

ICRC Medical Mission to the Brazilian Amazon Region

It will be recalled that, with the agreement of the Brazilian Ministry of the Interior and in close collaboration with the League of Red Cross Societies and the Brazilian Red Cross, the ICRC sent a team to Brazil in May 1970 to study the situation and needs of the Amazonian Indians. The team was led by Mr. S. Nessi, ICRC Delegate-General for Latin America, and comprised three doctors, B. Aakerren, S. Bakker and R. Habersang (who were loaned to the International Red Cross by the West German, Dutch and Swedish Red Cross Societies, which agreed also to meet the cost of the expedition) and a Swiss ethnologist, Mr. R. Fürst. They were joined in Rio de Janeiro by Dr. A. Borges dos Santos, a Brazilian Red Cross doctor. As they penetrated deep into the country, we published information on their journey, on the aid that they gave and on the medical centres that they set up¹.

So the members of the International Red Cross medical mission covered some 12,000 miles between May 10 and August 11 1970². They covered six States of Brazil, meeting more than 20 tribes, or about one-third of the Amazonian Indian population³.

Upon their return to Geneva, the three doctors who took part in the mission prepared a report which was published in English. We considered that the following general remarks and the suggestions that went to form the conclusion were worth publication. (Ed.)

¹ See, especially: *International Review*, June, July, August 1970.

² Mr. Nessi arrived back in Rio de Janeiro on 1 June in order to consult with the Brazilian authorities before returning to Switzerland.

³ *Plate*.

GENERAL REMARKS

Any contact with outer civilization experienced by the primitive tribes will automatically release a chain of events that will influence more or less profoundly the life of not only the tribe as such, but also the life of each and every individual of that tribe. This acculturation process can and should be controlled in order to avoid or reduce harmful side effects.

Perhaps the most crucial moment is that of the initial contact. All too often, this is made by people who are not, to our minds, representative of our civilization, or made in a way that is far from optimal. Such prejudiced, biased and imperfect initial contacts should be avoided at all costs. As is being done in some instances in Brazil, contacts should be made by people who have the necessary qualifications to cope with this paramount problem. These considerations have been verified by experiences made by the team, and these experiences have influenced the team as it has tried to approach the needs of the Indians in the Brazilian Amazon basin. We hope that the need for action will be clearly demonstrated by this report.

To understand some of the problems of the present situation of the Indian in the Amazon area, we deem it necessary to give some background information of a more general nature.

The Brazilian Government has established a new administrative region called Amazonia Legal (Article 29 of Law 5.173 of 27 October 1966). It comprises the three states of Acre, Amazonas and Para, that part of the state of Goias lying north of the 13th parallel, the state of Maranhao east of the 44th meridian, the state of Mato Grosso north of the 16th parallel and the Federal Territories of Amapa, Rondonia and Roraima.

The total area of this region is 4,871,487 sq. km with a population of 6.8 millions (1967), giving a population density of 1.4 inhab. per sq. km, compared to an average population density of 10 inhab. per sq. km in Brazil and South America as a whole. This area is equal to 57 per cent of the total surface area of Brazil and 28 per cent of that of the whole of South America. Its population is equal to only 8 per cent of that of Brazil and 4 per cent of that of South America. It corresponds to one-twentieth of the world land

surface and has one-fifth of the navigable freshwater courses of the earth, one-third of its forested area and a quarter of Brazil's total potential hydroelectric resources. Considering that the world annual forest production is estimated at some 35 billion dollars and that Brazilian exports of such products to Europe and the US are estimated at 5 billion dollars, little more need be said about the potential resources of the Amazon region in this respect.

The Amazon river with its affluents is navigable throughout the year on more than 15,000 km and of these, more than 3,500 may be used by ocean-going vessels. The fact that 10 million hectares of land are flooded each year and receive thus a layer of natural organic fertilizer represents an important reduction in farming costs.

