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In a profusion of messages and words, several worlds meet

by Maria Paula Prates, Aline Regitano
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Research Note

Health agencies have administered the global crisis caused by COVID-19 as a *pandemic* which should follow epidemiological models and biomedical references to counter it. Such models seem limited as to account for the intricacy of human relationships and their relations to the invisible world: a world which is invisible to naked eye and does not count with proper qualification such as that of microorganisms as viruses and bacteria or the one inhabited by spirits and other extra-human agencies. Recently, [Richard Horton \(2020\)](#) recovered the concept of syndemic, coined in the 1990s by anthropologist Merrill Singer, in order to argue that COVID-19 affects everyone, but not equally. Considering that we have experienced a syndemic rather than a pandemic, the author emphasizes the importance of observing socioeconomic inequalities and diseases as intertwined, even though they are usually characterized exclusively as biological events. [Emily Mendenhall \(2020\)](#), argued that using the term syndemic rather than pandemic should not necessarily be applied globally. Characterizing the impact of contamination by COVID-19 as a syndemic becomes relevant because it raises awareness to the fact that situations of social inequality and pre-existing diseases, which are often disregarded of their importance due to the intersections between race, gender and class, assume an even more destructive force when diseases such as the one caused by SARS-CoV-2 spread. Specific social realities anchor Mendenhall's discussion as to avoid clearing the political potential that the idea of syndemic supports.

In the present text, we count on two women leaders as to ponder on the pandemic in syndemic terms amongst indigenous collectives: Watatakalu and Yva, Talcira Gomes' Guarani name. We begin, thus, a process of knowledge production that aims to contribute with epidemiologic models and infectious disease contention from indigenous sociocultural parameter. There are differences in the modes of feeling, living and being impacted by crisis within these microlayers of inequality. Therefore, COVID-19 syndemic impacts the flesh and bones of indigenous women and men in distinct manners. Tasks, expectations, caring economics, movements within networks of relatives and urban centers, amongst other activities, vary within genders. We are significantly interested in Mother and Child Health, a division amongst peers from the health sciences.

According to the newsletter [Saúde Indígena em um Minuto](#) [Indigenous Health in a Minute], published on August 4 2020, DSEI Altamira has encouraged Asurini women to give birth inside their communities, and thus, avoid contamination in local hospitals. Cotton hammocks weaved amongst relatives which aim to embrace the children who are about to come to the human world reveal procedures, wisdom and modes of caring as intertwined. In general, the syndemic seems to have braked hospital-centrism around the event of childbirth. Home birth as a manner to avoid the hospital, in the event of SARS-CoV-2, is a movement that has taken place amongst several women and, it has found support among health professionals around the globe (actions such as those have taken place in several locations as in [México](#), for example).

Although the posture of DSEI Altamira could be perceived with optimism because it paves the way for a possible reassessment of health care for women and children, it is acknowledged that situations vary according to each district and, above all, they are a result of guidelines

and understandings anchored in personal postures rather than institutional protocols of action. In the aforementioned DSEI, nurse Vanessa Barroso, led the action.

According to information we have, several indigenous women have “taken advantage” of the COVID-19 crisis in order to reestablish childbirth amongst relatives in some areas throughout Brazil. That was the term used by one of our research interlocutors. We will give special attention to what our friends Watatakalu and Talcira tell us about the syndemic on the following lines. Our next research note, will be dedicated to movements which define whether childbirth takes place in hospital settings or in communities as well as to ponderings over the practice of midwives and *rezadores* [indigenous preachers] within indigenous response to COVID-19.

Testimonials and counselling by Talcira Gomes and Watatakalu Yawalapiti

During 2020, as the new coronavirus spread throughout the world, Watatakalu, Talcira and us exchanged several audio messages. Somehow, we have always kept in contact but it increased as COVID-19 became part of the everyday repertoire. Whatsapp audios guided by reciprocity towards the interest in knowing whether everything was alright, as far as possible, became frequent. Currently, there is a shift between voice messages and silent moments caused by fear and pain of losing a relative, as in the case of Watatakalu and, due to shamanic treatment, as in the case of Talcira. Last November, as we began writing the chapter of the book *Childbirth, Persons and Bodies*, we invited Watatakalu and Talcira to talk to us about the impacts of the current global health crisis on the lives of indigenous women, especially, within their communities. The invitation for an “interview” was promptly accepted by both, but it took place in different dates and circumstances.

Watatakalu talked to Aline in 14/09/2020, through an online platform, for about forty minutes. She shared a little about her “struggle” since COVID-19 reached Xingu. Considering the limitations of a video conversation, it was possible to listen, see and be affected by her. She has experienced all this outside her community and on the front-line of combat and prevention of the disease on Terra Indígena do Xingu [Xingu Indigenous Land]. Watatakalu is the daughter of a Mehinako mother, a Yawalapiti father, Wuaja and Kamaiurá grandparents. Since she was a child, she has been trained to become a leadership. Watatakalu grew up between the life in the community and in cities such as Brasília (DF) and Canarana (MT). Thus, she learned how to make politics inside and outside Xingu. In addition to being the mother of two children, she is an active voice within the indigenous movement nowadays. She coordinates the department of women at Associação Terra Indígena do Xingu [Xingu Indigenous Land Association – ATIX].

