

The Intercultural Health in Peruvian Amazon. Problems and Perspectives in Times of Pandemic

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La salud intercultural en la Amazonia peruana. Problemas y perspectivas en tiempos de pandemia

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ABSTRACT

The notion of intercultural health refers to the culturally derived practices and their place in the contemporary health system, as well as to the political strategy concerning basic healthcare in multiethnic regions. This paper addresses the differences between the related perspectives of the indigenous and non-indigenous health professionals in the Peruvian Amazon. It places the problem within the context of the COVID-19 pandemic, focusing on the initiative Comando Mático of the group Shipibo-Conibo. The study is based on online research. It involves the critical analysis of the indigenous discourse shared on social media. The results serve to uncover the underlying thinking patterns, which impede the effective implementation of intercultural health policy in Peru.

KEYWORDS: *Peruvian Amazon, pandemic, intercultural health, indigenous, Comando Mático.*

RESUMEN

El concepto de una salud intercultural abarca el tema de las prácticas sanadoras derivadas de varias culturas y su lugar en el sistema de salud contemporáneo. Por consiguiente, sirve también como la estrategia política de la atención primaria en las regiones multiétnicas. Este artículo presenta la idea y su aplicación en la Amazonia Peruana, en el contexto de la pandemia COVID-19. Se focaliza en la respuesta indígena a la pandemia – la iniciativa Comando Mático de pueblo Shipibo-Conibo. El estudio utiliza las herramientas del análisis crítico de discurso para exponer las diferencias entre las perspectivas de los profesionales de salud – indígenas y no-indígenas. Los resultados tratan de indicar los patrones de pensamiento, que impiden la implementación efectiva de la salud intercultural en Perú.

PALABRAS CLAVE: *Amazonia peruana, pandemia, salud intercultural, indígenas, Comando Mático.*

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Introduction

The COVID-19 pandemic has had a grave impact on the Peruvian Amazon, where the precarious conditions of living often coincide with diverse and culturally established perspectives on health and treatment. Among the most vulnerable groups are the indigenous communities, which had demanded the introduction of culturally adequate healthcare long before the pandemic. The last decades brought numerous publications and legal acts concerning intercultural health in Peru. However, the COVID-19 outbreak in 2020 exposed the vast breaches in the system and the ineffectiveness of the intercultural health policy (Rojas, 2020).

It was not the first occasion to notice that the reality differs from the legitimated version on paper, but the sudden and unknown threat made the negligence particularly conspicuous. The reaction of the government came late, failing to prevent the spreading of coronavirus among the natives. Some of the measures implemented by the authorities turned out to be vectors of contagion (Palacios & Damaso, 2021). In these circumstances the communities undertook their own initiatives, blocking access and seeking the remedy in the medicinal plants used by their ancestors.

Despite the overall distrust towards the authorities, the indigenous leaders did not stop appealing for better cooperation with the official health system. The ancestral health practices have been often successfully combined with some pharmaceutical drugs and oxygen therapy. Within a few months appeared the headlines announcing that indigenous activism revives the inert interculturality of the state (Belaúnde, 2020).

It is necessary to address the reasons and underlying factors of that inertia. In my opinion, such a state of things is deeply associated with the differences between the standpoints of the core agents – the Peruvian authorities, experts, and health professionals on one side and the indigenous leaders and health professionals on the other side. This text attempts to relate those differences to certain thinking patterns that sustain the existing power relations in Peruvian society.

Sources and methodology

The paper approximates the problem of intercultural health, starting from a brief analysis of the concept in the Latin American context. This part is based on academic literature available on the subject. The following parts are devoted to the problem in the context of pandemics and to the indigenous and non-indigenous perspectives of health professionals. The information presented here comes from differentiated sources like the most recent publications and the web pages of the indigenous organizations.

The study focuses on the initiative Comando Mático of the Shipibo-Conibo community. Due to the limited possibility of the fieldwork, the main source

of data remains Comando Mático's Facebook profile, which constitutes an impressive report of the indigenous fight with coronavirus. To examine the content within the broad social and cultural perspective I applied the angle of the critical discourse analysis, which presumes the interdisciplinary approach. I believe It allows us to juxtapose the attitudes of the indigenous and non-indigenous health professionals, and observe the interplay between the discourse of power and the discourse of resistance.

