

Free Newsletter

The New
Humanitarian
25 years of journalism from the heart of crises

Aid and Policy

Conflict

Environment and Disasters

Migration

About us

[Home](#)[Americas](#)

Health News feature

26 August 2020

How COVID-19 is demanding a new look at Indigenous healing in the Amazon

‘Indigenous peoples have had to organise themselves so that they can address the pandemic with their own resources.’



Rafa Castillo, a Shipibo natural medicine specialist, helps a COVID-19 patient at an Indigenous health centre in Yarinacocha, Peru. (Sebastián Castañeda/TNH)



Get our weekly newsletter

Sign up for our weekly newsletter to stay in the loop on humanitarian issues, in your inbox every Friday.

Free Newsletter

The New
Humanitarian | 25 years of journalism from the heart of crises

focusing on
environmental
issues, public health,
Indigenous issues,
and science

LIMA

In Latin America, the still-raging coronavirus pandemic is leading to a reassessment of the use of traditional medicine and highlighting the urgent need for humanitarian aid and health workers to better integrate Indigenous knowledge into their responses.

As COVID-19 continues to spread throughout the region, amongst the hardest hit communities have been the Indigenous peoples, long neglected by the state and with the lowest access to quality healthcare.

Worldwide, health officials have stated that there is not yet a vaccine to prevent COVID-19, and no cure: Treatment generally consists of alleviating symptoms with anti-inflammatory, anticoagulant, and antiviral medications, and oxygen when respiratory symptoms are severe.

But with drugs and oxygen in short supply and often people in remote rural communities and on the periphery, alternatives. In Peru and other countries, accounts of ranging from the unproven to the potentially toxic – mouth.

Experts at the Pan-American Health Organization (PAHO) sought to dispel rumours about supermedications that could cause harm.

Get our weekly newsletter

Sign up for our weekly newsletter to stay in the loop on humanitarian issues, in your inbox every Friday.

Subscribe

Free Newsletter

The New Humanitarian

25 years of journalism from the heart of crises

Mariluz Canaquiri was in Iquitos, Peru's largest Amazonian city, in April when the coronavirus struck her family. Her body ached with fever, nausea and diarrhoea weakened her, and she struggled to breathe.

"I could barely walk, and I didn't want to eat anything," 52-year-old Canaquiri, who lost her sense of taste and smell, told The New Humanitarian in July.

A doctor urged her to go to the local hospital, which was overwhelmed with cases and running out of oxygen. She refused. "Those who went to the hospital never came back," she recalled. "I said, 'No, I'll cure myself'."

"At first, people are frightened and desperate. But then they see you using plants and getting better. Now, they're no longer afraid. They know how to treat themselves."

When people began falling ill in her neighbourhood on the outskirts of Iquitos, Canaquiri went to the woods, where she has a small garden, and gathered medicinal plants. She and her neighbours treated themselves with a combination of traditional remedies and acetaminophen, a conventional drug commonly used for the treatment of pain and fever. They suffered, but only one woman – whose case was complicated by diabetes – died, she said.

Foreseeing that the virus would eventually reach vill Canaquiri, who is a member of the Kukama people, her home community, to describe the remedies she in the village of about 200 people fell ill, but no one

"At first, people are frightened and desperate," she s using plants and getting better. Now, they're no long treat themselves."

Get our weekly newsletter

Sign up for our weekly newsletter to stay in the loop on humanitarian issues, in your inbox every Friday.

Subscribe

Free Newsletter

The New Humanitarian

25 years of journalism from the heart of crises

the cities of Manaus, Brazil, and Iquitos, Peru, where hospital services collapsed, as well as Leticia, a city in Colombia on the Amazon River border shared by the three countries.

On 15 July, PAHO issued an epidemiological alert about the COVID-19 threat to Indigenous communities. Native peoples are particularly vulnerable because of co-infection with diseases such as tuberculosis, according to the alert. Illegal loggers and miners may also introduce the disease into remote areas, where the population density in villages is higher and where dependence on hunting and fishing for food makes quarantine difficult, the alert noted.

Abigail Geiger/TNH

A map of the Amazon basin with various location highlights

By mid-July, there had been more than 70,000 COVID-19 cases and more than 2,000 deaths among Indigenous people in the Americas, according to the World Health Organization. As of 26 August, at least 1,556 of those deaths were in the Amazon, where at least 47,623 cases have been reported among approximately 223 of the region's Indigenous peoples, according to the Catholic Church's Pan-Amazonian Church Network (REPAM), which compiles official data from the nine Amazonian countries.

Indigenous leaders say the real figure is probably higher, because the official count includes only people who have tested positive, and many people die at home or at health centres that lack test kits. Indigenous organisations also note that many countries do not keep health statistics broken down

"Although COVID-19 is a risk for all Indigenous people, we are particularly concerned about the impact of the virus on Indigenous communities, which remains the current epicentre of the pandemic," Tedros Adhanom Ghebreyesus told journalists in late

Get our weekly newsletter

Sign up for our weekly newsletter to stay in the loop on humanitarian issues, in your inbox every Friday.

