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Ecological Health Movement in Lebanon: An Overview of Alternative Culture in a Developing Country

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Abstract

An ecological health movement has emerged in Lebanon in reaction to problems in the mainstream health care system, to environmental conditions affecting agriculture and food sources, and to urbanization. The movement parallels similar developments in other countries. It depends primarily on practitioners of macrobiotics and organic agriculture, and is centered on the belief that good health is obtained through observance of dietary rules requiring consumption of organic food. The practice of these rules necessitates in Lebanon a reversal of trends toward centralization and urbanization in order to reestablish ties between consumers and farmers. It also implies a renaissance of organic farming and of localism in society as a whole. In its current stage it is highly idealistic, tending to deemphasize profit-seeking and favor altruistic principles. Although it is currently a grassroots movement, its evolution and continued expansion may lead it to adopt more economically competitive practices in the future.

Introduction

In the decade following the end of its seventeen-year-long civil war (1975-91), Lebanon has been experiencing rapid, if inconsistent, economic and social recovery. This period has seen the rise of a wide range of entrepreneurs and development programs. Among them is a small group of individuals who have established the beginnings of an alternative culture based on ecological principles independent of the mainstream patterns of consumer behavior. The movement aims to strengthen organic agriculture in Lebanon and the practice of health systems based on organic foods.

Consumer Culture in Urban Lebanon

Contemporary mainstream consumer culture in Lebanon, particularly in the urban areas, can be broadly characterized as having two aspects. The first is the traditional indigenous culture of Lebanon, its foods, social habits, arts and crafts, kinship ties, architecture and use of space, and religious rituals. The second aspect is its orientation to modern Western cultural norms. As a crossroads in trade between Asia and Europe, Lebanon has long had contact with the West and been influenced by it. But this impact became more pro-

nounced with the establishment of American and European Christian missionary institutions in the late nineteenth century, and the French mandate government in the country from 1920 to 1943. French culture has continued to influence Lebanon even after independence through well established French schools and universities and the rooted usage of the French language in much of the country. American cultural influence has been strong since the nineteenth century through English-language American schools and universities for men and women. Following World War Two, American cultural influence increased through the rising importance of the American University of Beirut and the activity of American oil concerns.

By the 1960s American consumerism was firmly established in Lebanon. This is seen, for example, in the decision to remove Beirut's street-car system and commit the population to the use of buses and, primarily, the private automobile. As the population of the country grew so did the number of cars, bringing in its wake a striking replication of American urban and suburban culture, including high rise apartment buildings, inadequate parking, regular traffic congestion (bad

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enough to require an academic conference on the subject as early as 1967)(Ragette 1968), severe air pollution, the construction of suburban roads, housing developments, sprawl, and the rise of the commuter lifestyle.

Lebanon's environmental and health problems due to consumerism are severe. First, regarding air pollution, a 1999 study estimates that high blood lead levels from exposure to gasoline and car exhaust in Lebanon cost the country \$118 million per year (El-Fadel and Hashisho 1999). Moreover, some 800 people die annually in greater Beirut due to air pollution.² Pollution from chemical pesticides and fertilizers is widespread, affecting the food supply and causing long-term contamination of vital water and soil resources. Second, agriculture is facing severe threats. Since 1980 Lebanon has lost to unregulated urbanization some 7 per cent of its cultivated land and 15 per cent of its irrigated land. Most of this development has occurred in the suburbs of Beirut and the other coastal cities (Masri 1999). As a consequence of this and other factors, 80 percent of Lebanon's food is imported (Tannous 1998). Third, consumer health issues are raising serious concerns. For example, a report in a major Lebanese daily newspaper stated, "According to the Ministry of Health, in Lebanon a total of \$400 million a year is spent on healthcare for those suffering from smoking-related illnesses. At the same time the lion's share of \$100 million spent annually on advertising comes from cigarette ads."³

Biomedical Health Paradigm in Lebanon

The West has also brought to Lebanon a consumerist health paradigm. Referred to here as the biomedical system, it is based on the use of pharmaceutical drugs, surgery, and the hospital as the central institution. Lebanon has long been associated with sophisticated practice of the biomedical paradigm. The American University of Beirut School of Medicine was established in 1867, and the American University Hospital opened in 1905. The Université Saint-Joseph School of Medicine

was founded in 1883, and its teaching hospital in 1923. From the early 1960s Lebanon became the center for medical care in the Arab world (Figuíé 1996:126). Prestigious hospitals are located throughout Beirut. In urban areas of Lebanon physicians in nearly all fields of specialization are well established and small private family-founded hospitals and clinics are common.

However, most Lebanese are not fully acculturated to Western forms of medicine. The large institutions on which Western medicine is based have tended to serve primarily the urbanized educated classes. Studies from 1972 and 1994 show that consistently 80 percent of physicians in Lebanon reside and work in the Beirut metropolitan area (Figuíé 1996:123, Ecochiffres 1994:165). Since the civil war period there has been a mass internal migration to Lebanon's urban areas; but given that the governmental financial assistance for health care is limited, most of these newcomers are unable to afford biomedical health care.

Often the highest priority of biomedical health care systems in Lebanon, as in America, is to maximize profits and maintain and increase market share. Ninety percent of all hospital beds in Lebanon are in the private sector. Health care services in the private sector are steadily expanding "in a largely unregulated environment, allowing uncontrolled investment and generating a supplier-induced demand;" moreover, they are "curative," as opposed to preventive, "with an exceeding number of hospitals and high technology equipment. . . This oversupply is in contrast with weak primary health care services" (Ammar et al. 1998:328). A 1994 letter from the Lebanese Minister of Public Health to the World Bank summarizes the situation:

The present financing system has resulted in health care price escalation which outpaces economic growth and general price inflation. MOH's [Ministry of Health's] obligation to pay for all services provided by private hospitals to uninsured patients has created distortionary incentives which encourage the use of high-

² United Press International, 11 April 2001, and "Al-mulawwuthaat fi Beirut al-Kubra," Al-Mustaqbal, Wednesday 11 April 2001, p. 21.

³ Daily Star, Lebanese News, 23 February 2000.

technology high-cost procedures when appropriate lower cost measures are available. Large expenditures on these types of services also result in misallocation of resources by reducing spending on preventive and public health programs. (World Bank 1994: Annex B, p.2)⁴

Around the world a small but growing movement of people who are dissatisfied with “high-technology, high-cost” consumerist health care is adopting alternatives. This development is particularly evident in North America, Europe and Japan, and has become prominent in such developing countries as Brazil, Chile and South Korea (Gardner and Halweil 2000). It also has a significant presence in Lebanon.

Ecological Health Movement in Lebanon

Alternative health care in Lebanon can be divided into two broad categories. The first is the ecological health movement. Ironically the ecological health paradigm came to Lebanon in part from the West, yet it is distinct from the Western biomedical paradigm. Whereas the latter is based on the use of drugs and surgery, the former is based primarily on production and consumption of organic foods and observance of dietary rules. In the Lebanese ecological health movement the most important diet is macrobiotics; however, there are a variety of approaches to diet among movement members, including various forms of vegetarian and non-vegetarian diets.