In addition, I have also referred, though not directly, to my previous investigation conducted in the Peruvian Amazon from September to December of 2018. That project, which was realized for my master thesis and concerned some aspects of medical pluralism, serves rather as my point of reference, especially in times of online research.

The paper presents the preliminary outcomes of my doctoral research project and will be followed by further studies.

Intercultural health – the meanings in context

It is reasonable to start by addressing the problem with a clear explanation of the term: intercultural health. The abundance of definitions figuring in both academic literature and the legislation often results confusing. My intention here is not to compare the numerous formulations, but rather to distinguish between the idea, the policy, and the mechanism of its implementation. I tend to define the idea of intercultural health as the process of interaction of health-related knowledge between different cultural groups. The meaning of intercultural health policy seems to be well-reflected in the words of Torri or Rojas as the strategy that aims at reducing the breaches between the indigenous and western health systems (Torri, 2012; Rojas, 2020). The mechanism, respectively, relies on establishing the space for open dialogue and designing its structure and common goals (Yon, Vega, Gushiken, Planas & Villapolo, 2021).

Another term that requires consideration is health itself, as it can be understood differently in various cultures and contexts. For the purpose of this paper, I would like to emphasize the interpretation of the Peruvian medical anthropologists, Carmen Yon and Mariela Planas, according to whom health should be perceived as „a product of social order, directly shaped by the structural inequalities”. It is necessary to remember that the inequalities concerned in this study are largely determined by the consequences of historical processes and their consequences – exploitation and marginalization of the indigenous people (Yon, Vega, Gushiken, Planas & Villapolo, 2021).

This approach corresponds with the native perspective, according to which the social relations within the community are one of the most important components of health, along with such factors as the clean environment, nutritive alimentation, personal liberty, and absence of witchcraft (Yon, Vega, Gushiken, Planas & Villapolo, 2021). Moreover, the indigenous understand-

ing of “social relations” can be much more inclusive than that of its western counterpart, since it may encompass plants, animals, objects, and spirits. The matter of related ontologies has been discussed by many authors, who have contributed to the so-called “ontological turn”. Overall it covers the diverse attempts to redefine the western binary opposition – nature vs. culture. Some of the plurality of knowledge (Soto Arias, 2010). The most recognizable approach, known as perspectivism and conceived by the Brazilian anthropologist Eduardo Viveiros de Castro, reverses that opposition and introduces the term multinaturalism – which aims to reflect the Amerindian perspective on the body, humanity, and consequently, reality (Viveiros de Castro, 2004).

To think about the meaning of intercultural health, one has to consider also the term interculturality, as it is not inherent to any health system. The notion emerged from the decolonization after WWII and in Latin American countries it has been linked mostly with the critical approach to bilingual education provided for the native communities. This model, based on the assumption of supposed equality of cultures treated separately, did not contribute to the conservation of the indigenous languages and practices but rather induced the young natives to abandon their ancestral patterns (Salaverry, 2010). Conversely, intercultural education assumes that mutual interaction is what defines the culture of any group, and therefore, allows for its development (Salaverry, 2010). In the Peruvian Amazon, this approach coincided in time with the emergence of the indigenous movements, which adopted the term, reshaping it to their revindications (Salaverry, 2010).

The relations between the state and the indigenous communities are still far from the authentic intercultural dialogue (Yon, Vega, Gushiken, Planas & Villapolo, 2021), despite the many valuable initiatives from the last several decades, such as the project AMETRA (Aplicación de Medicina Tradicional) conducted from 1983 in the department of Ucayali or the program PFET-SIA (Programa de Formación de Enfermeros Técnicos en Salud Intercultural Amazónica) conducted from 2005 to 2015 by the indigenous organization AIDSESP (Asociación Interétnica de Desarrollo de la Selva Peruana). The latter was a part of a long-term, multi-sited and interethnic indigenous health strategy and it led to the actual establishment of a new profession within the Peruvian health system – the nurse technician of the Amazonian intercultural health (Hvalkof, 2003). Moreover, it created a new, entirely indigenous approach denominated as critique interculturality (Tubino, 2005; Walsch, 2009).