[Subscribe](#)

By mid-July, there had been more than 70,000 COVID-19 cases and more than 2,000 deaths among Indigenous people in the Americas,

Free Newsletter

The New Humanitarian

25 years of journalism from the heart of crises

A PAHO update on Indigenous peoples in selected countries on 5 August noted case increases in some areas. Some of the highest incidence rates were among groups with fewer than 5,000 members, including the Waorani and Secoya in Ecuador and the Andoque in Colombia, which has only about 1,000 members. One of the highest rates is among the Tikuna in Colombia, who have registered 2,000 cases per 100,000 people.

In Peru, at least 21,921 COVID-19 cases have been reported among Indigenous people, nearly half of them in the northeastern Loreto region. The Awajún and Kichwa people have registered the highest number of cases, according to a report by the investigative journalism platform Ojo Público.

Ghebreyesus expressed particular concern about cases reported among the Nahua people in Peru's Ucayali region. The Nahua have only been in regular contact with wider Peruvian society since the 1980s. COVID-19 infections have been widespread among the nearly 400 Nahua in initial contact in the community of Santa Rosa de Serjali, but no deaths have been reported.

1/TNH

Shipibo shaman Pietro Tangao collecting ajo sachá

Pietro Tangao collecting ajo sachá – a plant often used in herbal medicine in the upper Amazon – for a “post-COVID” ritual, in the Peruvian Ucayali region.

Different worldview

Indigenous organisations are demanding better health services but they are also calling for greater recognition of their knowledge. Experts say governments, NGOs, and other aid agencies should seek ways to work with shamans and other traditional healers.

“The tensions between traditional medicine and Western medicine are increasing,” said José Milton Guzmán, a doctor and anthropologist in Guatemala. “Indigenous peoples have had to organise their own health care to address the pandemic with their own resources.”

Get our weekly newsletter

Sign up for our weekly newsletter to stay in the loop on humanitarian issues, in your inbox every Friday.

Free Newsletter

The New Humanitarian

25 years of journalism from the heart of crises

a shipment of leaves from a plant they call *matico*, which is considered to have anti-inflammatory properties.

As the illness spread through Ucayali, in the Amazon Basin, the volunteer group, which calls itself the Comando Matico, began providing a mix of traditional remedies and Western medicine to people who were fighting the virus at home.

To the north, in the Loreto region, a radio station in the port town of Nauta put a Kukama shaman on the air several times a week to talk to people in the urban area and in communities along the Marañón River. And in the southeastern Madre de Dios region, organisations of Harakbut and Ese'jea people issued public statements calling for the government to recognise the role of traditional medicine as a complement to the national health system. Also in northern Peru, the Wampis Nation, which has claimed rights to its ancestral territory, urged the government to recognise the entire territory as the people's natural hospital.

Public health services should “better include traditional practitioners” to help implement strategies for prevention and treatment of the coronavirus, Sylvain Aldighieri, deputy director of PAHO's Health Emergencies Department, told journalists on 21 July. Healthcare providers should also work with Indigenous leaders to isolate cases and trace contacts, he said.

But Amazonian Indigenous leaders say governments have failed to follow this advice. Instead, national leaders have implemented policies like lockdowns, designed for middle-class apartment dwellers rather than for people living in communities of extended families.

“For Indigenous people, traditional medicine is most complementary,” Luis Gutiérrez, a paediatrician and intercultural health who works as a consultant in Peru, said.

While Western medicine tends to focus on an individual, Indigenous healers take a broader view that includes their family and the natural world.

Get our weekly newsletter

Sign up for our weekly newsletter to stay in the loop on humanitarian issues, in your inbox every Friday.

Subscribe

Free Newsletter

The New Humanitarian

25 years of journalism from the heart of crises

The two approaches can merge successfully, said Ana Paola Mindiola, an Arhuaco nurse trained in Western-style medicine and epidemiology who works in the local public health system that serves some 50,000 Arhuaco people in the Sierra Nevada de Santa Marta, an isolated mountain range in northern Colombia. Nearly all the healthcare personnel in her local health system are Indigenous.

“For some time, our spiritual guides have been predicting that a situation like this would occur, caused by the lack of respect that human beings have for nature,” Mindiola said of the pandemic.

The Sierra Nevada is the heart of the world and contains sacred sites, but those places are increasingly threatened by mining, Mindiola said. “Our Mother Earth is sick,” she warned. “That is the cause of what we are living through now.”

Traditional medicine involves a spiritual element that Western medical practitioners do not easily understand or accept, Mindiola said. In the Arhuaco territory, however, community leaders, doctors, epidemiologists, and traditional Arhuaco healers have been working together to design a strategy for keeping the coronavirus at bay.

When the Colombian government declared a nationwide lockdown in mid-March in an effort to stem the spread of the virus, Arhuaco leaders reinforced control at points of entry into the territory. Anyone entering was required to quarantine for 15 days. Health personnel and community leaders monitored the person, and the entire community helped ensure that the quarantine was honoured.