Although much of the knowledge and cultural values that inform the ecological health movement in Lebanon originate in other societies—India, Japan, Europe and the United States—the movement is nonetheless grassroots and indigenous in character. The movement did not originate in a local or national government initiative, a non-governmental organization's project, or a program of international development or aid. It arose solely from the decisions and actions of individual Lebanese citizens who initially were not even aware of each other. Moreover, the success and popularity of the movement is due in great part to the cultural resonance between its principles and tradi-

tional Lebanese dietary practices, namely, the emphasis on fresh food and not processed products; on vegetables, grains, fruits, seeds and nuts, and not on meats and dairy products; on dishes native to Lebanon, rather than foreign cuisine. Finally, the movement is indigenous from a social perspective. Virtually all the members of the movement are natives of Lebanon and, with a few exceptions, speak the Lebanese dialect of Arabic as their mother tongue. Knowledge and techniques from foreign societies are being employed by these indigenous actors in pursuit of their own goals; while the tools they use may be foreign in origin, what they are building with them is entirely indigenous. The commercial establishments they have created are their own, unconnected with any foreign support or guidance whatsoever, and the clientele are with only a few exceptions all Lebanese.

In societies such as Lebanon in which cultural influences from various parts of the world are constantly interacting to form a highly complex and rapidly evolving matrix of forces, it is difficult to define what is indigenous and what is foreign. The movement, thus far, is culturally ecumenical, drawing from a wide variety of cultural traditions around the world. It is not aiming to revive a “purely Lebanese” tradition. Yet its success is based on the fact that these various foreign traditions resonate strongly with Lebanon's rural and agricultural traditions.

The individual members of the ecological health movement in Lebanon tend to have slightly varying conceptions of the meaning of the term “organic food”; however, they unanimously agree that the definition necessarily means the absence of chemical fertilizers and pesticides. This variability is common throughout the international community of organic food advocates. It is a result of several factors: the relatively recent appearance of modern organic farming—dating from the 1920s in Europe (Lampkin 1994a:11); differing legal requirements for official recognition as organic production; and differing farm types (purely vegetable-based farms vs. animal husbandry, for example).

⁴ A more recent World Bank report shows that these conditions have continued to plague health care services in Lebanon (World Bank 2000).

In the international community the “intensity” of a farmer’s commitment to organic methods varies: some farmers may label their method “organic” if they use no pesticides but do use chemical fertilizers; some may accept animal fertilizers, while others only vegetable compost; some may accept polluted air, while others only a farm remote from air pollution; some may accept ground and soil pollution from sewage, others may not (Lampkin 1994b:28-32). Therefore, the definition of organic farming is not discrete but rather a continuum that is the subject of ongoing debate in Lebanon and around the world. Despite this debate, or perhaps through its operation, the members of the ecological health movement are able to promote their worldview and health philosophy, employing what is of necessity a provisional definition of organic food. The imperfect realization of the organic ideal is accepted as a natural part of what is ultimately a long-term evolutionary process in society’s agricultural and health practices.

Usually ecological culture as it is practiced internationally does not preclude the idea of reasonable profit, and this is the case in Lebanon. In Lebanon today can be found businesses and institutions pursuing the ecological health paradigm while also seeking success in the market. The ecological paradigm as expressed by its Lebanese adherents is intended to be a balance between business as humanitarian service and profit. Thus the paradigm does not seek to eliminate consumers per se, but rather to alter their relationship to the environment and society. Whereas the first priority of the economic structure of American-style consumer culture is to maximize profits (Goldsmith 1996, Gardner and Halweil 2000), the first priority of the ecological health paradigm is to benefit the consumer; ultimately the ecological paradigm argues against the consumer-society dichotomy and in favor of an inherent social unity between all individuals in the economy, particularly at the local level with regard to the necessary integration of farming into the heart of social life.

Alternative Health Care Specialists in Lebanon

The second category of alternative health care in Lebanon refers to professionals trained to treat illnesses and ailments by application of specialized skills without recourse to invasive procedures and pharmaceutical drugs.⁵ They are distinct from the ecological health movement per se, which focuses on the production, distribution and healing qualities of organic foods. Some of them (approximately 60 percent) advocate organic foods or vegetarian dietary rules. Therefore, the two groups are closely related, and their memberships—both in terms of clients and professionals—substantially overlap. A typical example is a dentist in high demand in Beirut whose entire practice is based on alternative methods; while he treats the immediate problems of diseases in teeth and gums, he emphasizes that healing and disease-prevention require observance of an organic and generally macrobiotic diet.

Alternative health care professionals in Lebanon include homeopaths, osteopaths, naturopaths, chiropractors, iridologists, acupuncturists and other specialists.⁶ Nearly all of them are natives of Lebanon who have been trained and licensed abroad, most commonly in France, Canada or the United States, and who have returned and become successfully established in Lebanon since 1995.

In that period the client bases for alternative health care providers have grown rapidly; it is commonly the case that these providers are too few in number to meet client demand. They have gained some publicity through feature articles in mainstream newspapers, but for the most part they have become well known only through word of mouth. Nearly all speak the Lebanese dialect as their mother tongue, which assists them to gain the trust of clients and translate unfamiliar health paradigms. In 1999 a professional umbrella organization was formed entitled “Naturopathy, Osteopathy, Acupuncture and Homeopathy” (NOAH). Its aim is to obtain official state recognition, which is presently granted only to biomedical physicians. Typical of their interrelations is that in one suburb of

⁵ This section is based on field interviews in Lebanon with: Dr. Abdu Rezaq Merhi (homeopath), 27 April and 20 June 2001; Dr. Karam Karam (osteopath), 20 April 2001; Ms. Mona Saidah (acupuncturist), 23 April 2001.

⁶ Pharmacies in Lebanon are increasingly stocking homeopathic remedies in response to growing demand.

Beirut the only full-time homeopath in Lebanon shares a suite of offices with one of the two full-time osteopaths, and they originally met each other through a mutual client. The interactions and initiatives of clients are significant in the consolidation of social and professional relations among alternative health care specialists, and among members of the ecological health movement.

Origins of the Ecological Health Movement in Lebanon

The ecological health movement in Lebanon originated in two independent developments that have gradually merged. The first was the reaction on the part of some urban consumers against the poor quality of food being sold in Beirut during and after the war period. The second was the reaction of a farmer against the use of chemicals in industrial agricultural methods.

Food in Urban Lebanon

Throughout the war period and beyond, food has been a cause for great concern in Lebanon. Social and environmental conditions have made the acquisition of healthful food supplies a challenge that, for much of the population, cannot be met. A study published in 1984, in the middle of the civil war period, stated:

Years of widespread corruption, contraband and marketing of expired or spoiled foodstuffs, a paralyzed municipal abattoir, carelessly managed food catering establishments, disabled official control activities, and acceptant consumers craving for food are among the factors that set the stage in the past decade for promoting the risks from food-borne diseases . . . Frequent and unpredictable failure in electricity, for instance, seriously affected food storage and preservation by refrigeration and freezing at the domestic, commercial, and industrial levels. Rising costs tempted greedy food dealers to practice adulteration of foodstuffs. False labels attached by importers of certain brands of canned or packaged foodstuffs fooled most consumers. Some of the food items prohibited from consumption in the country of origin appeared freely in the local markets. Sewage-irrigated vegetables, often used raw in the preparation of

salads, continued to be marketed everywhere. The same applies to fruits and vegetables heavily contaminated with pesticide residues. (Zurayk and Armenian 1984:74-75)