The native agenda has certainly gained more significance during the last decades, but the ubiquitous discourse of progress, which prioritizes economic growth over human development, still contributes to the reproduction of existing power relations (Yon, Vega, Gushiken, Planas & Villapolo, 2021). The indigenous rights to culturally adequate medical attention are still hard to enforce, though they are guaranteed by such legal acts as, for example, The Convention 169 of the International Labour Organization, The American Declaration of the Indigenous Rights, or the strategy approved in 2016 by the Peruvian

Ministry of Health, known as *Política Sectorial de Salud Intercultural* (PSSI).

It could seem that the official health system embraced the basic right to difference. However, the area of public health in the Amazon region still proves to be the tragically accurate touchstone for ethnic and structural discrimination. Revising the numbers one can notice that the primary obstacle to implementing the policy mentioned above is the nearly non-existent basic infrastructure. The majority of the indigenous communities are located far from the urban centers, and therefore from the clinics and hospitals. Only 32% of the villages have medical posts, and most of those facilities do not have regular personnel (Palacios, Damaso, 2021).

Indigenous responses to the threat of COVID-19

According to the numerous testimonies present on social media, the outbreak of the COVID-19 pandemic in the Peruvian Amazon was accompanied by massive anxiety. The lack of culturally adequate information campaigns and medical personnel increased the collective fear, which induced people to look for any kind of self-protection, including magic and religious practices (Fabiano, Arahuaata; 2021). The indigenous requests directed to the government remained unanswered until the 21th of May 2020, when so-called “Plan Amazónico” (*Plan de intervención del Ministerio de Salud para comunidades indígenas y centros poblados rurales de la Amazonía, frente a la emergencia del COVID-19*) was finally announced. It was, however, too late to prevent the spread of coronavirus.

By that moment, the indigenous communities started to assess and readapt their resources to the newly emerged circumstances and the specific needs occurring in various parts of the region. For example, the groups from northern Peruvian Amazon – Awajún and Wampís – created the network of solidarity, which, along with the Indigenous Mobile Emergency Care System (SAMU), have supported the affected families living along the Equatorial border (Palacios, Damaso, 2021; Sierra Praeli, 2020). At the same time, the Arakmbut from the southern Peruvian Amazon dealt rather with the consequences of long-term gold mining which had altered their strategies of subsistence and led to the lack of food supplies during the period of national lockdown. By redefining the pandemic as an opportunity to restore, at least in some part, the traditional agriculture, the Arakmbut reactivated their *chacras* and expelled the miners, who did not have truly personal attachments within the community (Damaso, 2021).

The majority of the indigenous groups have reached for natural health practices, often related to the ancestral cosmovision. However, the long cultural assimilation has led to the partial detriment of traditional knowledge, guarded by the elders (Salaverry, 2010). Considering the fact, that the elders have been the most vulnerable group to the threat of COVID-19, the revival

of ancestral medicines became one of the most urgent issues. Therefore, the communities which have still guarded the “know-how”, have shared their ways with the others. The best-known case of such practice is the initiative Comando Mático, established officially on May 15, 2020, by the volunteers from the Shipibo-Conibo group living in the Ucayali department.

This Panoan-speaking ethnic group, which now counts from 25 to over 30 thousand people (the numbers in the census vary depending on auto-identification or on the knowledge of the language of Pano), is relatively well-integrated with the mainstream society. The majority inhabits the banks of the Ucayali River, but the large numbers have established also settlements in the cities of Pucallpa and Lima. Nevertheless, it maintains a strong cultural affiliation, expressed in unique art and shamanic practices. For that reason, within the last decades, the Shipibo-Conibo has become a focus for tourists, who seek spiritual adventure or development. According to anthropologists, the group effectively uses their practices as a strategy of adaptation to the oncoming changes (Caruso, 2005). The course of the pandemic in the community seems to confirm that assumption, revealing the great resourcefulness both of the people and the medicinal plants. It is necessary to underline the significance of the plants in the Shipibo-Conibo’s perspective, which grants them the status of persons and poses them as allies in the fight against coronavirus.

