Maria Paula Prates

The invisible threats and the unhealthy world

What might the Mbya (Brazil) teach us about Corona?

The first day I realised I was really afraid of being infected and also of the proximity of the new coronavirus to my family, I understood what some of my Guarani-Mbyá friends have been saying to me since 2003. For them, every time they need to go out of their teko'a (existential territory) it is a challenge to not become infected by actions of the Juruá ("White" people)[1]. Usually, only persons who are prepared to face the Juruá world are allowed to represent their people in governmental meetings, for example. And they prepare themselves for that: intensive caring is given by the Karaí (Mbyá healer), with the petynguá (tobacco pipe), seeking to protect these persons' ñe'e (vital force) from the Juruá aggressiveness.

They are not talking about a virus, but they are also talking about an invisible threat. Only the Mbyá healers can see the Juruá danger as only scientists can see the coronavirus. When these Mbyá interlocutors come back to their teko'a, they once again receive the healer's intervention with tobacco. Each time I come back from the supermarket I need to take off my shoes, to disinfect them and do the same in regard to everything I bought and the clothes that I was wearing. Finally, I carefully wash my hands to finish the ritual that will possibly avoid my contamination from the "external" world, in this case, the coronavirus. What do I have in common with the Mbyá interlocutors, when they are faced with the Juruá, beyond the possibility of being infected by an invisible and dangerous threat? If either of us fail to perform all these interventions and do not pay attention to the "extra" world relations, we put our community at risk. We depend on each person in our community, and if one of us is exposed to the invisible threat all of us are in danger.
It is not difficult to imagine this scenario today, living through what we are currently

experiencing, but it would have been quite strange to think in this way a few months ago and also feel that we are part of a community. I know that I was referring to my family members just some lines before but it could perfectly be extended to all my social relations, direct or indirect. Furthermore, the sense of community is not something obvious in Western societies where the notion of person is much more anchored in the individual and where the neoliberal moral economy is a mode of existence much more experienced than an idea of collectively sharing the same body.

It was through facing this pandemic that I finally understood the very little details of meanings that my Mbyá friends have been saying to me. It is like being affected, in the sense that Favret-Saada (1977) has pointed out about witchcraft or in the way that made Renato Rosaldo (2013) understand the meaning of linget, a feeling that the Ilongot from the Philippines had tried to explain to him, during his ethnographic fieldwork, that only became real and tangible after having lost his wife. I am aware that there is an asymmetry here, that my experience is not exactly the same as that of the Mbyá, neither did Favret-Saada and the people of Bocage or Rosaldo and the Ilongot share precisely the same experiences. However, this kind of affectation that was pointed out by Favret-Saada has an effect which is not rational but from something that affects us, that is caused through an intensely bodily experience. It envisages a move, a changing from one state to another. I mean affectation in the sense developed by Deleuze (1978) from Spinoza's work that encompasses any dichotomy between body and mind.

When government advice began to be addressed in regard to self-isolation in the UK, my familial everyday life had already changed. With attachments to France and Brazil, our family ties and the personal information and official news that were coming from these other countries, have impacted on our decision-making related to daily concerns. If in the UK, the governmental measures have seemed mild to us, looking to Brazil they were harder. The Brazilian government has been denying the severity of the Covid-19 pandemic. Since France has started to tighten its health and sanitation measures, we have begun to do the same, even living in London. Working

from home and keeping children at home though everything and everybody were in their “normal” place: we tried to anticipate what was already happening in France. To be in this “betweens” – and as an anthropologist – makes me compare State actions, and how different States govern bodies and subjectivities, and about how people face these unprecedented events as well. All of these are fascinating subjects to think about. However, I am not an anthropologist only “thinking” about it, I am living it as a mother, a daughter, a wife, a sister and a friend of many people that are also in the middle of this storm. And it is from this place that I was affected by this contaminated feeling. Besides that, I am really concerned for the indigenous people of Brazil at this moment.

In Brazil, there are around 300 indigenous peoples. Each one of them has their own cosmology and own modes of establishing relations with non-indigenous people. The Brazilian far-right president was elected on a government platform against these indigenous groups. The economic basis of his supporters were the “ruralistas” (great landowners like soybean and livestock farmers) who are the main opponents of the recognition of traditional indigenous territories. Jair Bolsonaro has been calling the coronavirus pandemic a “little flu” and if he is not acting to contain the spread of Covid-19 among the Brazilian population, things are worse, if we think about the indigenous people. The Secretaria Especial de Saúde Indígena – SESAI (Special Secretary of Indigenous Health) – is coordinated by Sistema Único de Saúde – SUS (The Brazilian Public Health System), which is a civil achievement derived from the re-democratization process after a long dictatorship and culminated in the Federal Constitution promulgation in 1988.

