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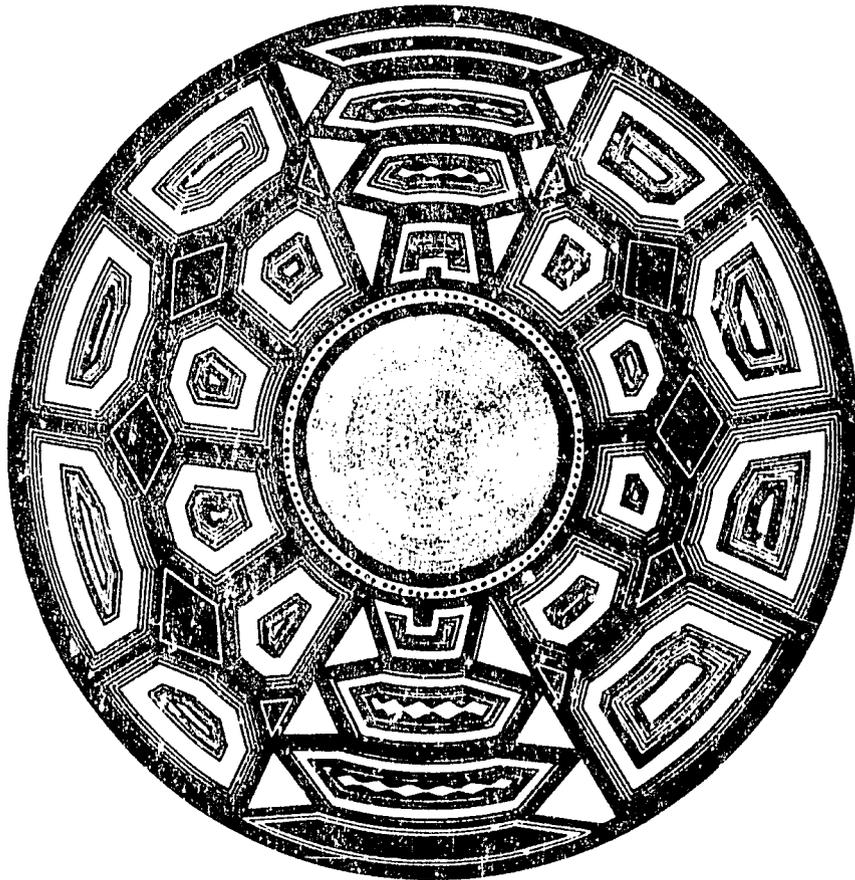


Cultural Survival Inc.



and  
Sacha Runa Research Foundation

ART, KNOWLEDGE AND HEALTH



Dorothea S. Whitten and Norman E. Whitten, Jr.

January 1985

17

Cultural Survival is a non-profit organization founded in 1972. It is concerned with the fate of ethnic minorities and indigenous people throughout the world. Some of these groups face physical extinction, for they are seen as impediments to 'development' or 'progress'. For others the destruction is more subtle. If they are not annihilated or swallowed up by the governing majority, they are often decimated by newly introduced diseases and denied their self-determination. They normally are deprived of their lands and their means of livelihood and forced to adapt to a dominant society, whose language they may not speak, without possessing the educational, technical, or other skills necessary to make such an adaptation. They therefore are likely to experience permanent poverty, political marginality and cultural alienation.

Cultural Survival is thus concerned with human rights issues related to economic development. The organization searches for alternative solutions and works to put those solutions into effect. This involves documenting the destructive aspects of certain types of development and describing alternative, culturally sensitive development projects. Publications, such as the Newsletter and the Special Reports, as well as this Occasional Paper series, are designed to satisfy this need. All papers are intended for a general public as well as for specialized readers, in the hope that the reports will provide basic information as well as research documents for professional work.

Cultural Survival's quarterly Newsletter, first published in 1976, documents urgent problems facing ethnic minorities and indigenous peoples throughout the world, and publicizes violent infringements of human rights as well as more subtle but equally disruptive processes. Newsletter articles, however, are necessarily brief.

In 1979, Cultural Survival began to publish Special Reports. These broad reports range from studies of the situation of ethnic minorities and indigenous peoples in a single area to analyses of general problems facing such groups.

The Occasional Paper series fills the need for specialized monographs which exceed acceptable Newsletter length yet are more sharply focused than Special Reports. Specifically, each paper concentrates on an urgent situation precipitated by policies or activities adversely affecting ethnic minorities. Planned to influence policy as well as inform readers, Occasional Papers accepted for publication will be printed immediately and sold at cost.

Cultural Survival will publish, as either Occasional Papers or Special Reports, the results of staff research, non-staff investigations sponsored by Cultural Survival, and evaluations of projects supported by Cultural Survival. In addition, other authors are invited to submit either manuscripts or inquiries concerning manuscripts. The latter should include an outline, synopsis, or table of contents. Manuscripts submitted for publication in either the Special Report or Occasional Paper series will be refereed by the Editorial Board. Manuscripts or inquiries should be sent to:

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ART, KNOWLEDGE AND HEALTH

Development and Assessment of a Collaborative, Auto-Financed  
Organization in Eastern Ecuador

By

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## PREFACE

The Sacha Runa Research Foundation is a not-for-profit [IRS 501 (c) 3] organization incorporated in the State of Illinois in January 1976. The Foundation (often abbreviated as SRRF) was established by Dorothea S. Whitten and Norman E. Whitten, Jr., for several complementary purposes: to conduct scientific research among ethnically identifiable peoples of Ecuador; to promote recognition of aesthetic values and cultural traditions of these peoples; to fund a medical care delivery program for these peoples through sales of their handmade, contemporary artifacts; and to disseminate research reports and publications among these peoples. The Whittens' endeavors were brought to fruition in collaboration with a large number of Canelos Quichua people of Amazonian Ecuador ("the Oriente") and by the good sense and advice of attorney Carl J. Sinder and the Foundation's initial board of directors: Edward M. Bruner, the late Joseph B. Casagrande, the late Marshall Durbin, Suzanne Findley, Merlin Forster, Eugene Giles, David C. Grove, and Joan Solaun.

A deep schism in the lives of contemporary Canelos Quichua gave impetus to the formation of the Foundation. Long beset by radical changes and often drastic consequences of modernization, they have maintained their own cultural traditions and aesthetic values. They sought reconciliation of the traditional versus modern schism in their expressed need for "modern" medical care to meet "modern" medical problems, and in their explicit recognition of the inherent value of their ceramic products, graphic representations of traditional culture and ethnic identity. In response to their urgings, some gentle, some not, we agreed to try to convert artifacts into working capital and thence into medicines and medical care.

The establishment of the SRRF is an example of research-oriented scholars and survival-oriented indigenous people working collaboratively and productively in a domain of activities bounded both by cultural values and traditions and by practicalities of health and illness. This document sketches the cultures and languages of the native peoples as they existed in Amazonian Ecuador between 1968 and 1978, and explores their medical systems, problems, and needs. It then turns to the growth of the Foundation through mid-1982, to discuss its operation, problems, and goals and to assess its accomplishments, failures, and some of the salient issues raised in the course of its work. The creation and structure of the SRRF may serve to illustrate a microcosm of collaborative endeavor that others could emulate in appropriately modified form.

The idea of preparing this document was first suggested to us by the late Helge Kleivan in 1977; in 1978 he again urged us to undertake the task of reflection, research, analysis, and writing, with the goal of producing a complete monograph to be published as an IWGIA Document. In 1978, Ted Macdonald and David Maybury-Lewis invited us to prepare the Document as a joint IWGIA/Cultural Survival publication, and CS provided funds to partially offset the costs of our return to Ecuador for two months of intensive program assessment. This appraisal coincided with the need for a complete review by the Internal Revenue Service of the United States and with the development of an action-oriented indigenous federation in the area where the Foundation has thus far concentrated its research activities and medical care program.

Most of the acknowledgments for help in developing the program are given in the appropriate sections of the body and appendixes. We wish to thank Kathleen Fine for typing the penultimate draft and for many helpful editorial comments; David Minor for preparing the black-and-white photographs from color slides; Gary Apfelstadt for preparing the artwork based on Canelos Quichua designs painted on ceramics; Theresa Sears for editorial assistance; and Cheryl Pomeroy for typing the final draft.

Dorothea S. Whitten  
Norman E. Whitten, Jr.  
Urbana, Illinois  
4 March 1983

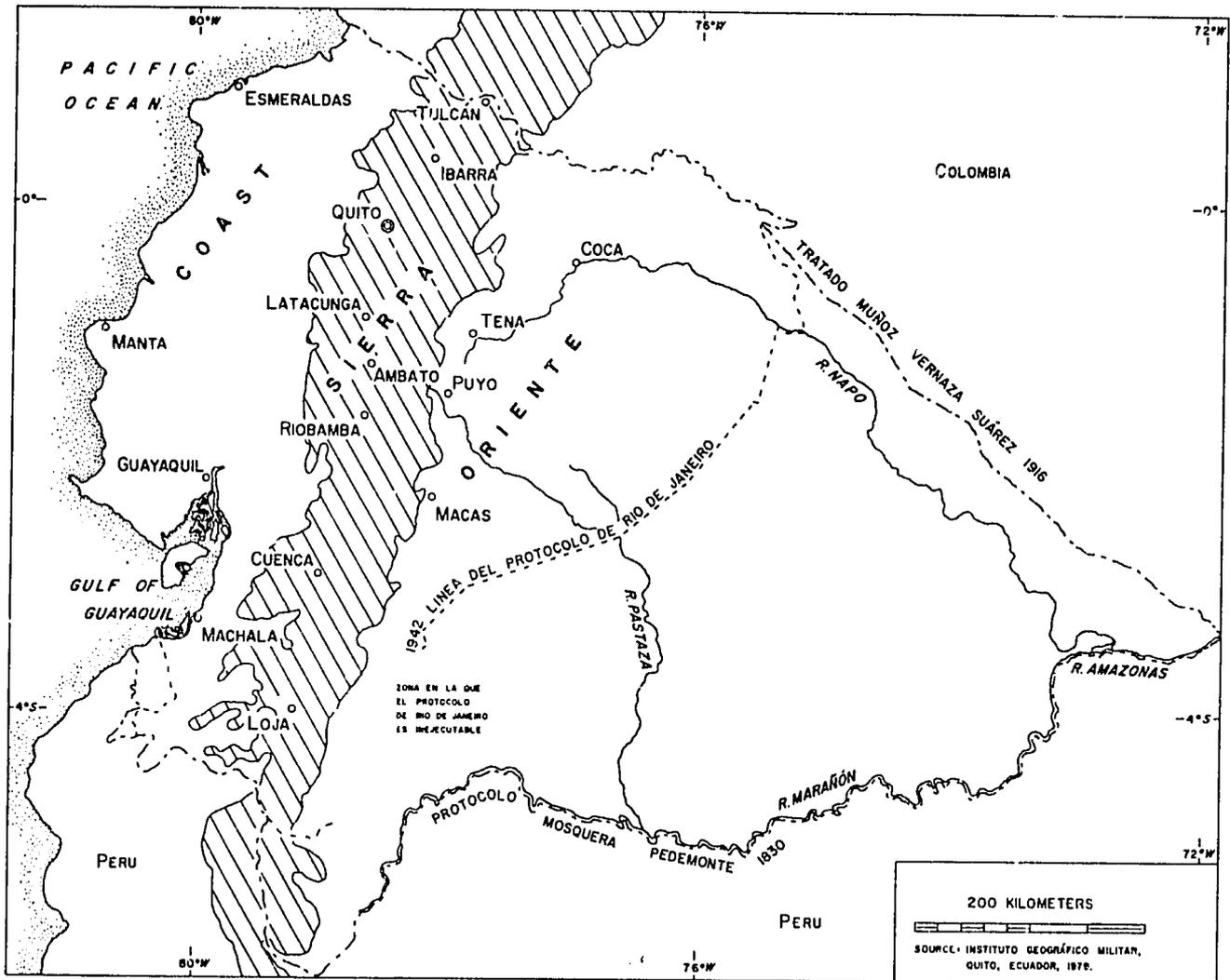
## CHAPTER 1: INTRODUCTION

In May 1968, with the aid of a National Institute of Mental Health grant through Washington University, St. Louis, Norman Whitten returned to his earlier research site, San Lorenzo, on the northwest coast of Ecuador, to study changes that had occurred since his last visit in 1965. After six weeks of work in that area, he was joined by Sibby (Dorothea S.) Whitten, and together we began an intensive month-long reconnaissance of ethnic peoples living in Ecuador's Oriente, lands east of the high Andes.

Our first destination was the capital of Pastaza Province, Puyo, a bustling town with a frontier appearance, situated at an altitude of 1000 meters among rolling hills, some still covered by tropical rain forest and others cleared for agriculture. Neither existing anthropological literature nor Ecuadorian sources were clear about the presence of indigenous peoples in this area. A study made by competent anthropologists in the 1960s suggested that the frontier society of Puyo had the effect of forcing such peoples to retreat into the forest. Packing a month's worth of experiences into our two-week stay, we did indeed learn that the largest concentration of indigenous peoples living in the province of Pastaza resided just south of Puyo in a 17,000-hectare territory incorporated as the Comuna San Jacinto del Pindo. In this chapter, we describe some of our earliest acquaintances as well as experiences in subsequent years that combined to stimulate the eventual formulation of the Sacha Runa Research Foundation.

We traveled from Quito, capital of Ecuador, to Puyo in a rented Volkswagen beetle and eventually explored all roads leading out of Puyo to their terminations. The day after we arrived, we drove to a small indigenous hamlet, Union Base, where we met Rosenda Vargas, an elderly woman who showed us the trail to another hamlet, Rosario Yacu, and offered to guard our car while we visited there. After an hour's pleasant walk, we arrived just in time to introduce ourselves to the leaders of the Committee of Family Heads before they went to a meeting in the new cement block school. We accepted their invitation to attend the meeting, which had been called to discuss the price of one of the agricultural products--naranjilla (in Spanish), laranca (in Quichua)--they sold in Puyo. Because high risks are taken in cultivating and transporting this delicious fruit (*Solanum quitoense* of the nightshade family), these assembled people felt that the purchasers' fixed price was inadequate; they therefore voted to strike, to refuse to transport or sell until the price improved in Puyo.

After the meeting we were invited to the house of the late Gonzalo Vargas and Olimpia Santi, where she served *aswa* (mildly fermented manioc mash mixed with previously boiled water) in delicate ceramic bowls reminiscent of those used by the Tupi peoples of Central Amazonas centuries ago. As we relaxed and drank, they asked about our "mission"; Norman explained that he had previously lived with peoples in the northwest coast and was also interested in the area of Ecuador, so we were *paseando*, traveling around to become acquainted with peoples who live here. When we departed, we gave Olimpia a can of tuna. Several people accompanied us to the river bank to pose for photographs they requested, and they asked us to return the pictures ourselves or with someone else.



Map 1. Ecuador's Three Mainland Regions: Coast, Sierra, Oriente.

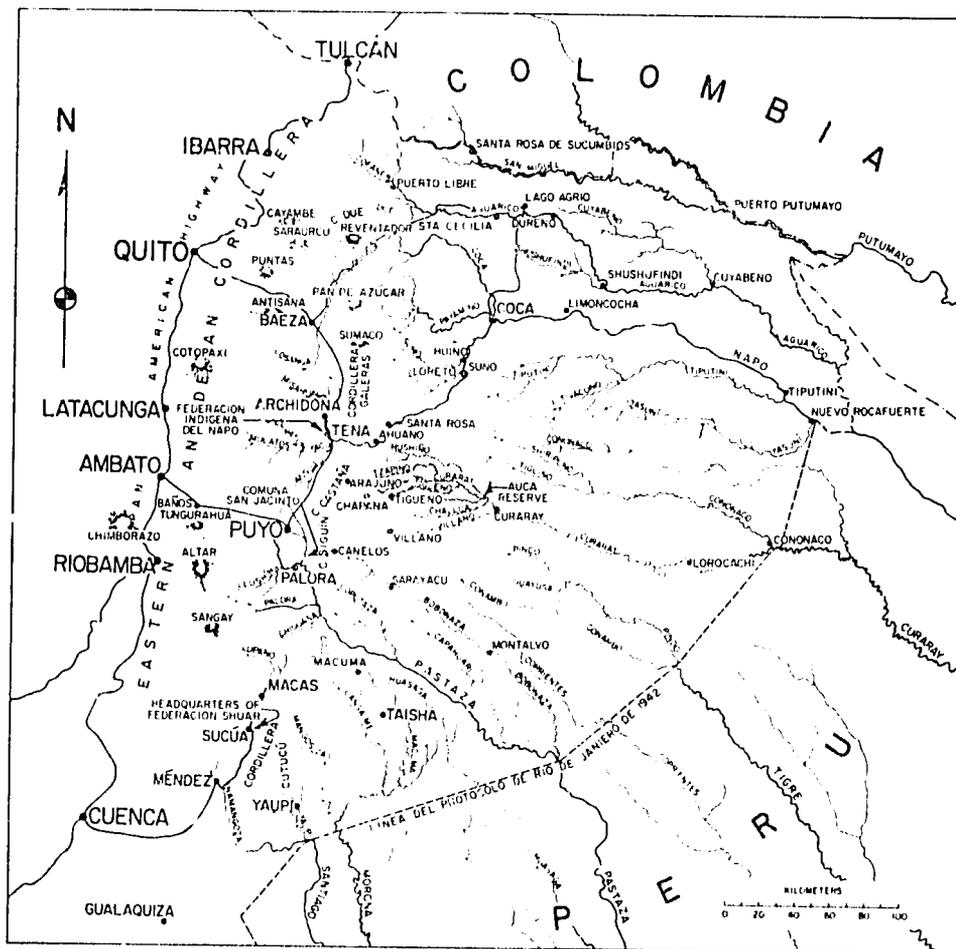
Back in Union Base, Mama Rosenda, as we came to know her, invited us to her home, and she also served *aswa* in a fine bowl, called *mucahua* (pronounced like monkawa). She told us about her family--that her father had been a Zaparoan speaker from the forest ("Zaparo del monte") and that her sister, wife of a powerful shaman, lived on the opposite side of the Comuna in La Isla, an area characterized by violence. Indeed, two years later the shaman's wife was gunned down as she slept; her death was blamed on the Shuar peoples, often called "Jivaro." As we left, we gave Rosenda tuna, 15 sucres (US \$0.75 in 1968), and took her photograph which she asked us to return.

The next day we drove to the end of another road, then walked about ten minutes to San Jacinto, one of the original hamlets in the Comuna. Camilo Santi and Delfina Maianchi received us in their home, served us *aswa* in lovely *mucahuas*, and posed for photographs. Rather than ask us about our mission, they simply stated that we were *paseando*. We reciprocated their hospitality with canned tuna. After crossing the Rio Pindo in a canoe, we walked up a hill and were immediately invited to the home of Alonso Huatatuca and Victoria Santi. Victoria was in the process of making huge *aswa* storage jars (Spanish: *tinaja*, "large earthenware jar"; Quichua: *aswa churana manga*, "decorated storage pot"). Alonso served us boiled manioc and chicken soup and gave a speech welcoming us to San Jacinto. His brothers and sisters were there, as were many of Victoria's relatives. Victoria indicated that she was making half

of the tinajas to store all the aswa for her daughter's upcoming wedding feast, but the others were for sale. She said she would use the money from the sale for other necessities of the wedding, such as clothing and extra food.

We returned to San Jacinto the next day to talk more and to give Victoria some canned food. Norman was introduced to a man from Canelos who was selling a blowgun and quiver full of curare-tipped darts. The man forcefully stated his price as one hundred sucres and Norman bought them without bartering. Camilo Santi watched the transaction and said that it was good that Norman did not bargain because the man was Shuar "from Canelos" and muy bravo. We also purchased a tinaja from Victoria and gave it to Joe Brenner, a North American who had recently moved to the area and wanted to "dress up" his in-laws' hotel, the Hosteria Turingia, in Puyo, and convert its landscape from one of sheer mud to a charming floral and sylvan retreat. Into Victoria's tinaja went terrestrial orchids transplanted from the Union Base-Rosario Yacu trail; there they thrived until 1979, when their expansion broke the pot beyond repair.

We followed the eastward road, not yet mapped, to its end at the colonist village of Vera Cruz. Walking to a stream a hundred yards beyond the road's end, we met a man with a slight limp, and several women, carrying a few birds and some cargo. They spoke almost no Spanish; we spoke not a word of Quichua. The man, the late Alejo Vargas, said they were traveling from Canelos to Puyo to *pasar*. We gave them a ride to Puyo, and Norman asked about the Shuar from Canelos, saying that he had purchased a blowgun and dart quiver in San Jacinto the day before. They all agreed that "there certainly were no Shuar in Canelos!"



Map 2. Ecuador's Oriente Region.

Traveling north, we crossed the Napo River on a small ferry, drove on to Tena and Archidona, then went downriver by canoe from Puerto Napo to Ahuano. Throughout this area we asked about mucahuas and tinajas and we received the same response: "No, we don't have them." Neither did we encounter peoples in the Tena-Archidona-Ahuano area who almost instantly volunteered Zaparoan or Shuar origins or ethnic affiliation. The sense we got from this brief journey was that the Puyo area Quichua-speaking native peoples, and those of the Napo, were quite distinctly different. Nonetheless, we knew that intermarriage occurred and that both regions were known to linguists, anthropologists, and missionaries as being inhabited by "Lowland Quichua," or "Jungle Quichua."

Still "exploring" the ethnic scene of the Oriente, we flew to the Summer Institute of Linguistics-Wycliffe Bible Translators base at Limoncocha. There we met with SIL-WBT specialists in native languages of the Shuar, Quichua, Siona-Secoya, and Chachi (Cayapa), and also with native peoples from each group who were participating in a workshop for bilingual schoolteachers. Norman recorded music from each group, finding a predominance of shamans' songs in the repertoire of the evangelical men. We flew to Dureno, a Cofan hamlet, and to Cuyabeno, a Siona-Secoya hamlet, observing on the way the Texaco-Gulf oil exploration airport and camp at Santa Cecilia, as well as other areas of forest clearing and the burning of what we assumed was gas from newly drilled oil wells. In both Dureno and Cuyabeno the peoples hospitably welcomed us and offered to sell us necklaces of seeds, nuts, and insect wings strung on chambira palm fiber; dart quivers; hammocks; and in one case a blowgun and quiver. Just adjacent to the airstrip at Santa Cecilia, we found a large number of necklaces of dyed chicken feathers for sale. We purchased about 12 necklaces from the Cofan and Siona-Secoya, noting that the necklaces were the same as those sold in one small shop in Puyo, where a woman from Guayaquil made part of her living catering to the incipient tourist trade. The woman also traded on a very small scale in broom fibers and in other tropical products brought to her by indigenous peoples, missionaries, and Peace Corps volunteers.

Back in the United States, Norman carried out a background search during 1968 and 1969 to determine field research needs in the area radiating out of Puyo. He also kept in touch with Joe Brenner, who sent us a box containing about 15 delightful, whimsical pottery effigies made by Soledad Vargas for the annual October festival held at Rosario Yacu. It was clear that the Amazonian ceramic tradition still flourished in a setting of rapid change.

Norman returned to Puyo in the summer of 1970 to begin the first stint of field research in the Oriente. While Sibby moved our household from St. Louis to Urbana, Illinois, Norman traveled throughout the Comuna San Jacinto and the surrounding rain forest northward and eastward by foot, canoe, small planes, and helicopters. Massive petroleum explorations had created an economic boom, and communication was incessant between Puyo and the distant reaches of the rain forest. Indigenous peoples as well as outsiders made use of flights out of the Pastaza airport in Shell, and Norman joined the flow of traffic, taking every opportunity to fly to oil camps or bases both within and outside the culture area of his immediate interest. During this period he resided at the Hosteria Turingia where, because of Joe Brenner's continued interest in tropical plants and indigenous-made ceramics, native people from the Comuna, Canelos, and elsewhere congregated on Sunday mornings to sell products to Ecuadorian and foreign tourists who had come to "see the jungle."



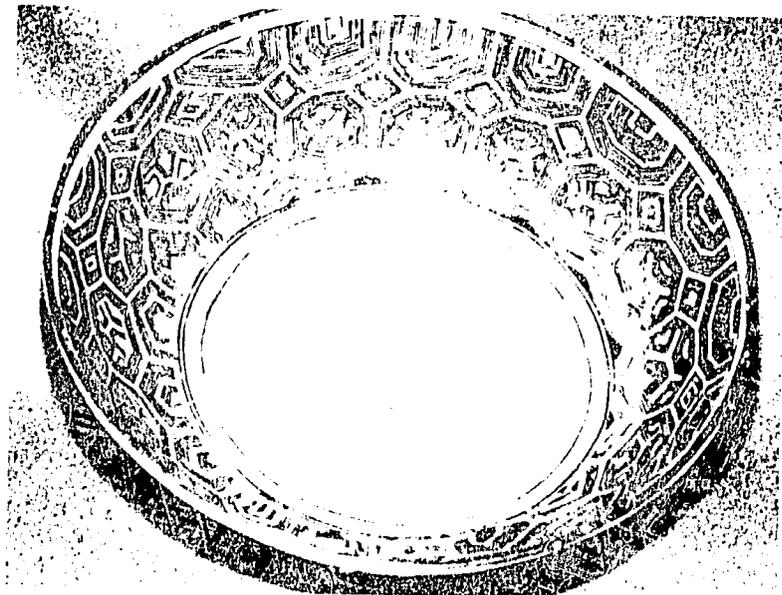
Alicia Canelos, of Sarayaquillu, painting an exquisite mucahua.



Eucebia Aranda, of Sarayaquillo,  
placing a coil on a tinaja.



Wiwira, of Copataza, feeds aswa  
to her granddaughter.



Triangular anaconda motif enclosed by turtle design,  
with iquand figure on bottom. Maker unknown: Pacayacu.

Photographs taken by us in 1968 had been returned to each of the people requesting them by Cynthia Gillette in 1969, when she undertook research in Puyo for her M.A. degree. In 1970, Norman not only brought back more photographs but also played his tapes from Limoncocha for peoples in Union Base, Rosario Yacu, and San Jacinto, the three *caserios* (as the native hamlets are called in Spanish) where he began ethnographic fieldwork when not traveling. Almost immediately the Shuar songs were identified, and almost immediately women asked to have their songs recorded and played back to them. In all such cases, the singer also later proffered a piece of ceramics as a gift, or offered it for sale, or gave it prior to asking for a favor. As Norman traveled to Curaray, Montalvo, Capahuari, and Ayuy, he collected ceramics, some very similar to those made in the Puyo area, some very different. Returning with them to Puyo, he discussed his travels and acquisitions with native peoples who came there to purchase goods and to sell their own ceramic wares.

When we both returned to Ecuador in 1971, we became rapidly embedded within a particular grouping of peoples of the Comuna San Jacinto. Norman met Marcelo Santi Simbaña on our second day there. They soon became involved in a grueling reconnaissance not only of the entire 17,000-hectare territory but of other areas as well. They would enter from one or another "jumping-off point" at dawn or before, and Sibby would pick them up in the Volkswagen at another point at dusk or shortly thereafter. Various people frequently would accompany them from one or another location to the car and get a ride to wherever they were headed: more and more people also would accompany Sibby to pick them up and thereby get a ride to their destination.

As is customary in native cultures, although we did not understand this at the time, men and women build their own networks of associations with the same neighbors and friends. Intersubjective communication is quite intensive, and each "outsider" must slowly "become human" in indigenous eyes, on his or her own merits and in his or her own manner. As Norman and Marcelo (and many others) drew closer together, Sibby became embedded in interaction with Clara Santi Simbaña, Marcelo's sister, and with Teresa Santi, daughter of Camilo Santi (who was a brother of Marcelo and Clara's father, Virgilio Santi). Such increasingly close associations led us more deeply into the "puzzle" of identity of the native peoples living near Puyo. Camilo Santi, for example, regarded himself to be from Canelos, and his language to be Quichua. But Virgilio, Camilo's brother, was said to be from Mendez, to the south, and his original affiliation was said to be "Shuar," although he had lived for many years on the Copataza River, where "Achuar" live. Marcelo's first wife, Corina, was either "Shuar" or "Achuar," depending on one's perspective, and Clara's husband, Abraham Chango, was Achuar (but called Shuar locally) from the Capahuari River area. Teresa Santi's husband, Alberto Chango (son of Abraham and Clara), was working for an oil company somewhere in the Conambo River area. Although we did not know this at the time, he made contact with relatives of his father, and there learned to speak Achuar fluently.

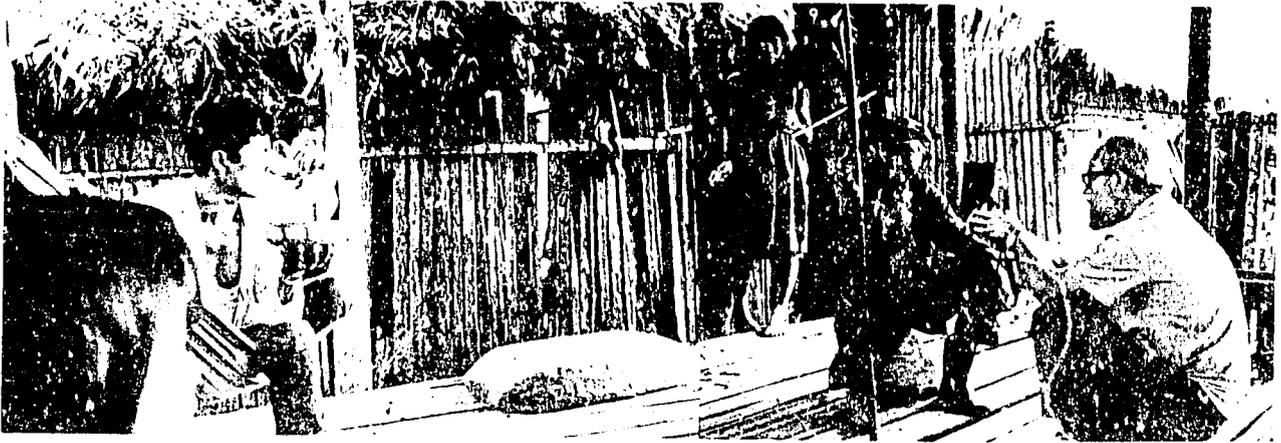
At the time in the Puyo area, "Shuar" and "Achuar" languages and ethnic affiliations were subsumed in Quichua by the term "Auca," and in Spanish by the term "Jivaro." They were regarded as "others." To be "us" in the Puyo area was to be "Runa," human being in the Quichua language, or "gente," human being in the Spanish language. There were "other" Runa, too--those of the north, from whence had come the mother of Marcelo and Clara and the Simbaña surname. Slowly but surely, as we were drawn differently into the same network of

people, we came to understand something of what anthropologists call a "culture area," a geographical region characterized by a relatively common tradition. Not surprisingly, the region to be tagged "Canelos Quichua culture area" overlapped with Achuar, Shuar, and Napo Quichua culture areas. Our job, in part, was to understand the geographical, historical, and political patterning of cultural tradition as well as the richness of that tradition. We would learn that women transmit tradition through their own media, especially ceramic manufacture and song, and that men transmit tradition through shamanic performance.

During this phase of exploratory ethnography, the peoples of the Comuna San Jacinto and their indigenous neighbors and relatives increasingly asked us to help them pay for emergency medical care and to help explain their needs to physicians and public health officials. We complied, and by the end of the summer of 1971, many people whom we had assisted presented us with gifts of material culture--often a ceramic bowl made by a woman or a wooden stool made by a man. We told everyone that we were planning a fairly extensive stay in the area beginning in 1972, and many people said, "You must do something to help all of us." Those with whom we were closest (many of them residents in or near the hamlet of Puma Llacta) requested that we provide continuing funds for medical expenses during the period of field research. We said that we would include their request in our application for financial support.

In the research proposal submitted to the National Science Foundation in the fall of 1971, we requested \$960 for "medical care for informants" and NSF granted that amount. Our fieldwork in 1972 began immediately with a dual residence pattern in Puyo and in Puma Llacta. Joe Brenner had found a house for us in Puyo, and Marcelo Santi Simbaña had constructed a home for us in Puma Llacta, within easy walking distance of his own residence. In both Puma Llacta and Puyo, and in every other caserio and dispersed dwelling that we visited, we explained to the Puyo Runa, individually and in public meetings, exactly what resources we had. Financial considerations of alternative sources of medical care in the area (e.g., mission, public health, military) were discussed. From the time of our arrival to the end of our fieldwork in August 1973, decisions with regard to use of our minimal funds were made jointly by us and the Runa. We continually discussed what we were learning from multiple encounters with various medical and paramedical personnel as several hundred native peoples gained direct and indirect benefit from the initial funds. As this medical program grew, people brought artifacts to us. Study of the iconography of such materials sensitized us in many cases to the ways by which resemblances drawn from one set of observations could be applied to sets of observations drawn from a completely different set of experiences. In other words, the ceramic designs and the way by which women, in particular, made leaps from perceived relationships in their works to other relationships in life generally, led us into what many anthropologists call the "correspondence structure" of Canelos Quichua lifeways. We came to appreciate the complementarity of tradition and adaptability, and we think that our appreciation showed.

By November 1972, the Museum of the Central Bank of Ecuador (one of our Ecuadorian sponsors) asked us to deposit there, on our departure, artifacts not needed for continuing research. We countered with the proposal that we would make a comprehensive collection of material culture if the museum would attend to the eventual packing in Puyo and shipping to Quito. In addition, we decided to make a research collection for use in Illinois. The museum complied, and since this was a formal charge of collection for a national institution, we



Virgilio Santi tells a myth to ethnographer while sons and wife listen.



Women and men discuss medical care delivery program in various settings.

established a list of prices to be paid for artifacts and made it clear that duplicates would be sold and the proceeds returned to the growing medical care program. Payment for the ceramics at that time came from the funds designated as "informants' expenses" and from our personal funds. Over the year we collected about 500 ceramic pieces and about 200 other items of material culture. As the collection grew, we discussed the nature of graphic design within Canelos Quichua culture and the possible economic value of their products. The officers of the Comuna San Jacinto, together with other interested individuals, asked if we would help to establish a museum in Puyo or in their territory. We agreed to try to do this, provided a site could be found. At that time, the military governor of Puyo decided we were not collecting within a system of Ecuadorian law and demanded that proper papers be acquired even if we were to help native peoples construct a museum to house their own artifacts well within their own territory.

With the help of Hernan Crespo Toral, Director of the Museum of the Central Bank of Ecuador, and Filoteo Samaniego, Director of the Office of Cultural Heritage, we acquired the necessary permissions that, among other things, authorized native peoples to develop and maintain their own museums under the auspices of the Museum of the Central Bank, the Center for Ecuadorian

Culture, and the Office of National Heritage. By August 1973, a jungle museum called the Sacha Musiu, Rio Chicomanda (Jungle Museum of Rio Chico) was established. Proceeds from the sale of Canelos Quichua ceramics not tagged as "permanent examples" of the museum and other artifacts were to support the medical program in our absence.

On return trips to Amazonian Ecuador from December 1974 to January 1975, and for three months during the summer of 1975, the Runa suggested that we expand our sales outlet to the United States. Two women from Archidona ("Napo Quichua") and the Copataza River ("Achuar") were now living near Puma Llacta, and both women began making native pottery in their own styles, distinct from Canelos Quichua ware. Clara Santi set up a separate shed which she labeled her "museum" and set out to move into ceramic manufacture on a quantity-intensive as well as a quality-intensive basis. Alberto Chango took a strong interest in the possibility of establishing a stable basis for necessary cash flow through the sale of artifacts. When a request was made by an exclusive gift store in Quito for fine ceramics, Alberto rented a pickup truck and took pottery valued at several hundred dollars to Quito; he sold everything, with no haggling whatsoever. This was one of the earliest successful attempts at large-scale marketing of ceramics by a native to "outsiders," as far as we know. Profits from this sale were used in part to purchase more ceramics to be sold through the Sacha Musiu, and the balance was held in reserve in the Sacha Musiu treasury for medical emergencies.

Although sales were escalating, so were costs of medical care. There were many programs to help people, but none of them paid "everything." Although the summer of 1975 was a rather glorious one for us in terms of companionship and research, it was also horrifying, for we found that many of our closest friends and associates had contracted sputum positive (obviously debilitating) tuberculosis during our absence. This was doubly alarming because very close physical contact within families increased exposure to tuberculosis many times over. Large amounts of money were required to combat this situation, and tensions mounted over use of existing funds in the Sacha Musiu treasury. A randichina huasi (sales house) was constructed next to the Sacha Musiu to help curb the temptation of needy Runa to sell "permanent acquisitions," thereby angering other participants in the museum-medicine program. By August 1975, it became obvious that the museum simply could not sustain the demands placed upon it, and we were asked to help by centralizing the funds for the medical program outside the museum, which we did.

We also agreed to try to expand our sales in the United States and made a very broad selection of wares, continuing to discuss the selection with the Runa. In the early fall of 1975, we approached appropriate officials of the University of Illinois and the University of Illinois Foundation to explore the possibilities of establishing a "Sacha Runa [jungle people] Research Project" under the joint auspices of the Department of Anthropology and the Center for Latin American and Caribbean Studies. Our plan was to secure initial capital from the sale of some artifacts no longer needed for research purposes and thereafter to maintain the system through some sales combined with donations and grants. The University and the Foundation rejected our request, and we turned to extra-university mechanisms.

