favor of taking Auer’s cuts is Tchaikovsky’s self-acknowledged weakness of form, especially too many repetitions (Knapp 2003, 230–31). Nathan Milstein, a Russian virtuoso and one of Auer’s “remarkable progeny” (Steinberg 1998, 486), described the cuts: “Auer made certain very reasonable cuts. The main one was
twelve measures in the third movement. Tchaikovsky has a short refrain repeated seven times there. If you’re listening to a recording, you might think it was stuck” (Milstein 1991, 215). Knapp agrees that Auer’s cuts “result in a tighter, faster-moving structure.”

Depending on the performance, violinists may want a faster-moving finale, though they should acknowledge that a succinct finale may not have been Tchaikovsky’s goal. Furthermore, violinists should consider how taking or not taking Auer’s cuts affects the audience’s perception of Tchaikovsky. Performers can portray Tchaikovsky as a long-winded Russian composer or as a great admirer of his homeland’s folk music.

The Performer’s Choice Today

To determine which version of the concerto to perform, violinists should merge an understanding of the historical context with their own personal, modern perspective. Performers accomplish this goal by considering the concerto’s inherent value, their own musical preferences, and the piece’s relationship with Russian nationalism. Such an approach will help performers and audiences appreciate this masterpiece, even though the concerto and composer did not initially experience this positive reception. Despite the concerto’s rocky start, Auer’s words hold true today: “The great Russian composer’s Concerto in D major has held its own in all the concert halls of the cultured world” (Auer 1925, 133–34).

My Performance

In addition to this written component, my thesis has a performance component. My senior recital took place on January 16, 2015, in the Madsen Recital Hall of the Harris Fine Arts Center at Brigham Young University. My recital included a performance of the Tchaikovsky Violin Concerto, and I played a combination of Tchaikovsky’s original concerto and Auer’s edited version. In the first movement, I played some but not all of Auer’s edits. In the second movement, I played Tchaikovsky’s original. In the third movement, I did not play any of Auer’s edits but took all of his cuts. This combination worked for me, though I may play the concerto differently in future performances.³

Further Research

The research on Tchaikovsky’s Violin Concerto presented in this paper is not exhaustive, and avenues for further inquiry are available.

During Tchaikovsky’s time, composers often collaborated with performers during the compositional process. Composer Johannes Brahms and violinist Joseph Joachim are a well-known example. If Kotek had performed the premiere, then Tchaikovsky and Kotek would have been adhering to this tradition of collaboration. How might the concerto’s reception have been different had Kotek performed the premiere? Can Auer’s editing be seen as him wanting to leave his stamp on the music? How has the composer-performer relationship evolved over time?

Other instances in music history document a performer suggesting or enforcing edits on a composer’s work. Tchaikovsky had a somewhat similar experience
with his Piano Concerto No. 1 in B-flat minor, Op. 23. Tchaikovsky asked Nicholas Rubenstein to perform the premiere, but Rubenstein insisted that Tchaikovsky make certain changes. Instead, Tchaikovsky showed the score to Hans von Bülow, who loved it. Tchaikovsky changed the dedication from Rubenstein to Bülow, and Bülow performed the premiere (Auer 1923, 207–08). This piano concerto, like the violin concerto, has become standard repertoire. Unlike the violin concerto, the piano concerto was an immediate success in Europe. One might ask if the violin concerto’s reception in Vienna would have been more favorable had Auer performed the premiere?

Other considerations involving nationalism provide more research opportunities. For example, what qualifies certain music as “Russian” beyond the citizenship of the composer? Who decides if music is truly Russian or not? When preparing the Tchaikovsky Violin Concerto for performance, do Russian violinists approach the concerto differently than Western violinists? Are there schools that suggest only Russian performers can give authentic performances of Tchaikovsky’s Violin Concerto?

Performance tradition of Tchaikovsky’s Violin Concerto in the twentieth century, especially in the Soviet Union, is another promising research topic. Nathan Milstein asked virtuoso David Oistrakh why he did not take Auer’s cuts. According to Milstein, Oistrakh replied patriotically, possibly because of “the pressure of the totalitarian state on artists.” Stalin liked Tchaikovsky’s realist music that appealed especially to the lower classes, and Stalin disliked Auer’s “bourgeois” version, which he called “a hostile attempt to deform a great classic” (Milstein 1991, 215). This attitude in the Soviet Union persisted beyond Stalin’s era, but the Internet’s ability to share recordings worldwide has since blurred some national boundaries and expanded performance opportunities. Studying the evolution of Russian opinion in the twentieth and twenty-first centuries could further enhance the modern performer’s understanding of Tchaikovsky’s Violin Concerto.

The concerto’s reception history in countries also provides opportunities for further research. The Tchaikovsky Violin Concerto was warmly received in the United Kingdom and the United States. How did the performance locations affect the concerto’s reception?

As part of my graduate work next year, I plan to research Britain’s response to Tchaikovsky’s concerto and Auer’s edits. Most research focuses on German and Russian violin traditions, but the unedited concerto was performed in London shortly after the Vienna premiere, and Britain was an early champion of Tchaikovsky’s work before much of Russia. This topic is especially intriguing given the intense Anglo-Russian geopolitical rivalry in the late nineteenth century and the unmistakably Russian character of the concerto. London conservatories house extensive research resources, including original British concert programs and reviews.

NOTES

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and inspiring me to learn difficult repertoire, and encouraging me to find meaning in music. Lastly, I want to thank my indefatigable parents for continually reminding me that my goals are worth pursuing.

2. (Note: these examples can be viewed at https://www.youtube.com/watch?v=Gcdnyt2pYW0&list=PLeI7eSwmhDfJnIZmGMYdH22G10cUY_1&index=5.)

3. My performance of the Tchaikovsky Violin Concerto at my senior recital can be viewed at https://www.youtube.com/watch?v=1Wn5QM-92zs.

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Legacies of Colonialism in the Transnational Liminality of the (In)visible Brazuca: Emerging Identities in Latino/a America

by Gustavo Pinto, history

“‘Hegemony’ be will not the majestic unfolding of an identity but a response to a crisis.”¹

—Ernesto Laclau and Chantal Mouffe, Hegemony and Socialist Strategy Towards a Radical Democratic Politics

The political economic systems of the U.S. culminated in its subsequent expansion and Latin American (neo)colonization. Philosophies of free market enterprise and opportunistic democracy rely on a system of labor exploitation by providing historically problematic ideologies of justification for its continued existence. The survival of this economic structure of exploitation demands a colonial presence, and as a result of proximity, Central America and the Caribbean proved to be the first Latin American regions to experience direct military action from the U.S. under the guise of benevolent occupation.² Mining, agriculture, and transportation of goods provide perennial riches and a sole purpose of Latin American existence in a world of industrialized global Western dominance.

At the end of the Spanish-American War northern Latin American and south-eastern Asian territories were under U.S. “ownership.”³ In addressing a delegation of Methodist churchmen in 1898—specifically regarding the newly acquired Philippines—the following remarks by then U.S. President William McKinley accurately depicts the intricate nuances of discrimination that the colonizer’s conscience constantly imposes on the institutionalized systems of oppression in formidably established power structures:

I thought first we would take only Manila; then Luzon; then other islands perhaps also. I walked the floor of the White House night after night until midnight; and I am not ashamed to tell you, gentlemen, that I went down on my knees and prayed Almighty God for light and guidance more than one night. And one night late it came to me this way—I don’t know how it was, but it came: one, that we could not give them back to Spain—that would be cowardly and dishonorable; two, that we could not turn them over to France and Germany—our commercial rivals in the Orient—that would be bad business and discreditable; three, that we could not leave them to themselves—they were unfit for self-government—and they would soon have anarchy and misrule over there worse than Spain’s was; and four, that there was nothing left for us to do but to take them all, and to educate the Filipinos, and uplift and civilize and Christianize them, and by
God’s grace do the very best we could by them, as our fellow-men for whom Christ also died. And then I went to bed, and went to sleep, and slept soundly.⁴

Although not directly addressing control over Latin America, this sentiment still captures the racist tendencies incessantly utilized as justifications for U.S. imperialism. Viewing these wretched of the earth⁵ as “unfit for self-government” reiterates the antiquated noble savage narrative of requiring a radically brutal method of “civilization.”⁶ The absence of a European colonizer allows the U.S. to penetrate and exploit the proven wealth of a newly independent Latin America without the inconvenience of immoral consciousness, thus ensuring the continued existence of colonialism’s archaic and oppressive structures of power. This (post)colonial imperialism of the U.S. created the foundations for hegemonic dominance in the governments and cultural societies of all Latin American countries.⁷ Weakened by the structural decay of centuries of Iberian colonization and ensuing U.S. exploitation, Latin America remains in a perpetual state of (neo)colonial liminality. The wealth that generated the power of the “land of the free” was entirely gained by military conquest, CIA coups, hegemonic dominance, and economic enterprise. This ambiguously construed exploitative history is the reason Latino/a America exists today.⁸

Historiography that is analytically subaltern provides a crucially proper examination of the ways in which cultural, social, and political imperialism of the U.S. has had a direct impact on the creation of emerging ethnic subgroups and the idiosyncrasies circumscribing contemporary Latin American transnational discourse. Beginning with the history of U.S. imperialism in Latin America, this paper will examine the recent phenomenon of Brazilian migration to the U.S., the (in)visibility of this group, and the arduous search of a coherent metaphysical identity amidst the postcolonial turmoil of an ambivalent latinidade.

U.S. Imperialism in Latin America

“When global government is conducted in terms of coercive conditionality, it is difficult to enter into equitable negotiations with one’s allies or one’s enemies.”⁹

—Homi K. Bhabha, The Location of Culture

The imperialism of the U.S. in Latin America began with the latter’s declarations of independence from its Iberian colonizer(s).¹⁰ The following quote by Thomas Jefferson exposed the opportunistic utilitarian view that the anglo¹¹ rulers of the U.S. had toward their neighbors in the hemisphere: “However our present interests may restrain us within our limits, it is impossible not to look forward to distant times, when our rapid multiplication will expand itself beyond those limits, and cover the whole northern if not the southern continent.”¹² U.S. interest in the region—as indicated by its leadership—was apparent, blatant, and governmentally legitimized. As Juan Gonzalez noted, “Most U.S. presidents backed the taking of Latin America’s land. Jefferson, Jackson, and Teddy Roosevelt all regarded our country’s domination of the region as ordained by nature.”¹³ Popularity for expansion was not a contested
subject in American dialogue; however, political authority was hesitant to act with official declarations of war. Instead, during the entire nineteenth century the U.S. government decided to discreetly sponsor and support the actions and invasions of its independent citizens and corporations into Spain’s remaining colonies and Latin American republics. This increasing encroachment would eventually make the transition from neutral involvement to complete military campaign.

After Florida was purchased from Spain through the Adams-Onís Treaty, the hegemonic imposition of the U.S. and its incursion on Latin American sovereignty began with the Monroe Doctrine. Initially intended to halt the reestablishment of European colonial rule, the wording of the doctrine promoted the concept of a legitimately independent Latin America. The U.S., it seemed, was to be an ally and defender of Latin American self-governance; however, the promised continued absence of the European presence led to conditions that facilitated imperialism. As Luis Quintanilha noted:

At the time of its enunciation, the Monroe Doctrine was intended to be, essentially, a policy toward Europe; not a policy for the Hemisphere. It is only by virtue of later interpretations—that the momentous Message was gradually fashioned into a Machiavellian policy for intra-Hemisphere consumption. From a candid but commendable United States gesture against European interference, the Doctrine was turned into a ruthless axiom, utilized by Washington administrations to suite the interest of what is known as “Yankee Imperialism.” Because the Doctrine—certainly through no fault of its victims—was perverted to the point of being invoked as a justification for attacks against the sovereignty of the nations which it claimed to protect, it bulks large today as a stumbling block in the way of inter-American relations. “Paramount interests,” “Dollar Diplomacy,” “Paternalism,” “Protectionism”—in short, “Yankee Imperialism”—are slogans that have become irrevocably connected, in the minds of Latin Americans, with the words, “Monroe Doctrine.”

The reality of the Monroe Doctrine provided an avenue for the U.S. to establish an exploitative presence free of European competition. By the mid-nineteenth century, the U.S. succeeded in its first official militant experiment with colonial imperialism.

The hegemonic dominance of the U.S. witnessed its catalyst in the Mexican-American War—solidifying U.S. presence in the now colonized region. The Spanish-American War soon followed with Spain ceding control of the Philippines, Guam, and Puerto Rico to the U.S., while Cuba maintained its pseudo-independence as a puppet nation to U.S. interest. With control of the northwestern hemisphere firmly established, the twentieth century would witness the expansion of the newly formed empire of the U.S. into South America.

