


Sustaining life: Indigenous Women and COVID-19 in the Ecuadorian Amazon

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Rio Pastaza in the Ecuadorian Amazon. Photo credit: Núria Vilà via [Flickr](#)

The Coronavirus Pandemic in the Amazon Forest

The colonization of natural spaces and human contact with animals that are reservoirs of viruses and pathogens is the first link in the chain that explains the pandemics of recent years. H1N1 influenza, severe acute respiratory syndrome (SARS), avian flu, and SARS-CoV-2 all emerged in part as a result of population growth, accelerated urbanization and environmental degradation. Pandemics decimate populations and affect governability.¹ The COVID-19 pandemic shows us the negative effects that increasing rates of deforestation and commercialization of wildlife can have for humanity.² After spreading across the world from its origin in Wuhan, China, the virus has made Latin America one of its epicenters.

In the entirety of the Amazon basin, 73,767 cases of COVID-19, and 2,139 deaths have been registered among indigenous people.³ Extractive industries, agricultural business, forestry, and legal and illegal mining are all considered vectors of epidemiological disturbance⁴ and can contribute to the spread of the pandemic.⁵ These activities operate in indigenous territories, bringing in external actors who can spread the virus to these communities. Indigenous peoples have historically been susceptible to exogenous

diseases (such as measles, smallpox, and yellow fever epidemics), which have historically left a trail of death through these communities.⁶ This pandemic has likewise been devastating.⁷

In the Ecuadorian Amazon, at the beginning of December 2020, 13,851 cases of COVID-19 had been reported, out of a total of 196,482 cases in Ecuador.⁸ Of these, 3,240 cases were among indigenous peoples, with 50 COVID-19 confirmed deaths, and 54 deaths with symptoms of COVID-19.⁹ The province with the highest number of infections among indigenous persons at this point was Morona Santiago (1,000 cases), followed by Pastaza (715), Orellana (583), Napo (482), Sucumbíos (321), and Zamora Chinchipe (114) provinces (See Figure 1).

In the Ecuadorian Amazon, the first cases were reported in mid-April among the Siekopai people in Sucumbíos province, as well as Waorani people in Orellana province. June and July showed increased infections among the indigenous, with Kichwa people the most affected, followed by Shuar and Waorani.¹⁰ If COVID-19 cases continue to increase among certain ethnic minorities in the Ecuadorian Amazon such as the Andwa, Sapara, Siekopai, and Siona, these groups may face extinction. The same holds true for the Waorani,¹¹ and for isolated indigenous peoples such as the Tagaeri and Taromenane.

Figure 1. COVID-19 in Amazonian territories

Source: CONFENIAE (Record November 26,2020)

In this essay, based on interviews carried out with women leaders and from the review of webinars in which they have participated,¹² we describe the factors that have influenced the infections, the situations experienced by the communities, and their responses, considering, in particular, the agency of women. Forestry and illegal mining have increased during the pandemic due to the loosening of state environmental controls.¹³ Oil extraction and formal mining activities have also intensified in

certain areas according to neoliberal policies that encourage them in the interest of collecting economic income. Both dynamics have contributed to the contagion of COVID-19 in these communities. In Waorani communities located in the Napo and Orellana provinces, the continuous entry of oil workers from different areas of the country, within the various concession blocks that operate in the Yasuní National Park, has increased risk and exposure.¹⁴ The Kichwa and Waorani peoples also attribute the increase in



COVID-19 cases to illegal forestry operations that have brought balsa wood dealers to the communities by river and land, without any type of control by the Ministry of the Environment and Water.¹⁵ In the Amazon, as in many marginalized regions of Latin America, the high degree of inequality and the stratification of public health systems have limited the provision of health coverage.¹⁶ Its infrastructure is insufficient to meet the needs of the population, and has little capacity to track and respond to epidemiological trends. In particular, the state shows little interest in the health of indigenous populations.¹⁷ The health centers located in indigenous areas are not well equipped to diagnose and treat COVID-19; the hospitals in Amazonian cities are far from these communities and, in addition, their intensive care units have little capacity in terms of medical equipment and staff. Indigenous women face additional barriers in terms of access to healthcare services, due to longstanding societal discrimination based on class, ethnicity, and gender. As the coronavirus spreads among Amazonian peoples, it might be said that the inaction and indifference on the part of the state, in the face of increasing deaths among indigenous populations, expresses a kind of necropolitics,¹⁸ renewing an old history of exclusion and extermination.¹⁹

The Effects on Indigenous Women

In interviews, indigenous women mention that in addition to external factors, the community members' own mobility from rural areas to Amazonian cities, for food and supplies and for work and education, has contributed to infections. According to cultural practices, families tend to engage in activities that make the social distancing measures recommended by the National Service of Risk and Emergency Management (COE) and health care officers, difficult to follow. They usually meet to drink *chicha* (fermented grain beverage) together, in the early mornings share guayusa tea, and routinely undertake communitarian work called *minga*. These women report that community members have been visiting infected relatives to bring them medicinal plants and that extended kinship groups congregate at funerals, without protecting themselves with masks.

As the COVID-19 crisis began to unfold, it upended daily family daily life. The work of caring (carrying water, food preparation, washing clothes, child care, on so forth) done by women effectively tripled, as they also took on not only caring for the sick but also the intense cleaning and disinfecting of homes; all of the care for crops and provisioning became largely dependent on women when men got infected and could not go fishing or hunting.

