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Philip Gibbs

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Preface

Three years ago, I read an article "Hysteria in the Highlands" in the *Sunday Morning Herald* (19 October 2004), reporting on a conference held at the Melanesian Institute, Goroka. An anthropologist had reported that women in Southern Highlands Province were being tortured and killed, having been accused of working witchcraft on people who had actually died of AIDS.

I was alarmed for several reasons. First, it occurred to me that, if people were linking sorcery and AIDS, then perhaps something even more dreadful might result, with even more deaths as a consequence. Second, there was the possibility that even talking about such a link puts one in the position of a 'self-fulfilling prophesy'. Is it better not to even talk about it, as this may influence people's thinking and create a link because 'one is enquiring about it'?

I also noted that a similar link was being made in Africa (Ashforth 2002). Ashforth (*ibid.*) stated that, in parts of Africa, the AIDS pandemic was becoming an epidemic of witchcraft, with the resultant punishment of those persons deemed responsible for bringing misfortune to the community. He draws out what appear to be obvious similarities between witchcraft and AIDS:

- both cause untimely illness and death;
- both raise and respond to the questions, "Why are we suffering?" and "Who is to blame?";
- they are not like a plague or famine that is obviously collective, but seem to single out particular victims; and
- both are conditions that Western medicine cannot cure.

In relation to Papua New Guinea, we need to determine whether something similar is happening; that is, whether the deaths of more people from AIDS might lead to increased social disruption,and more accusations of sorcery, and as a consequence, more people being tortured, killed, or having to flee their homes and their land.

The response to this question comes from research into this issue in Simbu, East Sepik, and Enga Provinces. The responses may differ in other parts of Papua New Guinea.

Philip Gibbs

What Is Sorcery?

Applying generalisations to any cultural context is problematic. This applies to terms such as 'sorcery', 'poison', 'witchcraft', and the more specialised term, 'Sanguma' (McCallum 2006). Sorcery is basically 'the use of magical power to influence events'. The *Papua New Guinea Sorcery Act* 1976 distinguishes between 'white' (good) and 'black' (bad) magic.

Sorcery falls into the latter category. In common terms, sorcery is thought to bring misfortune. However, in the case of the Arapesh in East Sepik,'good' results may also be sought through sorcery.

Anthropologists often distinguish between sorcery involving *contagious or sympathetic magic,* and *assault sorcery.* The former utilises malevolent actions on the 'leavings' of a person, while the latter involves direct physical harm to a person. Finer distinctions may be made using terms from tok ples languages.

The term '*poison*' can have several meanings. One that is closer to the standard English use of the term refers to a toxic substance, which if ingested or injected, will cause sickness or death. The term '*posin*' is also used as a Melanesian Pidgin expression for sorcery. In Tok Pisin in East Sepik Province, the term '*posin*' most often refers to the 'leavings' or 'specimen' of a person, bound up in a packet of leaves, which will be used in the practice of sorcery.

The term '*sorcery*' and '*witchcraft*' are sometimes used interchangeably. However, researchers such as Stephen (1987) distinguish between the two, describing a 'sorcerer' as acting on a behalf of the community, whereas a 'witch' is socially despised. A witch, whether in human or animal form, possesses a psychic or occult power which can harm others.

Sanguma is a form of *assault sorcery* in which a person may assume an animal form, or become invisible and force a harmful object or inject a harmful substance into a person so that they get sick and/or die. Sanguma may be classified as witchcraft in the sense that it employs harm-dealing powers, using a human agency. In some parts of Papua New Guinea, particularly in the Highlands Region, sanguma is seen as a form of witchcraft, where psychic or occult powers are used to cause harm, rather than physical objects or substances.

The various meanings of the terms sorcery, witchcraft, and sanguma may overlap, as there are regional differences in the way that people view such phenomena. How does one compare the Mekeo *sorcerer,* the Enga *ritual expert,* the Arapesh *posin man,* and the Tolai practitioner of *ingiat?* Even within regions, there is often ambiguity in the way people use terms such as *posin, sanguma,* and so on. Often, it is better to resort to the terms used in the local language, for example, *kumo* in the Kuman language of Central Simbu, or *yama* or *tomokai* in Enga.

This paper discusses how 'sorcery' is manifest in three geographical areas of Central Simbu, parts of East Sepik, and central Enga Provinces.