We gained legal counsel from a sensitive attorney, Carl Sinder, who advised us on our development of corporate bylaws and the legalities of incorporation as a not-for-profit entity within the State of Illinois. With

Sinder's help we drew up articles of incorporation and bylaws, and then selected a board of directors of ten competent professionals to provide expertise in areas such as social anthropology, archaeology, crafts and design, Latin American studies, administration, and medical sociology. One public sale prior to incorporation established a viable basis for meeting expenses: thereafter, sales of ceramics to individuals have resulted in an income adequate to meet both anticipated and unanticipated expenses. Following incorporation as the Sacha Runa Research Foundation, the first board meeting was held, at which time the officers were elected and suggestions and directives received. The appropriate papers describing the Foundation's goals and purposes were prepared for submission to the Internal Revenue Service, and application was made for tax-exempt status as a public educational institution [Regulation 501 (c) 3] using IRS Form 1023.

Communicating with the IRS proved challenging. It appears that one must not repeat the stilted language of articles of incorporation and bylaws; rather, it is necessary to present a "narrative description of the activities presently carried on by the organization, and also those that will be carried on." To develop an adequate narration demands continuing communication with the subjects of field research and with the agencies through which medical care delivery would take place. In the late spring of 1976, an "exempt organizations specialist" of the IRS contacted us, requesting detailed information on 22 different subjects, including the nature of our continued ethnographic studies; the health care delivery anticipated; our intents in areas of sponsored and contract research; publication accomplishments and plans; use of lectures, exhibitions, notes on unpublished research, copyrights, patents, and secured artifacts; and just how subjects of research would be identified for benefit in the program. In communicating with the IRS about these matters, the basic nature of anthropological theory and method became apparent; without technical training and extended ethnographic experience with the subjects of our research, we could never have answered accurately all the questions. A clear sense of the continuing relevance of a holistic perspective was brought home.

In May 1976, Norman returned to the Puyo area to engage specifically in preliminary research in bilingual, bicultural Achuar-Canelos Quichua symbolism and world view, as a basis for understanding how tradition enables people to make rational choices in the face of chaos, together with the ways by which enduring tradition enables rather than hinders such a rational perspective. A John Simon Guggenheim Memorial Fellowship enabled him to begin this research. Meanwhile, Sibby continued her work, now becoming increasingly "systematic," on the medical program. Subsequent small grants and travel funds from the Wenner-Gren Foundation for Anthropological Research, Survival International-England, Cultural Survival, and the University of Illinois allowed us to make a number of other trips which are explained later in this monograph.

By 1976, then, we found ourselves in charge of a research foundation with corporate capacity to respond to indigenous felt needs, and with the capacity to return to native peoples something of our research results. A technical anthropological book on Canelos Quichua culture, *Sacha Runa*, was published, together with a monograph documenting a critical point of the complementarity of ethnocide and ethnogenesis. A Spanish version of the latter was immediately prepared by Marcelo F. Naranjo, who had worked with us and with the Runa in the field for over a year, and it eventually was published in Quito.

Our plan was, and is, essentially threefold: (1) to disseminate information about the Canelos Quichua, their Achuar neighbors, and other Ecuadorian peoples in order to promote appreciation of their lifeways and to counter the notion that the only alternatives for such peoples generally lie in the "choice" as to total assimilation or total obliteration; (2) to buttress such information with technical analysis in key areas of scientific, social scientific, and humanist concern, including ecology, social organization, cosmology, symbolism, and ideology; and (3) to maintain the medical care system that supplements systems of national and regional health care such that the people, including research collaborators, consultants, and many others can continue to cope, in their own way and on their own terms, without debilitating economic traumas that accompany debilitating illnesses.

In the next section we introduce more formally the native peoples of central Amazonian Ecuador and delimit the sector to which the Sacha Runa Research Foundation medical program has thus far applied. We then describe the nature of the program prior to turning our attention to the salient issues that invariably arise. We end the monograph by commenting on the radical changes that have taken place in indigenous organization in 1980 and the situation of the Foundation with regard to such change.

## CHAPTER 2: THE NATIVE PEOPLES, 1968-78

### Language and Culture

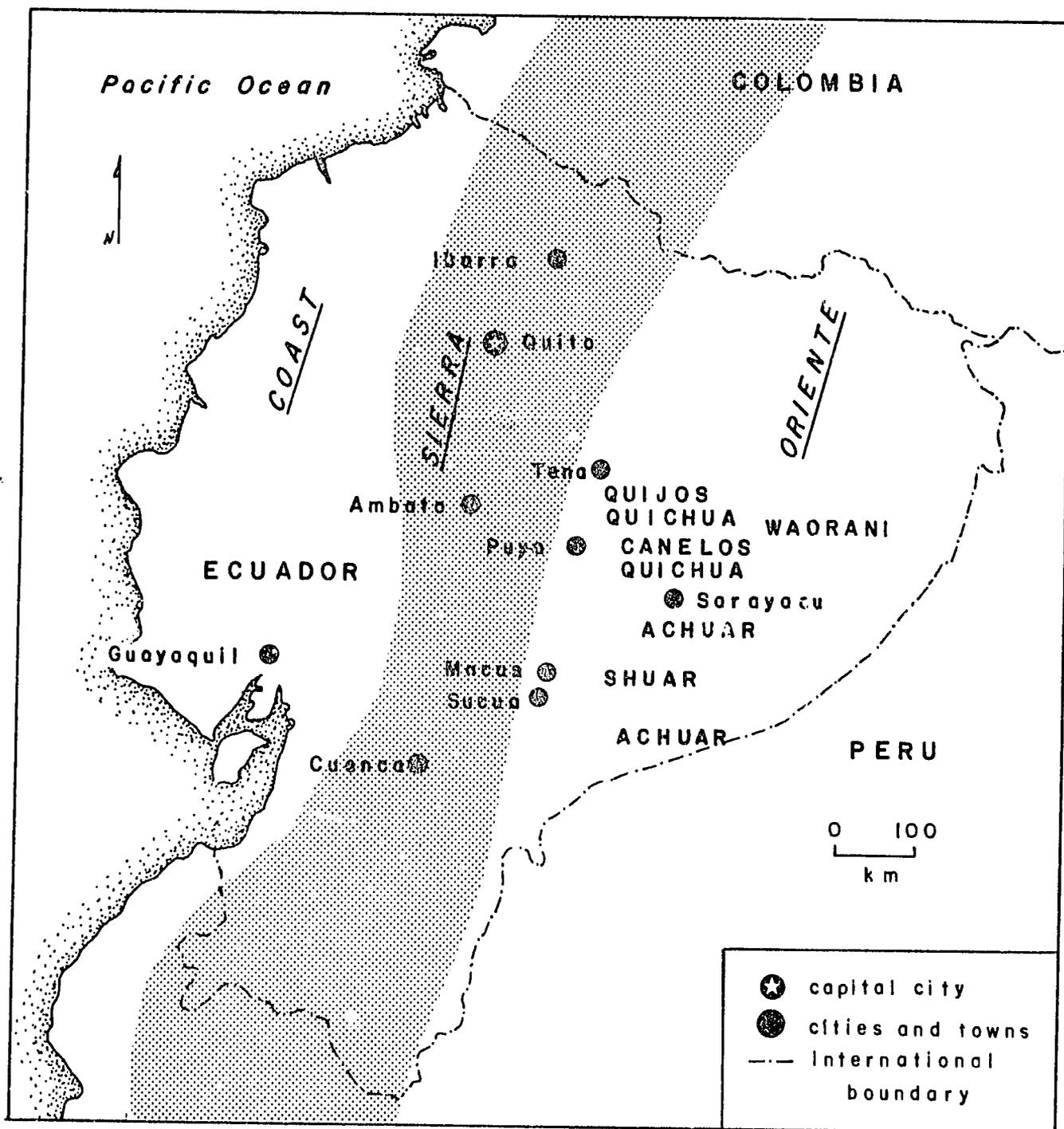
"Are these people Jivaros or are they Quichuas?" is the most common question asked by laymen and professionals alike following minimal exposure to the people living in the area served by the Foundation. Any response to the question, thus posed, is loaded with stereotypes far from the realities of indigenous lifeways. The Runa are aware of the question and pose it themselves in three languages and in dialects of each of the three languages--Spanish, Quichua, and Shuar/Achuar (Jivaroan). We begin slowly, to gain a sense of language, cultural, social, and personal identity, so that as we use words with regard to culture and human beings, we make clear the biases and connotations involved.

Spanish, an Indo-European Romance language, was the language of European conquest that entered what is now Ecuador in 1525. *Indio* is a Spanish word referring to the inhabitants of India, a land that explorers of the 15th century hoped to reach via a westward sea route rather than by arduous and dangerous eastward overland trips. Most of the indigenous peoples we know absolutely detest the word "*indio*," which they justifiably take to be an imposed, stereotypic, pejorative designation, used unfairly to bracket peoples in terms of the ideal, exclusive society that Spanish-speakers would like to see and in terms of imputed innate characteristics. Among other things, the strange debate over who is and who is not a "*bona fide Indian*" can stifle honest, straightforward discourse on salient issues involving human beings and their dynamic patterned lifeways. "*Indio*," we could say, is a concept forged on the anvil of economic, social, and ideological domination. We do not use the English word "*Indian*" in this work except in quotation, for our friends and colleagues in Ecuador's Oriente do not like it either, when we tell them it means "*indio*".

Quichua (pronounced *kee-chu-wa*) was another language of conquest in Andean Ecuador. Its known roots date to a separation of Quechua languages in the 19th century, in what is now Peru; in the 15th and 16th centuries Quechua spread northward and southward from the city of Cuzco as a *lingua franca* of the Imperial Inca. Quichua continued to spread without Incaic conquest in Ecuador, both on its own and as a *lingua franca* of Spanish colonialism. Quichua may also have spread into the tropical rain forest of Ecuador and Peru well before Incaic times, so the origin of the language in Amazonian Ecuador is far more complicated to posit than is the case with Spanish. It is a subject about which honest scholars can easily and readily disagree. *Runa* is the Quichua word meaning person, indigenous person (when the distinction is to be made), and human being. It also means "male" human, when contrasted with *huarmi*, female person.

Shuar (pronounced *shwar*--one syllable only) is a language spoken by people called Jivaro (*hee-va-ro*) in Spanish ("*Auca*" in Quichua) who successfully resisted both Spanish and Incaic conquest. It is a language not yet clearly linked on linguistic grounds to other South American languages. Within the language itself, which linguists and anthropologists often refer to as "*Jivaroan*," known dialects--variants of the language that are mutually intelli-

gible—include **Shuar "proper," Achuar, Maina, Aguaruna, and Huambisa.** Other languages such as **Candoshi,** which includes **Murato and Shapra,** may or may not be considered "Jivaroan" languages by one or another of the criteria used by professional linguistic reconstructers and classifiers; **Candoan** is the preferred term in 1980.



Map 3. Approximate Historical and Contemporary Locations of Some Native Language concentrations of the Oriente (Amazonian region of Ecuador).

Zaparoan is yet another language family to have contributed to the cultures of Amazonian Ecuador. These peoples, too, resisted conquest and at times were tagged "Jivaro" by the Spanish ("Auca" in Quichua). Today we know of two dialects which may not have been mutually intelligible: **Shimigae** or **Andoas**, and **Zaparo** or **Zapa**. Disease and severe conflict with other peoples have produced not only extreme Zaparoan depopulation but also a situation in which most people who know Zaparoan speak another language as their identity language, whatever the cradle language might have been.

**Waorani** peoples also exist in the area of our concern. Spanish speakers, using a Quichua term, have dubbed them "Auca," in contradistinction to the "Jivaro." "The Auca" and "the Jivaro" are often regarded as the two bona fide, fierce, insolent, independent, savage, indigenous peoples of Ecuador's eastern rain forest. The Waorani language, which the Waorani call "human speech," is also unrelated to any of the languages mentioned above, and its relationship to other South American languages remains unknown, to the best of our knowledge. In this language "Waorani" means "us," the people; "Warani" means "they-like-us," the people (i.e., other Waorani groups); and other peoples are called "Cohouri", which means "other," or "outsiders" (see Yost 1981a, 1981b).

We must briefly return to Spanish and Quichua languages. To understand the ways by which stereotypic images are projected onto Ecuador's diverse peoples, it is critical to note that Spanish, occasionally with a term misappropriated from Quichua, is the language of pejorative labeling. To be national is to speak Spanish; it is to be civilized, Christian, and so forth. To be rural is to be campesino, one who endures his rural existence but is nonetheless of the civilized, urban world, rather than of the uncivilized, untamed jungle world. Urban contrasts with jungle in Ecuador--rural is of the urban scene, jungle is beyond the pale. "Jivaros" and "Aucas," by this stereotypic reasoning, are "of the jungle"; they are savage, pristine, bona fide, free, insolent, challenging "Indios". Quichua-speakers are right in the middle, in terms of stereotypic thought. They are regarded as part of the world of the failed conquest, repulsed by the "Jivaros" and tamed and forced into campesino (peasant) existence by the Spanish. By adopting the Quichua term for "jungle-dwelling other"--"Auca"--the Spanish place the Waorani "beyond" even Jivaroan fierce defiance. "Auca," according to national stereotypes, eat raw meat, are led by women, and know nothing of horticulture. When it comes to the so-called Jungle Quichua, a paradox in national thought is created wherein contradictions become so salient that they cannot be ignored. Here are free rain forest dwellers who speak the language of Andean **campesinos**; if they are neither "national" nor "Jivaro," if they are comfortable in modern towns and cities as well as in the rain forest, then they defy rather than synthesize national and indigenous stereotypic lifeways. Such defiance runs counter to the national stereotype of "tamed Quichua," yet to suggest that the Jungle Quichua serve as an indigenous-national synthesis of culture streams is to invert the "order" whereby Spanish is seen as superior to Quichua, urban superior to jungle, Christian superior to heathen, white superior to "Indian."

The Quichua-speaking native peoples to whom we refer in chapter 1 are quite aware of these contrasts, and they cognitively structure them so as to cope with the vicissitudes of nationalist impress upon their own indigenous lifeways. Between 1971 and 1973, we learned one way by which the Runa resolved such polarities in identity: they did so by synthesizing the concept **Sacha Runa** (human of the rain forest) with **Alli Runa** (Christian human of the hamlet). **Sacha Runa** and **Alli Runa** were one and the same; janus-like, the two faces

confronted the polarities of their modern existence--the tropical forest and its known systematics, and the nation-region-town-hamlet with its shifting alliances, stereotypes, organizations, opportunities, and constraints.

### Territory, Culture and Terminology

For several hundred years, native peoples inhabiting the area from the Rio Topo south to the Rio Llushin (at the base of the Abitagua ridge east of Baños and the Huamboyas ridge east of Riobamba) and east to Andoas (in what is now Peru) have been identified at one time or another as the "Canelo," or "Canelos" (Canelos refers to the cinnamon sought by the Spanish). The Canelos area has long served as a refuge zone for peoples speaking different languages. It was into this zone that Catholic friars moved and from this zone that forays to "conquer, civilize, and Christianize" radiated. We use the term "Canelos" to identify peoples of the zone and have suffixed "Quichua" to it since, in the past century, the Quichua language has been a dominant marker for trade and for intragroup identification. Achuar, a Jivaroan language, is the dominant language spoken today on the Copataza and Capahuari rivers, and on the Conambo and Corrientes rivers as well. Achuar is also the dominant language farther eastward, along the border of Peru.

The Canelos Quichua culture area now may be demarcated as the area radiating from the Rio Llushin, across Puyo, down the Villano to Curaray, southward to Montalvo, back up the Bobonaza to Canelos, southward to the Pastaza, and then back up to the Llushin. This represents an area with the following predominant zones of "Canelos Quichua" habitation: the area south of Puyo, just west of the Siguin range and just east of the Abitagua-Huamboyas; the Bobonaza drainage, including the sites of Canelos, Pacayacu, Sarayacu, Teresa Mama, Montalvo, and Curaray (where the Villano enters the Curaray River). In any of these areas, if a person arrived blind, as though simply dropped in from nowhere, s/he would "know" where s/he was, culturally speaking. There would be variations, of course, but everything from eye contact to melodies, from pottery to gardening techniques, from blowguns to interest in certain trade goods, would be familiar. Between the Bobonaza and the Villano-Curaray, things would be familiar to someone from Canelos Quichua culture. But in many households, they would also be familiar if one spoke Achuar, or Zaparoan. Here, "dominance" of the culture area ceases, although the traits persist together with those of the other cultures, which in material, economic, social, and cosmological life are quite similar in spite of contrasting ethos and language. To the south, Achuar culture dominates, as it does to the east, although one can find Quichua-speakers among the Achuar everywhere in the Oriente. North of Puyo another Canelos Quichua culture area, sometimes called the "Quijos Quichua," exists (see Macdonald 1979, 1981). These people come from such areas as Archidona, Tena, Arajuno, Ahuano, and on down the Napo, and they intermarry with the Canelos Quichua.

Obviously, Canelos Quichua culture is enriched with interindigenous ethnic diversity, with language diversity, and with diversity of experience drawn from various homelands. An entire book could easily be written on the area, its diversity, and its richness. Sacha Runa (1976) took the first step in that direction, but much more is needed. How do we discuss a zone so rich, so diverse, yet so much "itself" in terms of distinct cultural patterns? We must begin to understand Runa concepts themselves, recognizing that today, Quichua

is their language and the perspectives expressed by them in that language are those by which we, too, may comprehend their total environment.

Spanish and Quichua languages are often used together in Canelos Quichua territory, having been associated for more than four centuries. Sometimes the conjunction carries separate meanings, sometimes they squeeze meanings into a common system reflective of the hundreds of years of combined disruption and cultural perseverance. *Partimanda*, from the Spanish *partido* (division or sector) and the Quichua suffix *manda* (from), is the most convenient place to start. *Nucanchi partimanda* ("our group's division," in both language-culture and territorial terms) refers to the area from which one's ancestors came. Ethnic affiliation may substitute for territory, and vice versa. *Achuar partimanda* and *Napo partimanda* refer, respectively, to parental affiliation and identity with an Achuar zone and with the Napo area.

As soon as we encounter people within the Canelos Quichua culture area who regard themselves as being "from here," we must deal with two other indigenous concepts expressed in the Quichua language as *llacta* and *ayllu*. These refer to territory and kinship, respectively. Because the terms are very familiar to Andeanists, we must be doubly careful, for ecology intrudes here. Where, in the Andes, *llacta* may refer to very demarcated "land," the necessity of shifting horticulture in the tropical rain forests gives *llacta* a different cast. In the latter usage it must refer to a dispersed zone of residence, garden sites, and tropical forest fallow. Basically, *llacta* refers to a territory with known and acknowledged geophysical markers within which intermarried peoples claim rights of usufruct not only in a material way but also in a spiritual sense.

*Ayllu* refers to the kinship structure transcending any given *llacta*. All *ayllu* are regarded as continuous in time and discontinuous in space. An origin myth of Canelos Quichua *ayllu* tells of an extended human penis which, when cut into segments by a giant river otter and tossed segment by segment into various rivers, grows in each river into an anaconda, the enduring analog of the Runa *ayllu* (see Whitten 1984). Marriage unites *ayllu* segments; a *llacta* is composed of linked *ayllu* segments. In every *ayllu*, and therefore in every *llacta*, there are peoples who are regarded as proper (*quiquin*) to the *llacta* and those who are regarded as from another *llacta*, or another territory. The household, *huasi*, symbolizes and encloses the minimal segments of *ayllu* linkage as these segments participate in *llacta* activities. But even to understand the organization of *ayllu*, *llacta*, and *huasi* it is necessary to understand more of the relationships between indigenous and national social organizations. Through 1978, these could be described in terms of two levels; between 1978 and 1980, a third level, and possibly a fourth, emerged, which is the topic for chapter 5.

### Indigenous/National Social Organization, 1968-78

#### Level 1: The Hamlet

Indigenous peoples think of their minimal territory in terms of a dispersed territory for swidden horticulture, gathering, fishing, and hunting. This territory is the *llacta* and its population is composed of members of the interrelated clan segments (*ayllu*) with a nodal shaman (*yachaj*). If a resident *yachaj* does not exist, it is because the founding shaman has died and no one has replaced him. In other words, the founding node may be determined, even if

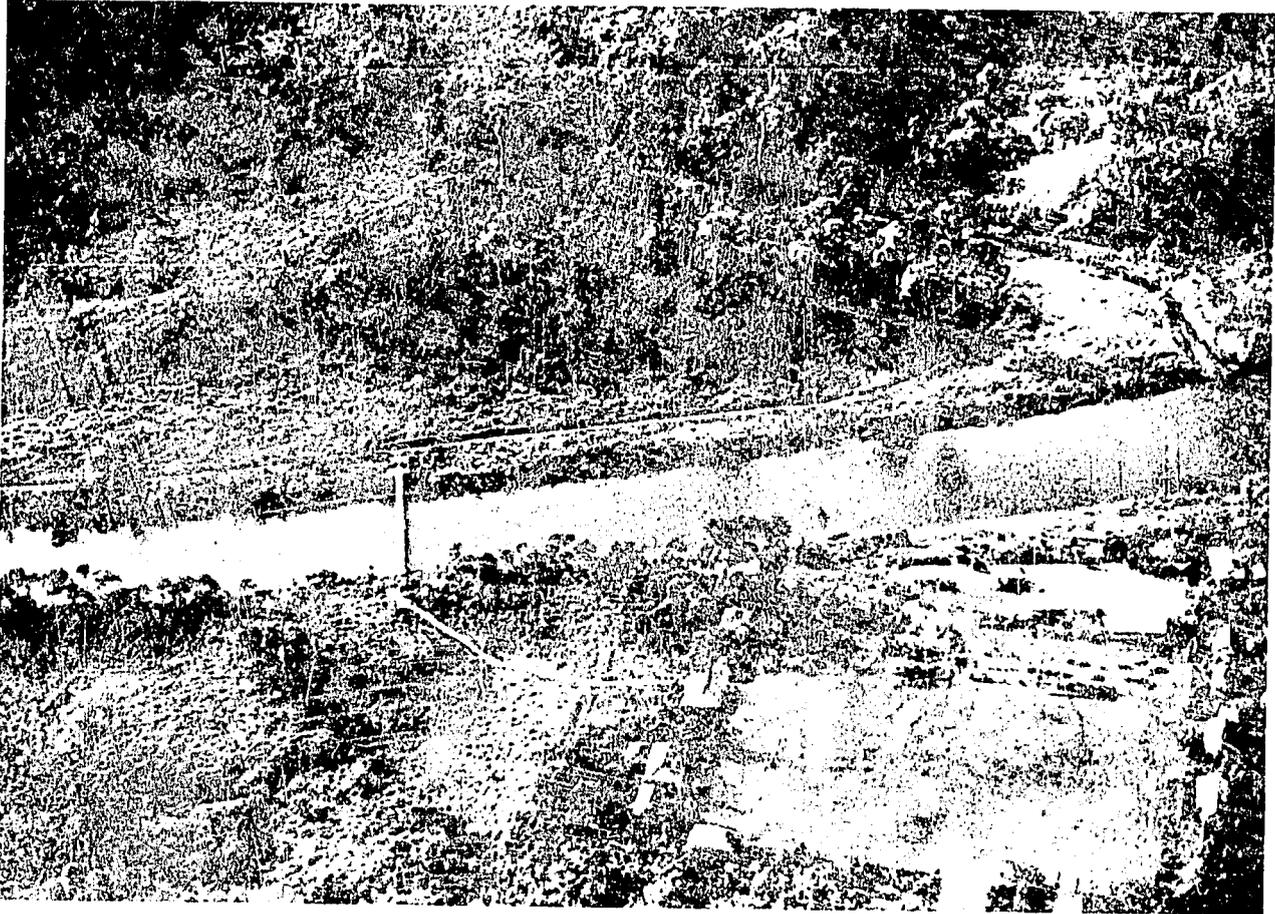
he is not "present." Today, such llacta have a modern nucleus called **caserio** (Spanish for "hamlet"), which is named (e.g., Nueva Vida, Mushuj Llacta). This hamlet replicates feasible corporate features drawn from national culture--for example, it may have a school, a chapel or a sporting club. The **caserio** increasingly replicates in microcosm the feasible dimensions of nationalist culture with an eye to incorporation into regional administrative structure: the key to such increasing incorporation is accelerated nucleation. The llacta, with its **ayllu** segments, maintains the structure of indigenous culture within its sylvan-riparian ecosystem; the key to such maintenance is dispersal. The interplay between dispersal and nucleation is constant, and one cannot understand Runa lifeways without understanding the fact that level 1 embodies these two contradictory dimensions.

## Level 2: The "Territory"

Llacta are grouped today into larger, unnamed territories with an incipient ranking derived from quasi acknowledgment of a dominant **ayllu**, or set of two or three **ayllu**. Such **ayllu**, extending between llacta, are today denoted by surnames, some that come directly from Spanish friars baptizing peoples of the "forest" (e.g., "Vargas," "Borja") and others that were once used by recording friars and explorers to denote alleged territorial "tribes" (e.g., "Santi," "Canelos," "Hualinga"). The people identified with the territory are named vis-a-vis one another within the indigenous system as being "from" the given territory. The **Puyo Runa** come from the area radiating out of Puyo, the **Sarayacu Runa** come from the area radiating out of Sarayacu, and so forth. Many of the "Runa territories" (as we call them) are incorporated into national structure as a **comuna**, the indigenous counterpart in parts of Amazonian Ecuador to parishes (**parroquia**) or **colonias** in the national system of civil division. The **comunas** are named and their exact territories are demarcated. For example, many (but not all) of the Puyo Runa live in the Comuna San Jacinto del Pindo. The **cabildo**, or **directiva**, is the annually elected governing board of the **comuna**. It assesses **comuna** needs through periodic general meetings (**asamblea general**) of residents and serves as the major corporate intermediary between indigenous and national-regional levels.

In the national system, as perceived by bureaucrats, developers, and other mission-oriented helpers, **comuna** is often perceived as coterminous with **caserio**. This perception, coupled with the two dimensions of territoriality (the Runa territory of "belonging" to a geographically bounded congeries of llacta, combined with the national bounding by **comuna** lines), may create something akin to chaos in interethnic communication.

The concepts of **Sacha Runa** and **Alli Runa** link and segment these levels in interesting and complex ways. **Sacha Runa** is of the llacta system, as this system extends into the forest itself. The concept refers to spirit master of the forest, **Amasanga**, as well as to individual Runa who are competent, knowledgeable, and wise. **Sacha Huarmi**, as female jungle enchantress, also confers wisdom and beauty among women. **Alli Runa**, too, is of the llacta system, but he "faces" away from the forest toward urbanized territory. Within the llacta system **Alli Runa** moves the set of organizing principles of llacta toward the **caserio**, toward the national system, and away from the forest. To be **Llacta Runa** (here synonymous with **Alli Runa**), a term common in Andean Ecuador and known throughout Canelos Quichua culture, is to be of the hamlet, of the clearing. It is to invite a priest into the **caserio**, to the very edge of the life-sustaining rain forest. By the **Sacha Runa/Alli Runa** ethnic duality



Aerial view of a caserio at the peak of its growth (1970).

and indigenous system of organized protest, however, it is also to contain outsiders within the caserio formation.

It is necessary to emphasize again that the Canelos Quichua people are of Ecuador, just as they are of their dynamic, indigenous culture within the modern republic. Within the national culture of Ecuador, urban does not contrast with rural in the familiar United States or European way. In Ecuador, as in other cognate nations such as Peru and Brazil, urban contrasts with jungle. To be rural is to be within a system of urbanism where "civilization" exists; to be of the jungle, from the standpoint of national culture, is to be uncivilized and, in the national system, to be "Auca," or "Jivaro." This set of contrasts represents the ideological structure of domination that permeates caserio life.

Outsiders are often invited into the caserio, and from the caserio into the public buildings such as schools, churches, or sporting clubs, and then into Runa homes. Such invited outsiders are asked to help with the search for "solutions" to problems seen as coming from the outside. Those so invited may be privileged as well to share knowledge of the native peoples, thereby becoming "acceptable outsiders." Such was the case with our own entry and with our continuous process of education as we sought to understand the complementarity of cultural change and cultural persistence.

Because of the nature and quality of our interaction with the Runa with whom we periodically share a way of life we have come to respect immensely, we titled our first book Sacha Runa and so named the Foundation. We did this to denote the range of knowledge, cultural persistence, and endurance of Runa lifeways and deliberately chose the term for its many meanings. Sacha Runa, as we came to appreciate the figure of speech, means forest spirit, image-master Amasanga. It also means "other native peoples" living in remote jungle locations (remote from the standpoint of towns and cities, but not remote from the well-spring of tropical rain forest life in its dispersed dimensions) who speak other languages such as Shuar, Achuar, Waorani, or Zaparoan. Sacha Runa refers as well to the people themselves in the context of their deep knowledge of the dynamics and systematics (the science and method of classification) of tropical forest ecology. The term stands in opposition to forces of destruction emanating from "outside." To be anything other than "Sacha Runa" in the setting of the tropical rain forest would be to turn one's back on the generative basis for life itself.

To appreciate the concept of Sacha Runa and the reasons that we decided to use the term, deliberately invoking its many meanings, it is essential to understand the concept from the native perspective, drawing on the sylvan-riparian-horticultural resources of Upper Amazonia to sustain life and health. If Sacha Runa is viewed from the national-regional system, as manifest in the caserio, then it can become part of the pejorative set of terms denoted in the national system as "Auca" and "Jivaro." Our use of Sacha Runa, partly chosen as a form of protest vis-a-vis those tremendous forces against which the Puyo Runa and their Canelos Quichua, Achuar, Shuar, and Zaparoan friends, relatives, and cultural congeners struggle, signals that very struggle for continued viability.

We entered the Puyo Runa world through the system of *caseros*. As we became educated in Runa lifeways, we sought to understand the complementarity of cultural change and cultural persistence. One facet of our continuing education involved the development of the Sacha Runa Research Foundation. To understand its structure, we first focus directly on the Puyo Runa sector of Canelos Quichua culture in the context of urbanism, urbanization, health, and illness.

## CHAPTER 3: HEALTH AND THE PUYO RUNA

### Puyo and the Puyo Runa

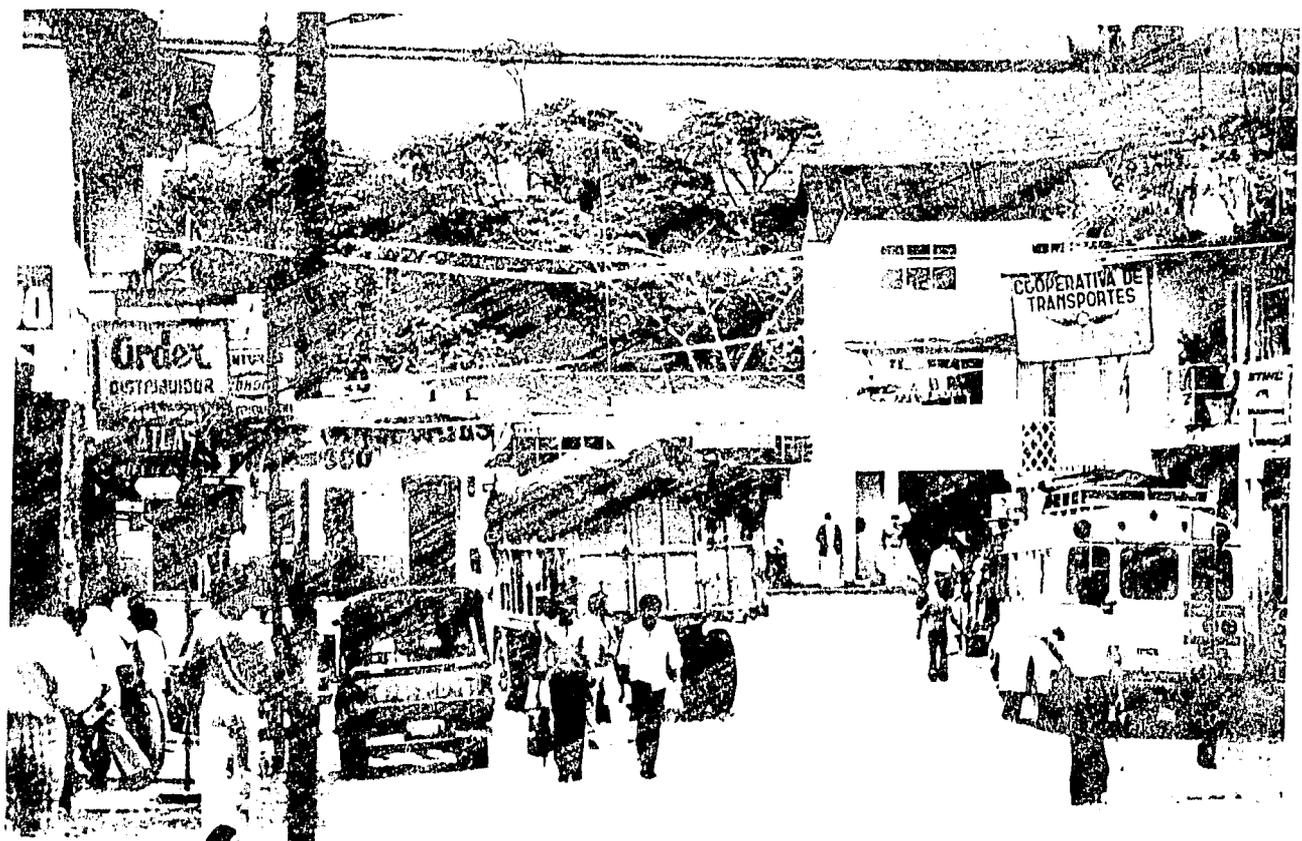
Puyo, the capital of Pastaza Province, presently has an estimated 10,000-12,000 residents. Early colonists, seeking refuge from economic oppression and natural disasters in their sierran homelands, walked down ancient trade routes or rode donkeys along the precipitous banks of the Pastaza River into the Oriente, there to find the settlement of Puyo (from the Quichua word puyu, meaning "fog"), a scattering of native houses around the Dominican church mission buildings. Such colonists often dubbed the Quichua-speaking peoples as "Jivaros," because many of the Puyo Runa spoke fluent Shuar or Achuar. Bilingualism, or even trilingualism, was never a stranger to Puyo, from the native standpoint, and until the 1960s, Quichua was the language of trade in most small shops. Under the impress of national expansion and exploitation of natural resources, road construction pushed slowly from the Sierra into the Oriente, each completed section bringing in more traders, explorers, and colonists. The Puyo settlement of the early 1900s grew into a village and ultimately into a bustling frontier town following two major events: completion of the last stretch of the road to Puyo in 1947 and a population shift from Mera and Shell to Puyo when the Royal Dutch Shell Oil Company ceased operations and withdrew from Shell (then often called Shell-Mera) in 1950 (Gillette 1970; Casagrande, Thompson and Young 1964).

As migrant traders became resident merchants, truckers were needed to bring supplies from the highlands to the expanding sugar plantations and to return lowland products of trago, brown sugar, cinnamon, and broom fibers to markets. The void left by the first petroleum exploration company was filled by Protestant evangelist missionaries and military groups, whose presence was felt throughout the Oriente from their base in Shell, 13 km from Puyo. Establishment of Canton headquarters and later the provincial capital, construction of private, commercial, and governmental buildings, and infrastructural development created needs for personnel. Services demanded still more specified supporting services; growth built upon growth. The displacement of native Puyo Runa by newcomers was virtually complete in 1955, when the last dozen or so "hold-out" Runa families moved into Comuna territory (Whitten 1976). By 1968, only one old indigenous woman lived in town, where she continued to store aswa in large, undecorated tinajas and to serve her visitors from beautiful but chipped mucahuas, the last her failing sight would allow her to make.

During the early 1970s, Puyo and Shell were staging areas for a new wave of petroleum exploration, which concluded in 1975 amid contradictory rumors that companies would soon return, that nothing was found, and that wells were found but capped for future use. Economic influx and withdrawal created a boom-bust atmosphere, especially among merchants overstocked in English gin. But underneath this flashy economy was a steady growth which became apparent as the government freed new revenues from oil for loans for construction and for developing businesses, particularly agricultural ones. Instead of one national and one local bank in 1968, there were three national governmental banks by 1977. As regional offices of national agencies expanded services, they required more and more personnel to keep up with the necessary paperwork.



The Pastaza River as it emerges from the Andean foothills (Mera, 1980).



Puyo, capital of Pastaza Province, 1980.

The growth of local bureaucracy added a clerical and managerial element to the now old-line colonist merchant class, the existing upper class by local standards of occupation, wealth, and community prestige. More medical and legal professionals found their ways to Puyo to meet the needs of a growing monied clientele. Constant expansion and improvement of roadways, increased availability of motor vehicles, and greater volume of communication and trade with highland urban centers worked together to produce the single largest occupational force, that of professional drivers of trucks, buses, and taxis.

The population growth rate of the Oriente from 1950 through 1974 far outdistanced that of the nation as a whole as well as rates of sierran and coastal regions (Saunders n.d.). Within the Oriente, the rural growth rate exceeded the urban, while the urban growth pattern showed a large increase in age groups under 15 years and over 65 years. Nationally, during this same period, educational attainment was considerably higher for urban than for rural populations; in the Oriente, both primary and secondary school statistical trends were borne out by our observations. Puyo was the educational center of Pastaza Province, with parochial and public schools serving growing numbers of urban children as well as many others who continued their education in town following the six grades offered by their home rural schools. There was also a technical colegio and a public night school which gave adults and working school-age children a chance to learn the basics they otherwise would have missed.

The accelerated tempo of modernization is reflected in a number of material concomitants. Wooden buildings were replaced by concrete ones, and the frontier look of portico-covered sidewalks gave way to the modern scene of multi-storied buildings connected by a maze of power and telephone lines.