The existence of 90 million hectares of unexploited land suitable for cattle grazing shows again how rich is this region in natural resources. Here, too, may be found a great variety of important minerals. A considerable proportion of the inhabitants live in urban areas such as Belem (550,000), Manaus (250,000), Sao Luiz (215,000), Santarem (112,000), Parintins (34,000) and Itacoatiara (32,000). Many people believe that this provides a good foundation for a dynamic domestic Amazonian market and for the creation of industries that could render the region self-supporting.

These facts must always be kept in the back of one's mind when discussing the future of the Indians. Only in areas of marginal economic interest will the Indian remain in relative freedom that would permit his survival and the preservation of his culture. Ribeiro expresses this in an excellent way¹ . . . "the fundamental determinant of the destiny of indigenous tribes, of the conservation or loss of their languages and cultures, is the national society or even the international economy. The quotation for rubber, nuts and other products on the New York market, or the perspectives of peace and war among the great powers, influence the ebb and flow of the waves of extractors of forest products, permitting the last remaining autonomous tribes to survive or condemning them to extermination".

As a function of this strong movement one can note the extensive network of new roads that have been already built, and are under

¹ In his book *Indians of Brazil in the 20th Century*, page 100.

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construction or are planned in the area. It is evident that some of these roads cut or will cut right into hitherto untouched territories inhabited by more or less completely isolated Indian tribes. From official maps it seems that today the main pressure on the area inhabited by the Indians is from the South, where the creation of the new capital of Brasilia constitutes a new base for the development of the interior of Brazil.

However, before any implementation can be carried out, this decisive factor will have been fully examined and new significant facts brought under consideration.

The ICRC team made considerable effort to identify the official Brazilian long-term policy for its indigenous population.¹ It seems probable that the Brazilian government will make considerable efforts to acculturate its indigenous population. In the light of the enormous potentials in many of the areas now populated mainly by Indians with or without contact with Brazilians, this might lead to the transfer of whole tribes into new areas of lower marginal economic potential. In such areas, Indian closed reservations could be created as has been done in the Xingu and Tumucumaque. In these reservations, the acculturation could then take place under controlled conditions, thus making this process of inevitable integration into the Brazilian society less hazardous, although still not without danger to the Indians. The more it is uncontrolled and rapid, the greater is the risk that the Indian will succumb, not only as a member of a tribal entity, but also as a human being.

It seems, however, that, at the present time, the resources of the "Fundação Nacional do Indio" are inadequate to cope with this vast problem of the integration of the Brazilian Indians in ways that are acceptable from the humanitarian and cultural points of view.

To sum up, we feel that economic interests no doubt will play the major role in opening up the traditional Indian territories of the Amazon region. The Brazilian society will force its way into

¹ Ribeiro uses the following definition of an Indian: "Any individual recognized as a member of a community of pre-Columbian origin, who identifies himself as ethnically different from nationals and is considered indigenous by the Brazilian population with whom he comes in contact". *Indians of Brazil in the 20th Century*, page 105.

new areas and those Indians who will be pushed back and dispersed will undoubtedly come off second best and left without help. Any assistance provided for them must be sufficiently ample to aid them culturally and ethnologically and ensure their health. In many instances this will not be possible on the original site of encounter. An organized migration one way or another into new areas of marginal economic interest might be the only remaining solution. Any such transfer should, however, be done with the utmost care and caution. A basic consideration must be the respect of the Indian as a representative of a highly developed culture but whose frames of reference are different from those to which we are accustomed. In this context it seems appropriate and necessary to point out that our notions with regard to standards of living do not have any bearing on his situation as he lives isolated in his traditional surroundings. It is only as contact is made with the outside world that this notion acquires a meaning. From that time on, however, the raising of the Indians' standard of living becomes the concern of the body assisting them. By this should be understood not only material advantages such as household goods, machines and other industrial products, but also cultural and educational benefits. A higher level in the standard of living implies improvements in quality, and not merely the supply of a larger volume of goods. It should be firmly stated that in our opinion the enjoyment of good health is a necessary prerequisite for any action designed to raise the standard of living of any individual or group of people. In other terms: a good assistance program must contain elements of a plan aiming at the widest possible community development if lasting and meaningful results are to be achieved. The order in which these elements should be introduced must be examined when detailed plans are worked out. The team has seen examples of successful attempts in this direction. The question remains whether the field of any Red Cross action as such should extend beyond that of health.

