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# 'Rio Negro, We care'. Indigenous women, cosmopolitics and public health in the COVID-19 pandemic

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## ABSTRACT

The purpose of this article is to understand the 'Rio Negro, We Care' campaign in its cosmopolitical implications for discussions of global health and human rights. This article is part of a collaborative process centred on the city of São Gabriel da Cachoeira and the Alto Rio Negro region of Brazil. This campaign was developed by the Department of Women of the Federation of Indigenous Organizations of Rio Negro (DMIRN/FOIRN) at the beginning of the COVID-19 pandemic. It had significant effects on the pandemic experience in the region during 2020. The Brazilian responses to the COVID-19 pandemic highlight complex, intersectional and neocolonial processes, associated with what has been understood as the *necropolitics* led by the Brazilian federal government. At the same time, such responses shed light on the limitations of the biopolitical orientation of public and global health for the management of the pandemic. We seek to narrate a *cosmopolitical intervention* located 'in culture' as a counterpoint to this process. Our analysis highlights questions in the field of global and planetary health milestones, such as the conditions of legitimacy for cosmological knowledge and care technologies, or the ontological implications of the persistent biopolitical bias of mainstream public health interventions.

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... how is it that, over the last 2 or 3 thousand years, we have constructed the idea of humanity? Is it perhaps not at the base of many things we have done wrong, justifying the use of violence? (...) Are we really a [singular] humanity? (Krenak, 2019, pp. 11–12)

The cosmopolitical proposal (...) asks those who struggle not to give this struggle the power to define a unity that has finally come to mankind. (Stengers, 2018, p. 463)

## 1. Introduction

This article aims to describe and analyse the leadership of indigenous women in the face of the COVID-19 pandemic outbreak in the Alto Rio Negro region and in the city of São Gabriel da Cachoeira, in the northwest of the Brazilian Amazon, notably from the 'Rio Negro: We Care' campaign during 2020. We understand this leadership as a *cosmopolitical intervention* in public health,

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which challenges the imaginative ‘civilizational’ limits of the hegemonic scientific recommendations for disease control, and fully confronts the *necropolitics* of ‘genocide’ and ‘spread of the virus’ led by the Brazilian federal government.

The analyses presented here are the result of relationships of research, friendship and collaboration sustained over time, between non-indigenous researchers, mainly anthropologists, linked to several Brazilian universities, and indigenous people and their organisations in the Rio Negro region. It is the articulation of several networks that, during 2020, met in the attention given to the COVID-19 pandemic and its social and political life in that region. Almost all of the authors of this article were in the city of São Gabriel da Cachoeira and in the Alto Rio Negro region at the time of the pandemic outbreak in China and Italy, along with its beginning in Brazil. Co-author Moraes followed *in situ* the arrival of the virus in the city and the first response arrangements, and co-author Elizângela da Silva Costa, a resident of the city and a regional leader, led an important part of the indigenous institutional response to the pandemic. From the cities of São Paulo, Rio de Janeiro, Goiânia and Manaus, we followed through digital channels the development of the pandemic and its responses, and collaborated in different ways with them.

It is worth mentioning that the case under analysis is inscribed in the midst of the catastrophic Brazilian social and political relationship with the COVID-19 pandemic. In 2019, Brazil was one of the 25 best prepared countries in the world to deal with an epidemic, and the best in Latin America, according to the Global Health Security Index (GHSI, 2019); today, in 2021, it is probably the country with the worst response (Lowy Institute, 2021),<sup>1</sup> with few indicators of recovery and strong impacts for the future (Castro et al., 2021). There are currently several administrative and criminal liability processes against the President of the Republic in the country. As of April 2021, Brazil reached 400,000 deaths directly related to COVID-19, with an average of more than 3000 daily deaths.<sup>2</sup>

For many indigenous communities in Brazil, especially in the Amazon, the device formed by the combination of virus, disease, institutional responses and social gestures of denial adds not only to other devices of illness and death (vector-borne diseases, malnutrition, suicide, for example), but to a series of political wills and decisions that in recent years have intensified precarious conditions and legal insecurity. Among these are greater monetisation, bancarization and indebtedness<sup>3</sup>; changes regarding the delimitation, protection and use of indigenous lands; disassembly of the Special Secretariat of Indigenous Health of the Brazilian Ministry of Health; large fires and increased deforestation; greater Pentecostal presence in the state; changes in environmental protection standards, public devaluation of indigenous lives, etc.

According to data from the Health Surveillance Foundation of the state of Amazonas, 282 indigenous people died with a diagnosis of COVID-19 up to 26 March 2021 in the state, with a specific lethality of 1.8%.<sup>4</sup> According to the Coordination of Indigenous Organizations in the Brazilian Amazon (COAIB), 879 indigenous people in the Amazon died as a direct cause of COVID-19, with over 36,000 confirmed cases in 149 indigenous peoples in the region as of 22 March 2021 (COIAB, Bulletin # 80 of 24 March 2021).<sup>5</sup> In some of these peoples, such as the Tikuna, the Baniwa, the Baré, the Macuxi, and especially the Kokama, the effects of the pandemic have been devastating due to the number of deaths, kinship and the loss of important leaders. The impacts of this pandemomic device have been published by indigenous organisations and studied by several researchers –it is widely known that these are not only numeric impacts, but losses of essential knowledge, fighting force and resistance (Athila et al., 2021).

Finally, it is within this framework that since the beginning of 2020, indigenous women in the Rio Negro region have led, and continue to lead, a collective effort to respond not only to the pandemic, but to the socio-political arrangements surrounding it and the limitations of public health efforts. We seek to narrate a *cosmopolitical intervention* located ‘in culture’ as a counterpoint to the process above. Our analysis of the ‘Rio Negro, We Care’ campaign highlights relevant questions in the field of global and planetary health milestones, such as the conditions of legitimacy for popular

and cosmological knowledge and care technologies, or the ontological implications of the persistent biopolitical<sup>6</sup> bias of mainstream public health interventions.