Discordance between the U.S. and the remaining independent Latin American governments grew during the Conference of Chapultepec, which took place from February to March of 1945. As a result of its economic resurgence and military prowess, the U.S. arrived in Mexico City “as one of the ‘Great Powers,’ so des-
igned by the Dumbarton Oaks proposals of 1944.” Tensions arose as the U.S. pressured Latin American governments to allow Western investment in order to proliferate a global economy intent on combating the expansion of communism and its proletariat ideologies of anti-capitalistic revolution. Following the implementation of the Marshal Plan in 1947, Latin American disenchantment with the U.S. began making a publicly clear presence in political life. A coalition of Latin American governments that had remained allies with the U.S. during the Second World War began lobbying for financial aid; instead, the response from the U.S. was incessant political pressure to assimilate to global capitalism, while the former Axis was literally reconstructed. In that same year, the Rio Pact was instituted and a permanent Pan-American defensive alliance was forcibly instated by the U.S. in anticipation of war with the Soviet Union. Conceived in manipulation, these impositions on Latin America set a precedent for U.S. intervention in the region, because “free-market capitalism was viewed as ‘American,’ and U.S. prosperity depended on it, at home and abroad. Any kind of Latin American economic nationalism was therefore ‘un-American,’ something to be combated.”

Influential to the construction of the Latino/a existence are the U.S. reactionary methods of forceful intolerance to decolonization movements. The success of Cuba’s guerilla revolution injected Latin America with a sense of unprecedented nationalistic self-determination. Eradicating the U.S. imperial presence was seen as a possibility, and the Latin American political landscape of post revolution Cuba was resisting en masse the hegemonic occupation of its northern neighbors with democratic appointments of nationalistic political leaders. Unfortunately for Latin American sovereignty, the U.S. supported any and all conservative minority parties who were willing to implement a capitalistic economic model that protected U.S. interests in the region, resulting in the establishment of destructively abhorrent dictatorships.

The U.S.-sponsored military coup of the Brazilian government occurred in 1964. Brazilian military officials had fought alongside U.S. forces during the Second World War, thus establishing a potentially fruitful and direct relationship with the future leadership of the Brazilian government. As John Chasteen pointed out:

The U.S. response to the Cuban Revolution put the Brazilian military on “red” alert, and the generals saw danger everywhere. To their dismay, even the decidedly unrevolutionary Brazilian president elected in 1960 pinned a medal on Che Guevara to signal diplomatic independence from the United States. This president eventually resigned, but his vice president [João Goulart], who was on a visit to “Red” China at the time of the resignation, was even worse in military eyes. Limiting his powers, they watched his every move.

This growing concern from the Brazilian military leadership achieved in reaching out to the U.S. and requesting its guidance and support for the impending coup. The “problem” with João Goulart was his previous position as labor minister.
and his presidential campaign efforts on the impoverished urban and rural working classes. Heavily influenced by the success of the Cuban revolution with its immediate focus on investment in poverty reconstruction, the established leadership of the Brazilian military began to fear Goulart might “build a revolutionary coalition of workers and peasants,” in conjunction with the steady emergence of the landless peasant leagues of northeastern Brazil. With the aid of U.S. Ambassador John M. Cabot, an intimidating off-shore presence from the U.S. Navy all but assured the coup d’état of the Goulart administration. The establishment of the military government inspired Cabot to describe the U.S. intervention as “the single most decisive victory for freedom in the mid-twentieth century.”

The resulting years of the infamous military dictatorship was met with incredible resistance—that eventually ended as a result of massive public demonstrations and protests in 1985. Prominent Brazilian artists and musicians such as Gilberto Gil and Caetano Veloso voiced their political resistance with leftist lyrics and political demonstrations that were critical of the military dictatorship—resulting in European exile for Gil and Veloso. This resistance, however successful, did not mitigate the consequences of U.S. hegemony in Brazil. Ernesto Laclau affirmed that after Venezuela, accompanied by Argentina and Mexico, Brazil has served as the most important area of investment in Latin America for the United States. Mica began being mined extensively by U.S. corporations, their products began showing up in stores, U.S. programs dominated television, and ideals of “modernity” extended its subversive presence in all aspects of Brazilian society. The “Americanization” of Brazilians occurred before migration began.

Brazilian Immigration to the U.S.

“But we Chícanos no longer feel that we need to beg entrance, that we need always to make the first overture—to translate to Anglos, Mexicans and Latinos, apology blurring out of our mouths with every step.”

—Gloria Anzaldúa, Borderlands/La Frontera: The New Mestiza

A global economic crisis, coupled with the devastating military dictatorship and continued northern hegemony, led to consequent Brazilian migration to the U.S. during the 1980s. Bernadete Beserra addressed the issue of class with regard to the economic crisis when she wrote, “Like in many other countries affected by the restructuring of the global economy in the late 1970s, the succeeding crisis years of the mid-1980s considerably worsened the position of Brazil’s middle class, which from that time on started to rely on international migration as an alternative to maintain its class position.” Beserra’s comments exposed the recent creation of the Brazilian middle class. In a neocolonial society with a history of the most slaves ever transported to the Americas, the genocide of a people that are universal distant relatives, and an economic system bred by feudalism, any opportunity to escape from such depressing conditions were taken advantage of. As Franklin Goza further established, “The inability of Brazilian leaders to adequately cope with the
The macro level situation meant that many important micro level decisions had to be made within the affected middle class households. The historic combination of degrading colonialism and U.S. imperialistic presence resulted in the significant migration of Brazilians; a phenomenon that has become a stereotypically traditional marker for Latin America. These newly ascended Brazilians enjoyed a sense of privilege for the first time, and North American migration served as a solution to prolong that experience.

Massive migration movements often adopt dangerous and risky methods of adherence. The Brazilian’s usual method for obtaining entrance to the U.S. was through commercial flight by acquiring tourist visas and not complying with its expiration date. In a discussion on the figures of Brazilian immigration through feigned tourism, Goza observed:

In 1981, 115,609 Brazilians were issued U.S. nonimmigrant visas. Although that figure represented only 1.6 percent of the worldwide total of such visas, it was sufficient to make Brazil the number ten recipient of U.S. nonimmigrant visas. Although some fluctuations were observed... the general trend was for the number of nonimmigrant visas issued to Brazilians to increase.

By the end of the decade, the number of nonimmigrant Brazilian visas issued was at a steady rate of over 265,000. Brazil had become the fourth-largest recipient of such visas, putting the number of Brazilian “tourists” to the U.S. well over one million.

With an established history of two decades of successful Brazilian migration to the U.S., the new millennium witnessed an increasing desire of lower class migration to the north; however, institutionalized classist discriminatory practices of the U.S. immigration services essentially rendered lower income Brazilians perennially unable to obtain tourist visas. The Brazilian middle classes experienced similar difficulties as the consequences of a heightened national security crisis in the U.S. created an atmosphere of hostility toward all foreign visitors of color. With increased awareness toward South American undocumented migration, U.S. airport officials specifically targeted Brazilians with probing questions about their stay in the country and detained many who did not pass this intrusive inspection.

Stringent visa requirements were implemented, which increased the difficulty of an already arduous task, resulting in potential immigrants pursuing more clandestine options. The most common of these tended to be through Mexico via the use of a guide called a coyote.

Utilization of coyote services was a form of ultimate desperation, as it required an exceptionally larger investment of time and financing. To mitigate the burden of the Mexican route, groups of friends and family members already living in the U.S. contributed and assisted in financing the expedition through the border. As Maxine Margolis noted:

When the new immigrant arrives and finds work, he—and it is usually a he—begins repaying the amount he received to come to the United States. The system
not only helps new immigrants pay off their debts and start saving for the return home, it also eliminates potential threats from coyotes to turn them over to immigration authorities if the debt is not paid in a timely manner. Finally, members of the group help newcomers to find work so that they too can begin contributing to the fund to finance other Brazilians who want to emigrate.\textsuperscript{63}

This system demonstrated the ability for potential ethnic solidarity among the Brazilian-American population, and also solidified the accreditation of such a treacherous method of U.S. entrance. Immigrants who chose this route profited from an unexpected loophole in American law.

A category for undocumented immigrants at the U.S.–Mexican border exists called “other than Mexicans,” or OTM.\textsuperscript{64} People who are not Mexicans are prohibited from being deported to Mexico and must be sent to their country of origin; per contra, space in U.S. detention centers was sparse, resulting in the vast majority of detainees being issued a summons to appear in court at a future date.\textsuperscript{65} Margolis explained the summons procedures these detained OTMs would engage in:

\begin{quote}
Upwards of 98 percent of those so detained, however, never showed up. Once Brazilians learned of this procedure, that is, that if they were stopped they would be let go after being given a court summons and could then travel to their final destination in the U.S., many purposely allowed themselves to be caught by the Border Patrol.\textsuperscript{66}
\end{quote}

Migration through the Mexican border proved to be relatively safe without the tremendous threat of immediate deportation. As a result, in the first eight months of 2005, over 31,000 Brazilians crossed the Mexican border.\textsuperscript{67} Trailing behind Mexico, Honduras, and El Salvador, Brazil became the fourth-largest presence of undocumented border crossings.\textsuperscript{68} U.S. government officials noticed this influx of undocumented Brazilian border migration, and Washington reacted accordingly. By the end of 2005 and at the commencement of 2006, a “rapid removal” program was instated with Mexico—under incredible U.S. pressure, which imposed a visa requirement for Brazilians.\textsuperscript{69} Detention of Brazilian border crossings decreased in rapid dramatic fashion, and President George W. Bush issued the following remarks:

\begin{quote}
We’re . . . pursuing . . . common-sense steps to accelerate the deportation process. . . . We recently tested the effectiveness of these steps with Brazilian illegal immigrants caught along the Rio Grande Valley of the Texas border. The effort was called Operation Texas Hold ‘Em. It delivered impressive results. Thanks to our actions, Brazilian illegal immigration dropped by 90 percent in the Rio Grande Valley, and by 60–50 percent across the border as a whole.\textsuperscript{70}
\end{quote}

Although this limited Brazilian immigration to the U.S., an estimated population of over one million Brazilian-Americans had already solidified its American presence. The first generation of immigrants had arrived, and the establishment of identity was an issue.
Brazuca Invisibility and Identity

“The ‘adoption’ of American ideas and behaviors is less a matter of chose and more a matter of imposition.”

—Bernadete Beserra, Brazilian Immigrants in the United States: Cultural Imperialism and Social Class

The numbers of Brazilian-Americans, or Brazucas, are an estimated 1.1 million. This figure is evidenced from the reliable information of Brazil’s Ministry of Foreign Affairs—not U.S. records. In fact, the 2010 U.S. Census only recorded an estimated 371,529 Brazilian-Americans. The over 700,000 unaccounted Brazilians, in the U.S. records, indicates both an invisible existence and an incredibly high rate of undocumented. In regards to invisibility, Margolis observed:

Despite the high percentage of undocumented individuals in the Brazilian community, the U.S. Department of Homeland Security’s estimates of the resident unauthorized alien population do not place Brazil in the top 20 countries of origin, thus implying a resident population of fewer than 30,000 undocumented Brazilians in the entire country. Perhaps there is something to be said for invisibility!

Not only does Brazuca invisibility perpetuate historical feelings of colonized inferiority, but it also exposes the discursive narratives of Latino/a identification. Faced with the prospect of what Homi K. Bhabha would describe as institutionalized categorizations by Western systems of authorization, Brazucas are forced into a combination of exoticization and Latinization.

Since the commencement of the 2000 U.S. Census, Brazilians have been specifically excluded from identifying under the Hispanic/Latino/a umbrella. Of course, this definition can hardly be considered authoritative, and has proven to contradict the ethnic identity that many Brazilians incorporate. That being said, the definition the census proclaimed does provide some insight into the liminality that permeates the Brazuca experience.

In the late 1980s and early 1990s, Brazilian authors began writing about the immigrant experience in the United States. A literary movement called “Brazuca literature” was among these first-generation Brazilians, along with the birth of the term “Brazuca” as a Latino/a subgroup category distinction. The artistic content of this literary movement provided insight into Brazuca identity. Of particular interest is the discursive nature these Brazuca authors depicted their Brazilian characters. Often unwilling to accept the reality of their latindade, these Brazilian characters tended to proliferate, and to some extent adopted, the racist narratives of this new American society. As Tosta indicated:

For Brazilians, nationality is a strong indicator of ethnic composition and cultural identity. The Brazilian people see themselves as unique, singular, which also explains how difficult it is for them to accept being included in other groups. Unfortunately, while attempting to differentiate their identity and, perhaps, avoid discrimination, Brazilians have also generated prejudice.
Tosta then quoted instances of Brazilian prejudice and, in some cases, blatant ascerbic racism toward other Latino/as in Brazuca novels. Unfortunately, scenes of racist antagonism in Brazuca literature tend to be void of critical analysis and are simply depictions and recreations. Although Brazuca literature incorporates racist depictions of other Hispanics, there is still tremendous value in these texts as they can provide a necessary narrative to the liminal interstices of the Brazuca, while simultaneously depicting the problematic reality of inter-Latino/a discrimination.

For example, 46th Street: O caminho americano by Luiz Alberto Scotto, is a powerful Brazuca novel and provides an intensely disorienting postmodern deconstruction of the Brazuca experience. While providing a much-needed sense of identity, 46th Street also engages in hostile prejudice toward other Latino/as. In one scene, a Mexican porn shop worker is depicted as a monster by espousing traditional racist tropes of physical appearance. In another scene, a Brazilian researcher observes his Peruvian colleague as inferior. As Tosta noted, “Although these texts separate Brazilians from the Latino group, as they reveal the Brazilian prejudice against Hispanics, they also place them in that community, as they acknowledge and even stress the similarities between the Brazucas and other Latinos.”

