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FOOTSCAPE

Postal Address:
20 Shelley Ave
Bundoora,
Victoria, 3083

Phone:
0438 467 362

E-mail Address:
anthonylewis@footscape.com.au

www.footscape.com.au

From The Public Officer

I'm delighted to report that Footscape has been endorsed as a 'Health Promotion Charity' by the Australian Tax Office and now secured a 'Deductible Gift Recipient' Status. Amongst the significance of this title Australian residents can now claim financial contributions to Footscape as a tax deduction. Thereby with the end of financial year fast approaching if you'd like to make a donation please go to the secure <http://www.givenow.com.au/footscape> website. This page can also be found by clicking on the 'Make a Donation' icon on the Footscape website www.footscape.com.au.

The task of securing endorsement as a health promotion charity has been a long and difficult process. Footscape's application was based upon the significant impact chronic health conditions bestow upon foot health. It is terrific the Australian Tax Office recognised this link and the resultant implications for health and well-being in the greater community.

Footscape has now commenced providing clinical podiatry services at the Asylum Seeker Resource Centre. At present efforts are directed towards the provision of clinical assessment, patient education and referral practices. Clinical assessment data is concurrently being compiled for the purpose of research. At the same time Footscape shall be up-skilling staff and volunteers to help recognition of common foot pathologies impacting upon ASRC recipients of care. Subscribers to Footscape electronic newsletters are encouraged to learn more about ASRC as well as Asylum Seeker facts and figures in Australia by visiting www.asrc.org.au.



*Anthony Lewis
Public Officer
Footscape*

In This Edition

In consideration of our project with the Asylum Seeker Resource Centre this electronic newsletter will explore the impact of culture and diversity upon foot health and well-being. We welcome contributing articles from:

1. Cameron Kippen

Cameron elaborates upon cultural and religious attitudes pertaining to the feet and footwear. I find his commentary upon foot/shoe pointing intriguing and am reminded of my experiences in the Pacific Islands whereby this behaviour was equally frowned upon. As a result I frequently observed pressure wounds developing on the lateral malleoli of high risk diabetes patients who were expected to sit cross-legged on hard concreted surfaces.

2. *Melissa Hando on behalf of the Asylum Seeker Resource Centre*

This article is reproduced from the February 2011 electronic newsletter. Melissa provides an insight into the broad issues impacting upon asylum seekers' health. We encourage readers to contemplate the subsequent foot pathologies asylum seekers may exhibit.



3. Olivier Jacqmain, Managing Editor of Diabetes Voice

This published article reviews a diabetic foot case study of religious and political importance in Senegal. We thank Olivier for permitting Footscape to reproduce this article.

Shoe Insults and Foot Washing

At the trial of Anders Behring Breivik in Norway recently a distraught relative of one of the victims briefly interrupted proceedings by throwing his shoe at the accused. In another incident a lawyer in Faisalabad became so infuriated he hurled one his shoes at the judge in disgust at the judgment. For centuries in the Middle East throwing shoes has been an insult or form of protest. The practice gained widespread attention after Iraqi journalist, Muntader al-Zaidithrew, threw his shoes at then, U.S. President George W. Bush during a televised news conference in Baghdad in 2008. On that occasion he missed as the American President had the presence and speed to duck, however, the point was made.



In the Middle East both feet and shoes are imbued with considerable significance and

shoe throwing and shoe banging holds special meaning. Pointing a shoe at someone or hitting them (or their image) demonstrates a deep insult and means to direct impurity and pollution in their direction. The action is not to physically harm the individual but to remind all there is a greater judgment and the object of scorn should suffer the indignity of the most demeaning punishment possible. Footwear worn in ancient agricultural societies was used to protect feet from dirt and the act of throwing them toward another makes clear the intended

meaning. In Islamic tradition, culture determines feet occupy the lowest rung in the bodily hierarchy and shoes are considered unclean. The Holy Prophet, Muhammad (570 – 632) regarded shoes as so impure he commanded the faithful remove all dirt from their sandals prior to praying. Pragmatism prevailed and it became easier just to remove shoes and entering a place of worship without shoes was a gesture to maintain the purity of the place of worship. The ancient Greeks considered it a blasphemy to enter a temple without the feet being washed.



