

THE THERAPEUTIC ECOLOGIES OF NAPO RUNA WELLBEING

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This research examines local knowledge and therapeutic practices geared towards wellbeing in the Upper Amazon among indigenous Kichwa-speakers, the Napo Runa. Specifically, I investigate their concerns, priorities, and actions in the midst of rampant environmental change, market integration, and an acute nutrition transition.

To better understand the lived experiences of managing illnesses and producing wellbeing, I conducted thirteen months of ethnographic research from 2012-2014, in Ecuador's Amazonian region. I implemented a mixed methods research design that included structured, semi-structured, and unstructured interviews, archival and document analysis, and extensive participant observation.

Findings indicate that Napo Runa navigate multiple medical matrices, and I argue that these interactions among diverse actors spark hybrid and flexible therapeutic ecologies that at once incorporate material and ideational resources from outside sources while remaining anchored in the cultural politics of what counts as wellbeing for Napo Runa. Through therapeutic narratives, research participants share "idioms of defiance" to not only critique the social and structural sources of suffering but also to extol local therapeutic practices grounded in conduits of care for bodies of kin with the purpose of strengthening themselves to contend with the rapid social and environmental change they experience. By establishing relationships with cultural outsiders, Napo Runa fortify sociality and shape bodies and environments in contextual

ways, materially transforming both through the circulation of remedies. As such, this work is a critical ethnographic investigation of local knowledge not just as an authentic form of folk experience, but as dialectically produced in relation to coexisting curing repertoires.

Results presented here establish that increasing access to biomedical services does not necessarily lead to acculturation of populations nor does it produce docile patients. During a time when the state of Ecuador has promoted a policy of “living well” (*Buen Vivir*, *Sumak Kawsay*), an examination of what is valued as “wellbeing” at the local level is imperative. A central goal of this study is to bridge theory with praxis by developing a framework for exploring the lived experience of pursuing wellbeing in order to critique policy rhetoric and initiatives on the ground so as to transcend reductionism.

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DEDICATION

This work is dedicated to Andy, the love of my life—a constant beacon of humor, encouragement, and inspiration.

In loving memory of Papa B and Grandma B.

*“At journey’s end, one cannot expect
endless blue skies and tender sun,
but rich indeed is one who has
learned how to hold the memory
of guileless, loving days while the
specter crowds the horizon.*

*Wise is the one who can balance the
stones and blend anew,
the ageless wonder of life in all its
hues, dark or glowing,
and strike a balance between
reef and contented shore,
knowing that life is all things,
but largely how we shape it,
to our own destiny and limited
power to fuse life into continued joy.”*

— Byron K. Bertram, “The Time Comes”

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For me, the poem on the preceding page written by my grandfather resonates on a couple of levels. After all, this study is about how people blend together elements to create hybrid remedies in situations of change. It also speaks to my own journey through graduate school coming to a close. In both cases, I like to think that life is influenced by how we shape it. This effort has been a collaborative one; I now know that this kind of work is never done by an individual alone. The generosity of many people animated this research.

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Although this project has been brought into being through the contributions of many, I alone am responsible for any omissions or mistakes. I have striven to honestly represent how life is lived in Sindy, and I hope that this attempt will help others to appreciate the creativity and wisdom Napo Runa embody in their search for wellbeing.

1.0 INTRODUCTION

“I want to offer you a little pill to help ease the pain. I don’t know what illness you have. I have to figure that out. I’ve come to see. What is your illness so that I can give you a prescription?” After he spoke these words, the man leaned against the table with his arms crossed and looked out to those gathered sitting on the concrete steps, relishing in the shade from the mid-afternoon sun. He had arrived to the community of Sindy as a representative from a sustainable development initiative. Colleagues flanked him, one with a stack of papers and a clipboard, and another with a camera pointing the lens at the attendees to document these moments of their outreach endeavors. This project was but one of many that I observed in Sindy, a community of indigenous Kichwa people (also called Napo Runa) in the Amazonian region of Ecuador, in which people from elsewhere arrived to propose a solution. This particular project’s aim was to have community members grow coffee and cacao explicitly meant for export to Australia and Europe.

Some community members filed in a little bit late, and would take the time to greet everyone present through shaking hands, ranging in form from a light touch of the palms between women to fist bumps between men. They took their seats on the steps of the covered playing field (*cancha cubierta*), chatting and joking with one another in the Kichwa language. Once settled in, the people on the steps soon found themselves with papers in their hands. These *encuestas* (surveys) were teeming with little boxes to be checked off or filled with numbers or minimal words. Such fields on the forms focused on demographics (name, gender, age, ethnicity,

education level attained), access to services (water, electricity, septic tanks), employment information and monthly budget (food, health, transportation, housing, education, borrowed money), the area of cultivated land they manage, and daily schedule (amount of time devoted to household duties, agricultural production, or other activities). As some of the survey respondents set to work on filling out these forms, others set theirs aside for the time being as they helped to translate for the older among them who were less comfortable speaking in Spanish or using numbers. These forms, once completed, were to be collected by the project coordinators so they could read about their targeted beneficiaries' lives as distilled down into numbers, like the essential oil that is derived from some of the medicinal plants of the Amazon. Both are examples of outsiders gathering extracted materials, evaporated of nuance, without direct consultation with local populations about what their own practices and priorities might be.

In making his pitch, the spokesperson of this sustainable development team had described his unfolding interaction with the community residents in metaphorical terms as a diagnostic process, casting himself as the authoritative doctor and those assembled as patients. As a self-proclaimed expert, he had arrived to Sindy with a prefab solution: the pill he was offering was to recruit community members to participate in a project to grow cacao and coffee destined for far off places.

Bombarded with Spanish and numbers, the authoritative stance of communication was established. The responses generated weren't meant to be relevant for those filling out the forms, but instead were crafted to benefit the researchers in their one-off extraction of information. In this instance, people of Sindy were framed as sick, without probing into what the local strengths and felt needs are, as might be inquired into with a more assets-based participatory approach. However, Napo Runa participated anyway, despite the condescending tenor.

The reasons why this interaction is abrasive are many. For one, the metaphor itself of a doctor giving pills has little resonance for Napo Runa, for reasons that I reveal throughout this study. For instance, by focusing on only the symptoms to the neglect of the root cause of an “illness” such as the vague and amorphous “pain” (here, a stand-in for poverty) the project outreach specialist mentions, it is clear that local understandings are pushed to the margins and the outsiders’ way of doing things is elevated. More problematic, however, is the underlying assumption that Napo Runa are passive recipients of assistance and care (in various forms whether biomedical pills or agricultural sustainable development initiatives). Instead, I will argue throughout this study that people in Sindy are agents who transform their circumstances according to their priorities, often in ways unrecognized or unseen by powerful outsiders (i.e., alterity, a concept I further develop in Chapter 2). Throughout this study, I will provide ethnographic examples of how Napo Runa engage with such outsiders to dynamically reconfigure their local knowledge and practice; they embrace change and welcome ideas and materials that expand their world.

It was during the meeting recounted above that I realized there is a failure to understand indigenous people in the Amazon as more than problems to be fixed. What I observe is that Napo Runa iteratively shape their practices to fit circumstances of rapid socioeconomic and environmental change all the while making productive use of what Anna Tsing refers to as zones of “friction,” those “awkward, unequal, unstable, and creative” interconnections across cultural difference, in their actions towards achieving wellbeing (Tsing 2005, 4). Many of these practices are under the radar, so to speak, and go without acknowledgement or forethought of accompanying consequences. Because I interpret many of these outsiders’ intentions as benevolent, I hope to suggest ways forward that may lead to more effective interactions that

prioritize local perspectives and practices which tend to be overlooked, whether intentionally or not. I devote the rest of this study to addressing this central issue. In this chapter, I introduce the research parameters by detailing the objectives. Then, I describe how I carried out the ethnographic fieldwork, including the terms of collaboration with research participants and the strategies for data collection, management, and analysis. I conclude by outlining the study's structure with a chapter-by-chapter synopsis.

1.1 RESEARCH PROBLEM

This research investigates how Napo Runa negotiate matters and meanings of health and illness in a context of great environmental change in which there are interactions with a diversity of ideas, materials, practices, and people from elsewhere. The problem is that these very outsiders conceptualize Amazonia itself as a place for them to derive materials or even a sense of purpose. Forgotten are those who make their lives there. When outsiders do consider the people who live there, they are often framed purely as victims in need of authoritative help. But these ways of thinking paint an inaccurate portrait. People living in the Amazon to whom these labels have been affixed, act in the world according to their own priorities which are all too often unsolicited by those who visit them with the aim to lend aid. The agency of local populations is overlooked precisely because powerful outsiders neglect to consider their felt needs or practices before arriving.

There is a history in flux of Amazonia as a place *encountered* by outsiders or newcomers. Amazonia is a place often imagined by outsiders as rich in exotic biodiversity to be extracted for the benefit of the world at large. Meanwhile, policy experts working in local governments and sustainable development initiatives often frame their engagement with the Amazonian region

through the language of problems, threats, and losses. At both scales, it appears that the Amazon is not a *home* to anyone, but rather a resource base to be plundered or a problematic space in need of “fixing.”

How we frame our talk about people and places guides how we interact with them. In her book, *Entangled Edens: Visions of the Amazon* (2002), Candace Slater discusses the various ways the Amazon has been interpreted and portrayed by outsiders and how these imaginaries directly influence how engagements play out on the ground. Starting in the early 1500s, the *montaña* on the eastern slopes of the Andes descending into the Amazonian region of Ecuador was seen as an obstacle to overcome and to plunder, with Francisco de Orellana’s expedition in search of El Dorado. Slater discusses how three centuries later, the narrative shifted. During this time, British naturalists descended upon the Amazon and sought to catalogue this “second Eden” with its wealth of biodiversity. In the early twentieth century, the imaginary took yet a different shape with adventurers like Theodore Roosevelt telling their tales of conquering such perils as poisonous snakes, biting fish, venomous ants, thorny trees, bloodsucking bats, and, yes, “Indians” with poison-tipped arrows. Decades after the former U.S. President’s trek through the Amazon, the region and its people had been cast as a disappearing world in need of salvaging, exemplified by the ethnography of Claude Lévi-Strauss, *Tristes Tropiques* (1974). In recent decades, the Amazon has come to symbolize a mechanism of worldwide importance, in which its contents are argued to be of global patrimony. More specifically, the Amazon has been described as the “lungs of the earth” thus necessitating conservation, the efforts of which often directly impact local indigenous groups in ways harmful to their livelihoods. Outsiders also frame the Amazon as the “world’s medicine cabinet,” from which to derive pharmaceutical knowledge with the help of romanticized shamans of the forest. Even more recently, there has been a rise in

tourism to the area. Adventure tourism, cultural tourism, and ecotourism are proliferating in the Amazon. Nowadays, Silicon Valley types travel there “not to search for El Dorado, but to search for Nirvana” (Santos-Granero 2002, 563) in the form of *ayahuasca* sessions. All of these visions objectify and commodify the people and places within Amazonia. As Nick Kawa writes,

The problem with the idea of ‘nature’ is that it turns lived-in places like Amazonia into distant objects over there, separate from us and easily vulnerable to distortion (2016, 129).

This environment imagined as a pristine nature is not the only “object” that is distorted. Indigenous peoples, too, are warped in the imaginaries of well-intentioned experts. For example, the social science of global health initiatives that are focused on “indigenous peoples” reads like a roster of perils. When experts talk about indigenous health, what they’re really meaning to say are indigenous health *disparities*. These reports are filled with the language of gaps, reductions, denied access, challenges, lack, loss, and degradation. The point is to criticize deep structural inequalities systematically embedded in institutions that are especially severe in postcolonial situations. Specialists argue, “indigenous populations worldwide are experiencing social, cultural, demographic, nutritional, and psychoemotional changes that have a profound effect on health” (Valeggia and Snodgrass 2015, 117). Indeed, indigenous populations do disproportionately suffer from lower life expectancy and higher rates of: infant and child mortality, maternal morbidity and mortality, infectious disease loads, malnutrition, substance abuse, depression, and cardiovascular and other chronic diseases (PAHO 2006; UNIASGIPI 2014).

These are real, dire, and urgent situations that are at the intersection of public health and human rights, since these health indicators are deeply rooted in social inequalities. Indigenous health experts note that there are factors that are specific to indigenous peoples that create “such

a dismal health landscape” (Valeggia and Snodgrass 2015, 120). Three rise to the top as the most influential contributing circumstances: 1) colonialism and oppression; 2) loss of land which affects the subsistence base and traditional practices, in turn influencing epidemiological shift and mental health issues; and 3) language barriers and cultural insensitivity limiting health care access.

These circumstances are the result of long-term, ongoing processes of change in which there are always those who benefit and those who do not. In this way, there is a dynamic interaction of social, cultural, economic, ecological, and biological spheres that emerge from the *social origins of suffering* and structural violence (Farmer 2004, 2005) and which produce differential vulnerability to embodied suffering (Holmes 2013). I, in no way, wish to downplay these serious health disparities. Indeed, most of the illnesses with which indigenous populations are afflicted are preventable or controllable. These maladies are not natural, neutral, nor inevitable. That said, despite these terrible constraints, indigenous people themselves are not helpless victims; they exercise and elaborate upon their therapeutic agency in flexible and creative ways. This agency often goes unrecognized given the carefully formulated lenses forged in the ontology of outsiders that selectively view indigenous people as either exotic or victims only.

Both of the above narratives, focused on the environment as a place to benefit the rest of humanity and indigenous peoples as unidimensional passive victims, only tell one side of the story. The present study departs from these exclusionary narratives by centering attention on the people who live and work in the Upper Amazon by documenting how they contend with quotidian matters of health and illness, and in the process how they interact with outsiders who are drawn to the rainforest for a variety of reasons. In examining how wellbeing is understood

and sought, this research contributes a timely investigation of how remedies are formulated in a context of increasing engagement with multiple outsiders, as intercultural exchanges with policy actors, oil company representatives, urban medical professionals, and international tourists are becoming commonplace. In discussing this research's findings, I will show how Napo Runa shape material outcomes, inside human bodies or in wider environments, through social practices anchored in cultural context.

Contemporaneous to an influx of foreigners, Ecuadorians hailing from regions outside of Amazonia are also making policies that affect the “lived-in worlds” (Kawa 2016) of Amazonians. For instance, policies of “living well” have been sweeping the Andean nations. Ecuador has implemented an alternative to development-as-usual with the “National Plan for Good Living.” Known as *Buen Vivir* in Spanish and *Sumak Kawsay* in Kichwa, it is a conceptual rupture with the Washington Consensus, and it seeks to move away from the country's neoliberal past. Here, the goal is no longer the accumulation of wealth and an unwavering focus on a narrow economism. Instead, attention is centered upon public investment and the construction of a plurinational and intercultural state.

To attain this lofty ideal, petroleum is a critical player in the redistribution of wealth. This tactic brings oil companies and state representatives to the Amazonian region. Now, through *Sumak Kawsay*, proceeds from oil are slated to reach the poorest people in the nation and to be redistributed to communities that have traditionally been long forgotten, existing outside the purview of the state's priorities. Oil revenues have funded infrastructural projects, including roads and bridges, all throughout the Amazonian region. In this way, the structural base of the problem of environmental change—oil extraction—is used to engineer a solution. Oil, however,

doesn't only bring promise despite launching idioms of hope for a sustainable future. Hazard and harm can also visit upon those living on or near sites of extraction.

The Amazonian region is the stage where these tensions play out, where actors operating at wider scales of influence collide with local realities. To address these issues, in this study I present findings concerning how Napo Runa research participants make use of engagements with various forms of alterity as they aspire towards wellbeing on their own terms, navigating postcolonial ontological politics of healing.

1.1.1 Research Objectives

Runa say that now more than ever strong bodies are needed. With rapid and accelerating environmental change, they perceive their health as being threatened. As such, it is timely to ask questions about how wellbeing is conceptualized and pursued. Rather than privileging the ethnocentric notion that medical specialists such as shamans are the only experts, the research findings indicate that Napo Runa are therapeutic agents, not passive recipients of care. The central question guiding the research is: *How do Napo Runa take action towards and speak about the management of health and illness while navigating significant environmental change and interacting with the outsiders who act to effectuate or alleviate that change.* The following are more specific research questions that I address throughout this study:

- How are health and illness related? (Chapter 4)
- What illnesses are commonly experienced in the study site? (Chapter 4)
- What do people do when illnesses strike? (Chapter 4)
- What counts as care? (Chapter 5)
- What is included in the domain of remedies? (Chapter 5)
- Who are the experts of household remedies? (Chapter 5)
- What are the properties that make remedies efficacious? (Chapter 6)

- Why the continued reliance on plant remedies, despite proliferation of other medical options? (Chapters 4, 6)
- What narratives do people offer about seeking the remedies they do? (Chapter 6)
- What environmental change has taken place since the founding of the community? (Chapter 3, 7)
- Is environmental change related to wellbeing? (Chapters 7, 8)
- If so, how does a rapidly changing living environment affect experiences of health and illness? (Chapter 7)
- How do research participants connect their local experiences to wider political processes, such as infrastructural projects and the defunct Yasuní, I.T.T. initiative? (Chapter 7)
- What is wellbeing, and how is it enacted? (Chapters 4, 5, 6, 7, 8)
- How do knowledge of remedies and practices of care fit into local notions of a good life? (Chapters 4, 5, 6, 7, 8)
- How do research participants reconcile a “good life” with the vast change they are experiencing? (Chapters 7, 8)

To answer the above research questions, the specific objectives of the present study are to:

1. Document locally meaningful and prevalent illnesses and illness experiences.
2. Describe health-seeking behaviors.
3. Describe ethnomedical practices, lay knowledge, and techniques for diagnosis and therapy.
4. Analyze the procurement, processing, preparation, circulation, and consumption of household remedies.
5. Analyze intracultural variation of knowledge in the domain of plant remedies. Investigate the implications of how this variation is patterned.
6. Ascertain the various perspectives of the research participants in regards to their experiences with different forms of alterity and what it means as these forces connect to their lives: a) medical pluralism, b) market integration, c) extractive industries, and d) conservation projects.
7. Investigate how the above four factors have impacts on the ways in which Kichwa people conceptualize, use, and talk about household remedies.