The initiative Comando Mático was born firstly as a gesture of solidarity with the Shipibo-Conibo migrants in Lima, but soon it transformed into a full-blown organization with the headquarter and hospital for the indigenous COVID patients located in Pucallpa – Yarinacocha. The members, whose number varied along the time, describe themselves as the “*multidisciplinary group of humans, the young indigenous, who fight the pandemic known as COVID-19, showing bravery and commitment before the authorities who do not attend the vulnerable groups.*” The treatment procedures have been elaborated within the first 6 months of the pandemic when the Shipibo-Conibo had become one of the indigenous groups most affected by a coronavirus. Based on the ancestral knowledge, the activists from Comando Mático worked out the protocol of treatment, which consists of mostly natural methods – herbal infusions, vaporizations, and massages – combined with oxygen therapy (when available) and some pharmaceutical drugs like paracetamol.

The “young indigenous” have taken care of the strong presence on social media, describing their efforts, recipes, and demands on their Facebook profile. The lecture of this content allows us to observe how the ancestral knowledge has been readapted to the newly emerging problems, proving to be an effective resource both in the medical and political dimensions. Recently the organization has redirected its efforts to the new project, called “Plantas que sanan” (Plants which cure), divided into two parts – one devoted to the preparation of curative products and the other dedicated to artistic expression. As the situation changes the Comando Mático transforms, following the goals delimited in the last year.

The indigenous discourse of intercultural health

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The Comando Mático's Facebook profile reveals, month by month, the slow but explicit shift from an emergent reaction to a complex strategy, which encompasses the bold vision of an ideal Peruvian health system. Resuming the first year of their activity, the members consciously articulated the interdependence of historical and actual factors, which have determined the pandemic-related crisis. In the post published on May 15, 2021, they listed, as the basic motivation, the breaches in access to medical attention, the lack of interculturally capacitated medical personnel, and the common distrust towards the hospitals, perceived as the „*synonyms of death*” due to the „*structural deficiencies and historical abandonment*”. As it has been also underlined, their activity, designed initially for merely practical purposes, has changed into a space of solidarity. The services of the indigenous health professionals are free of charge, offered primarily (but not only), to those who live in precarious economic conditions. The main target has been stated as „the salvation of lives of those patients, who (...) are infected with COVID-19, through the combination of traditional and conventional medicine”. Furthermore, the members of Comando Mático also expressed the desire to expand their initiative beyond the frames imposed by the pandemic, and to provide healthcare for various diseases. The ultimate goal for the future was characterized as the creation of „the intercultural clinic of the Peruvian Amazon”.

The political standpoint has been emphasized more directly in the post published on August 10, 2021, with the significant title: *Our discourse*, and the hashtag: „The Day of the Indigenous Communities”. On this occasion, the indigenous activists stressed that the construction of „authentically Peruvian” – understood as a „plurinational and multiethnic” health system – should be the „heroic creation of the communities”, undertaken „without copying the foreign models”. This expression clearly refers to the thoughts of Jose Carlos Mariátegui. The fact that the “young indigenous” quote the famous Peruvian intellectual and socialist, who lived in the first half of the 20th century, testifies not only to their political viewpoint but also to the connection with the national heritage. The goal seems rather to reinforce the indigenous rights to be treated as entirely legitimated Peruvian citizens and therefore to demand active participation in shaping the legal and political landscape of the country. What underpins this argument is also the immense support given by Comando Mático to the leftist president Pedro Castillo during the election in June 2021.

In the same post the group demands the creation of „the authentic dialogue of knowledge between our natural medicine and the western medicine, as the public intercultural health policy”, and explicitly desires to be seen as „an example of how it should be organized” at the level of the community. In addition, the activists wish to treat the state as „a fundamental ally” who does not „turn its back to their needs”, as has happened in the past. The message

ends with the reaffirmation of continuous and common struggle „very close one to another”, which can be interpreted both as an expression of communitarian solidarity and as a critique of the widely recommended practice of social distancing.