## 2. Situating networks: São Gabriel, FOIRN and the women

São Gabriel da Cachoeira (SGC or São Gabriel) is a township located in the Alto Rio Negro region, along the Brazilian border with Colombia and Venezuela. Most of the region is made up of continuously demarcated Indigenous Lands and the Pico da Neblina Natural Park (Ricardo & Ricardo, 2011). The 2010 Census estimates that a population of 45,564 (IBGE, 2010) inhabitants in the city and the communities within the surrounding Indigenous Lands. According to the 2010 Census, of the 37,896 inhabitants in the city, 29,017 declared themselves indigenous, accounting for 76.57% of the total urban population. This makes São Gabriel da Cachoeira the largest indigenous population concentration in Brazil, with enormous ethnic and linguistic diversity. There are more than twenty indigenous peoples (Piratapuya, Tukano, Tuyuka, Baniwa, Baré, Dâw, etc.) in town, comprising more than a dozen languages distributed in four linguistic families (Aruak, Eastern Tukano, Naduhup and Yanomami). In addition to these native languages, one also finds Nheengatu (an indigenous language created by missionaries which is extremely important for local communication), Portuguese and Spanish (Figure 1).

The city of São Gabriel is an effect of the 1970s military project for the expansion and domestication of the Amazon. It is typically presented as an indigenous city, and ‘urbanization’ and ‘community-city’ relationships are central to both anthropological and indigenous political discussions about the region (Andrello, 2006; FOIRN/ISA, 2005; Iubel, 2015; Lasmar, 2005; Marques, 2015; Olivar, 2018).

According to authors such as Wright (2005), Andrello (2006), Lasmar (2005) and Marques (2007), in both colonial history and the present, São Gabriel da Cachoeira and the Amazon in general offer up many examples of policies of ontological and biosocial homogenisation and ‘reduction’ or ‘levelling, including the creation of THE ‘Amazon’ as a ‘region’ composed of pure alterity (Candotti, 2017). But alongside this more general homogenisation, other authors (Buchillet, 2002; Chernela, 2014, 2015; Iubel, 2015; Marques, 2015; Rossi, 2016) show that the indigenous Rio Negro region has been the result of a laborious performative invention, driven by a particular Amazonian frontierisation process. This has been characterised by regulation and surveillance of that rivers,



Figure 1. Upper and middle Rio Negro region, cities and indigenous lands (FOIRN, 2021, p. 21).

forests, and waterways that have historically created trans-regional mobility and unity, sustaining strong, extensive, and consolidated social networks. These link streams and trails to national and international policies, knowledge, and management of resources, forming networks of bodies and perspectives in which hegemonically modern distinctions between nature and culture do not work well in everyday life. Here, we are dealing with multi-lingual, multi-cultural and multi-natural networks of struggle and sophisticated knowledge that extend backwards in time for, perhaps, thousands of years. Extensive and very entangled networks of kinship and ethnic performance, gender, and humanity have been created along the Rio Negro.

An effect and driving agent of these networks is the Federation of Indigenous Organizations of Rio Negro (FOIRN), created in 1987 as part of the struggle for the continuous demarcation of indigenous lands in the region, with the motto: Land and Culture. The FOIRN is a civil association that represents the 23 indigenous peoples of Rio Negro. The Federation has developed several projects defending the rights of 750 indigenous communities and pushing for sustainable development in the region. FOIRN is thus one of the indigenous peoples' organisations in Brazil (Figure 2).<sup>7</sup>

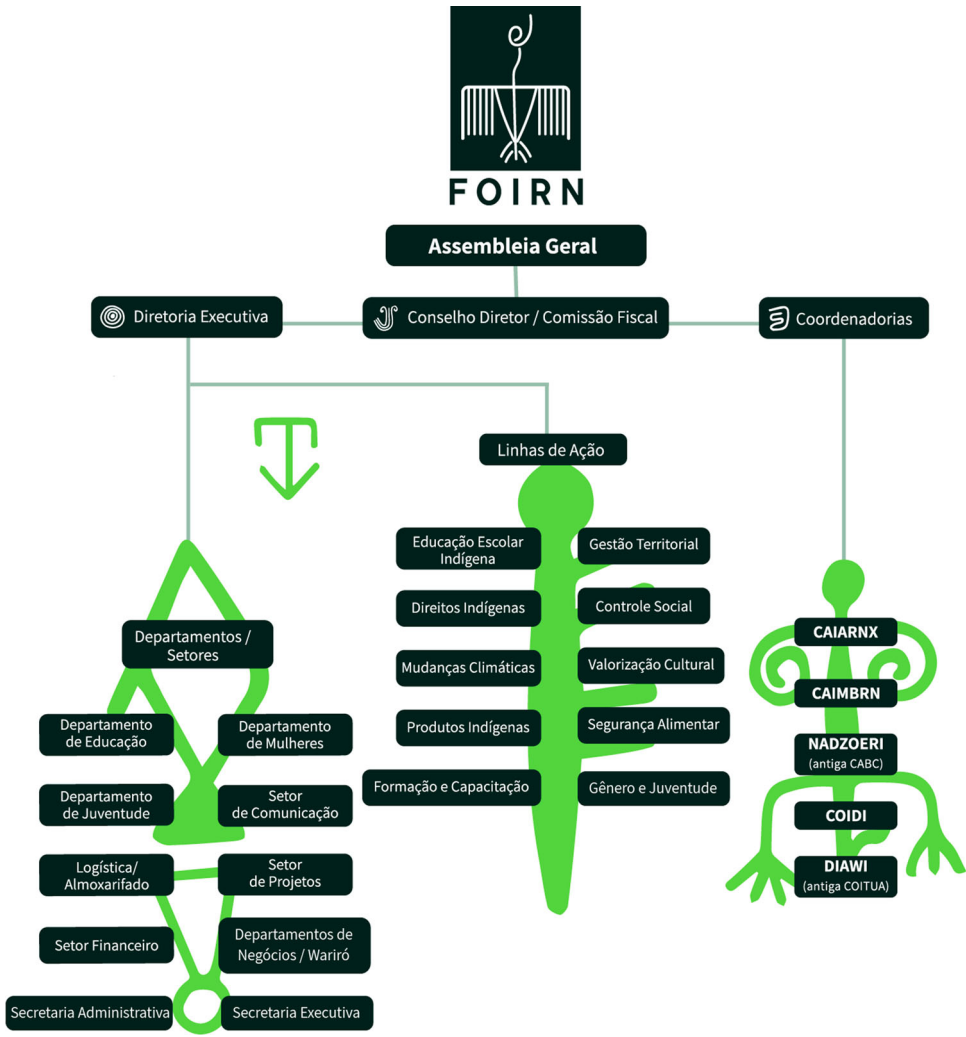


Figure 2. FOIRN organization. Source: FOIRN site (2021).