Striking changes were evident in the commercial scene during the 1970s. General stores, which had long supplied outlying plantations with basic food products, aluminum pots, shotguns, tools, hardware, fishhooks, and dynamite, added transistor radios and phonographs, all types of plastic housewares, and imported cosmetics. Stores specializing in appliances, veterinary and agribusiness supplies, and prefabricated building supplies sprang up. Typewriters, cameras, several brands of sewing machines, foam rubber mattresses, and mass-produced clothing were displayed everywhere. Refrigerators became more than a front-room prestige item as electricity improved and ultimately led to such phenomena as cold beer and cokes, refrigerated milk and cheese, and butchershops open all day instead of from only 6:00 A.M. to 7:00 A.M. Glaring traffic lights had replaced policemen at every major intersection by 1978. Television sets, including many color ones, were offered for sale a couple of years before the relay system reached Puyo. Once the relay was completed, television was seen in stores, bars and barbershops all over town, with absolutely any program or test pattern watched by small, transfixed clusters of people.

The central market is the hub of weekend activity. Here permanent stalls and kioskos are surrounded by makeshift booths; hawkers spread everything from used clothes, tools, and switchblades to new enamel pots and pans along sidewalks and advertise their wares over loudspeakers to compete for the crowd's attention. National music blares out of jukeboxes in open front saloons, where groups of men discuss the week's activities over rounds of beer. The Saturday morning scene of frantically unloading produce and goods brought atop buses from Ambato is reversed on Sunday afternoon, while taxis wheel in

and out to pick up homeward bound passengers, many unable to navigate on their own feet. Except for motor traffic, a day-after sense of calm prevails on Monday, when banks, government offices, and many stores are closed. By Tuesday the town is in full swing again, everything is open, and the pervasive traffic continues.

Just as Puyo is dependent on other parts of the country for supplies, trucked in from Ambato, so it is the purveyor of goods to the small colonist towns that have grown up on its periphery. Transport of goods is accompanied by human activity, of course, and the traffic pattern reflects the seemingly constant motion of people and exchange of goods. Crowded buses rumble in and out over the cobblestone streets from 3:00 A.M. until midnight or 1:00 A.M. Trucks, taxis, minibuses, and small pickup trucks come and go at all hours; military and a growing number of private vehicles circle through town; occasionally the ambulance or the new police van sets out with siren screaming. Air traffic out of the nearby base at Shell dropped noticeably with the withdrawal of petroleum explorations, but military and missionary flights soon picked up to about 40 departures and landings a day. Many of these planes are not seen from town because their flight-paths direct about 75 percent of them south of Puyo, over Comuna territory where they are accurately identified as Twin, Push-Pull, Buffalo, Caribou, or Cucaracha by the indigenous inhabitants.

There is no element of the preceding overview of Puyo that does not involve the Canelos Quichua in some way. Because there was no way to maintain traditional lifeways in an incipient urbanizing milieu, an option to remain in town would have required almost total, sudden change. We view the withdrawal of Canelos Quichua from town to Comuna as a rational flight to maintain self-integrity, an adaptation that allowed them cultural independence while they continued exchange patterns that have existed with missionaries and colonists from early times to the present (Whitten 1976:235-236). *Compadrazgo* ties have been maintained over two and three generations; to these ritual ties with nonindigenous people have been added legal, contractual bonds. No longer content with pasturing cattle of colonists, Puyo Runa have been buying cattle with their own earnings from sale of produce, from petroleum company wages, and more recently, from loans from the Banco Nacional de Fomento. Increasing numbers of Runa men and women continue their elementary or secondary education in night school, or attend the vocational school, usually supporting themselves by a part-time job in town. In some cases, children's school expenses are partially supported by a mother's sale of fine ceramics, which may net her from US\$40 to \$120 per month. Many Runa, weary of being underenumerated and overlooked, respond to government pressure for citizen registration by meticulously recording marriages, births, and deaths, sometimes spending hours or days at the registration office while they await acceptance of old baptismal records.

On weekends, Runa come to town to trade, selling *naranjilla* (*Solanum quitoense*), *epicac*, fiber, and other jungle products, and buying salt, sugar, or perhaps school clothes for a child. Before the market for native crafts began to expand in the mid-1970s, women might sell a few pieces of pottery or give them to patrons to ensure future return favors, while men might try to sell a headdress or drum used at a recent festival. In 1975, some men began to carve wooden animals to sell to tourists (chapter 6). Puyo Runa come to visit with patrons, with other Runa, with Shuar, with *gringo* tourists; and they come just to see who else is in town that day. As they congregate before a storefront to watch the bikini-clad contestants for the "Miss Ecuador" title,



Indigenous participants in 12th of May Founding Day Parade, 1973.



Indigenous participants in 12th of May Founding Day Parade, 1983.

one wonders if they remember early (and successful) missionary efforts to garb them in Western clothes. Their presence in town is so commonplace that an observer is apt to think of the Comuna as a dormitory suburb and to forget that its nearest boundary is a one- or two-hour hard trek away, and that many comuneros must walk four to six hours to reach that boundary.

Puyo Runa participation in the modern world is manifest in their options to assume national styles in speech, clothing, sports, music and dance, without relinquishing their own language or musical tradition. This has been more true of men than of women until recently. Now women are displaying more aspects of nonindigenous lifestyles, as evident in increasing Quichua-Spanish bilingualism, in seeking more education, in wearing jeans, slacks or pants suits, and in dancing to popular music. When possible, wives of Comuna soccer teams accompany their spouses to games (both local and in the Sierra) to form an exuberant cheering section. The ostensible blend of Runa into the contemporary Puyo setting leads many outsiders to declare that the "natives" have disappeared, an utterly unwarranted assumption.

Today, the Puyo Runa bear witness to strikingly devastating processes that have been described repeatedly by scientists who take a hard and honest look at contemporary Amazonia (see, e.g., Bunker 1980, 1984; Macdonald 1981). The list of these processes must include the following: destruction of sylvan and riparian ecosystems; extreme pressure on native peoples to vacate their acknowledged region or to devise new strategies in the face of rapidly diminishing territory; fragmentation of contiguous indigenous territories by agribusiness, particularly sugar and tea; urbanization and its polluting consequences; petroleum exploration and exploitation; colonization; tourism; nationalist development plans and practices; international evangelism and attendant competition over native souls (and economies). All of these processes characterize the area radiating from Puyo, the most dynamic town in eastern Ecuador.

The Puyo Runa grouping of Canelos Quichua culture numbers about 2,000. They practice tropical forest swidden (shifting) horticulture with sophistication and expertise born of over 2,000 years of practice (Lathrap 1970). All of them speak a dialect of "lowland" or "jungle" Quichua (Orr and Wrisley 1965); many of them, perhaps 20 percent, also speak Achuar; some speak Shuar. Competence in Spanish ranges from fluent, if rustic by national standards, to virtually none. What we found when beginning field research in 1968, and what is continuously reinforced in our ongoing research in this area, confronts many stereotypes. On the whole, the Puyo Runa are a healthy, viable people, descendants of indigenous inhabitants of this neotropical ecosystem who endured over four centuries of sporadic and/or sustained penetration, depending on the exact area. They want to stay healthy and they want to remain viable.

In the Puyo area, Runa fought for, and won, control over their land, a 17,000 hectare zone ceded to them in 1947 by National President Jose Maria Velasco Ibarra. Within this territory they have protected a forest-swidden-riparian ecosystem upon which to base subsistence life, using this viable technoeconomic base to examine and exploit urban resources emanating from Puyo. Their obvious adaptive success by and large has been ignored by planners and developers. Until very recently, they have not been consulted with regard to their extensive knowledge of the very phenomena discussed in this monograph. Their continued, indeed assertive reliance on tropical forest ecosystem maintenance, together with increasing dependence on national economy



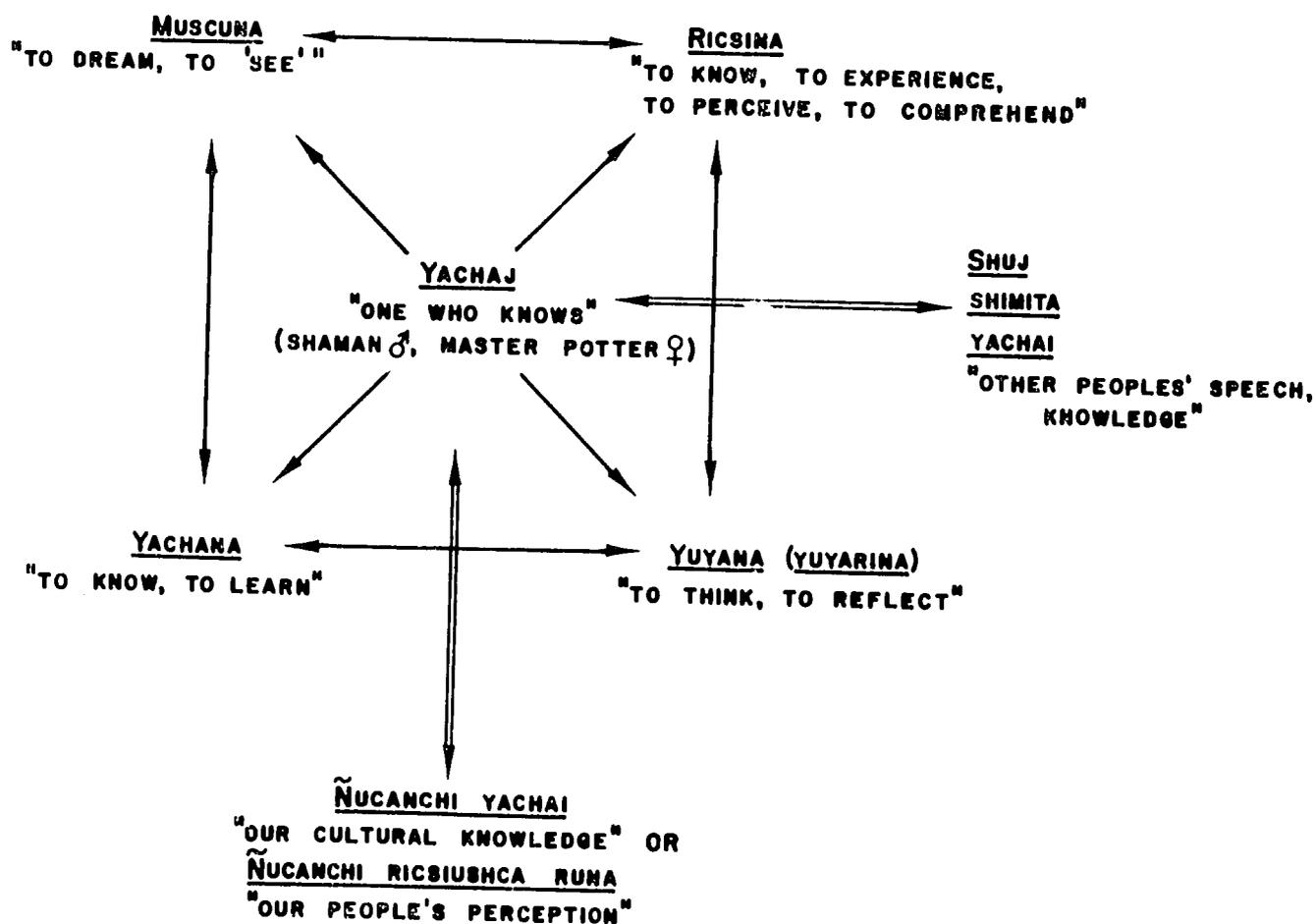
Mother and daughter make ceramics for upcoming traditional festivals.



Construction of a new road through a Caserio.

and polity for sheer survival in the face of ubiquitous modern disease vectors--tuberculosis, measles, chicken pox, diphtheria, whooping cough, and influenza, to name a few--has led them of late into a cultural confluence where paradoxes and contradictions within the modern medical care delivery system abound.

The way Puyo Runa deal with their health and illness situation must be understood through an examination of their cognitive framework that relates cosmic forces to health and illness. This framework must then be examined in the broader sociocultural, political-economic context. Contrasting domains of health and illness, life and death, medicine and poison all stem from the same cosmic forces. Forces that generate strength, and hence health, and forces that cause weakness, and illness, can be controlled only by tapping the power of causality. The cognitive framework wherein the powers of cosmic force are tapped and tenuously controlled within indigenous culture are illustrated by this model.



The shaman, yachaj (or more properly *sinchi yachaj*--strong shaman), is "one who knows." Knowledge is bound up in a cultural paradigm whereby an individual must learn to control within himself the process of reflection and creative endeavor referred to by the verb *yuyana* or *yuyarina*. Integral to this process of reflection that signifies growth in the individual is the creative maintenance of a dynamic balance between vision or "seeing" (both cultural and individual), *muscuna*, and knowing (cultural, "encyclopedic," and individual), *ricsina* (Whitten 1978b). Those men and women who control this process within

themselves move "up" in their cultural competencies, to the status of paradigm builders and manipulators. Normally, this results in the status of shaman (for men), or master potter (for women) (see Whitten 1976, 1978a, 1978b, 1984; Whitten and Whitten 1978).

The strong shaman has attained a level of control such that he is able (i.e., sufficiently powerful) to balance his knowledge with his vision, to relate his visions to cultural knowledge, and to relate his thoughts and reflections to knowledge and to his visions. To know more about that which is "within," the shaman must increasingly know more about that which is "without." The shaman becomes a paradigm manipulator. He continuously reproduces "cultural knowledge," continuously maintains the contrast between our culture and other cultures, and continuously transcends the boundaries that he enforces. His work must, in part, be based upon experiences with other peoples, speaking other languages. Such people (Achuar, Quichua-speaking peoples of the Sierra, other indigenous people of coastal Ecuador, nonindigenous people) give to the shaman "other speech knowledge" (*shuj shimita yachai*). The shaman, at one and the same time, maintains native paradigms and expands those paradigms by drawing from his knowledge of other cultures. He controls the process of syncretism.

The female counterpart of the shaman is the master potter. Although it is less common to hear *yachaj huarmi*, the term is used to refer to a recognized paradigm manipulator, a woman who is able to evoke inner cultural knowledge and relate this synthesis of experience and vision to other systems of knowledge. As far as we know, every master potter is related closely to a powerful shaman, usually her father. In many cases there are overlapping relationships, as occurs, for example, when a powerful shaman's daughter marries the son of another powerful shaman. She has the opportunity to learn pottery making from her mother and mother-in-law, both master potters, which greatly increases her exposure to systems of knowledge and enhances her ability as a cultural paradigm manipulator. Her husband, in turn, could be an incipient shaman, or a local political leader, or perhaps both.



Camilo Santi ponders the ancient knowledge locked in a special stone. His wife, the late Soledad Vargas V., pauses in her ceramic work to reflect on the past.

## Shamanism and Modern Medicine

Obviously, *sinchi yachaj* is a well-developed status in the domain of health and illness among the Puyo Runa, as with other organizations of Canelos Quichua and Achuar (and other) Jivaroans. We have found, even with the exceptions to be noted later, that shamans are the best diagnosticians in the area and that their sons and sons-in-law usually give the strongest support to developing health care programs. In the case of the Sacha Runa Research Foundation program, shamans made reference to it repeatedly, from its inception, not only in daily conversations but also during *ayahuasca*-induced "trips" to other worlds. Powerful shamans asked for help for themselves early in the program, and in 1972 (and later) at least three powerful shamans suggested formal systems of collective exchange whereby artifacts were culled and held in reserve pending our selection when we were in Ecuador, while the Runa went directly to Vozandes when illness beset them. The contributions of noted master potters has been significant, for they were among the women who sought to understand the operation of the "modern" medical system and then helped direct other people to it. They also created their magnificent ceramics--some to be sold to help support the medical program, some to be kept for our own enlightenment, and some for exhibition, to educate others about their culture.

### Powers to Heal

Diseases new to the indigenous people, and some old ones as well (e.g., malaria, measles, chicken pox), are acknowledged as stemming from a causal set beyond the power of native shamans. So, logically and rationally, healing powers beyond these shamans must be utilized. According to the propaganda of modern medical personnel, priests, missionaries, and developers, these curative powers are lodged in the clinics and hospitals of the area. In 1980 the following facilities existed in the Puyo-Shell area: the National Red Cross, the National Public Health Service, the National Social Security Hospital, the National Military Hospital, the National Malarial Control and Education Center, a Dominican clinic, the Hospital Vozandes del Oriente (a Protestant evangelical hospital that is part of the World Radio Mission), private physicians, and various curers including itinerant "medicine men," a number of druggists, and one veterinarian specializing in the cure of "Indians." Some of these facilities also have outreach programs, including "bush drugstores" and "caravans." It is impossible here to describe the inner structures, programs, ideologies, and practices of all of these facilities, or their tactics of inclusion or exclusion of native peoples. Here we merely touch on vital questions that are often raised by the Puyo Runa about facilities to which they turn when they seek diagnosis and cure for illnesses attributed to nonindigenous sources.

### Costs and Risks

Regardless of the sequence of events leading to a decision to seek Western medical treatment, a person asks a series of questions that ultimately must be answered precisely to avoid confusion. These questions may be grouped roughly under two rubrics, "Where to begin" and "How to present one's symptoms."

### A. Where to begin?

Economic considerations are crucial in seeking medical care, particularly when financial resources are limited. Between 1976 and 1980, maximal daily wages in Ecuador fluctuated from s/60-100 to s/80-200; 26 sucres equaled about one United States dollar. Thus, in deciding whether or not to invest as much as s/60 for transportation, s/30 in consultation and examination fees, a day lost at work, and the possibility of additional costs for laboratory tests, medicine, and perhaps even hospitalization--to say nothing of the additional psychic energy involved in conversing in a second (or third language)--it is critical to obtain clear, unambiguous answers to many salient questions. Who knows what? Do some doctors and nurses deal more competently with high fevers or night sweats than do others? Do some medical specialists seem to understand the common symptom of "tingling legs" while others merely laugh or shake their heads? What about stomach cramps, headaches, vomiting, skin lesions, ulcers, and skin fungi? Where, in the presumptive sources of modern, nonshamanic curing power, can one find individuals capable, available, willing, and affordable to provide adequate diagnosis, prognosis, and treatment? What are the real costs in economic, social, and ideological terms? What are the concomitant risks?

Day by day, sometimes hour by hour, Puyo Runa strive for answers to these questions. They seek to make rational choices via a cost/benefit analysis. But they are frustrated in these attempts by the very nature of the Western medical system in its local manifestations. For example, Felipe goes to a hospital and tells a physician that he has "tingling legs." He is given therapeutic agents for round worms and therapeutic drugs to combat amoebiasis. Follow-up therapy involves tetracycline and a number of vitamins. Not only does the tingling go away, but his vision clears up. He tells Hernan about this when Hernan experiences the same symptoms. At the same hospital Hernan is directed to a different physician, who asks if he has diarrhea. A stool test is taken and Hernan is told to come back the next day for another test of a looser stool. He does this, again pays for consultation and tests, and is given the same course of medicines as Felipe, but without the vitamins. A third person entering the hospital with the same symptoms is directed to a third physician who advises her to eat more fresh fruit, improve her overall diet, and get more rest. These three people, sharing information, come to the conclusion that the first physician was good, the second okay but inexperienced, and the third poor. Hereafter they want to see only the first doctor, but there is no formal mechanism in the hospital that allows a person to choose a physician, even though each of the physicians tells the patient to "ask for me when you come back." Inasmuch as there is "noise" in the Runa conceptual system with regard to Western medical practices, the sources of the noise must be sought within the Western medical establishment itself.

### B. How to present one's symptoms?

This question is actually: "How do I present my symptoms to one who will diagnose them according to his own (different) system of knowledge, in a way that will communicate my perceptions based on my system of knowledge, so that his diagnosis agrees with my perceptions and his treatment will restore my health?" It is difficult enough to present one's symptoms to an outsider whose perspective is based on classificatory principles alien to those of the patient. Even more difficult are problems occasioned by the variety of styles by which indigenous people are expected to present their symptoms to medical

personnel within different agencies. For example, Puyo Runa approaching the Dominican clinic are expected to stand quietly outside until a nun approaches them to ask what they want. At the Protestant hospital they must crowd up to the contabilidad window with money in hand or they will not be admitted at all. A person who has mastered the Protestant system could be turned away by the Dominicans for acting too aggressively; and one who stood outside the Protestant hospital (as many do) could wait in vain and never be treated.

Moreover, the numerous health agencies in the Puyo area have "missions" that go well beyond medical care, "missions" of social and political character that are often carried out with reformist zeal. Personnel of these "mission"-oriented agencies are replete with stereotypes about indigenous life, indigenous needs, indigenous beliefs, indigenous thought. Prominent in these stereotypes are generalized constructs about what is wrong with indigenous life.

### The High Cost of Dying

Some hospitals in Ecuador will not release the corpse of a patient who died while hospitalized until all or a substantial part of the medical fees are paid. There is even a system whereby a chaplain or administrator obtains the death certificate from the appropriate authorities and then holds it, as well as the corpse, until the bill is paid. As we understand it from the Puyo police, such corpse retention by a hospital is not legal. Nonetheless, although time payments can sometimes be arranged and some fees may be waived, the predominant policy is too often one of collecting all payments for medical attention prior to releasing a corpse to the bereaved family. Smaller clinics and hospitals also transfer critical cases to the more modern, better-equipped hospitals, increasing the likelihood that patients will die in the bigger (and more expensive) hospitals.

Extended treatment of the gravely or terminally ill can cost thousands of sucres. The fear of incurring enormous expenses and of dying in a hospital leads many relatives to wait until the patient is virtually dying before seeking hospital care. Then, unfortunately, the prophecy of a hospital as a place to die often is fulfilled.

Faced with potentially high medical bills, the bereaved family must, upon the death of a loved one, wade through a series of bureaucratic entanglements, each with a fee attached. Under Ecuadorian law, deaths must be registered both in the province where the person died and in the province where he resided, if different. Provincial offices may not be open on the same days, however, and the three or four days spent in satisfying bureaucratic demands is a long time for a corpse to lie around in the moist tropics with no refrigeration and no embalming fluids.

Burials outside of designated cemeteries are illegal. The use of the Puyo cemetery, for example, involves charges for a coffin, for entry, for the niche or grave, and for labor, to say nothing of hiring a small truck to transport the coffin from the wake (likely to be far away from town) to the cemetery.

To protect a family from such bureaucratic entanglements and debilitating loss of capital resources, a couple may wait a year or two prior to registering a baby's birth, for if a little one dies during that time and is not registered, he can be quietly buried in the **llacta**. A hospital death obviously

negates this strategy, causing even more bureaucratic complications for the bereaved, and financially strapped, family. If a baby without a birth certificate dies in a hospital, the birth must be registered before the death can be recorded, and only the option of expensive cemetery burial can be taken. In the case of cemetery burial, initial fees are for short-term rentals—if later rental fees are not paid, the remains are taken from the niche or grave and dumped into a common site.

If an 18-month-old child dies of spinal meningitis, let us say, in the Vozandes hospital, after perhaps 7-10 days of treatment (and, by the way, treatment here is often successful and the patient does not die), the fee could be as high as s/25,000, which might be reduced by the hospital down to 10,000 sucres if an administrator or missionary would volunteer charity funds. On top of this could come registration fees for birth and all of the other fees mentioned above. By contrast, if a child is taken home on the second or third day of treatment and allowed to die there, costs for hospitalization could be as low as s/2000 and there would be no subsequent fees. But, persons taking such an option must live with the knowledge that the child might have been saved by physicians and nurses if left in the hospital.

Knowledge of the complexity and cost of "modern, legal" death weighs significantly in some decisions to seek modern medical care, especially when it appears to the family (or at least to some members) that death is inevitable and quite near in spite of treatment. We illustrate some of the hazards and rewards of seeking modern medical care by presenting cases drawn from our earliest files, before establishment of the Sacha Runa Research Foundation and the medical care delivery program.

#### Case 1: Taruga's Baby, 1970

It had become well known among the Runa that one of the Puyo hospital clinics had an obstetric nurse of outstanding competence in delivering babies when problems were expected. Taruga decided to take his wife, Maria, to the nurse for medical attention when she indicated imminent delivery in only her seventh month of pregnancy. Having suffered through the still-birth of their first child, Taruga and Maria wanted the nurse to attend the delivery. They went to the clinic on Wednesday, Maria was admitted, and the nurse told Taruga not to worry, to return on the weekend. Thursday, the very weak, premature baby was born and the nurse took it to another hospital equipped with an incubator. In spite of this effort, the baby died the same day; it was wrapped in a plastic bag and left on a bed in an empty room, to be claimed by the family. When Taruga arrived at the clinic on Saturday, he found Maria still recuperating, unaware that her baby had died. The nurse drove Taruga to the hospital, where he was handed the decaying corpse of his baby along with a bill for s/1700 (US\$65). He was told that the hospital would not release the corpse until the bill was paid. After two hours of wrangling, the bill was reduced somewhat, Taruga paid part and made arrangements to pay the balance. The corpse was released, and then Taruga had to register both the birth and the death. Fees charged for registry in the national system amounted to about s/1200, part of which was paid by the nurse and part by Taruga with money borrowed from his father. To repay his debts to the hospital, nurse, clinic, and father, Taruga was forced to sell his only cow. Loss of this investment of a year's savings damaged his economic status so severely that Maria's family accused him of neglect. This led to their separation and to considerable rancor between their extended families. Stress ramified in their lives for a number of years.

## Case 2: Paushi's Parasites, 1971

Paushi, a strong, essentially trilingual man familiar with national culture, Canelos Quichua culture, and variants of Jivaroan cultures, was nearly incapacitated by severe intestinal parasite infestations. Because of previous experiences, he wanted outside support in returning to a Puyo physician and asked Norman to "accompany" him for diagnosis and treatment. In the physician's office, after a cursory examination paid for by Paushi, a prescription was scribbled and handed to him without comment. The physician turned to Norman and began a well-rehearsed lecture about how indigenous peoples drink too much chicha (aswa), never come for treatment until it is too late, and, when a mild epidemic strikes, everyone in the community flees to the jungle, thereby contaminating everyone else. He also stated that Paushi's liver was nothing but a mass of cysts due to the poor hygienic conditions in which he chose to live. Norman and Paushi then went to a Puyo drugstore, where the fee for the combined drugs was 350 sucres. The druggist also had a lecture ready, and he observed that these medicines wouldn't do much good anyway, and might even make Paushi sicker. The druggist had another idea about treatment, based on an examination similar to that of the physician---simply looking at the patient.

At this point Norman said to Paushi, "Look, I've got the day free and want to learn more about treatment in case someone else asks me for help. Let's go to a real hospital where tests can be made for parasites." This they did, and Paushi had a diagnosis within an hour. The first course of some very expensive drugs was prescribed, to be repeated in two weeks. Norman returned with Paushi for the follow-up tests and drugs, which Norman again paid for.

The successful treatment returned Paushi to his normal, vigorous self. Soon afterward, he felled a huge jungle tree, carved from it a traditional Achuar Jivaroan bancu (seat of power) called chimbui, and presented it to Norman in exchange for payment of the bill and for helping him "find" the right source of treatment for his ailment. The chimbui is clearly "museum quality," worth far more than the parasite treatment.

## Case 3: Challua's Tuberculosis, 1973

Challua was one of many people who had been diagnosed by medical auxiliary workers of the public health agency in Puyo as having tuberculosis. While most of these people did not receive regular therapy because the agency usually lacked a supply of free government medicines, they did receive admonishments to drink lots of fresh (and unpasteurized) milk (from cows not vaccinated against tuberculosis) instead of their "unsanitary" chicha. A foreign volunteer medical team, working with the Shuar to the south, learned of the alarming situation and came to the Puyo area to investigate the apparent widespread prevalence of tuberculosis among indigenous peoples. The volunteer team proposed a collaborative program: they would request supplies of streptomycin and isoniazid (INH) from the National Ecuadorian Program to Eradicate Tuberculosis and would provide a centrally located clinic with monthly allotments. The clinic would dispense the medicines, make follow-up laboratory tests, and send monthly reports to the medical team and to the National T.B. Eradication Program.

Challua and a number of his relatives had already eagerly complied with requests to test all family members for TB in the clinic. After two days of

testing, nine members of the extended family were found to have sputum-positive tuberculosis, in varying levels of severity. We contacted Challua at his home to deliver the diagnosis and to explain the system of treatment. His schedule required him to come to the clinic once a month for a check-up and to receive a new supply of medicine. Any deviation from this system or evidence of "non-compliance" on his part could lead to suspension or termination of treatment. Challua came to the clinic the next day, arriving at 10:00 A.M. after a six hour hard trek. We found him there at 4:00 P.M.; he explained that the other eight patients received their medicines and left at noon, but there was no medicine for him. Two clinic employees admitted that there was a problem; finally, another employee appeared with the free government medicine tied up in a bag. She was withholding it, she explained, because of a s/2000 debt Challua owed for his wife's emergency surgery two years ago. She added, in English, "But I didn't know he was one of your patients."

After we paid half of Challua's outstanding debt and he agreed to pay the balance the next month, he received his free medicine and returned home. He arrived about midnight and slept badly, upset and worried about how he could meet other obligations if he paid the s/1000 debt. He also wondered what he could do if he should default and we were not there to intervene. As he continued to take his daily INH tablets and give himself streptomycin injections five days a week, he tried to devise schemes to obtain medicines from some other source. Maybe, in the long run, it would be cheaper to buy medicines from friends or to trade handmade artifacts with Puyo druggists, rather than receive "free" drugs in exchange for payment of a large debt, and continue to depend on gringo intervention. He repaid the clinic, primarily through sales of drums, headdresses and beadwork to tourists passing through town, and he maintained his therapy regime for several more months. Later, his resentment of the method of bill collection, plus other causes, led him to abandon treatment for almost a year. By the time he returned to the clinic, he had developed a streptomycin-resistant strain of tuberculosis which had to be treated with special, expensive drugs, paid for by the newly formed Sacha Runa Research Foundation when government funds could not be expended. Unfortunately, this example of zealous account settlement undermined "compliance" of the patient as well as "proper record keeping" by the administrators, and indirectly led to a long, expensive course of therapy.

Challua eventually produced sputum-negative tests and was no longer required to take large quantities of drugs, but until he improved, he was a pathetic example of what could happen if patients did not get prompt attention and did not maintain their therapy regime. As an elected officer of the Comuna San Jacinto and a recognized spokesman for native peoples, he was known to public health, Dominican, and Red Cross representatives, all of whom told us that Challua's case was a "typical Indian problem; the indigenous people just don't understand modern medicine and the need to pay for it." As we saw it, Challua understood all too well the nature of the system that blocks access to modern, supposedly free treatment of a debilitating, communicable but curable modern disease.

Clearly, economic, political, and ideological forces converge on the interface encompassing part of indigenous and nationalist lifeways in eastern Ecuador. This convergence of forces profoundly affects the attempts of native peoples to make rational decisions regarding their quest for modern medical treatment of illnesses emanating from Western society's penetration of the tropical forest-riparian-swidden ecosystem. We will now sketch some of the

manifestations of economic, political, and ideological forces that seem most apparent in this zone of Amazonian Ecuador, to try to sharpen our perspective on difficulties with medical care delivery to native peoples. Special attention is given, in this brief discussion, to forces that block access to the very medical systems established to alleviate the disastrous consequences of new diseases and disease vectors impinging on a healthy, vigorous population of native Amazonian peoples.

### Forces That Deny Direct Access to Medical Treatment of Native Peoples

#### Racism

This force stems from the insistence of nonindigenous peoples on an innate "indianness" to rational decision-making processes. One illustration is the assertion that getting to a clinic late is a "typical Indian problem." The truth in one "typical" case is that the person arriving one hour late did so because the bus on which he had to travel was two hours late. In this case the rational strategy of the indigenous person was to arrive an hour early; tardiness due to breakdown in national-regional bus service viewed as "an Indian problem" stems from racism. Another common assertion of an "Indian problem" is that of the person in question avoiding the very clinic that should provide the best treatment or the cheapest medicine for his affliction. The rational reason behind such avoidance usually involves the fear of having to pay a prior debt before receiving free government medicine or before receiving treatment on, say, an emergency basis.

#### Reformist Zeal

The zeal to reform indigenous ways rings loud and clear from military personnel, national developers, and health service professionals, as well as from overt religious evangelists. It is obvious in intent, devastating in impact, and is frequently delivered through gratuitous lectures: lectures about the need for "proper" nutrition, without first accounting for present nutritional intake and balance; lectures discouraging the drinking of chicha and promoting the substitution of fresh milk (from cows lacking tuberculosis immunization); lectures urging people to lead a "good family life" and to forsake shamanic diagnosis (often linked to reciprocal vendettas) and curing. But the most common message of all is the insistence that the native person who wants to participate in the "modern" world must first and foremost "learn the value of money."

#### Economic Structure

Almost no indigenous person can afford the treatment as administered by modern physicians under modern conditions; at least, payments can normally be made only over a fairly extended period of time by diverting meager resources into prior "cures" while other immediate financial obligations compete. When illness strikes, there are very few Runa who have on hand several thousand sucres to pay for emergency treatment or an extended hospitalization. We know of people who have died because snakebite antivenin was withheld when hard cash was not immediately available. We know of children who have died because they were taken out of a hospital due to mounting expenses--in one case the child was removed by a Protestant evangelical missionary; in another, by the recommendation of a powerful shaman; in yet a third, by a Dominican nun--but none by the recommendation of attending physicians.

No one escapes this system. If one pays for treatment "on time," such payments can strip family, clan, and in-laws of everything they have built up. In the case of communicable diseases, if people wait until they have accumulated some extra money before seeking help, they may reach the point where other family members and neighbors are ill or dying; the overall cost soars even more and treatment, of course, is less effective. When they seek help early and then try to pay later, they run head-on into the set of stereotypes about "typical Indian problems." They face the risk of damaging their reputation and that of their family, *llacta*, and *ayllu*. Hence, the lessened efficacy of modern medical treatment for inevitable subsequent illness.

### Communication

Ideological forces configure dynamically in patient-doctor communication. On one side is a Runa who has an illness which, according to native ideology and classification, stems from a malevolent source of cosmic power. The patient's suspicions have been confirmed by the diagnosis of a shaman. On the other side is the Western physician whose scientific training and battery of diagnostic skills and techniques preclude cosmically powered etiologies.

As shown in the paradigm on page 30, a patient suffering an affliction visits a powerful shaman, *sinchi yachaj*. After several sessions of curing and discussion between the shaman and client, within a context of warm, familiar relationships and through a promotion of image mastery by the use of the psychotropic substance called *ayahuasca* (*Banisteriopsis* species, with N, N-dimethyltryptamine as a powerful, fast-acting hallucinogenic substance), the shaman diagnoses Western illness, frees the patient of spirit substances contaminating him, and, in effect, cleanses him for the "trip" to a clinic and exposure to new forces of harm and health. The patient then expects two things of the Western physician: knowledge and its application. He assumes that this knowledge is integrated with Western imagery; indeed, he has been told that the physician's skills are acquired during a long period of study, corresponding, in effect, to the Runa synthesis of individual thought and reflection with other cultural knowledge.

When physicians stick to their lists of questions about symptoms, probing to uncover diagnostic factors congruent with their background in medical school, the Runa patient is content. This is true even when the patient does not know why he is being asked these questions. In fact, he does not expect to know why the questions are being asked, because he knows he has entered another domain of curing due to the nature of the illness or affliction which he is suffering. The patient often begins his list of symptoms, however, by reference to his own cultural context. He says, for example, that he has a *dolor de barriga*, stomachache, translating figuratively from the Quichua trope, *manalli shungu* (in this context, "weak will"). Here there is need to transform the patient's rhetoric from his own system of classification to that of the physician. In the absence of a competent cultural broker (ideally, an indigenous paramedic), the only transformation possible comes about as the physician explores multiple possibilities, questioning, for example, about night sweats, coughing, occasional "taste" of blood, and then moving outward toward listlessness, fatigue, and tingling in the legs and sometimes arms, especially in the hands and feet. When such an examination is performed, and when tests such as feces, blood, sputum, and perhaps x-ray follow, the patient is catapulted into the new domain such that he responds more directly about his

physical symptoms than he did in his initial presentation. When, following such an examination, a physician makes a diagnosis, explains it, and prescribes Western medicine for it, compliance is remarkable.

Runa patients study the style of the physicians and report back with remarkable precision to their friends, kinsmen, and neighbors as to the nature of the sojourn into the domain of the Western doctor. Because of such extensive feedback, many patients eventually come to the physician with a flat statement about the nature of their illness. "I have tuberculosis," "I have malaria," or "I need vitamins" are among the most common initial self-diagnoses of illness. This is one context in which racism, economic structure, and reformist zeal impinge severely on communication. More often than not, physicians take such a diagnostic conclusion on the part of their indigenous patient as a special challenge and at times seem actually bent on proving the patient wrong. The long period of intracultural indigenous diagnosis based upon repeated observations of symptoms and upon Western physicians' diagnoses of the symptoms are not considered. In the cases found in the Sacha Runa Research Foundation records, patients or shamans have been correct in the (ultimate) diagnosis of serious illness (e.g., tuberculosis, malaria, amoebiasis) as often as the Western physician, but it has sometimes taken trips to three or more physicians before the Western diagnosis was made.

The most serious warp in the intercommunication process between Western physicians and Runa patients occurs when the physician has gained some information about Runa cosmology and ethnomedicine and plunges from his system of classification into that of the Runa. This is often done in jest, but the warped encounter invariably has serious implications. For example, we have seen some physicians with but a few weeks of experience in Amazonian Ecuador, and some with years of experience there, turn to their "magical" x-ray machine, move it into position as the Runa patient watches, and say, "Now we're going to see everything inside of you." Or worse, from the Runa standpoint, the physician says, "Now we're going to see if there are any spirit darts in there." By so doing, the Western doctor invokes a deadly serious intracultural Runa domain of illness and potential death which is usually handled within the native shamanic curing session. He appears to compete with the shaman's power, and by so doing he negates his own competence. By diverting his Western knowledge into an indigenous conceptual realm, the Western physician compromises his own special knowledge and lays his eventual diagnosis open to severe Runa questioning and doubt. Noncompliance by the patient is most common under such circumstances.