It is also necessary to address the visual communication which inscribes the idea of intercultural health in the outdoor banners, the graphics shared on social media, and the protective clothing worn by the Comando Mático’s members. It is an eye-catching design maintained in the characteristic style of Shipibo-Conibo’s art, rich in detailed sophisticated patterns. The logotype, which serves also as the main profile picture, depicts the half-shaman, half doctor, with the face covered by a half-mask, half-*mático* leaf. Therefore, it refers not only to the intercultural dialogue but also to the alliance with plants, which constitute the hard core of the Shipibo-Conibo’s cosmovision (Caruso, 2005). It also brings up the question about the participants of such dialogue, since the crucial role of the plants as the actual doctors in Shipibo-Conibo’s view has been often emphasized both in the ethnographic literature and the recently published content. Hence, it is reasonable to conclude that the established connection is not only intercultural but also interspecies. It corresponds with the earlier mentioned perspectivism, according to which all beings perceive themselves as humans and therefore share the same “culture”, having many “natures” at the same time. (Viveiros de Castro, 2004).

Interspecies communication is possible thanks to shamanic practices which, along with the dreams, play an important part in Shipibo-Conibo’s epistemology. Curiously, however, the members of Comando Mático do not mention this aspect, which raises another important question: who is supposed to be the primary recipient of the content published on their Facebook profile? Based on the observed selection of information and the vocabulary, one may conclude, that the discourse is directed towards the Other, who does not comprehend and/or respect the indigenous perspective. The Other in this case represents the Western or the mainstream social agent, whose vision of legitimated knowledge would not accept the one acquired from the plants.

One can also notice that the members of Comando Mático often use the same words to describe intercultural health as the politicians or the researchers. The indigenous discourse is not entirely free from this vague compound of definitions that mixes an idea, a policy, and the potential mechanism of its implementation (Seguil, 2021). However, after careful analysis of the published content, it was possible to distinguish the meaning in practical terms, articulated during the online focus interview conducted by the researchers from Colegio Médico Peruano on December 21, 2020. The purpose of the intercultural health policy from the indigenous perspective has been clarified as the recognition of the ancestral medical attention in the official health system, in the way, which would eventually allow to include the indigenous health practices as a treatment offered in hospitals, at the request of the patients.

What is also important is that emphasizing this target was induced by the repeating notices of mistreatment of the indigenous patients in the hospitals, both before and during the pandemic. According to the messages received by the Comando Mático, the indigenous patients have often been ridiculed and disregarded by the medical personnel or left alone with no help or support. Hence, they concluded that the intercultural health policy should lead to the changes primarily in that matter and that to realize those changes, it is necessary to organize the regular and mutual capacitation for the medical personnel and the indigenous health professionals. It seems that the program PFETSIA of AIDSESEP was a very important step on this path – not only because of the analogical aid, but also because it parted from the indigenous perspective, and not from the NGO or the Academy (Cardenas, Pesantes, Rodriguez, 2017).

The perspective of the non-indigenous experts

The exclusive character of the medical education provided in Peru has already been criticized in the studies of intercultural health (Salaverry, 2010; Yon, Vega, Gushiken, Planas & Villapolo, 2021). Considering the cultural diversity and profound medical pluralism permeating the whole country, it is astonishing that the vast repertoire of natural and spiritual healing practices has not been properly addressed by the academy.

The disrespect towards the culturally conditioned practices has often been explained as the result of the standardized education program, which favours an entirely western and rationalist perspective on knowledge, truth, science, and health (Aguilar-Peña, Tobar Blandón, García-Perdomo, 2020). Within that viewpoint, the truth about any real condition has to be empirically provable. The disease manifests itself as some alteration in a body and the symptoms sign the underlying abnormalities of biological structures (Salaverry, 2010). In the case of mental illnesses those structures are replaced by certain behavioural patterns, also ordered in clear-cut categories. The symptoms, which do not fit any of those items have been thrown into another one: the culture-bound syndrome (Salaverry, 2010). In such circumstances a lot of people in Peru – both indigenous and non-indigenous – seek the advice of the traditional healers, claiming that hospital treatment can only make things worse. The distrust is mutual and impedes the possible intercultural dialogue.