What we are left with is the manifestation of what Homi K. Bhabha would describe as the “ambivalence of colonial discourse.” Oppressed minority groups—in this case Brazilian-Americans—living in the metropolis can engage in problematic behavior as a method of combating their discriminated existence. Tosta articulated:

As a new group of immigrants, Brazilians are struggling to find and conquer their own space. However, this should not occur at the expense of the Hispanics. . . . By appropriating stereotypes already existent in American society and using them as a mark of difference against the Hispanics, Brazucas consequently perpetuate the ideology of the dominant class, which favors only those who are in power and targets the maintenance of the existing social structure.

By attempting to assimilate into American society, Brazilian adoptions of the problematic ideologies of the “dominant,” and indeed white, classes are ironically worsening their marginalized existence within society. The inability to express Latino/a identity, an ideology that permeates first-generation Brazilian scholarship, stem from recognition of the historically discriminated experience of Latino/as in the United States. Being identified as exotic is seen as preferable to the latindad option. Gustavo Ribeiro expounded upon these exoticized stereotypes that Brazilians are obligated to perform:

It is a little anti-climactic for an anthropologist doing research abroad on people from his country to find that in the end national identity is reduced to its most stereotypical expressions: carnival, feijoada [a traditional dish in Brazilian cuisine], capoeira [a form of martial art with dance elements—both of African origin], samba, soccer, and not the least G-string bikinis.

A culture of nationalism found in the U.S. with regard to newly formed immigrant groups, stemming from the receiving society’s ignorance, placates the ambiva-
lent reality of acculturation. Second-generation Brazilians, however, have been raised in an American society that categorizes them as Latino/as, and—as the general trend indicates—they are embracing this identity.\textsuperscript{36, 37}

Gender also plays a significant role in the formulation of a Brazuca identity—commencing in the colonizing effects of exoticization. As Beserra explained:

In the case of the European exoticization of America, or U.S. exoticization of Brazil, the characteristics around which fantasy develops always converge on a primitivism already surpassed by the observer’s civilized or fully developed societies. In this specific sense, although the most common, exoticization no longer represents a preference of otherness over likeness—as the etymology of the word suggests—but rather a deformed representation that facilitates and justifies domination. In other words, the relationship between the exoticizer and the exoticized as developed by the Western world is delimited by a broader one, that between the colonizer and the colonized.\textsuperscript{98}

Establishing exoticization as a colonial construct, Beserra further explained its specified gendered implications:

The masculine cast of the colonizer tends to further exoticize the colonized along gendered lines. Memmi, Fanon, Sinha, and others have discussed the feminization of colonized men in the depictions of the colonizing powers. In order to stress the power and the need of the intervention of the colonizer, colonized men are either out of the picture or feminized. Exoticization of Brazil . . . is heavily concentrated on exoticization of Brazilian women, which explains why . . . they alone bear its burdens.\textsuperscript{98}

The marginalized existence of the Brazuca woman is bred in the exoticized constructions of an intensely perverse patriarchal structure of colonizing dominance. Exoticization of the Brazuca is achieved in the “emasculación” of the male, promoting homophobic tendencies through the implementation of sexist ideologies. As a result, “Brazilian women have become commodities in the international market of cultural and sexual exoticism.”\textsuperscript{100} This subversive promotion of rape culture was achieved through Hollywood’s problematic depictions of Carmen Miranda as the homogenizing tropical Latina. From this perspective, the oppressive stereotypes imposed on Brazuca communities are specifically gendered creations of the patriarchal neocolonial system that is maintained by American hegemony. Indeed, the exoticization of the Brazilian woman is one of the more pronounced forms of oppressive discrimination facing Brazucas. The relatively short history of the Brazilian-American accentuated the absence and need for more critical feminist theory in Brazuca scholarship.\textsuperscript{101}

Another area of interest in the Brazuca identity is the situation of its queer communities. The Brazilian Rainbow Group, in New York City,\textsuperscript{102} is an “organization that advocates for Brazilian and Portuguese-speaking lesbian, gay, bisexual, and transgender people.”\textsuperscript{103} With an estimated population of 350,000 Brazucas in the New York metropolitan area,\textsuperscript{104} the Brazilian Rainbow Group advocates and creates an invaluable voice in establishing and vocalizing the concerns of queer Brazucas by urging
existing LGBTQ networks to provide health care and general safety information in Portuguese.\textsuperscript{105} The Brazilian Rainbow Group has also provided important intrinsic criticism of the Brazilian community. Eryck Duran, president of the Brazilian Rainbow Group, said, “The result of internalized isolation within the Brazilian community leads many immigrants to suffer from feelings of loneliness and low self-esteem.”\textsuperscript{106} Playing host to an academic conference where the term “Brasophobia” was coined,\textsuperscript{107} this queer group has provided insight to the structures of abusive conflict that enrapture Brazuka culture.\textsuperscript{108} As beneficial as the Brazilian Rainbow Group is to the Latino/a community, it cannot remain the lone Brazuka voice.

**Thoughts from the Poetically Militant**

“The commodity is the economic cell of capitalist society. So long as it exists its effects will make themselves felt in the organization of production and, consequently, in consciousness.”\textsuperscript{109}

—Che Guevara, *Socialism and Man in Cuba*

Threats of increasing economic turmoil in Brazil,\textsuperscript{110} coupled with the ever-present social stratification in Brazilian society, indicate that the current migration trends are likely to be maintained, if not increased. Latin America’s Iberian colonial past—succeeded by its coterminous American replacement—is creating diverse immigrant groups, such as Brazucas, that will continue to change the demographic makeup of the metropolis. Diverse postcolonial, feminist, and queer experiences are being brought into America; forcing a recognition of the multilayered drastic effects of neocolonialism administered through current hegemonic imperialism. The following passage from Ernesto Guevara’s diary while traveling through Latin America exemplifies the reality of our subconsciously complicit actions to the oppressive power structures we live in:

I also know—and this won’t alter the course of history or your personal view of me—that you will die with a clenched fist and a tense jaw, the epitome of hatred and struggle, because you are not a symbol (some inanimate example) but a genuine member of a society to be destroyed; the spirit of the beehive speaks through your mouth and motivates your actions. You are as useful as I am, but you are not aware of how useful your contribution is to the society that sacrifices you.\textsuperscript{111}

This rather acerbic and unsettling critique of the individual collectivity that is participating in conjunction with hegemony promotes the continued interstitial existence of the (neo)colonial phenomena. The emergence of the Brazuka in U.S. society requires further study and analysis, as this contributes to the establishment of innovative postcolonial, cultural, feminist, queer, and transnational theory. By creating reconstructions of decolonized narratives among institutions of legitimate power, a more coherent and collective resistance emerges, ultimately influencing positive modifications of the status quo that is hegemonic imperialist dominance and Latin American exploitation.
NOTES


3. Ibid.


5. Here, the phrase “wretched of the earth” is used affectionately and is a reference to Franz Fanon’s seminal work of the same title.


11. The word “anglo” is used to emphasize the resistance to any attempts at a “post-racial” discourse.

12. Gonzalez, Juan, Harvest of Empire, 27; an indication at the nuance surrounding the mutually coherent Portuguese and Spanish American colonial structures.


15. Ibid.


17. Ibid., 37–9, 42.

18. Ibid.


21. Ibid.

22. Ibid., 28, 53, 56–7, 58, 60, 83.

24. Ibid.

25. Ibid.


27. Ibid., 262.

28. Ibid.

29. Ibid., 263.

30. Ibid.

31. Ibid., 286–96.

32. Ibid., 255–79.

33. Gonzalez, Juan, *Harvest of Empire: A History of Latinos in America*, 60–8, 73–8; Chile’s Augusto Pinochet and the Dominican Republic’s Rafael Trujillo among the most notable.


35. Ibid., 290.

36. Ibid., 290–91.

37. Ibid.

38. Ibid., 291.

39. Ibid.

40. Ibid.


47. Ibid., 9.


49. Ibid., 1–80.


54. *Ibid*.

55. *Ibid*.

56. Maxine Margolis, “Brazilian Immigration to the United States: Research and Issues for the New Millennium.” In Jouët-Pastré and Braga, 357, “[. . .] because poorer Brazilians have more difficulty getting tourist visas, it is said that “the law of three suits” operates among American consular offices in Brazil. If a would-be tourist has the same suit on in his passport and visa pictures and during his visit to the U.S. Consulate—rather than three different suits—this means he is poor and really intends to immigrate, not just visit—and so is denied a visa.”

57. Goza, Franklin, “Brazilian Immigration to North America,” 139.

58. *Ibid*.


68. *Ibid*.


72. These are population figures as of 2008 according to the information provided by Brazil’s Foreign Ministry Department.


74. 2010 U.S. Census.

76. Beserra, Bernadete, *Brazilian Immigration to the United States: Cultural Imperialism and Social Class*, 3, quoting from Henfil, a famous Brazilian political cartoonist, “In Brazil, this was already stifling; it already made me into a second-class person. Imagine here [United States]. I feel second-class in relation to other men, to other women, to dogs, and to lampposts.”

77. Bhabha, Homi K., *The Location of Culture*, (Routledge, 1994), 129.


80. Every piece of scholarship that has been researched for this paper concerning Brazilian-Americans indicates and promotes the categorization of Brazucas as a Latina/o subgroup.


83. Ibid.

84. Ibid., 580.

85. Ibid., 581.


87. Ibid., 16.

88. Ibid., 49.


90. Bhabha, Homi K., *The Location of Culture*, (chapter titled *Ambivalence of Colonial Discourse*)


94. Ibid.


96. Fritz, Catarina, *Brazilian Immigration and the Quest for Identity*, 50–6.


99. Ibid., 65.
100. Ibid., 66.


104. Itamaraty, Divisão de Assistência Consular, 2005.


106. Ibid.

107. Margolis, Maxine L., *An Invisible Minority: Brazilians in New York City*, 34, provides an example of Brasphobia in immigrant relations, “Newly arrived, unseasoned immigrants are sometimes exploited, or at least ignored, by their compatriots who migrated earlier. For example, I was told that old-timers in New York’s Brazilian immigrant community do not help newcomers with advice about jobs and housing, “they just pass along the suffering.” They are loathe, claim their critics, to assist “green-horn” Brazilians, seeing them as a potential source of future competition. Further evidence of the split between old and new immigrants comes from reports that more experienced immigrants sometimes demand that their newly arrived countrymen and women pay them “finder’s fees” for telling them about available jobs.”


110. Paulo Sotero, “Decision Time in Brazil, and it is Not About the World Cup: After Three Decades of Change, Now Comes the Hardest Part,” *Brasil Beneath the Surface*, lecture series at BYU Kennedy Center, 7 March 2014.


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Introduction

Nongovernmental organizations (NGOs) increasingly conduct most of the humanitarian efforts and international development activities worldwide, particularly in Sub-Saharan Africa (Stock 2012). In 1988, between 8,000 and 9,000 NGOs were operating across the entire continent of Africa, but seventeen years later 99,000 NGOs were registered in the single country of South Africa (Igoe 2005). The number of NGOs operating in Sub-Saharan Africa has continued to increase significantly over time (Hearn 2007). The surge in the number of NGOs has been paralleled by a spike in funding channeled through NGOs (Siddequee and Faroqi 2009; Hudock 1999). With large amounts of money and other resources flowing through NGOs, methods for maximizing the effectiveness, accountability, and fiscal integrity of NGOs require exploration and evaluation.

Unfortunately, research on NGO accountability and integrity has not kept pace with the expansion of NGOs (Bilodeau and Steinberg 2006; Lecy 2012). The lack of reliable research regarding the efficiency of NGO projects is widely known (Klein 2004). This stark contrast between the rapid increases of funding provided to NGOs and the limited research available about NGOs’ fiscal practices has led specialists to question the integrity of such programs (Spar and Dail 2002). Increased academic inquiry on the dynamics of NGOs will improve their efficiency and indirectly lift the burden of poverty in developing countries.

Review of Literature

Research in international development seeks to answer many fundamental questions, but one of the most salient asks “What outcomes have resulted from the transfer of $4.6 trillion U.S. dollars (2007 estimate) to developing countries in the name of international development since 1960, given the persistence of major challenges?” (Bauer 2000; Easterly 2012). Scholars point to evidence suggesting that foreign aid has hampered the economic progress it intended to foster (Moyo 2009). Although many academics defend the humanitarian methods of the past (Addison et al., 2005; Sachs and Warner 1999), the question remains: How can NGO practices better enable local development and minimize adverse side effects, such as the use of donated humanitarian resources for personal gain?

Many of the obstacles faced by the development sector are rooted in the susceptibility of NGOs to corruption. Unlike commercial programs, NGOs have no profit

Opportunism in Ugandan NGOs: A Randomized Field Experiment

by Eric Reuben Smith, neuroscience, Abigail J. Christiansen, political science, and Timothy B. Smith, professor of psychology, BYU
margin to inspire internal accountability and subsequent efficiency. This dynamic may contribute to NGOs having, on average, less robust anti-corruption policies in comparison to businesses of equal size (Helmer and Deming 2011). Although competition in the corporate world serves to weed out inefficient entities, causing a healthy renewal of the market, such a phenomenon is not replicable with NGOs (Burger and Owen 2013). Struggling for survival, weaker NGOs can place undeserving attention on fund-raising efforts, losing focus on the original outcome of community development (Okten and Weisbrod 2000). Persistence in dissatisfactory service delivery also occurs, as NGOs are held responsible to the donor and not to the consumer (Kilby 2006). Unlike for-profit organizations, NGOs are not subject to overarching regulation or professional codes. Most NGO initiatives are not quantifiable, making accountability difficult to monitor (Fowler 1991). With increasing competition between NGOs, funding can easily be diverted away from target communities to advertising efforts or “local awareness campaigns” (Rose-Ackerman 1982; Okten and Weisbrod 2000). Even mathematical modeling suggests that corruption in NGOs increases with heightened competition (Aldashev and Verdier 2010). Understanding the limitations of NGOs in accountability may cause sponsors to prematurely dismiss their role in development.