Sorcery in Simbu Province

Sorcery in Simbu Province is usually referred to as 'sanguma' and has many characteristics of witchcraft. It is an issue, particularly when there is an untimely dealth. Simbu sorcery beliefs centre on a small creature called *kumo,* which dwells inside kumo persons (Damien 2005). Damien, who is from North Simbu, describes how *kumo* people are believed to kill, because of their craving for human flesh.

Kumo feed on the vital organs of a victim such as the heart, liver, and lungs. Jealousy or grudges appear linked to this behaviour, and also simple things, such as a person not sharing food with others. Even at a distance, the *kumo* knows someone is eating, and the desire to eat the food will drive the *kumo* person to the house of the victim. The *kumo* person may go to the house just as a visitor and could leave after eating food prepared by the owner of the house. However, if not satisfied, or if the feeling of jealousy continues, then the *kumo* can kill.

The use of the term *'victim'* needs to be clarified. Is the victim the one supposedly killed by the *kumo* person, or is the victim one of the many people today subject to torture, or killed – accused of possessing a *kumo* spirit. Bishop Henk te Maarsen, the Catholic Bishop of Kundiawa Diocese estimates that some 150 cases of violence and killing occur each year in Simbu Province alone, as a result of witchcraft accusations.

Many people think of Simbu 'sanguma' in gender terms – particularly in terms of killing defenceless women. However, the police records at Kundiawa Police Station – Homicide (2000-2004) show that there were 67 cases of people having died or become seriously ill as a result of witchcraft, and 92 persons who were accused of being witches were killed or badly abused. Whether the 67 people did die from the malevolent effects of witchcraft is questionable. However, the 92 persons who were accused of being witches is a fact. The police reported that they were beaten, burned, shot, or chopped with axes of knives. Of the accused, 50 (54%) were women and 42 (46%) men.

Hospital records in Kundiawa that were collected by Dr. Jan Jaworsk, and presented at a seminar at the Melanesian Institute reveal that 49 cases were admitted as a result of the injuries suffered after having being accused of witchcraft. Of the people admitted to hospital, three died. The rest somehow recovered from their terrible injuries. Many suffered from burns over much of their bodies and some had deep cuts to the extent that they had to have limbs surgically amputated. Sixteen (33%) were males and 33 (67%) were females.

An investigation of entries in the admission books (1992-2006) for the Surgical Ward at Kundiawa Hospital revealed that 40 patients were identified as 'sanguma' cases. The reason for admittance is often entered in the book as a comment by the nurse, at the time of admission. Of these entries, 25 (62.5%) were females and 15 (37.5%) were males.

Table 1: Sources of 'Sanguma' Cases from Hospital and Police Records, Kundiawa, by Gender

Source of Records	Female	Male
Kundiawa Police Records	50 (54%)	42 (46%)
Kundiawa Hospital Records	33 (67%)	16 (33%)
Kundiawa Surgical Ward	25 (62.5%)	15 (37.5%)

The situation is very complex. Who were the victims – those killed by witchcraft or those accused of practising witchcraft? Could it be that violence against men is more likely to be reported to the police, thus inflating the number of male victims in the police records? Moreover, with regard to the engendered nature of *kumo* sorcery, all current investigations reveal that although men – particularly young men – do the killing, it is the older women who initiate talk about their suspicions as to who the *kumo* person might be.

Sorcery in East Sepik Province

In East Sepik Province, sorcery and 'sanguma' vary greatly. The deaths of a young woman (M) and her uncle (D), near Yangoru, illustrate the complexity of sorcery beliefs among the Plains Arapesh. (M) was a young woman who had no children. She developed sores in her mouth and could not eat. After some days, she became so weak that she could hardly move. Her relatives carried her to the nearest health centre, where she died three days later. She was buried back in the village.

People questioned how the sores had come about. They suspected her uncle (D) who was a reputed sorcerer, and someone remembered him giving her betel nut with mustard and lime a few days before the sores appeared. Her brothers suspected D, so they seized him and questioned him about the death of their sister. D admitted giving M the betel nut, mustard and lime, but denied that he had meant to harm her. She was his own niece after all – M being the daughter of his own sister. The young men stripped him, tied him to a post, and started beating him with sticks. His sister tried to stop the beating by shielding D's body with hers, but the young men flung her away and beat D to death.