The situation remains precarious, as today approximately 80 percent of all food consumed in Lebanon is imported, including fresh fruits and vegetables, whereas before the war Lebanon was a net exporter of food (Tannous 1998). Not only does this represent a significant economic drain, it subjects the Lebanese diet to non-Lebanese cultural forces. Gardner and Halweil (2000) state that "dependence on foreign markets for staple foods leaves importing countries vulnerable to price fluctuations and currency devaluations that can increase the price of food substantially." Frozen foods, highly processed "junk" food, and potentially suspect meat, fish, poultry and other products are flooding the market, consolidating Western consumer culture at the Lebanese dining table. Much of the locally grown food is widely known to be overdosed with pesticides and chemical fertilizers. A news article on Lebanese agriculture gives a succinct description:

"The large amount of pesticides and the way they're being used is frightening," said [agricultural] engineer Elia Choueiri who has witnessed countless farmers dousing plants several times more than needed during the season. "Take strawberries, for example," explained another engineer, Salah Issa. "In a four day span, they are sprayed almost every day. I don't allow my children to even touch them." (Haddad 2000)

Following Lebanon's civil war the American dominance of Lebanese consumer culture continued with the rapid spread of American fast food franchises. Only three years after the end of the war a survey showed that roughly 50 percent of consumers in Beirut under the age of 45 ate at fast food establishments between four and 12 times per month (Saade 1994).

The advent of fast food is part of a more general trend in global urban culture towards the consumption of foods that are conducive to chronic disease. Gardner and Halweil (2000) explain that

the traditional diet is replaced because “urbanization has broken the close connection between farmer and consumer,” and through heavy advertising “food sellers invest heavily in the creation of a ‘food environment’ that makes unhealthy food and its promotion ubiquitous in modern life.” They note that in the United States “food companies spend more on advertising than any other industry,” and that this pattern is gradually being replicated in developing countries. Food companies have based their products on the human body’s natural desire for fatty, salty and sugary foods, which can easily lead to “life-long craving,” especially if the habit of eating junk food is established in childhood. As a result,

Increased global vegetable oil consumption since the 1960s alone has added roughly 30 grams of fat to the average daily diet. In short, the twentieth century saw more high-fat foods become available to more people at lower prices than ever before.

Not only were these foods available and cheap, but new lifestyles spawned by urbanization made them still more attractive. As the urban share of global population rose from 10 percent in 1900 to nearly 50 percent today [in Lebanon 85 percent of the population is urbanized (World Bank 1994)], time for food preparation was squeezed as women began to work outside the home—and because men do not typically share domestic responsibilities. Breastfeeding also began to decline. Urban consumers began to demand convenience foods, which are often high in fat, cholesterol, and sugar and low in fiber, vitamins, and minerals. And these foods are generally cheaper and more widely available in cities than in rural areas, at least in developing countries. Not surprisingly, a study of 133 countries has demonstrated that in poorer nations, migration to the city—without any changes in income—will generally double per capita intake of sweeteners and increase fat intake by at least 25 percent. (Gardner and Halweil 2000:66)

The consequences of the urbanization of diet are severe in Lebanon. A 1998 study stated that “chronic and degenerative diseases are becoming more and more prevalent, with the aging of the population, the changing of dietary trends and the acquiring of new lifestyles related to urbanization” (Ammar et al. 1998:328).

An increasing incidence of chronic diseases is witnessed [in Lebanon] . . . along with a high incidence of cancer, with 4000 new cases occurring yearly.

This transition [to urban lifestyles] is putting the health system under serious constraints . . . (Ammar et al. 1998:328)

Moreover, the outbreak in Europe of Bovine Spongiform Encephalopathy (BSE)—evidence of which in Lebanon has not yet been found—has severely shaken the public’s confidence in beef and animal food products.

Macrobiotics

In reaction to these conditions, beginning in the late 1970s, there arose in Lebanon a group of people dedicated to macrobiotics. This group became the first of two pillars supporting the ecological health movement in the country. The macrobiotic diet, which centers on unprocessed organic whole grains and vegetables, is a vegetarian system based on ancient principles of balancing foods to maintain health or to achieve healing. Many pre-modern diets were macrobiotic at least in part. The modern macrobiotic diet was formulated in Japan in the late 1800s and early 1900s, and has since become popularized in most developed countries.

Mariam Nour, a native of Lebanon, is the first and best known professional teacher of macrobiotic nutrition in Lebanon. She rose to prominence as a nutritionist through her own radio program in the 1970s. Eventually she became a recognized authority on health throughout the Arab world and in the West. She has established in a village near the northern city of Byblos a retreat institution providing multi-week programs for the re-orienting of clients to a macrobiotic diet. She continues to appear frequently on television and in other media, and gives lectures throughout the Arab world and in the West.

Several families in the suburbs of Beirut, acting independently of Mariam Nour, adopted the macrobiotic diet in the mid-1970s. One family’s young daughter was dying of advanced cancer. They had heard that in Paris cancer was being cured

through a special diet; they traveled there and found a macrobiotics teacher who returned to Lebanon with them to treat the daughter. Although the illness was too advanced for her to be saved, the family became convinced of the diet's efficacy because they believed it aided her to die peacefully. Soon after they became committed to the diet they introduced it to another family in their neighborhood, and to a handful of further friends and relatives, all of whom likewise adopted the diet. Many of the individuals among these families and their acquaintances have since moved away from Lebanon,⁷ and macrobiotics at this stage did not achieve a "critical mass" of popularity to grow rapidly in the society.

But there are now clear signs that macrobiotics is beginning to generate its own self-sustaining culture and social structure. Macrobiotics education is spreading beyond the work of Mariam Nour; one of her former students has become a successful teacher of macrobiotics in Lebanon. Interest in macrobiotics has risen substantially due to concerns regarding BSE. The number of people in Lebanon consciously following the diet is estimated to be on the order of 100, but there are many more who, though not strict observers, are aware of the need for alternatives to the mainstream consumer food products and attempt to follow macrobiotic principles to some degree.⁸

Retailers of Macrobiotic and Organic Food

A further important indication of the growth of macrobiotics in Lebanon is that the availability of imported and locally produced organic and macrobiotic foods has substantially increased since 1994. The burgeoning popularity of organic food

in retail shops in Lebanon parallels the same development in Europe.⁹ There are two basic categories of retailers selling imported organic food on a regular basis: specialty health food stores and mainstream supermarkets. Virtually all supermarkets in Lebanon carry a limited but highly demanded range of imported organic foods; this is significant in that it indicates the growing awareness of environmental health issues and popular demand in Lebanon for alternatives to mainstream products.

But of primary importance to the ecological health movement are the specialty health food stores in Lebanon. In Lebanon today there are approximately eight such stores. Most are in Beirut and its suburbs, but others are as distant as Baabdat, Saida and Tripoli (Figure 1). They range from small kiosks barely 4 square meters in area, to substantial stores of some 40 square meters stocking fresh produce, dry goods, refrigerated perishables and literature.

The largest and oldest of these shops is Macrodetette, founded in 1994 by Odette Hashem Aghagianian, a native of Lebanon.¹⁰ Odette Aghagianian became interested in macrobiotics in the late 1970s following a severe and long-lasting illness. Her husband also fell ill around that time, and when his physician prescribed for him a restricted diet she observed that gradually his condition improved. She concluded from this experience that diet is the key to health. She began listening to talks from Mariam Nour on her radio program explaining the macrobiotic diet. She attempted to follow the macrobiotic diet beginning in 1979, but she did not fully understand it and found it did not significantly improve her health. She then traveled to France, where she contacted

⁷ Interview with Khalil Nader, Beirut, 23 April and 10 May 2001.