One of FOIRN's five departments, the Department of Women (Departamento de Mulheres Indígenas do Rio Negro/DMIRN) was created in 2002. In conjunction with the Federation's Youth Department and the Wayuri Indigenous Communicators Network, it seeks to promote 'good living' for indigenous women by improving access to income through the production and commercialisation of handicrafts, the strengthening of the agricultural system, the legalisation of associations and coops (women's and artisans), and through indigenous women's participation in health projects, public policies, and 'social controls'<sup>8</sup> in partnership with public organisations and civil society. For some years now, FOIRN women have been gaining strength within the Federation. As of 2014, in three successive elections, there has always been one woman (compared to four men) on the organisation's governing board. Between 2013 and 2016, Mrs. Almerinda Ramos, a Tariano woman, was the President of FOIRN. In this process, the DMIRN became a connecting fabric of *women-and-their-networks*,<sup>9</sup> taking on an important regional leadership role.

### 3. Sars-Cov-2 arriving; women's network of capture

On 16th March 2020, in Manaus, the governor of the State of Amazonas signed the first of a series of decrees designed to 'fight' COVID-19. This initial decree came five days after the World Health Organization recognised the coronavirus pandemic and three days after the first case was confirmed in the state of Amazonas. On 23rd March 2020, the municipal authorities of Manaus declared a state of public calamity and set restrictive measures in place.

On March 18th, the Municipality of São Gabriel da Cachoeira, 862 km away from Manaus, enacted Decree No. 003, in which it declared a public health emergency and prohibited traffic into and out of the city, including the boats that make the Manaus / SGC run: only vessels transporting cargo, raw materials, and fuel were allowed into or out of the port. Decree No. 003 (Municipality of São Gabriel da Cachoeira, 2020a) also implemented the 'Committee for the Prevention and Confrontation of the New Coronavirus (COVID-19)', formed by 12 local institutions, including FOIRN, the Fundação Nacional do Índio (FUNAI – Brazil's version of the U.S.' BIA), the Instituto Socioambiental (ISA), the Alto Rio Negro Special Indigenous Sanitary District (DSEI-ARN)<sup>10</sup> and also 12 municipal governments.

The situation in São Gabriel seemed to be critical and a fear that the worst effects of the pandemic (genocide, pauperisation, over institutionalisation and intensification of precariousness) would strike the region hard began to grow among us (the co-authors and our networks). The situation was characterised by the precarious primary health and hospital infrastructure in the city and the region. For example, it was hard to store tubes with nasal mucus secretions (necessary for COVID-19 testing) at the necessary low temperatures because of the Amazonian heat. This compounded the difficulties in getting these materials to the Central Public Health Laboratory of Amazonas (LACEN) in Manaus, where COVID-19 testing was carried out. It was thus necessary to wait for a flight to Manaus to be organised before commencing testing. The local public hospital (led by the Brazilian Army), sited in the city of SGC, did not have an ICU and had only seven respirators for attending the whole region. Additionally, the Indigenous Sanitary District did not have any medium-complexity equipment to serve the region. Mobility problems between communities and the city made it impossible to transfer severely ill patients. Furthermore, there was no way to fully isolate SGC. Even though the city was 'closed' to ground and river transport and air circulation was even more restricted, there were rumours that many people were arriving 'clandestinely' from Manaus on boats.

As mentioned in the introduction, at the national level the situation was, day after day, getting worse. From an apparent neglect and technical deficiency in the institutional response, the Brazilian federal government and its multiple allies went on to obstruct the work of public health, to celebrate contagion, to disregard possible vaccines and to encourage the use of non-recommended or dangerous drugs for the 'prevention' of the disease (Ventura & Reis, 2021). In May 2020, at the height of the first wave in Brazil, the Ministry of Health was

taken over by the third minister of the year, an active General of the Brazilian Army with no experience in the health field. Currently, a former minister, Eduardo Pazuello faces more than ten public investigations at the federal level of the Brazilian judicial system with regards to his performance, especially due to the health and humanitarian crisis experienced in Manaus and the state of Amazonas in early 2021.<sup>11</sup>

When Sars-Cov-2 arrived along the Rio Negro in early 2020, the DMIRN was coordinated by Elizângela da Silva, of the Baré ethnic group, and by Janete Alves of the Desana ethnic group, one of the currently directors of the FOIRN. Along with participating in several projects for rights, institutional strengthening, ‘governance’, income generation, environmental preservation, food security, knowledge exchanges, and the guarantee of territorial rights, these indigenous women were also part of the Gender, Violence and Women in Rio Negro Project (Olivar et al., 2020). These coordinators of the DMIRN, truly *networking agents* who were critical nexuses in all the of the networked systems described above, caught the virus in their net and, along with the new disease, the new sanitary policies.

Elizângela Baré, rapidly pointed out the contradictions exposed by preventive measures such as social isolation: ‘we are not about isolation, we are about the collective’. It was she who alerted us to the risks of displacement of indigenous people to cities caused by the payment of social benefits and aggravated by Emergency Aid, especially for women.<sup>12</sup> She also pointed out the ‘forgetfulness’ affecting other problems that continued to afflict indigenous women in the region: violence, malaria, invasion and mining in indigenous territories.

Even though they were not part of the local emergency committee, the DMIRN’s coordinators were quick to understand the connections and relationships that enabled the pandemic and the possible side effects of combatting it. In addition to virus, they paid attention to the effects that sanitary measures were having on indigenous families. Because of the ban on circulation between the city and the surrounding communities, the women of FOIRN’s 33 affiliate associations were not able to take their products to the Wariró store, where their goods were marketed. Their ability to produce a ‘good living’ and ‘autonomy’ was thus affected.

In the second half of March 2020, as the use of masks was being largely presented as a way to slow the transmission of the virus, Elizângela and Janet decided that ‘we will make masks and send them to the communities. Let’s collect basic food baskets and soap. We will send these to the [women from Rio Negro] so they don’t have to come to town’. In this way, the DMIRN began to take actions that helped to ‘safeguard’<sup>13</sup> [*resguardar*, in Portuguese] 750 communities, seeking to guarantee products such as salt and soap that their relatives did not have access to in the isolated communities.