Most people believed that M had died because she was 'poisoned' by her uncle, D. The sores in her mouth were the evidence to support this belief. But why would he want to harm his niece? Was he doing it for someone else because they had a grudge against her?

However, it was not as simple as that. People now say that both M and D were victims of sorcery. M was 'poisoned' in such a way that her fatal illness would lead to D being killed as well. Some people believe that D, who was a strong man, was not able to defend himself, because he was a victim of sorcery. People reason that those responsible for the sorcery were jealous and angry with D, who was trying to become a village leader, and was upset with M's mother because of the way she was taking the lead in customary obligations. D's family believe that those responsible for the sorcery knew that he was protecting his family from sorcerers and wanted him killed so that he would not be around to be their guardian any more. The common conclusion was that other people 'poisoned' both of them, with the intention that both D and his niece M would die.

Was D a sorcerer? His wife does not believe so. She stated that he would use his reputation as a sorcerer to make money. He tricked people into giving him money so that he would come and poison their enemies, but she claims that, in reality, he didn't have a clue. It was his way of making money so that he could buy necessities for the family.

This is just one example from the Yangoru area. One might hear different stories about 'sanguma' in Drekikir or Urugambi, or of witches on the Sepik Plain, among the Abelam.

Sorcery in Enga Province

It is said that, in Central Enga, there is no sorcery. According to Lawrence and Meggit (1965: 19), the Mae Enga 'show very little interest in the art [of sorcery]. However, it is more complex than that. Engans do have various forms of poison, including *tomokai*, in which body parts of the deceased are hidden at sources of water supplies, or *yama*, which is similar to the Simbu understanding of someone becoming jealous because a person has been selfish and not shared food.

However, there is a major difference between Simbu and Engan people. In Simbu, the belief is that the malevolent spirit dwells inside a live person, with the presumption that one must kill the person to rid the community of the *kumo* spirit. In Enga, the traditional belief is that death is caused by being bitten by the spirit of a person who is dead already – the spirit of the dead. For Engans, the solution is not a matter of killing another live person, but one of placating the spirits of the dead. The explanation from Lawrence and Meggitt (*ibid.*), as to why Central Engans do not have sorcery, is that they have alternative means of channelling their aggression – principally through tribal fighting. However, this is a rather dubious argument, as Simbus also fight.

Is Sorcery Real?

The questions, 'Is it true?' or 'Is it real?', are often raised in relation to sorcery. It is important to try to distinguish the empirical (verifiable) from the real (believed), and the real from the imaginary. People may well claim that something is real, when it exists in an imaginary, rather than an empirical world. For some people, whatever can be imagined is real, for example, in dreaming.

Some things may be real, although not verifiable, for example, love or the existence of God. 'Sanguma' is real to those who experience it and cannot step out of their reality. To ask whether it is objectively real is to risk missing the reality in favour of the analysis. One could say that if 'sanguma' is not real to someone, that is their problem.

A person can imagine rightly or wrongly. For example, one can imagine that Bill Skate is still alive, that PNG won ten medals at the Olympic Games, and that God is real. One can also imagine that '*sanguma*' is real. Which of these is real or true? How does one know? Does it matter?

The question of 'reality' does matter, if sorcery is linked to AIDS. The possibilities are that people disregard the reality of AIDS, or that there would be more sorcery accusations (and victims) because AIDS deaths would be interpreted as being caused through sorcery. If the former scenario occurs, it would have undesirable effects on AIDS awareness and prevention. If the latter scenario occurs, we could expect to have more victims entering the hospital and being listed in police homicide files.

Issues Associated with Death

When someone dies in Papua New Guinea, it is normal for people to ask not only *what* was responsible for the death, but *who* was the cause (Spingler 207: 86). People often base their response to such questions on cultural and pre-scientific knowledge, rather than biomedical explanations for illness. For example, if someone is ill and possible dying from TB, people will try to discern the cause of the illness in terms of dysfunctional relationships. Who is angry or jealous, or in some way desirous that this person should suffer such misfortune? Through looking at such issues, the 'village doctor' will attempt to reveal the cause. He might resort to Western medicine to treat the symptoms, but not the 'real' cause.

Biomedicine focuses on disharmony in the body. Traditional techniques focus on the disharmony of soured or broken relationships. With both sorcery and AIDS, people may see a link between human agency and death. The issue is whether that agency would be the same.