Salaverry explains the difference between the western and native approaches to the treatment very simply: the former assumes looking for the underlying regularity hidden behind the symptoms. The regularity indicates that in all the cases these symptoms point to the same disease and require the same treatment. The latter treats every disease as a unique and individual condition, which requires specific measures. Hence, the treatment may look different for each similar case (Salaverry, 2010). Obviously, this explanation is a sort of generalization – it is hard to say that this exact opposition functions

in relation to every traditional medicine or healer. But it well-exemplifies the various medical approaches.

The different ways of thinking about health, diseases, and medicine are investigated within such disciplines as cultural and medical anthropology. From the perspective of the Peruvian researchers (Yon, Vega, Gushiken, Planas & Villapolo, 2021) health should be understood primarily as a product of social order, shaped by the existing inequalities. Regarding the numerous reports of mistreatment of the indigenous patients, as well as the much more „social” character of the indigenous approach to health problems, it is not surprising that a lot of people prefer to seek natural and/or traditional remedies. Therefore, it could be reasonable to incorporate the anthropological angle into the program of medical education. It would probably help the young health professionals to better prepare for reality, especially for the obligatory year of practice, called *año de provincia* (Yon, Vega, Gushiken, Planas & Villapolo, 2021). However, the lack of time, the uncritical faith in the paradigm of western rationality, as well as the related sense of superiority induced by the exclusive character of medical knowledge, do not leave much space for interculturality.

According to the anthropologists engaged in intercultural health projects, creating the space for truly open dialogue requires carefully organized sensibilization workshops in the first place (Yon, Vega, Gushiken, Planas & Villapolo, 2021). During those activities, the persons who represent the different perspectives, have an opportunity to acknowledge various notions of health-related problems and express their opinions, feelings, or impressions. As was described by Vega in the Introduction to *Aportes para la construcción de una salud intercultural en el ámbito amazónico*, the health professionals participating in the workshops frequently complained about the patients from the native communities. They said, for instance, that the indigenous patients did not follow the prescriptions and that they are used to obtaining everything free of charge. Usually, these attitudes were associated with the supposed lack of education, passivity, and laziness. In addition, some of the medical personnel claimed that the „pure indigenous” do not exist anymore, as they have been assimilated into the mainstream and do not look like the stereotypical figures from the rainforest (Yon, Vega, Gushiken, Planas & Villapolo, 2021).

My interviews conducted before the pandemic, as well as the more recent conversations, indicate that some health professionals have their own opinions about the indigenous demands, regardless of what the indigenous claim to need. For instance, it is possible to encounter the generalizing statement, that the indigenous despise conventional medicine as a whole and prefer to rely solely on their ancestral wisdom. An example might be also the view, that the indigenous do not need the recognition of the ancestral medicine, as it belongs *per se* to their basic and natural resources. The same voices claim that what the indigenous need is more medical posts and actual specialists in various health disciplines pertinent to western biomedicine.

Although there is a certain truth in the last words, the previous examples reveal rather postcolonial thinking patterns. The perception which relates the indigenous people to the past and nature or poses the indigenous right to cultural recognition as irrelevant seems to be outdated at the first glance. However, it still sustains many assumptions made on behalf of the Others.

Troublesome thinking patterns

To grasp what Others really think or want has been posed as an extremely difficult or even unreachable goal, due to the impossibility of a fully objective standpoint. It is truly a hard nut to crack for the researchers who investigate the underlying unconscious wheels turning in cultures and societies. Sometimes, however, it seems perfectly reasonable to ask and accept the given answer. Questioning the indigenous person's viewpoint and digging for the truth supposedly missed by that person, presumes that she or he is incapable of social and political awareness. The results of such thinking lead to designing programs or policies concerning the indigenous without their participation (Belaúnde, 2013).