From the beginning of April (2020), Elizângela and Janete (inspired by the campaign of the Núcleo de Mulheres de Roraima (NUMUR)<sup>14</sup>) prepared their project and produced a launching film for the campaign release.<sup>15</sup> Sitting on a tree trunk at Elizângela’s family land [*sítio*], Janete expressed her concern about the virus and the precarious situation of the local hospital. She stressed the importance of smoking out households with burning herbs and of ‘closing the body’ with blessings to protect oneself. She encouraged women to remain strong. Elizângela reminded viewers that ‘an indigenous woman is one who takes care of the family; one who takes care of medicinal plants; one who takes care of the farm [*roça*, in portuguese], the children’.

On 26th April 2020, the Municipal Secretary of Health (SEMSA) confirmed the first two cases of COVID-19 in São Gabriel: a 44-year-old indigenous teacher from Baniwa ethnic group, who was in serious condition and a 38-year-old military non-indigenous man who was being monitored at home. COVID-19 transmission in the city was already community-based. To a large extent, the local executive branch followed the international recommendations for the prevention and control of the pandemic. These were based on home quarantine, the restriction of mobility, the emptying of public spaces, and the closing of shops.<sup>16</sup>

The ‘Rio Negro, We Care’ campaign was finally launched on 29th April 2020, three days after the confirmation of the first COVID-19 case in SGC. The objectives of the campaign are presented on its website as follows<sup>17</sup>:

This campaign is directed towards acquisition of things such as soap, bleach, alcohol gel, fuel, tools for agricultural activities, fishing kits, and non-perishable food, as well as communication and information services for the Rio Negro Indigenous Communicators Network (Rede Wayuri). [This involves] production and printing of informational materials, sound car services for the peri-urban areas of São Gabriel da Cachoeira, the purchase of 5 radio sets, and the production of informational audio recordings in indigenous languages.

The campaign focused on disseminating information about the pandemic and alerting relatives about how to take care of themselves. In addition to the guidelines released by the Wayuri Communication Network, the women from Rio Negro started sharing recipes for teas and blessings in WhatsApp groups, alerting relatives to ‘breathe in the culture’<sup>18</sup> and their traditional knowledge. Two important booklets were also produced that has a big impact. These were *Coronavirus (COVID-19) Take care, relative!*<sup>19</sup> which was translated into three SGC co-official indigenous languages (Nheengatu, Baniwa, Tukano) and the Dâw language, while also being adapted for the Hupd’äh people, and *Domestic Violence and Sexual Violence in Times of Pandemic. Support Networks and Complaints: You are not Alone!*<sup>20</sup>

‘This pandemic also showed that the public institutions are not prepared for these major events’, Elizângela explained then. By contrast, from the very beginning of their campaign, the DMIRN coordinators shared dozens of photos of their families, including their daughters, producing masks and exercising what they had learned. Other seamstresses were invited to produce more than eight thousand masks throughout the campaign. These were distributed across the region. In addition to their local direct actions, the women held a large number of livecasts and participated in several webinars.<sup>21</sup>

On May 20th, the report referring to the period from 26th April to 19th May 2020, announced 399 cases of COVID-19, resulting in 15 deaths. On May 31st, a new report (April 26th–May 30th) brought the numbers to 1647 cases and 21 deaths in the municipality. The increase in 1248 cases in 12 days was attributed to the mass testing that took place between May 26th and 29th, according to a statement from SEMSA.

Finally, towards the end of May 2020, DMIRN and FOIRN began a series of travels to distribute basic food baskets and better understand the situations in the various outlying districts of the region. By that time, everything about the pandemic seemed to indicate that a disaster was in the making along the Rio Negro ... However, the third report made by the DMIRN regarding their journeys into the region’s backwaters (between the 16th and 26th of June 2020) claimed that:

Looking at what the leaders of many riverside communities were saying, we observed that COVID-19 had already swept through the greater part of these communities. Residents said that they had cured themselves with local traditional remedies extracted from the surrounding forest and with the blessings of their shamans and medicine people. The health professionals of the DSEI-ARN have not been able to confirm the stories we heard. In some cases, these professionals were not at their posts. In other cases, they had no way to diagnose the new virus or accompany it, given that they had no conventional medicine to deal with it.

For these reasons, according to the report, residents of the communities that met with the team visit did not use masks. This was not only the case in the communities, but also in the city of São Gabriel da Cachoeira. By July, the cases of people who had been ‘cured’ of COVID-19 through the consumption of traditional medicines multiplied. When, in mid-October, we talked to friends in São Gabriel da Cachoeira, many of them claimed that ‘the time of the pandemic’ had passed.<sup>22</sup> Not Elizângela. Their feelings were not in a *negationist* way, they seemed that they had becoming to manage the disease, understanding it, and learning how to deal with it: fundamental principles of indigenous sociality and politics along the Rio Negro.<sup>23</sup>



When asked about her experiences on these trips, Elizângela said ‘It can never be written down because it was inexplicable. It was a feeling of extermination, of expulsion from our territory; of abandonment of our communities, repression ... we cannot define it’.<sup>24</sup>

#### 4. Women and care in cosmopolitical frames

Stengers’ *cosmopolitical proposition* (2018) calls attention to a modern scientific-political regime that has *purification* as one of its effects (Latour, 1994) and levelling, reducing or *planning* as another (Stengers, 2018). This regime has an effect which is to transform divergent and diverse worlds by consolidating them into a singular, unified ‘common world’. Typically, biopolitical and civilizational in its focus, the regime is also inscribed into the struggles for the universalisation of rights and health.<sup>25</sup> Given this, Stengers wishes to re-work ‘cosmos’ to designate

The unknown that constitutes these multiple and divergent worlds, the linkages which they might be capable of making, against the temptation of peace which seeks to be final and ecumenical [or sanitary, as we might say in the present case] in the sense of a transcendence that would have the power to demand from the divergent that they recognize themselves as simply a particular expression of that which all are converging towards. (Stengers, 2018, p. 447)

In order to radically relocate Stenger’s proposition in the context of indigenous conflicts in the Global South, De la Cadena and Blaser (2017) emphasise indigenous cosmopolitics in relation to pluriverses. This indigenous cosmopolitics focuses on the ability to inhabit and describe ontological conflicts as conditions for the existence of plurality and multiplicity. De la Cadena (2010, 2018) understands these conflicts as the emergence of *disagreement* and *equivocation* between coexisting and (we would say) immeasurable<sup>26</sup> worlds. The author (De la Cadena, 2010, p. 360) analyses how the indigenous political emergence in Latin America ‘could force the ontological pluralisation of politics and the reconfiguration of the political’. We feel that this pluralisation and reconfiguration are also possible in the political field of health.