In Hebrew custom foot washing became an important ritual and was later taken as religious rite observed by many faiths including, Christian, Islam (Wudu), Buddhism and Sikhism. During Biblical times baring feet signified the status of an honoured guest and washing feet put guests at ease not to mention kept floors and bedding clean. Foot washing usually fell to the lowest house servant and was generally viewed as an honour or service. Jesus dramatically sub-

verted the symbolism by washing his Disciple's feet and describing his action as a measure of humility and brotherhood. In the Christian faith service rather than status represents greatness in the Kingdom of Heaven. This action is thought to have symbolically prepared the disciples (and their converts) to walk in the path of righteousness. Symbolic foot washing or Pedilavium (ped 'foot' and lavo 'I wash') was practiced from the early centuries of Christianity. By the late 12th cen-

tury, the Pope washed the feet of twelve sub-deacons after his Mass and of thirteen poor men after his dinner. By the thirteenth century special corridors were built in many churches for the sole (excuse the pun) purpose of foot washing. The same custom was also followed by most European monarchs and involved the King washing and drying the feet of 12 peasants. Christians adopted the Hebrew foot washing ceremony and in some religious faiths this is still considered as one of the three ordinances (sacrament) i.e. baptism, the Lord's Supper, and foot washing. The act of washing the feet symbolically acts as a renewal of baptism and commitment to living God's way of life. Foot washing is still practiced in one form or other throughout the world on the

Thursday before Good Friday. Popes, religious leaders, and monarchs have all honoured the commitment to faith and humanity. In the UK the ceremony was often accompanied with the distribution of alms in the form of food and drink, clothes and money. Until 1689, in the reign of William & Mary, the monarchs personally washed the feet of the selected poor. Foot cleaning was replaced by specially minted coins, called Monday Money. To this day the custom is still celebrated on the day before Good Friday, when Her Majesty the Queen distributes specially minted money to the poor. A man and woman are chosen to represent each year of the monarch's life and given the special coins in a church. The specially minted coinage is worth much more than its face value.



In Biblical Times the change of ownership was confirmed by the removal of a shoe (Ruth 4:7), and the Jewish custom, of shoe banging was used to seal a deal similar to a gable at an auction. Wives were considered chattels (personal property) and in many cultures a marriage was a business deal no different to the commercial exchange of goods. The French medieval custom for the bride's father to give their daughter's shoe to the groom may well relate to this old custom and symbolize the exchange of chattels and more importantly the passing of respon-

sibility for her well-being to his new son-in-law. Another French custom was for the groom to sit with his shoe over his bride's foot during the wedding ceremony. A variation of this the groom used the bride's shoe to tap her head and demonstrate he was master. This thought to be a remnant of the old judiciary custom in Biblical times when a judge stood over the accused with his foot placed on his neck. The aforementioned lay prostrate and only if found innocent would the judge then lift his face skyward.

The ancient Persian custom of proskunew involved kneeling and putting the face to the ground and sometimes involved kissing the ground. Falling prostrate was taken as the act of submission, respect, gratitude, supplication, neediness, and humility. This was used on all sorts of occasions and thought to have originated as a non-verbal greeting where men of equal rank would kiss each other on the lips. An inferior kissed his superior on the cheeks, and where one was much less noble rank than the other, he fell to the ground in homage. Considered to have become ritualized at the oriental courts, depending on rank, visitors would prostrate themselves, kneel in front of, bow for, or blow a kiss to the king. There may have been practical reason for blowing a kiss as halitosis due to poor dental hygiene was common. Magicians adopted a similar approach in order to prevent contamination of the sacred fire. Kissing the feet was a gesture of homage and deference, far removed from erotic roots. Millions of pilgrims with loving pressure have worn down the feet of the statue of Saint Paul in Rome with their lips. At the beginning of the Holy Roman Empire it was the custom for the faithful to kiss the right hand of the Papal Father. In the eighth century, a rather passionate woman took liberties and according to legend, the Pope cut off his hand in disgust. The custom of kissing the Pope's right foot was adapted as more appropriate. Pope Innocent III (1198-1216) had kings and churchmen kiss his feet. Today the act of homage involves kissing the Pontiff's right shoe. Lips are aimed at the cross-depicted on the shoe and the act is taken as a tribute to his authority or the simulation of servitude.