The public health policies towards indigenous people living in Brazilian territories, we could say, are great and very inclusive. However, if the Brazilian government does not do anything to avoid the spread of coronavirus among the indigenous people, we could expect a genocide. Amongst them there are different histories of contact and exchange: some have intermediate levels of contact, others are close to the big

urban centres. Each one has a singular way of regulating the “White” distance or proximity. Furthermore, many indigenous groups are isolated. That means without any kind of contact with non-indigenous people. The data from SESAI shows that indigenous groups are at high risk for respiratory problems. They don’t have immunity for most of the diseases already known by “Whites”. It means that they are at high risk of the coronavirus.

Recommendations have been circulating among indigenous leaders and NGOs so that indigenous people do not leave their landscapes. The guidelines for preventing coronavirus, which consist of some universal hygiene measures, such as washing hands for twenty seconds, not sharing cutlery and glasses, cleaning items with alcohol gel, changing clothes and isolation, can be more difficult to carry out in indigenous lands. Thinking about the Guarani-Mbyá people, for example, it is impossible to conceive of everyday life without sharing things and places. They are used to moving among their communities. Exchanges of modes of healing, such as visiting specialist healers that live elsewhere, circulating grains and seeds, and kinship relations that matter in the case of healing a kin are very important actions as well. All these situations are encompassed by their conceptions of life, health and disease. And it is important because it is the way to remain alive. We are not talking about a personhood centred in an individual. We are talking about persons and their relation as vital for a healthy collective. In addition, the Guarani-Mbyá are used to smoking tobacco in a recipe called petynguá. It is an important tool to maintain the health not only of communication among human beings but also with their divinities. Furthermore, they use mate (or chimarrão), which is a hot drink made from Ilex paraguariensis (scientific name). How can all of these practices be avoided if they are intrinsically linked to their conceptions of health?