How is it possible to think ethnographically, in a situated way, about the deceleration of human and humanitarian urgency in the middle of a pandemic crisis without the cosmopolitical *idiot* (Stengers, 2018) becoming a necropolitical manager? In what sense can the campaign that is our object of analysis be interpreted from the point of view of the cosmopolitical? Finally, what is the advantage of analysing this campaign as an intervention in these terms in the context of a discussion on public health and human rights in global and planetary frameworks? We will return to this third question below. Brazilian indigenous author Ailton Krenak will perhaps help us to address the first two.

Why does it make us uncomfortable to feel we are falling? We haven’t done anything else but plummet, lately. Fall, fall, fall. So why are we now worried about falling? Let’s take advantage of all our critical and creative capacity to build colourful parachutes. Let’s think of space not as a confined place, but as a cosmos we can drop through beneath colourful parachutes. (Krenak, 2019, p. 30)

Understanding the ‘Rio Negro, We Care!’ Campaign has to do with beginning to understand, in the wake of *equivocation* and *disagreement*, who is the ‘we’ that is plummeting and what are the forms of the colourful *parachutes* from which we can care, postponing our end? Understanding ways of being an *indigenous woman* implies taking a series of relationships and differentiations seriously. There is not enough space in the current article to detail all of these, of course. It is important to understand, however, that categories of personhood whose ontoepistemological basis for defining relationships are individualism (based on ownership of one’s body, modern rights, the psyche, and biological and dermal individualism), radical human exceptionalism, victimisation, social inequality, work, and production (Strathern, 1990), never seem to be especially profitable in approaching gender, the body, and the notion of person in these contexts.<sup>27</sup>

Francineia Fontes, co-author of this article, is an important Baniwa leader who lived out a good part of the pandemic at a distance, in the city of Rio de Janeiro. At this distance, and through her research work as a doctoral candidate in social anthropology, she reflects how:

We women have a fundamental role in caring, thinking, and being responsible for preparing and taking care of the home. Therefore, women immediately decided to look for a way to care for their loved ones and to fight the disease, spreading information along the rivers, booklets translated into indigenous languages, and videos talking in those languages, all talking about how to prevent the disease. This was part of caring.

Women again proved their persistence in the struggle. Indigenous women need to resist to exist in such a difficult time. Our resistance has no explanation.

The women in Rio Negro travel to many different places, collecting raw materials to make their handicrafts and can tell the narratives to our children and grandchildren. How much wisdom we have about our territory, which is our body.

Indigenous women fight tirelessly for the lives of others. In the Baniwa narratives, we have a mythical figure that we call *Amarro*, the *dzolli* woman. She is a woman who had wisdom, a power; the only one who knew how to bless the female *Kariamā* in primordial times. But in the great battle of *Napirikoli* and *Amarro* over the sacred animals (*jurupari*), she fought tirelessly to protect their son and in the end, she was defeated. *Amarro*'s body was divided into four parts. Her blood flowed and came to form a stream. *Napirikoli* took each part of the body and said: 'tummnn'. He threw one part of the body each to the North, South, East and West, and said 'You will be the mother of all my children in the world, those who are yet to be born'. From a woman's blood came the clean and pure transparent stream. Her breasts turned to stones.

Sometimes I wonder what else do they [whites<sup>28</sup>] need to understand, in order to see that everything is alive? Do they need to go into isolation or male or female *kariamā*? I would say yes. They need to hear the singing all night long and then, early in the morning, take the tip of their *adabi* and put hotter pepper in their mouths and then stab the tips of the *adabi* in their backs. I think that in this way, they will understand the importance of my world for me and for future generations.

A woman from the Rio Negro can define herself in relational terms as 'manioc', as 'gum'; as partiality made of sacred stone and streaming blood stream; as one who feeds and sews. On the other hand, as noted in Francineia's analysis, she can understand that her particular existence emerges as a moment from a flow of temporal simultaneities that connect her own experience with mythical origins and with bodily deeds, generations and breakdowns (dismemberments, violence, reproduction). She can also be a 'cactus', resistant, flowery, able to persist in adverse conditions; able to pierce.<sup>29</sup> She is a divinity-manioc-woman-cactus, whose cosmological body was made in war, struggle, and suffering; in strength and physical rupture and distribution; and finally, in the collective constitution of self-body/territory. In the case of the women of the Rio Negro, the relationships that constitute their ontological existence have to do with telluric capillarity, food, consistency, joining, transformation, regional circulation, and marriage as an intensification of otherness (Rossi, 2016).

When the Modern political imagination, of which public health is a part, and indigenous women say 'woman', they are not talking about the same sort of agent. The same thing can be said about 'violence' and 'care'. Thus, when women like Elizângela talk about themselves as socially responding to the request for 'care', such a request cannot be reduced to an urban feminist sociological reading of care in terms of intersectional oppression. When these indigenous women think of themselves as constituting a care network, they do not think of themselves as selfless or subordinated to reproductive work that exploits them for the survival of conjugality, children, and husbands. They think along lines and partialities that are engaged in relationships of knowledge, exchange, sharing, and circulation. These relationships of 'care' can certainly often be asymmetrical or violent, but they fundamentally are relations of resistance and provide support in the falling world.<sup>30</sup>

In the case of this particular dive, FOIRN women assumed the government role and operation of public (health)care, too. They scolded those who did not wear a mask. They denounced those who did not respect the 'lockdown'. They absorbed and translated scientific information about the

pandemic, connecting to national and international humanitarian partners (Greenpeace and Doctors Without Borders, among others). They worked together with the DSEI and tried to intervene in the military governance of the local health infrastructure (but that is another dive, to be described elsewhere). They helped people gain psychological care. In other words, these women took on responsibility to politically intervene in health care cosmopolitics. This intervention implied experiencing government, assuming the exercise of power.