Footnote

The famous shoe banger must be Nikita Khrushchev, the First Secretary of the Communist Party of the Soviet Union. Khrushchev was from peasant stock and poorly educated. In debate he often showed in his uncouth animation especially when faced



with intellectual opponents. The classic example was shoe banging, during a meeting at the UN General Assembly meeting in 1960, Nikita Khrushchev banged his shoe against his desk, with indignation. The incident was reported widely as Khrushchev's shoe-banging episode probably did more to avoid global conflict, than the furious diplomatic arrangements, which were going on as Kennedy and Khrushchev faced off each other over the Cuban Crisis. According to his son, Sergei Khrushchev, his father had small feet (size seven or eight), and when he flew to New York he was wearing ordinary shoes. In the oppressive city heat he switched to sandals which he was wearing at the time of the famous shoe banging incident. By chance Nikita Khrushchev must have been carrying a pair of extra shoes which is just as well since the Cuban Crisis could have sparked a nuclear war.

Cameron Kippen
 foot talk Blog
<http://toeslayersmoviereviews.blogspot.com>
 Cameron K's Blog

Asylum Seeker Health in Australia

Experiences of the Asylum Seeker Resource Centre, West Melbourne

Every person has the right to live free from persecution, or the fear of persecution, based on their race, religion, nationality, membership in a particular social group or political opinion. Those who flee their country to seek these rights are termed asylum seekers. Often a hot political topic in Australia, asylum seekers' remain one of the most marginalised groups in the Australian community. The Australian asylum seeker system is one that all too often forces people into poverty, destitution and homelessness. This in turn impacts negatively on health and mental health. Unfortunately, despite the increased health needs of asylum seekers, eligibility for health services is variable, and far from comprehensive. The unique and often complex health needs of asylum seekers are often not appropriately met in the current system.

At the Asylum Seeker Resource Centre in West Melbourne, a five day a week asylum seeker health clinic operates, the only one of its kind in Australia. The Centre has been in operation since 2001, working from a rights-based framework to meet the needs of asylum seekers in the community. Driven by a dedicated health team of staff and volunteers, the ASRC health programs provide pro bono services for all asylum seekers from GPs, physiotherapy, massage, shi-



A volunteer providing care at the ASRC health clinic

atsu, diabetes education and nursing support, as well as access to pharmaceuticals. A thorough understanding of asylum seeker health issues and the needs of this population group make this a unique service that is filling the gaps for asylum seekers.

Issues impacting on asylum seeker health:

The issues impacting asylum seeker health are multi-faceted. Our experience at the Asylum Seeker Resource Centre has highlighted some key factors, including:

- Effects of torture and trauma experienced prior to arrival in Australia
- Often limited access to effective or comprehensive healthcare in their country of origin, either due to limited health infrastructure; discrimination and/or persecution; and impacts of war or disaster.
- Impact of immigration detention on health.
- Poor health literacy
- Access and eligibility to health services in Australia.

These are then often compounded by issues of destitution, extreme financial hardship, high levels of stress, anxiety and post-traumatic stress disorder, coupled with a lack of knowledge of the Australian healthcare system.

Don't asylum seekers have Medicare?

Following a policy change in July 2009, asylum seekers were granted greater access to Medicare and work rights, a significant shift from the Howard era where access to Medi-

care was extremely limited. However, barriers remain. In particular:

- Eligibility is linked to a person's visa status, which means Medicare access is often temporary and can change over the course of someone's protection visa application process.
- Many are eligible but are not aware they are! There is no automatic process of assisting asylum seekers to gain Medicare if they are eligible.
- With often limited English and a lack of knowledge of "the system", navigating the Medicare application process for asylum seekers is often difficult.
- Asylum seekers are not eligible for a Health Care card, meaning they cannot access subsidised medications or other Health Care card entitlements. This means whilst an asylum seeker may be able to see a GP, they often do not have the money to pay for any medications prescribed.