All sources claim, and the team has reasons to believe such statements to be true judging from its observations, that the rapid decline of Indian populations already contacted is due to disease. This is by no means surprising. Any isolated group would have a low resistance to infection agents which are normally absent in

its natural habitat. We would recall the devastating epidemic of measles in the Faeroe Islands, Iceland, Greenland and Hawaii and the outbreak of common colds among the inhabitants of Spitzbergen as the first ship arrives in the spring after the long winter they have spent in isolation.

Even diseases that are regarded as relatively mild in Western countries can cause an incredibly large number of deaths. Poor health, due to malnutrition, for example, would also favour the fatal outcome of a disease. For all the reasons mentioned, we are convinced that it is only after having carried out an initial immunization campaign that any kind of long-term assistance in other fields can be given with any chance of success. Other important work related to health is maternal and child welfare, with the emphasis laid on nutrition and health education. It is, however, self-evident that, in order to run a valid nutritional program for Indians with any reasonable hopes for results, it should be combined with an agricultural scheme. This could then, in its turn, procure a higher standard of living as the surplus of any cash crops grown could be sold or exchanged for other necessities of life.

Another important matter to take into account is the high incidence of malaria infections, often highly resistant to standard treatment. The Brazilian government has malaria teams in a number of places in the country but, from our experience, their resources are grossly inadequate. This has to be considered in any future assistance program although it might not be a task for the Red Cross.

Many Indian villages are full of dogs, and this is no doubt an important factor in the spread of a number of diseases. Not only rabies, but also dracontiasis, larva migrans, leishmaniasis, both cutaneous and visceral, leptospirosis, paragonimiasis, salmonellosis, strongyloidiasis, toxoplasmosis and American trypanosomiasis (Chaga's disease) can all be transmitted through dogs, and possibly, also, tuberculosis in areas of high infection prevalence. A health program should therefore tackle the important problem regarding the presence of hordes of dogs; a solution will not be easily found. Of course, many of the diseases mentioned must be fought in other ways, too, if they are to be controlled. Local conditions will determine the method of action.