Below, I will outline the data collection and analysis methods utilized to meet these objectives.

In presenting the results of this case study, I will argue that local ethnomedical knowledge and practice are reconfigured in dynamic interaction with alterity, through the purposeful pursuit of wellbeing on local terms. In short, Napo Runa engage with outsiders not

because they buy into the idea that they are authoritative, but because they are afforded opportunities that might allow them to mitigate the health disparities they experience. Life in the Upper Napo leaves people in Sindy vulnerable to ill health and distress, especially given circumstances of rapid environmental change and a nutrition transition.

This research, both by design and through its findings, is poised to engage in theoretical debates, craft more incisive data collection methodologies, ascertain how people are dealing with rapid change on the ground in culturally-meaningful and efficacious ways, and to inform our practice as anthropologists in the direction of decolonization. The aim of this research is to document and communicate the situated lived experiences of people who make their lives in the Amazon, focusing on how they dwell (Ingold 2011) and take care. To this end, the present study centralizes subaltern voices, practices, and priorities, not those of resource extractors or charity-givers. By examining local notions and practices concerning the body and wellbeing, we depart from conventional approaches of ethnobotany with its reductive utilitarian view of plants and mechanical understandings of the body. Finally, the findings presented here will show that Kichwa communities are not monolithic entities, but exhibit intracultural variation. Ultimately, my hope is that this research could be of use to the types of people who go to the Amazon to propose sustainable development initiatives or to deliver medical care. By understanding the lived experiences of the peoples they are trying to serve, as well as acknowledging their priorities, we can create paths that are more appropriate and effective.

1.2 FIELDWORK

The research that forms the basis of this study was conducted during eleven months from 2012 to 2013 and two months in 2014. I lived for a total of thirteen months in the study community. The

fieldwork progressed through a number of stages of data collection that triangulated qualitative and quantitative methodologies. When I first arrived, I engaged in archival research, document collection, and participant observation (DeWalt and DeWalt 2011). During the second month of my residence in Sindy, I began a household census. Next, I engaged in a *convivencia comunal* project proposed by the residents of Sindy in which I assisted them in various livelihood strategies. After having lived in the community and worked with residents in their agroecological fields (*chagras*), the forest, and the river, I began to conduct in-depth interviews comprised of semi-structured questions, freelisting exercises, and garden inventories. These took four months to accomplish, at which time I returned to the University of Pittsburgh to process and analyze the data by transcribing audio and video recordings and coding fieldnotes, photographs, videos, and interview transcripts. I prepared for my return trip to Sindy by crafting new data collection protocols. Upon my return fieldtrip, I collected illness histories and health profiles from each participating household. I ended my fieldwork with intensive interviewing with ten key research participants concerning the use of 102 medicinal plants in household remedies. In summary, the following mixed methods were employed in this study:

- (a) Archival research and document collection
- (b) Household censuses (n = 25)
- (c) In-depth semi-structured interviews (n = 65)
- (d) Freelisting of illnesses (n = 65)
- (e) Freelisting of household remedies (n = 65)
- (f) Home garden and kitchenspace inventories (n = 9)
- (g) Household illness histories and health profile interviews (n = 25)
- (h) Forest walks with 10 research participants to discuss 102 medicinal plant resources used in household remedies
- (i) Extensive participant observation and informal interviewing

Below, I will describe the study site selection process and provide further details about the data collection techniques and methods of analysis.

1.2.1 Site Selection

Napo Province is located in the Upper Amazon, at the headwaters of a main tributary to the Amazon River (see Figure 7 for Map of the study area). As the most spatially compact of the 17 so-called “mega-diverse” nations worldwide (Myers et al. 2000), Ecuador has been extolled for its path-breaking 2008 constitution that recognizes the rights of nature. Despite this, contradictions are plenty. This designation of a “biodiversity hotspot” brings many different actors into the Upper Napo, such as scientists, oil prospectors, pharmaceutical developers, conservationists, sustainable development practitioners, and tourists. Napo Province, then, is emblematic of processes taking place across the region.

In contemporary Amazonia, conservation efforts and natural resource extraction (Büscher and Davidov 2013; Gerlach 2003; Gobierno Parroquial Rural de Puerto Napo 2015; Sawyer 2004) transpire side-by-side, in the political-economic context of late capitalism (Jameson 1991) with its entanglement of multinational corporations, globalization, and consumerism permeating all aspects of life, even if they arrive from antipodal directions. In Napo, oil companies are intensifying petroleum extraction at the same time that ecotourist enterprises are promoting conservation, run by foreigners and indigenous peoples alike (Harrison 2002). The environment is a battleground, and the people who live there are caught up in the friction.

In a country with 7% of its population self-identifying as indigenous (although indigenous population estimates reach 40% (PAHO 2006)), Napo Province is remarkable because it is the only province in all of Ecuador to have a majority of residents (56.8%) who self-identify as indigenous (Instituto Nacional de Estadística y Censos 2011). Because the transnational realities described above collide with the everyday experiences of Kichwa communities, conducting research in Napo is ideal.

Prior to 2012-2014 when the bulk of the fieldwork for this project was conducted, I had engaged in three preliminary research fieldtrips to Amazonian Ecuador during the Northern hemisphere's summer months in 2010, 2011, and 2012 where I gained training in the Kichwa language and Tropical Ethnobiology at the Andes and Amazon Fieldschool. During this time, I also conducted participant observation at strikes against oil companies, ecotourist demonstrations, and rural health care delivery sessions. I also conducted interviews with different kinds of medical specialists, including shamans (*yachaks*) and traditional midwives, and public health staff at three rural clinics in Napo Province.

The National Science Foundation and Fulbright IIE funded the main research period in 2012-2014. When I arrived in Sindy, I went through all of the proper channels of meetings to negotiate research access with community gatekeepers. I first met with the president of the community and others serving in official leadership capacities (*dirigentes*) along with the director of the bilingual school and the president of the women's association. Once we agreed upon the basic terms of our collaboration, we convened a community-wide meeting with all community residents. It was during this meeting that I introduced myself as a researcher based at a North American University and I explained that I was interested in learning from them about their lives, especially concerning matters of health and illness. The presidents of the community and the women's association, the director of the bilingual school, and I all took turns signing documents describing our collaboration.

During the months spent in Sindy from 2012 through 2013, I was accompanied by my partner, Andy. We were invited to live in the bottom floor of the then-president of the community's house. Months after we moved in, the director of the school asked me how everything was going under this arrangement. Then he went on to say that when we initially

arrived to Sindy, the community residents had asked one another “with whom could the North Americans live?” As I came to learn, not many people have extra room in their houses, so at first it was suggested that we reside in the office buildings next to the community’s central meeting place, the *cancha cubierta*, which at the time were empty and not in use. The director went on to explain, “but then we thought, if Nora is here to learn Kichwa and how we live, who would she talk to while living in those offices? Better to put her with a family.” Far and away, many of the most important opportunities and deep insights came from Cristina and Andrés, who along with their four kids welcomed us not only into their lives but also into their home.



Figure 1: Our home in Sindy.

Andy and I lived in the room to the left on the first floor. The family of six live upstairs, and we shared the kitchen on the far right.

(Photo by A. Mrkva)

1.2.2 Reciprocation and Remuneration for Research Participation

My acceptance into research participants' homes, gardens, community meetings, and special events, and their generosity in sharing information of great breadth and depth about the struggles and triumphs of their everyday lives is far greater than the reciprocation that I have been able to give back to them. Nonetheless, I implemented a variety of strategies in remunerating research participants such as giving material items to the community at large, providing groceries to households, giving cash to key participants, dedicating labor in community work parties and in the agroecological fields, and offering my teaching skills by tutoring children in English.

During the early stages of the fieldwork, I asked whether it would be appropriate to pay each research interviewee directly with cash for their time and participation. At the meeting, it was voted on by members that it would be best if I used the money I would pay individuals to instead purchase key items for the community and school. Such items included plastic chairs, cookware and utensils, and sports equipment. For the community, I provided 90 cups, 90 aluminum plates, 3 knives, 2 large cauldrons, 20 plastic chairs, 1 indoor soccer ball, and 1 basketball. To the bilingual school, I gave 83 cups, 50 aluminum plates, 2 knives, and 10 plastic chairs. These items totaled \$537.26. These are all items that are used on numerous occasions, from daily lunches at the school to weekend gatherings at the *cancha cubierta* for recreation to formal festivals throughout the year.

In addition to providing material items, I also gave time and effort in a variety of forms. I taught English to school children, aged 7 to 18, during school hours three times per week and offered "office hours" in the afternoons where students could visit with any questions they had, although mostly we ended up listening to English music or watching English movies at their suggestion and to their delight. I devoted a total of 10 hours per week to teaching English in

Sindy (in total, approximately 300 service hours) during the months of February through September in 2013.



Figure 2: Teaching English to Kichwa youth.

On the left, Kichwa students during the school day. On the right, students during an informal tutoring session after school.

I also participated in a variety of community work projects (*mingas*) organized to cut the grass on the soccer field with only machetes at our disposal, build a bridge, construct a house, clean up after *fiestas*, prepare food and *aswa* (fermented manioc beverage) for community-wide events, and transport a canoe from the forested mountain down to the river. I also worked with each household in their agroecological field (*chagra*), doing various tasks revolving around planting, pruning, weeding, and harvesting such crops as manioc, plantains, corn, and others.

In addition, during the census interviews I gave to each of the twenty-five participating households \$5 in groceries (cooking oil and rice). During the household illness histories and health profile interviews, I provided \$10 worth of groceries to each participating household (rice, lentils, tomatoes, onions, and green bell peppers) along with a deck of playing cards and a reusable canvas tote bag. For the forest walks, I paid each of the ten key participants \$10 for each hike they participated in.

1.2.3 Data Collection

The research protocol and design was reviewed and formally approved by both the Institutional Review Board at the University of Pittsburgh and the *Comité de Bioética* at the Universidad San Francisco de Quito (USFQ) in Ecuador. I have made every attempt to safeguard the identity and privacy of all of the research participants who generously shared their lives, perspectives, and experiences with me. All names that appear in this document are pseudonyms. All names appearing in interview transcripts and field notes based on informal interviewing and participant observation are also pseudonyms. All documents containing such data are password protected.

In addition to securing permission from both my home institution's ethics board and one in the country of study, I have also considered the implications of producing research and displaying results that deal with information such as plant names (either scientific designations or their local names in Spanish or Kichwa) that might be vulnerable to biopiracy and violations of intellectual property rights. The results that appear here are intended for academic purposes, but it is not unprecedented for scholarly results to be lifted without the researcher's knowledge let alone consent and put to use for divergent applications (e.g., Brosius 1997). For instance, Elizabeth Povinelli while writing on the Australian context notes, "We need to be especially on guard for the ways in which the state and international business and financial communities can draw on our rhetoric to reentrench their own interests" (1995, 515). In anticipation of such a dilemma, I abide by the Society of Ethnobiology's code of ethics (Welch 2012). More specifically, I follow other scholars' strategy of only including the species whose ethnobotanical use has already been published and is, therefore, already available to the public.

In their publication on Yanomami ethnobotany, Milliken and Albert (1996, 1997) only include those species whose ethnobotanical use has already been published and thus rendered public in a previous publication. I too will adopt this strategy:

that is, plant resources and knowledge whose potential status as a community-owned commodity has not been jeopardized by a prior publication, are not identified in the following discussions (Alexiades 1999, 54).

The Amazonian region has been the site of much of the ethnobotanical work conducted in Ecuador (Albuquerque et al. 2013; Moerman et al. 1999). The late 1980s was the zenith of ethnobotanical work being done in Amazonian Ecuador. Gallegos (1988) reports the overarching ethnobotanical domain for Napo Runa to include 66 families, 175 genera, and 212 species. Oberem's work focused on the specialized use of plants by Napo Runa shamans (1980). Most research conducted during this period was overwhelmingly focused on the identification and classification of peoples' uses of plants in general for food, medicine, ritual, decoration, and adornment (Bennett 1989; Gallegos 1988; Iglesias 1985; Kvist and Holm-Nielson 1987). Marles (1988) focused explicitly on ethnopharmacology and drug development; he was interested in how Napo Runa use plants for their pharmacologically active compounds in addition to symbolic reasons. Marles and colleagues inventoried traditional medicines (120 species, 105 genera, 63 families) and tied these findings to the literature and performed biological assays of the plants (Marles et al. 1986). Eduardo Kohn's ethnographic work on the medical culture of Napo Runa included important ethnobotanical elements. He noted:

Very few societies exploit medicinal plants as extensively as the Runa of the Upper Napo (Kohn 1992, 47, my translation).

What is more is that the Andean Piedmont, or *montaña*, is an interesting place for studying the dynamism of plant use and knowledge because it is the site of "migrations, interrelationships, and cultural contacts" historically and to this present day (Schultes and Raffauf 1990, 27), a point I elaborate on in Chapter 3.

In an article entitled “Amazonia as Pharmacopia,” Veronica Davidov (2013a) describes a small zoo and ethnobotanical garden that operate both as an ecotouristic and cultural revival project. In her field site of Chichico Rumi, Napo Runa saw bioprospecting as akin to the petroleum industry or logging in that it is fundamentally extractive. Rather than engaging in the circulation of various substances and crafting reciprocal ties through webs of social relationships, bioprospecting is interpreted as exploitative. Napo Runa in Chichico Rumi shared with Davidov their concerns over the rumors of incognito doctors surreptitiously taking notes on the plants displayed in the ecotourist garden.

In addition to these anxieties about furtive investigators, I have observed how Ecuadorian university students and professors, medical brigade care deliverers, and sustainable development workers interact with rural Napo Runa communities on a number of occasions throughout the fieldwork. Arriving in cars and intending on quick getaways, they distribute closed-ended questionnaires that are numerically focused. Questions include how many hectares each household has access to and monthly income, for instance. These interactions are simply about one-off information extraction and are not concerned with fostering interactive relationship-building dependent on shared experiences, nor are there long-term reciprocal obligations.

Given these widespread circumstances in rural Runa communities in the Upper Napo, I was intentional in collaborating with participants on their own terms. This study documents the pragmatics of wellbeing, how people procure, share, and use remedies and the stories they tell along the way. I wanted to make certain that my aims for research were compatible with how people in Sindy interpreted their participation as meaningful to them so as to respect their time and effort. Below, I will outline the data collection, management, and analysis techniques utilized in the present study.

All interviews were audio or video recorded with informed consent and during the course of each interview, I took running jot notes followed by expanded fieldnotes written within a few hours of each interview. All quantitative and qualitative interviews, collected documents, and participant observation were conducted in Kichwa and Spanish. For the purposes of this research, I have translated all Spanish and Kichwa into English. Jot notes were written in English, Spanish, and Kichwa while engaging in various ethnographic activities, whereas expanded field notes were written in English.

During my first month of residence in the community, I reviewed the archives that were kept on location in the school's offices. The archive exists largely due to Sindy's membership in a larger umbrella organization for indigenous Kichwa communities in Napo Province, FUCONA (Federation of the United Communities of Napo Arajuno). I provide further description of Sindy's relationship to FUCONA in Chapter 3. The documents contained information on the community's history and founding as well as minutes from the meetings over the years. These documents were formative in my understanding of the history of Sindy, as well as how it has changed through time.

Next, I administered a census in every household that had a *socio* or *socia* of Sindy residing in it. This instrument gathered data on the number of people living in each household, their gender, age, preferred language, and relationship to the interviewee. All of the census surveys were conducted in the participant's home. In many cases, this was the first time I entered their living spaces, and as such I took detailed notes, and occasionally some photos, to document household conditions (i.e., the number of rooms and floors, building materials, consumer items) to serve as a proxy for ascertaining relative socioeconomic status. The census data provided

baseline information about demographics and allowed comparison among households and demographic material among individual respondents for the interviews that would come later.

During our first meeting to discuss the terms of our collaboration for the research project, people in Sindy suggested that I work with representatives from each of the twenty-five households for an entire day. The community stipulated that I would begin with the household that was farthest downriver and make my way upriver in succession. During this time, I shadowed participants as they engaged in various livelihood activities from sun-up to late afternoon. We planted and harvested a variety of crops, including manioc, cacao, plantains, and *wayusa*. All of these crops are commercially important products that are sold at market but are also consumed in the household. Other activities included fishing, panning for gold, and gathering and processing medicinal plants from the forest. On exceptionally rainy days, I would help with indoor activities like weaving nets for fishing. The time spent with residents of Sindy in these interactions spoke volumes about how they relate with the surrounding forest, river, and gardens. It was also invaluable in teaching me about the hopes and fears they have concerning environmental change or making enough money to survive.



Figure 3: Working in the agroecological field (*chagra*).

On the left, a statue in Archidona depicting a Kichwa woman on the way to her *chagra* carrying a baby and *ashanga* (basket) with a machete in hand and a dog at her side (photo by A. Mrkva). On the right, participants in Sindy working in a *chagra* with manioc, palms, plantains, and other key products.