Although the involvement of NGOs presents difficulties, their role in enacting change should not be ignored. In trustworthy NGOs, quality service can be prioritized above maximized profit margins (Aldashev and Verdier 2010). Unlike international corporations, NGOs are largely immune to labor rights violations, and a strong civil society can stimulate economy and improve social capital (Fukuyama, 2001). Usually situated in uneducated and underserved communities, NGOs recruit local and foreign professionals who are better equipped to represent community interests and positively influence legislation (McGann 2004). In fact, researchers suggest that coalitions of NGOs under government contract can increase government accountability (Zyl 2014). In support of these theories, Tusalem found a correlative relationship between legislation protecting human rights and the strength of civil society across various countries (2012). A strong NGO sector has also been linked to increased democracy (Scholte 2002). NGO activities can contribute to international development, but they need to enhance the efficiency of their resources.

Better implementation of accounting principles will help NGOs overcome inefficiencies and reach their full potential as change agents. Improving transparency in NGOs should be held a priority for international actors, including those close to home. Humanitarian organizations with headquarters in the U.S. rank below average in transparency and selectivity (Easterly et al., 2012). Keeping strict records of financial transactions will improve the reputation of NGOs and result in both increased efficiency and donations. It is essential that full disclosure of accounts must be available to those empowered to make changes or transparency is undermined (Yu et al., 2012; Peixoto 2013). If true transparency is required by the source of funding, it will improve development.

One example of incomplete financial disclosure is found in the drafting of project budgets. Generally, donors are removed geographically from the developing
areas and are unaware of cost differences. Thus, corrupt NGO management can easily exaggerate project bids and divert excess funding to personal gain. As NGOs are inherently vulnerable to corruption, it stands to reason that opportunism is one of the methods implemented by project managers maximizing personal gain over institutional efficiency.

Motivation to inflate bid sizes may be associated with multiple factors, not merely self-interest. Many NGOs, especially newer and less established ones, depend on inconsistent sources of funding (Fischer and Levy 2011). Facing fierce competition, project managers may be tempted to increase project bids today to ensure operation tomorrow. In order to maximize available funding, NGOs vie for reputation instead of a competitive advantage in cost efficiency (Gourevitch, Lake, and Stein 2012). Augmenting a project bid may also improve chances of funding, as some donors perceive low bids as compensation for poor reputation. Efficiency is therefore compromised as high bids can mistakenly signal a reputable NGO organizing high quality programs. Irresponsible bids may even occur unbeknownst to the individual proposing a bid. This is caused by the physical and functional separation of advocacy and service delivery departments in many NGOs (Lister and Nyamugusira 2003). External factors other than self-interest clearly affect project bid sizes.

Whatever the motivation for incorrect appraisal of a project, NGOs receiving subsequent funding feel the need to protect their reputation in order to secure future funding. Clear records showing blatant disparities between the secured project bids and actual cost may lead to donor distrust. Low-quality accounting tends to follow, resulting in mismanagement of funds and corruption. Decreasing the prevalence of opportunism in the NGO sector will strike at the root of the problem, encouraging improved transparency. Ensuring honesty from the beginning of a donor-to-NGO relationship will ameliorate corruption and allow for increased impact on the ground.

A related barrier to ensure trustworthy project bids is the NGOs perception of the donor. Studies have shown that project managers have less accountability when donors are perceived to have more financial means (Christensen and Ebrahim 2009; Keohane 2002), meaning project offers from foreign donors perceived as wealthy could increase opportunism. That is, inflated project bids for donors known to have extensive financial resources. Nevertheless, such opportunism may or may not occur when the foreign donor is physically present. It stands to reason that when donor-to-organization contact is limited, tendencies toward financial mismanagement could be higher.

In an effort to close the gap between donors and projects, potential donors may turn to local representatives. Acting on behalf of the foreign donor, these individuals can better estimate the costs of conducting humanitarian projects, seeing through opportunism in project bids. The locals should understand more about the reputation of contractors, favoring organizations that have had success in the past. A local with an understanding of the culture and customs should be able to facilitate smoother negotiations than foreigners. With high costs of traveling to and from a Third World country, local representatives can save organizations money that can be spent on
future development work. The advantages of using local representatives in contract procurement are obvious but not without caveats.

Using local representatives is not foolproof by any means; NGOs may mistrust their own countrymen. If a donor is serious about aid, organizations will expect them to send a representative from abroad. Because of this, NGOs may see local representatives as a cheap, half-hearted effort. With many NGOs operating in destitute communities with limited jobs, directors may worry that local representatives are primarily interested in networking toward future job opportunities. It may be difficult for representatives to prove a legitimate connection to foreign donors, as NGOs will be wary of fraud. The inherent mistrust of NGOs toward local representatives will complicate their success in project bid procurement.

To better understand the effect of donor appearance on closing fair project bids, research must be done in developing countries most susceptible to this form of deceit. Such a situation might characterize NGOs in countries that do not have easy travel access, such as Uganda, a landlocked nation in east Africa, with 37.7 percent of the population living on less than $1.25 a day (World Bank 2012). High rates of infectious disease and an impoverished healthcare system result in an average life expectancy of only fifty-three years. Such problems have received international attention and extensive humanitarian aid. According to Development Initiatives, Uganda received over $1.6 billion in foreign aid in 2011 alone. With over 1,300 NGOs currently operating in Uganda (Reed et al, 2013), the importance of evaluating their efficiency is obvious.

Unfortunately, studies have found corruption to be pervasive throughout developmental work in Uganda. Of the funds allocated to Uganda’s ministry of education, only 13 percent reaches schools (Reinikka and Svenson 2001). Unfortunately, Mawdsley found rates of corruption in government projects to be the same as NGOs in Uganda (2005). In a study examining project bids obtained via e-mail, researchers found Ugandan NGOs to inflate bids four to eight times the actual cost (Reed et al, 2013). Solving the corruption present in NGOs is a priority for the future of Uganda. This line of research can facilitate our understanding of NGOs across east Africa that operate under fairly similar conditions and with irregular direct contact with foreign donors.

Informed by the methods of social experiments and field research (cite~), this research project was designed to evaluate the hypothesis that the physical presence of a potential foreign donor will result in different responses by NGOs providing bids on a hypothetical project. Project daily wage, an indirect indicator of opportunism, will be examined as a dependent variable across a diverse sample of NGOs differing in terms of number of employees, years of operation, and number of international sponsors/donors. These results will be compared to project bids obtained by local donor representatives. We hypothesize that, in general, bids from NGOs contacted by donors will be higher than those visited by locals. Further, we expect differentials in bid size between donor and donor representative to be heightened in NGOs that are newer, employ less people, and receive limited foreign aid.
Method

This study involved a field experiment with NGOs in the greater Kampala region of Uganda. We used two methods for identifying NGOs. First, members of the research team randomly selected ninety-one NGOs from an electronic list made available through the Ugandan government. However, contact information for those NGOs proved to be inaccurate in all but about fifty cases (e.g., disconnected phone numbers, inadequately specific physical addresses). These inaccuracies, coupled with our team’s rapid identification of prominent NGOs not included on the government list, reduced our confidence in the accuracy of the list and, thus, prompted us to use a second method of data collection. We identified legitimate organizations with physical offices and posted signs that had not been included in the original list (hereafter, called “unlisted”). Avoiding the unlisted NGOs would have restricted the external validity of our research.

To maintain randomization when including the unlisted NGOs in the field experiment, the research team mapped the locations of the listed NGOs and divided them by location into seven neighborhoods (Nsambya, Kololo, Nakawa, Mulago, Mengo, Kawempe, and Ntinda). The unlisted NGOs located in the same neighborhoods would be visited. Our research team tracked information for all visits to NGOs, such that any unforeseen systematic differences between the listed and unlisted NGOs could be accounted for in subsequent statistical analyses.

Visits to the NGO administrators/officials were conducted by either local team members (Ugandan citizens) or foreigners (American citizens), randomly assigned to listed NGOs after blocking for location, such that the local and foreign team members visited NGOs in each neighborhood. Specifically, we used the randomization function (RAND) of Excel software to assign NGO visits to either the local or foreign team members. To approximate random selection of the unlisted NGOs, team members visited unlisted NGOs located nearest to their randomly assigned listed NGOs. Visits to NGOs occurred during work hours, from 9:00 a.m. to 4:00 p.m., Monday through Friday over a three week period. All of the NGO administrators/officials contacted during our visits were local residents of Kampala.

Research team members consisted of four Ugandan citizens and six American citizens, with an equal number of male and female members in each group. Visits to NGO administrators/officials were conducted by either Ugandans or Americans, with no visits of mixed pairs. The four Ugandans are all members of the Buganda tribe (the predominant tribe in the greater Kampala region) and recent college graduates in social work with experience working with NGOs. To prevent possible bias, none of them had previously worked with any of the NGOs randomly selected for inclusion in this study. The six American representatives consisted of five university students and one university professor, all of whom were of European descent. These team members also had no prior contact with any of the NGOs visited.

The research methods and procedures for this study were approved by the Institutional Review Board (IRB) of the authors’ academic institution. The purposes
of the research were withheld from the NGOs visited to prevent biased responses. To augment the internal validity of this field study, procedures were standardized such that the only intended difference involved the nationality of the visiting team member. Researchers from both groups (local and foreign) carried identical copies of a business card, along with an identical letter of introduction stating the team’s affiliation with a registered Ugandan community based organization (CBO). CBO has operated in Uganda since 2010 and engages in a variety of humanitarian activities, including education and child welfare, disease prevention, health promotion, and rehabilitation. The CBO administration was involved in the research design and agreed to partner with the research team on this field experiment. They designated research team members as its representatives and provided them with the business cards and letters. Team members were trained to explain the following items in a uniform manner:

1. The team members explained that they represented a small organization with a mission to fight poverty and promote global development. A purpose of the visit was to explore hypothetical partnerships with NGOs in Kampala (explicitly using the term “hypothetical,” although the CBO management was indeed interested in learning about potential partnership organizations).
2. The representatives explained a generic hypothetical project that aligned with the mission of the NGO being visited (e.g., malaria prevention for an NGO specific to community health outreach). They provided a hypothetical timeframe for completion of two to six months, and included one to four NGO full-time staff members and a hypothetical budget stated as “between $1,000 and $10,000 US dollars.”
3. The team members asked if they were to conduct the hypothetical project as a partner with the NGO being visited, how much money (in Uganda Shillings) would the NGO require to fund one staff member per day? In other words, what was the average daily cost of labor per worker?

To control for potential confounds (e.g., organization size, amount of financial resources available to the organization), research team members then asked the following questions that allowed for secondary analyses of factors that could possibly be associated with the estimated amount of daily wages.

4. What year did your organization begin working in Uganda?
5. How many employees do you pay each month? How many volunteers?
6. What international agencies/sponsors have provided funding for your work in the last year?

Collected data was analyzed to determine the magnitude and statistical significance of any difference between daily wage estimates given to foreign versus local representatives, with the null hypothesis being no difference. The size of the NGO, years of operation, and its number of international donors were included in analyses of covariance (ANCOVAs) examining differences in the data between groups.
Results

Research team members made a total of 150 in-person visits to NGOs in the greater Kampala region. Of the NGOs visited, fifty NGOs denied the researchers’ requests for information. Across the one hundred NGOs that provided information, the researchers reported an average of 19.7 paid employees, 14.5 volunteer workers, an average length of operation of fourteen years, and with funding provided from an average of 4.6 international sponsors/agencies.

Fifty-two of the NGOs visited had appeared on the government list. Statistical analyses indicated that those organizations did not differ ($p > .05$) from the ninety-eight unlisted NGOs visited in terms of the number of paid employees, number of volunteer workers, length of operation, or number of international sponsors. As expected, NGOs with longer lengths of operation and greater numbers of international donors had larger numbers of employees (correlations $r = .33$ and $r = .23$ respectively, $p < .05$ for both).

The percentage of in-person visits made by local and foreign team members was about equal (51 percent were local and 49 percent were foreign team members), with roughly equivalent percentages of visits to NGOs on the official government list (47 percent were local Ugandans and 53 percent were American foreigners). However, in 52 percent of their visits the local representatives were denied the opportunity to speak with NGO management by office staff or were otherwise not provided with any information by the NGOs, whereas the foreign representatives were denied information in only 14 percent of the visits they conducted. This difference was highly significant (Chi-square = 24.7, $p < .0001$). Only 39 percent of the NGOs visited by the local team members provided answered to all questions, compared to the 71 percent of the NGOs visited by foreign representatives.