It is an important problem, though, why the indigenous are so often denied credibility. In my opinion, it is largely a matter of certain thinking patterns which have roots in the colonial past and sustain the existing power relations. It can be described, for instance, in the terms proposed by Howard S. Becker, as inherent to the hierarchy of credibility, which always affects the choices with regard to whom we believe and whom we tend to treat seriously (Becker, 1967). The attitudes often shared by the graduates of the medical schools bear the hallmarks of the ethnic discrimination that permeates Peruvian society at many levels. For example, Arrunatequi explains how the images of the indigenous are being constructed through the discursive practices by the Peruvian press, which implicitly favours the interests of the authorities and reinforces the postcolonial representations (Arrunatequi, 2010). Having that in mind, it is not so astonishing that the young health professionals picture the indigenous as too primitive and lazy to follow the prescriptions. Within the common casual language, the indigenous knowledge is still being denominated as "beliefs", which automatically puts it in an inferior position to Western rationalist thought. Moreover, traditional medicine is often perceived as a static, outdated piece of exotic folklore, which cannot seriously respond to the current needs of the population. Nature and the past are the two imaginary realms reserved for the indigenous, where they cannot be treated as equal partners in the dialogue.

Some authors, however, started to contest that state of things, by conforming to the approaches that legitimize the diversity and equality of knowledge. Since presenting the discussion concerning the ontological turn (Soto Arias, 2020) would require another paper, I will briefly mention its most impor-

tant representatives, like Philippe Descola, Kaj Arnhem, Eduardo Viveiros de Castro, and Eduardo Kohn. Their works, based on the ethnographic research conducted with the communities in the Amazon region, constitute significant proposals for more inclusive and non-universalistic ways of understanding the world. Also, the authors like Marisol de la Cadena and Donna Haraway who analyze the existing relations between humans and non-humans, or between the species, have contributed to this ontological opening, which attempts to redefine the traditional Western opposition: nature and culture. The most radical stand belongs to Eduardo Viveiros de Castro, who proposes the real multiplicity of the ontologies, and therefore the legitimated knowledge. Together with the decolonization studies, which put more emphasis on the power play between the epistemologies (Santos, 2014), the intellectuals mentioned above have certainly transformed the landscape of social sciences. But do they have a chance to transform the social landscape?

The critics of perspectivism point out, that, despite the ontological opening, it still constitutes certain assumptions about the Others and their perspective made by the Western mind (Del Campo, 2017). Although formed on the bases of ethnographical research, the concept provides the alarmingly unified vision of the Amerindian perspective, which is in fact much more diversified. The ontological turn was supposed to enforce the auto-determination of the indigenous, but instead, it usually speaks the voices of the foreign anthropologists (Del Campo, 2017). This criticism does not imply that what they have to say is not important. On the contrary, with the focus on the particular subjects, their reflections and approximations of the different viewpoints would have formed an extremely valuable input into the practical field like, for instance, the public health area. It will require, however, the interdisciplinary turn in the first place.

Salaverry notes, that implementing interculturality into the health department, would mean, in fact, the reintegration of modern medicine with its history (Salaverry, 2010). To prove that interculturality is not something new, one has to recall the works of Hippocrates or Paracelsus, who traveled across the already known world to gather knowledge and methods from all sorts of healers (Salaverry, 2010). Today the common image of modern medicine resembles rather the suddenly emerged kingdom of technological genius, largely disconnected from the world outside. Perhaps, in order to reinstate the intercultural approach, it is necessary to defamiliarize biomedicine by re-exposing its origin – the nature itself – and investigating it as culture. The first steps on this path belong already to medical anthropologists like Byron Good (1994). The work of Bruno Latour and his studies of Western science (Latour, 1993) have also had a great impact.

While the academic world struggles to overcome both the external and the self-imposed boundaries, the indigenous agendas find new channels and new audiences (Gigler, 2001). Social media, regardless of their sins, have given a voice to the groups which do not usually have an access to the mainstream

platforms. The communication tools which favour the audiovisual content rather than the elaborated texts have been well-adapted by the heirs of the oral cultures. The important questions are – how do they construct the self-representations on the Internet and what does it say about the existing power relations?