Figure 4: Weaving a net (*lika*) on a rainy day.

Once finished, this net will be weighted with rocks and used to catch fish in the river.

During this time working with members of each household, I had the opportunity to build rapport with participants, having co-labored together on livelihood projects. Next, I returned downriver and worked my way up through the community conducting in-depth interviews. In total, 65 individuals participated in the interviews from the twenty-five households. The ages of the participants ranged from 18 to 78 years old with the average (mean) age being nearly 39 years (38.97 years old). Of these interviewees, 37 (56.9%) were women and the remaining 28 (43.1%) were men. In Table 1, I display the distribution of interviewees by age and gender.

Table 1: Distribution of interviewees from Sindy (n & %) by age and gender.

Age	Women		Men	
	N	%	N	%
18-25	9	24.3	3	10.7
26-35	9	24.3	10	35.7
36-45	11	29.7	6	21.4
46-55	4	10.8	5	17.8
56-64	1	2.7	0	0.0
65+	3	8.1	4	14.3
Total	37		28	

Although Spanish is a *lingua franca* among Amazonian Kichwa groups, the primary language of this project was Kichwa. I conducted 54 (83%) of the interviews in Kichwa and the remaining 11 (17%) interviews in Spanish, according to respondents' preferences. Of course, during the course of many of the interviews, it was quite common for the participants to code-switch and employ both languages in their responses. In the following text of this study, I directly quote many participants. At first, my translations may seem jolty when phrased in English, but my purpose is to communicate the logical flow of what the participants were saying.

The first phase of these interviews included questions about: life history; perceptions of environmental changes through time; opinions about ecotourism, oil companies, medical specialists (i.e., shamans, midwives, herbalists, etc.) and health clinics; medical decision-making and health-seeking behaviors; and the preparation and provision of remedies. Next, focusing on cognitive domains and issues of salience, I elicited freelists (Quinlan 2005) of prevalent illnesses and remedies. I documented the variation of local knowledge through a gender-based (Browner 1991) and non-specialist (Garro 1986) analysis. Results of the patterning of intracultural variation in knowledge and its implications are discussed at length in Chapter 5. All 65

participants responded to both the in-depth semi-structured interviews and the freelisting activities.

In Sindy, the houses are arranged along the road that bisects their community; often these houses are congregated in clusters organized by extended families (*ayllu*). Most people have multi-room structures in which they sleep and conduct leisure activities. In addition, there are a number of spaces that are shared by members from various households, including huts to hang out in, cooking fires, basins used to wash clothes and dishes, and latrines. In addition, a handful of households may share a single doorstep garden space. Many plants are cultivated inside these family compounds, or clusters of households. Due to these circumstances, I elected to tour each doorstep garden (for there was one per many households, instead of one per each household) with one key participant. In total, I conducted 9 garden inventory interviews. This helped me to get a sense of the plants that are cultivated near the home for health-management or to relieve pain and distress in times of illness.

I also conducted in-depth interviews with a variety of people selected because of their experience or expertise. This list of interviews included key players in the administration of the community such as both presidents of community Sindy (there was an election that took place while I was conducting fieldwork, and a subsequent transition in leadership), the director of the bilingual school, the director of the office for bilingual education headquartered in Tena, and the president of the women's association. I rely on these accounts for my description of the community background in Chapter 3. In addition, I interviewed local medical specialists who reside in Sindy, namely a traditional midwife, a shaman, and a person who is referred to as *pajuyuk* who has the ability to diagnose and treat illnesses. I also conducted interviews with staff

of five different clinics in Napo Province. I explain findings from the interviews with local and biomedical specialists in more detail in Chapter 4.

Upon my return fieldtrip in 2014, I once again visited each household in the community. I conducted semi-structured interviews with a member of each household to collect information on the medical history and illness experiences of residents within the household. Of these participants, 16 were women and 8 were men. Additionally, I lent a digital camera to five participants who then went on to document items of their choosing dealing with food, drinks, and remedies. After they had the camera for a period of 72 hours, I interviewed them about the images they captured and why. This proved to be a useful strategy in gaining information on people's lives outside of Sindy, as they could document their experiences while traveling for work or pleasure in the city of Tena or in more rural areas.

The final data collection strategy I implemented built on all of the previous interviews and experiences I had in Sindy. Throughout the fieldwork period, I generated a master list of all medicinal plants used in household remedies. This inventory was generated from disparate sources including through formal elicitation in the freelistings exercises (83 distinct remedies named), through everyday participant observation, and during forest walks, when we found more plants used for therapeutic purposes, bringing the grand total to 102 remedies.

I recruited ten research participants, six women and four men, to join me for extensive interviewing with this list of plant remedies as our guide. For these interviews, we walked through the forest, along the river, and in agroecological fields (*chagras*) as well as in home gardens in search of these plant remedies. All of these interviews were conducted in Kichwa and were video- and audio-recorded with permission. Upon locating the plants used in household remedies, these key participants stated the name of the plant, described how and why it is used in

general terms, and offered an example from her or his own life or that of a family member about when the plant was prepared for therapeutic purposes.



Figure 5: Research group consults inventory of plant remedies.

Key participants consult the list of plant remedies generated during freelisting to plan our next move in a forest walk to discuss therapeutic narratives.

I designed a detailed protocol that I adhered to for data management and analytical processes. Jot notes, field notes, and meta notes (Sanjek 1990) were typed, duplicated, and iteratively analyzed during and after fieldwork. All interviews were digitally recorded and replicated for safekeeping. Identifiable information was removed from all files, and I used only pseudonyms. All names that appear throughout this text are pseudonyms to protect each participant's identity and to ensure their responses remain confidential. I transcribed interviews and assorted audio and video files I recorded during participant observation according to a transcription protocol of my own devising (inspired by Duranti 1997; Edwards and Lampert

1993; Luebs 1996; McLellan et al. 2003; Oswald 1996; Powers 2005; Sacks et al. 1978; Valentine and Matsumoto 2001). Transcriptions were carried out using F5 software. The transcripts and field notes I generated were analyzed using MAXQDA. Census data were entered into an SPSS database. While analyzing freelisting responses to ascertain intracultural variation in knowledge, I used ANTHROPAC (Borgatti 1994; 1996) and Microsoft Excel for data display in this document. All photographic and video data were organized and coded in Adobe Lightroom. Throughout the study, I will discuss the results of these data collection methodologies guided by the research questions outlined above. Below, I offer a preview of the chapters to come that showcase the findings resultant from these data collection methods.

1.3 CHAPTER OUTLINE

The opening lines of this introduction contained a quote about a presumed despondency met with a pre-formulated solution. Off stage, one person from Sindy offered a different metaphor than that of a doctor giving authoritative care, a generic pill to dull the pain. In deliberations with other community members about whether or not to engage with the development agency present that day, José came up with a different metaphor. He suggested in Kichwa, “We should allow them to lend us a hand.” This phrase of lending a hand conjures images of collaboration, whereas the doctor metaphor evokes visions of authorities in white coats helping diseased patients. Through this research, I examine these sorts of utterances and practices that take place off stage, from Runa to Runa, focusing specifically on the realm of health and illness.

This study is organized into eight chapters. The current chapter has provided a broad overview of the study in which I’ve posed the research problem, described the scope and design of the project, and briefly assessed the potential contributions of this study to anthropological

method, theory, and praxis. In the following chapter, I situate the present study in broader theoretical debates. Moving beyond the “suffering slot” with a conscious attempt to pursue an “Anthropology of Good” (Robbins 2013), this study takes as its focus the pursuit of health and wellbeing from local perspectives. By examining practices of care and wellbeing, we see that local biologies are shaped. Thus, local practices hinging on social relations make a material difference in the world. In this chapter, I present the overarching conceptual framework for the study, which I call Enmeshed Therapeutic Ecologies.

The third chapter contextualizes the ethnographic situation by providing a brief history of the *montaña* region. By analyzing archaeological and ethnohistorical records, I highlight the deep roots of practices anchored in remaining flexible and open to outsiders in order to have cultural practices persist. I conclude Chapter 3 by describing the contemporary setting of the study community through presenting results from archival research and a household census.

In the fourth chapter, I flesh out the conceptual framework I introduce in Chapter 2, Enmeshed Therapeutic Ecologies. Here, I draw attention to how health and the body are understood to be in constant flux, thus requiring management through continuous therapeutic action. I analyze results compiled from interviews to describe the common illnesses and maladies within the study site while also describing the options available from various medical systems, or matrices. In this chapter, I argue that the concomitant use and creative simultaneous mixing of matters and meanings from multiple medical systems create novel remedies that take us beyond mere medical pluralism with well-defined boundaries between what constitutes “traditional medicine” as distinctive from “biomedicine.” Prevailing perspectives neglect to capture the dynamic changes in contemporary lifeways of indigenous communities as they iteratively reinterpret health needs and desires, reorganize local knowledge, and rebuild repertoires of

remedies. For this reason, I call for a re-thinking of how anthropologists approach “medical pluralism” by following therapeutic practices by non-specialists in everyday contexts. On the ground in Napo, remedies are not age-old and static, but they are iteratively *becoming* through engagement across cultural difference and thus are enacted into being. Therapeutic ecologies are evidence of expanded worlds, not ones reduced to acculturation.

In Chapter 5, I analyze practices of care and circulation of substances with the aim of keeping people healthy or healing them when they become sick. To find out who the local experts are, I analyze intracultural variation in knowledge of the domain of remedies through freelisting. I conclude that those who are most knowledgeable, as measured by their list-length in the domain of remedies, are also those who conduct the most labor in care-work. This emergent expert group are affines, people who move to Sindy later in life, after having grown up in communities that are more rural and situated downriver. I argue that these social practices and kinship relationships are a way to re-infuse the rapidly changing place of Sindy with ethnomedical knowledge, practice, and skill. Therefore, social practices are enacted to keep people healthy through carrying out appropriate care in contexts of enduring structural and institutional inequities that produce health disparities.

Freelists are useful starting points in analysis, but they are most revealing when they are triangulated with other complementary data types. In Chapter 6, I build on the results of intracultural variation in knowledge of remedies by examining therapeutic narratives, as more experience-near communications than list making. In this chapter, I discuss results from interviews that explain which remedies are known to be efficacious and how this is tied to local notions of the body as a relational and transformational entity. Emergent from these interviews are therapeutic narratives that participants use to express the value of drinking bitter forest

remedies as a way to heal in times of sickness and to fortify, or strengthen, bodies. More than discussing the physiological effects remedies can have on bodies, the mere ingestion of remedies is a form of communication. As “idioms of defiance” participants are able to communicate political stances through the use and sharing of remedies. I argue that therapeutic action, then, becomes a form of “biopower below” as Napo Runa continue to rely upon remedies because they enable evasion from violence incurred during relations with dangerous alterity, such as exploitative migrant labor. In the process, bodies are shaped through acts of careful circulation.

While Chapter 6 deals with the intimate environment of the body, in Chapter 7, I broaden the scope to the wider ecological environment in Sindy. Through the words of research participants, a clear picture of ambivalence in their experiences of environmental change emerges. I argue that how Napo Runa act in the face of drastic environmental change—which they recognize as being by their own hand as well as by powerful oil companies—is formulated through their conceptualizations of how to live well. Experiencing situations of increasing vulnerability today is a continuation of long-term, structural processes of marginalization in postcolonial circumstances. Given these circumstances, Napo Runa seek out social relations across alterity to fortify their wellbeing. This entails practices as varied as participating in the market economy to sell trees to feed one’s family, seeking recompense from oil companies, and riding along roads.

In the concluding chapter of this study, I outline what “living well” means for people in Sindy. I argue that there is an ontological gap between government policy orchestrated around the co-opted concept of *Sumak Kawsay* (to live well in Kichwa Unificado) and the lived reality of *Alli Kawsana* as enacted by Napo Runa. In these discussions of living well, I summarize the study’s findings and offer suggestions on how they might be leveraged to contribute to social

science theory and applications for policy focused on medical care delivery and sustainable development initiatives.

In the next chapter, I explain how Napo Runa are not passive recipients of care, but therapeutic agents who intervene in and transform the world—by shaping local biologies through their practices towards achieving wellbeing. I will demonstrate how health, wellbeing, and the body are not only biological categories nor are they managed by individuals alone. Rather, Napo Runa craft bodies in pursuit of wellbeing along social relations of care involving the circulation of substances that acquire new meanings in new contexts.

2.0 ENMESHED THERAPEUTIC ECOLOGIES

In the pages that follow, I trace how Napo Runa intervene in matters and meanings of health and illness and in the process shape local biologies through enacting an ethic of living well. The purpose of the current chapter is to provide a conceptual framework for the study. I call this conceptual framework Enmeshed Therapeutic Ecologies, and multiple threads of scholarship inform it. Below, I will describe how this study has been informed by the “Anthropology of the Good” (Robbins 2013) since it is explicitly focused on therapeutic practices and wellbeing. Through this lens, I place various bodies of theory into conversation with one another such as work by proponents of the Ontological Turn (OT) and Medical Anthropology. Then, I add to the mix select thematic orientations from recent ethnographic work carried out in Amazonia. I conclude this chapter with a summary of Enmeshed Therapeutic Ecologies.

2.1 THE ANTHROPOLOGY OF THE GOOD

Power, inequality, violence, exclusion. These were some of the most prominent themes that Cultural Anthropologists analyzed in the late twentieth century. This focus on domination and control and the concomitant suffering these forces produce has been variously referred to as “Dark Anthropology” (Ortner 2016) or the “suffering slot” (Robbins 2013). However, over time,

scholars have come to realize that solely focusing on suffering and victimhood elides the agency of the people with whom they work.

In an influential article, Joel Robbins calls attention to an “Anthropology of the Good” (2013). Robbins suggests this as a way forward to move beyond the “suffering subject” as the lone cornerstone of analysis. Robbins’s article is a useful overview of how this turning tide in anthropological approaches came to be. Other scholars have developed and contextualized the “Anthropology of the Good.” Sherry Ortner characterized Robbins’s position as a counterpoint to the “Dark Anthropology” (Ortner 2016) at the end of the twentieth century focused on domination and control. Inspired by Ortner’s terminology, Arjun Appadurai refers to the newer emphases in contemporary Anthropological thought and practice as “Bright Anthropology” (2016). Regardless of the name it goes by, whether “Anthropology of the Good” (Robbins 2013), “Positive Anthropology” (Fischer 2014), or “Bright Anthropology” (Appadurai 2016), there has been a discernible surge in endeavors to document and prioritize themes such as hope, aspiration, the good life, and possibility.

With these projects of documenting the “good” there have been parallel efforts to reexamine resistance studies. Scholars suggest political critiques can be launched at hegemonic and dominant cultural orders through narratives and practices in the pursuit of “the good” and the task becomes to document and analyze the various notions of wellbeing in cultural context. Appadurai describes it in the following way:

Perhaps we are now ready for an anthropology of and for resistance, which takes the diversity of images of the good life into fuller account when discussing resistance, so that it *becomes a matter not just of refusal but of culturally inflected aspiration* (Appadurai 2016, 3, emphasis added).

The literature in “the Anthropology of the Good” has been growing in recent years (Adelson 2009; Fischer 2014; Graeber 2007; Jiménez 2008; Mathews and Izquierdo 2009). Overall, strands of inquiry include value, morality, wellbeing, imagination, empathy, care, the gift, and hope and aspiration. Amazonian ethnographers, in particular, have made concerted efforts to document the various meanings of living well. For instance, Fernando Santos-Granero has edited a recent volume, *Images of Public Wealth, Or the Anatomy of Well-Being in Indigenous Amazonia* (2015). In his introduction, he describes the ethnographers’ project as fundamentally concerned with decolonization. As such, contributors place emphasis on local notions of wellbeing, which in the Amazonian context are “based on the abundance of intangibles such as vitality, biopower, good health, and convivial feelings [which] differ substantially from those entertained in capitalist societies” (Santos-Granero 2015, 8). Wellbeing, then, is distinct from “wellness,” an individual-focused project that thrives in late capitalist settings.

Carl Cederström and André Spicer in their book, *The Wellness Syndrome*, describe “wellness” as an ideology of self-care that comes at the expense of collective engagement (2015). In the ideology of wellness, social problems are collapsed into a personal quest for a particularized version of the good life, a quest that magnifies individual responsibility and values self-expression. Here, individuality meets self-expression and forges an “assumption of the individual as someone who is autonomous, potent, strong-willed, and relentlessly striving to improve herself” (Cederström and Spicer 2015, 6). The authors argue that the end goal of such “wellness” projects is to formulate more productive bodies in a capitalist economy, submitting to a biomorality dictum that demands individuals to be striving towards self-improvement and to embody perpetual happiness and healthiness. At the same time, however, this “wellness

ideology” persuades its adherents that they are sad, sick, and exhausted. In short, “wellness” suggests that individuals must decide to attend to their own personal wellness rather than contesting the wider origins and systemic causes of their predicaments. In the process, social inequalities are veiled as individuals are isolated as the locus of control. Therefore, the “wellness syndrome” is a culturally constructed view of self and health; meanwhile, other possibilities are enacted in other cultural contexts.

Some notions and practices of wellbeing are inherently political unlike the depoliticized “wellness syndrome.” Wellbeing can be conducted as overt resistance through acts of refusal in contestations against structural violence, the “large-scale social and economic structures in which affliction is embedded” (Farmer 2004, 305). In addition, practices of wellbeing are also political in the sense that Appadurai mentions above concerning striving for aspiration. That is, rather than focusing only on historical and political-economic bases for affliction and maladies, scholars can also focus on the social production of wellbeing that contests these inequitable “social determinants of health.”