Local representatives were provided with information more often ($p < .05$) when the NGO (1) was established in recent years ($r = .66$), (2) employed fewer people ($r = -.54$), and (3) had fewer international donors ($r = -.34$). That is, our local Ugandan team members were denied information more often by larger NGOs than by smaller NGOs. Interestingly enough, local representatives were unable to speak with the management of any NGO with more than twenty total employees. Listed and unlisted NGOs provided information to our researchers at equivalent rates ($p > .05$).

Eighty of the one hundred NGOs that provided information regarding their operations also provided data regarding proposed daily wages, with thirty of those estimates generated in the visits made by local team members and fifty generated in the visits made by the foreign members. The local team members were provided with estimates of proposed daily wages for the hypothetical project that averaged 40,000 Ugandan shillings (UGX). The foreign team members were provided estimates that averaged 75,377 UGX per day, which was 88 percent higher than the estimates provided to Ugandans. However, those averaged values were impacted by the inclusion of six estimates that were blatantly inflated. When the six estimates received by foreigners that exceeded 100,000 UGX (12 percent of the total they received) were temporarily removed as clear outliers, the average daily pay estimates provided by NGOs...
to the two groups of team members were essentially the same (41,747 UGX estimated for foreign team members and 40,000 UGX for local Ugandans, a difference less than 65 cents/day in U.S. currency).

Because the size of the daily wage estimates could have differed as a function of the NGO size, length of operation in Uganda, and number of sources of international funding, we subsequently conducted ANCOVAs to account for those factors when comparing differences in wage estimates provided to local versus foreign team members. Neither the results of ANCOVAs with data from all visits nor the data exclusive of the six outliers reached statistical significance.

Subsequent correlational analyses indicated that the size of the NGO was not associated with the size of the daily wage estimate, although local representatives tended to receive higher priced estimates from NGOs established relatively recently compared to NGOs established in previous decades (a correlation of $r = -.44$, $p = .02$ between the price estimate provided and the year of initial NGO operation in Uganda). No other correlation between NGO characteristic and bid size reached statistical significance for the data from either of the two groups of team members.

**Discussion**

Transparency in donor to NGO relationships plays a vital role in the efficiency of humanitarian work. Opportunism in the presence of a seemingly wealthy donor and subsequent corruption are threats to accountability that must be resolved. This study sought to evaluate whether the physical presence of a potential donor versus a donor representative would result in different information provided by NGOs in Uganda. We conducted a randomized field experiment in which foreigners (American citizens) and locals (Ugandan citizens and members of the Buganda tribe) made in-person visits to NGOs in the greater Kampala region.

Local team members were denied information at rates significantly higher than foreigners (52 percent versus 14 percent). This finding suggests possible mistrust of local representatives. NGO officials may have been more accustomed to dealing directly with foreign donors when discussing potential projects, rather than local representatives, such that the NGO officials questioned the credibility of local representatives.

Mistrust of local representatives in this study was particularly strong among officials of large NGOs, none of whom met with our local representatives. As seen in Figure 1, our local research team members were unable to meet with the administrators of any organization employing more than twenty individuals. Thus, NGO size and financial stability strongly influenced the likelihood of their providing information to local Ugandan representatives. Because of these NGO’s size and public visibility, it could be that such organizations receive frequent requests for employment/collaboration from local individuals seeking to enhance their own prospects, or it could also be that such organizations defer to their international networks when discussing possible collaborations, rather than considering local sources of collaboration, particularly unsolicited collaboration. Conversely, administrators of smaller
NGOs stand to gain more benefits from collaborating with others, to the point of being willing to give a fair hearing to unsolicited opportunities.

**Figure 1.**

Size of daily wage estimate as a function of the size of the NGO and the nationality of the potential collaborator.

Overall, the finding of strong differences in terms of how NGO officials receive locals versus foreigners has implications for international organizations seeking to employ local representatives to work with other NGOs in the same country. For instance, local employees may require multiple sources of documentation beyond a business card and an introduction letter to help to establish their credibility with other organizations. Enhancing credibility would need particular attention among cultures strongly emphasizing relationship networks, such as in Uganda. The situation is different for foreigners. In part because they are culturally external to normative system emphasizing known social networks, a foreigner can receive different treatment. In fact, a foreigner visiting Kampala could expect to receive requested information when attempting to work directly with other NGOs. As if the typical cultural guidelines about mistrusting strangers does not apply to the foreigners. Whether warranted or not, the implicit trust given to visiting foreigners by NGO officials and the explicit mistrust of local Ugandans have multiple consequences, likely including the unwarranted exclusion of local sources of benefit and cooperation as well as vulnerability to possible exploitation by unscrupulous foreigners.

The practice of hiring predominantly local representatives for an NGO has multiple obvious benefits, but the results of this study suggest that international agencies must be prepared to deal with possible differential treatment of their local employees by other NGOs in the same country. For example, appointments made by local employees with other NGOs in the same country might not be honored at a reasonable rate,
and the information provided to them during those appointments may be less than adequate. When such events occur consistently, they would necessarily incur delays in project completion and increase labor costs. Systemic issues and cultural factors such as these that impact the cost of transactions must be accounted for by NGO administrators without presuming either incompetence or dishonesty on the part of local employees.

In this field experiment, the vast majority of NGOs provided our research team with fair values relative to known daily wages in the Kampala region; several volunteered to accept wages lower than local norms. These findings directly contradicted possible assumptions regarding financial opportunism among Africans working with foreigners. Nevertheless, inflated bids for daily wages were given in 12 percent of visits by the foreign potential donors. The inflated values were higher than the standard local wage, and anyone familiar with local wages would have recognized the inflation. The obvious implication is that foreign individuals need to acquire an accurate understanding of local norms whenever conducting financial transactions, including those involving wages. When possible, they should also receive multiple bids on any proposed project, rather than presume accuracy in the figures provided by any single organization. However, given the overall likelihood that they will be dealt with forthrightly by NGO personnel, foreign donors and NGO administrators do not need to approach other organizations with an excessive hypervigilance that can exacerbate defensiveness and cultural misunderstandings.

In our research, the NGO size, longevity, and number of international donors did not influence the wage estimates provided by its officials. Thus an international donor or NGO administrator seeking to cooperate with other NGOs need not necessarily trust a larger, more established NGO as a partner any more than an NGO with a few years of operation and little experience working with international donors. Although NGO reputation is certainly an essential consideration for potential partnerships, it is plausible that certain individuals in purportedly reputable organizations might misuse that trust for their personal gain at an overall rate no greater than similarly self-serving individuals in relatively unknown organizations, especially when most of the employees in a small organization may be keenly aware of the need to establish a positive reputation. Although most transactions prove trustworthy, the abuses of a small minority prove problematic for the whole of human society, necessitating accounting and accountability among organizations of all sizes.

It is important to remember that the quality of accounting practices and the effectiveness of projects are separate issues. While an NGO may maximize the amount of donations used in projects, it does not guarantee these projects will make lasting change (Christensen and Ebrahim 2009). As mentioned previously, most NGOs are accountable to donors but struggle to be responsible to the communities they serve. This project investigates how NGOs potentially mismanage funds—specifically, opportunism in project bids—and offers no bearings on the overall impact of the NGO in the community. Both efficiency in budgeting and project design are essential for the success of any NGO.
Limitations of the Research

As with all research, limitations characterize the design and execution of this project. We encountered a potential limitation almost immediately after undertaking the project when we realized that the list of NGOs we received from the government was incomplete and often inaccurate. To correct this limitation and improve the external validity of our results, we sought to locate NGOs not included on the list. Statistical analyses of our final data found no differences in terms of whether an NGO happened to be on the list provided by the government. Originally, we undertook the project assuming that NGOs on the government list would have been larger and more stable than those not included in the registry, but our analyses showed that listing in the government registry had no connection with NGO size, years of operation, or number of international donors. The NGO list did not include many large and long-standing NGOs and often did not include necessary information, such as telephone numbers, e-mail addresses, or locations. In any event, as noted early in this paper, NGOs are not directly responsible to the government. In this instance, the spotty nature of the government list may reflect limited NGO–government interaction, suggesting an opportunity for future research and improvement on their interface in Uganda. A comprehensive source for identifying NGOs in Uganda could enhance collaboration among all organizations working to benefit its population.

Another limitation relevant to external validity concerned the participation rates by the NGOs. Tracking NGO rejection was a variable of interest, but whenever an NGO failed to provide data, that restricted the likelihood that our subsequent analysis of wage estimate data represented all NGOs in the area. Only two-thirds of the NGOs we approached (100 of 150) provided the information our team requested. And only eighty of the one hundred provided an estimate of daily wages, the dependent variable of the field experiment. Although our final number of participating sites was more than sufficient for purposes of statistical power, additional data from more NGOs would have provided more representative data. The time-intensive nature of the on-site visits and travel between sites prohibited us from obtaining a larger number of participants.

A limitation of this research project concerned the variability of the NGOs organizational structures, which influenced who provided our team with the requested information. Each NGO we visited had different administrative structures, with levels of officials responsible for receiving visitors. When visiting smaller NGOs, our research team often spoke directly with the chief administrator, but when we visited larger NGOs we typically met with middle-level management rather than the chief administrator. Depending on the day and time we visited, we met with different levels of employees. Although we avoided obtaining data from individuals whose role did not represent the NGO, such as secretaries, we did not track the job title or position of the individual providing the data, such as project manager, office manager, or country director. In hindsight, this omission could have been problematic, because an individual’s level of authority could have influenced subjective estimates of wages (but would have been unlikely to have influenced the more objective data regarding
organization size, length of operations, etc.). If we had tracked the information, we could have ascertained any differences and controlled for them in our subsequent analyses. Nevertheless, given the structural differences across NGOs, any coding system put into place would have been a crude representation of the complexity we encountered. Future investigations of how an individual’s role within an organization impacts his or her willingness to engage with others outside of the organization might be warranted.

One limitation of our research was that we did not track if the interviews were conducted by female or male members of our research team. Although our team had equal numbers of women and men and each visited about the same numbers of NGOs, we failed to track which team members conducted each visit. Although decreasing in rigidity over time, gender roles in Uganda traditionally favored males as administrators. In this study, it was possible that the NGO officials, many of whom were male, may have treated our team members differently based on their own gender and the gender of our team members. Anecdotal reports among our team members indicated that the NGOs most often rejected our Ugandan male team members. If that rate of rejection exceeded that expected by chance alone, then team member gender could have influenced the findings and should have been controlled in the statistical analyses. Nevertheless, the fact that our team members conducted visits following random assignment could have mitigated possibly systematic bias in the overall findings related to gender. Gender roles and associated cultural values certainly deserve the consideration of individuals and organizations, especially in transnational, cross-cultural contexts.

Overall, the design of this field research does not allow for interpretations involving causality. This research evaluated whether differences occurred between locals versus foreigners, but the design did not evaluate any of the many possible explanations for those differences. The differences are presumed to be cultural, but we cannot refute the possibility that other factors could account for the observed differences. Even such relatively minor considerations as language accent could have played a role; although transactions were conducted in English, an official language of Uganda, Americans’ pronunciation could elicit at least some curiosity and likely closer attention to what was spoken. Although countless factors could account for the differences observed, it would have been helpful to have been able to provide some indication of their source or to at least rule out some confounding explanations.

Many limitations of social research and field experiments stem from the complexity of culture and cross-cultural interactions. Those limitations apply to this study. For instance, as mentioned previously, Ugandan culture emphasizes relationship networks, such that organizational and business transactions commonly occur among well-known circles, rather than with strangers. In contrast to the typical long-term relationships characterizing most Ugandan networks, including those between partnering NGOs, our research involved a direct approach to simulate an initial inquiry from one organization to another when no prior relationship existed. Such a direct approach is commonly used in social science research and was necessary with the
time constraints for completing the project. Nevertheless, most business relationships in Uganda are generally built over time following introductions by people known and respected by both parties. This cultural context probably accounts for some of the distrust exhibited by Ugandans toward fellow Ugandans, particularly among the administrators of larger NGOs. At the same time, the NGO administrators likely did not expect foreigners to understand or practice local culture or customs, thus holding the two groups to different standards. The precise cultural explanations for the differences observed deserve further inquiry.

Directions for Future Research

International development benefits from multiple perspectives, constantly considering both local contexts and global trends. Effective international development entails different approaches for different communities. No research finding should be generalized, our findings cannot be applied globally but are limited to NGOs in the greater Kampala region. Further research can compare differentials in project bid size across the world, measuring opportunism in project bids across cultures.

The impact of local versus foreigner involvement in NGO work is an interesting line of research in international development. With varying cultures and outlooks there is bound to be strengths and weaknesses throughout humanity. For example, would a foreign entity prove more effective in auditing financial records than locals equally trained? Such evaluation could be performed on other areas of NGO functionality such as project evaluation, hiring, fund-raising, etc.

We limited our study to bids provided without previous contact with each NGO. This ignores the effect of opportunism in long-standing donor-NGO relationships. NGOs when courting a donor may make more efforts to be accountable up front than when they have gained donor confidence, making length and quality of donor–NGO relationship another variable worth investigating.

Future research conducted on corruption in NGOs must look for monetary diversions at other points on the timeline of donation to project enactment. Ugandan NGOs may not struggle with opportunism as expected but could still suffer from inequalities in service delivery by tribe or unnecessarily high wages to program directors. Understanding the money flow through NGOs will allow us to find ways to combat corruption.