⁸ Interview with Lina Ammori, Beirut, 11 May 2001; Khalil Nader interview, 23 April 2001.

⁹ "Britain's organic market has grown sixfold since 1990 to more than £600 million. Demand so far outstrips supply that the nation's second largest grocery chain . . . is working to realize the goal of 'a totally organic island in the Caribbean'" (Tony Emerson, "Where's the Beef?" *Newsweek*, 26 February 2001, p. 13). Organically farmed land area in Europe rose from just over 100,000 hectares in 1985 to 600,000 hectares in 1993; and from 1.2 million hectares in 1995 to over 3 million hectares in 1999 (Lampkin 1994a; Emerson, "Where's the Beef?" p. 14). See also the Organic Trade Services website collection of updated reports on organic food industry developments: <http://www.organicTS.com/index.html>.

¹⁰ This section is based on interviews with Odette Hashem Aghagianian, 29 May 2001 and 28 June 2001.

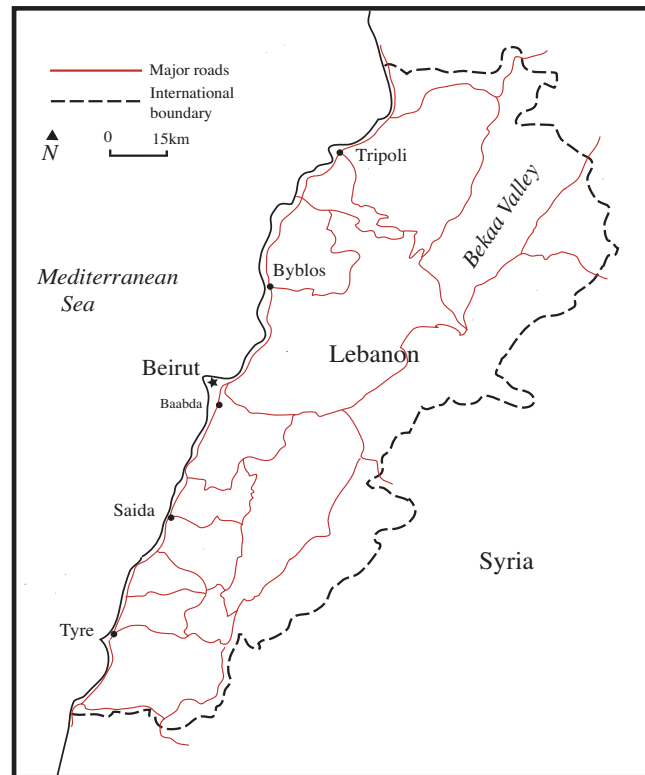


FIGURE 1. LEBANON AND THE GEOGRAPHIC AREAS REFERENCED IN THIS STUDY.

Francoise Rivière, one of the three founders of macrobiotics in France. From this contact she was able to obtain a better understanding of macrobiotic principles, and she attributed her improved health thereafter to the macrobiotic practice.

Initially Odette Aghagianian obtained her macrobiotic food from one of the early families in the Beirut area that was also following the diet and importing their food from abroad. Then she began ordering it directly from France and distributing it, creating thereby what was in effect a small informal cooperative among her macrobiotic friends. She then began selling it from her house. When demand grew for these imports, she obtained a small storage space in a building in the Ashrafieh district of Beirut from which she distributed the products to the members in the cooperative. Finally she opened a full-time retail shop in 1994 that provides macrobiotic and organic bulk dry

foods, other macrobiotic products imported from Europe, and locally grown organic produce.

The newest shops are those of an organic farmer, Elias Ayoub. He opened his first shop in the same building as Macrodetette in Beirut in Spring 2001, and his second shop in a suburb of Saida in November 2001.

Industrial Agriculture in Lebanon

The second pillar of Lebanon's ecological health movement, organic farming, should be understood in the context of the industrial agricultural paradigm prevailing in the country. Agriculture in Lebanon has been characterized by heavy and increasing use of pesticides and chemical fertilizers. In 1975 the total amount of chemical fertilizers used in Lebanon was 13,000 metric tons, which was equivalent to 56 kilograms per hectare of farmland. In 1997 these figures were 60,000

metric tons and 333 kilograms per hectare, an increase of 360 percent and 500 percent, respectively.¹¹

As previously noted, a similar heavy use of pesticides is common knowledge. A 1998 study showed that although there were no detailed statistics or surveys on pesticide use in Lebanon, other indications were clear. Marketing and advertising were successful in promoting high sales of diverse and unusual insecticides. Observations of five agricultural pharmacies showed brisk sales of many internationally banned insecticides, including DDT and Parathion-Aldrin. Insecticides were inadequately labeled, and lacked information on handling, expiration dates, and antidotes. Sales representatives urged customers to purchase large quantities and use high concentrations in order to compensate for potential flaws, such as a product's expiration. Observers also noticed the "involvement of many business men seeking quick profit in pesticide importation without having the required experience or skills" (Musharrafieh et al. 1998:321).

International statistics provide a broader context, indicating the seriousness of the problem. Three million cases of acute poisoning from pesticides, and 220,000 deaths, are reported throughout the world annually. Three million or more annual cases of severe poisoning are estimated to go unreported. In the United States 80,000 poisonings are reported annually, with 25,000 annual pesticide-related illnesses among agricultural workers in California alone (Musharrafieh et al. 1998:322). Among adults, farmers are particularly vulnerable to severe and even fatal illnesses due to prolonged exposure to pesticides and fertilizers: "Farmers from industrialized countries around the world exhibit consistently higher rates of many of the same cancers that are also on the rise among the general population" (Steingraber 1998:65).

Of critical importance, however, is that the incidence of pesticide poisoning in the developing world is estimated to be thirteen times greater than in industrialized countries, and this even though the developing nations consume only fifteen per-

cent of world pesticide production. Cases of poisoning fall into four categories: accident or suicide; occupational exposure; bystander exposure; and consumption of farm produce, especially when excessively high or toxic residues remain on the produce due to incorrect application of the pesticide or to harvesting the crop too soon following application (Musharrafieh et al. 1998:322).

A further indication of the severity of the potential problem is given by a 10-year study of pesticide-poisoning pediatric admissions to the American University of Beirut Medical Center. In that period 54 males and 67 females were treated, their ages ranging from 2.5 months to 14 years; 60 percent were under the age of 6. The mortality rate was 12.4 percent (Musharrafieh et al. 1998:321).

Renaissance of Organic Agriculture in Lebanon

The most prominent organic farmer in Lebanon, Elias Ayoub, turned to organic methods in reaction to his own health problems due to industrial agricultural chemicals.¹² A native of Lebanon, Ayoub is not the first organic farmer in the country; virtually all farms in Lebanon, as in much of the world, were organic until the rise of pesticide and fertilizer use after World War Two. But when Ayoub began the conversion of his Bekaa Valley farm to an organic basis he was virtually the only commercial farmer in the country to do so. The significance of Ayoub's work is that unlike a small number of other farmers who pursued their work organically by default, for lack of access to commercial and industrial agricultural resources, Ayoub made the conscious decision to reject industrial agriculture in favor of organic methods.