Notions and practices of wellbeing in indigenous populations in the Americas tend to depart from biomedical conceptions that locate health in individualized bodies or capitalistic conceptions with the goal of wealth accumulation. Naomi Adelson analyzes indigenous notions of wellbeing by documenting subaltern narratives that challenge the applicability of supposedly universal biomedical conceptions of health. In her ethnography, *“Being Alive Well”: Health and the Politics of Cree Well-Being*, she argues that health is never neutral nor is it reducible to mere biology (Adelson 2000). Working with Whapmagoostui Cree Nation, on the Great Whale River in northern Quebec, health takes the shape of “a marker of self-in-the-world that is forever located within a text of historical accountings, lands, and the production and interpretation of

specific and distinctive beliefs and activities” (Adelson 2000, 9). Wellbeing here is relational; how one relates with landscapes, nonhumans, and other humans is paramount. Elsewhere in Native North America, wellbeing transcends the individual and accumulation of wealth. Winona La Duke asserts that wellbeing can only be enacted, not measured: “there is no way to quantify a way of life, only a way to live it” (1999, 132). In this sense, wellbeing is enacted through practices and in the process it exhibits dissent against historical legacies of disenfranchisement and contemporary violence.

In the present study, I analyze how Napo Runa pursue, create, and maintain wellbeing as it stands in contrast to ideologies of individual-based wellness. In the coming chapters, I document the social conduits of care (Puig de la Bellacasa 2012), forms of assemblages, and moments of articulation across cultural difference from which therapeutic remedies emerge. Unlike the ideology of wellness, which operates in ways to conceal social inequalities, the therapeutic actions undertaken by Napo Runa address and contest the inequality they experience. Drawing on insights gleaned from the Ontological Turn, theoretical influences from Medical Anthropology, and select thematic orientations from Amazonian ethnography, below I present the conceptual framework for this study, which I call Enmeshed Therapeutic Ecologies.

2.2 THE ONTOLOGICAL TURN AND ITS DISCONTENTS

The Ontological Turn (OT) in the social sciences in general and Anthropology in particular proposes that different peoples inhabit different, often conflicting, realities, or “worlds.” Proponents of the OT have the aim of “taking seriously” what their participants say in order to create what they perceive to be a more inclusive political practice. I will outline key players in the OT as well as the positions of their critics, and I will conclude this section with what I

envision as the way forward, one not populated by separate worlds, but charted through separate paths of becoming.

2.2.1 Worlds Otherwise

At its core, Robbins notes, “Anthropology of the Good” is about decentering hegemonic ontologies, or ways of being:

If part of the point of the anthropology of the good is to return to our discipline its ability to *challenge our own versions of the real*, then we have to learn to give these aspirational and idealizing aspects of the lives of others a place in our accounts (2013, 458, emphasis added).

One of the most significant contributions of the OT is that it problematizes the universality of culturally constructed categories. Specifically, OT scholars have criticized the dichotomies that have become entrenched in Global North thinking and Western ideologies more generally. Contributors to the OT seek to combat binaries such as nature/culture, mind/body, subject/object, animality/humanity, individual/society, person/thing, and human/nonhuman because they do not hold up to ethnographic scrutiny.

Historically, the key players in the OT have demonstrated the need to question the authority and universality of Science and Medicine. Many of these scholars are writing at the intersections of feminist studies and Science and Technology Studies (STS), such as the work by Donna Haraway and Bruno Latour. Increasingly, OT scholars are moving to more traditional ethnographic settings from the scientific laboratories and biomedical hospitals of early efforts. We can see there are other ways of being and acting in the world that depart from dominant modes, and ethnographic documentation of this diversity is imperative (Archambault 2016; Blaser 2014; De La Cadena 2015; Descola 1994, 2012; Escobar 2008; Haraway 1988; Heywood

2012; Kohn 2013; Langwick 2011; Latour 1988, 1993, 1999, 2013; Latour and Woolgar 1986; Lyons 2014; Mol 1999, 2002; Povinelli 1995; Stengers 2010; Strathern 1988; Tsing 2015; Viveiros de Castro 1998, 2015).

Rather than shoehorning what we document in ethnographic encounters into our own categories, we can instead interpret the differences as valid in the first place. Writing on the OT, John Kelly notes that as anthropologists “we are and can be, still, the social science that seeks to understand rather than reduce or explain away real human differences” (2014, 358). Global connections do not lead to a spreading homogeneity, nor to a seamless “acculturation.” Instead, divergent agendas persist and they are backed up by local practices, which are creative interventions in the world.

Three central examples follow; all take us to Amazonia where there is fertile ethnographic ground for the blending of nature and culture. What is considered to be of “nature” as opposed to of “culture” is indistinguishable in such loci as environment, medicine, science, technology, and the body. The very notion of “culture” exists, as Latour argues (1993), because “moderns” bracket nature off as separate. Philippe Descola’s ethnography in Amazonian Ecuador demonstrates that the Achuar do not operate from the same deep-rooted dualism of nature/culture as held by Western ontologies (1994, 2012). He writes,

To say that Indians are “close to nature” is a kind of nonsense for, since they confer upon the beings that people it a dignity equal to their own, their behavior towards them is not significantly different from their behavior toward one another. In order for anyone to be closer to nature, nature must exist; and it is only the moderns who have proved capable of conceiving its existence (Descola 1994, 406).

Descola develops the argument that local ecological knowledge is interwoven with cosmological ideas in ways that endow what outsiders would refer to as “nature” with characteristics of

society. It takes work to render nature and culture asunder, to reduce “forest tangle to garden order” (Descola 1994, 325), a job that Western ontologies have taken on.

Eduardo Viveiros de Castro is one of the most influential scholars working at the vanguard of the OT. His work has centered attention on indigenous cosmologies, with his theory of “Amerindian Perspectivism” (1998). Put plainly, Amerindian Perspectivism concerns the ways in which humans, animals, and spirits see themselves as well as how they see one another. It is a lens fundamentally concerned with point of view. Viveiros de Castro argues that Amerindians consider different people to be distinguished by their *bodies*, and not by their cultures—that there are multiple natures, but only one form of culture. He places this conceptualization in contrast to Western ontologies, which conceive of a singular natural world with multiple cultures (2015). Perspectivism, then, is an inversion of Western ontology in which there is spiritual unity and corporeal diversity.

Amerindians live in worlds unto themselves, according to Viveiros de Castro. Because of these separate and multiple worlds, Viveiros de Castro’s ultimate goal becomes to point out and elucidate what he calls “equivocations,” which are “not just [failures] to understand, but a failure to understand that understandings are not necessarily the same” (2015, 64) when communicating across worlds. In conversation with Viveiros de Castro’s identification of equivocations as a tool to make sense of “partially-connected worlds,” Marisol De la Cadena explores the roles of “earth beings” (*tirakuna*) in Peruvian indigenous politics in the Andes (2015). In the Cosmopolitics of the Andes, worlds are separate yet do occasionally overlap partially. John Law refers to this as a “fractiverse,” in which the key project is to figure out how to “craft encounters across ontological difference” especially in postcolonial settings (2011, 10). In this sense, reality is a set of contingent, enacted, and intersecting worlds in the plural.

Eduardo Kohn contributes to the OT through analyzing his ethnographic materials from the Ávila Runa in Amazonian Ecuador (2007, 2013). Like Viveiros de Castro, Kohn, too, is interested in “indigenous conceptual worlds.” Kohn’s aim is posthuman, and he sets his sights on understanding *social relations* not just among humans but also including nonhuman beings into the mix. In his book *How Forests Think: Toward an Anthropology Beyond the Human*, Kohn proposes the concept of an “ecology of selves”:

Hunting, fishing, gathering, gardening, and the management of a variety of ecological assemblages involves people intimately with one of the most complex ecosystems in the world—one that is full of an astounding array of different kinds of *interacting and mutually-constituting beings* (Kohn 2013, 5).

Multispecies Ethnography scholars propose similar frameworks to Kohn’s “ecology of selves.” For example, Eben Kirksey writes that multispecies communities are “ensembles of selves—associations composed of conscious agents who are entangled with each other through relations of reciprocity and accountability, who regard each other with empathy and desire” (Kirksey 2015, 34). This is important because Multispecies Ethnography takes up the torch of focusing on relationships, entanglements, and *becomings*, but it also re-infuses politics into the ontological project, which are difficult to locate in the works of Viveiros de Castro and Kohn. In *The Multispecies Salon*, contributors writing on various topics consider which beings flourish and which ones fail when natural and cultural worlds intermingle (Kirksey 2012, 2014). In shifting alliances among multiple species, Anna Tsing asks what kind of hope is possible in blasted landscapes of capitalist ruin (2015).

OT scholars argue that recognizing multiple ontologies is a way to foster respectful dialogue among divergent worlds and to defamiliarize what we in Western or Global North knowledge-production centers tend to take as natural and immutable. The value of the OT lies in

the demonstration of how hegemonic knowledges, like Science and Biomedicine, are not the only ones in operation. Moreover, presupposing commensurability and a singular ontology held by all humans, so say the OT theorists, drives us away from our intellectual project of investigating the variation of ways of being in the world. Kohn explains it this way:

Anthropology surely has a nostalgic relation to the kinds of alterity that certain historical forces (which have also played a role in creating our field) have destroyed. To recognize this is one thing. It is quite another to say that for this reason there is no longer any conceptual space “alter” to the logic of this kind of domination. For this would be the final act of colonization, one that would subject the possibility of something else, located in other lived worlds, human and otherwise, to a far more permanent death (Kohn 2015, 320).

By considering worlds otherwise, it is an opportunity to decolonize our knowledge production, allowing us to question what is taken to be natural and immutable ways of being.

2.2.2 A Path Forward with Ontogenetic Multiplicity

To be certain, the Ontological Turn (OT) is not without its critics. Key points of criticism involve methodological issues, the tendency to homogenize experiences within “worlds,” and lack of attention paid to power, conflict, and politics. As I discuss above, the OT puts forth the idea that different peoples inhabit different, conflicting realities. Therefore, those who subscribe to OT aim to create a more inclusive practice by “taking seriously” other ways of being. In what is perhaps intended as a way to de-center dominant, hegemonic knowledge/practices these endeavors can come off as a “sympathetic form of romanticizing attention” (Cepek 2016, 623). Even more problematic is the tendency to over-simplify worlds as self-enclosed, impermeable to other worlds.

In particular, Viveiros de Castro's work on Amerindian Perspectivism (1998), described above, has been a magnet not only for followers but for critics, too. Scholars point out that Amerindian Perspectivism places too heavy an emphasis on hunting and predation-prey relationships to the neglect of other peoples' experiences (Brightman et al. 2010), especially those of women in various social locations within indigenous Amazonian society. Nuckolls and Swanson seek to correct this analytical emphasis on men and predation by analyzing ethnographic material dealing with women's interactions with plants (2014).

Other critics argue that there are methodological issues that arise. Working with Cofán communities in Amazonian Ecuador, Michael Cepek points out various methodological problems with the OT. He writes,

Investigations of this kind often focus on the bare content of abstract propositions while paying little attention to their pragmatic function, epistemological stance, affective tone, and position in a division of linguistic and conceptual labor (Cepek 2016, 626).

The work of Kohn and Viveiros de Castro do center attention on what they identify as "conceptual worlds" to the neglect of more pragmatic matters. Some scholars offer correctives to this omission by identifying ways to reintegrate the OT in a context of wider political economic factors. As Besky and Padwe note in their discussions on the notions of "territory"

Certainly, we should ask: how does a forest think? (Kohn 2013). But also: how does a land speculator think? Or: what is the exchange value of timber? As Brighenti (2010: 63) explains "a territory is something one makes vis-à-vis others." Those "others," we argue, operate at multiple scales of power and influence (Besky and Padwe 2016, 14).

In the overlapping worlds of the OT, there are not just equivocations, but there are also power relations, which have material effects on environments and bodies.

Yet another point of criticism concerns the dearth of attention to dynamism and flux. Critics of the OT suggest that given the volume and frequency of exchange across these supposed worlds unto themselves, there is more than just occasional overlap (Viveiros de Castro 2015). Instead of a multiplicity of separate ontologies, some scholars suggest ways of being *become* (Deleuze and Guattari 1987) through processes of entanglement that entail *co-production* and *intra-relating* (Barad 2007). Scholars such as Karen Barad argue that entanglement means more than mere intertwining through the joining of separate and preexisting entities. There is no such thing as a self-contained existence outside of a social relationship itself; entities co-become through a process of what Barad calls an *intra-action* (as opposed to interaction, which supposes the existence of separate agencies) (2007).

As for the present study, I ally my own research with these critiques of the OT. Throughout this study, I demonstrate how Napo Runa groups are not isolated, bounded, or wholly homogeneous and subscribe to a singular “conceptual world,” like Amerindian Perspectivism. For instance, in the coming chapters I argue that the patterning of intracultural diversity is resultant from the *paths* that people’s lives take guided both by social structures such as gender and kinship hierarchies in which they are embedded and through involvement with outside groups and opportunities, iteratively becoming through what Tim Ingold describes as “wayfaring” (2011). Local knowledge and practice emerge from life experiences and are created through everyday interactions and practices (Cruikshank 2005). As I demonstrate in Chapter 5, for Napo Runa this process is known as *riksina* (to become familiar); participants in Sindy would describe their knowledge/practice with remedies as contingent upon how “familiar” they have become. In this way, skills, practices, and knowledge are continually honed but they are also dependent upon the social relations one is availed of throughout her or his lifetime.

Tim Ingold puts forth the concept of a meshwork, which I find to have great analytical utility. He suggests that there are contingent, local, practical engagements that follow multiple trails of becoming, and in these connected processes a meshwork emerges, one of “entangled lines of life, growth, and movement” (Ingold 2011, 63). Social relations are central to the world-in-form that is open-ended. Rather than advocating ontological multiplicity, Ingold suggests that there is one world-in-form that by its very emergence from social relations is open-ended. He writes,

We are dealing here, not with philosophies, but the generations of being, not with ontologies but with ontogenesis. If we must have a ‘turn’ let it not be ontological but ontogenetic! Ontological multiplicity gives us many worlds, *all but closed to one another*. Ontogenetic multiplicity, by contrast, traces *open-ended pathways of becoming* within one world of nevertheless continuous variation (Ingold 2016, 3, emphases added).

With the concept of a meshwork, we can see how lives are carried out in counterpoint, as people are attentive and responsive to one another. Growing up within an environment in flux, engaging with immediate experience and sensory participation, as well as seeking out relationships to expand one’s world are all contributing elements to how paths are woven to contribute to the meshwork. Local ethnomedical knowledge and practice, then, is continuously honed through various paths of *becoming*. Next, I consider how theoretical contributions from various threads of Medical Anthropology contribute to the open-ended weaving of Enmeshed Therapeutic Ecologies.

2.3 INEQUALITY’S IMPACTS ON LIVED BODIES

Issues of wellbeing and care are inextricably linked to notions of health and the body, which fall under the purview of Medical Anthropology. Critical Medical Anthropology examines the

consequences of differential “access to and control over the basic material and nonmaterial resources that sustain and promote life at a high level of satisfaction” (Baer, Singer, and Susser 2003, 5). In the past decade, this perspective has placed attention upon the influence of political economic factors as they intersect with health and environment, such as in the cases of climate change (Baer and Singer 2009) and syndemics (Singer 2009). These perspectives speak to the reality that Napo Runa are subject to the global economy and global environmental factors.

Medical Anthropologists have figured out ways to improve upon one of the chief pitfalls of the Ontological Turn (OT), namely an absence of discussions on power, conflict, and politics—discussions that Critical Medical Anthropologists have refined over time. Scholars who analyze the “ontological politics of health” do this by focusing on *practices* rather than being principally concerned with abstractions such as “conceptual worlds.” Rather than focusing only on what people say about themselves, it is important to ascertain what they do and make in the world through their practices that are undergirded by social convention. These *practices* are always carried out in power relations. As such, ethnomedical responses are always in flux. Medical Anthropologists can trace how wider processes operating up steep grades of power influence local responses. For example, in the Tanzanian context, Stacey Langwick demonstrates how “colonization, missionization, postcolonial state building, international development, and transnational capitalism have shaped the practices known as healing” (2011, 7). In this study, I draw on the postcolonial ontological politics of health to analyze how Napo Runa seek to engage with institutions and actors that expand their healing repertoires so that they may carry out their *versions* of wellbeing.

Mol’s (2002) work on atherosclerosis in a Dutch hospital and Langwick’s (2011) work on traditional healing in Tanzania are seminal contributions to the ontological politics of health.

The kinds of approaches adopted by Mol and Langwick depart from the closed-off worlds purported by OT scholars such as Viveiros de Castro, as outlined above. Instead, reality is multiple, it is *enacted in versions*: “ontologies are brought into being, sustained, or allowed to wither away in common day-to-day sociomaterial practices” (Mol 2002, 6). Everyday, quotidian practices are central to this process. Those interested in ontological politics of health are fundamentally concerned with how matters and meanings are transformed when traveling from one place to another. Matters and meanings of health and illness are rarely apolitical. Langwick explains it this way:

Ontological politics glosses the processes of making and unmaking—assembling and disassembling—the objects about which history is written and over which struggles are articulated. When taken up in reference to postcolonial healing, the analytical frame of ontological politics draws attention to the ways that particular remedies, bodies, and threats are brought to life, elaborated, propagated, destroyed, and allowed to fade away (Langwick 2011, 9).