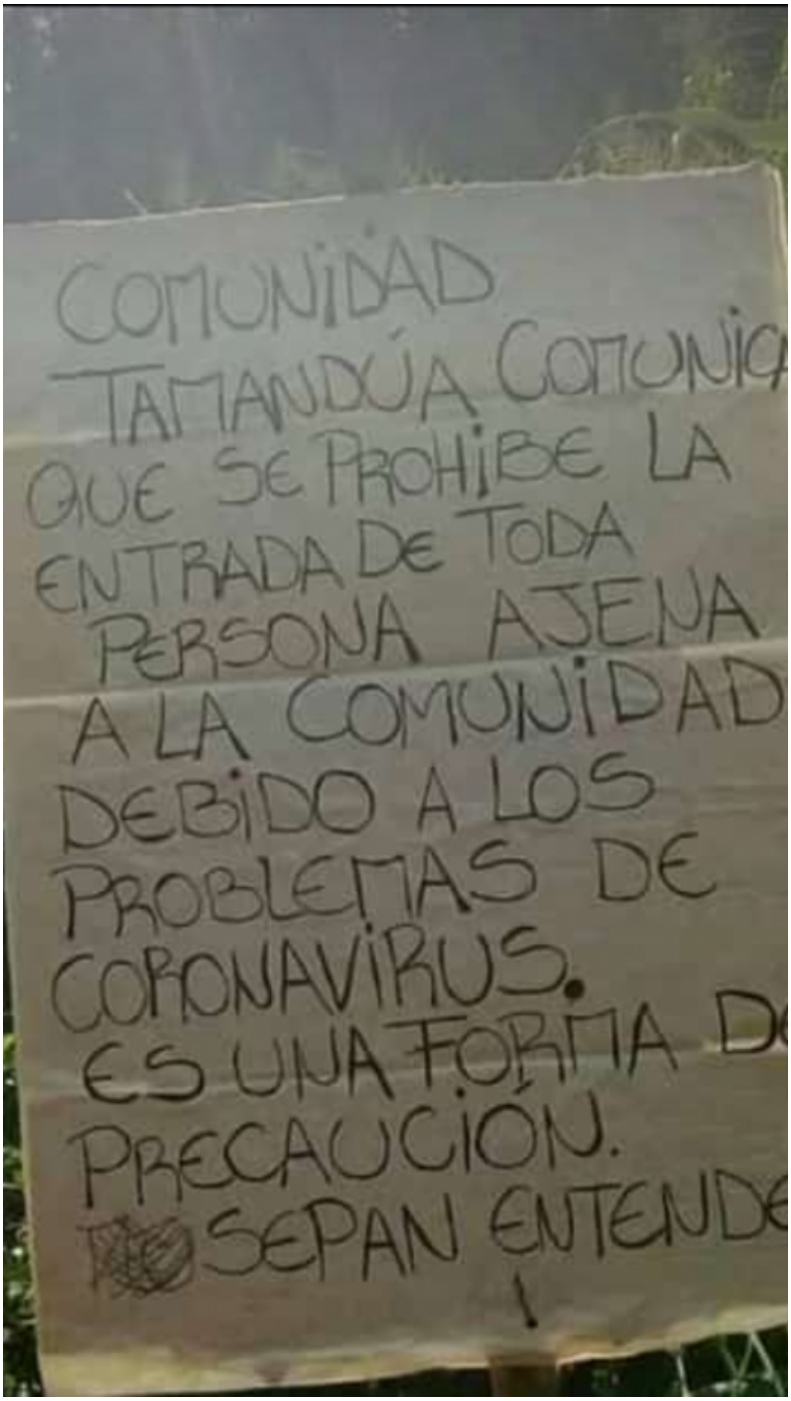


My friend Yva with her petynguá. Photo by Gildo Gomes, Yva'son.

Anthropology plays an important role in this discussion and I believe that we have a lot to learn from indigenous people when talking about giving and receiving care. How many epidemics have they faced since their first contact with the "White" people? How many diseases and number of deaths are in their social memories? Drawing upon my long-term relations with the Guarani-Mbyá I can say that they are less scared than me of coronavirus. They are taking care of themselves as they have been for a long time. Being contaminated by a new Juruá virus is not something completely new for my friends. It makes sense for them that a little invisible being can attack bodies, steal the vital force and put a life in risk. Not a life in the biological sense, as a body machine which can perform a life itself. A body-person, if I can understand how they conceive a person, which is able to exist among countless invisible beings that are often putting themselves and their community in danger. A virus is only a new invisible being and of course they are aware of its severity. The Guarani-Mbyá, like most indigenous people from the Lowland South American

territories, classify the diseases as coming from the indigenous world or from the "White" world. Or, in other terms: from in or from out. It is the Karaí (healer) who can identify the disease's origin and so communicate the right intervention. Once the Karaí see, literally, the origin of the malaise they advise going ahead with the Juruá biomedicine or with a treatment given by themselves. Usually they do not reject Juruá knowledge. It is the opposite that happens: the health professionals do not recognise the effectiveness of the Guarani-Mbyá knowledge of caring.

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"The Tamanduá Community warn that people not living here are not allowed to enter due to the coronavirus. It is a precautionary measure. To know and to understand".

The poster is currently fixed in front of a Guarani-Mbyá community in Argentina. Photo by Jachuka.

In these times of coronavirus, changing knowledges between different cosmologies and experiences of healing a person and consequently a community can be a great challenge. However, even if indigenous groups can try to self-organise and manage to deal with Covid-19 themselves, the Brazilian government has a responsibility to support them with adequate health care. For all Brazilian people and for the most vulnerable, which encompasses indigenous groups, it is urgent that actions should be taken soon. Being on the other side of the Atlantic Ocean and living under a lockdown in London, makes me feel quite protected from the mess that seems to be Brazil now. But I am not naïve and I am also reflecting on the differences in State managements between the UK, France and Brazil. Each one with a particular measure (or without measures like Brazil) and all of them with a population to govern, in the sense of Foucault. Never before, as the contaminated feeling, Donna Haraway's (2018) reflections make sense to me somewhat: we do make kin and not population. We must explore other kinds of relations and affectations seeking to reconceive solidarity and its environmental implications. I hope, just to finish these little and unfinished thoughts, that we can learn with the Guarani-Mbyá how to postpone the end of the unhealthy Juruá world.

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[1] They say contaminado (contaminated), in Portuguese and Spanish Language.

Maria Paula Prates is an Adjunct Professor in Social Anthropology at Federal University of Health Sciences of Porto Alegre (UFCPSA) and was a Newton

International Fellow (British Academy) at City, University of London for the last two years (2018-2020). Her background is in Social Sciences and Social Anthropology. She published a book by UFCSPA Press last year, entitled *From instability and mbyá affects: pacifying relations, taming Others* which encompasses her long study about personhood and notion of body among the Guarani-Mbyá indigenous people from South America. Currently she is working on a research which aims to compare Public Health Systems in Brazil and in the UK taking into account their mode of caring when faced with "non-western" cosmologies.

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