Ayoub, who grew up and was educated in Beirut, inherited farm land and left the city in 1969 to begin working it following the organic method that was already established there before his arrival. Around 1974 he began using agricultural chemicals. Fifteen years later, at age 43, he suddenly fell unconscious for over 4 hours; he believes this was

¹¹ Statistics on Lebanon, Statistical, Economic and Social Research and Training Center for Islamic Countries, www.sesrtcic.org.

¹² This section is based on interviews with Elias Ayoub Attallah, 10 and 12 April, 3 May, 25 June, and 3 November 2001.

an acute reaction to the chemicals he was handling regularly. Such a physical reaction would not be surprising, as farmers “have elevated death rates from cancer” due to regular exposure to chemical fertilizers and pesticides (Steingraber 1998:65). In the southern Bekaa valley, where Ayoub’s farm is located, a 1982 study found that nitrates in the water resources from fertilizer run-off in the southern Bekaa, at 49 parts per million, nearly equaled the World Health Organization’s maximum acceptable limit of 50 parts per million. Since that time there is no doubt that application of fertilizers has greatly increased in the valley (Kaouar 1998).

Following his illness Ayoub resolved to end his use of chemical inputs and return the farm to an organic basis, and he did so without any contact with or knowledge of organic farmers elsewhere. This change parallels the origins of the modern community supported agriculture (CSA) movement, which began in the outskirts of Tokyo in 1965 when a farmer reverted to organic techniques after suffering from illness he attributed to agricultural chemicals (Imhoff 1996).

The conversion of Ayoub’s farm spanned 5 years. During the conversion process and after he faced critics questioning the efficiency of what was perceived as an outmoded, obsolete agricultural method. His farm prospered, however, and he believes that his recovery from illness is due to his elimination of chemical inputs.

As the definition of organic farming varies throughout the world,¹³ it is necessary to describe Ayoub’s method. He uses no chemical pesticides or fertilizers, and does not allow them on his farm land in any form for any purpose. He ensures that his produce is grown on fields that are distant from any neighboring farms using chemicals. The Bekaa valley is naturally fertile but also dry and hot for most of the year, and irrigation is essential; but Ayoub does not irrigate his fields with pumped groundwater, due to the heavy contamination of the water table by pesticides and fertilizers from

farms throughout the valley. Instead he has built five stone-lined rainwater catchments, four measuring 25,000 cubic meters and one 50,000 cubic meters. In a normal winter the rainfall is sufficient to fulfill his irrigation needs. When rainfall is inadequate he, using his word, “hunts” for water: he locates places where water is collected in the natural contours of the rocky uncultivated hills around his farm and carries the water to his fields either by digging a temporary channel or by pumping it using a gasoline-powered engine; he recognizes that some of these natural water reservoirs are contaminated by chemical residues from neighboring farms, but he considers them the best available emergency sources and the contamination negligible under the circumstances. He also pumps the water from the catchments by means of this engine. He drives a gasoline-powered car, and allows visitors to drive into the farm with their cars. This is at variance with some of the stricter organic farm practices,¹⁴ but he considers it a negligible source of pollution. All his fields are seeded and mostly harvested by hand. There is no machinery involved in the production process other than the water pump and a gasoline-powered tractor, which he intends to replace with horse-drawn equipment in 2002.

Following traditional farming methods—rotating crops to keep the soil rich in nutrients, and planting a wide variety to avoid pests and weeds—he raises on 100 hectares grains, legumes, vegetables and herbs only according to their natural seasons in the Bekaa. Free range chickens provide eggs, and goats fed greens from his fields provide milk and yogurt (most animal and dairy products in Lebanon are produced by factory systems).

Originally he had no intention of selling his produce on a large scale; in fact, he was aware that if needed he and his family could live comfortably solely from the production of the farm. Ultimately he decided to market most of his produce in order to send his children to private schools. His initial sales were in the local area surrounding his farm.

¹³ Within the United States differences regarding the definition of organic farming and produce has led to a long debate. An excellent overview of this issue is Michael Pollan, “How Organic is Corporate/Industrial Organic?” *New York Times Magazine*, 13 May 2001. See also Lampkin 1994b:28-32.

¹⁴ An example of the stricter method is the FoxFire organic cotton farm, on which no vehicles powered by internal combustion engines are permitted and transport through the fields is by means of horse and horse-drawn carriage (see Lerner 1997:101-113).

But in 1994 he began selling in Beirut through a prominent upscale supermarket. In 1995 he began selling directly to customers in Beirut. He established a pattern of driving a van loaded with his produce twice a week to Beirut: one day to a private home in the suburb of Baabda—the residence of the founder-director of a grassroots Lebanese environmental NGO—that served as a sales point for clientele in the area; and another day to Macrodetto, the macrobiotic health food store in Ashrafieh. In both places he would personally sell the produce to regular customers who would meet him in the early morning. This was essentially a form of subscription farming, or community supported agriculture, although Ayoub and his customers did not give their relationship any title and were not aware of these systems being practiced outside Lebanon.

For the first three years of his organic food sales in Beirut most of Ayoub's customers learned of him by word of mouth; he has never undertaken to advertise. From 1999, however, he became more well known because of media interest. This interest reached a turning point in the spring of 2001 when organic food in general and his work in particular were the focus of a well-known "town meeting"-style weekly discussion program produced by the LBC television station.¹⁵ Some three hours long, the program included a panel of experts, of whom Ayoub was one, who debated and articulated the advantages of organic food, and answered questions and challenges from the studio and home-viewing audiences. The following day, making his regular early morning delivery to Ashrafieh, Ayoub found himself overwhelmed by a crowd of new customers. This sharp heightening of interest was sustained in the following weeks. Consequently he decided to open a store (called Beit-i-Saha, or Health House) in the same building as Macrodetto in order to facilitate and systematize the sales of his produce. Customer response to the store after six months was enthusiastic: typically, when the daily delivery of produce—which amounts to 1000 kilograms in a medium-sized van—arrived at the store at 5 a.m. cus-

tomers were waiting and ready to purchase it, and within three hours nearly all of it was sold. Until the next delivery of fresh produce the store continues to draw customers by stocking imported and locally-produced dry organic goods, locally-produced dairy and meat products, and other value-added local products, most of which are organic, such as bread and tofu.

A second turning point in popular interest in organic food was reached in September 2001, again through the medium of television. As a result of a new daily television program on health hosted by Mariam Nour, Ayoub has seen a tenfold sustained increase in his customer base, and he was able to open a second shop in Saïda.

One of the most significant impacts of Ayoub's work is that it is beginning to persuade other farmers of the benefits and success of organic methods. A number of neighboring farmers have gradually become favorably impressed by Ayoub's return to organic methods, as they observe that his yields are consistently higher than those of farms using chemicals. He has also been called upon to serve as a consultant for a number of different organic conversion and initiation projects, some of which have been established by the Lebanese government.

Thus far Ayoub's farm remains unique in demonstrating the commercial success of organic farming in Lebanon. However, the organic farming movement in Lebanon is slowly spreading and efforts are being made to organize it. The American University of Beirut has established a long-term project of assisting farmers in a northern region of Lebanon to convert to organic methods. GreenLine, a Lebanese non-governmental organization, is aiming to establish in Lebanon a process whereby farmers can obtain international certification of their organic produce.¹⁶

Cultural Factors Hindering Organic Agriculture in Lebanon

Large-scale conversion of farms in Lebanon to organic methods is inhibited by several factors. The status quo tends to be preserved by dominant

¹⁵ "Shatir-i-Yahki", broadcast live on LBC, 10 January 2001.