With the ontological politics of health, we see that there is no pre-formed reality that exists as unchanging. Instead, reality is made in practices. These practices are enacted with a consciousness of political and economic disparities, which produce health ramifications. Because there are different practices, then, there too are different *versions* of reality, following Mol (2002). These versions are not incommensurable as the OT scholars might have it, but they can be cultivated or encouraged to wither. This study employs the insight from the ontological politics of health that healing never stands alone in pristine isolation, but rather it is *being done* in ways through which matters and meanings co-emerge.

“The Body” is an exemplary site where nature and culture blur into one another, as the body is shaped through the imbrication of social practices and biological processes (Goodman and Leatherman 1998). As biocultural entities, lived bodies are historically contingent and vary

across space and time, according to context. Importantly, bodies are shaped through relationships, in illness and in health. Marilyn Strathern has proposed that persons are “dividual” rather than individual in Melanesia, noting that “persons are frequently constructed as the plural and composite site of the relationship that produced them” (1988, 13). Here, social relations are central to lived bodies. Similar understandings and practices are found in ethnographic work carried out with Amazonian populations in which bodies are implicated in one another and they are interdependent and expressed through social relations (Londoño Sulkin 2012; Santos-Granero 2012; Vilaça 2005; Viveiros de Castro 2015). Multiple indigenous groups in Amazonia understand bodies to be both relationally-constituted and in permanent flux, with the open possibility of metamorphosis at any given time, as explained further in Chapter 6.

Margaret Lock has contributed a second foundational tenet of anthropological studies of the body by developing the concept of “local biologies.” With this concept, attention is drawn to the variation of human physiological difference. Local biologies are produced through the entanglement of biological, ecological, and social factors (Lock 1993; Lock and Kaufert 2001). Through a cross-cultural study, Lock compared women’s experiences of menopause in Japan, which presented as headaches and muscular stiffness in shoulders and neck, to those of North American women who experienced hot flashes and mood changes. With the concept of local biologies, the body’s locality and plasticity are brought to light. Such biosocial differentiation is attributed to “lived experience in specific environmental, historical, sociopolitical contexts” (Brotherton and Nguyen 2013, 289), resultant from an entanglement of a variety of factors: genetic, social, experiential, nutritional, environmental, and so on.

Through her oeuvre, Lock has brought “the body” out from the black box that anthropologists had shoved it into out of fear for the work being taken out of context and used

for racist, sexist, or other pernicious agendas. Feminist scholars, especially, have been hesitant to use biological data. Rather than ignore difference, a rising number of scholars are stating that we should explore what the difference means (Wilson 2015). The aversion to investigating biological and bodily difference was initially rooted in the potential for biological difference to be used as a justification for oppression. To be clear, biological differences among humans should not be valued as better or worse from others. Instead, they must be used as evidence of the effects social practices have on shaping the matter of the body. These significant differences can point to how cultural and historical processes shape illness courses and treatment protocols. Local biologies are not natural or inevitable, since they are cultural artifacts made by human beings. Therefore, a second key contribution of the concept of local biologies is that it can be used to de-center the universal standard of human biology, making way for bodies otherwise.

In the present study, I examine how local conceptualizations of the body and the therapeutic agents who shape them are situated with a matrix of flexible knowledge and practices that prioritize the cultural politics of health and wellbeing. I document local understandings and practices related to how the body is shaped through therapeutic practices and how it can be healed through the social sharing of remedies that contest health disparities. In Chapter 6, I argue that the circulation of remedies along social relations of care becomes an example of “biopower from below” in the contestation of the social origins of suffering while simultaneously lauding the *social origins of wellbeing*. Therefore, this study looks beyond suffering bodies and examines local priorities and the effects they have on producing health through the circulation of substances. Napo Runa shape bodies “from below” while “speaking up” against violence from wider scales of influence in postcolonial contexts.

2.4 THEMATIC ORIENTATIONS IN AMAZONIAN ETHNOGRAPHY

Amazonian ethnographers have investigated issues under the umbrella of “Anthropology of the Good” such as value and gifts (Gow 1989), gender complementarity of gifts (Uzendoski 2005), and wellbeing (Guzmán-Gallegos 2015; Whitten and Whitten 2015). They have also been forerunners in the Ontological Turn (OT), with such important contributions as Descola’s demonstration of how the Achuar “socialize” what western ontologies consider to be Nature, Viveiros de Castro’s Amerindian Perspectivism (1998), and Eduardo Kohn’s “ecology of selves” (2013).

Here, I consider additional themes in the work of contemporary ethnographers of Amazonia. Carlos Londoño Sulkin has characterized three such prominent themes as “the Amazonian Package” (2012):

People in the region [of Amazonia] share what I loosely call an “Amazonian Package”: interlinked accounts or beliefs to the effect that human bodies are fabricated socially, that this occurs in the context of a perspectival cosmos, and that relations with dangerous outside Others are necessary to the process (Londoño Sulkin 2012, 24).

Below, I discuss how these themes of a) the imperatives of sociality and conviviality, b) perspectival cosmos, and c) engagement with alterity relate to the present study.

All three of the elements in the “Amazonian Package” factor into how multiple resources are circulated along conduits of care via social relations in order to shape certain kinds of bodies that reflect local notions of wellbeing. Because I described Amerindian Perspectivism in some detail above, here I focus on the other two aspects of the Amazonian Package. The second theme of Amazonian ethnography underscores how human bodies are fabricated socially. Persons emerge through social substance-sharing and bodies are subject to dynamic change at any given

moment. As Ceceilia McCallum explains, the social circulation of substances is tied to livelihoods and personhood:

The social value of “items” lies in the enmeshing between their origin, a person’s authorship, and their true destiny, in another’s consumption of them. A true person works and makes others consume, thus growing their bodies and strengthening sociality (McCallum 2001, 7).

Alterity is the final component of the “Amazonian Package,” and it is one that I employ frequently in this study to explain ethnographic materials. Occasionally, I use variable terminology such as “(powerful) outsiders” as synonyms of alterity. Many ethnographers have analyzed the proclivity of indigenous Amazonian groups to seek out and engage with alterity, through their general openness to various “Others” (Cabral de Oliveira 2008; Davidov 2010, Gow 1993; Kawa 2016; Kelly 2011; McCallum 2001; Santos-Granero 2002, 2012; Santos-Granero and Barclay 2010; Uzendoski 2014; Vilaça 2005, 2016). Londoño Sulkin defines alterity as “relationships with a panoply of Others who vary in how different and distant they are from the person or group in question.” (2012, 25). He goes on to catalogue the diversity of *others* there are for indigenous Amazonians:

Among the key others that some Amazonian people bring into their accounts are members of the (or an) other sex, affines (in-laws), enemies and trade partners, and in the cosmological realms, animals, the dead, gods, and forest and river spirits among others (Londoño Sulkin 2012, 25).

Ethnographers of Napo Runa have put forth the argument that they have long engaged in intercultural interactions with various forms of alterity, stating “The Amazonian Runa are intercultural in their historical heritage and in their contemporary lives” (Uzendoski and Whitten 2014, 2). In the coming chapters of this study, I show how Napo Runa engage with various forms of alterity, some willingly and some by violent force, from their past engagements with missionaries and rubber barons (Chapter 3), to biomedical experts (Chapter 4), to affines

(Chapter 5), to plants themselves as alters (Chapter 6), to government actors and oil companies (Chapter 7).

More than mere engagement with alterity, the preeminent ethnographer of Runa in Ecuador, has argued that Runa consider the achievement of a life well-lived to *require intercultural engagement* (Whitten and Whitten 2015). In Figure 6, I display Whitten's model that maps out the intersubjective character of knowledge development, which was originally published in his book *Sicuanga Runa: The Other Side of Development in Amazonian Ecuador* (1985). The cultural knowledge of "others" is central to Runa notions of wellbeing, and it is balanced with experiential knowledge, dream knowledge, reflection, and specialist knowledge (of *yachaks*, shamans, and master potter women).

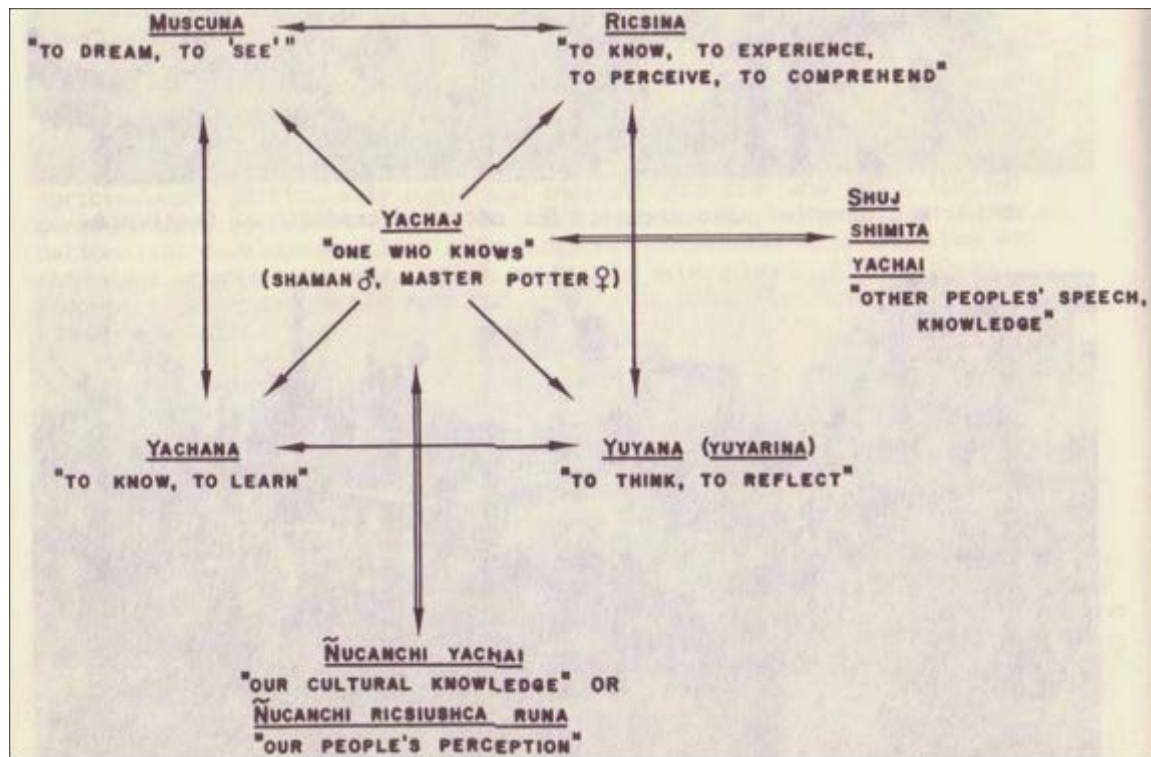


Figure 6: Norman Whitten's model of Runa knowledge.

A key aspect of this model is to learn from and acquire "other peoples' speech, knowledge." Source: Whitten 1985, 117.

In this present study, I recognize that relationship-seeking with various forms of alterity continues to be important for Runa to gain knowledge and practice from elsewhere. But my central point is that they also shape it to fit their priorities, thus acquiring “outside” materials and ideas yet remaining distinctive and not acculturated. Whitten captures it this way: “the contrast between ‘our’ culture and ‘other’ cultures as well as with the means whereby the threshold between ours and other can be moved or crossed *while maintaining the contrast*” (Whitten 1985, 114, emphasis added). In all of their social relations with “others,” Runa leverage the materials and ideas they encounter and transform the matters and meanings of health and illness.

Times and places are rapidly changing for Napo Runa, and I argue in this study that Napo Runa pursue alterity to lessen the hardships they experience. Amazonia has long been a place of turmoil, with historical legacies of violent encroachers as explained in the next chapter. As such, I draw on insights from scholars writing on postcolonial critiques (Argyrou 2002; Chakrabarty 2007; Hall 1996; Prakash 1994; Spivak 1999). In addition, there is a new sense of anxiety and uncertainty sweeping communities in the Upper Amazon, and wellbeing is at stake.

Judith Butler notes that precarity is a more political notion than precariousness, which is the more common usage (Butler 2009), and it is for this reason, that I employ “precarity” throughout the present study. Following Butler’s definition, precarity is any “politically induced condition in which certain populations suffer from failing social and economic networks [...] becoming differentially exposed to injury, violence, and death” (Butler 2009, 25). Using Butler’s definition, contemporary precarity can be situated within longstanding postcolonial contexts in which the effects of transnational capitalism, particularly resource extraction, are exerting pressures on local populations.

Despite this definition, in the past several years, the notion of precarity has been put to divergent ends in the social sciences. As exemplified by Anne Allison's work, *Precarious Japan* (2013), the concept of precarity has traveled to post-industrial contexts. In sociology, people who are reeling from a sense of vulnerability are dubbed the "*precariat*" (a portmanteau of "precariousness" and "proletariat") given the dismal and unpredictable realities they face, having to remain flexible in environments where there is only intermittent and contingent work.

Precarity in Upper Amazonia looks quite different from that of the "*precariat*" in places like Japan, precisely because of its history and political economic entanglement as a postcolonial site. People in the study community of Sindy, too, are experiencing intermittent work, only the stakes seem to be higher for them. It is clear through participants' descriptions that their very bodies are in peril through the dangerous jobs they must take such as construction gigs where they are prone to accidents, agrochemical fumigation where their bodies are poisoned, and being a security guard where they risk altercations. In addition, just three decades ago, Napo Runa were able to get most of their food from the forest or river, but now they have to purchase most of their food. This is an acute form of precarity manifested as hunger and anxiety about procuring and providing food for one's family. This has physical effects on under- or malnourished bodies and instigates emotional anguish from the inability to provide food for their families. Moreover, participants say, the food they are all but forced to buy tends to make them ill, as bodies confront and try to adjust to a nutrition transition (Lu and Sorensen 2013). The surrounding environment in Sindy is also increasingly precarious with reports of more pollution from oil companies and the road that splits their community in two.

While negotiating such circumstances, people in Sindy call forth deep resourcefulness and imagination, interacting with “others” (alterity) to expand their world in ways that seek to relieve distress:

Understanding life as precarious suggests that social existence itself depends on interdependency through the care of others. The bodies and affective labor of other humans and nonhumans sustain our survival (Shaw and Byler 2017).

Following Shaw and Byler, in the following chapters I demonstrate how Napo Runa circulate remedies and other substances through acts of care to achieve wellbeing. But, Runa also appeal to alterity, various outsiders, to allow them to carry out these practices more effectively.

Decades ago, Norman Whitten had recognized this tendency among Runa in Pastaza Province, Ecuador:

Many contemporary Canelos Quichua understandably predict an impending Time of Destruction, which they seek to overcome by *a judicious combination of ancient and new knowledge*. They face the future bravely [...] They require modern medical services to complement their own system, and modern legal services through which to press their just claims. They seek proficiency in Spanish to add to their proficiency in other native languages and so welcome schools, together with programs of medical help and legal counsel (Whitten 1976, 284, emphasis added).

To a certain extent I agree with what Whitten is saying here. During the course of field research for this study, I documented the incorporation of ideas and materials from elsewhere. I also agree that this incorporation does not supplant Runa ways of being, but rather extends their repertoires. The knowledge and practices they encounter, indeed that they seek out, don’t supplant their ways of being but instead act to enrich them. Where I disagree with Whitten is when he suggests that it is a matter of *adding complementary* knowledge and practices, which is what the model in Figure 6 demonstrates. Instead, what I argue is happening are processes of enmeshed knowledges and

practices that *intra-act* and *become* something new along the way, which is encapsulated in the conceptual framework of Enmeshed Therapeutic Ecologies described below.

2.5 ENMESHED THERAPEUTIC ECOLOGIES

Through the lens of the “Anthropology of the Good,” I braid together theoretical threads from ontogenetic multiplicity, Medical Anthropology, and key themes from Amazonian ethnography. Specifically, Enmeshed Therapeutic Ecologies is a composite of Tim Ingold’s concept of “meshwork” (2011) and insights gleaned from the ontological politics of health. Furthermore, Enmeshed Therapeutic Ecologies captures how Napo Runa pursue wellbeing by seeking out people and things different from themselves. Therefore, social relations are central to the negotiation of health and wellbeing. I use the term “ecologies” because it suggests relations among different sorts of beings, human and nonhuman (as in the remedies they imbibe), and it gets at dynamic and complex life processes that rely on the movement of material within living communities. Ingold shows how what might be conceptualized as an “environment” is fundamentally relational:

What we have been accustomed to calling the “environment” might, then, be better envisaged as a domain of entanglement. It is within such a tangle of interlaced trails, continually raveling here and unraveling there, that *beings grow or “issue forth” along lines of their relationships* (Ingold 2011, 71, emphasis added).

The specific focus in this study is on remedies and how they *become* from the wayfaring and the weaving of meshworks conducted by therapeutic agents who seek to ameliorate the afflictions emergent from structural problems that contribute to health disparities. Enmeshed Therapeutic Ecologies are built through paths of development of expertise. In the Runa context, they describe

this process as *riksina*, “to become familiar with.” The remedies themselves are created through *practices*. Remedies emerge from *intra-actions* of multiple medical matrices, “traditional” and “biomedical” alike. Remedies, too, have material effects, on surrounding environments and within human bodies, according to collectively negotiated healing practices.