To summarize, indigenous people seem, above all else, to want Western physicians to apply Western knowledge, gleaned through their Western system, to a Western illness. They wish them to confine their diagnosis and prognosis to domains known to Western science, for which the Runa, in such contexts, seek professional advice. The entry of what was to become the Sacha Runa Research Foundation into the decision-making process of whether or not to seek highly professional medical attention during grave illnesses stressed two factors: (1) using our money as a back-up where other funds were not available; and (2) encouraging earlier use of professional medical help to thwart a tendency to wait until death might be imminent.

#### CHAPTER 4: DEVELOPMENT, OPERATION, AND ASSESSMENT OF SRRF-RUNA MEDICAL CARE DELIVERY PROGRAM

As stated briefly in the preface to this document, the Sacha Runa Research Foundation is a not-for-profit corporation, incorporated in and under the laws of the State of Illinois in January 1976, and tax exempt under the statutes of the Internal Revenue Service of the United States [Section 501 (c) 3]. The Foundation is operated under bylaws and is administered by a Board of Directors who serve without compensation. The most succinct statement of the "character of the affairs which the corporation is acutally conducting" is that filed in the Annual Report to the Secretary of State of Illinois: "The corporation conducts scientific research, maintains a medical care delivery program, promotes recognition of contemporary artistic artifacts, and disseminates publications and research reports about ethnically identifiable people of Ecuador."

Because our intellectual interest in the Puyo Runa has been intricately linked to their health and illness concerns almost from the beginning of our extended involvement there, the two basic purposes of the Foundation--scientific research and the medical care delivery program--are equally important. Neither of these goals could be fulfilled without the support of publications, lectures, and exhibits, through which an outer world has become acquainted with Canelos Quichua culture and contemporary technology and aesthetics from this sector of Upper Amazonia. In this chapter we turn to the operation of the medical care delivery program, its financing, and its relation to ongoing research.

##### Development of the Medical Care Delivery Program

The system of medical care delivery is based on a self-financed program through which indigenous people exchange their handmade products for medical care, with the SRRF serving as the intermediary of exchange. Medical services are provided mainly by the staff of Hospital Vozandes (officially named Epp Memorial Hospital), Shell, Ecuador. This hospital was chosen by the native people as the most reliable medical resource in the area in 1970, and they have continued this choice to the present time. Foundation bylaws are flexible in allowing us to change facilities or to work simultaneously with other suitable medical agencies selected by the people. The following discussion deals with the SRRF-Vozandes program as it has evolved. Other facilities are mentioned from time to time as they were used by some people.

As discussed in preceding chapters, the program grew from congeries of events, often coincidental and makeshift. The earliest cases tended to be dramatic, because the persons had critical medical problems, received the right care at the right time, and made rapid, visible recoveries. After several such instances, word spread about the cures. Success advertises itself, and a handful of successful cures between 1971 and 1973 indicated to many other people what we could do in return for their willingness to let us conduct research among them. These first patients helped to alleviate others' fears of the gringo hospital as a place merely to die. Although the hospital still loomed as a confusing and expensive facility, people recognized that it had

nurses and doctors who listened, understood, and cured, and who lacked stereotypic attitudes frequently displayed by some Andean physicians.

It would take time to learn new routines, to overcome frightening images and to work out a system for inclusion in the program. From the outset, however, the idea of reciprocity was quite clear in the minds of those requesting and receiving medical care. The Puyo Runa emphatically did not want charity. They sought and received assistance which they repaid with ceramic or wood products valued in their culture. Later on, some men repaid a mother's or wife's bill in cash earned from contract labor at an oil camp.

We regard 1972-73 as the initial year of the program, since this was when Runa requests for medical assistance were first formally met through a small budget in our NSF grant. This budget was intended as an alternative means of paying "informants' expenses"; we frequently thought of it as a sort of workman's compensation. As such, one might naturally expect it to be used primarily by those with whom we were most closely associated. Yet during the fall of 1972, there were only two requests for Vozandes outpatient service and one request for payment of a prescription obtained elsewhere. All were from people we had known previously, two from comuna hamlets far from where we resided, and one from an area about 45 miles east of the Comuna. During 1973, outpatient clinic use amounted to 44 cases and there were only three hospitalizations; all were distributed around the Comuna San Jacinto with the highest clinic use (18) coming from an area where the presence of tuberculosis among several patients set off waves of fear. Actually, tuberculosis accounted for half the clinic visits, including treatment of active cases and tests for their families. The prevalence of tuberculosis ultimately led to listing it as the first medical priority in the Foundation bylaws. These early hospitalizations included one tubercular child and two emergency snakebite patients--a continuing problem which was the basis for the second medical priority, emergency treatment.

The program was inactive during 1974, a year in which we made no trips to Ecuador. We returned for the summer of 1975; along with our academic research interests, we intended to work out a viable plan for Runa to receive medical care in our absence, on their own terms and financed by their own efforts. We had received several letters requesting help with medical bills in 1974, and on our return we were met with a number of "stored up" requests, people waiting for nonemergency treatment because they lacked ready cash.

We arrived in Puyo on Sunday, May 25; during our first walk around town to greet friends, we arranged to meet five people at Vozandes the next morning. At least ten people awaited us there, foretelling much of the summer's activities. Sibby quickly resumed the practice, begun in 1973, of helping women meet their medical needs by directing them to the appropriate resource and accompanying them there when possible. The main resources at that time were the Dominican Mission's Policlinico, run by North American nuns, and Vozandes, run by North American Protestant missionaries. The nuns, one of whom was an obstetric specialist, and the physicians had built up a smoothly working referral system that directed women to the Policlinico for free prenatal care and inexpensive delivery (if they wanted it) and to Vozandes if there were complications in the pregnancy. Women who had been to the nuns' clinic frequently brought other female relatives there; the nuns were also widely known because of their visits to many of the Runa communities. A trip to their clinic was therefore neither novel nor anxiety producing. It was quite the

opposite for a pregnant woman to have to face the ordeal of going through Vozandes' bewildering admission procedure to be examined by a gringo doctor and then have to pay good money for this experience. By going to the familiar Policlinico, then to the strange Vozandes and sometimes back to Policlinico with several women, Sibby's "medical brokerage" role helped these women to overcome existing fears and gain some confidence in the Vozandes physicians. Once again, successful treatments were widely discussed, and each retelling helped to make treatment at Vozandes seem more acceptable and less formidable. This work with women established the basis for the Foundation's third medical priority, maternal and child care.

By the end of summer 1975, the Runa had persuaded us to sell their ceramics in the United States and to use this money to pay for continuing medical services through Vozandes. We reached a "gentleman's agreement" with the physicians and business manager to support the regular outpatient expenses up to US\$50 a month (an average of past costs) and to underwrite what we could of hospitalizations for emergency and maternal and child care. Payments from funds generated by the sale of ceramics would be sent directly to Vozandes' home office in Opa Locka, Florida. During this trial-and-error period, it was impossible to predict who or how many would want to use the program. To keep it as open as possible, we agreed that people could come to the admissions office, identify themselves as natives of the area, and request medical attention through the Whitten program (the Foundation was as yet unnamed). The admission clerks would record the patient's name, residence, and fees, and a statement would be sent to us periodically. Patients could, of course, pay any amount of their bills they were able to; the program was designed to supplement personal payment and other public sources such as Policlinico or Public Health. Very high hospital bills were to be negotiated between us, the hospital's charity fund, and the patient's family. The system worked smoothly, without any evidence of fraudulent self-identification or overuse. Simultaneously, the Randichina Huasi of the Sacha Musiu was to develop its own system of sales and medical payments on the Comuna San Jacinto.

Norman returned to the Puyo area in summer 1976, after the Foundation had been incorporated as a not-for-profit organization, and spent considerable time going from community to community to explain its formation and purpose. This was rehashed in numerous small discussion groups, frequently with native spokesmen explaining the entire program to others who had not learned of it. Not only was there a great deal of interest in collaborating with the auto-financed medical care delivery program both through the SRRF and the Sacha Musiu, but a number of younger men and women expressed a strong desire to obtain training in "jungle nursing" through the auspices of the Foundation.

While we kept our records of those who wanted to participate, we did not leave a list at Vozandes because we felt this might be too restrictive, that people might not receive attention if their names were not on a list at a time when the program was still expanding. The growing number of people receiving medical care in Ecuador was matched by increased appreciation of Canelos Quichua ceramics in the United States, and all bills were paid by the sale of ceramics or other artifacts. Pleased with the apparent success of the program, Norman returned to Puyo at the end of December 1976, to learn that the account for that month had gone completely out of control, with high bills for a number of people unknown to us or to any native Puyo Runa.



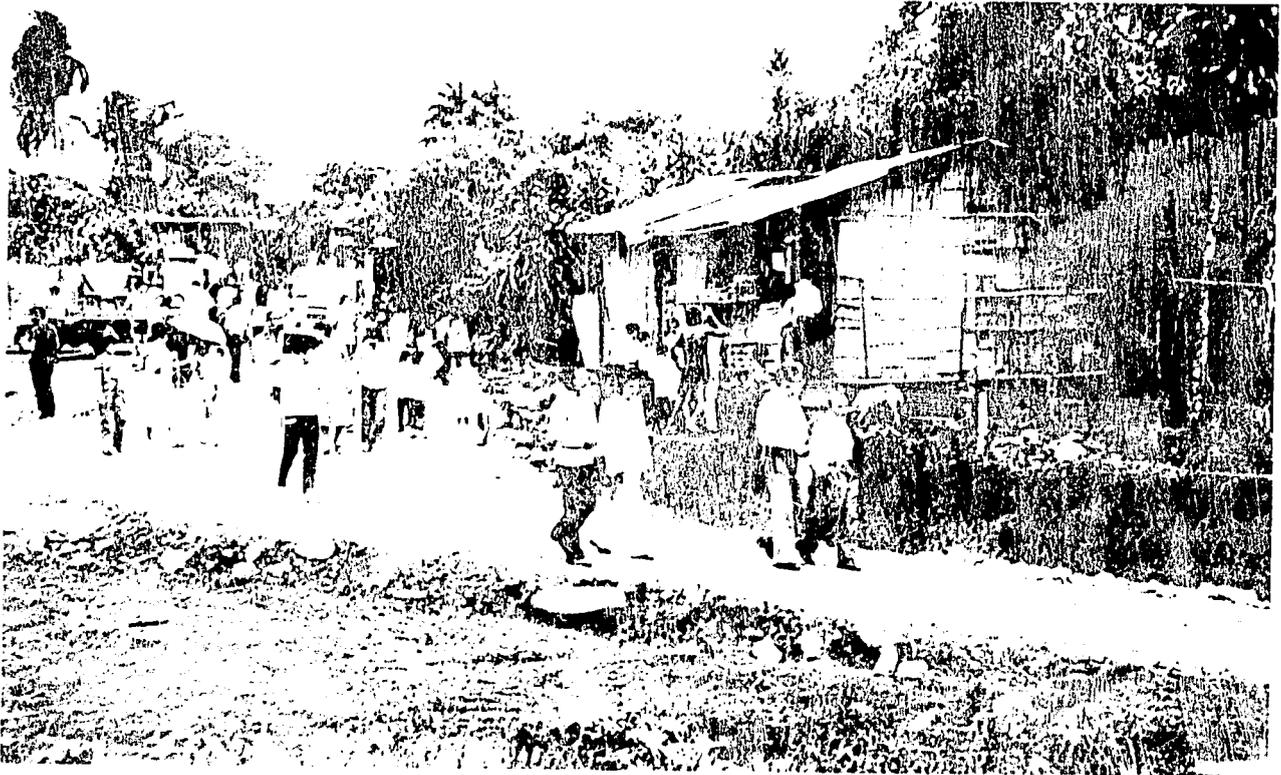
The late Soledad Vargas V. making blackware forms (1982)  
now largely replaced by aluminum and plastic.



Clara Santi S. and niece making effigy figures for festivals and for sale.



Sacha Musiu, Nucleo Rio Chico, 1975.



New road through above site, 1982.

It was clear that the Puyo Runa themselves had become very unhappy with the system of self-identification as the basis for receipt of treatment. Their complaint was that missionaries not formally attached to the Hospital Vozandes were serving as brokers, asking indigenous people to come to them prior to entering the hospital for consultation and treatment, and then using the receipt of medical treatment as an opening wedge for evangelical activity. One powerful indigenous shaman who had numerous contacts with national nonindigenous people also found a way to turn a profit by abusing the program. He simply took patients who came to him for spiritual curing to the Hospital, charged them a fee, put them on our program, and then asked them to return to him for more of his own curing following treatment at Vozandes. He even expanded his operation in Amazonian Ecuador by these activities.

Norman learned from the Vozandes Hospital Administrator that the "open policy" was no longer working, that the staff could no longer sort out the real Canelos Quichua and Achuar from the mass of people in the area seeking (and receiving) medical care by reference to the Foundation's program. The very same complaint was made by Puyo Runa participants and especially by members of the shaman's family. An additional problem had also emerged when the administrator stated that his headquarters, World Radio Mission Fellowship, was not forwarding funds regularly paid by the SRRF. Rather, the funds were apparently going into a general Vozandes account which did not specify indigenous people as beneficiaries. Finally, one missionary had volunteered to manage the Sacha Musiu if he could build an evangelical chapel in Rio Chico.

During the month of January, Norman worked with the Hospital Administrator and the Canelos Quichua and Achuar to devise a plan that would be mutually satisfactory to health care deliverers and to recipients. From the standpoint of the indigenous people there was still unanimity that the Hospital Vozandes medical personnel were the only reliable physicians and nurses to whom they could turn for necessary attention (by 1976 the Policlínico maternal care system was no longer operative). They insisted that a list of names of all participants in the program be drawn up, and that this list serve as a guide for accepting individuals at the hospital. Together with the native peoples, Norman developed such a list, leaving it "open" in the sense that anyone on it could bring in other patients.

The Hospital, for its part, absorbed some obvious overcharges to the SRRF account, and the Foundation paid for the abuses of the powerful shaman. The shaman's family moved rapidly and effectively to reimburse the Foundation through ceramic gifts of substantial value, many of them obtained by the shaman himself for his curing. The hospital also agreed to issue a memorandum to resident missionary personnel to the effect that our secular program of medical care delivery was in the hands of indigenous spokesmen and that under no circumstances were missionaries to intervene in any manner whatsoever with the operation of the program. As a result of a series of detailed letters between the SRRF President, the WRMF home office representative, and appropriate Vozandes officials in Ecuador, all SRRF funds were placed directly into the SRRF account administered by Epp Hospital, Shell, Ecuador, to be used only for medical care for native peoples.

The entire program was further consolidated during May-June 1977, when Sibby reanalyzed all SRRF patient accounts in the Vozandes files, corrected names, places, and even some medical data, and integrated the archival materials and current notes with the Foundation's list of Canelos Quichua-

Achuar potential recipients of medical care. In consultation with a number of participating Runa, we designated three families as contact or referral sources; that is, they could bring in people not included on the list for medical treatment. On every subsequent visit to Ecuador, the registry has been checked and brought up to date. The number of participants in the program has grown steadily; there are now 125 households, or approximately 900 people, formally included in the registry, and currently there is at least one referral family in every area of Puyo Runa territory. This puts the program on a much more solid management basis than previously, although we personally regret that the original open-ended plan did not survive.

### The Vozandes Clinic

The Vozandes Hospital and Clinic are housed in an L-shaped frame and cement block structure, the hospital and clinic each occupying one wing. The outpatient clinic includes the office of the administrator; the combined admissions and accounting units; emergency treatment room; four physicians' examining rooms; a medical records room; a pharmacy; a laboratory; an x-ray room; a lavatory; and a waiting room. At times, the chaplain has had an office in the clinic wing. As a rule, the medical staff consists of one Ecuadorian doctor and two North American doctors, frequently with a second Ecuadorian doctor serving a one-year residence to fulfill his or her rural service obligation, and sometimes an additional visiting physician who donates vacation time. In addition, full-time staff includes a laboratory technician (who doubles as a radiology technician), a pharmacist, an examining nurse, a records clerk, and an admissions clerk. Any of these positions may be aided from time to time by visiting personnel from Ecuador or other countries, as may the regular hospital nursing staff of four to five. Physicians balance their time between clinic and hospital duty. Hours for consultation in the clinic are from 8:30 to 11:00 A.M. on Monday, Wednesday, Friday, and Saturday, and from 1:30 to 4:00 P.M. on Tuesday and Thursday. To be examined by a physician, every patient except emergency cases must go through the following admissions routine:

1. Line up, from half an hour to an hour early, to wait for the admissions office to open; when it opens, jostle for position in line to buy a **turno** for **consulta** (an examination fee) and to receive a ticket showing the patient's admission number. For people in the SRRF Program, this means identifying themselves by name and home community, and also identifying the name of a child or other person brought in for treatment—and stating that they are part of "el programa Sacha Runa," or more simply, **el programa**," as they call it.

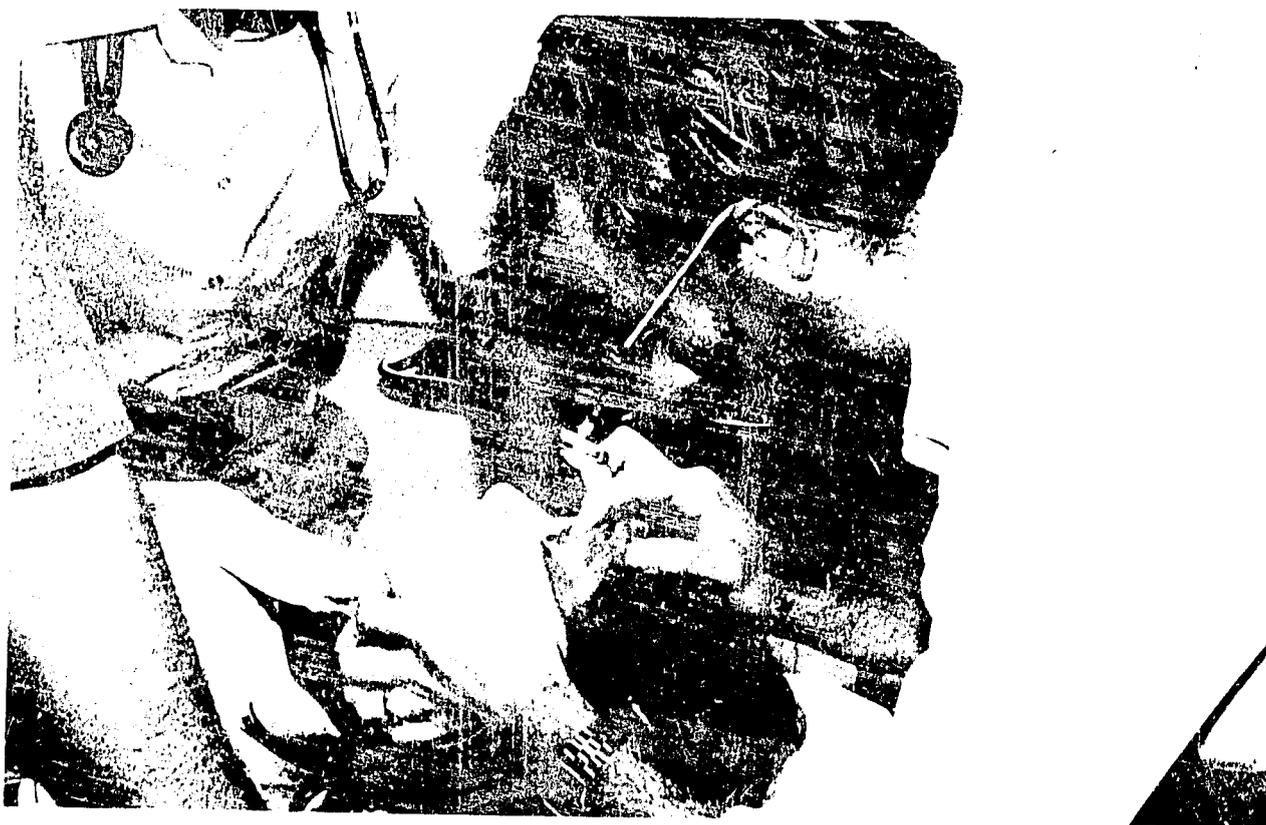
2. Take the ticket(s) to the **Ficha** (record) office to be logged in an existing or new patient data file. After the record is found or a new one made, the patient's ticket showing his name and number is attached and files are taken across the hall to the examining nurse's booth. Patients move to the waiting room.

3. Wait to be called by the examining nurse, who usually arrives after a number of files are ready, to have weight, temperature, and presenting symptoms taken and recorded.

4. Return to the waiting room until called for the physician's examination.



Waiting for a physician's arrival, Hospital Voz Andes del Oriente, Shell.



Physician removing a splinter from an eye.



Next in line for an x-ray.



Prescriptions are filled with advice from the physican.

5. Go with the physician to the examining room where he obtains more information about symptoms, examines the patient, then orders x-rays or laboratory tests, or prescribes treatment if no tests are needed.

6. If x-rays or tests are to be made, take the physician's order to the laboratory, where the technician directs the patient back to admissions/accounting to pay for the test or to have the fee recorded on the SRRF Program. Return the cancelled (paid) copy of the order to the lab, where, according to what is needed, the technician instructs people to wait outside the x-ray room, or draws blood samples, or gives containers and instructs people how to obtain sputum, urine and stool specimens and return them to the lab. X-rays are usually taken after the first rush of other tests is over.

7. Return to waiting room, wait for tests/x-rays to be analyzed and sent to the doctor. After he receives the results, he calls the patient back to the examining room to explain the problem and prescribe treatment.

8. Take the prescription to the pharmacist, who checks it, writes out a bill and directs patient to take the bill back to the admission/accounting office, where the prescription is paid for or recorded on the SRRF account. The patient takes the cancelled copy back to the pharmacy and receives the medicine. If the pharmacy is out of certain medicines, the patient is given the prescription to take elsewhere, most likely a Puyo pharmacy, to be filled.

This system of admission may seem straightforward as presented above, but consider it from the standpoint of moving through 15 to 20 patients on the Foundation list, and an equal or higher number of other patients, some of whom are a bit disgruntled because they think Runa are getting free medical care. Add to this scene the absence of one physician and a couple of accident victims brought to the emergency room in mid-morning. The potential or actual confusion at each step of the process becomes compounded by the sheer number of people competing to see a doctor.

To begin with, Runa who are there for the first time are apt to be shy and linger outside the building, waiting to be invited inside (in keeping with the prevailing canons of etiquette set by "urban, civilized whites" for "jungle, heathen Indians"). At the admissions desk, there may be misunderstanding about names; is it the mother, her child, or both who seek treatment? Confusion again occurs at the records office, as when a patient once registered by her maiden name now identifies herself by her husband's surname, or someone formerly known by his first name, "Carlos," now uses his middle name, "Benjamin." Remembering birthdates that were never accurately recorded, or the date of an earlier visit to the clinic, adds to the problems at the record office.

After the ordeal of registration, on top of a long trip to the clinic, people are likely to go outside for a breath of fresh air, or to get a snack at a little store across the road, or to use the latrine. If their names are called while they are out and they do not scurry back immediately, they must wait for the next opening. Then, after seeing a doctor and going through any necessary tests, the wait for test results and a prescription seems even more tiring and frustrating as the clinic becomes more crowded, the day wears on, and perhaps the last bus to the edge of their territory is due to depart momentarily. By now, patients line the hallway, each trying to catch the doctor as he emerges from one room on his way to consult with another

physician, to study an x-ray, or to examine still another new patient or finish up with one seen earlier. Each patient is likely to be accompanied by one or more relatives who add to the general hubbub--as do the Whittens, who confess that they have learned to take advantage of the informal hallway communication system, where a few quick words with a doctor saves untold waiting time.

Most Runa patients have become familiar with the routine and have no problems; some, in fact, guide other first-timers through it step by step. But it is possible to lose patients at any one of these steps through confusion, misunderstanding, and their resulting anger or apprehension over what they perceive to be happening. We have observed patients become upset because they did not get medicine when there was no clinical evidence of illness, and we have seen others reach the last step, then casually tuck the prescription into a pocket or wallet and walk off, not realizing that their medicine should be obtained in this pharmacy and not elsewhere. Some of these latter cases lacked a full explanation, while others seemed to expect the doctor to hand them medicine and instruct them in its use (which sometimes happens). Fluency in speaking Spanish and comfort in interacting with nonindigenous Ecuadorians do not appear to be the deciding factors in misunderstandings. We have seen equally fluent people react differently: some become quite confused over details, while others learn "the system" perfectly and routinely instruct and help others.

Except for emergencies, including imminent childbirth, hospital patients go through the same admission sequence and are hospitalized only after being seen and referred by a physician.

With this background in mind, we turn to the assessment of medical care delivery among participants in the Program.

### Assessment of Medical Care Delivery

To assess the effectiveness of medical care delivery within and beyond the Comuna San Jacinto, data were compiled from the earliest records kept by ourselves and from Vozandes bills from 1972 through May 31, 1982. Hospital statements through 1976 included the patient's name, date of treatment, and expenses for the consultation or examination, laboratory tests, x-rays, and medicines; extra costs for hospitalizations were added when they occurred. By 1976, the statements also indicated patients on the tuberculosis control program and (as a rule) reasons for hospitalizations. After we provided a registry or checklist in January 1977, hospital statements gave the patient's place of residence. Records prior to 1977, therefore, had to be reconstructed in the sense that data regarding residence and tuberculosis treatment had to be retrieved from our fieldnotes, genealogies, diaries, and personal knowledge of various people and their kin.

Tabulations were made of all treatments and costs, for each community (hamlet and llacta combined) year by year. Totals were transferred to a master data chart indicating numbers and costs of clinic (outpatient) and hospital (inpatient) treatments, for all areas served, year by year. Totals were separated according to communities within the Comuna San Jacinto and other communities outside the Comuna, and communities were ranked according to total number of treatments and costs and to an indicator we call overall cost index.

The overall cost index is simply the average cost per treatment unit for a community for the overall period 1972-82. Treatment unit refers to a recorded visit of a patient to the Vozandes clinic or hospital. A "treatment unit" corresponds closely but not identically to a "patient unit," in that one person receiving treatment more than once during a given billing period is recorded and charged for each separate visit. Thus, one person charged for two visits and treatments during a month would account for two "treatment units." We estimate that this is not significantly different from an individual patient count, because we know that some visits go unrecorded; for example, a young mother seeking medical attention for herself may also receive treatment for the baby she carries with her, but the baby's medicine is charged in the mother's name and only her name is put on the SRRF account.

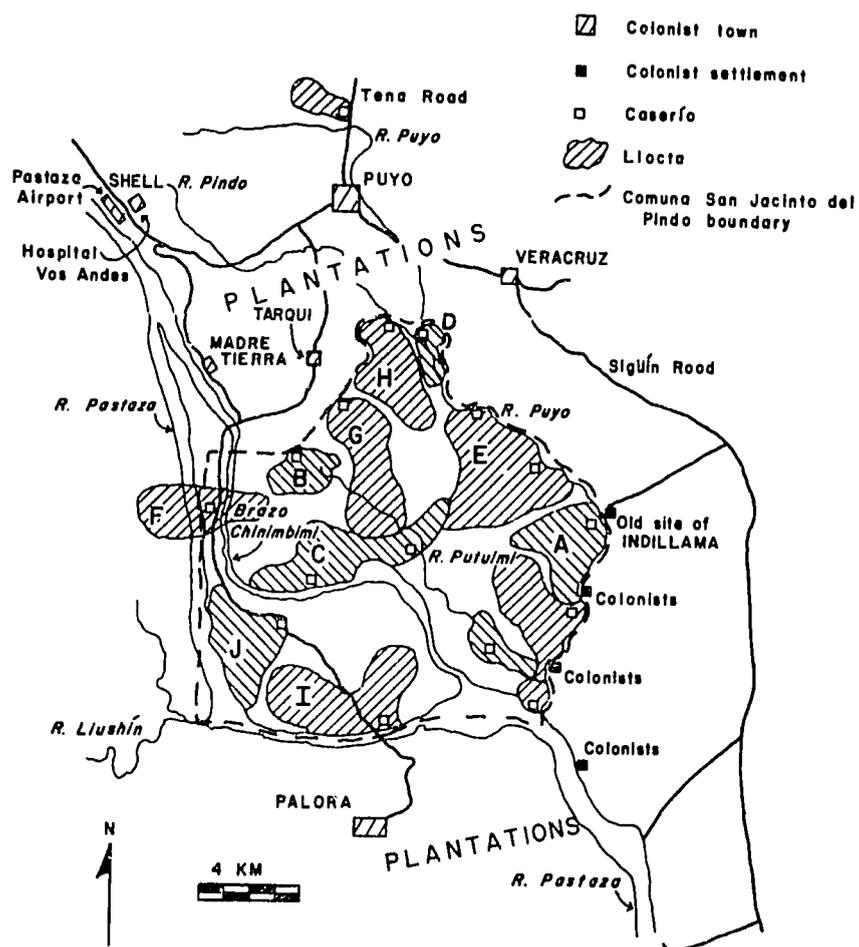
Although clinic records provide descriptive statistics of a known, finite, describable population, they alone are insufficient to assess adequately the distribution of health care. We therefore examine the clinical data within the context of salient demographic features of each community, taking into account accessibility to Puyo and Shell, and hence to modern medical facilities, as well as relative size and mobility of the populations.

Certain practices give an ebb and flow to the Canelos Quichua life that make it extremely difficult to obtain an exact census. Men sometimes go off to work for cash wages, for varying periods of time. Young adult sons move into the rain forest to establish their own homesites, and when they marry, the husband and wife often divide their time between this new site and a parent's residence. An entire household may be away "on purina" (Whitten 1976) for months at a time, or a family from farther east might visit relatives in the Comuna, staying months at one home and then moving to another or even putting up a temporary house. Finally, there is a seemingly inevitable time when a community fissions, its residents realign loyalties and relocate their homes. For all of these reasons, we do not attempt to give exact census data but rather use school enrollments as an index of estimated base populations of the communities, relative to one another. Once again, we point out that we are dealing with descriptive, not theoretical, statistics.

#### **Medical Care Delivery within the Comuna San Jacinto del Pindo**

The medical care delivery program was developed in collaboration primarily with the people of the Comuna San Jacinto and they have received the major portion of the benefits. The analysis concentrates first on the Comuna and then on other areas. The accompanying map shows the location of Shell, Puyo, and the communities of the Comuna. The SRRF Program involves ten of these communities; two others, Puyo Pungo and Encañada, have other medical resources and so far have chosen not to participate in this Program.

Table 1 shows the distribution of treatments and expenses and the overall cost index from 1972 through mid-1982 for each participating community. The ten communities were coded A to J in the order of their overall cost index ranks. The profiles of the communities are presented in alphabetical order (except for I and J which are included with F); each is examined in terms of the balance of the cost index to total treatments, the weight of clinic versus hospital treatments and costs, and the prominence of tuberculosis.



Map 4. The communities of Comuna San Jacinto del Pindo, 1982.

Table 1  
Distribution of Medical care within Comuna San Jacinto del Pindo, 1972-1982

Community	Clinic	Treatments		Expenses	
		Hospital	Total	Total	Average*
A	37	9	46	s/43,402	s/944
B	8	2	10	6,742	674
C	57	8	65	33,301	512
D	106	12	118	57,652	489
E	31	6	37	16,226	439
F	41	3	44	14,461	329
G	225	26	252	72,292	287
H	138	15	153	41,180	269
I	19	1	20	5,238	262
J	162	12	174	39,519	227

\*Average=overall cost index.

## Community A

**Table 2**  
Community A, hospital and clinic treatments (with TB %) by year

1972-73	1975	1976	1977	1978	1979	1980	1981	1982
	2	1	1		8	12	16	6

Community A, with the highest overall cost index (s/944), shows a low number of total treatments (46). This community is not only one of the most distant from the hospital but depended on foot and river travel until the extension of a new road in the late 1970s provided relatively easy access to outside towns. With a judicious combination of crossing a river by canoe, walking a couple of miles up a sharply rising service road, and then catching an occasional bus or passing truck, one can now reach Puyo from community A in two to three hours. Its school, built in 1973, has usually registered between 12 and 16 students. By 1981, there was enough demand for adult education (reflecting a steady population growth) to warrant building a second school, although we cannot say how well this is attended.

From 1972 through 1978, only three people requested and received clinic treatment. Another person was hospitalized with a bone fracture with complications. Since 1979 clinic visits have been more regular, if not frequent, while eight hospitalizations accounted for the bulk of costs for this community. All hospital cases were for serious illnesses or accidents. We have no record of active or suspected tuberculosis cases here.

In the early years, only one couple requested that their names be included in "the list," though they scarcely used the medical facility until recently. This couple was, and still is, designated as a "contact source." They are authorized to bring other persons to Vozandes, and they have done so. Most people from this area, however, seem to prefer to await our visits, then ask for referral, and if possible arrange clinic trips en masse when one of us plans to be at the clinic. Perhaps increasing familiarity with the clinic routine and better transportation has led more people to ask to be added to the registry, which now includes eight households from this dispersed community.

## Community B

**Table 3**  
Community B, hospital and clinic treatments (with TB %) by year

1972-73	1975	1976	1977	1978	1979	1980	1981	1982
				3(100%)		2	4	1

Community B has the second highest overall cost index (s/647), but this appears to be a function of having the smallest number of treatment units (10), two of which were costly hospitalizations. It is one of the most recently established *caseros*, lying tucked away beside the highest mountain on Comuna territory. This remote location posed long, hard jungle treks for residents to reach any roads to towns until 1981, when a new road was cut to and beyond the *caserio*. The construction crew did them the extra favor of making an access road right to the edge of their plaza.

The first clinic cases from community B occurred in 1978 and again in 1980. Not coincidentally, the next were seen in 1981, after construction of the new road. Active tuberculosis had been reported here previously but tests in 1981 were negative. To date, only three households have asked to be included in the program. This community is now serviced by periodic visits from a public health team which gives immunizations and dispenses medications for residents' self-described symptoms.

This community has remained small for a number of years. Its school, established in 1977, has only six or seven students. It will be an interesting community to watch in terms of the effect of the new road upon population growth, illness patterns, and treatment preferences.

#### Community C

Table 4  
Community C, hospital and clinic treatments (with TB %) by year

1972-73	1975	1976	1977	1978	1979	1980	1981	1982
7(43%)	2		27(56%)	12(33%)	6(17%)	8	3	

This is one of the earliest communities established in the Comuna. In the early 1970s, some residents relocated when the community seemed about to be undercut after torrential rains caused a nearby river to change its course radically. Many of the original families moved again in 1976 to a more remote area where they were joined by a few related households from another community. A school established in the original community around 1968 or 1969 became defunct after the second community built and expanded its school, which has about 22 students and also holds night classes. People from this community have a two-hour hard walk to the nearest of the new roads penetrating the Comuna.

Without knowledge of certain patients' diagnoses and residential movements, it would be impossible to interpret the clinical data in Table 4. One patient who accounted for the 43 percent tuberculosis treatment in 1972-73 had moved away to live with a relative by 1975. Both the patient and relative, who also had chronic tuberculosis, returned here after the 1976 relocation. Repeated treatments of these two swelled the statistics for 1977 and 1978. The older patient died of other causes in early 1979, the younger died of tuberculosis in 1980. Thus, treatment of only two patients accounts for 40 percent of all treatments from 1972 through 1979. Eight hospitalizations,

several requiring surgery and long stays, cost far more (three-fifths) than the total clinic bill. The high overall cost index (s/152) does not reflect a high incidence of disease/illness in this community; rather it is produced by a combination of repeated treatments of two chronically ill patients and a few costly hospitalizations. Perhaps the very low number of patients seen from 1981 to the present is a more accurate index of the health of this community, for the remote location does not prevent residents from participating in sports, marketing, and other activities within the Comuna and in Puyo.

## Community D

Table 5  
Community D, hospital and clinic treatments (with TB %) by year

1972-73	1975	1976	1977	1978	1979	1980	1981	1982
		7(43%)	2	5	37(11%)	23(34%)	29(21%)	15

This community, also one of the earliest on the Comuna, is located at the end of a road built in the 1960s to market cattle, sugar cane, trago, and now tea. It has had the most direct access to outside towns over the longest number of years. Its population remains small and has been characterized by out-migration and some in-migration. Its school has about 14 to 15 students and is attended by children from other dispersed settlements and communities where schools have been closed. On weekends, the number of taxis, buses and trucks traveling the roads facilitates the trip to Puyo, but the actual walk takes about two hours. It is a walk that several young people make five days a week to attend secondary and technical schools in Puyo.

In spite of access to roads, and hence to Vozandes, residents did not use this medical facility (under the program) until 1976, and three of the six clinic treatments that year were for tuberculosis. The clinic was next used in 1978, for only five treatments, but the number jumped to 32 in 1979 and has stayed relatively high. Tuberculosis accounts for only 20 percent of overall clinic treatments, but frequent tests of tuberculosis patients' family members substantially increases the total clinic account. A disproportionate number of clinic visits are recorded for one household, a fact partially attributable to anxiety about contracting tuberculosis from relatives. To our knowledge, all tuberculosis cases in this community have been arrested or are under treatment. Reasons for hospitalizations ranged from gastroenteritis to childbirth to meningitis, but total hospital costs contributed only about one-fourth of total costs. The high (s/489) overall cost index of this community appears to be a result of repeated clinic treatments of relatively few residents.

## Community E

**Table 6**  
Community E, hospital and clinic treatments (with TB %) by year

1972-73	1975	1976	1977	1978	1979	1980	1981	1982
4(25%)	16(61%)	3	6			5	1	

The accessibility of community E to outside roads and town has not changed appreciably since we first visited there in 1968. To reach the nearest road, people must walk nearly an hour along a picturesque, well-maintained jungle trail, or pole a canoe up a river, which takes longer. The population decreased around 1975 or 1976, when several households moved to other communities and others relocated in the "second line" of their territory but kept their affiliations here. The school closed for lack of students five or six years ago, and a handful of children currently attend school in community D, an hour's walk away.