Perceived Differences between AIDS and Sorcery

Based on this cultural understanding, enquiries began with the hypothesis that there would be a strong link between sorcery and AIDS as a cause of death. The responses so far show many people apparently do not see that link. Undoubtedly, there are cases where AIDS-related deaths are attributed to sorcery (*ibid.*: 92). However, many people stated that they perceive death from sorcery and death from AIDS, as different.

For example, consider the following cases:

Case 1: A young woman from East Sepik Province was very sick. When I visited her, she was in a very emaciated state and had repeated fits of coughing. People suspected poison, but after consulting several *glasman* (diviners), the family were having difficulty finding out who might have poisoned her and why. I suggested that she have a blood test. The test result was HIV positive. Shortly afterwards, she died. Her family now realised that she died of AIDS. They wonder who she contracted AIDS from, but are no longer searching for a sorcerer.

Case 2: A woman in Enga tells of a friend who she knew well from school days. He was a big strong rugby player who had married four women from as far as field as Mt. Hagen and Mendi. She stated, "He must have found out he was infected. Lately, I have seen him going around with some schoolgirls. I guess he means to spread the virus. Everyone here knows that he is infected. When his girlfriend died, we knew that he would die, too. I saw him last month, and he had changed into a small boy, yet looked older than his age. I didn't recognise him by his physical appearance, but when I saw his face I knew it was him. He had lost a lot of weight, his skin was dark, and his appearance had completely changed. His family knows he has AIDS and is very quiet about it. I wonder if we can we tell off and warn others?"

This Engan woman relies on physical appearance to conclude that a person has AIDS. She then observes sexual contacts. There is no talk at all about 'poison' or sorcery.

Case 3: A doctor from a hospital in Simbu told me that, if a person dies of an AIDS related illness, he meets with the immediate family of the deceased and explains the cause of death, including the part played by AIDS. He claims that the families accept this, and take the body of the person home for burial, with no subsequent witch hunt. The doctor's strategy appears to deter talk of sanguma and thus save lives. Some might question whether his explanations to families contravene the *HAMP Act.*

There are also cases where a person has died from a disease that is not related to AIDS. Afterwards, there are repercussions with sorcery accusations, and people die, accused of being witches. This happened to a Simbu seminarian who died of cancer. A man and a woman were accused of being witches who were responsible for the untimely death of the young man, and were killed.

People who die from AIDS are being buried quickly and without much publicity. In Simbu Province, when a person dies from cancer, witchcraft accusations follow. Is the difference because of the shame and stigma associated with AIDS that families bury AIDS victims quickly and don't want to talk about the deaths, including talking about sorcery or sanguma?

Case 4: I have asked people about this issue in Simbu Province and heard the following explanation.

> Oli i lukim olsem em sik AIDS i mekim nau na olsem hau bodi bilong ol i senis na dispela kain samting. Planti i witnessim dispela. Olsem long taim ol man i gat AIDS na i dai nau ol toke em rabis ya, toromoi igo. Ol save tromoi nating. Ol i save kisim canvas na putim daunbilo tasol na ol i karamapim tasol na ol i digim graun na ol i planim tasol. Ol i no lukautim bodi bilong em long planim long gupela kain wei. Na long dispela kain taim mipela i stap long en taim man igat AIDS na i dai dispela problem long toktok long sanguma em nogat. Em nogat, definitely em nogat. (They see the effect of AIDS and how the body changes. Many people observe it. So when a person has AIDS and dies they just throw the body away. They [don't prepare a coffin] just wrap the body in a piece of canvas and bury it. They don't respect the body. And at this time, when a person has died of AIDS, there is no talk of sanguma, definitely not.)

To clarify the issue, I asked, "Olsem... ol i save AIDS, em i no sanguma a? (So... they understand that AIDS is not sanguma?)

The man responded, "Em i no sanguma, em AIDS. Ol i ting olsem AIDS ya em wanpela kain sik nogut tru na ol i no laikim AIDS insai long komunity bilong ol na clan bilong ol. (It is not sanguma, but AIDS. They think that AIDS is a bad unwanted illness, and they don't want it in their community or clan.).