My contention is that by navigating a meshwork (Ingold 2011) of therapeutic ecologies to promote wellbeing, local biologies (Lock 1993) are shaped in the process. This research provides a case study of life in Upper Amazonia informed by a framework of Enmeshed Therapeutic Ecologies that offers an alternative to the more traditional examination of artificially bounded units in “medical pluralism.” As I will show in more depth in Chapter 4, through the schema of Enmeshed Therapeutic Ecologies, a number of phenomena are elucidated. First, rather than passive recipients of care, those who are not recognized by officials as “experts” are themselves therapeutic agents. They are *bricoleurs* in creating assemblages of hybrid remedies. Moreover, as I show in Chapter 6, Napo Runa express situated knowledge and practice through “idioms of defiance” emergent from therapeutic narratives. Through the establishment of relationships with forms of alterity, Napo Runa fortify their own social relationships, shape bodies and environments in contextual ways, materially transforming both, through acts of care anchored in cultural politics of wellbeing.

3.0 ENDURING FLUX IN THE MONTAÑA

In contemporary times, Upper Amazonia is known to be a biodiversity hotspot the world over (Myers et al. 2000). This designation underscores two critical elements of ecological relationships in Amazonia: the diversity of species and the endemism of those species. But such a designation is more than a label about the relationships of non-human species; it catalyzes human action. Being a biodiversity hotspot motivates international efforts towards conservation practice.

With great biodiversity, then, comes great opportunity. In Upper Amazonia, the diversity of non-human species has attracted a plethora of different human groups to capitalize on them, for better and worse. Entangled relationships involving humans and non-humans have been operating within the ecological settings of the Amazon for millennia. For example, we know that just as species diversity rises as latitude decreases, so too are there more secondary defense compounds generated by plants that humans use because of their biodynamic potential. More specifically, 27% of species in temperate zones contain alkaloids, whereas 45% of tropical species that have been tested contain alkaloids (Kricher 1999, 150). Indigenous peoples in Amazonia have found multiple ways to use these biodynamic chemicals including: arrow poisons, consciousness expanders, health remedies, antivenins, fish poisons, stimulants, spices, essential oils, and pigments. Amazonians have recruited non-human allies to enhance health, wellbeing, and livelihoods for thousands of years.

So, too, has the Amazon beguiled powerful, often historically violent, outsiders for centuries. In the past few decades new sets of, arguably more benevolent, outsiders have been drawn to the region. The very biodiversity of Upper Amazonia has been an impetus for accelerating intercultural relations in the region. Pharmaceutical bioprospectors, oil companies, conservation agents, and community development workers are a selection of the various actors who are attracted to the Amazon. What do these intercultural interactions mean for those who make their homes there in the rainforest? In matters and meanings of health and medicine, what happens when local experiences collide with outsiders' interests?

In the previous chapter, I outlined the conceptual framework for this study, what I call Enmeshed Therapeutic Ecologies, which deals with how therapeutic practices in the quest for wellbeing end up shaping local biologies. This chapter aims to be a bridge between the conceptual framework and the data analyzed in the following chapters, which are synchronic snapshots of how life is lived in the Upper Amazon. Here in the present chapter, I take a longer view through analysis of archaeological findings and ethnohistorical accounts to underscore the long-standing power relations in operation as well as the deep roots of practices anchored in remaining flexible and open to outsiders in order to have cultural practices persist. In what follows, I will describe the history of Upper Amazonia and the contemporary context of the region. In doing so, a theme of "endurance" emerges. Intercultural relations with powerful outside "others" have long been taking place in the *montaña* and yet Napo Runa lifeways have persisted despite the constant flux.

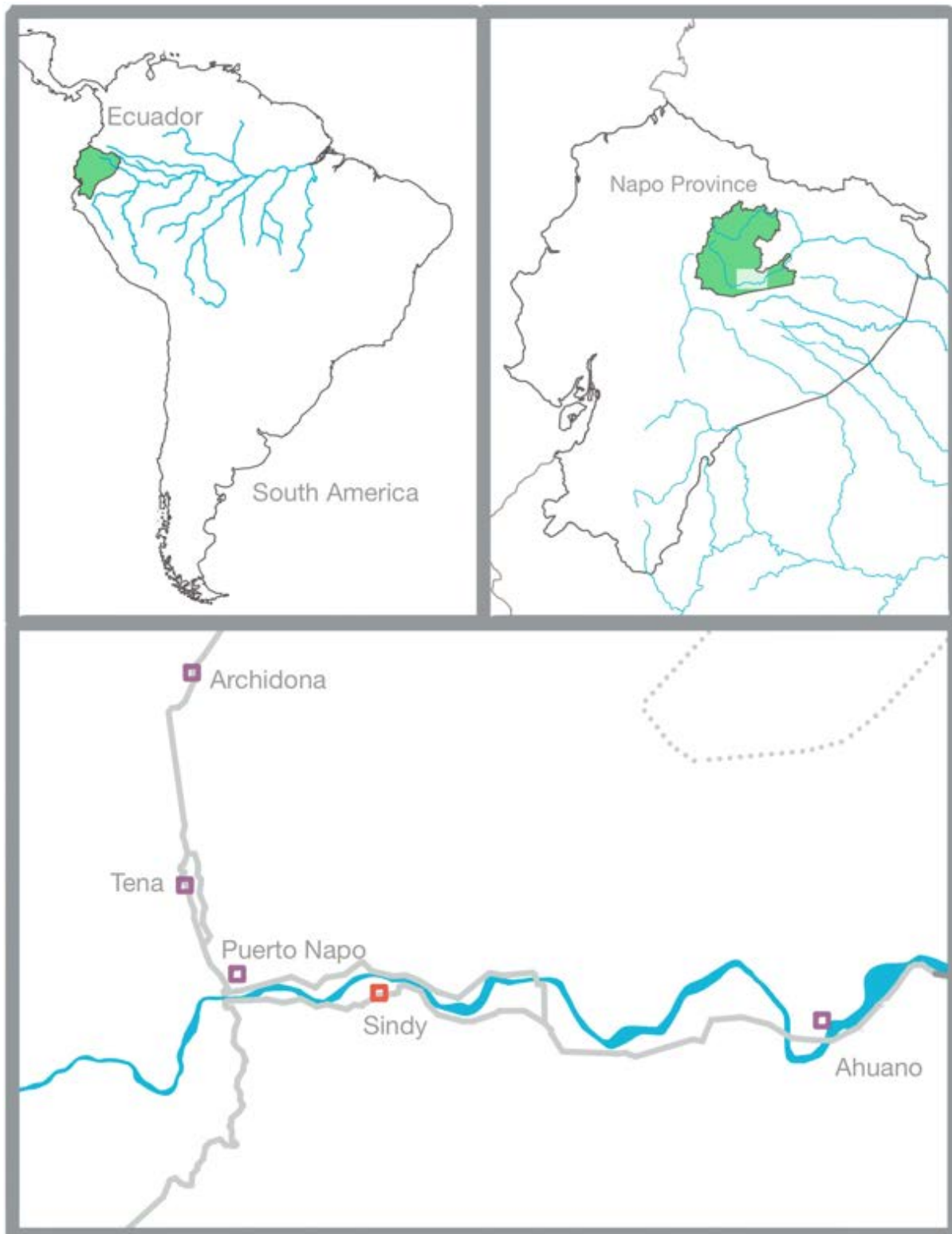


Figure 7: Map of the study area.

(Illustration by A. Mrkva)

3.1 BACKGROUND OF THE REGION

3.1.1 Shattering the Pristine Myth

Amazonia has been misrecognized as and strategically depicted as a vast wilderness. The “Pristine Myth” of primary forest and untouched nature (Denevan 1992) holds no water when introduced to the evidence generated by experts studying the antiquity of the region. Through the archaeological and ethnohistorical records, it becomes clear that indigenous peoples in Western Amazonia were large in number, had diverse rather than homogenous lifeways, and had been there for a long time. Scholars estimate that the population density of Amazonia was 10 million people before the epidemics arrived and the slaughter ensued with the European invasion (Alexiades 2009). Before, autochthonous groups had lived in the region for upwards of 11,000 years (Alexiades 2009). Moreover, these groups were mobile and interconnected with one another through social networks. Historical linguists corroborate these findings by examining evidence of a diversity of groups interacting with one another through time. Before the colonial encounter, Amazonia was a bustling place with widespread interculturality, with interactions conducted across great distances.

These findings are exactly why ethnographic analogy fails us. Populations were much more sizeable, heterogeneous, and interconnected through multiethnic trade relations than the cultural ecologists of the 1950s had thought. In the middle of the twentieth century, archaeologists were influenced by neo-evolutionist interpretations of cultural development in the South American lowlands. Much of this work, such as Donald Lathrap’s research, which focused on Amazonian prehistory in the Ucayali River Basin, tended to argue that the human inhabitants of the area were characterized by egalitarianism and semi-nomadism, citing the harsh and hostile

environments as obstacles to the formation of more complex social and political institutions (1970). Orthodox science of the mid-twentieth century saw Amazonia as a place populated by what Julian Steward referred to as “The Tropical Forest Tribes,” in the third volume of his *Handbook of South American Indians* (1948), who were mostly shifting (swidden, slash-and-burn) agriculturalists who also fished and foraged while living in permanent villages. In the same vein as Steward’s “tropical forest designation” was another leading concept, the “counterfeit paradise” (Meggers 1971). Betty Meggers argued that despite the apparently luxurious vegetation of the tropical rainforest, people who lived there were faced with severe constraints. These limiting environmental factors, she said, would not sustain complex society.

In the 1980s and 1990s, scholars began to find evidence that countered the cultural ecologists’ claims. Anna Roosevelt, for one, found that instead of a counterfeit paradise as Meggers had suggested, people in Amazonia were able to create and sustain complex societies (1993). Indeed, in the past two decades, there has been a paradigm shift in Amazonian archaeology (Heckenberger and Neves 2009). Rather than being limited by environmental constraints, which supposedly prohibited local groups from achieving complexity, archaeological evidence increasingly shows social complexity and interconnection. Intensive networks of socially-complex cultural groups have been documented through the excavation of large-scale earthworks, sunken plazas, excavated ditches, mounds, roads, bridges, canals, and fortified walls (Erickson 2010; Heckenberger 2005; Pärssinen, Schaan, and Ranzi 2009). These works required massive forest alteration by pre-Columbian populations who were quite populous.

Western Amazonia is indisputably an area managed by humans, today and in the past (Irvine 1989). At a fundamental level, the rainforest has been shaped through human action (Balée 2013). Rather than simply adapting, indigenous Amazonians managed the landscape,

often making it more biodiverse than it would be otherwise. This is because humans, of course, cultivate or encourage preferred species to thrive, but then those species bring multitudes of other beings with them such as pollinators and other companion plants or insects (Kirksey 2015).

How indigenous Amazonians managed soil is a leading example of the flourishing they made possible. *Terra preta* or anthropogenic dark earth is a veritable entanglement of life-propagating relations with microbial populations that are hyper-local (Kawa 2016). It is through this indigenous knowledge and method, that a different sort of agriculture could have taken place on the notoriously “nutrient-poor soils” of the tropics. With *terra preta*, agriculture could be ramped up, thus sustaining a much larger population than had previously been supposed. Through this deliberate soil management there was a production of highly fertile black earth that allowed Amazonia to be a major center of crop domestication, with at least 83 species documented as domesticated there (Clement et al. 2015). The ways in which indigenous Amazonians shaped the surrounding environment attests to their agency to shape material outcomes.

By demonstrating the cultural, rather than purely natural, origins of the forest, historical ecology (Balée 2013) points to a subtext of resilience in the face of great adversity. Many of the traits that scholars encountered in the 1950s that they interpreted as belonging to a timeless primitiveness—small social groups, egalitarianism, simple technologies—actually represent an adaptation to the destruction wrought from the colonial encounter (Wasserstrom and Bustamante 2015). That is to say that what was documented in the twentieth century is an artifact of colonial disruptions. Given the archaeological evidence of numerous, long-standing, dense, and interconnected populations in Amazonia, mobility and flux were produced in the colonial encounter. Michael Cepek notes that “few if any Amazonians occupy the territories that they did

before conquest, or even as recently as a few decades ago. Hence the idea that indigenous Amazonians are mythically emplaced and spatially static is mistaken” (Cepek 2013, 367). Because the results of archaeological studies are indicating that far denser populations thrived prior to the fifteenth century, there are stark implications to be drawn. There was a far greater magnitude of devastation and demographic decline following European “contact” than had previously been surmised. This had far-reaching effects beyond disease and death. The ramifications of the colonial encounter involved disconnected exchange networks, de-intensified subsistence patterns, and dispossession leading to mobility that would last for centuries.

3.1.2 Five Centuries Engaging with Alterity

“We have walked through many paths of death” (Muratorio 1991, 133). Those are the words of Rukuyaya Alonso, as expressed in Blanca Muratorio’s formative ethnohistorical account of a Kichwa elder from the Ecuadorian Amazon. In these words, Rukuyaya Alonso was referring to the times he was working for Shell Oil Company and had to contend with violent altercations, sometimes fatal, with other indigenous groups in the area that are pejoratively referred to in Kichwa as “*auca*.” Muratorio shows how one individual’s life has been punctuated with interactions along “paths of death” with cultural outsiders, indigenous and non-indigenous alike. Rukuyaya Alonso’s life path was an eclectic one; his experiences ranged from being a government worker, gold panner, rubber tapper, Shell Oil laborer, and a hunter and swidden agriculturalist. Throughout this present study, I will repeatedly return to Rukuyaya Alonso’s account to ground contemporary ethnographic circumstances to an older generation’s experience.

Through examining the ethnohistory of the *montaña* region, two things are clarified: 1) Amazonian regions in the Central Andean nations have had considerably less interaction with the

state than their highland counterparts, and 2) contemporary indigenous groups in the *montaña* are not only recently contacted as they have engaged with cultural outsiders in configurations of dominance and control for centuries on end. In addition to interacting with other indigenous peoples belonging to markedly different socio-linguistic groups for thousands of years, the past five centuries have been rife with power-ridden, intercultural encounters with a diverse set of “cultural outsiders.”

The Amazon’s ties to the world economy can be traced to the sixteenth century (Schmink and Wood 1987). Despite these centuries of engaging with alterity, we see the marked persistence of lowland Kichwa cultural identity (Oberem 1980). This cultural persistence defies the imposition of outside practices and ideologies that never completely supplant local ways of being in the world. The recent ethnographic record for Napo Runa, for example, is filled with researchers documenting this endurance in a variety of domains, including gardening practices (Allison 2010; Perreault 2005), preferred foods (Uzendoski 2005), and ceramic art forms (Whitten and Whitten 2008). In this study, I seek to show how social practices of care and understandings of the body and how it can be remedied in times of sickness are also persistent in spite of having access to new ideas and materials.

From the 1540s onwards, Jesuits, Franciscans, and Dominicans founded missions throughout the *montaña*. They created permanent villages (*reducciones*) in order to collect varied and distinct indigenous groups into one place with the aim of converting them into “European-style peasants” (Erazo 2007, 180). In these missions, populations that had previously been mobile were nucleated and settled, and Kichwa was used as a *lingua franca*. Missionization led to dramatic transformations in the ways that life was lived in the Upper Amazon. Beyond the obvious shifts in lifeways due to sedentism, such as a reduction of gathering and hunting

subsistence strategies, these mission settlements produced greater vulnerability to epidemics leading to outbreaks of grave illnesses and countless deaths.

However, the *reducciones* did not only culminate in ethnocide and genocide. There were some new groups that emerged during this time, through ethnogenesis. Hudelson refers to this phenomenon of emergent groups as the “Quichuaization” process (1985). *Becoming Quichua* turned out to be “an attractive alternative” (Hudelson 1985, 60) for groups that were facing total assimilation in the missions. To give an illustration of this “Quichuaization” as a long-term historical process, following the rubber boom in the mid-nineteenth century, long after the missions were in operation, most of the remaining Zápara were “assimilated by their Kichwa neighbors” (Adelaar 2004, 451; Viatori 2009, 2). In this way, lowland Kichwa as an “ethnic group” has been expanding at a time when the size and dispersion of other indigenous groups in the Ecuadorian Amazon were decreasing. Amazonian Kichwa language, which I discuss below in further detail, was one element born of a regional interactional system of dynamic fluidity in which interethnic ties gave way to ethnogenesis whereby “a new collective identity [was] assumed by formerly distinct peoples” (Reeve 2014, 16).

The Kichwa-speaking multi-ethnic composites that were forged in intercultural situations of dominance took different shapes depending on context. Distinguishing between the Quijos Quichua in Upper Napo and the Canelos Quichua in Pastaza, Norman Whitten notes that “the Quijos Quichua have been particularly oppressed by the church and *hacienda* serfdom within the last 200 years and seem to have a history quite different from the Canelos Quichua” (1976, 5). According to Whitten, the Canelos Quichua are thought to have “formed” from an Achuar-Zápara merger in which the Kichwa language was increasingly used during the early colonial period of the seventeenth century. Quichua-speaking Canelos who were formerly Zápara, Shuar,

and Achuar had shifted their ethnic affiliation, thus re-shaping the boundaries of indigenous populations.

Beyond exhibiting flexibility in order to survive in the missions, there was also more overt resistance to forces of domination. One of the most famous examples in the region was that of Jumandy. In 1578, he led the “first great action of colonial resistance taken by the indigenous peoples of Upper Napo” (Uzendoski 2005, 145; Uzendoski 2006). Nearly four and a half centuries later, Jumandy continues to play a central role in the political consciousness of Napo Runa.



Figure 8: Statue of Jumandy in Tena.

