



**Pan American  
Health  
Organization**  
Regional Office of the  
World Health Organization

# Healing our Spirit Worldwide

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## Editorial

**T**he road that indigenous people have traveled throughout history has been exhausting. Nevertheless, the adversity we have faced has strengthened our peoples. Without a doubt, this vitality has sprung from the wisdom of each of our peoples and our arduous struggle to ensure that our rights are respected. This struggle has led to recognition and respect for the cultural diversity of our American Hemisphere.

In our vision, health is understood holistically; nothing is isolated or compartmentalized. Everything is part of a whole. Community, family, our history, culture, spirituality, language, and physical environment make a fundamental contribution to the total well-being of all our peoples. The Second Issue of the Newsletter for Indigenous People, published by Bolivia, is devoted to our grandfathers and grandmothers, women and men, and especially our mothers, boys, and girls who represent the continuity of our identity as indigenous peoples.

In order to continue our focus on the topic of alcohol and other substance abuse, which gave rise to this Bulletin, and considering the consequences of alcoholism for families and women in particular, we are including a summary of the Declaration of the "IV Healing Our Spirit Worldwide" Conference. \*

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## MATERNAL AND CHILD MORTALITY AMONG THE INDIGENOUS PEOPLES OF THE AMERICAS

**A**lthough regional and national averages conceal existing differences in populations among and within countries, in terms of geographic location, race, ethnicity, or income level, there is evidence that maternal and child mortality is higher in the indigenous populations of Latin America and the Caribbean.

*Woman is like society's nest; she is viewed as the abode where life grows. Thus, maternal health is the health of all living beings; women's health is the health of all. However, it seems that in exchange for bringing another life into the world, she must lose her own . . .*

*Martha Gonzáles Cochi, Aymara People, Bolivia*

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*An aymara mother from Bolivia with her children.*

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## THE LACK OF COMMUNICATION AFFECTS ACCESS TO MATERNAL CARE

PAHO/WHO Representative Office-Bolivia

One factor that limits access to maternal care in Bolivia is the lack of communication and the health service staff's failure to value traditional cultural practices in maternal care, according to a study on "Maternity in Quechua Women."

The study was conducted by Causananchispaj, a nongovernmental organization, with technical and financial support of PAHO/WHO and Population Concern and points to the health service's ignorance and failure to appreciate the traditional maternal care practices of community midwives as an important factor in maternal and child mortality in rural and indigenous populations in the Caiza D and Cotagaita municipalities of Potosí Department.

Maternal mortality in Bolivia averages 390 per 100,000 live births. In Potosí, the rate is 496 per 100,000 live births, while 129 women die each year from pregnancy-related causes. For this reason, it is necessary to propose an innovative and alternative strategy for maternal care in the health services and the community that is responsive to the viewpoint of the women of the area. The study shows that in the project's target zone, in the last two administrations only 24% of the women went to the health services to give birth, while midwives attended twice as many women in labor, since 76% of births took place at home.

It can be hypothesized that there are four reasons why the health services do not achieve greater coverage for pregnant women: the underrating or ignorance of traditional cultural practices on the part of the professional teams in charge of maternity care, which is the source of the lack of communication as a sociomedical phenomenon; the lack of communication among the actors (health team and pregnant women), a principal factor behind the low maternity coverage and, finally, public policies for consensus-building and intercultural dialogue on maternal health that contain conflicts over the definition of objectives and goals and the allocation of resources.

It has been determined that, despite the limitations, current health policy permits an opening for the design of a strategy for consensus-building, strengthening the services of midwives or other traditional resources, while legitimizing institutional services. Within this framework, a three-phase strategy is being proposed. The short-term proposal is to create a rapprochement between public health services and traditional services by organizing midwives and developing ties between the two services. The medium-term goal is to integrate traditional indigenous care into the public sector, offering women culturally-appropriate care or special maternity services. This progress can be sus-

tainable in the long run to the extent that highly complex institutions adapt their human resources education in health to Bolivia's multiethnic and multicultural reality.