By mid-July, the territory had seen few cases, and the people apparently infected while seeking assistance at healthcare facilities outside the territory. That changed, however, and by 25 August, there were 17 confirmed cases pending results of tests, Mindiola said. Cases spread to eight communities, and there was community transmission, she said, adding that the distance to some communities and turnaround time for tests made rapid detection of COVID-19 difficult.

Get our weekly newsletter

Sign up for our weekly newsletter to stay in the loop on humanitarian issues, in your inbox every Friday.

Subscribe

Free Newsletter

The New
Humanitarian | 25 years of journalism from the heart of crises

Learning to collaborate

While healthcare providers are being encouraged to take an intercultural approach to the coronavirus, effectively combining traditional and Western medicine requires a level of trust that develops over time and is difficult to achieve during an emergency like a pandemic.

The key, according to Pablo Montoya, founder and director of the Colombian non-profit organisation Sinergias, is to listen to local people.

That can be difficult given the urgency of the current response, but it is crucial for international aid organisations and others to work with local technical experts to ensure they are responding to the communities' needs and not their own agendas, he said.

With his staff, Montoya – a doctor and public health specialist who began working in the Colombian Amazon more than two decades ago – took a four-step approach to COVID-19. They worked with local communities to design appropriate ways of communicating information about the disease. They also helped government agencies find ways to adapt and implement health guidelines – designed with cities in mind – in rural areas.

Because of a lack of information about the pandemic in the Amazon, they joined with national and international networks to create a Observatory that initially focuses on the coronavirus but will also monitor health in general. They also sought resources such as protective gear and thermometers to health centres.

In a situation such as the pandemic, messages about health need to be shared carefully and tested to be sure they are understood, Gutiérrez said. “The messages developed by experts in medicine, sociologists, and translated into Indigenous languages may not reflect intentions, but do not necessarily have good results.”

Get our weekly newsletter

Sign up for our weekly newsletter to stay in the loop on humanitarian issues, in your inbox every Friday.

Subscribe

Free Newsletter

The New Humanitarian

25 years of journalism from the heart of crises

they must do, without explaining the reasons, he said.

“The messages developed by experts, anthropologists, and sociologists, and translated into Indigenous languages are done with good intentions, but do not necessarily have good results.”

The goal should be a dialogue between the country's Western-style health practitioners and members of Indigenous communities, including traditional healers and community leaders, but also women, young adults, and children, said Gutiérrez, who has participated in such conversations supported by PAHO in Peru.

The coronavirus could provide a springboard for dialogue, which could later expand to discuss other health problems in communities, he said.

Mindiola agreed that collaboration is crucial for harmonising the spiritual orientation of traditional medicine with the more clinical approach of Western medicine. “The spiritual part is fundamental for managing pathologies and for prevention,” not just for COVID-19, but also in care for children, pregnant women, and senior citizens, she said.

Teamwork is essential, the Indigenous nurse added. “Working in Indigenous communities requires collective work involving everyone, [including] those who maintain ancestral knowledge, because their knowledge goes back thousands of years and has a very great advantage. Working together helps all the people.”

bf/pdd/ag

Read more about: [Coronavirus](#) [Indigenous](#) [Americas](#)

Our journalism has always been free and independent. Your help to keep it so.

Get our weekly newsletter

Sign up for our weekly newsletter to stay in the loop on humanitarian issues, in your inbox every Friday.

Subscribe

[Free Newsletter](#)

The New Humanitarian

25 years of journalism from the heart of crises

[Find out more](#)[Share this article](#)

Related stories

Houthi, hunger, and COVID curfews: The Cheat Sheet

A weekly read to keep you in the loop on humanitarian issues.

Cheat Sheet 15 January 2021

Central African conflict, aid worker deaths, and an election in Uganda

Cheat Sheet
8 January 2021

COVID-19 sees more expectant Colombian mothers turn to traditional help

News feature
7 January 2021

How COVID-19 made it harder to find safety in the EU

Analysis 7 January 2021

World leaders can still avert

Get our weekly newsletter

Sign up for our weekly newsletter to stay in the loop on humanitarian issues, in your inbox every Friday.

Subscribe

Free Newsletter

The New Humanitarian 25 years of journalism from the heart of crises

Get the latest humanitarian news, direct to your inbox

Sign up to receive our original, on-the-ground coverage that informs policymakers, practitioners, donors, and others who want to make the world more humane.

Sign up

Become a member of The New Humanitarian

Join

Support our journalism and become more involved in our community. Help us deliver informative, accessible, independent journalism that you can trust and provides accountability to the millions of people affected by crises worldwide.

© All rights reserved 2021 Privacy

[About Us](#)

[Syndication](#)

[Contact Us](#)

Get our weekly newsletter

Sign up for our weekly newsletter to stay in the loop on humanitarian issues, in your inbox every Friday.

Subscribe