(Photo by A. Mrkva)

It was not until the middle of the twentieth century that indigenous peoples in the Amazonian regions of Peru, Bolivia, and Ecuador interacted much with state-level actors to any

extensive degree. Instead of state actors being the dominant force in the Amazonian region, it was the missionaries who had a visible and transforming presence. For the missionaries were considerably much more of a local governing force than was the state. Prior to this time, all contacts with state-level officials had been fairly intermittent. But, what interactions did transpire were directly related to “boom and bust periods for the region’s natural resources—particularly gold, cinchona, bark, and rubber” (Erazo 2007, 179). Rubber (*Hevea brasiliensis*), especially, lead to violent extractivist regimes based on truly terrible and terrifying labor conditions (Garfield 2013; Hvalkof 2000; Reeve 1988; Stanfield 1998), which were described as an “economy of terror” (Taussig 1987). When Udo Oberem was conducting field research in the 1950s with Napo Runa, some of his interviewees remembered the older generation who were taken and sold to rubber bosses in Peru, Bolivia, and Brazil.

Rubber is not the only resource that has been extracted from the Amazon, of course. Other important resources that have been prioritized over the centuries have included zarzaparilla, tagua, brazilwood, sugar cane, vanilla, wild cacao, resins, palm fibers, bombanaje, and quinine (Hvalkof 2000; Little 2001). This practice of intruding outsiders leaving damage in their wake continues to this day. For instance, one participant who lives in Sindy told me of his deep concern for interlopers who are mining the rivers for gold with machines without permits.



Figure 9: Contemporary extractivism.

Napo Runa man examines a machine that is used to mine for gold in the river, left behind by interlopers without permits.

In the first half of the twentieth century, following the collapse of the colonial system, many Napo Runa were incorporated into *hacienda* serfdom systems under *patrónes*. Runa were mired in a system of debt obligations created through forced distribution of items at an inflated price, such as guns, machetes, salt, ammunition, and clothes. To make things worse, debt was passed on intergenerationally. In the 1920s, virtually all Runa living in the regions of Archidona, Tena, and Puerto Napo were affiliated with a *patrón*.

The 1960s saw the advent of agrarian reform in Ecuador. This was precipitated by the publication of the 1954 census, which revealed egregiously imbalanced land distributions. It was decided that it was “far easier to encourage colonization [to elsewhere, such as Amazonia] than it was to institute coercive divestiture, so in 1957, as a concession to agrarian reform interests, the Instituto Nacional de Colonización was formed within the Ministerio de Agricultura” (Macdonald 1981, 362). This rationale was considered to be acceptable because Amazonia was

seen as lands “empty” of people. The solution, then, was to move “landless people” to a “people-less land,” and it operated as a justification for dispossession.

This policy forced indigenous peoples into ever smaller territories while colonists from the highlands, driven out of their own homes due to diminished access to land were encouraged to put the land to what the state would recognize as “productive” use, mainly by raising cattle (Postero 2007, 44). Because indigenous ways of interacting with the surrounding environment were substantially different from the dominant culture of the highlands, they went unrecognized as “productive.” Often indigenous groups in the Amazon do not have a clear binary distinction between “cultivated” and “wild.” For instance,

Like many forms of indigenous land management in Amazonia, Huaorani peach palms fall into a gray area between gathering and farming that makes a distinction between the wild and the domesticated impossible to maintain: forests can be tame and gardens wild. The construction of the nature-culture dualism is our problem, not theirs (Cleary 2001, 70).

In this way, those wielding more power overlooked indigenous practices and ecological engagements; locals were rendered invisible, erased from the land.

From the 1960s onward, with the influx of colonists, forests were razed to raise cattle. After all, the agrarian reform held that lands had to be put to “productive” use, a term which at its core is dismissive of the ways in which indigenous groups in their own territories interacted with the environment. As such, Runa remained flexible and open to interacting with outside ideas and materials. For instance, Runa themselves adopted cattle-raising as a “strategy for survival” (Macdonald 1981, 379). This was a dramatic shift from economies of swidden horticulture, gathering, hunting, and fishing to one dominated by production that is market oriented. Macdonald interprets this rapid adjustment to the enormous creativity, intelligence, and resourcefulness of Runa society. Despite this vast change in livelihood, there was a marked

persistence of unique elements of Runa cosmology, material practices, and modes of sociality and interaction.

In 1967, oil was “discovered” in the Amazon of Ecuador. It took four decades of exploration and prospecting before it was struck, though. Construction of roads began in earnest, as infrastructure was for the first time a priority of the state for its Amazonian periphery. This was a massive policy shift after missions had managed the Amazonian region for centuries. For many Runa, building roads and working for Shell Oil Company was their initiation into wage labor, serving as their first departure from debt peonage. Since oil was found in Ecuador, it has not only structured the economy but also deeply influenced the political leaders of the country (Gerlach 2003).

Even though indigenous populations have lived more or less outside of modern markets and political systems until about forty years ago, they have always been tied to earlier boom and bust cycles of extractivism as described above. However, the last three decades of the twentieth century were a time when indigenous populations became incorporated into the market economy in earnest. They also had increasing access to roads, antibiotics and biomedical health care, wage labor, canned food and other commodities at a time when they were recovering from demographic decline. Across the Upper Amazon, formal schooling as a modernizing project to create citizens (Johnson 2003; Rival 1996) was also commencing. Once again, Napo Runa found themselves in the midst of flux, and these trends marked major shifts in lifeways in the Upper Amazon.

During this time of sweeping change, indigenous movements emerged in a context of intersecting forces of population growth, competition for land, agricultural expansion, and contending with the consequences of oil development. There have been indigenous-led

oppositions to neoliberal economic globalization based on the hazards and harm brought by oil to their lands (Sawyer 2004). In addition, there have been proposals for alternative development strategies.

Ecotourism was at the vanguard of alternative development strategies in Ecuador. There are variations in how the model of ecotourism is implemented in practice. Some approaches highlight the charismatic megafauna and exquisite flora of the forest, while others focus on “ethnotourism” by showcasing cultural traits such as dance, food, and medicine. Others still focus on “adventure” tourism such as hikes through caves or whitewater rafting. These projects boast a dual-pronged objective in their aim to achieve sustainable development. First, local communities are set to gain financially through small-scale indigenous collective economic projects (Jarrett 2014). Following that, ecotourism projects prioritize conservation of forests and other natural resources because they tend to be the magnetic factor that brings in the tourists.

Contrary to the claims of nurturing culture and preserving nature, ecotourism can reify “culture” through commodifying ways of life as objects to be consumed by outsiders. In addition, in some cases Napo Runa pursue ecotourism as an option only after arrangements with oil companies have fallen through. Ecotourism, then, becomes a strategy to make ends meet in precarious times. This dynamic illustrates flexible livelihoods in which Napo Runa “go green” not because they are “closer to nature” but because they are pursuing viable economic incentives (Smith 2014).

One of the first associations devoted to ecotourism in Upper Napo was RICANCIE (*Red Indígena de las Comunidades del Alto Napo para la Convivencia Intercultural y Ecoturismo*). In his analysis, Hutchins argues that ecotourist entities are divorced from real life issues. In a sense, the demonstrations crafted for tourists operate on a disconnected stage that selectively highlights

representations of indigenous life that are thought to be of interest to foreigners paying for the experience. However, tourists aren't the only audience that indigenous groups have to craft representations for, as Runa communities often have to appeal to policy-makers. These multiple and simultaneous engagements lead to clashing representations when it comes to embodying an ecotouristic persona or a social movements persona. For instance, Hutchins discusses a conundrum when a Runa representative who was spearheading the community's tourism project addressed policy-makers. He

gave an impassioned speech at a province-wide forum in which he explained the pressing needs of his people with regard to education, health services, and economic opportunities. These 'real' Kichwa issues, even though they revealed much about Indigenous life in the 1990s, had no part in tourism activities. Discussion of such issues is common in local and national political debates, but these sometimes messy subjects that reveal contemporary Indigenous struggles are usually kept out of view or earshot of tourists (Hutchins 2007, 92).

It is clear that Napo Runa navigate multiple co-existing identities that are fundamentally relational. Other scholars working on analyzing ecotourism note that intracommunity tensions may bubble up given divergent goals and through the politics of negotiating multiple simultaneous identities (Davidov 2013b). Nevertheless, many tourists who go to ecotouristic ventures in Kichwa communities come away feeling that the experience they had was in some way inauthentic. While having a conversation with a fellow foreigner in Tena one day, he told me the following:

Today I saw a shaman in one of those community things. It was a total gimmick. I would probably have to walk five days into the forest to see a real one. (Tourist from England, in his fifties)

There are a lot of bottom-up initiatives focused on sustainable development in Ecuador. At the same time, Ecuador has seen enormous change in social policy from the top tiers of

government. Much of this change has taken place under the purview of *La Revolución Ciudadana*, as run by the Alianza PAIS (Proud and Sovereign Fatherland), the leading political party. In addition, there have been two writings of the nation's constitution, most notably resulting in the recognition of the rights of nature (*Pachamama*), the first time such a declaration has been made worldwide. As described in the introduction of this study, at the forefront of PAIS's efforts has been the notion of Living Well (*Buen Vivir/Sumak Kawsay*), which guides policy on the ground. With the development plan of Living Well, oil revenue is channeled back into the Amazonian region, ushering in public works such as infrastructure and roads, healthcare, and education.

In an enduring pattern of relationship-seeking, Napo Runa make innovative and productive use of intercultural encounters, what Anna Tsing refers to as zones of "friction" (2005). Contemporary indigenous peoples in Amazonia continue to be enmeshed in supralocal networks as globality accelerates, characterized by disjunctive flows of people, capital, technologies, images, and ideologies (Appadurai 2006). Amid these social and biological environments in constant flux, Napo Runa have crafted flexible lifeways that incorporate extraneous materials and practices in ways that lead to the growth of their priorities. To this end in the chapters that follow, I will argue that depictions of local ethnomedical knowledge and practice as "frozen in time" are demonstrably inaccurate. The Amazon is by no means a pristine place. Next, we look at how the Kichwa language exemplifies this dynamism.

3.1.3 Kichwa Language: Microcosm of Enduring Flux

The Kichwa language as spoken in Amazonian Ecuador is a microcosm; it encapsulates the characteristic qualities or features of an adaptable and flexible group of people who are engaging

across difference and producing something new. In short, Amazonian Kichwa is interculturality incarnate. The sub-dialects of Kichwa that are spoken in the Amazonian region are dissimilar to the Unified Standard, which is called Kichwa Unificado. In Napo, there is preference for more authentic speech over ersatz varieties imported from the highlands. This means that local ways of speaking are prioritized even if they are “contaminated” with Spanish cognates. Kichwa is a language that Napo Runa speak among themselves (*runapura*). For this reason, it is an intimate language of everyday interaction among relatives and comrades. Code-switching to Spanish is undertaken when dealing with people who *can’t* speak Kichwa, such as in the urban spaces of Tena. Below, I detail how Kichwa has come to be spoken in Amazonia and its contemporary role in everyday life.

Quechua is a family of languages in South America, mostly concentrated in the highlands of Bolivia, Peru, and Ecuador. With at least eight million speakers, it is the most widely spoken indigenous language in the Americas. Scholars have classified Quechua according to multiple schemas. When spoken in Ecuador, the Quechua language is referred to as “Kichwa.” Ecuadorian Kichwa is variously labeled as Quechua A (Parker 1969), Quechua II (Torero 1974), and Peripheral Quechua (Mannheim 1991). There are further gradations of distinction within Ecuador itself, as there is major dialectical division between the Kichwa spoken in the highlands and the Kichwa spoken in the Amazonian region. There is yet more variation among sub-dialects, notably the differences in language between the two Amazonian provinces in Ecuador with large populations of Kichwa-speakers, Napo and Pastaza. Within Amazonian Kichwa, Orr and Wrisley classify three dialects: Tena, Loreto-Avila, and Bobananza-Puyo (1981: iii-iv). The research participants in this study speak the Tena dialect.

Although Kichwa is by far the most widely spoken indigenous language in the Amazonian region of Ecuador, there are many other indigenous languages that continue to be spoken in everyday life today. This is not surprising given that along the eastern slopes of the Andes there are 111 documented languages (Adelaar 2004, 416); this is the zone of the greatest linguistic diversity in all of South America (Adelaar 2004; Lathrap 1970). This variety of languages within the region points to a situation of multilingualism, with many people speaking more than one indigenous language in addition to Spanish.

How Kichwa, the administrative language of the Incan empire (*Tawantinsuyu*) (Mannheim 1991) in the Andes, arrived and was embraced in the Amazonian region has inspired much scholarship. The ethnohistoric record suggests that Kichwa was first used as a *lingua franca* and trade language in the Amazonian region prior to the arrival of the Spanish (Oberem 1980). To this end, Pieter Muysken has investigated the origins of Lowland Ecuadorian Quichua (LEQ). Muysken argues that LEQ could be considered a pidginized variety of the Andean indigenous Quechua language family (Muysken 2000). He suggests that gradual restructuring and pidginization took place in the transition from LEQ's status as a Pre-Incaic *lingua franca* to a general peasant (*campesino*) language.

In contemporary times, LEQ is spoken by about ten thousand speakers, and Muysken states that it emerged sometime prior to 1750 (2000).

Since the existence of a substantial group of Quechua native speakers in pre-Inca Ecuador remains doubtful (cf. Hartmann 1979), and since the Incas themselves did not enter the jungle, *the LEQ cannot be much older than the sixteenth century*. (Muysken 2000, 974, emphasis added).

But how did Kichwa get to the Amazon? To account for the spread of LEQ, Muysken weighs four possibilities. First, it is theorized that Kichwa was used in tactics for missionization (and subsequent resettlements into *reducciones*) (Hudelson 1985). However, Muysken argues that

Napo Kichwa has too complex a vocabulary, semantic structure, and grammar to have been authored by non-native speaking missionaries. Instead, because the language was already present in the area, the missionaries took advantage of this situation and implemented it in their settlement projects. Second, some scholars posit that Kichwa was used as a trade language, likely coming from Amazonian Peru as a *modus operandi* for trade (Uzendoski and Whitten 2014). A third theory suggests that highlander refugees had introduced Kichwa and it became the language of everyday life. Tying these three contributing factors together, Muysken concludes that a complex process of intermixing with Andean Kichwa-speaking traders, colonial refugees, and disbanded Amazonian tribes indicates that LEQ was a pidgin from the beginning. A final, and most likely, postulation about the origins of lowland Kichwa exists: it was used in response to demographic collapse as a survival mechanism following the Spanish invasion. Due to depopulation from untold violence and recurring epidemics (Cleary 2001), groups that had originally practiced endogamy were compelled to reorganize with surrounding populations. Muysken summarizes here:

It is quite possible that during this large-scale reshuffling of people and cultures, Quechua emerged as the lingua franca in some areas and eventually became the native language of newly formed tribal groups [...] The most important factor, in my view, in accounting for the emergency of LEQ is the demographic decline and cultural reorganization of the jungle tribes, the other factors [missionaries, trade, refugees] being secondary. (2000, 976).

LEQ was instrumental in Amazonians' actions towards redefining themselves as they adapted to the devastating effects of the European invasion. In times of terror and destruction, their resourcefulness and acts of *bricolage* crafted through interactions with other people facilitated their persistence. The language, too, has persisted to this day.

Kichwa Unificado, the standardized variety, began to be built in 1978 (Yáñez Cossío 1991). The effort was led by the Indigenous Bilingual Intercultural Education Program comprised of both state entities and civil society, with the involvement of a variety of NGOs. In 1988, the government of Ecuador gave official status to indigenous education and created the National Directorate of Bilingual Intercultural Indigenous Education. Language revitalization policy was carried out in the name of recognizing plurinationality (Acosta and Martínez 2009; Viatori 2009), yet in practice it acted to homogenize speakers of Kichwa dialects in an effort to reduce communicative ambiguity (Hornberger and King 1998). A singular prestigious code was formed, that of Kichwa Unificado, which is based on the Otavaleño variety. That Kichwa as spoken in the *sierra* is taken to be urban, activist, neotraditionalist, and represented by Unificado, while Amazonian varieties are pegged as old-fashioned dialects is an illustration of language ideologies (Adronis 2004; Irvine and Gal 2000). Kichwa Unificado is an ironic misnomer, as it clearly draws boundaries in ways banishing the possibility of meaningful participation of speakers of non-standard forms.



Figure 10: Napo Province office for bilingual and intercultural education in Tena.

(Photo by A. Mrkva)

Nonetheless, Amazonian Kichwa-speakers are not passively allowing themselves to be erased. Instead, linguists note that Kichwa Unificado is driving a new form of ethnogenesis among Amazonian Kichwa speakers wherein they are drawing their own boundaries and embracing their own distinctive dialect (Wroblewski 2012). Napo Runa, for example, valorize their own way of speaking as authentic and intimate, setting it quite apart from the stilted language of how Kichwa is spoken in the highlands. Napo Runa living in Tena

point to their own ‘clearer’ variety of Kichwa as evidence of their more hospitable, colloquial style, in comparison to stereotyped closed-mouthed, reserved highland Kichwas [...] The indirect message here is that Tena dialect, marked by its characteristic obstruent voicing, sounds not only distinctly local, but that local Amazonian Kichwa language identity is defined by speaker familiarity, groundedness, warmth, and humility (Wroblewski 2012, 76).