BRAZIL

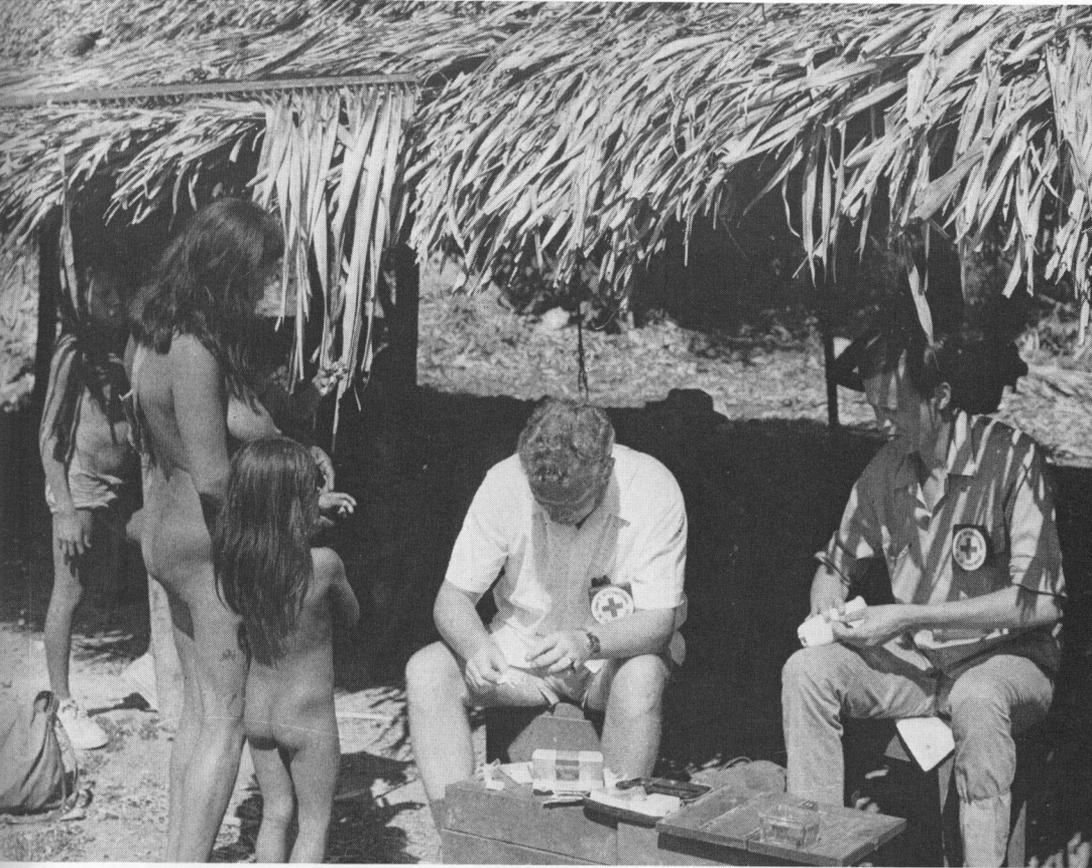


Photo R. Fürst

In the Amazon: Doctors of the ICRC medical team take blood samples from members of the Kayapo tribe for measuring the hemoglobin content.