¹⁶ Interview with Mr. Farshad Tami, 5 June 2001; GreenLine website: www.greenline.org.lb.

commercial interests: dealers of agro-chemicals and wholesalers and retailers of mainstream processed foods. As previously noted, 80 percent of all food consumed in Lebanon is imported. Import companies, which are heavily dependent on preserved (i.e. processed) foods, naturally tend to steer the market in general, and consumer demand in particular, away from fresh local foods.

Importers and local food providers tend to use the mainstream media to influence and define the market. They disseminate conceptions of the modern diet as dependent on importation and Westernization. The public tends to believe that without the West's industrial approach to food a society will be unable to feed itself. The popular culture equates survival and prosperity with modernization, and this in turn with Western technology. Organic methods are therefore regarded as archaic and doomed to economic failure.

Cultural Factors Promoting Organic Agriculture In Lebanon

On the other hand, some global forces support the organic movement. In the past half century the world has witnessed agriculture and food consumption patterns evolve from natural, organic methods to industrial methods, and now begin gradually to return to natural methods. Lebanon's experience has, since the mid-1990s, reflected this same cultural cycle, and can be a useful example for illustrating why organic and sustainable agriculture has become a prominent paradigm once again.

The primary force in the evolution of modern agriculture has been its commercialization on an international scale. At one end of the spectrum agriculture is controlled by family farmers. At the other end it is controlled by corporations based far from the farming operations. Most countries have a mix of these two extremes whereby control and ownership are neither in the hands of the farmer nor of a distant corporation but rather a mediating agency, whether a regional economic body, a marketing board, an individual owner of large tracts, and so on. The past several decades of com-

mmercial farming history have clearly shown that it is more likely for organic practices to be established if the farm is in local control, less likely if control is more distant. However, it is also clear that organic practices are becoming well established in virtually all forms of farmland ownership structures, including corporate ownership.¹⁷

The experiences of Lebanon and other countries show that there are four primary factors in the renaissance of organic farming: the market, education, environmental imperatives and the high cost of agricultural technology.

In a market economy such as Lebanon, no matter who owns the land or how it is controlled the agricultural producer tends to respond to market demands. If consumers are demanding organic food and rejecting nonorganic food, the owner of commercially farmed land tends to move towards meeting that demand.

Market demand for organic food is in turn stimulated by education regarding ecological health issues. The more such education is disseminated among consumers, establishing new categories of thought regarding food consumption and health, the more it influences agricultural practice.

Irrespective of ownership the laws of nature ultimately determine the usage of land. The dire issues in Lebanon of ever scarcer water resources, erosion of topsoil, desertification and contamination of soil and water are beginning to force farmers and landowners to reconsider their dependence on agro-chemicals. Again this reconsideration is in turn stimulated by education, the dissemination of knowledge of the effects of such chemicals on the land and water.

To pursue farming according to Western industrial methods requires tremendous capital input that most individual farmers in the developing world—and most in industrialized countries as well—cannot afford. Machinery, chemical applications, petrol, spare parts and maintenance add up to an overwhelming financial burden, and not only for the family farmer. Organic farming is becoming widely recognized not only as an answer to market demands but also in many cases cost-effective for the producer.

¹⁷ See Michael Pollan, "How Organic is Corporate/Industrial Organic?" *New York Times Magazine*, 13 May 2001.

As farmers and landowners begin to understand these effects and recognize the economic and environmental costs they bear if they continue industrial farming methods, and also recognize the countervailing rise of popular demand for organic food and lowered production costs, they will naturally be turned to sustainable agriculture.¹⁸

This relatively new ecological consciousness on the part of consumers, farmers and agricultural landowners is worldwide and rapidly growing in influence. Dating from at least the early 1920s (Lampkin 1994a:11), awareness and action on ecological issues has evolved into a vast international matrix of social forces involving billions of dollars (McGinn 2000:99) of new products, new markets, and grassroots activity in the economic, political and cultural fields. What has made this movement of social forces so potent is that it is not dependent on any particular issue, such as the question of land ownership and control. Organic farming is an independent evolution.

Structural Aspects of the Ecological Health Community

Division of Labor

The division of labor in the ecological health community appears to be more flexible and more informal than in the mainstream. At times it is tenuous or even disappears, because in this community, health is considered anyone's province. Advice and guidance can come from not only a professional nutritionist or other specialist, but also from a shop owner, farmer, or client. For example, one health care specialist—a homeopath—has become a shop owner. Clients, that is consumers, have become retailers: the founder of Macrodetette was originally solely a consumer of macrobiotic foods; other clients are attempting to establish ecological health-related shops and businesses. A farmer (Ayoub) is also a new shop owner. One client is

also a well established urban farmer—growing in his home garden all of the vegetables in his diet, which amounts to 25 percent of his total food consumption—and a regular provider of health care guidance and information.¹⁹

Localism

One aspect of the ecological health paradigm that appears to be a deterrent to more rapid popularity is that it is not based on large, central institutions. The biomedical model is based on hospitals, clinics and laboratories, many of which are well known and fairly easy to locate in urban areas. Some sections of Beirut are named after hospitals that serve as major landmarks. Large buildings and other properties give these institutions a high social profile and facilitate their establishment in the public consciousness.

By contrast the ecological health movement, lacking such substantial endowments, is in this regard relatively invisible in the popular culture. Moreover, it appears that the advocates and practitioners of the movement do not intend it to have large properties and endowments, as they feel this would require a large and centralized bureaucracy. In this paradigm, which recognizes that “urbanization has broken the close connection between farmer and consumer” (Gardner and Halweil 2000), an essential part of the healing method is the reestablishment and preservation of the individual's close relationship with nature as it is manifested in the body, the environment, and the local community. It is therefore not oriented towards large, centralized institutions, but to the dispersion of knowledge, the necessity of individual initiative and action in the healing process, and the strengthening of the local community as the basis for the provision of the food that is the key to health. Whereas the biomedical paradigm assumes a dichotomy between the doctor and the patient, the ecological paradigm regards the professional healer and the

¹⁸ Recent rigorous studies in Australia comparing organic and conventional methods have concluded that organic farming is often the more profitable method. See “Australia: New Scientific Studies Offer Further Support for Organic Farming,” dated 27 April 2001, Organic Trade Services, www.OrganicTS.com, viewed 30 November 2001.

¹⁹ Interviews with O. Aghagarian, E. Ayoub, A. Merhi and K. Nader, op. cit.

client as forming a unity in which the healer acts as a guide or teacher dispersing knowledge and passing on skills, educating individuals and the local community as a whole. Centralization of knowledge and skill is antithetical to this approach.

Such centralization is, from the perspective of the ecological health movement in Lebanon, conducive to the individual's passivity regarding health. No doubt in the Western-oriented culture of Lebanon's educated urbanites who rely on the biomedical approach, the active involvement of the patient is, as elsewhere in the world, increasingly encouraged as physicians more regularly prescribe exercise, observance of diet rules, and accurate adherence to instructions regarding prescriptions. Yet followers of the ecological model of health care regard this paradigm as relatively passive. They believe that biomedical healing is located in two main processes, surgery and the application of medicines, and that the patient is not expected to understand the workings of the body or the wider context of the society and the environment as sources of conditions that breed illness. Furthermore, they argue that the biomedical paradigm offers no means of correcting this problem, as it considers health knowledge to be highly specialized and accessible only through rigorous training unavailable to the general public.²⁰

Localism in the ecological medical paradigm requires the individual to be not passive but active and involved in the local community; there is no dichotomy between center and periphery. Knowledge of health processes is not exclusive but rather accessible to all, and the more publicized in the local community it becomes the better the results. It requires the coordination between the healer, the client and ultimately the local community; and it requires, as Gardner and Halweil indicated, reconnecting the farmer and the consumer, for it is the local community that provides the food on which the healing process depends.