Additionally, some researchers suggest that involvement of women in institutions or organizations correlates with lower rates of corruption. This element could be included into further research to establish variances in initial project bids based on the gender of the NGO representative being met with. This could lead to an accurate understanding of the role gender plays in NGO corruption as research on the subject is currently limited.

Furthermore, there is room for the application of this study in other regions and areas of Uganda. While our study was limited to the Kampala region, applying this study to more remote areas that are less likely to deal directly with donors may yield differing results.
In conclusion, opportunism is a concern for NGOs in Uganda, but may not be as glaring an issue as expected. NGOs certainly have inherent traits that make them susceptible to corruption, but from our findings, they tend to give honest project appraisals. This understanding helps donors understand how best to approach partnerships with NGOs. From this research, we better direct future efforts to clean up development work in Uganda. Although opportunism is a potential risk in any NGO-donor relationship, it is seems to be uncommon in Ugandan NGOs.

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Medical Pluralism and its Role in the Future of U.S. Health Reform: A Comparative Study of Medical Systems of Vishakhapatnam (India)

by Taylor Otteson, neuroscience

Introduction
Health, and the resulting field of healthcare, has been a rugged climb to be conquered since humanity began. What is health care exactly? The Indian medical system is unique, as it tries to help people maintain a healthy status, but perhaps its most defining feature is its eclectic nature of choice. In 2012, I explored health care on the Indian subcontinent in an effort to discover what was meant by medical pluralism. After learning to stop looking through my Western lenses, I discovered a system and culture with aspects that were far superior to the one I had been practicing, challenging the Western notion that allopathy is the cure all, end all.

A Shift in Paradigm
Mental models define our earthly experience. What one perceives as truth or logic stems from prior experience and cultural influences that demarcate what is acceptable. The current U.S. medical system is broken and needs repair. Americans pride themselves in their innovative, entrepreneurial spirit that drove the country to become "a" major world power, if not "the" major world power, in less than two hundred years. If Americans truly are so progressive, they need to recognize the potential power of alternative health modalities and their role in a new and updated pluralistic medical community. In order for the American system to work, a dualistic medical system, such as the one currently used in India, needs to be considered.

As with any major reform and revolutionary changes in thought, paradigms and deeply held beliefs must be challenged. Martin Luther King challenged the idea of the acceptance of racial inequality, Mahatma Gandhi challenged the idea of social classes, and Osama Bin Laden challenged the idea that the United States of America was unchallengeable. Indeed, the call for healthcare reform demands a revolution of thought. We must be willing to challenge widely accepted views. Putting all notions and outside information aside, what is it that would exclude a pluralistic health system as a viable health model for the United States?

Before we rule out any options, it would be wise to look at some of the contemporary practices found in the modern world. Contrast these practices with those found in the U.S., and we can see there is greater diversity in healthcare than one might have supposed.

The discussions and ideas to be challenged are not conclusive arguments and are not to say that one system is better than another. It is recognized that there is a lack
of data to support many medical practices. Data may not always be as concrete and solid as we sometimes think. The challenge being posed is to objectively put aside these mental data models, closed-minded thinking, and Western views, and be open to consider a pluralistic medical society as a viable future option for the Western world. Putting off the tendency to not accept something simply because one does not know all its facets is poor science in and of itself.

One should recognize that some alternative medical practices may not be entirely valid—especially in the eyes of a Westerner. The claimed effects may be the result of a placebo with a completely endogenous effect within the body; however, the cost of trying this type of system and its potential to help the increasing debt and struggling nature of the U.S. system, merits fair consideration as to its potential role.

The U.S. health system is in trouble, but this is not the only system in the world. One step toward improvement and a solution to the posed problems is to observe and learn from other options. This paper is an effort to make vivid, through detailed exposition, the contrasting healthcare arrangements found in India and how the incorporation of principles found therein may alleviate the current strain in the U.S. system. This is not to say that the Indian system is perfect, nor that this is the solution to healthcare reform. Rather, it opens a discussion of how the U.S. can learn positive principles from India’s eclectic system. Putting aside the ongoing discussion on the efficacy of these principles, it should be an intellectual consideration as to what these options could offer to the American public. Challenge your own paradigms as we explore the U.S. medical system’s problem, India’s pluralistic system, medical options present in India, and a proposed adoption of a pluralistic medical system for the United States.

The Current U.S. Medical System

The U.S. healthcare system is a major discussion point year after year and election cycle after election cycle. The broken nature of the system is widely accepted, yet the magnitude of its shortcomings is shocking. The most recent full report published by the Organization for Economic Co-Operation and Development (OECD) compared the U.S. with ten Western, industrialized nations. Each nation was ranked based on categories, such as effective care, access, timeliness of care, and efficiency. The U.S. came in dead last. (See Figure 1)

Perhaps the more disturbing data is the data that followed. Of the eleven countries evaluated, the U.S. was found to have a 67 percent higher health expenditure per capita in comparison to the next closest country of Norway, which spent $8,508 per capita. The U.S. spent more than $2.9 trillion\(^1\) dollars to maintain one of the worst medical systems of the Western nations. (See Figure 2)

Perhaps this disturbing data would have been offset if the U.S. provided a longer life expectancy, lower mortality rates, or even a higher quality of life to justify the exorbitant spending for healthcare. A parallel study estimated the life expectancy at birth. Again, the U.S. performed poorly, placing tenth, barely beating out Canada for last place. How can a system that spends almost double the healthcare costs of any
other nation in the world, and more than two and a half times the OECD worldwide average, still fall miserably short in its ability to provide the goal of a healthcare system, namely the presence of life?

Solutions have been proposed but none have fully addressed the overwhelming needs of the system. The current solution, the Affordable Care Act, is a step in the right direction. The Affordable Care Act requires all U.S. citizens to have healthcare coverage; unfortunately, increasing access to an already broken system does not get down to the root problem of the system. By expanding healthcare to include options outside allopathy, the system can actually save money by investing in cheaper and preventative measures.

In 2006, a study was conducted in the U.S. among 600,000 participants to estimate the average expenditures per person with regard to an outpatient visit. The average expenditure per enrollee for one visit to a conventional provider mounted to $686 with over 3.4 million visits made to a conventional provider that year. Contrast this with the average expenditure per enrollee for one visit to an acupuncturist amounting to a staggeringly low cost of $6. This is further complemented by the average expenditures for a visit to naturopathic physician at $9, massage therapy at $18, and a chiropractic visit at $41.² This obvious dearth provides a viable option to decrease overall spending while also increasing health options.

The usage of complementary and alternative medicine (CAM) options is not isolated to countries like India. According to a Harvard University study, one in three Americans had used some form of alternative therapy in 1990. Only fifteen years later in 2005, this industry had reached a worth of over $40 billion and close to
83 percent of patients with varying cancer diagnoses had used CAM therapy during their treatment. The World Health Organization (WHO) modified their definition of health to include a more broad approach, stating that health is “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” This massive growth in this industry shows that Americans are already searching for alternate ways to treat their illnesses but are currently paying out of their own pocket. Unfortunately, most of these CAM remedies are not covered through insurance plans, which puts a burden on those who utilize these remedies as sources of health, and decreases the number of people willing to explore them as viable alternatives to more expensive procedures, such as surgery and intensive pharmaceutical courses. As the number of people who utilize CAM remedies and its induction into mainstream society increases, the pressure on insurance companies and others to address its services will also increase.

Ultimately healthcare is a business with a noble cause and adaptation for survival of the fittest governs every discipline. If the U.S. does not find a way to meet the needs of its citizens while also decreasing expenditures, serious consequences are bound to ensue. The opening of a pluralistic medical society allows for both requirements to be met. Not only are these options cheaper, but they also help to avoid costly procedures. These proposed changes would also require insurance companies to adapt and provide needed financial support to those who are striving to take their health into their own hands by offering plans that span the spectrum of healing modalities.

An exploration of the pluralistic system embraced by the Indian subcontinent, as well as alternative treatments found within the system, enables us to understand
why the pluralistic system works. If the U.S. wants to be innovative and cutting edge, a shift in perspective is needed to look at the system in a new light. The Indian system is a good blueprint that should be evaluated to create a complete approach toward a healthy lifestyle.

**Medical Pluralism in India**

Medical pluralism is not a new notion, but it is an evolving and shifting paradigm that has dominated Indian thought for generations. The concept of medical pluralism stems from the notion that there is not a perfect medical system. “People want instant results and when they don’t receive what they feel should be there, they will look somewhere else,” explained Dr. R. Prakash, a local dentist and orthodontic surgeon for whom I worked in Vishakhapatnam. As an astute patient, one must consider the idea that options could provide the relief needed for diseases and health problems.

Studies on Indian medicine show a majority of Indian people use traditional or alternative medical practices to combat disease. Data provided by a World Health Organization (WHO) in 2002 reported “estimates that 70% of the population of India uses traditional medicine” to meet their healthcare needs. India is comprised of a population of over 1.2 billion people, and with over 70 percent of that population participating in alternative medicines, this way of thought and the resulting pluralist system is there to stay.

A good example of India’s medical pluralism: homeopathic and Ayurvedic medicines being sold in adjoining shops along a main road in Visakhapatnam. Not only were these shops adjacent to each other, but they were connected from the inside with medicines being exchanged across counters frequently.

The pluralistic system does not suggest that allopathy should be completely left out. Rather, there should be an interplay between alternative and Western medicines, utilizing each in the proper situation. The shattering of a bone requires Western surgical techniques to restore bone function and support. Indian patients do not use
Ayurvedic remedies, herbs, or pills to reset a compound fracture. They understand the need for advanced medical options, but they will resort to natural sources for things like the common cold, depression, fatigue, and other health-related concerns. India’s lower life expectancy is not a result of inferior medical remedies; it is due to the harsh conditions of the climate, increased exposure to infectious diseases, and lack of clean water. No amount of medicine, traditional or Western, can combat the extreme health threats that endanger all who are exposed to the impoverished conditions of India’s Third World status.

Introduction of Western Medicine to India

The Indian subcontinent has been conquered and ruled by empires throughout time, each has imposed their beliefs and medical practices on the Indian people. Perhaps the biggest change within the pluralistic medical society that existed in India for generations was the British colonial expansion and presence. After the institution of British rule within the Indian subcontinent, hospitals and pharmacies were set up to dispense the Western medical practices and pharmaceuticals. Historians reasoned that the purpose of setting up these hospitals and pharmacies was to illuminate the fissure between the biomedicine utilized by the Western world and the “unscientific medicine” widespread throughout India. Establishing hospitals and pharmacies was a way for the colonialists to tighten their control over the Indian people and created skepticism regarding to the perceived “backward” past of India. “Western medicine was used as a political weapon by the colonialists . . . denying [poor] access to the Western system of medicine and by contributing to the decay and degeneration of the pre-existing indigenous systems of medicine.”

As traditional medical practices started to decline and biomedicine amplified, the battle between these two systems of thought began.
In 1947, India was declared an independent nation, no longer under the hand of the British crown. Despite the formal influence of Britain being removed, Western thought remained. As time progressed, chaos developed as people tried to integrate this new way of thought that, in many ways, seemed to contradict their natural instinct that had been cultivated for centuries. In 1958, *Time* magazine published an article named “Where East Meets West” and asked, “Should aspiring healers be taught the medicine of the ancient East,” as it defined the major medical question of mystical and slow-to-change, “Or the medicine of the modern, scientific, restlessly changeful West?” Indeed this is a question that is still pondered today—both by Indians and foreigners. *Time* stated that India had more licensed practitioners of TCAM systems, ninety-six thousand, compared to ninety-two thousand trained Western medical doctors. In an effort to bridge the gap between the East and the West, Uttar Pradesh’s chief minister Dr. Sampuranand established a state run Ayurvedic College in Lucknow with the goal of teaching both modern and ancient methods of healing.

Why is assimilation of one system of medicine into another necessary? Additionally, how can this assimilation occur when the basis of each medical system opposes the other? “Healthcare in India operates on a need based strategy. This should evaluate the utility of advancements in health care [while] simultaneously taking care for not devaluing the essentials of traditional healthcare fundamentals.” These systems of thought can work together to bring health to mankind, but that does not necessitate their merging into one single driving force. Each can provide advantages and advancements in its sphere of healing. Foreigners have found a major divide between these two types of medicine. Follow up on possible benefits and costs of erasing this line is merited.

**Multiple Ways of Thought: Its Pros and Cons**

As stated previously, medical pluralism functions on the basis that no one way of healing is completely adequate at all times. Although some feel the establishment of Western medicine into Indian society may have been for corrupt or even unethical reasons, the introduction of Western medicine can be viewed as a good and wholesome fix to the cracks left unfilled by India’s traditional medicines. Traditional medicines branched off from each other in an effort to overcome this problem from the onset. Many TCAM therapies are closely related from their inception so it is difficult to separate principles of one system from the others.