Stigma or Fear

Does the speaker support the commonly held idea that becoming infected with HIV must be a result of misdemeanour which merits stigma and discrimination? In other words, the personal question, 'who?' is seen pointing to the person who is ill, not to some outside sorcerer. What is unclear is whether the reason is a moral one, as though a person brought it on himself or herself through relations with a person who has the virus – a transgression because an act that is supposed to confirm a

relationship between two people is destroying exactly this – or whether it is a defensive reaction that is based on fear.

When asked about a situation where a faithful mother in the community might become infected by her husband, I was told that, if a man dies of AIDS, they will ask the wife to go for a blood test. If she is found to be HIV positive they will find it hard to care for her because of beliefs that the virus can be transmitted by touching an infected person. In this case, the discrimination and rejection is not following a moral judgement, but rather fear that is based on misinformation.

The Simbu informant further stated, "Long toktok long sanguma em mi tok pinis em i no inap kamap taim ol i lukim o ol i save o ol i harim olsem dispela femili i gat AIDS. Ol i dai nau – em – ol i no inap toktok. (Talk about sanguma does not arise when people see, hear, or know that there is AIDS in the family. They die and there is no talk [about sanguma]).[1]

Although one cannot base an argument on isolated responses, the sentiments expressed in the four case studies are quite common. It appears that stigma is influencing some people in Simbu to treat AIDS and sanguma differently. It is a case of the right answer for the wrong reason! What would happen if there was a reduction in stigma? Is there a chance that there would be a greater likelihood of AIDS being linked to sanguma – with the consequent suspicion and accusations?

One must also consider the cultural arguments and relationships. With both sorcery and AIDS, there is a link between human agency and death. In the first case, the human agent was a sorcerer, until in the second, it was a person infected with the HIV virus. In the first case, the people wanted to be rid of sorcerers by killing them or banishing them from the community. In the second case, death seems inevitable for the person seen as suffering from AIDS, so the people resort to stigma and discrimination to keep that person at a physical or psychological distance until he or she dies. In some cases, there are rumours that people have acted to hasten the death of the person with AIDS. In both cases there is fear, but in the first case it is fear mixed with anger, while in the second, it is fear mixed with shame. Anger leads to torture and killing. Shame leads to hurried burials and a moratorium on further discussion.

Judging by Appearances

It seems that people identify AIDS victims by changes in physical appearance, and then suspected infection associated with that person's sexual liaisons.

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[1] The difference between AIDS and sanguma is also observed in the different levels of funding allocations. A person in Simbu observed how HIV/AIDS seems to attract a great deal of funding. Why can't the Government and aid agencies give more funds to deal with the sanguma issue also?

Even though they may be correct in many cases, judging people by appearances overlooks the issue of people who are HIV positive, but who appear quite healthy.

A recent article reported a typhoid outbreak in secondary schools in Enga, and when students went for blood tests for typhoid, somehow they were also tested for HIV. A number of girls from one school were found to be HIV positive (*Post-Courier*, 20 September 2007). This is not new news around Wabag.

People have been talking for a long time about a man known as '16 Kangu', who was married with children, but had a seemingly insatiable appetite for young girls. He knew that he was HIV positive and would go around in his dark-glassed Nissan, and pick up girls from the school at lunchtime or after school and have sex with them in his car.

"I no mi wokim, ankel i wokim (I didn't do it, uncle is responsible), he would boast afterwards. 'Ankel' referred to a K50 note. He continued this practice for a long time until he died last year. It seems he preferred unprotected sex and may have had sex with scores of women, many of them young (hence the name '16 Kangu').

Miria Matembe, a Member of the Ugandan Parliament, declared that 'rapists, defilers, and all those who in one way or another commit sexual offences are in possession of potentially dangerous instruments which must be taken away from them, if they can't use them properly' (Epstein 2007). It is reported in East Sepik Province that modern sangumas use syringes to inject people with poison and substances. With the statement from the Ugandan member of Parliament in mind, if a person knows that he or she is positive and goes around looking for partners and having unprotected sex, is he or she not engaging in the equivalent of sanguma in a modern form?

Moreover, if so many people knew about the exploits of a healthy looking, prosperous, but infected '16 Kangu', why could nothing be done to limit his dangerous activities? If he had been classed as a sorcerer or sanguma man, there are culturally condoned ways to deal with him. However, as an irresponsible and even malicious Person Living with AIDS (PLWA), were there no acceptable ways of controlling him? Does the *HAMP Act* adequately address community rights?