Talcira is a Guarani Mbya leadership who has become an important advocate of her people. As Maria Paula asked her if she was interested in participating on an interview for PARI-c, she manifested her will but did not indicate when that would take place. Communication through Whatsapp voice messages works well but there are limitations. All conversations between Maria Paula and Talcira tend to end with words that indicate an encounter to be lived soon, in person, in the future. There are topics which cannot be touched over Whatsapp. As Maria Paula was aware of that, she asked Talcira about the possibility of an “interview”. Choosing the word interview instead of conversation was the manner found by Maria Paula to express the wish to make the message public. Days went by until the moment when, at a certain sunrise, Talcira recorded audios talking about the new coronavirus syndemic and saying how life at Teko’a Pará Rōke has been affected.

We asked both of them about how indigenous women have been affected by COVID-19 syndemic and how it has been dealt with. We also asked about their main worries and perspectives for the near future. On the following lines, readers can read Talcira e Watatakalu.

Talcira Gomes' message to Maria Paula



The transcript of Talcira Gomes' oral message follows the commonly used spelling among Guarani Mbya teachers in southern Brazil.

Nhande ka'araju pave'i.

Good afternoon to all my relatives, to those who are not my relatives, good afternoon to all of you who are from different states and different countries as well.

My name is Talcira Gomes, I am a Guarani person. I am an indigenous person, a *cacique* [community leader], a Guarani woman. I am the only *cacique* amongst the women in Rio Grande do Sul. I live in a community called Pará Rõke, which means "gateway to the sea". It is located in a town near the border between Rio Grande do Sul and Uruguai. I have lived there for three years.

I have something to say: it's about the pandemic, about this disease which has been killing several people. Here, we're prepared. We are 80 people living here... If I'm not mistaken, it has started in March, this disease that you call coronavirus. Even though we live in a community, we are isolated and we don't leave our homes, I am very concerned and very scared too. We have been doing many things around the community. We had started the construction of our House of Prayer and, thank God, everything is ready now. After that, we are going to start growing vegetables. We are a bit concerned. I'm concerned about the world. The world is calling for help because of all the evil that has been going on. I am very concerned about this. Still, we pray a lot. We already have our House of Prayer; a place we go three times a week to pray. There, we ask God to put an end to these things that have been happening. I am scared because several people are dying. I advise the children and my elders who are here. Still, we have our own cure, we've been preserving our cure. If anything... if we have a fever, we have our medicine, traditional medicine we have used. We still preserve it. We preserve our indigenous language too. I have many friends who live in other countries. I always pray for them, all of this... There's concern.

Even though we are not infected by this disease, we are concerned with people around the world because our heart is pure. Our heart is not filled with hatred or anger. Our heart is filled with love and this situation affects people here, Guarani people. Last year (2019), we had a Guarani healing, a shamanic Guarani healing. We don't host only Guarani people here, anyone who believes in our religion may come. Then, we heal. We heal through the heart. We heal through infusions. We heal through our *petynguá* [Guarani tobacco pipe]. We heal through spirituality. We did all this last year.

I've been praying with concern. Still, we make our medicine, we plant our medicine. We are concerned about other peoples, about other indigenous peoples who don't know how to make medicine and are dying too. I guess they don't use traditional medicine. We always bring it from the forest. We make the medicine. We drink it. We make infusions and we heal with them. In our community, we are never afflicted by such things. We don't even catch the normal flu. We don't catch anything. We are happy here.

Still, our hearts hurt inside when we think of other people. I'm very concerned. I am here, but I am on my land. I'm watching watermelons and potatoes grow and, due to this, we grow stronger. We must have faith in God, we must have faith in God! God knows what to do and what not to do for us. This also causes great concern among us. We live close to the border, but we are also happy.

I speak a little about such things because I don't know what is going to happen in the world from now on. We know the things that are about to happen, the things that our own God is going to make happen on his land. Not many people know about this. *Juruá* people (non-indigenous) don't know what's going on. We are concerned about this. There are several things.

Still, we are happy. We are happy in our community. We've been farming, we've been handcrafting. So, we forget a little about these problems. It affects me much at times. That is my concern, what I tell you about this pandemic. We are very concerned. Still, we pray for the people and for the world because our heart is pure.

That's it. I can speak more about it some other time. I can tell you more about the pandemic and the things we do in order to protect ourselves. Guarani people have several manners which serve as protection from the bad things that are coming our way. Not only the disease. All this. We are wise because we are Guarani, we speak only in Guarani within our community. We speak Portuguese as well, but it's against our will. Still, we are happy. We are always

happy. Several things are happening around the world and we are happy. Nothing bad comes our way. This brings me a lot of joy. When I'm not happy, I'm thinking of the people who are dying. That is my concern. All the world, all the people, could think as Guarani people do. There's always much difference between white people and Guarani people.