In Pastaza, the situation worsened for women when floods occurred during the pandemic, and the overflow of several rivers damaged crops.²⁰ Women from the two-thousand indigenous families living in the riverside communities of Napo and Coca in Orellana experienced even more critical situations after an oil spill of fifteen thousand barrels occurred as a result of the rupture of the Trans-Ecuadorian Pipeline System and the

Heavy Crude Oil Pipeline in April 2020. The oil spill jeopardized these families' access to clean water and worsened their food insecurity, as they could no longer fish in the contaminated rivers.²¹

The economic situation of indigenous women that live in Amazonian cities has also been more difficult, since it has not been possible for them to find paid work or sell handicrafts and other products during the quarantine.

Women, Healing Knowledge, and Mutual Care

In the past, Amazonian families responded to epidemics by going to temporary shelters further into the jungle—away from populated centers in order to avoid contagion.²² In the midst of this current epidemic, some families have done this. The Achuar and Waorani took the prevention measure of prohibiting light aircraft from landing in their territory to prevent the entry of outsiders or even the return of community members who were in urban centers and could be infected.

At the start of May, the Siekopai addressed the great urgency of their situation. On May 21, the leaders of the Waorani people proposed the adoption of precautionary measures²³ in which they demanded that the Ecuadorian state prioritize indigenous healthcare by equipping healthcare centers, providing extensive testing in communities, and freezing extractive operations in indigenous territories.

According to women leaders interviewed, the Ministry of Public Health and COE have done little to prevent the spread of the virus in the Amazon, to detect cases, or to provide timely healthcare in these communities. In response, the Confederation of Indigenous Nationalities of the Ecuadorian Amazon (CONFENIAE) and other organizations have worked in alliance with NGOs and some universities in order to provide preventive information on COVID-19 to indigenous communities. They have distributed booklets on preventive measures in various indigenous languages, managed the assistance of medical brigades, have implemented rapid tests, and continue to monitor cases and deaths due to COVID-19.

In addition, within these communities, women have applied their ancestral knowledge and their historical memory of the use of medicinal plants for different treatments such as infusion drinks and vaporizations.²⁴ They use tobacco (*Nicotiana tabacum* L.), chugchuguazo (*Maytenus macrocarpa*), chikta, chalcacaspi (*Goeppertia standleyi*), nettle (*urtica*), chircaspi (*Brunfelsia grandiflora*), mushuwaska (*filaben*), wantuk (*Brugmansia arborea*), chulla chaqui, cascarilla (*cinchona pubescens*), zaragoza, claw of cat, garlic (*Mansoa alliacea*), guayusa (*Ilex guayusa*), and ginger (*Zingiber officinale*). In some cases, they have also used medicinal plants in combination with pills and vitamin supplements.²⁵

To prevent the spread of the virus, indigenous women disinfect the interior of their homes with verbena (*Verbena officinalis*), wantuk, and garlic. The healing process may include dietary changes, such as prescribing the consumption of fish and prohibiting meat consumption. The sick are treated with nettle to reduce severe headaches, and baths with liana and other plants are prescribed for body aches.

The treatments from medicinal plants and minerals used by *yachakuna* (wise women) are derived from historical memory, and are practiced in accordance with the advice of the elders.²⁶ Indigenous women establish deep relations with their environment to restore health, relying on traditional knowledge of plants in their territory. The indigenous peoples view the jungle as more than simply a location that supplies them with resources for their subsistence. They consider that all the non-human beings, even the rocks and minerals that interrelate with them in the jungle, have conscience, subjectivity, interiority, and agency.²⁷

The social practices of indigenous women have also come into play in their response to the COVID-19 pandemic. Women leaders have risked their health by visiting infected communities to provide food donations. Also, indigenous women living in Amazonian cities have supported each other, and have used their natural medicine to assist mestizo families in accordance with community values, such as the Kichwa principle of *minkanakuy*, the reciprocal care among all living beings.²⁸

The use of traditional medicine and practices within and between indigenous communities has emerged as a major form of healthcare in the context of the pandemic, as many indigenous people choose not to go to the hospital because “they [hear] that in hospitals people die, there are no beds, no care is given, so they are frightened [...], for these reasons they receive the care of *yachak* and take the ancestral medicine of nature.”²⁹

Conclusion

The COVID-19 pandemic has hit the Amazon extremely hard. Many of the indigenous women interviewed believe that the extent and severity of the illness in their communities is due to the neglect of the state. As this essay has explored, several factors have affected the spread of the virus: the presence of actors linked to extractive industries and illegal deforestation, and the dynamics of mobility and cultural relationships that make social distancing a difficult issue to accomplish. Given the lack of COVID-19 diagnostic brigades, the poor infrastructure conditions in medical centers, and the distances to urban hospitals (where there are still not enough medical equipment and infrastructure), indigenous communities have preferred to treat cases internally, with women playing a key role. They have turned to the preparation of natural medicine by looking to their environment and drawing on traditional knowledge and healing practices related to medicinal plants. At the same time, they seek to harmonize their relations with their surroundings, to return to their own healing practices and knowledge to maintain a

network of care to sustain life. Although the disease has compromised the health of many indigenous populations, affecting their way of life, having ownership of community lands allows them to provide themselves with food, manage their crops, and access fishing and other elements of the forest, including medicinal plants. In addition, indigenous women have woven a network of support between old and young, and between those who are in the communities and others who have migrated to the cities. All of this helps to ensure subsistence and social reproduction of these communities amid this devastating global pandemic.

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