The population loss plus the remote location seems to be in keeping with the low number of total treatments (37). The surprisingly high overall cost index (s/439) must be attributed to hospitalizations which included several surgery and critical accident cases. People from this community were among the first to request Vozandes services, but after 1975 their clinic and hospital use became very limited--no clinic cases during 1978, 1979, 1981, and 1982, and only one hospitalization during these years. In 1975, a young tuberculosis patient from community C resided here with a tubercular relative in order to receive daily injections of streptomycin. The two went to the clinic together every two or three months, thereby inflating the clinic count for that year. By filling in the gap in the statistics for community C, we again demonstrate how one or two chronically ill patients can alter what may be regarded as an index of health or illness for an entire community.

## Community F, Community I and Community J

We discuss these communities together because they share the section of the Comuna that paradoxically has been the most heavily bombarded by external influences but is the most geographically isolated. This contradictory situation was created by a series of events, beginning in the mid-1960s when a service road was cut through the center of this territory and the mighty rivers that bordered it were spanned by a bridge (over the Brazo Chinimbini of the Pastaza) and by motor canoe anchored with cables across the Pastaza itself. The once inaccessible area became a strategic connection between tea plantations to the south and markets to the north. After two bridges were destroyed by the swollen, turbulent river currents, a **tarabita** (cable ferry) was built near the bridge site in the mid-1970s and traffic continued at a slower, more cumbersome pace. Years of colonist penetration and settlement led to bitter land disputes and conflicts within the indigenous families as well as against outsiders, some of them married to native people. Eventually, the situation culminated in an indigenous armed reclamation of the entire area. The resident population is served by one or two old trucks and a bus that

travel the length of the territory, but tea is transported from the south side of the Pastaza to the Sierra by other routes.

Table 7  
Community I, hospital and clinic treatments (with TB %) by year

1972-73	1975	1976	1977	1978	1979	1980	1981	1982
3	2	6 (17%)		1	3		2	3

The remoteness of community I seems to contribute to its low number of total treatments (20) and to its low overall cost index (s/262). Only one person from here has been hospitalized, at a reasonable s/1900. Comparison of this community with the equally isolated community B shows similar patterns of no active tuberculosis and very low use of Vozandes facilities. The differential factor that gives community B the second highest overall cost index and Community I the second lowest is the much higher rate of hospitalization of community B residents.

Table 8  
Community J, hospital and clinic treatments (with TB %) by year

1972-73	1975	1976	1977	1978	1979	1980	1981	1982
4(75%)	14(43%)	35(31%)	33(45%)	31(35%)	19	18(11%)	18	2(100%)

Community J, in the center of this area, has the largest population. The school population of 18 includes students from the other communities; adult-education night classes are also conducted. Among all communities in the Comuna it is second in the number of total treatments (174) as well as clinic treatments (162) and is tied for third in hospitalizations (12). Thirty-one percent of the clinic treatments were for tuberculosis. In spite of earlier fears that tuberculosis was rampant, widespread testing discovered only five or six active cases. Repeated clinic visits by a few active cases and frequent tests of their family members contributed to high clinic use. Overzealous concern for the health of kin, possibly reflecting an anxiety about threatened illness, seemed to lead a very few people to excessively utilize Vozandes facilities. Only two or three of the hospitalizations were tuberculosis related; other hospital cases included accidents, prenatal and postnatal care, and corrective surgery. Both clinic and hospital costs have been modest, so that for this community, total cumulative costs for a high number of treatments result in the lowest overall cost index (s/277) of the Comuna.

## Community F

**Table 9**  
Community F, hospital and clinic treatments (with TB %) by year

1972-73	1975	1976	1977	1978	1979	1980	1981	1982
18(72%)	12(83%)	1(100%)	1				7(57%)	5

People from this small community were the first to seek tuberculosis treatment (in 1973) through the Program, were the most concerned about its spread, and have been among the most conscientious in pursuing treatment and follow-up tests. Sixty-eight percent of the total 41 clinic treatments over the years were for tuberculosis. By 1976, one extremely ill tuberculosis patient had died, while several others--through their persistence in following medications, including altered drug therapy obtained through the SRRF Program--were declared clinically "clean," non-active. Subsequent tests show that they remain free of active tuberculosis. Three emergency hospitalizations in 1981-82 cost far more than all the previous clinic treatments, thereby giving community F an overall cost index of s/329, a modal figure that belies the low use of Vozandes facilities since tuberculosis was controlled.

This community recently relocated to a rugged mountaintop site within the Comuna, where it appears to be reconsolidating and rebuilding its population after some years of dispersement. Residents can now reach outside roads by foot, and while this may be difficult, there are no major rivers to cross. Only three households have asked to be included in the registry to date; one couple, authorized as contact sources, actively assists others not only from their own but from nearby communities to come to Vozandes. Future uses of clinic and hospital facilities will be interesting to follow.

## Community G

**Table 10**  
Community G, hospital and clinic treatments (with TB %) by year

1972-73	1975	1976	1977	1978	1979	1980	1981	1982
9	27(30%)	16(38%)	33(21%)	11	34(6%)	31(23%)	57(25%)	34(12%)

If we were to rank all the communities according to accessibility to outside roads/facilities, community G would, until quite recently, have to be third, following communities D and H. For a number of years, this community could be reached from a colonist village south of Puyo by a 30- to 45-minute walk along a hilly jungle trail. In 1978 road construction started pressing directly toward the community from an access road that passed through the same colonist village. Completion of a new concrete bridge in 1982 brought the road to the edge of the plaza, and further construction is planned.

Community G shows the highest number of total treatments, both in clinic and hospital use, together with a pattern of high use in 1979-80 which almost doubled in 1981-82. This seems to be largely related to increased accessibility, but we must also consider a rapidly expanding population and close association with the Whittens. Its population growth is reflected in the fact that its school used two buildings and needed two teachers for the 27 students who attended in 1982. Association with us influenced the residents' use of Vozandes directly, through our encouragement to visit a doctor when someone was hesitant to do so, and indirectly, through participation in repeated discussions of the modus operandi of the Program and of other people who had benefited from medical treatments.

There was very little use of Vozandes by community G residents until tuberculosis cropped up here in 1975. Until two active cases were brought under control by 1977, outpatient use increased, then dropped off drastically in 1978. New cases of tuberculosis appeared in 1980; testing, treatment, and eventual control are reflected in the upswing and decline in the percentages of all clinic cases treated for tuberculosis: 1980--24% of 29, 1981--26% of 53, and 1982--13% of 31.

The fact that this community, with the highest total use of Vozandes, has the reasonable overall cost index of s/287 (fourth lowest in the Comuna) exemplifies an expediency principle at work in medical care delivery. The combination of proximity to medical facilities and encouragement to use them seems to stimulate people to seek medical treatment more readily, thereby preventing the development of more serious illnesses requiring costly outpatient or hospital treatment. We return to this observation later.

#### Community H

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Table 11  
Community H, hospital and clinic treatments (with TB %) by year

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1972-73	1975	1976	1977	1978	1979	1980	1981	1982
2(100%)	39(28%)	22(23%)	34(44%)	20(35%)	16(38%)	4(25%)	12	4

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Community H, another of the oldest sections of the Comuna, would hold second place in the hypothetical accessibility ranking referred to in the last section. The ease of accessibility to outside roads has improved over the years, so that some residents can virtually step into a car at their front doors, while others need only to hike down a hill and cross a small river by canoe to get a ride. For many years members of this community have maintained considerable contact with outsiders, ranging from trade and exchange relationships with sierran Ecuadorians to intermarriage with blancos or mestizos. The population has decreased over the last six to seven years due to relocation to the community's "second line." As of 1980, its school was not functioning.

This community has the third highest number of total treatments, 153, including 138 outpatients (third highest) and 15 hospitalizations (second

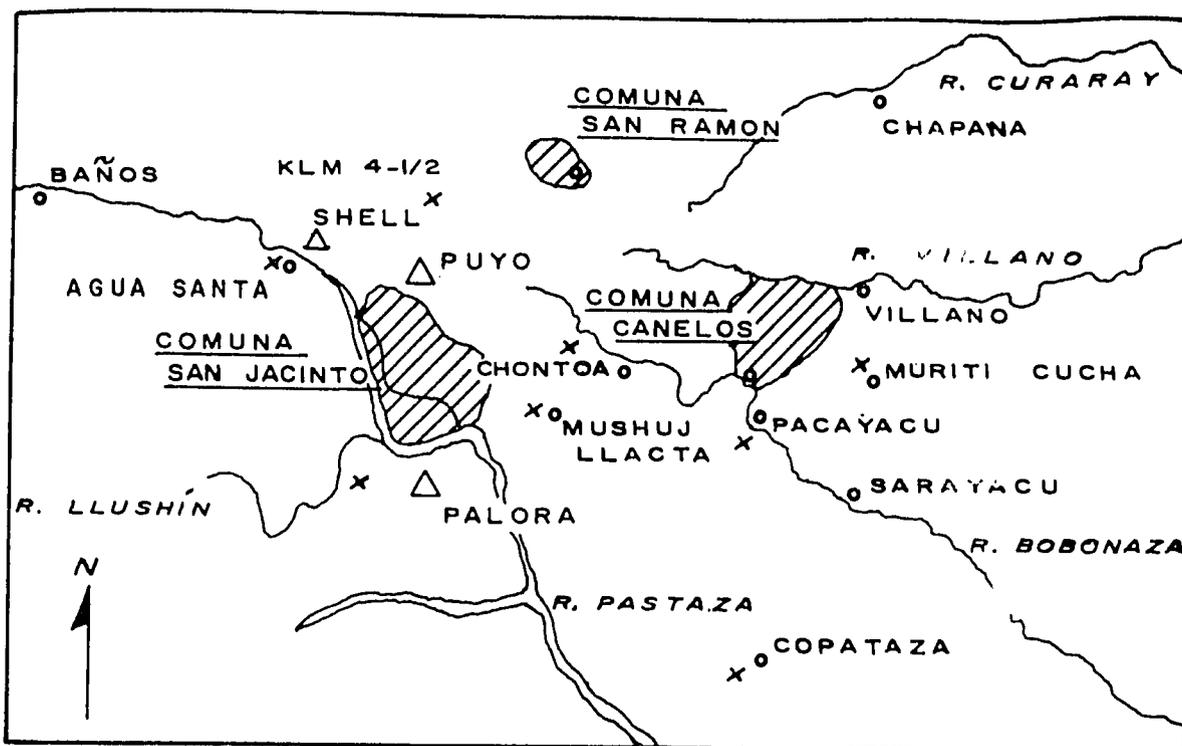
highest). Tuberculosis was a health problem here from 1973 until 1981, when all active cases appeared to be under control. Although present for a long time, tuberculosis was never widespread; there were never more than two people receiving tuberculosis treatment in any one period. Tuberculin tests for family members and follow-up tests for patients increased the number of clinic visits recorded as "tuberculosis control" and, of course, showed up in total treatment statistics. While people from this community have used hospital services consistently since 1975 for active tuberculosis, accidents, and other illnesses, there have never been more than three hospital cases per year and most have cost under s/1000. The average costs of hospitalizations and of clinic treatments are reasonable, resulting in the third lowest overall cost index (s/269) in the Comuna.

People from this community were among the first we met in 1968, and we have maintained friendships with them ever since. Some of these families explicitly told us they did not want to participate in "El Programa," did not want their names included in the list. Their preferred method of obtaining medical care was to request use of the Program when a medical need arose; at that time they were referred to Vozandes for necessary treatment and they chose how they would reciprocate. In this case, accessibility, combined with a willingness to seek and obtain medical attention for recognized needs, has helped to avoid serious, expensive illnesses.

#### Medical Care Delivery Outside the Comuna San Jacinto del Pindo

The accompanying map shows the geographic extension of medical care delivery throughout the broader area served by the SRRF Program, while Table 12 presents the statistical distribution, with areas ranked in order of the total number of treatments.

X RESIDENCE OF S R R F PATIENTS



Map 5. Outlying Areas Served by Medical Care Program, 1972-1982.

**Table 12**  
**Distribution of medical care outside Comuna San Jacinto del Pindo, 1972-82.**  
 (Combined clinic and hospital treatments for areas per year and for all years)

Areas	1972-73	1975	1976	1977	1978	1979	1980	1981	1982	Treatments Costs Average (1972-1982)		
										Treatments	Costs	Average
I		10	19	21	19	10	10	6	10	105	s/18,698	s/178
II						1	5	9	5	20	5,018	251
III		3	11							14	5,254	375
IV			1	3	2	5	1	1		13	3,419	263
V				4				4	5	13	2,339	180
VI	1		1	3	1			2	1	9	4,654	517
Totals	1	13	32	31	22	16	16	22	21	174	s/39,455	s/227

It can be seen that from the beginning in 1972 through the present, the Program has reached persons who live far from our main base around Puyo. The third category, *Mystery*, is simply that--the 14 unknown or unaccounted for persons (out of over 1,000) who were on SRRF bills during the 1975-76 "out of control" epoch referred to earlier. The high cost of this category is due to one expensive hospitalization; other costs were essentially negligible. In all the known outlying areas, people receiving treatment either had migrated from the Comuna San Jacinto or were related to residents through the kinship system that connects people throughout this vast culture area (see Whitten 1976; Macdonald 1979; Whitten and Whitten 1984).

The highest use of Vozandes facilities came, quite naturally, from areas close to Puyo and Shell. Other periodic use occurred when people visited relatives in the Puyo area, and some of these visits were actually planned to obtain treatment for long-standing health problems. SRRF records for outlying areas show a total of 174 treatments, with an overall average cost index of s/227. The successful reputation of the Program has also attracted people from Sarayacu and other communities whose members sought help only in terms of medical brokerage. They came to Puyo to ask us to accompany them to another facility, the Social Security Hospital, where they had medical coverage but hesitated to seek treatment on their own. Such people do not appear in SRRF statistical records but are a vital testimony to the trust that has grown in the Program.

### Summary of Medical Care Delivery

From its inception in 1972 through mid-1982, the Program has supported 1,093 recorded treatments at Hospital Vozandes, at a total cost of S/338,931 (ca. US\$12,500), or an average cost of s/310. Tuberculosis, the foremost public health problem facing the Runa in the early 1970s, has been brought under control. While it no longer looms in near epidemic proportions, however, new cases crop up from time to time. The public health agency is now active in giving tuberculosis immunizations and standard medications, but the SRRF Program continues to pay fees for diagnostic tests, for medicines out of stock at Public Health, for sterile water, syringes and needles, and for any

necessary altered drug therapy. Based on the successful experience of one determined patient, the SRRF now offers to pay room and board for any tuberculosis patient who wants to stay in a **pension** in Shell while learning from Vozandes personnel how to give himself or herself injections required by the therapy.

Finally, many people, introduced to Vozandes when they accompany someone seeking treatment through the SRRF Program, later return for treatment themselves, but they pay their bills directly and choose not to participate in the Program. The importance lies less in the economics of the situation than in the fact that many of these people might not have sought medical care without the influence of a relative or friend who was successfully treated through the Program. Because of this spin-off effect, the Program has reached, indirectly, considerably more people than our records indicate.

## CHAPTER 5: SRRF EDUCATIONAL PROGRAMS IN ECUADOR

In sharp contrast to the success of the self-financed medical care delivery program is the failure of the SRRF to launch even one of several requested programs to train indigenous men and women to provide minimal health care to their own people and to serve as intermediaries between these people and various health care agencies. Sources of failure lie in disagreements among competing religious mission groups, changes in national government policy, and development in indigenous social organization generating more conflict and competition.

The first request for educational programs was made to Norman in 1976, when tuberculosis seemed to be so widespread and the two or three men trained to give injections were often working away from the Comuna. A group of young men and women, who were either tuberculosis patients themselves or patients' relatives, convinced Norman of their need for what came to be called "sacha enfermeria" training. These people could be taught by qualified nurses or doctors to give streptomycin injections and other medications needed by tuberculosis patients, to give minimal first aid, and to refer sick people to the appropriate doctor or health agency.

In 1977, we worked out a plan whereby Hospital Vozandes and Centro Episcopal de Capacitacion Agropecuaria Integral (CECAI, located near Tarqui, on the edge of the Comuna), would conduct a training program after they obtained permission from the public health service. A resident of the Comuna, Luis Antonio Vargas Canelos, a trilingual Achuar-Quichua-Spanish-speaking man and an Episcopalian missionary, volunteered to organize the program and to contribute some CECAI funds. The resulting program was a complete failure. Apparently, the evangelical personnel of the Vozandes Hospital in Quito could not accept the collaboration with the Episcopal Mission to Ecuador, and CECAI withdrew its funds. Then the Vozandes training personnel brought in an independent evangelical missionary to assist them, the result being that over half of the course was devoted to bible instructions. Accordingly, SRRF paid nothing, and Vozandes gladly underwrote the cost of the entire program.

Growing numbers of interested people insisted that Runa needed their own intermediaries between medical care personnel and sick people. Specific requests came from the president of the Comuna San Jacinto, Reinoso Santi of Rosario Yacu; Luis Vargas of CECAI; three communities, Rio Chico, Nueva Vida, and Klm 4 y 1/2 of the Via Napo; individuals from every community of the Comuna San Jacinto; and representatives of Comuna San Ramon, Colonia Mushuj Llacta, and Rio Tashapi. The SRRF applied formally to Survival International-England in March 1978 for funding, with the following objective:

To provide paramedical training for eight Puy Runa men and women in order to maximize the effectiveness of ongoing medical care programs. A number of men and women have expressed deep interest in acquiring such training. From these, at least four men and four women, all bilingual in Quichua and Spanish and several trilingual in Quichua, Achuar, and Spanish, will be selected for paramedical training to enable them to administer drugs available through government agencies, to render first aid treatment, and to

provide on-the-spot preliminary diagnosis with subsequent referral, when needed, to appropriate health care resources and agencies.

We consulted with Stephen Corry of Survival International (in Madison, Wisconsin) in April 1978. Our proposal was revised somewhat by Survival International, which then circulated it to various funding agencies in May 1978. In March 1979, we were notified that SI had secured funds (Survival International serves as a broker and does not grant funds itself), which were received shortly before Norman returned to Ecuador in May 1979. A letter from an Ecuadorian friend dated 8 March 1981 stated forcefully that "nothing was happening" with regard to a course. This letter could have been written yesterday, for such is the history and present status of the training program. To illustrate only some of the escalating frustrations of continuous failures to launch a program, we offer a chronological narrative.

#### May - June 1978

Norman returned to the Ecuadorian Oriente in May 1978, with news that application had been made to Survival International for modest funds to supplement existing programs of paramedical training and delivery of health care by indigenous "paramedics." He carefully explained that no money had been granted but that he should have a firm response by October or November 1978 and would write immediately to officials of the Comuna San Jacinto, and to representatives of medical agencies, when word from Survival International was received. He met with the Directors of Vozandes, with Monseñor Romero of the Dominican Mission, with Luis Vargas and William Prentice of CECAI, and with the officers of the Comuna San Jacinto.

Inasmuch as the officers of the Comuna San Jacinto, the directors of Vozandes, and the Monseñor of the Dominican Mission were making their own requests of Public Health for paramedical training programs, Norman did not meet directly with Dr. Villalba, Director of Public Health. Instead, he maintained the willingness of the Sacha Runa Research Foundation to help support and maintain existing programs initiated by legitimate Ecuadorian sources. This position is also in accord with our permission to undertake research in Ecuador, which precludes influencing policy unless specifically requested to do so by appropriate officials.

After Norman's departure, Alberto Chango, with the support of Monseñor Romero, made direct application to Dr. Villalba of the Pastaza Public Health Program to be accepted in the first group of trainees for a national program of *medicos auxiliares y promotores de salud* (medical auxiliaries and health promoters) to be held in Azoques, Cañar Province, in the south-central Sierra. The program was taught in Quichua, with translators in Shuar. Alberto Chango speaks Quichua, Shuar, and Spanish. He was accepted, given minimal financial support for travel and clothes by the Dominican Mission, and left for the seven-month training program in December 1978. He kept us informed of his intents during the fall 1978 period.

#### December 1978 - February 1979

In late December 1978, Norman again returned to the Puyo area, this time with word that funds from Survival International would probably be forthcoming for the incipient medical auxiliary and health promoter program. He met with the officers of the Comuna, as well as with personnel of Vozandes and CECAI.

He did not meet with Monseñor Romero but was told firmly by two Dominican nuns that the Puyo Runa needed no help from the Sacha Runa Research Foundation or from Survival International. They explained with care that the Dominican priority was to promote health care only for those indigenous people (or groupings of them) willing to make a first commitment to Catholic Christianity. Unquestioning acceptance of the Dominican Mission's authority was a prerequisite for the receipt of aid in training indigenous paramedical personnel. This same message was delivered by Monseñor Romero in a talk given in Rio Chico hamlet (with Norman present).

Alberto Chango returned from Azoques to discuss his program, plans, and ambitions with Norman and separately with the Archbishop. He also discussed these matters with Luis Vargas of CECAI. By mid-January, Alberto Chango had been elected president of the group of indigenous medical auxiliaries but found himself in financial difficulty. He simply did not receive enough money from the Dominican Mission to allow him to purchase the required materials to continue his classes, his required uniform, and supplemental food and medicines. The Sacha Runa Research Foundation provided minimal support and promised more by late spring, if it were needed.

Puyo Runa, individually and through the elected officials, petitioned the Sacha Runa Research Foundation for a minimal, two-week course in basic medical knowledge to prepare candidates for a rational, Runa-determined set of programs. A fundamental focus in this petition was the avoidance of constraints that forced individuals to pledge their lives to a given religion in exchange for support vis-a-vis Salud Publica. The Runa asked Norman to try to arrange a secular medical program through Vozandes, and they even named the instructors whom they preferred. Norman and Luis Vargas Canelos met twice with Dr. Steve Nelson, Mr. Kent Grant, and other Vozandes personnel. The Sacha Runa Research Foundation committed sufficient funds for a two-week course to be held in CECAI, and Vozandes agreed to provide the teachers for the course.

By this time Vozandes had launched a training program for **medicos auxiliares y promotores de salud** among the Shuar people of Morona-Santiago Province to the south, and a new physician trained in "community development" had arrived to offer such programs in Pastaza and Napo provinces. This physician, Dr. Jack Orlinger, flatly refused to offer such a course in the Puyo area, even though the Puyo Runa had been receiving medical care from Hospital Vozandes for some time and even though we offered to pay costs. Dr. Nelson agreed to bring his team in from Morona-Santiago and a tentative date for the course was established. The course was to be held in CECAI, the Sacha Runa Research Foundation was to share costs of meals and lodging with CECAI, and Vozandes was to supply teachers. Nominal costs of Vozandes were also to be paid by the Sacha Runa Research Foundation provided that the medical program be a "secular" one.

Norman left in early February and Luis Vargas Canelos continued the negotiations. There ensued two or three meetings in which Vargas was to meet jointly with Dr. Villalba and Vozandes personnel. Vargas attended but Villalba did not. Then, after Vozandes personnel worked out details in Puyo with Dr. Villalba and Lic. Inez Yepes, another meeting was called in Shell. This time Vargas could not attend and his absence was used as an excuse to drop the entire program. In spite of the cancellation, over a dozen potential trainees arrived at CECAI on the scheduled day. They said they had heard the announcement of the cancellation over the local radio but came anyway (with

their own eating utensils, bedrolls, and sufficient food to survive during the program, in case our program failed to provide sufficient food) on the hope that there was a chance of a lesson or two in modern health care delivery. Some of these potential candidates had walked for over five hours that very morning to arrive "on time" (9:00 A.M.). The disappointment was apparently tremendous.

While Puyo Runa were trekking toward a nonexistent program, Drs. Orlinger and Villalba launched a cognate course at the mission site of Arajuno, to the north. Indigenous people from many Canelos Quichua areas, excluding Puyo, were invited to attend. Their enthusiasm for hard work and their superior intellectual capacity were noted by both doctors. One Puyo Runa woman managed to attend by securing Protestant missionary support and claiming her primary residence to be Sarayacu.

Sometime during the period February-March, a representative from Christian Aid also arrived in the Puyo area. He met with a mixture of newly elected and out-going Comuna officials at CECAI. Key questions asked of the Puyo Runa included whether or not they really wanted this program, whether or not they knew of the "Fundacion Sacha Runa," and whether or not Norman had a hand in establishing the Comuna San Jacinto. The possibility that Norman was forcing the Puyo Runa into various Western programs against their wishes was emphasized. According to the Puyo Runa reports of this meeting, the representative of Christian Aid left assuring the Runa that financial aid for a medical auxiliary and health promoter program would be forthcoming, and that Survival International would provide funding.

Whether or not the Christian Aid representative met with Salud Publica or with representatives of the Dominican Mission is unclear. He did not meet with personnel from Vozandes, nor did he meet with any indigenous people in any of the 13 hamlets of the Comuna San Jacinto. During the period March-April, Dominican representatives met with Salud Publica personnel to state that there was an unauthorized medical program operating in the area.

#### May - June 1979

Norman returned to Puyo on 8 May and remained in that area until 5 June. Because of a series of events that worked against the program of incipient paramedical training and because of sharply altered policies and practices of health care delivery in the nation, province, and local scene, most of his time was taken up with the potential training programs to be held in the Puyo area and the set of candidates who might go out to other training programs.

Norman was met immediately on arrival at our Puyo residence by Puyo Runa from most of the caserios of the Comuna San Jacinto. (They were waiting at our town residence, having been informed the day before that Norman would be arriving.) As he unpacked, he explained that the money had arrived from **Sobrevivencia Internacional**, so bills could be paid immediately and directly. It was no longer necessary to ask the Dominicans or Vozandes to share costs. The Runa stated unequivocally that they wanted to: (1) initiate a preliminary course of from two to six weeks, held in their territory (or adjacent to it) to select the best candidates for subsequent medical auxiliary training; and (2) send out up to eight people for advanced training in "sacha enfermeria." They also expressed extreme disillusionment with Salud Publica and said that both the Dominican Mission and the Vozandes personnel were ignoring their

needs. The role of CECAI in indigenous affairs was also viewed critically by most of the Runa.

To understand what occurred next, it is necessary to outline a few events that had taken place between February and May 1979.

1. National policy change. Sometime in spring 1979, all training programs for medical auxiliaries and health promoters were placed under the aegis of FODERUMA, an office of development of the Central Bank of Ecuador. All foreign-sponsored health programs were to be approved only by FODERUMA. Moreover, all approved health programs had to be cast in the same way. Specialized programs for specific needs were to cease, and standardization in training was to begin.

2. Salud Publica of Pastaza Province was the only public health agency in Ecuador to be granted no funds whatsoever for medical auxiliary and promoter training.

3. National elections had been held in April 1979, and Populist President Jamie Roldos Aguilera was set to assume office on the 10th of August. Accordingly, most operational or procedural information was withheld from governmental offices (including Salud Publica) pending the inauguration.

4. Movement toward an indigenous federation was in full swing in Pastaza Province, with a core group consisting of representatives from Sarayacu and the Comuna San Jacinto. The Dominican church was vigorously and vociferously opposing federation at Canelos and Pacayacu and only quietly opposing it in Puyo. Federation leaders were interested in the possibility of their own paramedical training program and asked the Sacha Runa Research Foundation for help in this regard.

5. Alarmed by the (to them, apparent) upswing in Western diseases on the Comuna San Jacinto, and frustrated by attempts to receive medical aid for their school children, a number of teachers from the Sierra and the Coast, working in various Puyo Runa hamlets, were also seeking paramedical training for indigenous peoples.

6. Some sort of rift had occurred between the director of Salud Publica and a physician of Vozandes during the Arajuno training program. This rift combined with Salud Publica's lack of funds for medical auxiliary and promoter training, and with the pressure from school teachers to deliver health care to indigenous peoples, to make Salud Publica receptive to alternative sources of funding.

7. A new program in rural health care in the Puyo area (begun in March 1979) was a dismal failure. Salud Publica had placed nonindigenous nurses and paramedics in three sites adjacent to indigenous Comuna territory. A physician visited each site for two days per week. The nurses and paramedics soon began giving differential treatment (personal and medical) to nonindigenous peoples. Then, increasingly, the medical personnel gave intensified, free treatment to their relatives and compadres (whether or not these people were even resident in the clinic areas) and began charging others higher fees for services and medicines. This obvious failure of non-native paramedics, nurses, and physicians to serve indigenous peoples also combined with the clamor for health care. The move toward an indigenous federation made it virtually impossible

for Salud Publica to claim (as it had in the past) that there was no significant indigenous population in need of treatment. Faced, then, with an increasingly visible indigenous population lacking national medical assistance, on the very outskirts of Salud Publica's central and primary base of operation in Pastaza Province, this national health agency appeared publicly to be withholding needed medical attention not only from native peoples but from increasing numbers of nonindigenous peoples as well.

All of these factors combined to create the favorable ambience necessary for efficient use of Survival International funds. But they also contributed to a situation wherein indigenous peoples could gain a medical program based on their own requests, and perhaps even on their own terms. The latter--indigenous self determination--continues to meet resistance in the Puyo area and elsewhere.

The 12th of May, Founding Day of Puyo and the most important holiday in the central Oriente, proved to be an ideal time to informally spread news of the Survival International grant for paramedical training. The ambience during this period among townsmen, colonists, officials, and indigenous peoples is invariably one of conciliation and new alliance (see D. Whitten 1981). Over the very long weekend of 9-13 May, Norman was able to talk to almost every Salud Publica worker and official, as well as to representatives of the various indigenous organizations from Sarayacu, Pacayacu, Canelos, and Puyo. He met with each member of the new governing body of the Comuna San Jacinto, both individually and in groups, and with interested representatives from most communities of the Comuna, as well as some from outside the Comuna (San Ramon, Jatun Paccha, Mushuj Lacta). The question was twofold: how we best could launch a short course and where the "best" candidates could be sent for more training.

On 19 May 1979, at the invitation of the committee of parents of the family of hamlet Rio Chico, Norman attended a formal meeting in the office of the director of Public Health for Pastaza Province; attending the meeting were all of the heads of family of this caserio, the local school teacher, and senior Public Health personnel. After a one-hour discussion of the nature of health care delivery for rural peoples and the means by which Salud Publica wished to help indigenous peoples, Dr. Villalba turned to Norman and said, "Do you have anything to say at this meeting?" Norman responded by giving him a brief history of the Sacha Runa Research Foundation, explaining the means by which we have supplemented other programs, national and ecclesiastical, to pay the bills of indigenous people seeking health care delivery. Dr. Villalba responded unequivocally and very softly, "Yes, I know that your program for the control of tuberculosis is the only effective one in the Oriente." Then, softly but publicly, he said, "If we--the technical personnel of Salud Publica--could organize a course for the indigenous people of this area, could your Foundation offer any sort of economic aid?" Norman said, "Yes, it could," and Dr. Villalba replied that he would study the situation and be back in touch with us.

The next day Luis Vargas Canelos invited Dr. Villalba and Lic. Inez Yepes to a lunch at CECAI, which they accepted. On 23 May, Luis Vargas, William Prentice, Lic. Yopez, Dr. Villalba, and Norman met for two and a half hours at CECAI and discussed, in some detail, the program that Salud Publica had in mind and the problems that they faced. Dr. Villalba made it abundantly clear that he wanted to break his dependency on foreign missions for support of public

health and that he saw hope in the Sacha Runa Research Foundation and Survival International for such autonomous action by Salud Publica on behalf of indigenous people. His idea was that we could support his program for indigenous people, that we would not initiate anything that could be called our program. Norman said that the Foundation's only condition was that graduates of the paramedical program be allowed to work in their own communities, in their own territories. Dr. Villalba said that this, too, was precisely his condition for acceptance of funds.

Dr. Villalba then asked for hard evidence of a substantial indigenous population south and southeast of Puyo and said that he wanted to begin a tour of the territory two days later. On 26 May, Norman again met with Dr. Villalba and Lic. Yebes, in their Puyo offices, and the course plan became more specific. Norman also agreed to accompany the doctor on a "walking tour" of the Comuna, as did Marcelo Santi Simbaña. On 28 May, Villalba, Marcelo, and Norman paid visits to Rio Chico and Nueva Vida, holding formal meetings in each hamlet and visiting some outlying houses as well. On 29 May, Venancio Vargas (of Union Base), Jorge Vargas, Dr. Villalba, and Norman visited Union Base, Rosario Yacu, and San Jacinto, again holding formal meetings. These visits were taxing for the hamlet residents, for the visitors arrived with scant preliminary notification and without waiting for a response from the hamlet heads and officials. Nonetheless, Dr. Villalba was completely satisfied that the Runa requests were rational and that, when fulfilled, they would constitute a major auxiliary program for Provincial Health, as well.

On 30 May, Venancio Vargas, Dr. Villalba, Lic. Yebes, Luis Vargas, William Prentice, and Norman met for three hours at CECAI. Agreement was reached on a budget to include meals and lodging for up to 25 Runa students, transportation for teaching personnel, and meals and lodging for such personnel as necessary. Dr. Villalba pointed out that he had no "materials" for this course and asked the Foundation to provide them. Norman said that SRRF had limited funds and that we had assumed that Salud Publica already had such materials as pens, pencils, paper, textbooks, filmstrips, and a slide projector, since it had offered other courses. The doctor explained that such materials normally come from foreign missions and that we would have to help him in this regard. Norman said we could provide up to 4,500 sucres (ca US\$175) to defray the combined costs of transportation and materials but that we did not have sufficient funds to do more.

Dr. Villalba then produced a list of 52 separate items (ranging from syringes to cement) needed in the course and said that we would have to determine, in writing, the cheapest price for each by going from store to store in Puyo. At this point, when Norman was about to give up in sheer frustration, Luis Vargas calmly went over the entire list; quoting local prices from memory (together with the name of the store and its owner), he gave Villalba precisely the comparative data needed. The prices of the supplies totaled 8,750 sucres; we subtracted 4,500 sucres as the Foundation's contribution, and CECAI and Salud Publica agreed to supply the remaining materials. Norman agreed to the final budget and Dr. Villalba assured him that there would be no significant costs beyond those to which they had now mutually agreed.

Later that day, at 4:00 P.M., Norman met with Dr. Villalba in his office in Puyo to finalize negotiations and to establish a day for the beginning of the course. The basic plan was to hold a six-week course at CECAI, taught by Salud Publica physicians, nurses, and paramedics. The course would begin with

up to 25 Puyo Runa, in hopes that at least 15-20 would graduate. The first two-week section would be primarily orientation to modern medical care. The second section would be purely practical and include learning to give injections of streptomycin for home control of tuberculosis. The third section would also be practical and would include student examinations. At the end of the course, diplomas would be given to those who had passed, the Sacha Runa Research Foundation would provide basic medical supplies, and integration of the new "health promoters" with Salud Publica's centralized program in Puyo would be accomplished. Thereafter, Salud Publica would continue specialized training from time to time, requesting funds from SRRF, if necessary.

A list of candidates had already been prepared in each of the caserios and collated by Luis Vargas. During a final meeting, Norman presented this list, together with a 2,000-sucres "deposit" for minor expenses incurred in preparing the lessons and purchasing materials. Just as the discussion was completed, Dr. Villalba indicated that a lawyer had uncovered a "problem." He called in the lawyer (a salaried government official of Salud Publica), who stated that we had omitted from the budget any pay for the instructors. Dr. Villalba immediately informed the lawyer that he saw no reason to pay the physicians, nurses, and medical auxiliaries anything extra, since they would be teaching during their regular on-duty hours for which they are paid a fully salary. But the lawyer persisted, saying that the teachers expected to "gain" (ganar) something extra for this unusual labor of teaching "Indians." The lawyer then made some calculations and came up with a figure of more than 30,000 sucres (US\$1,000) to overcome this "obstacle." Norman said this was impossible. Dr. Villalba then said, "enough." Turning to Norman, he asked very politely, "Can your foundation pay fifty sucres per Salud Publica instructor, per visit?" Norman said we could do so with difficulty, if it were the only way to save the program, but it would mean withholding some funds from the payment of medical costs in Vozandes. Villalba said that he was sure that "tips" (propinas) given to his instructors would be returned to the Runa via free medical attention (which, by the way, is what Runa are supposed to, but do not, receive normally from Salud Publica). With this final obstacle overcome--by the promise of funds to pay the instructors their propinas (in addition to a free room for those spending the night and in addition to their regular salaries, and in addition to all materials for the course, and in addition to full meals at each visit, and in addition to transportation in their own official vehicles)--Dr. Villalba assured Norman that the training program would begin before 1 July, just as soon as the new regulations were received from Quito.

In addition to the 2,000-sucres deposit left at Salud Publica, 28,000 sucres were left with CECAI to pay room and board for the students and 1,000 sucres were left with Luis Vargas to cover expenses incurred in travel and negotiations with Salud Publica. Norman left Puyo on 5 June and departed Quito on 12 June.

Not only did the new regulations not come down from Quito, but Dr. Villalba allegedly was injured in an accident in Quito and did not return to Puyo. The course set to begin in July was rescheduled for October. But that, too, was suspended, as were others throughout the country, while health officials awaited presidential orders to set and activate policy.

By the end of 1979, one auxiliary medical professional had graduated from a Salud Publica training program in Azoques, Cañar, thanks in part to Survival International funding. The Dominican mission completely ceased its support of

this man's candidacy for other intermittent courses when he chose to put his training into action without demanding that people first convert to Dominican servitude. Salud Publica also refused to support his work in his home community (the Comuna San Jacinto area) and contested his professional status. Otherwise, the initial course leading to further candidates remained suspended pending action by President Roldos and appropriate response by Salud Publica in the Puyo area.

The Dominican Mission remained openly hostile to the SRRF program. Also, the Whittens allegedly had come to be regarded by some members of Vozandes as foes of Christianity, because of their attempts to explain that the cosmology of the Canelos Quichua is as deeply motivated and spiritually rich as that of fundamentalist evangelists. The stigma attached to us seemed to carry over to the Runa and to block joint efforts to secure any sort of medical auxiliary training.