Alongside ‘governance’, care coexists with plurality, conflict, and dissent (de la Bellacasa, 2012; Caduff, 2019). When the women of the Rio Negro critically discuss violence with us, they do not shrink from it. They do not produce a view of themselves as subjects incapable of violence. They do not attempt to ‘unravel’ violence, but instead advance towards it in a movement of self/symbiotic regulation of aggression and suffering. Dissenting, conflicting and caring are thus, for them, part of the same process of (trying to) be together and *to become* (de la Bellacasa, 2012); of taking into consideration disconnections and partial connections and the new relationships and new stories that must arise from these. As the DMIRN’s coordinators reclaimed with the ‘Rio Negro, we care!’ Campaign: ‘we need to resist in order to retell our history once again’.

## 5. Final considerations

Where do parachutes come from?

From the place where visions and dreams are possible. Another place that we can inhabit, besides this hard land: the place of dreams. (...) Perhaps this is another word for what we usually call nature. (Krenak, 2019, pp. 65–66)

Looking from close up (but still very preliminarily), we can see three dispositions interacting in complex combinations in dealing with the 2020 pandemic in the Rio Negro region. There was something that has been called *necropolitics*, in the terms defined by Achille Mbembe (2016), principally driven by the federal government with the support of military forces, among others. This disposition took the form of ‘genocide’ and of an ‘institutional strategy of viral dissemination’ (Ventura & Reis, 2021), and became clearer in the end of 2020 and the first months of 2021. From other sectors and government actors, as well as non-governmental agencies (including the indigenous movement) came a more biopolitical way of managing the pandemic. This particularly engaged with international and scientific-based recommendations in order to slow down contagion and stabilise local conditions for treating patients without overloading available structures.

The third disposition is somewhat more complex and even difficult to describe as a single given disposition. This can be understood as the specific indigenous cosmopolitical way through what the Rio Negro women are dealing with the pandemic. From ‘breathing in the culture’, it combines knowledges, technologies and resources from different *worlds*, including those of the scientific-biopolitical one. This cosmopolitical intervention deals with a set of procedures such as physical distancing, the use of Personal Protective Equipment (PPE), the search for scientific information in the web, the claims and discussion about vaccination, and the use of digital technologies of communication, in relation with other forms of care and action based on the knowledge and memories of the ‘grandparents’, and in important social practices and devices such as visiting relatives, sustain systems of reciprocity, keep on moving through the rivers, use radiophonic communication. These include traditional modes of ‘cure’, ‘protection’ and ‘isolation’.

Following this third disposition, we have paid attention to the ‘Rio Negro, We Care!’ Campaign, looking at this in relation to the ideas of *cosmopolitics* and *indigenous cosmopolitics*, asking ourselves what advantage does this movement have for a discussion of public health and human rights in global and planetary frameworks?

On 21 August 2020, the Brazil Lab at Princeton University held an online seminar to discuss Global Health in relation to the COVID-19 pandemic.<sup>31</sup> Some of the participants highlighted the need to radically transform the practice and logic of global health, particularly by giving more attention to the expanding re-biomedicalisation of the field in a frank movement towards

*pharmacopolitical neocolonialism*.<sup>32</sup> Attention was also drawn to the tensions created by the erasing of hopes, stories, knowledge, biosocial diversity, and political plurality that has been part of the *global confrontation* of health problems. Between totalitarianisms that act by over-concentrating power and totalitarianisms that act by 'inciting contagion' as part of larger extermination projects, as was expressed by Professor Deisy Ventura (2020) in that seminar, emerges the desire for good public health. This desire becomes a desire for technical and scientifically based intervention, 'aggressive but democratic' in order to urgently 'avoid preventable deaths' and 'flatten the curve' -as was repeated once and again by actors of the public health scholar field.

Using Butler (2004) arguments on homosexual marriage legal recognition, one can understand that biopolitical health knowledge and practices constitute a normative device through which people can desire the State's desire and then improve the possibilities of deserve the State's intervention (homosexual union recognition or, in our case, public health interventions, i.e.). However, in between *necropolitics* and the desired efficacy of the biopolitical State, the intrusion of the 'Rio Negro, We Care!' Campaign is an opportunity to force a cosmopolitical and pluriversal approach to public health. The 'public' emerges here as networked agency, complex, potent, engaged in several and historical struggles (sometimes against the State) and relatively disobedient to the biopolitical norms. This public is only vulnerable according to certain perspectives and in a certain contest. It is capable of mobilising ontological pluralities, as well as pluralities of knowledge, natures, societies, norms and physical-corporeal conditions, in the same time that becomes a strong political agent against Federal and military *necropolitics*. It conceives of other ways of curing, of being healthy and of being alive or dead. At its limits, the public that emerges from this analysis is far from being only, exceptionally, and strictly *human*. Even less can it be considered as a more or less systematic collection or sum of individuals. 'Public' here refers to nets/networks/hammocks. In their analysis of the 'social' in contemporary global health, Adams et al. (2019) highlight the need for sanitary approaches (in the fields of social medicine and public health) that recognise symbiotic, cyborg, and transnational networks as active agents of contemporary global health.

'Health' can thus emerge as something less than a unifying norm (the current biopolitical perspective) or a *common* paradigm (as it is presented in approaches that concern themselves with cultural diversity and in the anthropology of indigenous health, *stricto sensu*). The health of those who are constantly falling, reveals more as an *equivocation* or *disagreement* related with 'care'. That 'care' of the campaign. Care, in this context, emerges as a collective and connective arrangement of struggle, resistance, organization and government mobilized especially by women-as-networks. It emerges as a 'cultural' -cosmological, cosmopolitical and counter-colonial- request for the biosocial 'safeguarding' of a world (more-than-human socialities, territories, ancestries, knowledges). During the pandemic of COVID-19, through 'care' women have updated their knowledge, their power, their technical and social networks, and their political participation.<sup>33</sup>

Finally, cosmopolitical analysis calls our attention to the nature of the *intervention*. Unlike Stengers' (2015, 2018) proposal (and perhaps closer to De la Cadena's re-elaboration of this (2010, 2018)), there is less slowdown seen here and little room for any *idiocy*. The *interventions* in the face of the pandemic carried out by the women of the Rio Negro region and their networks was urgent and resolute. Here, we can see an urgency that does not obey the technopolitical distance of the sanitary State, but that concerns itself with the quotidian and with colonial experience. This is urgency as an event in a permanent course of action that exists due to the persistent conditions of one's world. The campaign can therefore show us images of control and experimentation with regards to the temporal and techno-political devices of health intervention (deceleration, urgency and effectiveness, connectivity, dissent), and towards distancing oneself from the functioning of the World of homogenisation, purification, reduction and planning ... and death.