In this place, I would like to refer to the so-called discourse of noble savage, which affects many institutions and initiatives, especially those performed by NGOs (Ramos, 1992). A noble savage, or a hyperreal Indian, constitutes the stereotypical and idealized indigenous people, who “deserve” help and support. The noble savages are the role models who always take care of the environment, who never work for the logging or mining companies, who are not selfishly driven by the potential income, who always put the needs of the community in the first place, who respect the ancestral wisdom and who never go to hospitals, curing themselves only with natural or spiritual remedies. This is an image so diffused, that the real indigenous coming to the institutions with real problems have been often ignored or disapproved of (Ramos, 1992). It is also worth noticing that the noble savage figure is actually the ideal western-self (Follér, 2002), a personification of the western image of the utmost moral standard, which has been imposed on the Latin-American natives from colonial times. The fact that this ideal standard is impossible to follow within today’s capitalist, neoliberal system, again ascribes the indigenous to the imaginary domains of romanticized past and nature.

It should not surprise anyone that the long observation of what triggers the goodwill of the powerful social agents has been noted and readopted for actual purposes. The discourse of noble savage has got internalized, to some degree, by the indigenous organizations (Ramos, 1992), including the Comando Mático. Reading the initiative’s profile one could think that all the natives from the Peruvian Amazon, or at least from the Shipibo-Conibo group, are speaking in one voice and sharing the „one and right” opinion about the public health strategies. Considering the fact that the group counts over 25 thousand people (according to the data from Censo Nacional 2017), it is hard to imagine that there are no internal differences. It is safer, however, to sustain the unified narration – the continuous act which proves the significant political awareness of the indigenous.

Conclusions

Having in mind all the factors described above, it is time to address the accusation posed by some researchers (Rivera, Aguero, Campos, 2017). Does the intercultural health policy indeed make invisible the real needs of the indigenous? Should it be abandoned and replaced by some new approach, that better reflects the social reality, in which various health practices have already been shaken and mixed for a long time?

One has to admit that any concept that parts from at least two different perspectives is inevitably marked by the power relations existing between them. In the case of the Peruvian health system, such relations have been shaped by the strong disparities in access to medical education, institutions, funds, supplies, and healthcare. The communication between the doctors and the patients is situated merely at the end of that chain but still reflects well the silent discrimination. On one hand, it is the first sound reason to affirm the necessity of implementing the intercultural health policy. On the other hand, it is also a reason to doubt its supposed effectiveness.

In addition, a careful reading of the intercultural health formulations reveals the problematic aspect – the phrase „on the basis of mutual respect” has been repeated like a mantra by institutions, researchers, and indigenous organizations. However, mutual respect is not something that can be ordered or conjured out of thin air, especially in regard to the historically established marginalization of the indigenous people. Moreover, the reason for which the policy is necessary is precisely the lack of mutual respect observed in the multiethnic society.

Some researchers suggest that the intercultural health discourse actually increases the distance between the medicines, instead of engaging them in successful cooperation. For instance, the studies of auto-medication practices conducted in the Brazilian Amazon by Jean Langdon, show that the western and indigenous knowledge have been combined in the daily practices by both indigenous and non-indigenous people and that differentiated care – which is the Brazilian counterpart of the Peruvian intercultural health – does not improve the existing precarious conditions. Rather, it forces the artificial division between traditional and western medicine – the division which more and more often seems obsolete (Langdon, Garnelo, 2017).

However, although the similar hesitations seem to be justified, they also miss the significant aspects. Firstly, speaking that the intercultural health discourse makes invisible the real needs of the indigenous implies that the speaker knows for sure the real needs of the natives. Secondly, the intercultural health policy, as it is demanded by indigenous organizations like Comando Mático, does not concern the phenomenon of auto-medication. It aims to improve the availability of health institutions, facilities, and professionals to patients of various cultural pertinence.

Although the pandemic exposed the ineffectiveness of the intercultural health policy in its actual shape, I believe it is not sufficient reason to resign from the entire idea, which in the past three decades fostered valuable initiatives and programs, managed both by the indigenous and non-indigenous organizations. The legacy of those projects might serve now as an important resource that allows addressing the newly emerging problems. During the health crisis in the Peruvian Amazon in the year 2020, one could observe the impressive mobilization of the natives, who actively demanded not only the real implementation of the policy but also participation in shaping the future public health strategies

in the region. In view of this fact, I believe that the best possible solution is to finally grant the indigenous leaders credibility in these matters.

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