Media and the Growth of the Ecological Health Movement

In September 2001 Lebanon's New TV television broadcasting company launched a daily noon-time program on alternative health and culture hosted by Mariam Nour. The hour-long program is a loose talk show format that allows Nour to offer extended explanations, discuss issues with in-studio guests and respond to viewers' questions posed by telephone. The interactive element of the program also includes numerous references to email addresses and websites. The program exposes viewers to alternative health paradigms and familiarizes them with cultural values and practices outside the Western mainstream.

Nour has also used the program to launch and regularly advertise a systematic six-week training program for individuals wishing to study directly with her the proper selection and preparation of macrobiotic food. In the training program's first year, the four-hour daily sessions, which had some forty students, were held in the same building as Elias Ayoub's organic food retail shop. Nour and Ayoub had synergistically combined the shop and training program as a single health institute. The television broadcasts and the training programs together have widely publicized the ecological health movement among the masses in Lebanon and beyond (the television program is carried by satellite throughout the Arab countries), and have had a dramatic impact on the ecological health movement in Lebanon.

Ayoub estimates that before the Mariam Nour show and training program began he served about 30 regular customers and 30 first-time or occasional customers each week. He would make two deliveries per week to Beirut and Baabda. After their launch he has seen a ten-fold increase in his customer base, to 300 regulars and 300 non-regulars per week. His deliveries of farm produce have risen

²⁰ The late Robert Mendelssohn, a professor of medicine and hospital director in Illinois whose ideas are popular among alternative health advocates, including Mariam Nour, wrote that doctors "protect themselves . . . through the sacred language of the priest," a language "no different from jargon developed by any elitist group." "Semantic isolation also serves to disenfranchise the individual from the healing process. Since the patient has no hope of knowing what's going on, let alone assisting, why allow him or her any part in the process at all?" (Mendelssohn 1979:137-138).

from 2 per week to 6 per week, four to his shop in Beirut and two to his second shop in Saida.²¹

Ayoub's Saida shop, which he co-owns with local partners from Saida and which opened in early November 2001, is a further indication of the rapid growth of the ecological health movement in Lebanon.²² The Saida shop has experienced a very strong demand from customers who have watched the Mariam Nour program. Most of the customers reside in Saida and its suburbs, but many come from smaller localities elsewhere in the south of Lebanon, and from as far away as Tyre.

The new Saida shop represents a significant cultural development of the ecological health movement. Until its opening, the advocates of the ecological health paradigm in Lebanon were almost exclusively from the Christian community. The two organic retail shops in Beirut were located in Ashrafieh, the major Christian district of the city. The leaders of the movement, and most of the alternative health care specialists, are Christians residing in Christian sections of Beirut and its suburbs, and in Christian villages beyond. Saida, however, is the first predominantly Muslim locality where the movement has attained a firm foundation. Ayoub estimates that 20 percent of his total customer base now comes from Saida and other points in South Lebanon, and this only one month after the store's opening. The co-owners of the store are Muslim. In the context of Lebanon's long history of internal conflict such inter-sectarian cooperation is an important indicator of the ability of the ecological health movement to transcend cultural and political boundaries.

Lebanon's Experience in World Context

The growth of the ecological health movement in Lebanon has provided evidence of several facts relevant to the understanding of such movements around the world.

Cultural Independence and Development

The majority of the world's commercial organic farming is practiced in industrialized countries, primarily Western Europe, America and Japan. It was therefore, until recently, possible to argue that ecological health practices were confined to Western or Westernized countries, and that consumers in developing countries would not be so keen to support higher-priced organic products. In the past year farmers in Eastern Europe have been converting to organic at a rapid pace. The developing countries of the world have only recently begun to adopt organic farming and consumption practices.²³ Lebanon's experience provides additional proof that it is indeed possible for the organic farming renaissance to attract the attention and allegiance of people in non-Western countries, and in rapidly Westernizing countries of the developing world.

The ecological health movement in Lebanon is perhaps the strongest in the Arab and Islamic world. Mariam Nour's daily television program is carried by satellite from Beirut to all Arab countries, and has stirred considerable interest throughout the region. The health issues with which the movement is concerned, and the solutions it offers, have crossed the cultural boundary between not only the West and the East but also between the Judeo-Christian and Islamic cultures.

While the biomedical model is clearly a Western cultural construct, the ecological health paradigm cannot be identified as belonging to either category, East or West. It is neither Eastern nor Western but a unique synthesis of both. It is another aspect of the process of globalization. Distinct from the competition for hegemony, there is in globalization the rapid exchange of cultural knowledge in both directions. The ecological health movement illustrates this point on several levels. Many of the first practitioners of the macrobiotic diet in Lebanon were taught by adherents in France.

²¹ Interview with Elias Ayoub, 3 November 2001.

²² Ayoub's Saida shop is not the first organic food shop in Saida; an earlier shop launched by a citizen of Saida, and which centered on imported organic dry foods and health care products, closed in the spring of 2001 for lack of publicity and access to a steady supply of fresh organic produce.

²³ Organic Trade Services website: <http://www.organicTS.com/index.html>.

But Easterners had taught the French and other Western macrobiotic teachers, since the modern macrobiotic diet originated in Japan in the late 1800s. Completing the circle, as it were, in recent decades Lebanese are teaching Westerners: Mariam Nour has become well known not only throughout the Middle East but also in prominent circles in Washington, DC, where she established her first macrobiotic health institute.

In the space of cultural synthesis that is inherent in globalization the individual can find unusual freedoms. He or she can choose from the paradigms of any culture, and is not bound by any one of them. This interstitial freedom is not a unique characteristic of modernity; previous eras have witnessed intercultural encounters. But perhaps the uniqueness of globalization is that this space of freedom has become worldwide for the first time, and thus in a sense has become systemic, meaning that it is no longer accidental, but rather a cultural freedom upon which the individual and the community can rely in decision-making and planning.

More broadly speaking, Lebanon's experience shows that developing countries are now no longer dependent solely on the West for their concepts of development. The legacy of colonialism habituated developing countries in Africa, Asia and Latin America to look solely to the West for guidance on the future. Now, however, Lebanon has demonstrated that the developing world can display striking cultural independence from the West, that Eastern cultural traditions are able to attract people in the developing world just as they did earlier in the West. Development is no longer defined in terms of imitation of the West, but is becoming a vast open market of ideas of the West and the East. This is not to minimize the continuing importance and power of the West in developing countries. But it is to say that Eastern cultural traditions have a power and influence of their own deserving of recognition from development institutions.