What other health services can asylum seekers access?

In 2005, the Victoria State Government granted access to many DHS services for Medicare ineligible asylum seekers. This included hospital services, ambulance services in emergencies, as well as the Royal Dental Hospital and Community Health Services. This has proved a crucial initiative in broadening health care access for asylum seekers. This is, however, a state-based initiative and is not necessarily replicated in other states.

There also exists DIAC-funded welfare support for a limited number of asylum seekers, administered by the Red Cross and called the "Asylum Seeker Assistance Scheme". This scheme provides limited health and welfare support for eligible asylum seekers, however eligibility criteria are quite narrow

and the support is only available for those at the early stages of the refugee determination process.

So what does this mean for asylum seeker health?

Health care is not a right or entitlement afforded to asylum seekers in Australia. Rather, they are forced to navigate a complicated and confusing system of eligibility criteria, limited access, and lack of knowledge in the community. The complex health needs of this population group, coupled with incomprehensive health care eligibility and access to other essential social services mean that many asylum seekers are either "locked out" of health care or fall through the gaps. With health needs often focusing on acute and crisis needs, critical areas such as foot care often remain overlooked.

*Melissa Hando
Asylum Seeker Resource Centre .*

Another volunteer in the health clinic



Religion, politics and the diabetic foot in Senegal

People in Senegal come from a wide variety of ethnic groups; about three-quarters of the population live in rural areas. While a number of faiths and cultures are recognized in Senegal, Islam is the predominant religion: over 90% of the people in Senegal are Muslim. Islamic communities here are often organized around one of several orders or brotherhoods, headed by a khalif. Indeed, the systems outside the State have a powerful influence in Senegalese life and politics.

Sixty seven-year-old Venerable Karamogo is the spiritual and community leader of a village in the South of Senegal. About nine years after Karamogo was diagnosed with diabetes, a chronic infection developed in his left leg. The surgeons recommended amputation; but this advice was firmly rejected by Karamogo and his family. Apart from the common and understandable fear of losing a limb, Karamogo and his family expressed their strong concerns over two main issues – one religious, the other political.

There is a verse in the Koran which states that “no modification of God’s creation” shall be performed. The strength of Karamogo’s belief was such that he preferred an early death with

his body intact to a longer life without one of his legs.

The second issue was culturally based and had the potential to provoke political consequences. Traditionally in Senegal, it was understood that a leader who had been injured during combat or had a handicap could not govern. Although Senegal has a democratic political culture, it has a history of kingdoms, brotherhoods and colonial struggles. An injury such as the loss of a limb continues to be regarded as a weakness and has been the reported motivation behind uprisings in Senegal even against royalty. It is understandable then – while not ceasing to be reprehensible – that Karamogo’s wound remained hidden for weeks before his first consultation. Seen in this context, it is also easier to understand the stance of Karamogo’s family. Fears for the physical wellbeing of a father or grandfather were countered by concerns about the wider impact in their community of a surgical intervention.

A series of discussions ensued between health providers and Karamogo and his family. As a result, the operation to amputate the infected leg was postponed, and a nurse was called in to tend to the wounds. The ulcers on Karamogo’s leg were

debrided correctly and the dressings changed daily. This treatment lasted several months and had a spectacular outcome: the leg healed.

This ‘happy ending’ concludes for the moment the story of Venerable Karamogo and his diabetes foot complications. It is a story that we use at the University in Dakar to illustrate the impact on our daily practice of the social, cultural and religious factors that are particular to this country. Like all good stories, this one draws the listeners into a person’s life and helps them to understand the choices that the person made. It is my hope that when you read this story, wherever you are, it serves as a reminder that, as health-care providers, it is imperative that we appreciate people’s culturally based sensitivities, however bizarre these may at first appear to us.

For those of us who are physicians working with people with diabetes, there is another important message: a nurse who saves one leg is of more value to a person with diabetes foot complications than a surgeon who amputates ten!

*Maimouna Ndour Mbaye
Assistant Lecturer
University of Cheikh Anta Diop Centre
National de lutte contre le diabète,
Dakar, Senegal.*