We both returned to Puyo in May 1980 with a grant from Cultural Survival which allowed us to review and assess the impact and effectiveness of the medical care delivery program. While this auto-financed program was working beautifully, the health training program was still inoperative. We learned that the policy adopted in late 1979 by the National Public Health Service of Ecuador prohibited individual programs, pending centralization and standardization of health training courses by designated public health employees. Nationwide, a very few exceptions had been made and a few programs were allowed to continue or to begin. In such instances, public health officials granted special permission only in response to organized, indigenous petitions. The Public Health Center in Puyo apparently failed to press for any training program because of the negative sentiments of some of its own personnel, expressed in the very face of indigenous petitions for such a program.

The changes in Public Health policies and the development of indigenous organizations led us, before our departure in 1980, to retrieve the US\$1,000 of Survival International funds deposited with CECAI in 1979 and to transfer those funds to the new organization in the Puyo area, the Federacion de Centros Indigenas de Pastaza, "FECIP." To understand the nature of the transfer of money and responsibility to this organization, it is crucial to set forth the position of the Federation within the indigenous/national social organization in Canelos Quichua-Achuar territory.

#### Indigenous/National Social Organization, 1980

In addition to level 1 (the hamlet) and level 2 (the territory), described in Chapter 2, a third level of organization emerged in 1979. Its structure is still partially secret and certainly formative in every sense of the word.

#### Level 3: The "Federation"

An organization called the **Federacion de Centros Indigenas de Pastaza "FECIP,"** formed in 1979 in Pastaza Province and was in the process of legal incorporation within Ecuador as a bona fide indigenous organization among various groups of native peoples of the Central Amazonian area. It drew its immediate historical antecedents from the Shuar Federation to the south and the Indigenous Napo Federation to the north. Its contemporary ideological thrust

resonated from a process of ethnic surgency in the face of previous nationalist neglect and, more recently, obliteration policies of the military dictatorship of the 1970s. Its immediate, nationally oriented, overt structure was facilitated by nationalist policy initiated by the new, populist president, Jaime Roldos Aguilera. FECIP sought to represent indigenous grievances of Quichua-speaking, Achuar-speaking, Zaparoan-speaking (Gae-Shimigae or Andoa, and Zapa-Zaparo), and Waorani-speaking peoples living in Pastaza Province, one of four Amazonian provinces of Ecuador.

From its early planning phase and eventual establishment of an office in Puyo, the Federation maintained sporadic contact with the SRRF through its secretary, Luis Antonio Vargas Canelos, who organized the SRRF's incipient paramedical training program through CECAI. In 1979, Norman had also met and talked with the first Federation president, Alfredo Viteri, in Quito, where he was a university student. Later that year the initial organizational meeting of the Federation was held in Sarayacu. The SRRF responded to a written request from FECIP founders with a 5,000-sucres grant (US\$200) to allow representatives from the Puyo area to attend the meeting, specifically to discuss the possibility of a medical auxiliary and health promoter training program for indigenous peoples, auto-financed health care delivery systems, and protection of native, cultural heritage.

Like other Canelos Quichua organizations, FECIP has national and indigenous organizational dimensions. In its national dimension, the Federation could fill a tremendous gap in recognizable, ethnically surgent systems by drawing all of the peoples north of the Shuar Federation and south of the indigenous Napo Federation (FOIN) together into a system of nationally and internationally recognized social movement of renegotiated selfhood. But unlike its prototypes, FECIP at first refused both national support offered through the Instituto Nacional de la Colonizacion de la Region Amazonica Ecuatoriana (INCRAE) and international support offered directly by the Inter-American Foundation, Washington, D.C. "Auto-financing" in 1980 was FECIP's self-proclaimed key to simultaneous incorporation into the Ecuadorian state and to its own maintenance of indigenous autonomy.

In its nationalist dimensions, FECIP conformed to criteria for circumventing legal prohibitions on unique training programs for medical care delivery. Accordingly, it anticipated that it would soon have a legal agreement (*convenio*) with the national public health service, or with the National Social Security Agency, to establish its own training program, together with its own system of public health to be administered through the existing national services but based on an indigenous model conforming to indigenous cognitive and biological requirements. Although the SRRF was singled out by many FECIP leaders as an organization to be offered an agreement for research, the offer was not formally made. With this minimal sketch of national/indigenous organizations, we return to the SRRF involvement in educational programs.

#### Fund Transfers and Reorganization

As stated in chapter 4, native people throughout Pastaza Province have participated in the medical care delivery program, although the majority of recipients have been Puyo Runa, most of whom are residents of the Comuna San Jacinto del Pindo. It is through the individual *caserios* (also referred to in

this text as hamlets and, when combined with **llacta**, as communities) within the Comuna that Runa have collaborated in developing the program. We have also worked collaboratively with the incumbent **cabildo** (the governing board, elected annually by people of the Comuna). This **cabildo**, however, is under the external control of the National Ministry of Agriculture and Cattle (MAG). When it appeared that a paramedical training course would be financed, the **cabildo** of 1978 requested that the SRRF manage the funds. This request was reaffirmed by the subsequent **cabildo** for two reasons: (1) Comuna bylaws contain no guidelines for extending fiscal control of funds from one year to the next; (2) MAG can direct any funds held by the Comuna to any purpose, regardless of agreements made by the **cabildo** and other agencies.

In summer 1980, several requests and demands were made by indigenous peoples that led to a reorganization of SRRF's operating plan for fund disbursement. First, people living in several **caserios** asked us to directly support the paramedical training of Runa residents of the **caserios**. Because of the official national ban on such programs, together with other features discussed below, it became impossible to honor this request. We had the money for the program, the candidates for fellowships had been selected, but we could not accomplish anything by working directly with the Runa through their **caserio/llacta** system within the national/regional system. Nor did it appear that we would be able to do anything at level 1 in the foreseeable future. At level 2 we experienced, for the first time in a decade of work in the area, a situation wherein a newly elected Comuna president claimed that we had obtained funds in the name of the Comuna San Jacinto del Pindo, without the Comuna's permission to do so, and requested that we immediately give all funds so obtained directly to him. After discussing this proposal of fund transfer with members of each **caserio** and with the entire **cabildo** of the Comuna, we accepted the near unanimous recommendation of **cabildo** members and the unanimous recommendation of each assembled group of **caserio** members to refuse to turn the Survival International funds over to the president of the Comuna San Jacinto.

The third request was made by the president of FECIP, Alfredo Viteri, to Norman that a portion of funds for medical training for indigenous peoples in Pastaza Province be delegated to FECIP so that it could complete its **convenio** with the National Public Health Service. As a consequence of several meetings held on the Comuna San Jacinto and among FECIP members, some with us present, some without, the following proposal was presented to the SRRF by the FECIP directorate: that adequate funds be granted to FECIP to allow it to initiate a training program under Ecuadorian governmental auspices, within Pastaza Province, beginning with the area radiating from Puyo. Inasmuch as the majority of Puyo Runa reside on the Comuna San Jacinto, Alfredo Viteri, together with Francisco Aranda, the president of the Comuna San Jacinto, called a joint meeting of the Comuna's **cabildo** and the FECIP's directorate and invited Norman to participate.

During this meeting, former **cabildo** officials and Norman explained the nature of the initial request; previous members of the Comuna's **cabildo** recounted the events leading to the original request. In addition, the first nurses' auxiliary, Alberto Chango, explained how he had come to receive a fellowship. All of us talked at some length about the nature of the Comuna and the Federation in both their indigenous and national organizational dimensions. Alfredo Viteri asked that each member of the **cabildo** and FECIP directorate state his/her opinion with regard to the advisability of the SRRF providing funds to the Federation to use on behalf of the Puyo Runa for forthcoming

programs of training *promotores de salud*, *medicos auxiliares*, and *auxiliares de enfermeria*. Such a transfer of funds was unanimously favored, although the Comuna president voiced the opinion that the money should still be turned over to the Comuna directly, with or without a policy of *fiscalizacion*.

Norman stated SRRF "conditions" for the use of funds: that men and women would both be equally eligible for fellowships; that the money would be used initially for the Puyo Runa; that those accepting fellowships would be expected to obligate themselves to return to their own Runa territories; that FECIP would note the expenditure of funds to the SRRF; and that the funds were to be used only for the purposes of fellowship assistance for training programs or to set up the training programs themselves. Alfredo Viteri then repeated the conditions, word for word, and all present accepted them both by acclamation and by individual statements of agreement. Later, Viteri, Luis Vargas, Alberto Chango, and Norman, among others, met for several hours with public health officials (now governed by a new provincial director, Dr. Juan Freile, who seemed to be uninformed about events that had transpired the year before) who unanimously agreed that a program of training for indigenous health promoters and nurses' auxiliaries would begin, provided: (1) the national government lift its ban on such courses, or (2) the FECIP receive special permission from the National Public Health Service or from Social Security to initiate its own program.

After all of these agreements, the FECIP directorate met and agreed to initiate this program as a top priority. A formal request to SRRF for funding was made and the sum of 28,000 sucres (US\$1,000) was turned over to the president, secretary, and treasurer of FECIP. The additional 2,000 sucres (US\$80) remained in escrow with the Public Health Service in Puyo until the nature of the projected program could be determined. While the above negotiations were ongoing, the SRRF also promised to provide an equal amount of money directly to the Comuna San Jacinto, if an arrangement for the deposit and use of money could be made, approved by the governing board (*cabildo*) and ratified by the Runa in an *asamblea general*.

During the many meetings of this summer, intense emotions flared over the contrasting programs, one auto-financed for medical care delivery, the other based on outside funding for medical auxiliary and health promoter training. At times it seemed that the entire medical care delivery program was in jeopardy, as competition over control of funds escalated and dissatisfaction with one program spilled over to the other. Ultimately, the medical care delivery program was solidly endorsed, particularly by women who, as we have seen many times, are the real overseers of their families' health. To summarize the progress of the training program, we initiated, on FECIP's request, active financial support of a program that had its locus in requests of the *cabildo* of the Comuna San Jacinto in 1980. However, we reserved the right to make direct fellowship allocations to individual Runa or Achuar men or women, if such individuals could become accepted by on-going, legitimate training programs in Ecuador and if they would agree to return to their own territories at the termination of their course of training.

It should be noted that some reallocation of funds was also made for education-related purposes. Native spokesmen repeatedly observed that the SRRF is effective in obtaining funds because of its ability to approach organizations in a literate manner. There was widespread agreement among *comuneros* that they should learn to present their requests "correctly" in order

to obtain direct control over funds for various programs, thereby avoiding constant wrangling over financial administration by outside agencies. Learning to type was seen as basic to this need, and a request for a small portable typewriter was made to the SRRF by the committee of parents of the *caserio* Rio Chico in 1979. The typewriter was presented to the *caserio*, to be housed in the school for the children to learn elementary typing and for use by committee heads to prepare formal documents, application for funds, and so forth. A similar request was presented to the SRRF by the *caserio* Nueva Vida in summer 1980, and it also was met. In 1981, a formal request was received from the *cabildo* of the Comuna San Jacinto for the SRRF to provide a typewriter to serve all the *comuneros*. This request was met not from general foundation revenues, as in the other cases, but from a reallocation of Survival International funds, in support of the *cabildo's* desire to request funds and permission to initiate independent health promotion training within the Comuna.

By 1981, when Norman and Sibby both spent three months in basic research-oriented activities in the Puyo area (with Social Science Research Council funds), three fellowships had been granted to Puyo Runa, with the following results: (1) Alberto Chango, recipient of the first fellowship and two supplemental grants-in-aid, had completed a year as nurse auxiliary in Curaray and was again working in Puyo, still trying to persuade the Public Health Service of Pastaza Province to assign him to the indigenous area surrounding Puyo. (2) Rebeca Vargas received a fellowship from FECIP to attend a nurse's auxiliary course in Tena. The funds passed from SRRF through the Federacion to the Comuna San Jacinto and on to the recipient. She completed that course, was denied further funding by both Federacion and Comuna (though 25,000 sucres had been granted to FECIP from SRRF for that very purpose), and left the area. (3) An SRRF grant was made directly to Faviola Vargas Tapuy to allow her to complete a nurse's aid program in Quito. She returned to work as a nurse's aid in the Puyopungo hamlet of the Comuna San Jacinto. Otherwise, the myriad of difficulties continued. The Federacion refused to grant indigenous peoples funds for public health-sponsored medical programs, and it also refused to return to the SRRF the 25,000 sucres it still holds for this purpose. The Public Health Service in Pastaza Province continued in various ways to block indigenous access to programs opening in other parts of Ecuador.

Return trips to the area by Norman in November 1981 and summer 1982 yielded the discouraging information that none of the three fellowship recipients were working with Public Health or with any other national agency. None were working as medical auxiliary personnel in their native areas. A request was formally made to the SRRF by the president of the Comuna San Jacinto for return of the funds previously granted to the Federacion (which became the Organizacion de Pueblos Indigenas de Pastaza, Organization of Indigenous peoples of Pastaza Province, "OPIP") to the Comuna, to be used in any manner that the Comuna saw fit. Norman's reply, given at public meetings in various *caserios* and repeated in his absence by the president at an *asamblea* general of the entire Comuna, was that the SRRF would not interfere in the Comuna's direct request to OPIP for return of funds, but that we continued to hope that such money would be used in the area of health and/or education.

The general attitude of the Puyo Runa, perhaps exclusive of OPIP officers, is that the SRRF and Runa have engaged in a collective failure. Concern over dispersal of outside funds--i.e., who will gain (*ganar*) from the money--transcends immediate health problems. Almost universally the request to the SRRF is the same: "Please provide general funds for children and adults

instead of for specific projects, and we will then use our education to decide what projects we need." Simultaneously, though, we hear everywhere (again, except from one or two OPIP officials) the strong and insistent request that the auto-financed program of medical care delivery be maintained essentially "as is."

## CHAPTER 6: EDUCATION, ART AND AUTO-FINANCING

Education, a third facet of Foundation work, has grown over the years, as have the applied ventures into health and education in Ecuador. We initially intended to promote recognition and appreciation of Canelos Quichua peoples, their culture, and their artistic artifacts through the standard academic devices of research reports and publications. We have endeavored to spread writings widely, trying to reach English-, Spanish-, and Quichua-speaking readers, both specialized and nonspecialized. This has led to stimulating and productive collaboration with ethnomusicologists, linguists, physicists, ceramic engineers, and archaeologists in this country, and with various academicians as well as indigenous ethnographers in Ecuador. Appendix B lists the publications that have grown out of Foundation work.

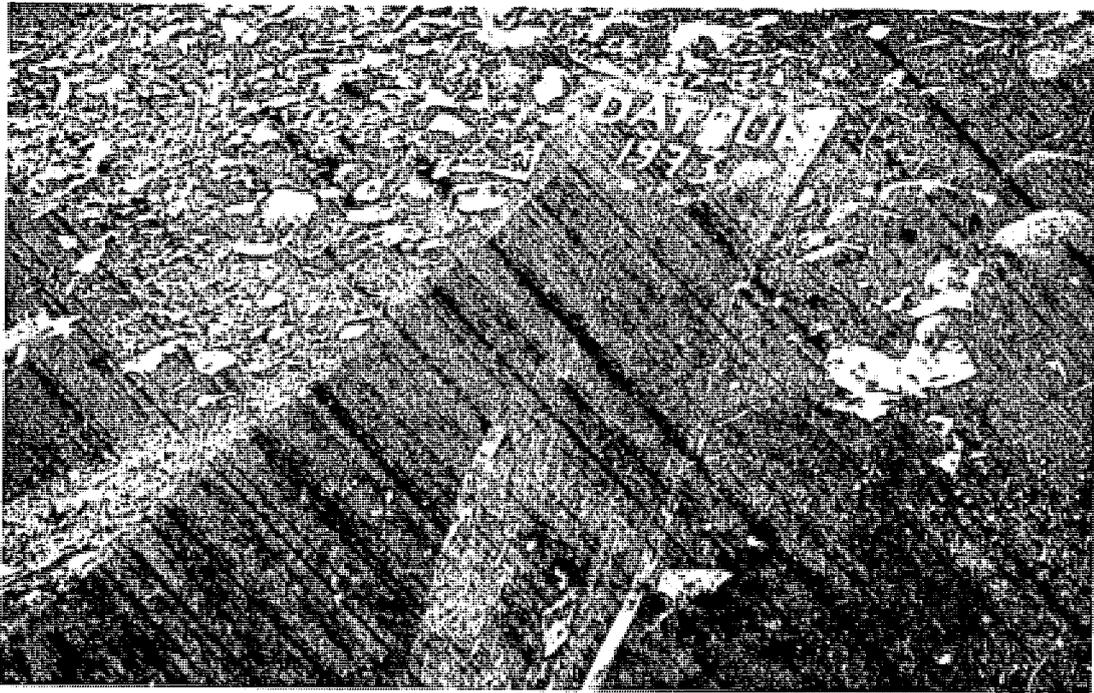
Because of the support and encouragement of a number of people, the SRRF educational-promotional activities gradually expanded to include lectures, exhibitions, an LP record, and a projected videotape or videodisc presentation. In retrospect, we find a striking parallel in the collaborative efforts that contributed to the development of the medical care delivery system in Ecuador, and to the expansion of educational activities in the United States. In Ecuador, word spread about the medical program and people there wanted to participate; colleagues in the United States learned about the medical program and also about the ceramics, and they too wanted to participate.

Our entrance into the realm of educational exhibits was gradual, unpredictable, and always dependent on a network of friends and colleagues. Over the past several years, we have talked to a number of anthropologists who have become involved with ethnoaesthetics--the presentation of ethnic arts and artifacts within context (see Price and Price 1980)--as a means of educating the American public about other cultures. Many who share this growing interest in stimulating public appreciation of the traditions and arts of other peoples have had experiences similar to ours, and they have asked a number of specific questions, ranging from how to pack artifacts to how to make contacts to where to obtain financing. In answer to these questions, we chronicle in Appendix A the various exhibits presented through Foundation auspices.

The anticipated results have been most gratifying, as hundreds of people in the United States and a small but growing number of Latin Americans and Europeans have become acquainted with, and expressed admiration for, Canelos Quichua peoples, culture, and artistic creations. One fortuitous, unanticipated consequence is the extent of ethnic and artistic recognition being given to Canelos Quichua by their fellow Ecuadorians. This acclaim not only generates financial remuneration for Runa through sales of their ceramic and wood products in their own country, but in many cases the quality of craftsmanship itself has improved. The ethnic pride so graphically represented in fine ceramics and charming carved wood birds, frequently bearing indigenous symbols of protest, are part and parcel of the ethnic resilience described in chapters 2 and 3.



Marcelo Santi S. carves  
a traditional bancu.



A traditional canoe with a borrowed name.



Teofilo Santi M. shows his new style bancu with deer head and tail.



Marcelo Santi M. carves a balsa caiman for ethnic arts market.

### Aesthetic Resurgence: A Paying Tradition

A flourishing tourist arts market within Ecuador and accompanying demand for "genuine native crafts" in Western Europe and North America have enabled the Foundation to expand its sales from its initial focus on Canelos Quichua ceramics, made by women, to include new wood carvings by Puyo Runa men, and certain Andean Ecuadorian paintings by Inga-speaking peoples of Tigua in Cotopaxi Province. These ethnic arts and crafts have traditional antecedents, but unlike Canelos Quichua ceramics, they are specifically and exclusively produced for the tourist and ethnic-arts market (Graburn 1976). The Foundation provides purchasers of these items with as much information as possible, but they generally have not been individually catalogued as the ceramics are, and we do not always know the name of the craftsman when we did not buy directly from him. Our policy is to acquire these items through a system of purchase, exchange, and reinvestment, for the purpose of resale and exhibits. The Foundation has now built up a collection of carved wood items, including traditional functional pieces and tourist items dating from early efforts to the present, with which to document growth of the new wood-carving industry.

Traditional wood products made by Canelos Quichua-Achuar men include the *bancu* (stool, symbolic seat of power), violins and drums, blowguns and quivers, canoes and paddles, huge bowls and pestles for pounding cooked manioc, and flat boards for rolling clay coils and cutting tobacco. These functional items are made of fairly hard woods and many are decorated with the head of a turtle or a caiman. Although most men were able woodworkers, few were regarded as exceptionally skilled.

We trace the first ethnic art carvings to Segundo Vargas, who in 1972 made several *bancus* in non-traditional forms. In 1975, he saw two Chachi (Cayapa) carvings in our house; about a week later, he came back with a caiman and an agouti he had carved from hardwood. Other men began experimenting with carving hard and soft woods, and with using traditional plant dyes and some commercial paints. The popularity of balsa carvings virtually exploded in 1979, when Joe Brenner, a North American then living in Puyo, discovered the lasting quality of imported caustic wood stains. As the industry grew, carvers became specialized in the type of wood used and in the design and size of their carvings. By 1981, thousands of wood birds were regularly transported to Quito where there was a large local as well as tourist market and a thriving export trade. A diversification of outlets has developed; some indigenous craftsmen sell directly to stores, while some market through a growing number of indigenous and non-indigenous brokers. At least one indigenous carver does the whole process, from tree cutting through sales; he is aided at times by his wife, a skilled ceramicist who now turns out beautifully painted small balsa birds. The wood-carving industry has become such a valuable source of income to many households that a number of women now carve, sand and paint along with their husbands. Some families work together in cottage industry fashion, marketing their wares through one kinsman who undertakes the brokerage role.

Joe Brenner now lives in Quito, where he has become a recognized artist for his painting of whimsical, stylized birds, and more importantly, for his "ornithologically correct" birds. He is assisted by a staff of indigenous and nonindigenous men and women, just as he was in Puyo. He teaches these workers techniques of line burning, painting and finishing the carved forms sold to him by indigenous carvers. While Joe does some carving himself, his efforts to date are directed mainly toward exquisite painting, and training and



Segundo Vargas V. creates a special carving for the ethnic arts market.



Bolivar Grefa with his carving for SRRF exhibits



Joe Brenner paints with apprentice, Marcelo Santi M.



Ready for transportation to Quito and the United States.

supervising his employees. Carving is still fundamentally an indigenous product, and as techniques of painting are learned and retaught, more Puyo Runa men are painting their own wood birds and animals.

Since 1979, the Foundation has sold some birds painted by Runa, some by Joe, and some that are a joint effort. The policy of regarding an established percentage of the purchase price as a tax deductible contribution to the Foundation applies to the new tourist items as well as to the traditional ceramics. All revenues from sales of ceramics are returned to the medical care delivery program, while a small portion of other revenue is used to renew the tourist art stock from time to time, as needed. In Ecuador, some carvers now use their works as trade items in return for participation in the medical care program, thereby sharing the auto-financed aspect of it with women ceramicists. Increasingly, husbands and wives together bring us their carvings and ceramics to sell, exchange, or donate as their part in the program.

### The Interface of Exhibits and Sales

The purpose of the exhibitions is to educate the general public about ethnically identifiable peoples of Ecuador and, at one level or another, to foster sales of items handmade by these peoples. Exhibits have become a pivotal link between the medical care delivery program and sales, which constitute the basis of public support of the Foundation (and hence our IRS tax exempt status) and of funding the medical program. Emphasis on selling directly through exhibits has varied from offering very few items to offering practically everything. Regardless of emphasis, the underlying concept has been to promote the aesthetic quality of items. This is as applicable to the SRRF annual sale in our home as it was in the sales of a well-balanced collection of decorated ceramics to the International Museum of Folk Art, Santa Fe, New Mexico, and of two collections of blackware to a Swiss antique dealer, Mrs. Nelly Curti. Through the ceramics, Mrs. Curti acquired a deep sense of admiration for, and commitment to, the well-being of the Canelos Quichua peoples. She voluntarily contributes a percentage of her profits to the Foundation and also promotes knowledge about the ceramics and their makers among her clients, art collectors, and the general public.

Two other contrasting experiences--trying to sell through a museum shop, geared to educational toys, books, etc., for children, and through a highly selective California gallery--convinced us that successful sales (as in the latter case) depend on the promotion of aesthetic quality. The Foundation policy is to sell high-quality items at appropriate prices; it does not wholesale or offer discounts. For several years the annual sale has included a "children's table," where youngsters may purchase inexpensive things (frequently made by indigenous Ecuadorian children), but we do not deal in cheap, easily acquired tourist souvenirs. We sell only those items that we can verify are made by ethnic peoples and about which we can provide at least basic information. Each purchaser of a ceramic item receives a written statement containing the maker's name and residence, the function of the piece, and the iconography of its design; this documentation is imprinted with the official seal of the SRRF. No pottery is offered for sale until it is photographed and documented. This information is then incorporated into our ongoing research on the iconography and symbolism of the ceramics and is available for educational purposes, including research and teaching by others. The Foundation sells a limited number of ceramics each year. The majority of all ceramics acquired

through the exchanges and donations described earlier, or purchased by the Whittens at fair market prices in Ecuador, is kept as a permanent collection for research and exhibitions.

The overlapping interests of exhibits and sales were writ large when two indigenous Ecuadorian weavers visited the United States in spring 1982. This was a second trip for Rudi Masaquiza of Salasaca. Known to us and many other North Americans for years, Rudi came with a number of contacts for potential exhibits, demonstrations, and sales. It was the first visit for Julio Chicaiza, who has a polycultural background in Salasaca and other areas, and he was quite dependent on Rudi for minimal translation, contacts, and other information. They were met in Miami by Bill and Gigi Vickers, who hosted them for several days and helped to arrange their flight to Chicago, where they were met and driven to Urbana by Norman. Through extensive use of Foundation facilities and our network of exhibition and ethnic arts outlets, the two men plunged into a hectic schedule designed to maximize their 90-day visas.

A few days after arriving in Urbana, they participated in the Department of Anthropology's Open House, displaying their weavings, answering many questions, and demonstrating their weaving techniques on a loom borrowed from the Department of Textiles, Apparel and Interior Design. Because of a large color photograph and write-up on the front page of the local newspaper, people flocked to meet them and see their weavings and to see the other exhibits and displays, making this an extremely successful event. This "kick-off" affair was followed by their talks and demonstrations for local groups (school classes, Spinners' and Weavers' Guild) and by travels to Boston, where they took part in an exhibit sponsored by Cultural Survival, to New York City, Chicago, and other cities. Cultural Survival paid their air fare from Urbana to Boston; Rudi and Julio supported the rest of their travels (including the trip from Ecuador) through sales of weavings.



Rudi Masaquiza and Julio Chicaiza discuss their weavings at an open house, Department of Anthropology, University of Illinois (1982).

They accompanied us to Southern Illinois University, Carbondale, when we returned there to take down an exhibit. Before they helped to dismantle the exhibit, they went through it thoroughly, asking questions, commenting, and understanding every caption and text through Norman's translation. They were deeply impressed by this presentation of another indigenous group from their own country, and they discussed the possibility of a Salasacan exhibit at the museum at a later date. They remained in Carbondale to give demonstrations for Joane Lintault's weaving classes and to hold a sale. Joan was their hostess and arranged return train fare and an honorarium for each through her department. They later returned to Carbondale for more sales, through the arrangements and hospitality of Lillian and Edward Adams, Cynthia and John Olmsted, and Joan. Julio and Rudi rode with us to the American Ethnological Society meetings in Lexington, Kentucky, where they not only sold weavings but attended sessions, met indigenous leaders from Nicaragua, and were interviewed for a local television newscast.

Through their travels, while they were learning far more about North American life than where to sell tapestries, they were aware that they and their culture were on display. They were keen observers and analysts; as they discussed their observations with us and others, they taught us a great deal. Their teaching continued when they returned home, for they were the first native Quichua speakers to see an SRRF exhibit (to our knowledge) and to describe it to others in their own language. Furthermore, during summer 1982 they reciprocated favors extended to them by the SRRF by driving Norman to various places and introducing him to other artisans, thus helping to increase his knowledge of Andean Ecuador.

### **Systems of Exchange and Auto-financing**

Although the exchange of goods (handmade artifacts) for health care was originally based on a reciprocity of services--our brokerage in return for research collaboration--a system has evolved that far exceeds our research interests and, for the time being, the actual health needs. The program was never intended as, and is not used as, an inducement for research. This seems substantiated by the fact that the program is flourishing in communities where we and others have undertaken research, but where we are not now working, as well as in areas where we have never worked. We have stated repeatedly that the program will continue whether or not we continue to do research in the specific area, provided it remains auto-financed. We further resist the notion that a person who receives a substantial amount of medical attention "owns" the program a substantial amount of "goods." Our firm and enduring request is that the person receiving medical care in turn help us to obtain high-quality artifacts. "High quality" stresses that whatever artifact an artisan wishes to make be made to the best of his/her ability. When artisans discuss their products with us, we explain that one item, made to a standard that pleases the artisan, is preferable to ten items quickly turned out for tourist trade.

As we have sought through the years to maximize the auto-financed aspect of health care delivery in a way that ensures an adequate return of capital, we have had to balance the flow of goods given and/or sold to us against what is desired and appreciated in the United States and other international markets, as well as in a flourishing Ecuadorian ethnic arts trade.



A family assembles to bring ceramics and wood carvings to the SRRF, in exchange for participation in the auto-financed Medical-Care Delivery Program.



Two benefactors of the Medical-Care Program.



Clara Santi S., master potter.

An exchange system involving an interplay of outright donation, trading of goods, and commercial buying and selling has been worked out as follows. Indigenous peoples who wish to participate in the Foundation's medical program, regardless of whether they choose to collaborate in research, occasionally provide a variety of artifacts. A few things are offered as outright gifts or as direct payment for medical services; but most are purchased from the maker who receives cash remuneration at fair market prices in Ecuador. Artifacts collected by the Whittens as well as by Ecuadorians and other people who wish to help the Foundation are often traded or sold in Ecuador until an array of articles suitable for sale in Urbana is assembled. In 1981, for example, residents of Agua Santa, a community near Mera, presented the Whittens with about 80 pieces of pottery and 40 wood carvings in exchange for entry of the entire hamlet (about 100 people) into the medical program. Some of the pottery was traded for weavings in Salasaca; the rest of the pottery and some of the wood carvings were sold to a gift shop in Quito. This money was reinvested in Andean-made oil-on-leather paintings, bought at reduced prices from another gallery which also purchased other jungle artifacts from us. A selection of paintings and weavings from Andean Ecuador, together with ceramics and carvings from Amazonian Ecuador, was then offered for sale by the SRRF.

In the course of working our way through this expanding exchange system, we have encountered other people with contrasting interests in commercial trade. One type is what is known in Ecuador as *vivo*. To be *vivo* is to make a profit at the expense of others--to maximize gains in situations where gains might be seen not to exist. For example, to be *vivo* in the medical program one could (and a few did) charge sick people for a trip to Vozandes, then use knowledge of the program to get the people treatment, and tell those treated to pay back in ceramics or wood products directly to the *vivo*; finally, the *vivo* would sell the products to a Puyo or Quito dealer. Better still, to be *vivisimo*, one could take the finest of the ceramics and sell to the Whittens when they returned to the area, asking the highest Quito or U.S. retail prices. The *vivo* complex bothered the majority of the Puyo Runa, and they told us so. We agreed that illness and the exchange of artifacts for health care should not be exploited by profit seekers claiming to work under the auspices of the Foundation. It was largely in response to the *vivo* complex that the registry was drawn up to allow the auto-financed program to remain stable.

On the brighter side of commercial endeavors, we are frequently asked for recommendations about prices and retail outlets in Quito by indigenous artisans and brokers who wish to participate directly in the ethnic and tourist arts market. We are happy to comply with such requests and have visited various gift shops in Quito with native artisans who now sell there sporadically, on their own terms. We always tell people exactly what price a given bowl or wood carving brought wherever we sell it, and we try to report carefully the number of artifacts sold in a certain period of time.

As a result of these latter activities, considerable information has flowed among indigenous peoples regarding the environing capitalist economy and within it the worth of native products and the cost of health care. As they compete successfully in the ethnic arts market, we see more and more young people being educated in secondary and technical schools and aspiring to college or professional training. The continuing presence of the self-financed program assures them that illness need not disrupt their lives, that they can participate in a cash economy on their own terms, whether or not they choose to utilize the medical care program.

## CHAPTER 7: REVIEW AND ASSESSMENT

Throughout this monograph we have tried to document as fully as possible the development and purposes of the SRRF. The detailed accounts of the Foundation's formation, operations and activities are intended to inform people who have similar interests. Any collaborative undertaking between outsiders and indigenous peoples would assume distinct characteristics, depending on the people and their particular situation. While this monograph cannot provide a formula or model for development of similar organizations, we hope it can serve as a reference source and illustrative guide to areas of potential success and acknowledged failure. As we review and assess the work of the Foundation, we note recent events in Ecuador that ramify to all levels of indigenous life, as well as to SRRF interactions with native individuals and groups, and with other not-for-profit organizations.

Former Ecuadorian President Jaime Roldos Aguilera was a strong advocate of indigenous rights and autonomy. On 17 May 1981, he issued a declaration to expel the Summer Institute of Linguistics-Wycliffe Bible Translators from the country. His argument, based on reports and materials prepared by indigenous organizations, alleged that the SIL's numerous programs and activities were detrimental to indigenous autonomy. On 24 May 1981, President Roldos, his wife and several aids were killed in a plane crash in southern Ecuador. His last public words, delivered in an Independence Day speech in Quito an hour before he boarded the military plane, were: "Ecuador amazonica desde siempre y hasta siempre. Viva la patria!"

Roldos's untimely death was especially tragic for indigenous peoples, many of whom accorded him a charisma he did not enjoy during his short lifetime. It was under Roldos's term that the Federacion de Centros Indigenas de Pastaza (FECIP) formed in 1980, without governmental restrictions, interference or repression. He was also President when native peoples of Pastaza Province reoccupied, by force, territory ceded to their custody by a 1947 Presidential decree; once again, there was no direct intervention by legal or authorized force to squelch the reoccupation. While the final outcome of this territorial dispute was still under litigation, Puyo, capital of Pastaza Province, was the site in July 1981, of an international conference, Primera Reunion Tecnica sobre Problemas de las Poblaciones Indigenas en la Region Amazonica. Two indigenous confederations were formed during this conference, which was sponsored by the Organization of American States, the Instituto Indigenista Interamericano, and the Ecuadorian government. One confederation united existing Amazonian Ecuadorian federations, while the other was an international union of Amazonian Pact representatives.

The conference fostered communication among indigenous leaders and representatives and paved the way for a stronger voice of Ecuadorian natives in their national and regional government. Locally, the conference stimulated pride in and respect for indigenous people on the part of some townspeople. Ethnic barriers still exist, side by side with graphic expressions of acceptance of indigenous people. For example, the traditional indigenous **mucahua** (drinking bowl) has been borrowed as a motif for floats in the founding day parade and appears on at least one version of the city coat of arms. A local newspaper, **Semana**, features a cartoon called **Alamita**, which lampoons

current ethnic interactions. Today, Puyo manifests many features of national life, but at the same time it is at the forefront of proclaiming a third regional identity--that of indigenous and nonindigenous peoples of Amazonian Ecuador--to take its place with the long-standing schismatic coastal and sierran identities.

The changing political climate in Ecuador, combined with steady economic inflation, had several consequences for the Foundation during the early 1980s. With the rise of the indigenous federation known as FECIP, SRRF was frequently asked to convey indigenous-based petitions to other organizations promoting self-help. As the Foundation gained more visibility among development and self-help agencies, it also received more requests from people who claimed to represent various agencies or programs, or to be film or video makers, or to be conducting scientific research. These requests were sometimes for funds, often for information, and most frequently for advice about how to work in the area of Ecuador. We routinely referred all such requests back to FECIP, and our information about organizational styles, strategies and ideologies was also passed directly to federation officials.

The Foundation has corresponded quite regularly with a number of not-for-profit organizations. In one way or another we have made requests of them, and for the most part they have requested something from us. The most prominent include Cultural Survival, Survival International-England, Survival International-USA, IWGIA, Oxfam-England, Indigena: News from Native America, the Ford Foundation, the Inter-American Foundation, Anthropological Resource Center, and Earthwatch. Visitors to the Foundation itself, whose aims are gain specific information and share common interests and knowledge, include representatives of Survival International-England, Cultural Survival, and the Instituto Nacional de Patrimonio Cultural del Ecuador. With some exceptions, the Foundation seems to be growing in recognition as an accurate source of information about the vitality and adaptability of many of Ecuador's peoples.

The primary criticisms that we have heard about our organization from bona fide representatives of legitimate organizations, include these:

1. We are too conservative (like a missionary organization) since we collaborate with a missionary organization.
2. We are not a native group or organization and therefore should be viewed as competing with native organizations.
3. We are a front for research.

We respond to these criticisms from the standpoint of our corporate position.

1. Foundation work is completely separate and independent of any religious activities of any kind and has not served as a conduit for missionary efforts in any of the communities served by the medical program. Moreover, indigenous people tell us that they are able to resist encroachments by fundamentalist missionaries because they already have access to needed medical attention. Some Dominicans, too, accuse us of having blocked the process of proselytization by providing Western medicine to native peoples on terms established by native peoples. Both Catholic and Protestant missions also express the opinion that native crafts should be sold at a very low price, so

that native peoples will "learn the meaning of money." Our Foundation incorporates the Sacha Runa title and set of concepts precisely to combat this ideology of domination of urban over jungle, white over "Indian." As such, we are antithetical to some mission activity, even though we work through a mission hospital to provide needed medical care. One of our publications in Spanish, now used by most indigenous organizations in Amazonian Ecuador to validate certain land claims, was once suppressed by editorial censorship because of its criticism of the government of Ecuador. Another, *Transformaciones Culturales y Etnicidad en el Ecuador Contemporaneo*, has been impounded in Ecuador (as of this rewriting, mid-1984), allegedly for political reasons.