Since August 2003, the short-term proposal has been implemented in the Caiza D and Cotagaita municipalities of Potosí Department, where 65 lay midwives have been brought together and are participating in activities to explore the daily problems in maternity care, timely identification of risks, and hygienic care in childbirth. During these activities, the midwives have concluded that it is possible to refer high-risk cases in a timely manner as long as the conventional service displays an attitude of respect and considerate treatment for the mother and traditional indigenous care. In addition, 35 health officials from 25 facilities of the service network of the two municipios have been working on the issues of adapting care to the culture of the population requesting the service, the power of traditional medicine and the need to respond to local health problems with municipal policies that employ the perspective of the social actors involved: mother, midwife, and health services. Nevertheless, we are aware that learning is mutual, and therefore, opportunities for periodic and systematic analyses by the two types of services and the mothers will be created to develop procedures for application to maternal care.

*The male and female deities determine the balance of the earth, whose elements and beings are both male and female. Hence, women and men play a primordial role in the life of peoples.*

*Woman is part of this structure, being the basis of life as the donor, strategist, visionary, motivator and transmitter of cultural identity. She is the essence and the language of Mother Earth together with Man. Man's role is to care for the earth, to sustain it, to beautify it, to defend it, and to make it productive. \**

Doris Bill, Kuna People, Panama

## COVENANT OF THE FOURTH HEALING OUR SPIRIT WORLDWIDE CONFERENCE

Albuquerque, New Mexico, United States, 6 September 2002.

José Yáñez del Pozo, Quechua-Hispanic, Participant at the Conference

The indigenous leaders and directors of organizations that support the indigenous demands of the world, gathered in Albuquerque, drafted and signed a covenant on substance abuse. Henry Cagey, co-chair of the Conference's Planning Committee said "This is a living document. It is a tool that will help native people to take ownership of the situation and create solutions from a native perspective."

The indigenous leaders of North America, specifically the United States and Canada, begin with the recognition that indigenous nations, which have a sacred relationship with the earth, have a common history and shared aspiration to exercise full sovereignty over their lives, following the teachings of their forefathers. Seeing that sovereignty seriously threatened by substance abuse, they are calling urgently for the development of prevention and rehabilitation programs for families and schools. The treatment model adopted should convey a very clear message that reinforces their own cultural and spiritual expressions and that places special emphasis on children and young people, whether they live inside or outside their traditional homelands.

The indigenous peoples of Central and South America, in contrast, begin by distinguishing between the culturally accepted use of alcoholic beverages and medicinal plants, which has been practiced by our peoples for centuries, and the abuse of these or other substances, induced by colonialism and subjugation. These conditions have led to extreme poverty, unemployment, high mortality and morbidity rates, rapid loss of self-esteem, and visible levels of alienation that our people struggle with. Given the tremendous inequality between our countries and the industrialized nations, the implementation of international plans to combat the production and distribution of illegal drugs only exacerbates the ecological and human situation, which is already very serious. Although the problem of alcoholism and substance abuse is considerably less serious among the indigenous peoples of the South than among those of the industrialized nations, there is no justification for the fact that our leaders have not been sufficiently involved in the discussion of these problems, which are becoming worse each day, and their solution.

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The link between poverty, illiteracy, limited access to basic services, and greater risk of disease and death is clear.

According to the most recent statistics, 20% of indigenous children in Bolivia die before their first birthday, and 14% of the survivors die before reaching school age. In 1999, the national infant mortality rate in Ecuador was 30 per 1,000 live births recorded. In Cotopaxi and Chimborazo, two of the provinces with the greatest concentration of indigenous poor, the rate was 62 and 55 per 1,000 live births. Malnutrition in children in cantons with indigenous populations is 1.7 times higher than the national average, and this difference increases when the mothers have less schooling.

With respect to maternal mortality, something similar occurs in Honduras in the departments with larger indigenous populations. In the departments of Colón, Copán, Intibucá, Lempira, and La Paz, the maternal mortality rate ranges from 190 to 255 per 100,000 live births, which greatly exceeds the national average of 147 per 100,000 live births. In Guatemala, the maternal mortality rate in the indigenous population is 300% higher than the national rate, according to 2000 data.

In Paraguay, 93% of the indigenous population has not access to sanitation or safe drinking water. In 1999, the Guyana Survey of Living Conditions showed that 78% of the Amerindians live in poverty. Indigenous mothers and children living in tropical and subtro-

pical regions suffer the ravages of vector-borne diseases. In Panama, two maternal deaths associated with *Plasmodium falciparum* malaria were reported among the Kuna people of Kuna-Yala in 2002. The number is doubtless higher, because of the number of deaths and births that are not reported.