Medical anthropologists, doctors, and researchers alike have tried to formulate ideas about the pros and cons of diverse and assorted healing. For many, the hesitation to utilize CAM options stems from skepticism of the treatments’ effectiveness. There is a general feeling that “there is no such thing as complementary and alternative medicine; there is just medicine that is supported by solid research and medicine that is not.” People do not challenge the validity of the testing that has been done on traditional allopathic medicines. Research has been done on almost every allopathic drug; however, many times these tests are proven wrong or harmful. This can be seen in famous cases, such as the weight loss drug Fen-Phen.
Consumers need to examine whether research on allopathic medicines is better than what has been done on many alternative medicines? Sometimes we assume that if it is mainstream that it has undergone significant testing, but often this is not true. In 2014 alone, the Food and Drug Administration (FDA) pulled forty-five drugs from the market.\textsuperscript{11} Scientific testing does not prove a treatment’s effectiveness nor its safety for the consumer.

On the hospital side, Dr. Brent C. James, vice president of Medical Research and Continuing Medical Education at Intermountain Healthcare, estimated that as little as 5 percent of medical procedures conducted today in hospitals actually received adequate testing prior to their administration.\textsuperscript{12} Perhaps it is not the testing that makes it mainstream but the sociology behind a sterile package administered by a doctor with a white coat. Given additional funding and increased usage, CAM therapies, such as acupuncture, naturopathy, and meditation, could follow the path forged by chiropractics and become a part of mainstream medicine.

Coinciding with the argument for scientific backing is the support for the role of the placebo effect. The argument lies in the lack of logical explanation and the inability to measure many indigenous health treatments. For instance, how does one measure the physiological change in a person who made a pilgrimage to a sacred temple, chanted several sacred hymns, received sacred water, and returned home with full health? This stimulates a discussion on exogenous and endogenous medications. Exogenous is synthesized external to the body and applied for its therapeutic effects, for example Tylenol. Endogenous medicine is synthesized within the body to combat disease, for example, acetylcholine. In either case, changes in the physical chemistry of the patient become altered in the healing process. Placebo effect works on the principle that patients recruit endogenous medicines through mental thought. Merely the expectation of an effect can produce desired results within a patient. It may sound strange, but the fact remains that the mind is powerful and the patient returns “cured.” Many studies have been done in which two control groups are given allopathic medicine containing a specified drug or a placebo yet both groups note significant improvement in their condition.\textsuperscript{13,14,15} As the evidence for allopathy as a sole option for healing becomes less substantial, we must examine what other options are available and how Americans can maintain health in the current broken system.

**Options of Medical Choices**

With multiple medical systems operating within a single geographic location, people have options to choose from, leading to a more holistic approach to health and life. Many TCAM therapies promote a lifestyle that strives to cure disease as well as act in preventative measures. Most pharmaceuticals used in allopathy today have herbal origins but are refined, purified, or manufactured. As both natural and manufactured health procedures are contributors to health, it is important to see each with its strength and weakness and know when to use either option.

Alternative medicine was named by Westerners for the precise meaning of the word; it is the alternative or inferior option to allopathy in the Western world. This is
not the case for the average Indian who can find four or five medical systems within close proximity. Many of the following remedy systems are found in countries such as the U.S.; however, often they are considered to be adopted by the fringe population. As you challenge your paradigm for how medicine should be approached, look for ways in which you could benefit from a more holistic medical system through inclusion of various medical practices outside of allopathy.

**Ayurveda**

Bottle after bottle of brightly colored powder went past me as I walked down the narrow hallway toward the light that was spilling in from the open door at the end. As I stepped into the room, heads turned and the familiar face of Dr. Ramalingeswara Swamy stood out from among the strangers. Small pieces of newspaper with heaps of different powders dotted the desk. As an Ayurvedic doctor, Dr. Swamy tailors a personal treatment plan for each of his patients. After exchanging salutations, Dr. Swamy resumed his work. Holding the wrist of the patient, feeling the radial artery, and listening to the strength of the pulse, he patiently waited to hear what the body needed and made short hand notes on a thin piece of cardstock. He then proceeded to pull down jars of various herbs, spices, and powders that he later mixed and crushed in a glass bowl. The resulting mixture was spread evenly between twenty newspaper squares and wrapped as individual packets to be taken with water twice per day. The body said what it needed, and Dr. Swamy provided it.

A Sanskrit word meaning “the knowledge for long life” or “science of life,” Ayurveda is not merely a system to treat disease, rather it is a lifestyle. Ayurveda seeks to bring into harmony all aspects of human functioning to promote a holistic healing process but more specifically a holistic life. Ayurveda is composed of a certain preventative notion that encourages health at all times and not as a means to an
end. Ayurvedic belief also holds a religious factor. Ayurveda is rooted in the Hindu Vedas that comprise much of the Hindu canon, thus this religious connection helps to maintain continued discipline and structure within its teachings, bringing its users back again and again.

Ayurveda has held an elevated status in Indian culture as it is considered the oldest medical science on the Indian subcontinent. Dr. Swamy, the ayurvedic practitioner I worked with in the city of Vizianagaram, named India as “the breeding ground for faith and medicine,” which creates a very unique feature in India’s medical system. According to India’s most current census, Hinduism is cited as the number one held faith with over 80 percent of its population claiming devotion. With Ayurveda’s roots planted deeply in the Hindu faith, it is no wonder why it has maintained such revolving power within their society.

Many of the teachings found within Ayurveda stem from ancient religious Hindu texts named the Vedas, with a large portion of those references coming from the Rigveda and Atharvaveda. For centuries, Ayurveda not only dominated healthcare and well-being in India, it was the only definition of medicine. Ayurveda included two schools of thought—herbal school and surgical school—thus literally containing all of the necessary components of medicine. Dr. Swamy believes the Ayurvedic system not only introduced surgical practices into medicine, but important people such as Hippocrates came to India and learned the surgical way and took the practices back to Greece. While the truth of this statement is not fully known, remnants of surgical methods ranging from dental implants, rhinoplasty (replacement of the skin of the nose), and other plastic surgery procedures have been found on native people of the Indus Valley dating back to 7,000 B.C.

![Ayurvedic plants for sale at an Ayurvedic nursery in Srikakulum, India.](image)

**FUNDAMENTAL PRINCIPLES**

Ayurveda deals with three vital forces within the body named *doshas* (literally meaning that which deteriorates), which designate health within an individual.
Balance of these vital forces (vata, pitta, and kapha) denotes health and stability in the body. These vital forces or life forces, are not that far distant from the common idea in “traditional Western view of the three basic body types—ectomorph (lean and delicate), mesomorph (compact and muscular), and endomorph (stocky).”

It is accepted, both in Ayurvedic and Western body typing, that an individual may fit more than one of the body types, a combination, or even all three in certain aspects. “Most individuals have a predominant dosha, which determines body type and temperament.”

Dr. Shantha Godagama, an Ayurvedic doctor practicing at the prestigious Hale Clinic in London, drew similarities across international medical systems to illustrate the widespread belief of this thought. Godagama related Ayurvedic bio-energies (vital forces or life forces) to Chinese bio-energies, and the European Humors. In all three of these medical structures, it is believed the dominant force in a person will designate characteristics for an individual. These characteristics may encompass such areas as susceptibility to disease, weight control, body structure, vitality, personality characteristics, physical characteristics (height, eye structure, face shape, hair color, etc.), and learning capacity. The European Humors were a common idea among people in the Middle Ages, and thus illustrate the filtering of ancient beliefs into modern medical practices.

Homeopathy

Cold air shocked my sweat dotted face as I pulled open the door to Homeocare International. Greeted by a receptionist and told to fill out a short questionnaire, the familiarity of the situation was a bit startling. I was led back to a small white room with hundreds of small bottles adorning its tiny shelving. Dr. Sanjeev, a homeopathic doctor from Delhi, proceeded to tell me a bit about his background and then asked me about my ailments. I had been stuffy all week and could feel a sore throat on the verge of attack. Some notes were taken and then several bottles of clear liquid were taken from the small shelves. I recognized many of the names such as menthol, lavender, citrus, and coconut oil. I was relieved to see some of the strange bottles such as petrol and spider venom were not pulled from the shelf. After explaining that I was to put one to two drops on a sugar tablet three times per day, I was given a small bag with the bottles and sugar tablets and sent back to the reception area. As I left the office that day I wondered, is this really so different than what happens with my general physician?

Homeopathy is a system of medicine utilized by a growing number of Indians in an effort to treat disease that is (in the patient’s opinion) not managed with other medical options. While homeopathy did not find its beginnings on the same continent as India, it has found a stronghold among the ever-growing variety of medical preferences among the country’s people. This may be due in part to homeopathy’s philosophy that health is not expressly determined by physics, chemistry, and biology but is in part self-determining. This approach defines disease and illness as deficiencies in the vital forces of the body and thus, like Ayurveda, sees the patient as an individual and as a whole.
There are two major principles that govern homeopathic thought: the Law of Similars and potentization. The Law of Similars, “let like be cured by like,” simply supports the notion that substances in large quantities can produce disease, but the same substance administered in extremely small quantities can cure the disease. At first this suggestion seems counterintuitive and confusing; however, a similar principle is used to produce vaccines in allopathic medicine. Usage of vaccines involves small amounts of the infection string being administered to the patient to help the patient develop immunity to future contact with the particular disease.
Potentization is the actual application of the idea of the Law of Similars. Potentization involves taking a specific substance that would be considered harmful or even fatal to humans in normal doses, and diluting the substance with alcohol or distilled water. In the case of homeopathy, this dilution is by a factor of 100. The “C-scale” was developed by Samuel Hahnemann to denote the number of its dilution. For example, a dilution of 1 C would be one part substance per 100 parts mixture. Therefore, a 2 C dilution would be 1 part substance per 10,000 parts mixture and so forth. This process is repeated until the desired potency is realized for any particular patient. Almost any substance is available for potency and can be used to help cure disease. In my research experience, many of the homeopathic medicines were prepared with substances that are commonly found within various multivitamins and medicines common to Western healthcare. I was shocked to discover the usage of many seemingly bizarre potencies as well, including, but not limited to animal fat, gun powder, graphite, sulfur, petroleum, palladium, opium, tarantula venom, and influenza strings.

Typically, these dilutions are administered to the Indian patient through the form of a sugar pill saturated in the prescribed medicine; however, liquid oral drops and skin absorption are also modes of transmission within homeopathy. The sugar itself is not seen to possess any healing benefit. However, it does make the sometimes bitter or astringent flavor of the remedy more palatable. These small pills are repeatedly shaken in the diluted substance and administered in prescribed dosages ranging from one pill to several pills per day.

Religious Rituals/Healing

Walking the banks of the Ganges is a shock to the senses. Millions of Indians pilgrimage to the holy river each year. The opportunity to wash in its waters, drink from its depths, and pray at the temples, which dot the river’s edges, brings peace
and contentment to Hindi followers. Heeding the call of the puja bells, I trailed a small group of Indians as they entered the walls of the temple. At the end of the ceremony, people with sicknesses waited in line as the priest placed a golden cup over their head and each devotee wafted camphor smoke to their forehead. Coming from a religious background, I was intrigued by the process as the laying on of hands had been a normal part of my upbringing and an option for medical remedy. What does faith and religion do for health? If there really is no benefit then why do billions of people adhere to one for healing?

Religion. For many, it has brought more suffering and struggle than its intended help. For others, it is the crutch that helps to transit life endurably. In either case, one cannot deny the unexplainable aspect of spirituality and its grip in personal lives and civilizations. India’s religious tolerance gives provision for hundreds of religions to thrive and coexist.

The belief that health is connected to spirituality is not a new concept. Dating well before the birth of Jesus Christ, the generally held belief concerning diseased people connected disease with impurity. People, such as lepers, were seen as sinners and outcasts to society because of their medical condition. This belief still exists among many I came in contact with. Dr. Swamy summarized this belief by saying, “the main, central idea of Hindu living: whatever deeds we do in past life, are the root cause for our sufferings, difficulties, diseases, and problems today.”

Recently, a study was done by Daniel Hall, a general surgeon and researcher at the University of Pittsburgh Medical Center, contrasting the role of weekly religious attendance, regular physical exercise, and statin-type lipid lowering agents (cholesterol regulating medications). In this study, Dr. Hall attributed a 2–3 year increase in life expectancy for individuals who attended religious services on a weekly basis, 3–5 years for physical exercise, and 2.5–3.5 years for statin-type agents. This data is intriguing, as a significant increase in one’s lifespan can be attributed to this simple weekly devotion almost as much as any other major factor described.
According to Indian practices, the soul, spirit, and/or doshas need to be in equilibrium with the body. This belief is present in most faiths, and will continue to influence the medical decision-making hierarchy of their devotees. Religious devotion and its resulting ceremonies and rituals varied from individual to individual greatly in this medical decision process just as they would in the United States. Perhaps the consistent decision among the Indian thought of healing was the decision to use some form of religious act in association somewhere along the healing process.

After reaching an age of understanding and accountability, this young boy was shaved according to Hindu rituals and a thick paste made in a religiously ceremonial fashion was applied to the head. This is done to encourage greater health throughout his life as well as a better understanding of his purpose in life. The paste has many medicinal properties and is left on the head for several days to fully absorb its benefits.
Pranic Healing

Following my translator’s lead, I was ushered into a large living room with chairs lining its corners. After being introduced to several members of the family, the grandfather and pranic healer entered the room. In his right hand he held a clear crystal about six inches in length. After a long explanation through an interpreter, I still had no idea what he was going to do. Intrigued, I watched intently as he proceeded to feel my life forces and to find holes in my energy field. The crystal was oscillated from right to left as negative and broken prana was absorbed into the crystal. With the flick of his wrist, the crystal was quickly pointed to a bowl of clear fluid on the floor as if the motion was flinging something off the crystal and into the bowl. The translator told me the bowl was filled with salt water and allowed the healer to pull the bad prana out of my aura and contain it into a specific location and not release it into the home.