2. We are clearly not a native group, and we work intensely toward the day when brokerage on behalf of native peoples is no longer necessary. The issue of "competition" is salient and open to interpretation. We are constantly engaged in reflection with regard to this criticism, and to this end we have made every aspect of our activities known to indigenous leaders of every organization known to us (which are now all growing in the Puyo area and beyond) and to every person who asks about them.

3. The Foundation is an educational research organization. It developed when we could not fill native requests through the University of Illinois and when fulfillment of such needs required a corporate base. The SRRF is not simply a "front" for research; it is established to continue to do research on conditions set by the "subjects" of our research. As far as we know, this quality of being an educational research organization with a primary corporate motive to serve felt-needs of peoples living in the area where research is conducted, makes this a unique, but replicable organization.

Although efforts to promote a viable paramedical training program were largely unsuccessful (as described in chapter 5), the fact that SRRF had secured funds for that program led some people and organizations to perceive the Foundation as a resource comparable to OXFAM or the Inter-American Foundation. By 1981, large scale funding from European and North American sources were available to indigenous organizations, stimulating some leaders to request major grants from SRRF. We were unable to provide salaries for organization officials, IBM typewriters, secretaries, or office rental; neither could we build two story cement health clinics throughout the province. We also could not honor requests to turn over control of all our revenues to any of the extant indigenous organizations, simply because there was no support from any indigenous source, even within the various and sometimes overlapping directorates, to do so.

During the July-August period of 1981, the rope-like position of the SRRF became painfully obvious in the escalating tug of war competition over outside funds. The misperception of SRRF's financial situation was rekindled by specifics of Roldos's SIL-WBT expulsion order, which cited the imperialism inherent in their health care, community, and educational programs, and, repeatedly, in their "anthropological research." Roldos's words were (understandably) taken out of context by many Ecuadorians, from national bureaucratic to local organizational levels; the rhetoric to terminate all U.S.-based research became quite strong and the SRRF became the target of certain indigenous spokesmen.

While we faced demands from a few strong-willed individuals that SRRF turn over all existing funds and control of the medical care program to certain indigenous leaders, and cease all research activities in the Oriente of Ecuador, we also felt a strong, opposing pull. We received a written request from a group of indigenous communities for an automobile or van to use as an ambulance to serve their own people. Members of these communities had met informally, without our knowledge, to write the petition and then to obtain signatures and thumbprints of every member from each involved caserio or llacta. In response to this sincere request, Comuna and Federation officials stated that caserios could not make such requests on their own but must work through "proper indigenous authorities." The constant, steadying factor that kept the Foundation's role in perspective during this period was the strong and continuous expression to maintain the auto-financed medical care program, and to maintain it in its present form.

Long-standing developmental programs in Ecuador have grown to enormous proportions in recent years. This brief overview of trends does not touch the issue of urban development and modernization in Ecuador. The government tackled illiteracy and promoted a widespread Quichua-Spanish bilingual teaching program, with mixed results. The infrastructural expansion of roads, bridges, water systems, schools, and other public buildings reaches into some of the most remote areas of the country. More public health clinics are being built and more medical personnel are being trained. Future energy needs are being addressed by construction of a series of massive dams to harness hydraulic power from Andean waterfalls; power lines are strung along the road that winds high above the Pastaza River from the Andes to Puyo Runa territory.

In this developing nation, beset with rampant inflation and monetary devaluation, foreign capital has been pouring in at all levels; we deal here only with the local level. As representatives of foreign governments and international organizations strode into indigenous territory with grandiose promises and offers to meet almost any request, it was logical that people's rising expectations were projected onto SRRF.

We coped with competing, conflicting demands on the Foundation in several ways. We explained to everyone involved that the very nature of the demands paralyzed the Foundation's operations--it simply could not comply with all contradictory requests. We continued to serve as an information broker by giving indigenous people the names and addresses of international organizations and key officials within them and, when asked to do so, by informing international agencies of interests of indigenous people, their organizations, and leaders. Primarily, we reaffirmed our original intention to maintain the auto-financed source of supplementary funds for medical care.

The medical care program has become better known at national levels than ever before, and serves in some quarters as an exemplar of indigenous collaboration in an alternative system of resource management. Such heightened visibility has led to sporadic public requests for SRRF to rapidly expand medical care delivery far beyond its means. We could not, for example, comply with the 1981-82 position of a few Federation officials that all programs in Pastaza Province must help all indigenous peoples equally, regardless of their contribution to, or choice to participate in, a particular program. We shall remain sensitive to this and other positions as we work within an indigenous framework to continue an auto-financed system of meeting expressed needs.

Throughout our work with the Foundation, we have always weighed and balanced two ethical considerations--responsibility and dependency--that seem basic to any applied program. We must be continuously aware of many responsibilities involved in promoting any sort of medical care. We cannot accept the argument of "only indigenous medicine for indigenous peoples," for the Canelos Quichua people know when they need other medical care and we respond to their expressed needs. The benefits of the program outweigh the risks.

A friend once asked us, "But what if somebody dies?" People have died--some very young, some very old, many very close to us. People have also lived, have become strong, healthy and vigorous after being debilitated. Life and death will go on with or without the Program, but we think that its existence has tipped the balance toward living. The Program must be evaluated from the perspective of its capacities and limitations. In our opinion, its basic contribution is in the creation and/or promotion of linkages between a dependable, efficient, and effective source of health care delivery and the existing and potential users of that health service. To minimize the dependency of Runa on our efforts, we have consistently emphasized the auto-financed, collaborative nature of the SRRF. Again, it is through the advice and guidance of numerous indigenous collaborators that the Program has developed in a particular way and maintains its self-financed operations through a series of written communications, occasional visits to Ecuador, and an exchange system culminating in periodic sales in the United States and elsewhere.

The economic success of the ethnic arts market within Ecuador now gives indigenous people much more flexibility in obtaining medical care, thereby lessening their dependence on this (and potentially other) programs. The economic relation of ethnic art production to education is significant, as stated in chapter 6. There is increasing discussion of indigenous-owned cooperatives and shops, with their own trucks to transport art products to Quito outlets. We see this as desirable but unlikely to take place until certain changes are made in regulations controlling cooperatives.

Meanwhile, most Runa we know voice their support of the medical care delivery system that has saved many lives, served well over 1000 cases, and virtually controlled active tuberculosis within a mobile and shifting population of about 3000. It is gratifying to close this monograph with the report that we continue to work with a healthy, robust people. All credit for whatever modest Foundation assistance we have been able to extend to some of Ecuador's native peoples is due entirely to their knowledge, thought, and vision.

"But what of the conclusions? Surely there must be some. What value can a document such as this have without bringing matters to a close so that others who wish to emulate the model are informed of what the 'bottom line' is." These final paragraphs address the issues involved in reaching closure, but nothing is concluded. The lesson of this documentation is that knowledge, thought, and imagery drawn from indigenous people working closely with legitimate research-oriented scholars can provide the cognitive stuff of which an applied program is constructed and executed. We have not relied upon indigenous concepts so as to write about indigenous peoples, and then turned to the concepts extant in a bureaucratic sector of business and government to fund

a medical program. Indeed, our attempts to follow formal blueprints from the private and public sectors of the United States largely failed.

We have worked systematically through ramifying personal networks in the United States that are wholly analogous to the ways by which native peoples of Pastaza Province, and beyond, work through inter-ayllu, inter-llacta, and other interpersonal ties to accomplish some task. Friends and acquaintances have seen that indigenous imagery could be presented through exhibitions, and these vision-filled scholars have helped direct us toward sources for exhibits. We have sought to relay ethnoaesthetic information for sales to educate potential buyers about a different way of thinking about art and artifacts.

For those who would emulate the successes and avoid the failures of the SRRF, then, we can only ask that they listen to the native peoples. Anticipate some contradictions but work increasingly within a framework which must be emergent, reflective, and responsive to shifting vicissitudes attendant upon indigenous adaptation to radical change, continuity of transformable imagery deeply imbedded in culture, and escalating illness due to foreign-sponsored disease vectors.

### Epilogue, 1985

To update this report, the auto-financed medical program continues as described, even though no research projects are on-going in the area. OPIP did utilize some of the funds deposited therein to provide fellowship assistance to a young man from the Copataza River region so that he could complete nurse's auxiliary training, and he is now hard at work in his own territory. On the Comuna San Jacinto del Pindo, Alberto Chango has found stable employment with the Public Health Service of Pastaza Province, working out of Puyopungo. Other fellowship proposals have been received by OPIP and discussions of continued collaborative activity are ongoing.

## APPENDIX A: EDUCATIONAL EXHIBITS

The descriptions of exhibits are composites of what each contained and presented, together with how the exhibit came about. In every case, exhibits were arranged through colleagues who voluntarily became collaborators because of their appreciation of the artistic merits of Canelos Quichua ceramics and of the cultural integrity and independence of the Canelos Quichua people themselves. Without the help of the various colleagues, the Foundation's work in this area would have been severely limited, and we join the Canelos Quichua people in expressing our debt and gratitude. However, the following details about who did what, when, where, and why are intended not to acknowledge elaborately but rather to document accurately, the spiraling process that may--or may not--lead to an exhibit.

### May 1973: "El Patrimonio Nacional," Puyo, Ecuador

This was literally a storefront display of indigenous ceramics, bead necklaces, feather headdresses, drums, blowguns and quivers, carved wooden stools, fish nets and traps, together with examples (specimens) of local plants, fish, and a few small iguanid lizards. It was rather hastily put together by collaborative efforts of Luis Vargas and other residents of the Comuna San Jacinto, Joe Brenner of Puyo, and the Whittens, in time for the annual founding day celebrations. The exhibit materialized when Sr. Leonidas Palacios, a Puyo resident sympathetic to indigenous peoples, offered use of a vacant store he owned, then provided the sunny yellow paint and even the painter to freshen the grey cement walls. Many native people responded enthusiastically by stocking the shelves with things they had made, with ceramics borrowed from the collection stored in our house (for the National Museum of Ecuador), and with other artifacts, flora, and fauna borrowed from Joe's collection. Indigenous peoples from all over the province examined and discussed every object among themselves, while many gave detailed explanations of their artifacts to local residents and visitors from other parts of Ecuador who filed through the exhibition. Small and temporary as it was, this exhibit was a source of pride and pleasure to the native people, as well as a means of conveying something of their culture to outsiders and to Puyo residents.

### August 1973: Sacha Musiu, Nucleo Rio Chico

This was an indigenous museum founded in the Comuna San Jacinto under the auspices of the Museum of the Central Bank of Ecuador, with total native autonomy. Residents of the Comuna held a minga (cooperative work group) to construct the traditional round-style building of split palm walls and thatch roof and to stock it with their own donations as well as with artifacts they had helped to collect and store in our Puyo house during the year. It contained primarily ceramics, made by many women of the Comuna and from Jatun Paccha, Comuna San Ramon, Sarayacu, Sarayaquillu, Pacayacu, Canelos, Chapana and Montalvo. Additionally, men contributed several stools, paddles and other wood products, some feather headdresses, a drum and several examples of baskets and nets. Our role, outside of collecting and storing things, was that of coordinator and enthusiastic supporter. The inauguration on 4 August 1973, was attended by people from many sections of the Comuna; it was marked by a sitdown dinner, election of officers of the museum, and dedication to the founder of

Rio Chico, Virgilio Santi. For several years it was a source of local pride and was shown to tourists from other parts of Ecuador, Europe, and Japan, until it was permanently closed following controversy over the treasury and the selling and replacement of acquisitions. The building was razed in summer 1982, during construction of a new road that now runs through the center of the old museum site.

15 November–13 December 1976: "Upper Amazonian Art," Illini Union Art Gallery, University of Illinois, Urbana–Champaign

This exhibit came about largely through the prompting of a colleague and friend, Carl Deal, Latin American Acquisitions Librarian at the University of Illinois. He not only suggested the place but helped to transport items. This attempt to present a large-scale educational exhibit to the general public was enthusiastically endorsed by the Center for Latin American and Caribbean Studies and the Department of Anthropology, both of which provided financial support. Other sponsorship came from the Illini Union, UI Student Activities, and SRRF, which was then in the process of incorporation. This exhibit successfully communicated much about the lifeways, technology, and aesthetic traditions of Canelos Quichua–Achuar peoples, as judged by favorable responses from students, faculty, and staff, from many Urbana–Champaign adults and groups of school children and from people throughout the Midwest attending conferences at the union.

## Upper Amazonian Art

Illini Union Gallery  
November 15 to December 13  
University of Illinois at Urbana-Champaign



An exhibition of Upper Amazonian artifacts with special emphasis on ceramics. Some of the items displayed represent the finest available representations of a delicate, beautiful, ancient tradition maintained by native American peoples facing cataclysmic change in their ecosystem.

Sponsored by:  
Department of Anthropology, UIUC  
Center for Latin American and Caribbean Studies, UIUC  
Sacha Runa Research Foundation, Urbana  
Illini Union Student Activities

Gallery hours are from 7am to 10pm daily

**19 March 1977: Exhibit/Sale, Durbin Home, St. Louis**

Sensing considerable support in St. Louis for the work of the Foundation, our late friend, colleague, and SRRF board member Marshall Durbin and his wife, Mridula, invited us to hold a one-day exhibit/sale in their home. Not only did they graciously house and entertain us, but they and their son Robert distributed numerous advertisements, attracting many buyers and browsers. Marshall arranged for **St. Louis Post Dispatch** reporter Don Crinklaw to come by for an interview, leading to a major article, with color illustrations, in a Sunday edition of that newspaper. During this sale we met a number of local weavers and other members of Craft Alliance, a contact suggested previously by another friend and former neighbor, Billie Harris; this eventually culminated in two exhibit/sales at Craft Alliance Gallery. Jim Hauser, a friend from our St. Louis days and Curator of the Museum of Science and Natural History at Oak Knoll Park, stopped by, looked at the ceramics and said "Yes, we would like to go ahead with plans for an exhibit, possibly next fall."

**12 February-10 April 1978: "Art and Technology from Ecuador's Rainforest," Museum of Science and Natural History, St. Louis**

We corresponded with Jim Hauser after our return from a summer 1977 research trip in Ecuador and set the above exhibit dates. The exhibit was sponsored by the Museum, the SRRF, and the Department of Anthropology, the Center for Latin American and Caribbean Studies, and the School of Social Sciences of the University of Illinois. Mittie Jane Schmidt, Exhibits Designer, and her staff rendered invaluable professional help; Ron and Phyllis Stutzman assisted in photography and publicity; and the Durbins again graciously hosted us, putting up with our comings and goings at odd hours during the three trips to set up, attend the opening, and take down the exhibit.

In this first "professional" exhibit, we again sought to avoid sterile displays of things, lists of traits and functions, and an image of disappearing exotica. Our goal was to portray lifeways of contemporary Canelos Quichua-Achuar peoples and to communicate a sense of their traditional culture and its integration, endurance, and adaptation in the context of a modernizing, developing nation. Four basic themes, present but inchoate in the Illini Union exhibit, crystallized during our planning and have been integral to all subsequent educational exhibits, although each has varied according to space and facilities. Through a common focus on the utilitarian, ceremonial, symbolic and artistic merits of ceramic, wood, feather, and bead artifacts, the themes present four cultural segments and their interrelations:

**Sustaining Life**

**Display:** large, beautifully decorated ceramic tinaja for storing aswa; a small replica of it with the face of garden spirit Nunghui; two ceramic representations of larvae, one the edible larva of the palm weevil, the other a predatory beetle larva that eats palm weevil larva; a pottery bracket fungus with a sun face.

**Caption:**

Animal protein is relatively scarce in Amazonia, and manioc, sweet potato, and taro root crops, rich in carbohydrates, spoil rapidly

# Art and Technology from Ecuador's Rainforest

Reception Friday, March 10, 1978  
5:30 - 8:00 p.m.

Cocktails and wine

EXHIBIT SPONSORED BY:

University of Illinois, Urbana-Champaign  
Dept. of Anthropology  
Center for Latin American and Caribbean Studies  
School of Social Sciences

The Sacha Runa Research Foundation  
The Museum of Science and Natural History, St. Louis



*Ceramic representation of  
sucker-mouth catfish*

In the Science Building  
**Museum of Science  
and Natural History** Oak Knoll Park  
St. Louis, Missouri 63105

after harvest. Canelos Quichua and Achuar Jivaroans compensate for these environmental limitations by producing huge quantities of **aswa** from masticated cooked manioc. This is stored for up to several weeks in large, decorated jars. Smaller replicas of the storage jars are used by women to keep toucan feathers and secret things which are believed to "ferment" or change much as **aswa** ferments. A type of fungus sometimes added to **aswa** probably increases the amount of vegetable protein in it. Bracket fungi growing out of tree trunks are regarded as manifestations of a mythical regeneration of human ancestors devastated by floods and other disasters; they are considered a source of food but not actually consumed. Palm larvae, rich in protein and fat, are a favorite food, but their predator, another larva living in the same palm tree, is not eaten.

### Self-Presentation

**Display:** Achuar headdress of toucan feathers woven into cotton headband worn over another headdress of woven cotton streamers with patterns that graphically evoke imagery of Achuar origin myths; Canelos Quichua neckpiece and shoulder adornment slings; other necklaces and headpieces made from trade beads, coins, and insect appendages; a ceramic effigy figurine of Nunghui, adorned with toucan feather headdress.

### Caption:

In addition to painting their bodies and faces with red and black vegetable dyes, the Canelos Quichua and Achuar Jivaroans make elaborate headdresses, necklaces, and shoulder slings from bird feathers, beetle wings, bird and reptile bones, and forest nuts strung on chambira palm fiber and native cotton fiber. The red and yellow feathers are from the giant white-throated toucan; cotton is woven on a backstrap loom. Trade beads were originally brought from Czechoslovakia by the earliest Europeans, and foreign coins often found decorative use. The figurine represents Nunghui, master spirit of garden soil and pottery clay, in ceremonial dress.

### Control of Power

**Display:** beautifully carved round wooden stool; shaman's leaf bundle; round turtle-shaped board with tobacco and tobacco snuffer; several stones; small knotted bag with carved nut container; and two ceramic pieces, one a scorpion, the other a coiled snake.

### Caption:

Shamans move ritually and in hallucinogenic trance between the waking world of the living and the spirit world. The carved stool represents the Amazonian water turtle; through it the awesome power of the water spirit master, Sungui, is channeled. To diagnose sickness the shaman shakes the leaf bundle and flickering snake tongues are seen by those who have taken his hallucinogenic brew. The shaman calls on ancient, powerful shamans and spirits who are believed to live within special stones: the polished axe is a "soul stone," containing the bottled-up essence of a powerful person, and the smaller stone is a "shaman's stone" with a powerful shamanic substance inside. The other stone is

believed to have the encapsulated essence of an ancient water turtle seat of power within it. To clarify his vision the shaman snuffs tobacco, prepared on its own turtle plank. Secret powders made from the heart of the giant anaconda, special fungi, and many other substances are kept in the small, exquisitely carved polished palm seed within the woven ditty bag. Sometimes the shaman duels with other powerful ones by sending spirit darts. This ability to kill is represented in the deadly bite of the poisonous snake and in the scorpion's stinging tail.

### Sounds of Spirits

**Display:** musical bow, violin, drum, two flutes, shoulder sling adornment with mussel shells, ceramic cornet.

#### Caption:

The musical bow, violin and snare drum each make a different drone, or buzzing sound, believed to call spirit helpers to human beings. Music itself is believed to originate in the spirit world, and the person who plays an instrument, sings, whistles, or even silently thinks of a song is thought to transmit a message from that world to the quotidian world of humans.

Flutes are also considered directly related to the world of spirits; shamans play the six-hole flute to control the flow of supernatural power during ceremonies. All men play the transverse flute to show that they are calm and strong while they think the words to the song, "evil is coming but I meet it calmly."

During annual ceremonies, prominent men are served **aswa** in special ceramic cornets; after they drink the **aswa**, they continue to blow the cornet while dancing.

Necklaces with delicate shells chime forest sounds when worn during ceremonial dancing.

The four basic themes were amplified by other displays described as follows:

### Traditional Decorated Ware

**Display:** decorated ceramic bowls, jars and figurines; examples of pottery clay, rock dyes, burnishing stones, gourd scrapers, hair brushes, and other ceramic manufacturing paraphernalia.

#### Caption:

These pieces represent the contemporary endurance of an ancient Upper Amazonian ceramic tradition. The bowls, called **mucahua** are used to serve **aswa**, a yeasty, gruel-like drink made from fermented manioc mash mixed with water. The tall jars are for storing women's secret, sometimes magical, substances and special bird feathers. Figurines represent aspects of jungle and riverine life, animated to a social existence through rich and elaborate mythology. Such figurines are

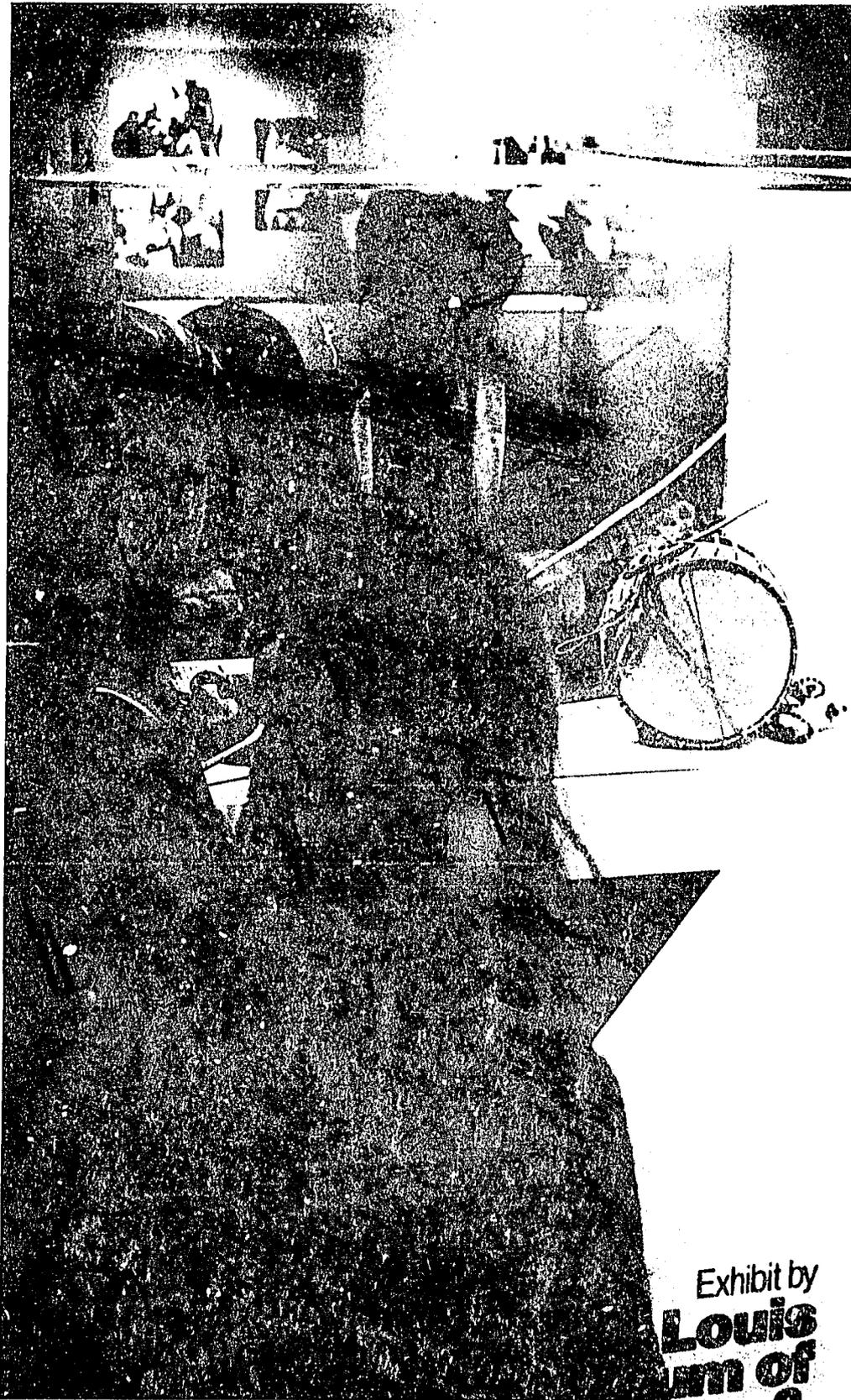


Exhibit by  
**Louis**  
um of

Sounds of spirits.

brought forth to serve **aswa** during the final days of annual ceremonies.

### Traditional Cooking and Serving Ware

**Display:** full range of pottery used to cook and to serve cooked food and brewed beverages, each labeled according to specific purpose.

**Caption:**

Black ware, another ancient form of pottery, made for cooking and serving cooked food and beverage, is being replaced by commercial metal wares. The coiling and firing techniques are the same as those used in the manufacture of decorated ware. After the pot has cooled, it is rubbed inside with leaves from the taro, sweet potato, or other plants, smoked for a while, and then fired again in an oxygen-poor atmosphere in which the incomplete combustion results in shiny blackness. This display includes a wide variety of smaller forms, each with a specific purpose.

### Traditional Crafts

**Display:** examples of materials and illustrations of techniques of twining palm fiber and baskets/nets from it by weaving and knotting; materials and techniques of manufacture of blowgun, blowgun quiver and darts, and curaro dart poison; materials and techniques of making personal adornments from feathers, beads, bones, insects, and seeds/nuts.

**Caption:**

The Canelos Quichua and Achuar Jivaroans are still able to make almost everything needed to sustain their lifeways. Only the steel machete and steel ax head have completely replaced indigenous cutting tools. This case illustrates a few features of their contemporary rich technical knowledge and skill.

### Ecological Representations

**Display:** ceramic effigy figurines representing Amazonian land animals, fish and crustaceans, and birds.

**Caption:**

The rain forest-riverine ecology of the Canelos Quichua and Achuar Jivaroans is undergoing destructive transformations. Native fauna is caught in a squeeze, and indigenous lifeways are irreversibly altered by these changes. In the face of such change some ceramicists depict ecological relationships known to few in an outer world, but thoroughly understood by Upper Amazonian peoples. Communication of scientific knowledge through art can perhaps cross the boundaries of language which today prevent Western developers of Amazonia from heeding the vital message of its indigenous inhabitants.

All displays were augmented by a number of color and large black-and-white photographs that illustrate the people; the ecological setting; manufacture of

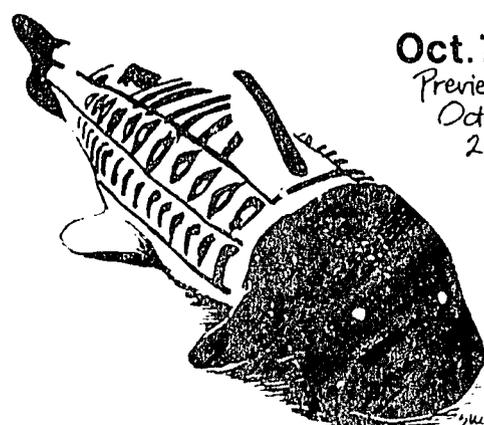
blowguns, ceramics, and other items; and the making of *aswa* and its use in everyday and ceremonial settings. This exhibit was seen by about 195 busloads (approximately 5,855) of school children. Museum personnel estimated that there were over 1000 adult viewers; we know that it reached a wide audience from the varied academic communities of St. Louis, as well as from the general public.

17-24 April 1978: "Art and Technology from Ecuador's Rain Forest," State Historical Building, Madison, Wisconsin

A very scaled-down version of the St. Louis exhibit was displayed on the campus of the University of Wisconsin, in conjunction with the second international symposium, *Anazonia: Extinction or Survival? The Impact of National Development on the Indians of South America*. This was done at the request of Theodore Macdonald, one of the symposium organizers. Travel was facilitated by the Outreach Program of the Center for Latin American and Caribbean Studies (UIUC), through the United States Office of Education; the University of Wisconsin provided living expenses and honoraria through symposium funds. It was seen by approximately 200 symposium participants from this country, Canada, Europe, and a number of South American countries. Two indigenous Peruvian participants, one Amuesha, one Aguaruna, found the exhibit particularly enlightening and relevant to their own culture and cosmology. The exhibit was also seen by numbers of adults and school children who visited other displays in the building.

7 October - 8 November 1978: "Traditional Amazonian Ceramics," William Stix Friedman Gallery, Craft Alliance, St. Louis

In late summer, 1978, we renewed acquaintances with Craft Alliance members introduced to us last year by Billie Harris and Marshall Durbin. We later drove to St. Louis to meet with Jim Harris (no relation to Billie), Dorothy Farley, and Dorie Nugent, see the exhibit area, and set a date. We soon returned with a load of ceramics to set up the display and attend the opening.



Oct. 7 - Nov. 8  
 Preview Reception  
 October 7  
 2-4 pm

sucker mouth catfish

**Traditional Amazonian Ceramics**  
 CRAFT ALLIANCE Wm. Stix Friedman Gallery 6640 Delmar

In contrast to the main gallery, which shows and sells noted United States artists' works, the William Stix Friedman Gallery features temporary displays of other types of art, contemporary or old, with an emphasis on education about and communication of different aesthetic styles. Gallery personnel did everything possible to enhance the artistic and educational presentation of the ceramics in a way that paid tribute to the native craftswomen. Here, we found none of the deplorable insistence of many dealers of indigenous or ethnic arts that objects are of value only if they are used, very old, and preferably no longer made. We think the Craft Alliance attitude of cooperation and support represents many contemporary craftsmen who are empathetic to the importance of public recognition, not sheer commercial success, of true artistic creations. This show returned benefits to the makers of the ceramics, primarily through the medical care delivery program; but more importantly, it gained a wider circle of appreciative and knowledgeable aficionados of Canelos Quichua ceramics and culture.

**December 1978-February 1980: "Art and Technology from Ecuador's Rain Forest," Department of Anthropology, University of Illinois, Urbana-Champaign**

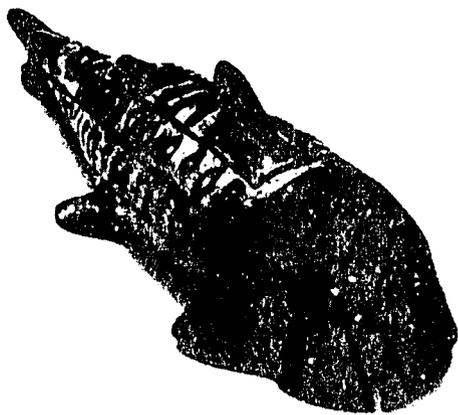
Clark Cunningham and Eugene Giles, successive Heads of the Department of Anthropology, asked us earlier this year to put up an exhibit in the department at our convenience. We did this shortly after taking down the ceramics exhibit at Craft Alliance, using three display cases to show a full range of decorated ceramics, black ware, and pottery-making techniques and paraphernalia, and one large case to combine basic items from the themes of Sustaining Life, Control of Power, and Sounds of Spirits. The Self Presentation theme was not included because of potential deterioration of delicate bead and feather work from exposure to light and dry air over an extended period of time. The exhibit needed no additional funding since all materials were prepared.

Several archaeology and social anthropology classes met in the room to examine and discuss the materials. The display was appreciated by virtually everyone in the department, and it reached a much wider audience of university students, adult townspeople, and school children during the Department Open House in the spring of 1980.

**14 April-11 May 1979: "Andean Ecuadorian Textiles," William Stix Friedman Gallery, Craft Alliance, St. Louis**

We returned once again to the small temporary gallery of Craft Alliance through arrangements made with the people mentioned earlier, but this time with traditional and modern weavings of Salasaca and Otavalo peoples of Andean Ecuador. This exhibit included wall hangings, blankets, fajas (long, woven belts), and knotless-netted fiber bags--all for sale--as well as examples of native clothing, weaving equipment, and a partially made Salasacan faja still on a backstrap loom. The exhibit was accompanied by a short text that conveyed the message, "Today, both of these (Salasaca and Otavalo) Native American peoples of Andean South America have made great strides, on their own initiatives, to enter the modern economic world while maintaining their own traditions and cultures. Weaving has been vital to their success and the basis of their continuing freedom."

The SRRF sponsored this exhibit, but the Stutzmans and Durbins were extremely helpful in many ways. Proceeds from the sales went to the weavers and to the Foundation.



*Ceramic Representation of a Catfish - Artist Unknown*

*The Gallery Guild  
Cordially Invites You to  
the Opening of an Exhibition of*

**AMAZONIAN CERAMICS FROM ECUADOR**

*3 p.m. Sunday, April 13, 1980*

**UNIVERSITY GALLERY**

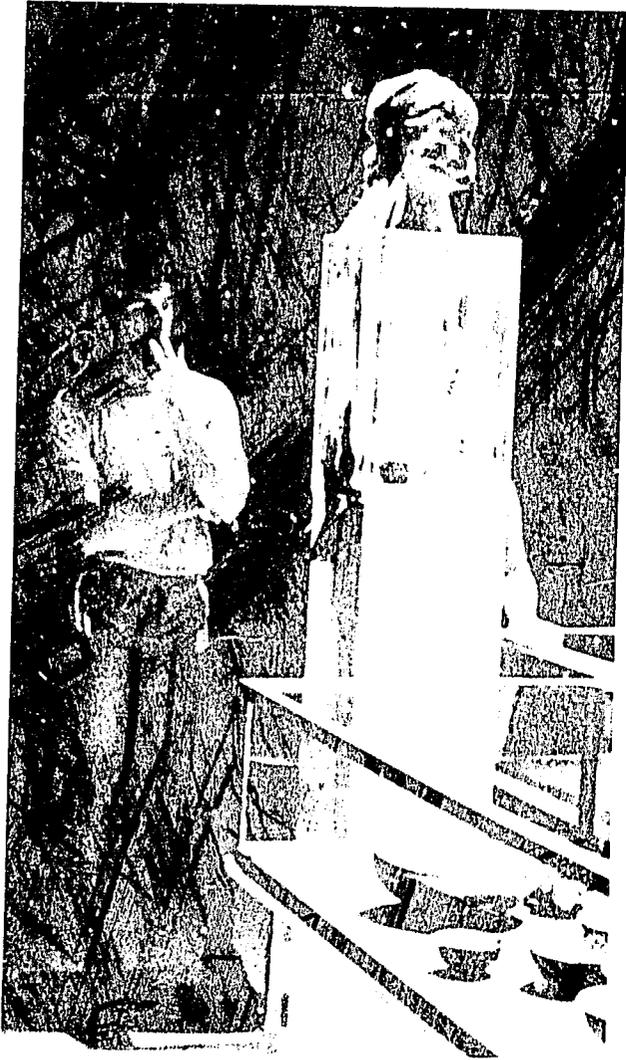
*College of Fine Arts*

**UNIVERSITY OF FLORIDA, GAINESVILLE 32611**

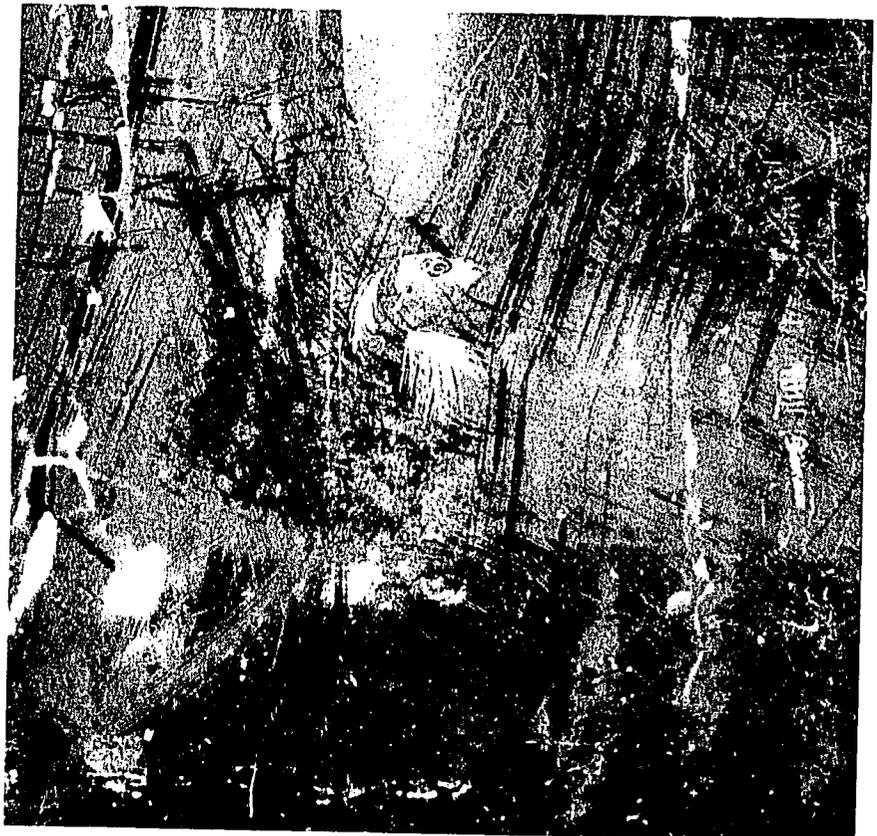
Amazonian ceramics from ecuador



Control of power.



Presentation of self.