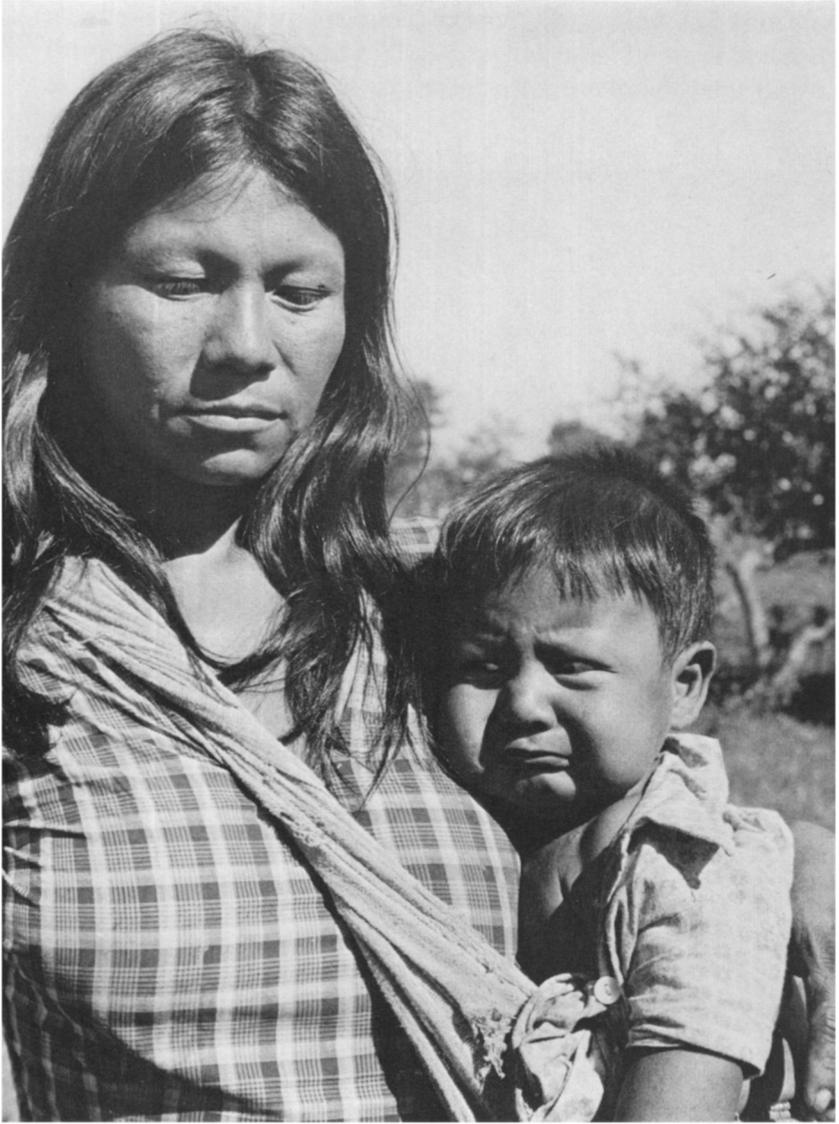


Photo R. Fürs

In the Amazon: a woman of the Bororo tribe with her child.
(June, 1970)

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The migration of large numbers of labourers, especially from the eastern parts of Brazil, into new areas carries with it dangers of national importance: schistosomiasis (bilharzia) is unknown in large parts of the Amazon region, but it is probable that, in many instances, the snail population present in the watercourses of the region could serve as intermediary hosts for the infection agent. This is an important problem that has to be considered should an assistance program be set up. The main responsibility must of course remain on the Brazilian government. The use of latrines, a factor of major importance in the fight against this disease, would also serve to reduce the incidence of hook-worm infection, which is the cause of considerable disability in persons affected.

A matter of concern is the fact that in some areas of the Amazon region, for example, in the neighbourhood of Vilhena, the soil, consisting of only a very thin layer of organic earth on top of fine quartz sand, is not suitable for agriculture in the modern sense. The intensive cultivation of such areas could easily end up in the formation of large desert areas, quite uninhabitable, and as it seemed to the team that the authorities were not fully aware of this particular danger, it felt that it had to be mentioned.

Assuming that official policy in Brazil aims, as we believe, at the integration of the Indian population, this, in most instances, can only be done if the Indians are given assurances that the land they live on will be their own and for their use in a foreseeable future. Any transfers to new areas must be acceptable to the tribes concerned and their members should be brought to understand the necessity for the transfer. In order to safeguard the Indian population, land purchases or long-term leases will have to be arranged.

Though it is fairly simple to state some of the needs of the Brazilian Indians, it is most difficult to suggest methods to meet them. The vastness of the area where they live and its low population density, both Brazilian and Indian, are the first obstacles to be overcome. It has however been done, for instance, in parts of Peru¹. A health protection program for the Indian population of the Brazilian Amazon region must also take into account the health problems of the groups with whom they come into contact, such as settlers, caboclos migrating labour and the like.

¹ See *World Health*, WHO, Geneva, July 1970.

SUGGESTED METHODS OF ASSISTANCE

All programs of assistance should be co-ordinated with efforts made by Brazilian authorities and the Brazilian Red Cross, with the aim of handing over, after no more than 10 years, to the national organs to continue and/or extend the program should this be considered desirable. Therefore training of local personnel is essential.

The team feels it is wise once more to stress the importance of the time factor. With no, insufficient, or misdirected assistance, there will shortly be no Indian problem to solve. All efforts should therefore be made to get started early at points where the danger is greatest and then move forward as fast as possible. The drawing up of priorities is thus of the greatest importance. We feel that for an assistance program with the objectives stated in this report they should be the following:

1. Control of contacts (mainly a government responsibility)
2. Allocation of protected land (government responsibility)
3. Immunization (measles, smallpox, tuberculosis, influenza)
4. Health education (food habits, use of latrines)
5. Agricultural training
6. Establishing of basic curative medical services.

The team suggests that the area should be divided into five sectors, each containing approximately the same number of Indians. These areas should be attended to in order of urgency.

As has been already pointed out, this should not be taken as the final possible suggestion. The recommendations are given, judging from the state of knowledge available at the time the expedition was carried out. If there were to be changes in the program of the Amazon region, they could, and of course should, influence the priorities decided upon.

If the pilot project proves to be satisfactory and if a similar program is started in other regions, then it might be a practical proposition to use Manaus as a central base for the whole program.

We would stress once again the need for fast action. The extent of the program, geographically as well as where priorities are concerned, will of course depend on the amount of money available.