Health care coverage is low in rural areas and at critical levels in areas where indigenous peoples live. Even where there is physical access, there are geographical, financial and cultural barriers to services.

*"... undressing during childbirth for us is synonymous with death. When a pregnant woman goes to a first-rate health center the first instruction she is given is, 'Take off your clothes.' At that moment, a barrier has been erected between the physician and the Aymara woman, because Aymara women believe that at the moment of delivery there is an opening of the entire body. If our body has opened, we should cover ourselves much more because the cold can penetrate us. Penetration of the cold will result in illness. Furthermore, there is not only an opening of the physical body, but of the place where the spiritual body exits and enters, which will require other care ..."*

*Martha Gonzáles Cochi, Aymara People, Bolivia*

These communities depend on collective knowledge or wisdom, traditional healers, and spiritual leaders to promote health and prevent and treat disease. This knowledge is often the only resource continually available, and although

it is of inestimable value for the general maintenance of the life and culture of the people, in the face of so complex an epidemiological profile, it meets only part of their health needs.

Regarding this assertion, referring to the problems that affect the indigenous children and mothers of Cotagaita Municipio, Potosí Department, in Bolivia, the indigenous leader,

*"...Mother Earth is very tired and needs attention, just as our health and the health of our children are damaged by malnutrition, scabies, diarrheal diseases, and other illnesses and need drugs. Our mothers are malnourished and many have died. Now the assistance of midwives and healers is not enough, even though they heal us with care, respect, patience and love ..."*

In light of this reality and to meet the Millennium Goals, specifically with respect to the commitments to reduce infant and maternal mortality, it is necessary to strengthen the response capacity of the health care network and consider cultural differences related to language and communication, values and beliefs, social organization, lifestyles, and the organization of time and the community's own therapeutic resources.

This implies knowing the number of mothers and children and their ethnic and age distribution in a community or region. It is also essential to know about and provide supplies adequate to their epidemiological profile and to understand the factors that influence the health and living conditions of the mothers and children of these peoples. \*

## Agencies combine efforts to reduce maternal and child mortality



*Martha Gonzáles Cochi, an Aymara leader, and PAHO Director Mirta Roses Periago.*

**O**n 20 February 2004, the Interagency Task Force made up of eight international agencies: UNFPA, UNICEF, USAID, Family Care International, the Population

Council, the IDB, the World Bank, and PAHO signed an unprecedented commitment to support the reduction of maternal mortality in Latin America and the Caribbean. Dr. Mirta Roses Periago, Director of PAHO, said, "We are working to reduce these unjust figures. Just one maternal death in one year is a tragic event; 23,000 maternal deaths is shameful. The vast majority of women who die in Latin America and the Caribbean, around 80%, die from causes that are preventable and that are routinely prevented in developed countries." The interagency commitment recognizes that maternal mortality is an obstacle to equity and development. In 2000, all the member countries of the United Nations made a commitment to reducing maternal mortality worldwide 75% by 2015 through a consensus of 189 countries known as the "Millennium Development

Goals." Aymara leader Martha Gonzáles Cochi participated in the launch of the initiative. She had worked for 10 years in El Alto, Bolivia, to strengthen the work of Aymara midwives and in workshops with health workers on health and cultural diversity. "We indigenous women have had to learn Spanish to make ourselves understood, but when we get to the hospital, no health professional even knows how to say 'How do you feel?' in Aymara. We need health services that care about people," she said before an audience of more than 100. She pointed out that only by bridging the enormous cultural gap can cultures meet and women stop suffering. "All women who give life walk in the shadow of death," she said. Several excerpts from Mrs. Gonzáles's address are included in this issue of the Newsletter for Indigenous People. \*

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The covenant states that, due of the severity of the problem of alcoholism and the abuse of other substances, there must be a commitment by the indigenous peoples themselves and by their countries and international agencies. In this regard, the Indigenous Peoples of Central and South America, present at this conference, commit themselves to restoring appreciation for their own culture and the ancestral principles of spirituality, unity, self-esteem, and respect for nature. Aware of the need to continue working in concert with other indigenous peo-

ples of the world, they also commit themselves to strengthening partnerships, forums, and agreements already in force. At the local level, the commitment to developing educational and health campaigns that directly target the problems of alcoholism and other substance abuse, especially among children and young people, particularly young people who are forced to leave their communities.