Ha'eveté, ha'eveté che, friend Maria Paula, who asked me to speak a little. Some other time, I can speak more. *Ha'eveté! Aguyjevete!*

Excerpts from Aline's interview with Watatakalu



It is something that our relatives already knew it could happen because in the past something similar did happen. However, in ancient times, we didn't know. Our ancestors didn't know about it but we knew it could happen. It has hit our communities and other indigenous peoples in a very tragic manner. We have lost several people in our family. It comes as a cultural devastation. What is it? It takes our elders away. Our elders are the ones who teach us. They are our books, our whole libraries. They are our language, our practices. I've seen it happen within different peoples. Kalapalo, Matipu and Nafukwá, in Alto Xingu, were affected first. There are several Kalapalo communities. They didn't lose anybody in their main community. Why is that? Because they used many medicinal plants. Among the Nafukwá, they lost one

person. Among the small Kalapalo communities, they lost three people. It is related to cultural detachment, though.

Our cultural detachment is caused by the fact that these communities are close to the city. I could notice different modes of action of this disease within different locations. In places where culture prevails, communities could use non-indigenous medicine combined with traditional medicine. I could notice positive outcomes, then. There were no deaths in Matipu. It was brilliant. They say they have used many herbs. Several medicinal plants combined with non-indigenous medicine. Amongst my people, it was devastating. It took my *cacique* away. It took my grandaunt, one of the elders, my cousin, my uncle.

Just to give you an idea, our elders today are as if they were adolescents, still in formation, rebels. These are our elders today. Due to their contempt, due to their recklessness, we have lost our elders. That doesn't mean that the lives of those who didn't pass are less important. All lives are important. It is just that those who passed didn't deserve it. They did everything they could so that this disease wouldn't reach our community. They are the ones who begged for the disease to stay away from our community. They are the ones who had the knowledge. They had everything to teach us: the language, rituals, arts and crafts. Our teachers are the ones who passed away.

I look at my people and the elders are us. We are forty years old. My cousins. My older cousin is 42 years old. We are the elders of our people. It is very funny that the universe has turned us into the elders of our people now. This responsibility fell hard upon us, *puu*. This concerns me a lot because our parents, our elders, they conquered their space, they had their names because they did something. Quite a few youngsters who have received this responsibility just as *vuck*, they've got it all, this is not heritage, you know. Having a place in our society doesn't come as a heritage. You must do something. You must conquer this sort of space and that concerns me a lot because we live in a pretty chauvinist world. Our society is pretty chauvinist. Our parents, our leaders who passed, gave us a lot of strength so that we could find our space and speak up when decisions were being taken. We had their support, but leaders today do not think like that. Perhaps, we'll have to face all that as well.

I have experienced the loss of my father. I've seen people go astray within my own family. And, I may see that again. Not only within a family. I may see that happen to an entire society, a community. That's what happened within my community. An entire ethnic group was contaminated, the whole community. I think I'm one of the few Yawalapiti who was not contaminated. I've seen, lived and suffered the pain of loss. I've seen my relatives die. I've seen them suffer, and there was nothing I could do about it. That was mad. It is as if I had already lived that. I'll tell you about it afterwards.

The disease hit Kamaiurá people hard and the situation is very severe right now. Amongst my people, they have been recovering. It is less severe now. In places where culture is shaken, I've seen this disease disassemble an entire community. In my opinion, each group reacted differently. There were no losses among the Kuikuro. They used many plants. Nobody went to hospitals in the city. They stayed there, they've even created a sort of hospital in their community. It was brilliant. The work they did was beautiful. Wauja people also created a sort of health facility.

The government designed a plan but it didn't have the money. Despite of that, communities were able to execute the plan with money from former partnerships. They built such structures, then. On the other hand, some people didn't accept this support. My people didn't accept this support. Kamaiurá people didn't accept it either. They didn't accept this arrangement because it took place before the disease reached the communities. This disease is now on Baixo Xingu

and its mode of action is different there. Contamination is very slow there because in Baixo Xingu the culture is based on small family communities. There is a community for each family. So, there are one, two, three houses in each community. Due to this, contamination wasn't as severe as in Alto Xingu. Daily, fifty people are contaminated at once in Alto Xingu. Suddenly, three hundred people are contaminated. It is not like that in Baixo Xingu. People may ask, and the women, how did they manage it? In the beginning, the women organized themselves as to avoid the disease spread within the community, but we had to fight against patriarchy, everywhere. I saw women being used as excuses for men who wanted to go to the city. "My wife needs soap", "my wife needs this", for example. We organized a campaign as to provide items men were saying women requested, then, other excuses were created: "I need to take my wife to the city because her *Bolsa Família* [a (social) welfare benefit] was blocked".

Several people lost their lives. They were contaminated because of *Bolsa Família* or *Auxílio Emergencial* [an emergency grant]. Several people died because of six hundred *reais* [about 80 pounds]. These are some of the things I've seen. These benefits were used weapons against us. They threw the baits and our relatives caught it. I've seen women being used as bait because the pension is registered under the women's names. Now, we just have to reconstruct all this. All that was left behind.

The aforementioned chapter written by the authors is from the book *Childbirth, Persons and Bodies: interweaving Culture and Biomedicine*, to be published on the first semester of 2021 through Springer Nature editorial.

Translated by Karen Villanova

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