Cultural Independence and the Empowered Individual

The Lebanese experience demonstrates that the ecological health movement is not specific to any country or culture. All the leaders of the movement tend to draw from a wide variety of cultural sources regarding health, an ecumenical approach rather than a culture-specific one. What we see emerging in Lebanon, then, is a reflection of the post-modern world's consistent concern with multiple cultures. It is a world in which national tradition is being superseded by a fluid and evolving matrix of traditions transcending national boundaries.²⁴

The fact that such multiculturalism is taking root in Lebanon, despite the country's history of sectarian conflict, indicates a number of significant cultural characteristics. The long war in Lebanon, which resulted in much migration out of Lebanon and subsequent exposure to foreign cultures, has weakened allegiance to traditions. But more importantly, the establishment of reliable and rapid modes of telecommunications and transportation has instantly created not merely the means of communication between cultures but rather a new cultural space to which all have access, independent of one's geographical location on the planet and free of any specific definition.²⁵ One's citizenship or place of residence is effectively nullified by the telecommunications revolution, which is really a new form of cultural expansion without any particular culture claiming the new space. An individual can be residing in Lebanon but belong to other cultures. Telecommunications has therefore detached culture from citizenship, identity from geography.

What distinguishes the current multicultural space created by telecommunications and transportation from older modes of cultural exchange is that it presents all the world simultaneously. In the past cultural borrowings were chosen at great distances from the individual by trading companies, royal courts and other power centers, and then filtered

²⁴ An overview of postmodern multiculturalism is found in Iyer 2000.

²⁵ This new cultural space formed by mass media is referred to as the "mediasphere" or "datasphere" in Rushkoff 1996:4.

down to the local level over long periods of time. Thus the individual was not in control of the borrowing process itself. But today the power to see and to adopt has come directly to the individual, whether she or he resides in an urban area or in the countryside, in the industrialized world or in the developing world. This power renders the individual able to transcend the categories we have for so long taken for granted as essential to identity. Lebanon's experience demonstrates that culture is being superseded by cultures, and tradition by traditions. In the process, it could be argued, the state, the sect and the tribe become superseded by the individual, who alone has the ability to choose to become a part of any culture she or he wishes. It does not spell the end of state, sect or tribe, but rather their fall to a secondary position in the cultural life of the individual.

The conclusion can be drawn that while globalization has most definitely proceeded at a rapid pace toward corporate goals of cultural standardization, there is a countervailing process promoting rapid multiplicity of cultural choices at the local level. Lebanon's ecological health movement shows that even in a relatively poor developing country still suffering the effects of a long civil war, cultural multiplicity is emerging from the same media that are bringing to Lebanon corporate efforts towards cultural uniformity.

Conclusion and Prospects

As they are practiced today in Lebanon, the biomedical and ecological health paradigms share many characteristics. Each has a powerful and tightly woven synergy, and is based on its own logical structure. In a sense, each is a belief system, and the advocates of each believe that their own system accurately describes reality and provides the means to control or manage our interaction with it. But the advocates of the ecological health paradigm argue that these paradigms also differ on many key issues:

- Primacy of profit vs. deemphasis of profit
- Rigid vs. flexible division of labor
- Obscurity vs. transparency of social ties (farmer-consumer reconnection)

- Large institutions vs. small institutions
- Centralized decision-making vs. localism
- Client passivity vs. client activity in the local community
- Institution-based systemization vs. nature-based systemization
- Mono-culture (Westernization) vs. diverse culture

Clearly these points describe an idealized sub-culture. The extent to which these ideals are realized in practice by the ecological health movement in Lebanon is debatable. As the movement achieves broader public recognition and acceptance it is conceivable that economic competition could become a more dominant aspect of alternative health care and food production in Lebanon, as has been witnessed in North America, Europe and increasingly in Africa. Presently, however, the movement in Lebanon remains for the foreseeable future a grassroots phenomenon.

Implications for Ecological Anthropology

The rapid growth of the ecological health movement in Lebanon can be viewed as a manifestation of new forces which cannot be ignored in the study of contemporary culture. Anthropology emerged in a time when the study of culture meant the assessment on the local level of interpersonal relations, use of tools and technologies, development of material culture and the construction and manipulation of symbols and systems of meaning. Now, however, as Lebanon's ecological health movement indicates, it is impossible to ignore the role of mass media in the evolution of local cultural patterns. We see in the recent growth of the movement a synergy between satellite-based, consciously interactive television broadcasting and agriculture, retail shops and a health training institute. All of these, taken together, have spread beyond the cosmopolitan urban environment of Beirut to influence a substantial number of consumers in South Lebanon, an influence which is leading them to change their patterns of consumption and conceptions of health.

Lebanese society has never been a closed system. Its history is comprised of an endless series

of cultural crosscurrents. The ecological health movement itself is a reaction against the influence of Westernization as a powerful mediator between Lebanese and their agricultural and food traditions. But the age of globalization in general, and global interactive telecommunications in particular, has meant that Lebanese culture is no longer subject to one dominant mediator, such as Turkish and French hegemony in the past or American hegemony in more recent times. Rather, telecommunications have for the first time enabled Lebanese as individuals to contact and utilize an endless array of other cultures at will. In this new situation they are not the subjects of outside forces but instead find themselves the creators of cultural forces.

This synergistic multi-media, multi-institutional phenomenon can lead to the conclusion that local-level ethnography must itself evolve to include a wider view of society, and particularly of mass media. Throughout most of human history interpersonal relations and symbols have been relatively closed systems restricted to a village or local region, evolving only very slowly over generations. Although this is still the case in more remote regions of the world, we must now recognize that very often, if not usually, ethnography is dealing with systems that are open and rapidly evolving because of that very openness.

The relationship between a local society and its natural environment can no longer be understood as an interaction between two forces affecting each other in a simple, dyadic, dialectical and closed system. Of course it is clear that rarely if ever in history is humanity's relationship to the environment a perfectly closed dyadic system; yet we often think of it as such, even in the modern world. When an ethnographer focuses on a local community the tendency is to apply this same dyadic paradigm, that is, to assume that the community has a direct relationship to its environment with few if any mediating forces in a closed system. Clearly this is not the case in Lebanon's ecological health movement. The concept of the environment in Lebanese culture is now evolving with great rapidity due to cultural influences from inside and outside Lebanon and the Middle East

conveyed by mass media. Therefore ethnography, in order to avoid becoming like a still camera attempting to capture a scene that is constantly changing, is likewise evolving.

References Cited

- AMMAR, W., A. JOKHADAR, AND M. AWAR.
1998 Health sector reform in Lebanon. *Lebanese Medical Journal* 46:328-334.
- ECOCHIFFRES.
1994 *Ecochiffres 1994*. Beirut: Ecochiffres.
- EL-FADEL, M., AND Z. HASHISHO.
1999 "Phase-out of leaded gasoline in Lebanon: Cost and health benefit analysis," Paper presented at the Workshop on Land Transport Policy for Lebanon. Beirut, Lebanon. 1999.
- FIGUÉ, G.
1996 *Le Point sur le Liban 1996*. Beirut: Anthologie.
- GARDNER, G., AND B. HALWEIL.
2000 "Nourishing the underfed and overfed," in *State of the world 2000*. Edited by L. Brown, pp. 59-78. New York: W. W. Norton.
- GOLDSMITH, E.
1996 "Global trade and the environment," in *The case against the global economy*. Edited by J. Mander and E. Goldsmith, pp. 78-91. San Francisco: Sierra Club.
- HADDAD, R.
2000 "Lebanese farmers grow more wary of depending on pesticides." *The Earth Times* 16 May 2000 (www.idrel.com.lb/shufimafi/archives/docs/earthtimes000516.htm).
- IMHOFF, D.
1996 "Community supported agriculture: Farming with a face on it," in *The case against the global economy*. Edited by J. Mander and E. Goldsmith, pp. 425-433. San Francisco: Sierra Club.