The Fear Factor

It appears that fear is one of the main factors that sorcery and AIDS have in common. Ironically, however, it is fear combined with shame, expressed in stigma, that keeps them apart. People deal with fear of sorcery in various ways. A national Catholic sister stated the following:

> We can start all sorts of programs. However, we grow up in an environment where we know it [sorcery] is real, and so to rubbish it will not help. Like many things in the psycho-spiritual world, we have to embrace it and then we know where to turn. The solution depends on what is deeply rooted in the psyche. People can be faithful, but in the back of their minds they still believe that the sorcerer's power is greater than God's power. Then, it is natural that, as soon as they give in to the space of fear, it provides a basis for the power of evil to nurture that fear. That's my experience. Several times it has happened already. Evil forces are there to destroy our faith – not only the spiritual aspect of it, but the psychological aspect of it as well. You have to be aware that the power of the sorcerer is at work. It has to be our mind working together with our faith.

Sorcery is a form of personification of fear and the sister has learned to shut out the fear that would allow sorcery to control her. I have heard similar responses in Enga and Simbu Provinces. When someone dies, people ask who is the cause. Some say 'a sorcerer' or 'sanguma', or 'a witch' is responsible, while others say 'AIDS'. Those who look for a more benevolent agent say 'God' (who is said to give life and take it back). In all these responses, people are trying to deal with the mystery of death. In all of the cases, the cause given is a response to the question, "who?". AIDS becomes personified, and 'Mr. AIDS' is different from the sorcerer or God.[2]

If these statements are true, then a solution for both sorcery and AIDS lies in dealing with the fear. The Catholic sister stated that we have to 'embrace' the fear, and then we know where to turn. That seems good advice from a psycho-spiritual point of view. However, what about AIDS? Does the fear come only from misinformation or lack of awareness? Could it be that the perceived secrecy associated with confidentiality (the forbidden or the hidden) contributes to the stigma and discrimination? As with sorcery, does one have to name AIDS in order to face it?

When dealing with the fear associated with HIV and AIDS, we need community approaches that supply not just technological answers to 'what' questions, but also responses to the issues such as the 'who' and the 'why' of life and death, and issues concerning community responsibilities. As well as individual human rights, are there also human rights for communities? We need a compassionate, community-oriented approach that helps to deal with fear and anger in the case of sorcery, and the fear and shame associated with HIV and AIDS. Could it be that the well-publicised ABC, when applied to fear and stigma, could also mean:

- Advocate changes in cultural attitudes and practices that promote fear and stigma;

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[2] It would be an interesting exercise to ask people to draw a picture of how they visualise the HIV virus, and to see how personified those images would be.

- Break the silence that leads to denial, stigmatisation, isolation, or discrimination; and
- Challenge instances of stigma, discrimination,and injustice occurring in communities (Smith and McDonagh 2003).

A Response through Research

There is an urgent need for research in this area. For example:

- this paper has argued that deaths from sorcery and AIDS are seen as different, has proposed some initial explanations as to why this may be so, and calls for more comprehensive follow-up studies;
- we have to take great care in the way we publicise such studies about possible links between sorcery and AIDS, otherwise we may activate a self-fulfilling prophecy;
- is it acceptable that people continue to identify HIV and AIDS only by the signs of full-blown AIDS? What about the others in the community who are HIV positive and appear healthy? Ignorance is bliss, but very dangerous;
- why can people like '16 Kangu' go around infecting people while the community is seemingly powerless to stop this moden-day sanguma?;
- it is desirable that we reduce shame and stigma associated with AIDS, but how can we also deal with the danger that, in reducing stigma, people might come to see AIDS as just another disease caused by human agency, and so more easily link it to sorcery?;
- more research is needed into people's attitudes and beliefs associated with AIDS-related illnesses such as TB. What do people think these days when someone dies from TB? How are traditional and biomedical explanations received? Are both explanations accepted, but at different levels?;
- if it is true that, in Africa, there is an epidemic of witchcraft because of AIDS, why is it that people in Papua New Guinea appear to differentiating between the two? If we can clarify why they are differentiating between the two, then we may be able to find ways to deal with AIDS in a way that will not see it linked to sorcery or witchcraft in the future; and
- we need to look at the effectiveness of community approaches that supply technological answers, as well as responding to issues such as the 'why' and 'who' of life and death, and of community rights and responsibilities.

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