The manufacture and distribution of thousands of masks (and the food distribution, the creation of a communications network, and the creation of a cognitive dispute) was a bet that diverged from the best intentions of conventional health power knowledge. It bets on encounters and movement, on necessary social/carnal proximity, on explicit and favoured (and not regretted or guilty) co-

dependency. Following Krenak's delightful metaphor, by sewing thousands of colourful masks, indigenous women sewed even more parachutes. The use of these by the population matters less than time, networks, their chords and colours, and the energy expended in making them. What is important, contrasting with the leaden and destructive landscape of the federal policies, is the image and memory of mobility occurring in and through a region which one almost always hears associated with enormous logistical problems. It is in this time in which the stolen minutes at the end of the world can be found.

During a webinar by the School of Public Health of the University of São Paulo,<sup>34</sup> by June 2020, Francineia Fontes remembered us about the importance of recognising each of the indigenous men and women that would die (her relatives) and the 'libraries of knowledge' that would be lost, in contrast to a general counting of deaths. In this sense, throughout 2020 and 2021, the Rio Negro women actively participated in decelerating mortality, as well as the public health biopolitical intuition that suggests that more deaths are more important than fewer deaths. They intervened in the catastrophe and in the debate, charting a better course (not *good*, because in our situation *good* is impossible) for their networks and their territory. The 'Rio Negro, We Care!' campaign helps us understand the relevance of cosmopolitical, community and counter-colonial arrangements of care for more sophisticated and effective 'health' interventions. Such interventions are attentive to epidemic/pandemic processes in their connections to necropolitics and the colonial and racist dispositions of better biopolitics, and, then, capable of pluriversal and pluriepistemic imaginations.

At last, it is possible to understand an assemblage of care, governance and counter-hegemonic action, which includes the appropriation of leading-edge knowledge and technopolitical 'recommendations', with a critical and engaged appropriation of its possible consequences. As Stengers (2018) would say, regarding tensions between communities and technopolitical experts: 'we can accept your arguments once we are sure that you have been fully exposed to their consequences' (p. 450). The 'Rio Negro, We Care!' Campaign is thus a sort of parliament of cosmopolitical and cosmotechnical women, located 'in culture' and fully exposed to the exercise of power, and the consequences created by the appropriation of scientific knowledge, the translation, and their own hybrid arguments.

## Notes

1. The Lowy Institute is periodically ranking the performance of countries in managing the Covid-19 pandemic. For January 2021, Brazil was the worst country ranked in the world, and for March 2021, was excluded of the ranking because of the critical lack of data.
2. Ver Retrieved March 27, 2021, from <https://www.correiobraziliense.com.br/brasil/2021/03/4914286-covid-19-sp-bate-novo-recorde-de-mortes-diarias-com-1-193-obitos.html>.
3. The problems that income transfer policies have created for a large part of indigenous Amazonian groups, including cross-border ones, has drawn the attention of several researchers (Marques, 2015; Meira, 2018; Melo, 2018, 2020).
4. Retrieved March 27, 2021, from [http://www.fvs.am.gov.br/indicadorSalaSituacao\\_view/63/2](http://www.fvs.am.gov.br/indicadorSalaSituacao_view/63/2).
5. Retrieved March 27, 2021, from <https://coiab.org.br/covid>.
6. We follow Foucault's ideas and analysis about *biopolitics* in relation with knowledge/power and the formation of modern, liberal world; health sciences and public health included (Foucault, 2008).
7. For more information see Retrieved November 11, 2020, from <https://foirn.org.br/>.
8. 'Social control', in its current meaning in Brazil, refers to a series of councils, institutions, and procedures that brings civil society, in many forms (including indigenous organizations), into public policy making bodies.
9. Translator's note: 'rede', in Portuguese, means network, net, and hammock – the traditional indigenous form of bedding. 'Women and their hammocks' and 'women in networks' thus become the same thing. In the same way, the articles overriding metaphor of transforming networks into parachutes should also be read as transforming hammocks into parachutes.
10. The DSEI is a decentralized unit of the National Subsystem for Indigenous Healthcare, which locally manages healthcare assistance for indigenous peoples. The Brazilian subsystem is composed by 34 DSEIs, designed according to their own territorial criteria and they are not restricted to Brazilian states and geographical limits. Source: *Glossary of the PARI-c project – Platform for Anthropology and Indigenous Responses to Covid-19*. Retrieved April 30, 2021, from <http://www.pari-c.org/artigo/7>.