13 April - 25 May 1980: "Amazonian Ceramics from Ecuador," University Gallery, University of Florida, Gainesville

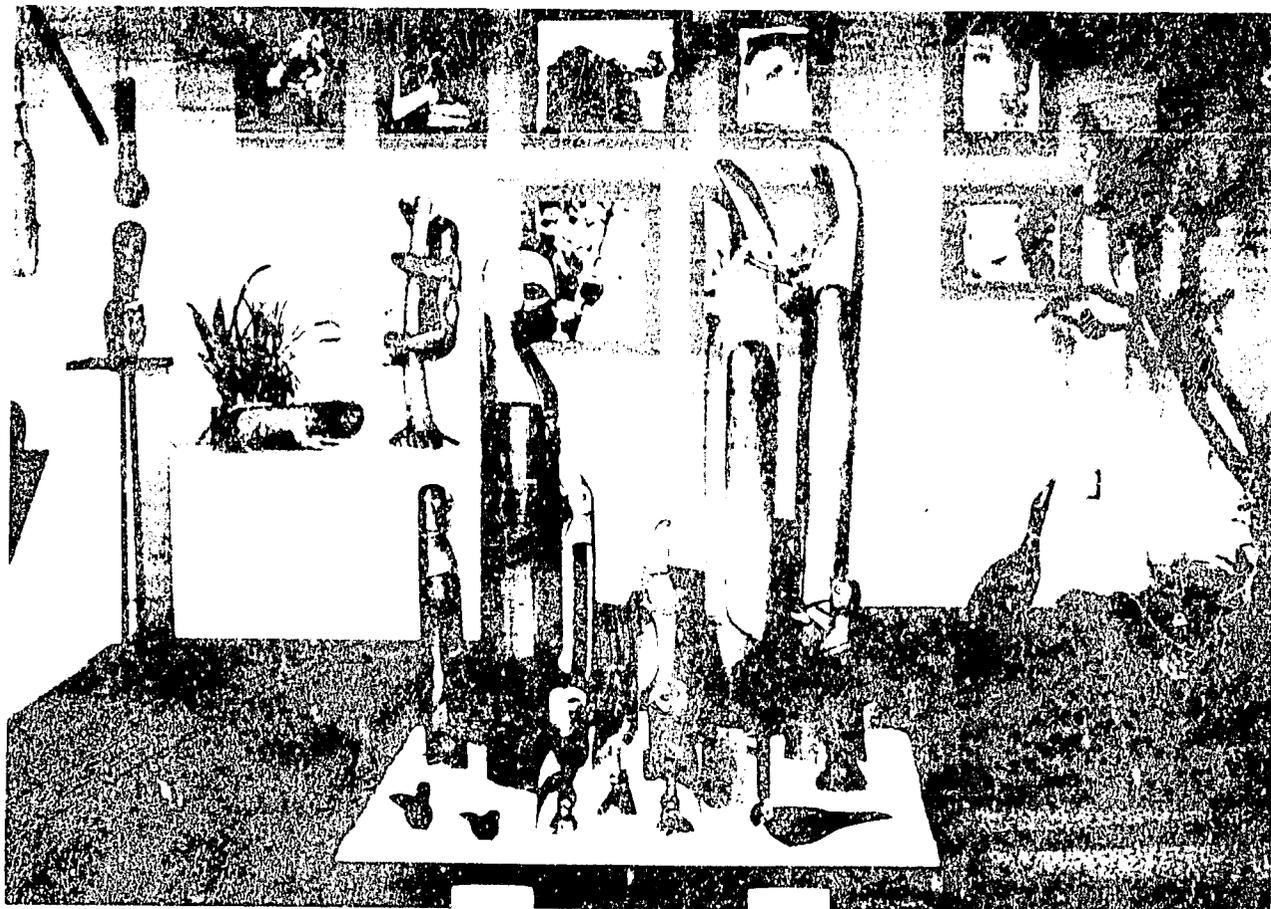
As early as December 1976, Paul Doughty, then Head of the Department of Anthropology at the University of Florida and a longtime friend and colleague, was laying the groundwork to bring an SRRF exhibit to Gainesville. He captured the interest of the Director of the University Gallery, Roy Craven, with whom we talked in fall 1977 about an exhibit in perhaps two years. Subsequent correspondence and conversations set the final dates, and plans were made for us to deliver the materials, help to set up the exhibit, and to attend the opening during our spring break; the museum staff would take down the exhibit and pack everything, and we would pick it up and drive it back to Urbana in July, upon our return from a research trip to Ecuador. Storage space for the interim was provided by Jerry Milanich, Curator and Chair of the Department of Anthropology, Florida State Museum. Jerry, in fact, became so fascinated with the ceramics that he extended an offer to lend his assistance and facilities for analysis of design and symbolism embodied in the pottery. The University Gallery paid the Foundation a rental fee, which covered our living expenses en route and while in Gainesville. The cost of renting a carryall to transport the exhibit was provided by the Department of Anthropology, the Center for Latin American and Caribbean Studies, the School of Social Sciences, and the Scholars' Travel Fund, all of the University of Illinois.

Roy Craven's design dramatically emphasized the artistic qualities of the artifacts while incorporating the didactic basic themes. The display included a large array of ceramics, shamanic equipment, musical instruments, personal adornments, baskets, and other wood items. Technology, except for photographs of ceramic manufacture, was omitted. The exhibit was well attended by a public whose appreciation was summarized by a reviewer for the campus paper: "This glimpse of another culture will both open your eyes and charm them."

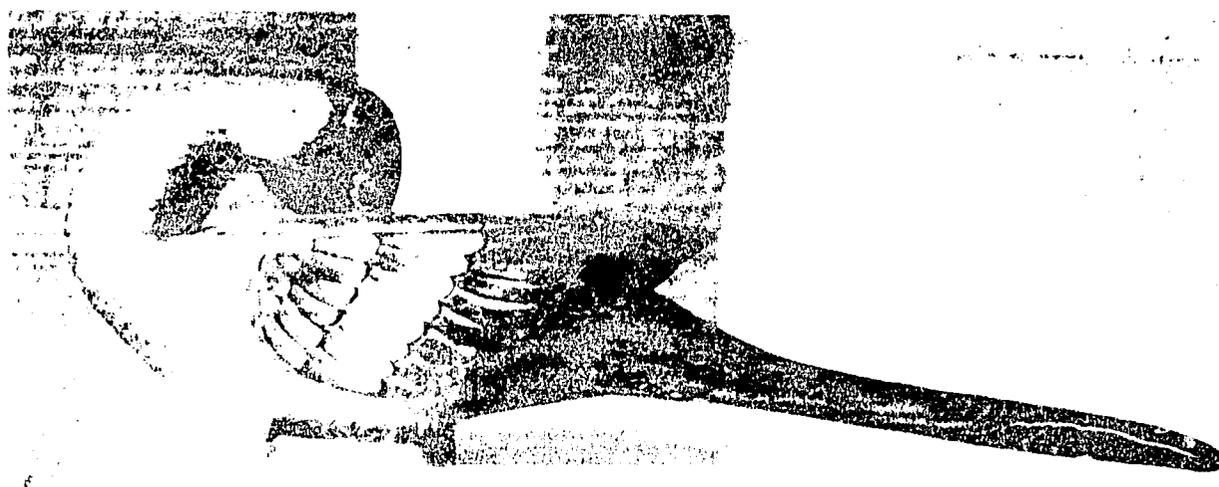
11 January - 25 February 1982: "Aesthetic Resurgence in Amazonian Ecuador," Grinter Galleries, University of Florida, Gainesville

During our stopover in Gainesville to pick up the materials stored at the Florida State Museum, we talked briefly with Elsbeth K. (Buff) Gordon, then Director of the Grinter Galleries, about the possibility of putting up a small show of the emerging wood "ethnic art" made by Puyo Runa men. She had been impressed with the ceramic exhibit and thought the carvings would be ideal for an upcoming conference on Amazonia. The exhibit was subsequently scheduled in conjunction with the Center for Latin American Studies conference, **Contemporary Frontier Expansion in Amazonia**. The Center for Latin American and Caribbean Studies, UIUC, again provided funds, through its Office of Education grant for an Outreach Program, to rent a station wagon to transport the carvings to Gainesville. We had no idea how we would display these things, except that we wanted to juxtapose traditional, utilitarian carvings with the new ethnic art form and to inform the public about each. To this end, we prepared a short essay, "Aesthetic Resurgence in Amazonian Ecuador," to accompany the exhibit.

Art Bacon, who as Roy Craven's assistant had helped set up the ceramics exhibit in 1980, was now acting Director of Grinter Galleries. He was familiar with our approach and working habits, and the three of us put the exhibit together, section by section and concept by concept. The exhibit was extremely popular and seen by a large, varied audience, for the gallery is in the building that houses all of the area centers and the Graduate School Office at



Aesthetic resurgence in Amazonian Ecuador, University of Florida, 1982.



the University of Florida, and the conference itself was attended by scholars from this country, Canada, Europe, and several South American and Caribbean countries. Financially, it was so successful that SRRF stock was almost depleted of large, hard to replace carvings. We were tremendously pleased with the popularity of the carvings but have adopted a more conservative attitude toward reserving prime exhibition pieces for future exhibitions.

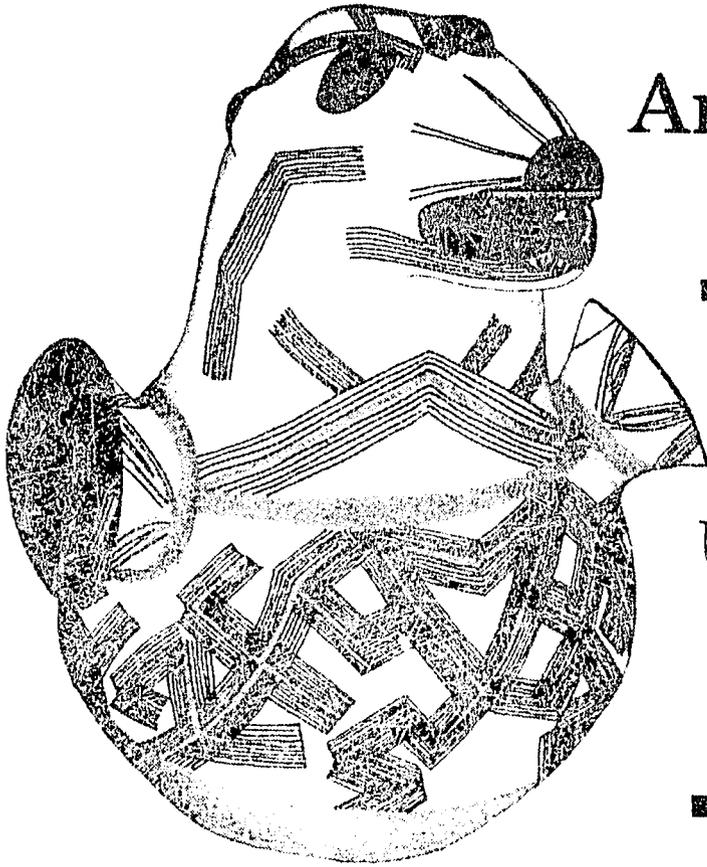
Norman participated in the conference in February; his expenses were paid by the Amazonian Research and Training Program of the Center for Latin American Studies (University of Florida), which allowed him to handle the sales, take down the exhibit, and bring back what was left of it as excess baggage. Additionally, the SRRF received an exhibit fee from the University of Florida Foundation, negotiated by Marianne Schmink, executive director of the ARTP and coordinator of the conference. Marianne was tremendously helpful not only in arranging financial support but in her enthusiasm for the exhibit and the wood carvings. Once again, Paul and Polly Doughty, and Jerry Milanich and Maxine Margolies welcomed us with their hospitality and generated considerable interest in the exhibit through their own enthusiasm for the art objects and the work of the SRRF.

1-31 March 1982: "Amazonian Ceramics from Ecuador," University Museum Gallery, Southern Illinois University, Carbondale

In January 1976, friend and colleague Jerry Handler wrote to encourage us to talk to "the people" at the Southern Illinois University Museum about an exhibit. He renewed his suggestion frequently, assuring us that there was interest at the Museum, and in 1980 arranged for Norman to speak at the Department of Anthropology Colloquium Series in February 1981. Jerry had delivered descriptive materials from previous exhibits to Evert Johnson, Curator of Art, and helped arrange a meeting with him during the February visit; at that time the exhibit was accepted and tentatively scheduled for spring 1982.

Evert gave us a free hand to set up the exhibit while lending his own guidance as well as his excellent crew of graduate student assistants. Because of this help, the space of the gallery, and the expansion of our stock of ceramics and knowledge of its symbolism, we were able to show a large array of ceramics and to incorporate distinct mythological segments to complement the basic themes. The exhibit also included the full sequence of photographs and maps, plus a few carved animals and birds for thematic emphasis.

Transportation costs were again offset by the Outreach Program of the Center for Latin American and Caribbean Studies. The SIU Museum provided a honorarium to the SRRF, and the SIU Department of Anthropology paid Norman a honorarium for his lecture at the opening of the exhibit. Jerry Handler was our gracious host for three trips and an enthusiastic publicist for the exhibit and its contents. The exhibit was seen by appreciative audiences from the university community and from Carbondale and surrounding areas; the total number of viewers was undoubtedly lowered by the fact that the Museum was closed during the university's spring recess of about one week.



**"Bush Dog"**—mascot of the forest spirit master Amasanga . . . drawing by Gary Apfelstadt

# Amazonian Ceramics From Ecuador

An Exhibit and Sale

MARCH 1-28, 1982

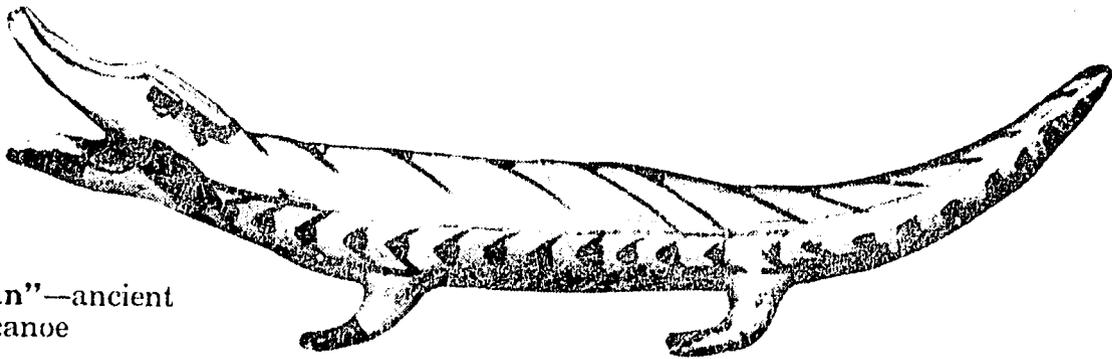
UNIVERSITY MUSEUM

Faner Hall—North Wing  
Southern Illinois University  
at Carbondale

The exhibition is on loan from the Sacha Runa Research Foundation.  
Purchases are 75% deductible as charitable donations.

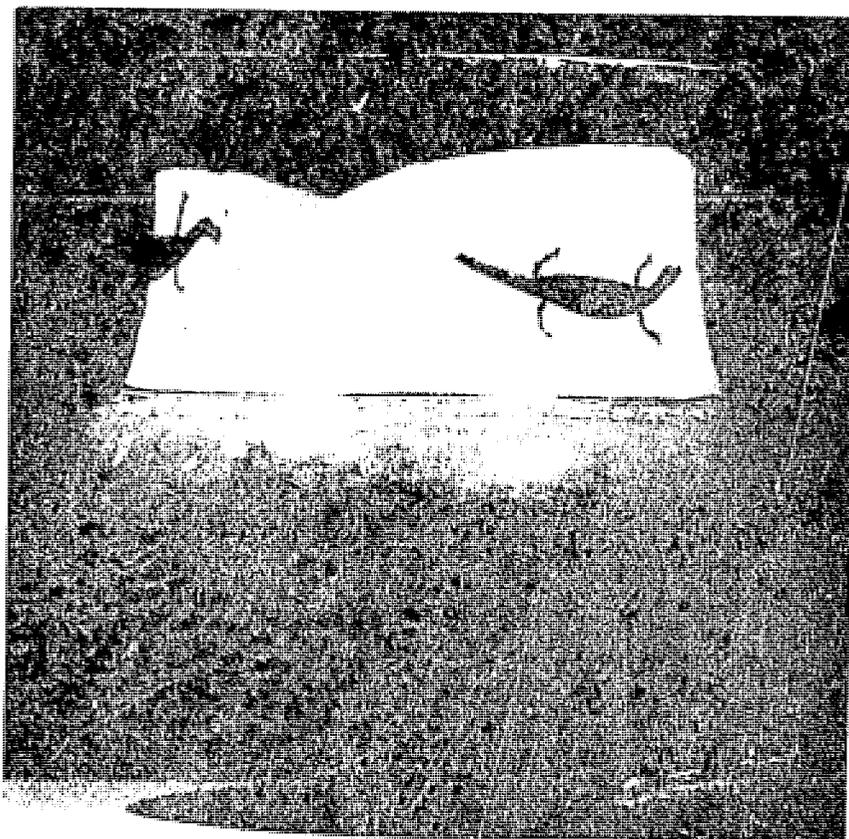
Opening Reception—6:00 p.m. to 8:00 p.m. on March 1. Illustrated Lecture—7:00 p.m. in the Museum Auditorium. Refreshments will be served.

Hours are weekdays from 10:00 a.m. to 4:00 p.m. and 1:30 p.m. to 4:30 p.m. on Sundays. Admission is free and open to the public.



**"Caiman"**—ancient mythic canoe

(Amazonian Ceramics from Ecuador)



Sustaining life.

**The One That Got Away: "Art and Technology from Ecuador's Rain Forest,"  
Smithsonian Institution Traveling Exhibition Service (SITES)**

During a research trip in January 1979, Norman was asked by Olga Fisch, internationally known for her promotion of Ecuadorian arts, to check on the status of her forthcoming SITES exhibit of Corpus Christi dance costumes from Andean Ecuador. Olga had been a fancier of Canelos Quichua ceramics for some time, and she was impressed by the display of them in photographs of our exhibits. Intrigued with the possibility of combining the two exhibits to portray adjoining areas and cultures of Ecuador, she suggested that Norman discuss this with the director of SITES. On his return to Urbana, Norman talked with Dennis Gould, then director, and with Eileen Rose, then international programs officer. Their interest in pursuing a ceramics exhibition led to Norman's meeting with Ms. Rose in Washington in March 1979 and to submission of a formal application in April of that year, for review in terms of artistic quality, documentary substantiation, and exhibitors'/ researchers' competence and credibility. We were informed on 3 July 1979 that the proposal was approved by the review board but that the exhibit could not be included in their program for at least a year due to prior commitments and a shortage of staff. We chose to keep the project in abeyance rather than submit it to other traveling exhibition agencies. In August we were told that SITES expected a staff coordinator to be assigned to work with us within a few months. Personnel shortages eventually were relieved and in early 1980 Betty Teller called to introduce herself as the newly assigned coordinator for this project; she planned to come to Urbana to work with us later in the spring. Since Sibby was going to be in the East, she met with

Betty Teller in Washington in April, to show slides, examples of the ceramics, and discuss plans for the exhibit. This was followed by Betty's visit to our home in late March 1981, to work with us in developing a basic model (around the four themes), editing 60 suitable items out of a much larger selection, and informing us of SITES's policies and practices regarding their exhibitions. After each piece was given a code number, a list was made to serve as a first draft for captions. It included the code number; identification of item; name and residence of maker; and a brief description of motif and function. This was an intense 24-hour work period, and we could not have accomplished so much without Betty's expertise and critical guidance.

Before leaving for another research trip to Ecuador in early May, we photographed the ceramics and packed them for storage, and sent SITES the photographic and written materials for publicity, captions, and texts. The preliminary advertisement of the exhibit appeared in the 1980-81 SITES Update; the final advertisement, with data about space, costs, etc., appeared in the 1981-82 Update (this catalog of available exhibits is distributed in the summer to about 6,500 subscribers). In October 1981 Betty called to inform us that this exhibit was "on the back burner," postponed for at least a year due to financial cutbacks by the Reagan administration. In the meantime, she would inquire about the interest of other traveling exhibit services; eventually, this exhibit might possibly be transferred to another coordinator with an anthropological background--if they hired one, and after six to eight months of training--or it might be cancelled altogether. In November she wrote to inform us that because of a recent SITES policy against circulating any objects which could be placed in jeopardy, even when the exhibitor was willing to take the risk, the exhibit had been "withdrawn from consideration." This avenue toward educating the general public about indigenous vitality appeared to be blocked, ultimately, by the very fragility of indigenous artistic creations and by the unwillingness of the SITES Program to allow the exhibitors to assume any risks.

The withdrawal was a crushing disappointment to us. Not only was our time and work in vain, but from the time we knew that this exhibit was accepted (July 1979), we stopped contacting new exhibition outlets in order to direct our energies into this prime interest. The loss of this exhibit, which was to travel for approximately two years, perhaps longer, left us with a scheduling hiatus magnified by SITE's failure to send us information regarding potential subscribers or inquiries about the advertised exhibit.

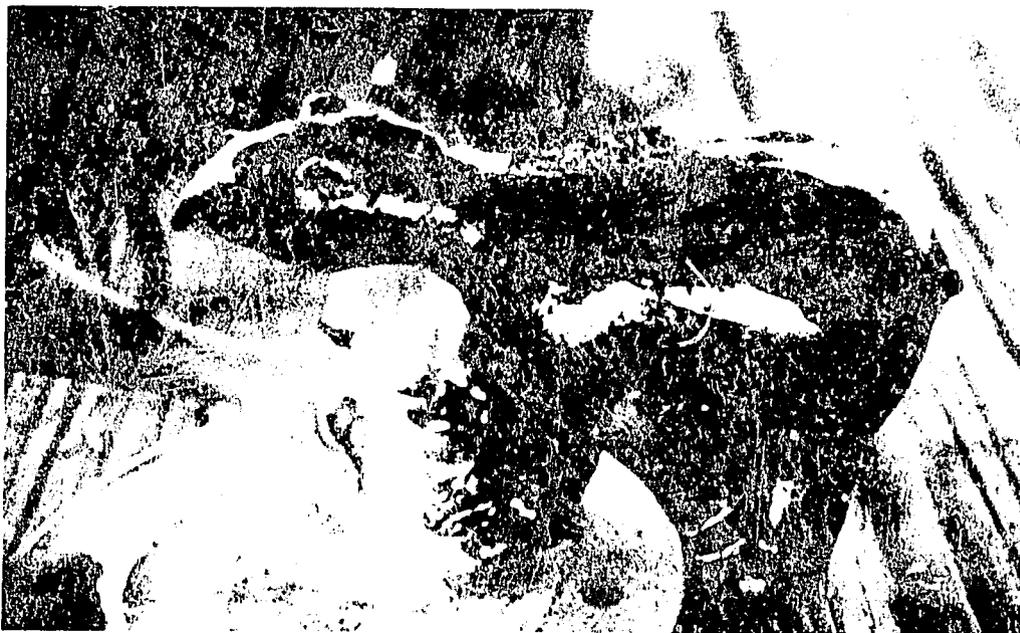
**21 March--Autumn 1984: "Yachaj Awashka: Master of Arts of Amazonian Ecuador," Logan Museum of Anthropology, Beloit College, Beloit, Wisconsin**

We returned to exploring new possibilities and once again, through a network of friends and colleagues, were successful. A new exhibit, "Yachaj Awashka: Master Arts of Amazonian Ecuador," was designed for the Logan Museum of Anthropology, Beloit College, Beloit, Wisconsin. The invitation to participate in the Museum's 90th anniversary celebration was extended by Dr. J. Edson Way upon the enthusiastic recommendation of Elizabeth Franck Lev, an anthropology graduate student of the University of Illinois and Coordinator of Museum Programming at Logan Museum.

The exhibit, radiating from the four basic themes, emphasizes equally the traditional ceramics and the popular wood carvings to illustrate how both women and men draw upon their deep cultural and environmental knowledge in their artistic expressions. The hard work and insights of Ed and Jennie Way, Liz

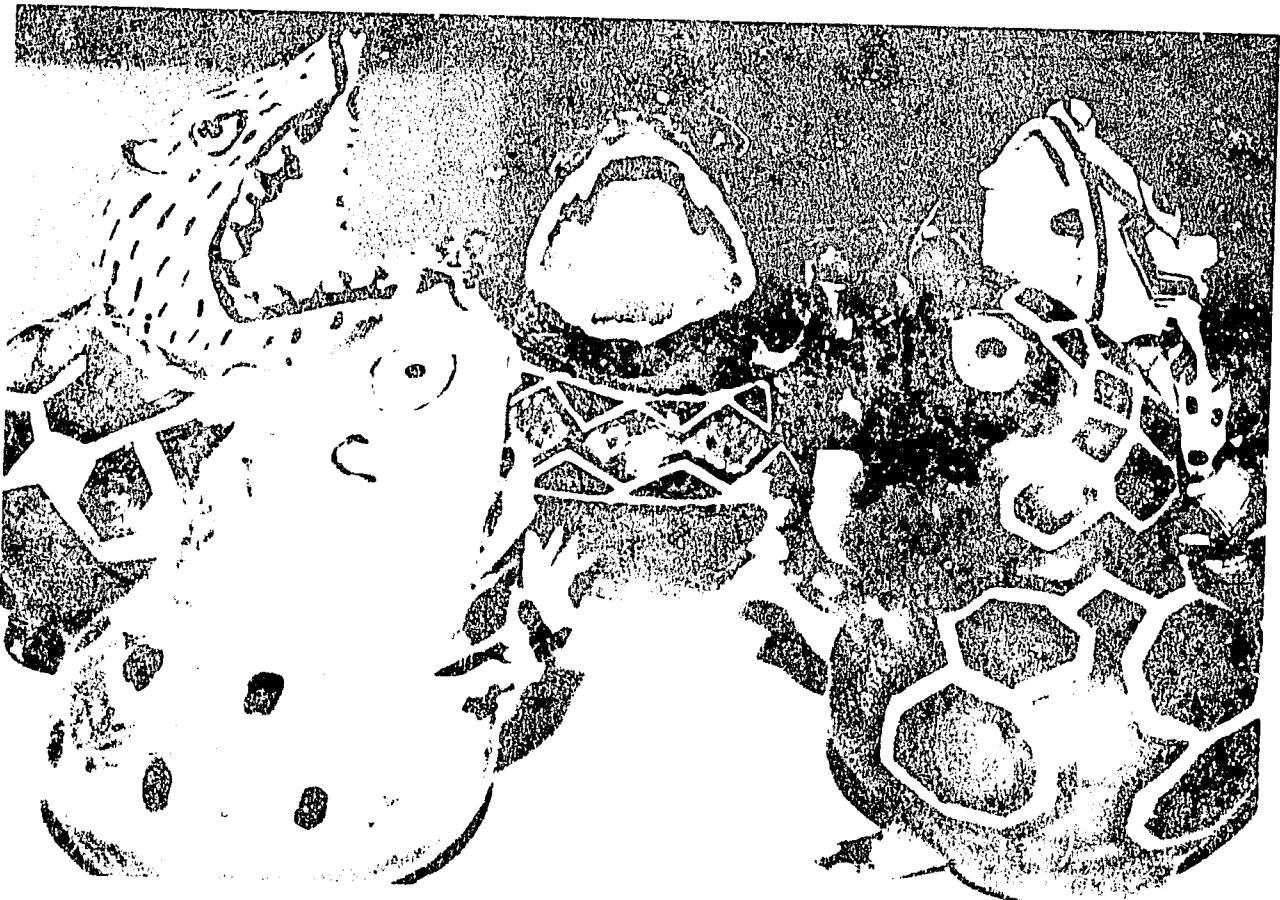


Juana Catalina Chango creates a ceramic tapir for SRRF exhibits.



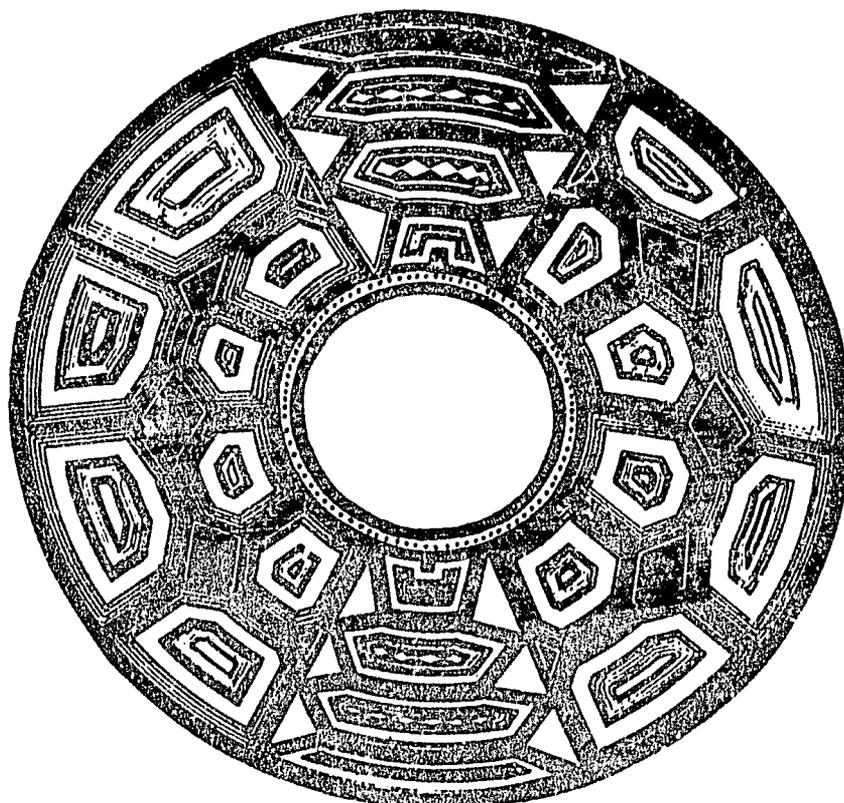


Apacha Vargas V., master potter, admires some of her special figurines while, below, her ceramic animals seem to sing out while on exhibit.



# YACHAJ AWASHKA: MASTER ARTS OF AMAZONIAN ECUADOR

LOGAN MUSEUM OF ANTHROPOLOGY



An Exhibit of Ceramics, Woodcarving and Items of  
Personal Adornment Made by the Canelos Quichua

OPENING: WEDNESDAY, MARCH 21, 1984

7:00 - 9:00 PM Exhibit and accompanying slides present  
the world of the Canelos Quichua

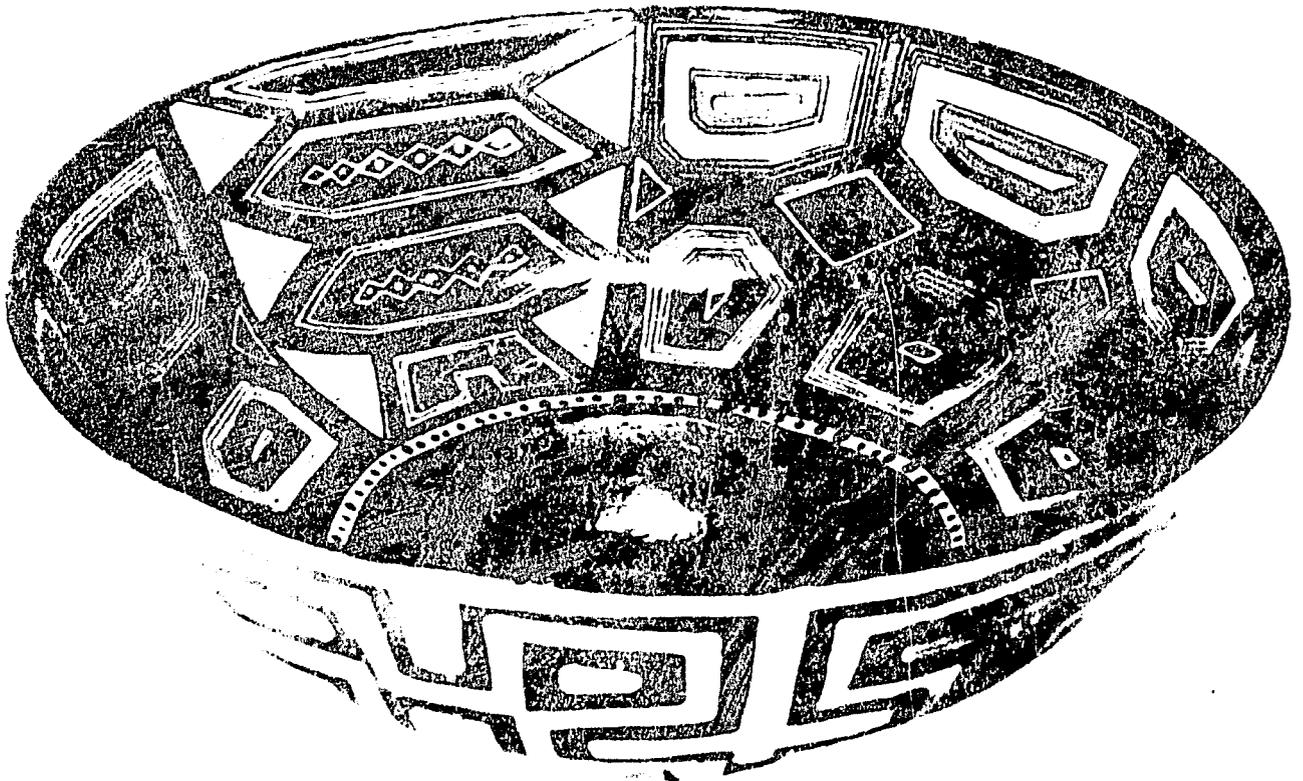
SPECIAL SALE: SUNDAY, MARCH 25, 1984

1:30 - 4:30 Exhibit and Sale accompanied by  
ongoing slide show

SALE: A limited number of original pieces will  
be available for purchase with the funds  
being returned to the Canelos Quichua  
through the Sacha Runa Foundation, a  
non-profit organization.

Exhibition organized by the Sacha Runa Foundation

(Yachaj Awashka: Master of Arts of Amazonian Ecuador)



Mucahua made by Alegria Canelos, Curaray.

Franck Iev, and a number of students contributed to making this large exhibit a success. N. and S. Whitten gave several public lectures during the opening week in March 1984; the exhibit closed in January 1985.

A rental fee was paid to the SRRF by Beloit College and transportation was funded by the Outreach Program of the HPC Latin American and Caribbean Studies Center. A public sale was held in the Museum during the opening week; the Foundation is indebted to Liz Franck Iev and Jennie Way for the hours they voluntarily worked to make this event highly successful. Ixjan Museum acquired several items for its permanent collection.

In the first two months, the exhibit was seen by hundreds of Beloit students, faculty, administrative officers and The Board of Directors of Ixjan Museum, as well as by 800 to 900 school children and numerous adults from the area. WPTI Public Television, Inc., of Rockford, Illinois, videotaped the exhibit and, after showing it twice in the Rockford area, sold the original tapes and exclusive rights to the Sacha Runa Research Foundation.

### Not Too Numerous To Mention

The discussion so far has named people who were instrumental in arranging for and financing specific exhibits. A number of others have helped repeatedly in various ways. David Minor, photographer for the Department of Anthropology of the University of Illinois, developed and mounted all the enlarged black-and-white photographs used in every exhibit; he also took many studio shots, developed publicity photos, and made color slide duplicates. Sally McBrearty drew the large area maps for exhibit use. Gary Apfelstadt produced a series of remarkable illustrations of ceramic figurines and mucahua designs which reveal details easily overlooked in the actual pieces. His work was supported by an assistantship from the Research Board of the University of Illinois and supplemented by the SRRF. A key grant from the Wenner-Gren Foundation for Anthropological Research in 1978 allowed Norman to concentrate on the symbolism embedded in ceramic design, thereby gaining knowledge which was applied to all subsequent work of interpreting Canelos Quichua culture to an outside world.

Heads of departments or units of the University of Illinois who have been instrumental in obtaining support are: Anthropology, Clark Cunningham and Eugene Giles; Center for Latin American and Caribbean Studies, Merlin Forster and Paul Drake; School of Social Science, Robert Crawford; Scholars' Travel Fund and Research Board, Linda Wilson. Dorothy Osborne, administrative secretary at the Center for Latin American and Caribbean Studies, has typed proposals, labels, captions, and reports, and has expedited applications for funds throughout the odyssey of exhibits; she may not realize how much she has contributed to the entire effort, but we do.

Not all support is apparent or direct, as illustrated by the role of Bill and Edite (Gigi) Vickers. From the time they moved to the Miami area, they have aided us in numerous ways: they have provided housing and hospitality en route to and from Ecuador; transported us to and from the airport at odd hours; kept our car during summers; and smoothed our passage through Customs. They have gone to the airport to receive items from passengers from Ecuador, then stored these items for us or sent them on to Urbana. Their "help at a distance" has been invaluable.

**APPENDIX B: EDUCATIONAL MATERIALS AVAILABLE  
FOR DISTRIBUTION TO THE GENERAL PUBLIC**

All of the following publications are available from either the publisher or from the Foundation. Lectures or papers delivered at meetings are available from the Foundation.

Chango, Alfonso

1984 *Yachaj Sami Yachachina*. Quito, Sucua and Cayambe: Mundo Shuar.

Crawford, Nelson

1979 *Soul Vine Shaman*. New York: Neelon Crawford; Urbana: Sacha Runa Research Foundation. L.P. Stereo record with accompanying monograph.

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- 1978b **Amazonian Ecuador: An Ethnic Interface in Ecological, Social, and Ideological Perspectives.** Copenhagen: International Work Group for Indigenous Affairs (IWGIA), Document #34.
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- 1979b **Lessons in Technology from Amazonian Peoples.** University of Illinois YMCA-YWCA Friday Forum, 12 October. WILL Radio, Urbana (tape available).
- 1979c **Structure and Transformations of Contemporary Canelos Quichua Spirit Relationships.** In Udo Oberem, ed., **Festschrift fur H.C. Trimborn.** Bonn: Amerikanistische Studien. pp. 289-293.
- 1981a **Amazonia Today at the Base of the Andes: An Ethnic Interface in Ecological, Social, and Ideological Perspectives.** In Norman E. Whitten, Jr., ed. **Cultural Transformations and Ethnicity in Modern Ecuador.** Urbana: University of Illinois Press. pp. 121-161.
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