With respect to national governments, the indigenous peoples of the South promise to be very attentive and vigilant about state policies involving indigenous populations, through incre-

asingly active and direct participation. With respect to United Nations agencies, and especially the World Health Organization, the covenant requests that Collaborating Centers be established to protect the health of the indigenous peoples of our countries under the guidance of indigenous organizations.

The general covenant ends with a solemn declaration of unity among all the indigenous peoples of the world and a decision to convene regional meetings to evaluate the process seriously and prepare for the V Healing Our Spirit Worldwide Conference. \*

## WINDS OF AMERICA: NEWS, EVENTS, AND ACTIVITIES

**In Venezuela,** In December 2003, in La Esmeralda, Alto Orinoco Municipio, Amazon State, Venezuela, the Ministry of Health and Social Development, with the technical support of PAHO, held an event called the "Knowledge Encounter," with the object of making indigenous peoples' constitutional rights in health a reality by establishing a common forum to allow an ongoing exchange of opinions with traditional healers, shamans, midwives, and health workers to discuss the health and cultural diversity plan. National, state, and local authorities participated along with indigenous leaders, shamans, and midwives of the Yanomami, Yekuana, Jivi, and Wotuja peoples. In 2004, the resolutions issued at the event were included in the Intercultural Health Program with the Peoples and Indigenous Communities of Venezuela.

**In Panamá,** In the Kuna region de Madugandí, there was an outbreak of Plasmodium falciparum malaria in February, 2004. The ritual conducted by Kuna traditional healers to protect against the disease, known as the "Pipe Smoking" ceremony, was misunderstood and misinterpreted in the Panamanian and international press as the Kuna people's rejection of assistance in the emergency. A meeting of government and Kuna authorities cleared up this misunderstanding. The emergency is under control, and a joint commitment has been made to work for the good of the country's indigenous peoples, within the framework of recognition and respect for their culture, leaders and, traditional healers.

**In Panamá,** On February 25, 2004 a celebration of the 79th anniversary of the Tule Revolution was held. On that day, the Kuna people rebelled against the discriminatory practices imposed by the colonial government. The Kuna people are still struggling for recognition of their cultural rights and the right to practice their traditional medicine.

**In Argentina,** In February, the Mapuche communities of Argentina that dwell in the Andes began to conduct the *nguillipun* ceremony in several places. The ceremony prays for fertility for all types of life. This year, in 2004, a *Machi*—a spiritual leader of the Mapuche people—will come to carry out community healing practices. The presence of the Machi and the people completes the social fabric and guarantees that no positive energy is missing.

**In Colombia,** From 1 to 3 March 2004 in Leticia Municipio and the Arara Community of the Tikuna people in Amazonas Department, Colombia, activities to raise awareness were carried out in Colombia as part of the Basic Water Supply and Sanitation for Indigenous People Project. The goal of the project is to have methods allowing national, regional, municipal, and local officials to undertake orderly and efficient planning of basic water supply and sanitation activities and projects for indigenous people, taking cultural diversity and gender into account, thus reducing the risk of transmitting diseases caused by environmental factors.

**In Guatemala,** From 24 to 26 March, a Subregional Workshop called "A Cultural Meeting on HIV/AIDS Prevention and Care" was held in Guatemala.

**In México,** On 23 April 2004 in San Juan Cancún Municipio, Chiapas State, Mexico, an area with Tzeltal settlements, the project "Improving Environmental and Health Conditions of Indigenous Communities," was begun. The purpose of the project is to reduce the prevalence of trachoma and its associated disability. The project will be implemented by the Ministry of Health, with technical support from PAHO.

**In The United States,** The Third Session of the Permanent Forum on Indigenous Issues was held from 10 to 21 May 2004 at United

Nations Headquarters in New York. Its theme was "Indigenous Women."

**In Ecuador,** The Hemispheric Summit for Indigenous Peoples will be held in Quito, Ecuador, from 21 to 25 July 2004, as part of the activities planned for the final year of the International Decade of the World's Indigenous People. \*

### Healing our Spirit Worldwide

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#### EDITORS' NOTE

The Newsletter for Indigenous People will be published in Spanish, English, Portuguese, and a native language.

To send comments, suggestions, articles, news, ideas, opinions on the welfare of the indigenous peoples of the Americas, or if you wish to sponsor this Newsletter, contact Dr. Rocio Rojas at:  
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