11. See: Retrieved April 30, 2021, from <https://www1.folha.uol.com.br/equilibrioesaude/2021/02/dez-processos-do-mpf-apuram-atos-de-pazuello-desde-falhas-na-vacinacao-ate-entrega-de-cloroquina.shtml>.
12. Emergency aid was created during the Covid19 pandemic (Law No. 13982/2020) as an 'exceptional social protection measure' with an initial duration of three months, restricted to self-employed workers and single mothers registered in the Federal Government's Unified Registry of Social Programs (CADUNICO). The aid amounted to six months of 600 real (one hundred euros) per capita per month transfers. As of October 2020 this value has been reduced by half.
13. On August 20th, in a live produced by ISA, Elizângela drew attention to the idea of 'resguardo' (in Portuguese). According to her, this is the term most commonly used in many indigenous contexts to refer to different types and situations of bodily restrictions and household isolation. Subsequently, Janete explained to us that 'resguardo' is also something done by a person who catches a disease and needs to stay at home following the instructions of a health professional or a 'blesser'. Luisa Belaunde (2015) has worked on the idea of 'resguardo' (bodily restrictions) in the contexts of gender and sexuality, linked to social and bodily processes of care and the production of relationships in indigenous Amazonian contexts.
14. Retrieved October 18, 2020, from <https://boavistaja.com/local/2020/07/01/campanha-arrecada-alimentos-e-kits-de-higiene-para-mulheres-em-vulnerabilidade-social/>.
15. Retrieved November 15, 2020, from <https://www.socioambiental.org/pt-br/noticias-socioambientais/covid-19-mulheres-indigenas-do-rio-negro-lancam-campanha-de-arrecadacao>.
16. These measures were made public through Decrees 019 of May 5th (Municipality of São Gabriel da Cachoeira, 2020b), which dealt with the suspension of taxi service in the city, and Decree 021 of May 11th (Municipality of São Gabriel da Cachoeira, 2020c), which prohibited the sale of alcoholic beverages for a period of eight days as a complementary measure to the 'lockdown' created by decree n° 021.
17. See Retrieved from November 15, 2020, from <https://noscuidamos.foirn.org.br/>.
18. During fieldwork and in conversations between 2018 and 2019, the idea of 'drinking culture' had already been put forth by women in the search for better solutions to domestic violence. 'Breathing in culture' implies using knowledge and forms of relationships that are well-known to these women: sewing, fabric, conversation, teas, traditional medicines, and blessings.
19. Retrieved October 18, 2020, from <https://acervo.socioambiental.org/>.
20. It is worth mentioning that this type of effort was seen in Manaus and throughout Brazil, undertaken by different groups, but often by women. The pandemic and the cognitive dispute inscribed in these initiatives work to reveal what is at stake – and at risk – in the 'landscapes of life' (Grupo de Pesquisa Cidade e Trabalho, 2020, p. 9).
21. See, for example, GEIA (2020). Retrieved October 21, 2020, from <https://www.salsa-tipiti.org/covid-19/iniciativas-solidarias-para-enfrentar-o-covid-19-na-amazonia-experiencias-de-colombia-e-brasil-5-27-20/>.
22. On September 26th, SEMSA released a note on Instagram clarifying that the epidemiological situation of the township was not similar to that of the state capital or other areas of the Amazonian backlands. The note highlighted the stable number of confirmed cases and reported deaths, however, reinforcing instructions on the use of masks, hand hygiene, and how to find medical assistance in case of suspected disease. On 1 November 2020, there were 4520 confirmed cases and 58 deaths related to Covid19 in SGC.
23. See Buchillet (2002) regarding the importance of the conceptual elaboration of exogenous diseases (measles, smallpox, flu, and malaria) by Rio Negro indigenous groups and the experimental ways indigenous groups deal with these. See also the report by Justino Rezende, a Tuyuka and doctoral candidate in anthropology at PPGAS/UFAM (Universidade Federal do Amazonas) on 14 April 2020, available at <https://clyp.it/jv5ldurn>.
24. Between May 27th and June 26th, DMIRN led three river-borne trips through the region's backwaters, distributing basic rations, informational pamphlets, masks, and alcohol gel to community health agents. The trips were carried out by FOIRN and DSEI-ARN employees. Around 6500 basic food rations were distributed to hundreds of families throughout the region. These were distributed using boats of various types, but also via air with the help of the Brazilian Army. Partnerships with ISA, FUNAI, FEI-AM, Greenpeace, Living Amazon, Forest People Union, Climate Alliance, finally, Nia Tero and the Norwegian Embassy aided in this endeavor (FOIRN, 2020).
25. We can see how even contemporary versions of public health, such as Planetary Health (Horton et al., 2014; Whitmee et al., 2015), are centered on the ontological logic of the 'human' (with all its implied speciesism) and on a 'civilization' which is understood as 'ours' (which? Whose?) that must be protected. These visions are also based on an instrumental relationship with the 'planet' that must receive better care from 'us' (exchanging 'domination' for a certain desperate notion of 'attention' and care). For a more recent and less trusting perspective on 'civilization' and the modern control of the planet, one which is more sensitive to relations and interconnections, see Pongsiri et al. (2019).
26. De la Cadena (2010, 2018) uses this theoretical resource to understand and describe the complexity of the ontological conflict between indigenous peoples and the 'State'. Her analysis is based on the interlinked use of the notions of *disagreement* and *equivocation*. The notion of *disagreement* comes from Rancière's analyses of political philosophy. It is related to historical inequality, the capacity for enunciation, and political processes

in search of social equivalence. The notion of *equivocation*, on the other hand, comes from the anthropology (and philosophy) of Eduardo Viveiros de Castro. With regards to the conceptual system of perspectivism and multinaturalism, it concerns itself not the meanings of the things stated, but the misunderstandings produced (in perspective) by cross-ontological Otherness. See also Kelly's (2009) analysis of 'equivocations' in the 'Meeting of Knowledge' between indigenous health equipment and Yanomai indigenous peoples in Venezuela.

27. There's a large bibliography surrounding women and gender in the northwestern Amazon (Chernela, 1984; Overing, 1986; Jackson, 1988; Gregor & Tuzin, 2001). Rossi (2016) has undertaken a careful review of this material. Chernela (2014, 2015) has also looked at indigenous feminine existence in relations to urban life and violence.
28. In the Rio Negro region, as well as in other indigenous contexts in Brazil, "Whites" makes reference to all non-indigenous people.
29. At the end of a public performance by indigenous women on 8 March 2020 in SGC, a Baniwa woman took a handful of sand and, placing it in a cactus pot, said: 'the cactus is a very strong plant, that manages to be born among stones, with penetrating roots, and so you are'. From Dulce Morais' fieldwork diary.
30. For a discussion on *care* in this sense, see Tronto (1993). Also see Mol (2008) and de la Bellacasa (2012) for understandings of *care* as relational modes of producing possible worlds or of *worlding* (Haraway, 2016).
31. Retrieved November 15, 2020, from <https://www.youtube.com/watch?v=R5LDAQOaNAw&t=2s>.
32. Native ideas about the presence of colonizing biotechnological devices in medicines and vaccination supplies are not uncommon. However, a subject that still needs to be addressed is the pharmacopolitical effect, in terms of Preciado (2018), that the pandemic and the effective (vaccine) and perverse (e.g., chloroquine) forms of biomedicalization may have in neocolonial processes in the Brazilian Amazon.
33. For richer and better elaborations of this, please see Elizângela's (Costa, 2021) and Francineia's (Fontes, 2021) texts in the *Platform for Anthropology and Indigenous Responses to COVID-19* (PARI-c).
34. 'Amazonas na Pandemia: olhares cruzados desde a antropologia' Webinar. Retrieved October 27, 2020, from <https://www.youtube.com/watch?v=Nc5jd7tbuhY&t=80s>.

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