Pranic healing executes a series of procedures or rituals in an effort to restore prana. “Prana,” a Sanskrit word meaning life energy, is similar to the Chinese concept of “chi.” Prana is the driving force behind life and its balance is essential for individual health. In pranic healing, manipulation of this life energy within the patient’s body is utilized to restore health to the patient. This manipulation is done by the transfer of energy from the healer to the patient through openings in the energy body called chakras. In addition to the transfer of energy into the patient, negative or dirty energy is removed as part of the healing process.

As an ancient method of science and healing, pranic healing is based on the fact that the human body is completely capable of healing itself. This healing process can be accelerated by transferring life energy (prana) into the affected part or area where the disease or break in the energy body resides. The energy body (sometimes called an aura) completely encompasses an individual and when the energy body becomes soiled or damaged, outside influences affect the physical body. This necessitates the continual cleansing of the energy body in an effort to protect the physical body. Negative or diseased energy can enter through holes or tears in the energy body, but it can also be generated from within as negative emotions such as sadness, hatred, anger, and depression, which can lead to blockages in the energy flow of the individual.

“The idea of a human aura, a radiating luminous cloud surrounding the body, is an ancient one. Sacred images from early Egypt, India, Greece, and Rome used this convention before it became popular in Christian art, and before the aura was considered an attribute of ordinary everyday mortals.” Dr. K.V. Ramani Rao, a Pranic Healer practicing in Visakhapatnam, described disease as due to a deficiency, break, or toxification of the energy body that translates into the physical body. Pranic healing seeks to treat this energy body first and, consequently, heals the physical body in return.

“The body is divided into regions and consists of eleven major chakras. Just as the visible physical body has vital and minor organs. The energy body has major, minor and mini chakras . . . they control and energize the major and vital organs of the physical body.” These chakras act as entrances through which energy can move to energize the physical body. Without sufficient energy, due to a blockage or diseased energy, the major organs of the body malfunction and results in what we commonly call disease.
Pranic healing involves two key steps. The first is to cleanse out the diseased or toxic energy and the second is to send fresh clean energy into the patient to heal the individual. Diseased energy is removed with a simple procedure of repeated hand motions pulling the diseased energy from the individual. In my experience, this was done as the healer closed his eyes and “felt” for the damaged or diseased parts of my energy body. Once located, repeated waving of the hand or a crystal over the area accompanied by a flicking of the wrist at the end of the sweep to toss away the negative energy. This process can take anywhere from five to fifteen minutes depending on the area of the body and the severity of the damage to the aura. Dr. DVS Prasad, another pranic healer in north Vishakhapatnam, also utilized salt water as a medium to collect the diseased energy.

Once this cleansing takes place, reintroduction of pure or fresh prana is essential. As the body takes twelve to twenty-four hours to absorb the prana, the patient is required not to bathe for at least twenty-four hours after the treatment. The prana that infiltrates the patient is channeled from healer to patient through the healer’s hands. The energy emitted through the hands of the healer enters the aura of the patient and to fill cracks, breaks, and deficiencies present in the energy body. Westerners often find this idea hard to accept as a methodology of healing, yet it is present in many aspects of familiar parts of their lives. For example, Christians believe a similar idea with the laying on of hands. The Christian belief is that the healer (called a priest, bishop, or elder) can funnel divine energy to cure the devotee. It is seen as normal within Western society, but when you describe the phenomenon from an outside perspective, it can sound strange and mystical. Realizing these parallels enables the breaking down of walls and preconceived notions built in opposition to these alternative systems.

In the mid-1990s, this form of healing became more mainstream thanks to Master Choa Kok Sui. With more than a hundred publications on the subject, Sui facilitated understanding and progression of the pranic system through explanation, heightened accessibility, and application to daily life. Research is being done by Western organizations to determine its efficacy in the establishment of similar programs in the Western world.

Pyramid Therapy

Eight flights of stairs later, I arrived with Anand and his driver to Dr. Savasiva Rao’s office in the southern side of the city. Anand had come to seek Dr. Rao’s healing practices for his eyesight. Anand had lost his sight in a car accident three years prior and required the use of a driver to get him around in a vehicle and as he walked from place to place. We were all taken into the room of Dr. Rao and Anand was placed in a chair in the room. The familiar smell of sandalwood incense filled my nostrils. A large white pyramid was taken from the surface of the desk and placed on top of Anand’s head so that it draped over his forehead. For ten minutes the incense continued to burn as Dr. Rao and Anand sat in complete silence and meditation. After ten minutes the pyramid was lifted from Anand’s head and the smoke from the sandalwood was fanned toward him and filled the entire pyramid structure. Ten more
minutes of silence. We repeated this process three times per day for eight days. After eight days I almost couldn’t believe what I was seeing—nor what Anand was seeing. Anand was able to tell me how many fingers I was holding up as I held my hand in front of him.

The process of healing within pyramid therapy involves placing a cone or pyramid shaped object on the crown of the head. Followed by meditation and silence as incense pervades through the senses of the patient. As patients become one with nature and their surroundings, they fully harness those cosmic forces from the surroundings thus invigorating and healing their body.

From their Latin roots, “pyr” refers to fire and “amid” implies surrounded or within. It is this fire within that is believed to bring about health and success among patients. Participants of pyramid therapy often cite the ancient cultures of the Mayans and Egyptians as people who utilized this cosmic power in all aspects of their lives. In Egyptian times, pyramids were constructed under the belief that these magnificent structures would be a gateway into the afterlife for the body of the deceased. Constructed after the pattern adopted from the Sun God Ra, the pyramids resembled sunrays and their immense power. For adherents to this medical system, the pyramid structure is seen as a geometry shape that attracts all cosmic energy from its environment, while domes retain and store gathered energy. Thus, on a small scale, by placing a cone on top of one’s head acts in pyramidal geometry, and the head acts in dome geometry, one can gather and retain this divine energy on a regular basis. It is this energy that runs the universe and, therefore, the healing energy in all living beings.

Perhaps before the beginning of this type of therapy, religious institutions started to practice this idea with their architecture. Churches have steeples, Hindu temples
have “shikar,” and Muslim mosques have cone shaped minarets or roofs. Devotees of religions often comment that as they enter their chosen house of worship, a sense of relief and peace comes over them. According to Dr. Rao, it is this harnessed energy that fills the worship area with cosmic vibrations and energy that invigorates one’s soul. We must utilize cosmic energy to rejuvenate our energy that is constantly being depleted by our surroundings. Dr. Rao attributes it all to physics: “It does not go against what we have always learned. Magnifying glasses are there to increase energy to one place. If we do like this, it will be working very fastly.”

During our sessions together, Dr. Rao asserted that this principle has previously made its way into mainstream society with the usage of dunce caps. Dunce caps were given to students to ridicule and make public the misbehavior or inadequacy of a particular student. According to pyramid therapist, this cap also allowed for more energy to pass into the seeming victim and bring about increased knowledge and energy within the body.

The pyramid structure can be made of any material and a variety of sizes. Depending on the needs of the patient, the pyramid therapy will be administered for varying lengths of time and frequencies. During my observations, a patient by the name of Raju Kumar received treatment for a period of eight days to treat his increasing blindness. I attended his sessions daily, which often occurred two or three times a day for lengths of fifteen to twenty minutes at a time. During the first consultation, Raju was curious. He had a walking stick and a driver to lead him through his clouded world. When I first met him, he could only make out my figure and could not tell me anything specific about objects around him other than the presence of a mass. Over the next eight days his condition slowly improved, and he could tell me the number of fingers I was holding up by day eight.

Beyond my personal experience with Dr. Rao, pyramid therapy has a widespread presence in India and a network throughout hundreds of cities around the world. The testimonies of Anand and Raju supplement the books and societies on this subject. A simple Google search brings up hundreds of testimonials by people who have utilized this foreign and albeit different approach toward holistic health.

The Current Efforts for an Evolving System

In the U.S., many options are available to the public to meet the inadequacies many have felt through healing with Western medicine. However, these options are made available at an excessive cost to the patients who desire to use them, as many insurance companies do not recognize these methods as legitimate or valid. What is curious is the control afforded to insurance companies. If people are required to pay for their healthcare, they should be free to choose what type of treatment they want. Patients want the ability to choose for themselves. Perhaps some patients only want to use allopathy, others may choose a more alternative route, while still others may chose a mixture of the two. Regardless of the pattern, an effort to provide these resources to patients should be offered by both government and insurance entities.
A shift in insurance premium discounts may be a step in the right direction, as exploration of medical procedures come to fruition. Insurance benefits are given to people who do not smoke or drink. What if insurance benefits were also offered to people who did other activities to promote health? The study by Dr. Hall on religion and extension of life meets all the criteria that any other medication or other procedure would undergo to be considered valid. Western thought is apt to accept a new heart medication that has undergone a successful study, yet hesitant when a study with the same protocol is undertaken but with the drug of faith. Strong evidence has shown positive results during experimentation with many chemically inert substances, such as sugar tablets, basic multivitamins, and water. This is commonly referred to as the placebo effect. Although the placebo effect has a somewhat negative connotation, the fact remains that it is a documented and scientifically proven way to improve a patient’s health. This is ironic because the public wants scientific proof, yet when it is given, they do not accept it as valid. The power of the mind and chemically inert substances are real forces in healing. The goal of medicine is to bring about healing and health. Should it be a negative thing if healing is done through placebo? The patient’s health is restored and through natural means.

Although the recognition of alternative therapies is growing among the general public, the acceptance by government and insurance needs to accelerate. Chiropractic medicine is only now becoming widely accepted as a viable health-care service by insurance and governmental institutions—decades after its inclusion into the health-care system. Several Armed Forces bases currently employ their own chiropractor as part of their medical services and many sports teams also have chiropractors as part of their health support staff. This is curious as chiropractics first made its debut as a contributor to health care in the 1890s, but it did not get traction until the 1970s. In less than thirty years, this field has become recognized as an important component of health and is finally being covered by some health plans. This progress needs to spread to other methodologies by recognition of the validity of alternative therapies by patients, government, and insurances. This requires an objective evaluation of some of the aforementioned systems of thought, and a genuine change in thought about what health means. Allopathic medicine allows for quick solutions to health problems, yet it lacks a holistic view of patients.

The call for expansion of covered services is not a call for decreased logic or reason. Advocacy does not mean that any alternative method that has been attempted should be covered. Rather, it is a call for a re-evaluation on how methods are considered to be valid and whether they should be covered. Systems or options should still undergo reasonable testing but without the lining of endless scrutiny. Each option needs to be objectively considered and evaluated, and they need to be evaluated beyond the placebo effect possibility. In recognition that many of these systems may produce desired results under a placebo-like belief, correct funding needs to accompany trials to discover what each of these systems have to offer. It is the question of the chicken or the egg. Patients and corporations want to know the efficacy of
an alternative medicine but the alternative system cannot prove its efficacy to the expected level without funding. There has to be a general consensus of movement toward inclusion if the world ever wants to know the mysteries of these alternatives, many of which have been around for thousands of years.

One concern voiced against the expansion of insurance coverage is based on precedence. Many procedures exhibited large price increases after its inclusion within our current medical system as the consumer becomes more isolated from the actual cost of the procedure. This can be seen in the difference in rates in clinics and hospitals between those with insurance benefits and those without. The positive aspect of this price hike is the funds that are made available for further testing of these procedures as well as pioneering new drugs and procedures. If a similar price increase was to occur, this would enable various included systems to fund studies that validate their inclusion in the health seeking process. As mentioned, patients are currently paying out of pocket for these alternative procedures and medications. While they are certainly not as expensive as Western medical rates, they can quickly add up and far outweigh traditional co-pays or insurance coverage costs.

The idea of utilizing Ayurveda, homeopathy, or another medical system is not paradigm-challenging or radically new. In the most basic form, each of these systems diagnose a specific ailment and the prescription of some substance that can be ingested or topically applied to create a desired effect. The difference in these options is the ability for individuals to create individualized treatment plans that treat their specific needs in place of a generalized pill prescribed to any patient with stomach pain, for example. It forces patients to take a more active role in their health and to focus on treating the problem and not its symptoms. This advocacy for inclusion simply challenges the notion that Western medicine and alternative options are non-homogenous factors that cannot function together to create an optimal environment for patients to find solutions to their health ailments.

Conclusion

The system of healthcare the U.S. is currently utilizing is not working. A more pluralistic model needs to be adopted in the U.S. so people can choose what model they want to use for their own health. Patients are demanding it and voting with their pocketbooks. With one in three Americans using alternative medical options on a regular basis, insurance companies and government legislature need to evaluate the position of CAM therapies in the American hierarchy of resort. Both systems of medicine can play a role in bringing health to the American people and do not need to be exclusive. By expanding healthcare services to include alternative therapies and coverage, the system will actually have to pay less for needed procedures, encourage a more holistic view of health, and alleviate the decline of health in the United States. Health is a great wealth. It is through encouragement to seek health in all places that the American dream of freedom in its many forms can be fulfilled.
NOTES


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