Moreover, rather than seeking to artificially purify their language through tactics like Kichwa Unificado's neologisms, speakers of the Tena dialect are comfortable using cognates or loan words from Spanish. For instance, the word *amigu* (Quechua-ized from the Spanish "amigo," for friend) is much more preferred than the term *mashi* that was invented by the standardized variety. The Spanish version is interpreted locally as being more authentic; hybridity is seen as more sincere in this case. Napo Runa have "doctored" their situation by relying on their proclivity to incorporate materials and ideas that expand their world, rather than superseding it. Their world isn't vanishing, but it is being created anew through their social practices and continual enactments that entail dynamic intermixing. What might appear at first glance as an acculturated practice (i.e., slipping in some Spanish words into Kichwa conversations) is evidence of how Runa customize their experiences.

Language can be seen as a bridge to demonstrate some of the tensions I have highlighted above as carrying into present day. By tracing the history of the region of the *montaña* on the Amazonian-Andean Piedmont, there are a number of takeaways. First, the flux we see in contemporary times in Upper Amazonia is not new, although the processes by which this change transpires are greatly accelerated. The point is that Amazonia has never been pure nor pristine. In the midst of this flux, one thing must be kept in mind, however:

The historical reality of dynamism and movement does not cancel the profound emotional, symbolic and material links that people establish with place, the environment or the life forms within it, sometimes in relatively short time frames, or the obligation of governments to legally recognize and honour these (Alexiades 2009, 29).

Second, there have been extensive social networks allowing groups to come into contact with one another that existed even before European contact. Throughout history and into the contemporary era, Amazonians have built open-ended systems and they reproduce their cultural

lifeways in a shifting matrix of social and ecological relations. Building relationships with diverse sets of outsiders is central to their flexible lifeways. Mixing and growth are fundamental to their experience, not isolation and stasis. At the same time in the midst of this mixing and growth, Napo Runa have remained distinctive, anchored in cultural practices.

Many of the historical moments recounted above can and should be interpreted as ones of great and devastating loss. Without discounting this reality, the present study examines the ways in which indigenous Amazonians encourage and make use of intercultural connections through ingenuity and resourcefulness that lends them some degree of resilience. Napo Runa continue to find ways to refuse diminishment by these interactions, while working to boost themselves up. A final lesson is that Napo Runa exert agency to transform the world. Historical ecology shows us that indigenous practices have a material effect on the world, on the very biological relations that flourish in this “biodiversity hotspot.” Material outcomes are shaped through social practices. In the coming chapters, I will expand on this insight by exploring how social practices of care through the circulation of remedies shape material outcomes for bodies, local biologies, and wider environments. Despite all of the suffering they endure, Napo Runa are agents who customize the challenges that powerful actors have thrown their way throughout history; in this context, caring for one another is an act of sovereignty.

3.2 CONTEMPORARY SITUATION

3.2.1 Situating Runa in Napo Province

Napo Province, Ecuador, is emblematic of processes occurring all over Amazonia, with various actors jostling for control over the environment and the people living there. For instance, within

the study site, the following tensions coexist: extractivism and ecotourism; market integration and sustainable development initiatives; and proliferating biomedical services and continued reliance on local ethnomedical skillsets. In the coming chapters, I will demonstrate the ways in which Napo Runa seek out and make use of indeterminate spaces such as these where contradictory forces meet. People from Sindy purposefully operate across cultural difference in order to take back control over their own bodies and wellbeing.



Figure 11: Tension between conservation and resource extraction.

On the left, a community ecotourism venture. On the right, a nearby oil platform.

Today, the indigenous peoples of the Ecuadorian Amazon include Kichwa, Shuar, Waorani, Siona-Secoya, Cofán, and Achuar (Záparo). In the Ecuadorian context, outsiders and insiders alike draw comparisons among these groups according to what Davidov refers to as a “hierarchy of wildness” (2008, 2010, 2013b). In this schema, Kichwa are considered in the imaginaries of tourists and non-indigenous Ecuadorians, that is to say cultural outsiders, as uninteresting because they are considered to be a certain degree “civilized” as compared to more “wild” groups. The tourist’s comment about an ecotourism demonstration striking him as a “gimmick” is illustrative of this implicit reasoning.

But cultural outsiders are not the only ones to employ this hierarchy. Kichwa people themselves often deploy terms that signal they operate from a similar understanding of echelons of “wildness.” In the Kichwa language, *mansu* means “tame,” whereas *auca* means “wild” (a term that is pejoratively used to refer directly to the Waorani). *Mansu* and *auca* are used in everyday speech acts as descriptors of behavior. One fairly benign anecdote includes a time when I was waiting for a bus to arrive in Sindy so I could head to Tena for the afternoon. As I was biding my time, Ruth stepped off another bus that had just come from Tena. She had spent most of the morning and afternoon there to accomplish various errands, and she looked harried. She was making her way into her home, behind where I was sitting, and she suddenly turned around. She laughed, extended her hand in greeting, and said “*mana saludauni, auca kwinta!*” (I didn’t say hello to you, as if I were an *auca*).

In addition, through my everyday interactions with people in Sindy, I found that they enact a fractal recursion of this “hierarchy of wildness” with other Runa. Specifically, they consider people who come from downriver (*urama*) to be more “traditional.” Indeed, this is where many of the natal communities of affines are situated (as I discuss in more detail in Chapter 5). For instance, while I was conducting an interview with Beatriz, she told me a story about her son throwing up recently. I asked her what happened. She said:

We were visiting *urama* (downriver), and he was not accustomed to drinking so much *aswa* (fermented manioc beverage). It was so strong (*urti*) that it made him vomit! (laughs) (Beatriz, 37 years old)

Often, people in Sindy would tell me that people from *urama* are more “traditional” and drink much more *aswa*. In addition, they’d whisper, when they make their *aswa* downriver they chew the manioc. Masticating the manioc used in *aswa* is somewhat of a taboo subject in Sindy. No one directly admits to chewing and some say they think it is unsanitary. Instead, many people in

Sindy use a decoction of sweet potatoes (*camote* in Spanish; *kumal* in Kichwa) as the amylase-containing substance to catalyze the conversion of starches into sugar in order to facilitate the fermentation process. Beatriz's comment, however, was pointing out how people who live downriver use "less civilized" methods of chewing manioc to make *aswa*.

The roots of this *mansu/auca* "hierarchy of wildness" are deep. Ecuadorian Quijos and Canelos were important "intermediaries between the colonial highlands and such lowland groups as the Shuar" (Alexiades 2009, 12). According to this schema "the tame Quijos" became known as such via their place in the context of an "economic network." This network was made up of

three distinct ethnic roles: "tame" Christian Indians (Quijos), who lived north of the Napo and worked directly for white merchants; "peaceful but uncivilized" Zápara intermediaries (Orton's words) living on the frontier who traded in Jívaro territory; and *infieles* (heathens) or *indios bravos*, who brought curare, slaves and other things from people living farther down the Marañón Basin. (Wasserstrom and Bustamante 2015, 3)

In light of this "hierarchy of wildness," the central objective of Blanca Muratorio's book *The Life and Times of Grandfather Alonso* is to take to task the myth of Napo Runa as "completely acculturated and evangelized in the early Colonial period, and as apathetic and submissive throughout the heyday of white domination in the Oriente" (Muratorio 1991, 1). For this reason, many misrecognize Kichwa as "acculturated." I concur with Muratorio and further argue that it is their ability to successfully engage in intercultural scenarios while continuing to prioritize local practices that makes Napo Runa interesting. Through this designation, they have more room to maneuver since their distinctiveness is overlooked.

3.2.2 Community History of Sindy

The name of the study community, Sindy, is a double entendre. In part, its origins derive from the Jesuit missionaries who had organized the communities along the Napo River by putting a

high-ranking person in charge. This person held the title of Síndico in the capacity of administrator or representative. During this time, Napo Runa considered hunting and fishing to be exceedingly dangerous because of the Waoranis who were also in the territory. Therefore, so say the community archives, the Síndico organized an army of sorts to confront the violent Waoranis. During this effort, they stopped by a small river, whose banks were beset with Sindy trees. For this reason, they named the river Sindy and this is also where the community's namesake derives. The leaves and bark of the *Sindy Yura* (Sindy tree) were reportedly used to heal the wounds resultant from confrontations with other indigenous groups in the region, who were aggressive and hostile.

In this, their “founding myth” of the community, three positionalities are laid bare. First, in what Davidov refers to as a “hierarchy of wildness” (as described above), people in Sindy are locating themselves at the reasonable end of the scale, setting themselves apart from “*aucas*” (the Kichwa word for Waorani that glosses as “savage”). Second, the community members are defining themselves for an outside audience, stating that they are in search of engagements that would propel the community through “development” initiatives into “progress.” For instance, documents in the community archives declare that those who live in the community are

Gente luchadora, trabajadora, y laboriosa buscando el desarrollo y progreso de la comunidad (2012).

This overtly political statement announces the residents of Sindy as being hardworking in their struggle to pursue development and progress for the community. This is an illustration of what Conklin and Graham (1995) refer to as the “Middle Ground.” This statement is crafted with a particular audience in mind, and is an attempt to construct a mutually comprehensible world for the people of Sindy and those outside of it. Their origin story of the community and its namesake are framed in a way that is both outwardly focused and pragmatic. Last and on a more subtle

level, we see that in situations of cultural contact, people in Sindy make use of what is around. In the case of the Sindy Yura, their namesake, a tree growing in the riparian environment was appealed to as a remedy to heal and strengthen themselves.

The original members of Sindy, when it was officially created in 1973, were four wife-husband pairs. The families had several different surnames (*apellidos*): Andi, Cerda, Huatatoca, and Tapuy. However, most people in Sindy refer to these original founders as or recall them with their *burla shutis*. *Burla shutis* are joking names that are acquired through shared experiences. Many of the *burla shutis* of those who founded Sindy are names of prominent animals found in the surrounding forest, such as *chichiku* (white-mouthed tamarin) and *amarun* (anaconda). In addition to documents in their community archive being clearly outwardly focused, this tidbit about *burla shutis* lends a personal character, calling on community residents to remember their forebears through shared experiences and relationships. These initial families played key roles as leaders (*dirigentes*) in the community. Following this model, today there are various roles that must be filled by leaders in the community: president, vice president, captain of *mingas*, secretary, and treasurer.

Seven years after the founding of the Sindy, the on-site bilingual school was created in 1980. Prior to this, children would have to travel by foot upriver to go to school. On frequent occasions, their daily commute was foiled when the river would rise and wash out the road, making it impossible for them to cross in order to attend school for weeks at a time. A single teacher, who had come from the coast of Ecuador near Esmeraldas, led the first classes in Sindy. Twenty students, in grades two through four, were the first to study at the school. Since that time, the school has scaled up. During the time of this study, there were seven teachers, under the supervision of the school director, responsible for eighty-three students. Nowadays, the teachers

do not come from the coast of Ecuador as in the early days, but they are from Kichwa communities themselves or are early-career professionals working in under-served, rural communities. Three of the permanently placed teachers, including the director, live in Sindy.

After the school was established, the community became open to other opportunities. Following the construction of the classrooms in 1980, there was an effort to extend the road that stretched to Sindy from Puerto Napo all the way to Ahuano in 1982. Two years later, a basketball court was put in. The nineties were a time of connecting households to the utility grid, with the addition of the water tower in 1990, electricity in 1995, and followed by the construction of sanitary latrines. The sources of these projects were varied. The road was a state initiative while the latrines were part of an international development campaign, *Ayuda en Acción*. A few short years later, at the turn of the century, Sindy residents received “economic compensation” from the French-owned oil company Parencó, for putting in a subterranean oil pipeline (*oleoducto*). In 2006, the covered sports court (*cancha cubierta*) was constructed as a gift from Parencó. The dining hall, used by students during school days and by residents during festivals, was also provided at this time. In 2007, Sindy saw the arrival of the nursery school and the room devoted to miscellaneous handicrafts (*artesanía*) projects, which would later become a computer lab in 2014. It is clear that from the 1980s onwards, community members welcomed outside actors under the stipulation that they share overlapping interests and mutual benefits.

Given the conflicts that would arise in the interactions with powerful outsiders, especially with oil companies, indigenous rights organizations proliferated in Amazonia. FUCONA (Federation of the United Communities of Napo Arajuno) is one such entity. It is the organizing body within which Sindy is situated. FUCONA hinges on three axes of education, agricultural production, and sports. By being a formally recognized community incorporated by FUCONA,

Sindy has more opportunities for educational endeavors, income-generating development projects most of which are agricultural initiatives dealing with cacao, and leisure activities such as soccer leagues organized for both women and men.

All of these engagements must take place somewhere, and the *cancha cubierta* is a meeting place par excellence. Many people in Sindy and their relatives and friends from elsewhere assemble there each weekend to engage in competitive sports such as soccer, basketball, and volleyball. Special occasions such as weddings and funerals also take place in this area. In addition, the *cancha cubierta* is the setting for a variety of festivals that are enacted throughout the calendar year, including: New Year Celebration (January); Carnaval (February); International Women's Day (March); Day of the Teacher (April); Mother's Day (May); Father's Day (June); Day of the Child (June); Anniversary of the Community's Founding (August); Anniversary of Tena's Founding (November); and Christmas (December).



Figure 12: Women play soccer in league organized by FUCONA in Sindy.

3.2.3 Sindy Today

Fifteen kilometers outside of the provincial capital of Napo, in rural areas of the Ecuadorian Amazon, indigenous communities stretch along both sides of a winding two-lane highway. You can feel the heat emanating from the pavement, smell exhaust from passing vehicles, and hear industry trucks, buses, and motorcycles flying by at regular intervals. Napo Runa in these Kichwa communities keep time by the road. They have organized their daily plans according to the road, outlining how they will travel or whether they will sell cash crops such as cacao, manioc, and plantains. Living on the road has an undeniable effect on the residents' interactions with wider scales of influence.



Figure 13: Buildings in Sindy.

**From left to right: nursery school, store, artesania-turned-computer room, and office buildings. The water tower stands above to the left, while the *cancha cubierta* and classrooms are just out of the frame to the right.
(Photo by A. Mrkva)**

In Sindy, some people are better off than their neighbors and relatives. People have differential access to resources, such as educational and income-generating opportunities. Some households have more commodity items that other households do not, such as motorcycles, indoor gas stoves, and refrigerators. You can see stark differences in the photos of the types of houses that line the road (Figure 14). One of the most telling indicators of inequality has to do

with the ability to provide sustenance. During the course of the research, I documented that some families struggled more to put food on the table than others (a point I examine in Chapter 7). In response to this predicament, I also documented the social strategies of reciprocity and care in which there is inter-household exchange of food and drink to mitigate the precarity faced by those who are suffering acute periods of hunger due to lack of income with which to purchase food for the family.

Many of the houses in Sindy have residents from multiple generations. Of the participating twenty-five households in this study, as deciphered through a census I conducted, there is one household with four generations living there; eleven households with three generations; eleven households with nuclear families (parents in their twenties and thirties living with their children); and two households of a single generation (one is a woman who is taking care of her siblings since their parents died; another is a husband and wife pair in their forties who have no children living with them, as they have moved away). In addition, many members of the households are not full-time residents, but are fluid members of the household nonetheless. It is common, for example, for people to spend the week in Tena or elsewhere for school or work and then to stay at a house in Sindy over the weekend to help with work in the agroecological fields (*chagra*) or to pass time playing sports in the *cancha cubierta*. Other scholars have documented similar phenomena of mobility among multiple residences in Amazonia (Campbell 2015; McSweeney and Jokisch 2015; Peluso 2015; Peluso and Alexiades 2005)



Figure 14: Housing styles in Sindy.

Clockwise from top left: a) house with corrugated metal siding on stilts; b) two-story with *tienda* in the front; c) cement house with hut near the road (*choza*) d) wooden house with *choza*.
(Photos by A. Mrkva)



Figure 15: The road that bisects Sindy.

(Photo by A. Mrkva)

Livelihood strategies are varied and overlapping in Sindy. There, as in other Napo Runa communities, productive labor is central to notions of wellbeing because idleness is synonymous with weakness. Muratorio writes:

an idle man or woman (*quilla runa* or *quilla warmi*) is he or she who denies the values of hospitality and reciprocity by failing to provide food or drink, he or she cannot easily get a wife or husband: they are anti-Runa (Muratorio 1991, 210).

To engage in livelihood strategies with skill and endurance is a demonstration of being able to carry out proper social relations. In contemporary Sindy, there are a number of livelihood strategies that are mixed and matched to make sure that family members have enough to get by. Most of the work is done in agroecological fields, called *chagras*. The products of the *chagra* are both sold commercially and used to sustain the family. Key crops include: manioc, plantains and banana varieties, and corn. Some crops are solely destined for the market such as cacao and coffee. Other species are used for medicinal and enjoyment purposes but aren't as significant as staple foods or cash crops, such as: grapes, citrus fruits, cherimoya, peanuts, wayusa, and pineapple. Surrounding areas are also engaged with for a variety of subsistence activities such as fishing from the river, and hunting game and collecting products from the forest.

There is a false binary of market-oriented and subsistence-oriented projects (Lu 2007, 61). In practice, Napo Runa create hybrid economies, mixing both cash economy and subsistence projects. Diversification, in this way, is a risk mitigation strategy. Counter to myths of “ecologically noble savages” which purport that indigenous people are “closer to nature” (Hames 2007), in reality Napo Runa may adopt means to improve their lives which can threaten the environmental “resource base,” such as logging or panning for gold in the river. In addition to working in *chagras* or collecting resources from the surrounding environments, there are a

number of other ways that Runa engage in labor, as depicted in Table 2. Some of these jobs are steady, while others are intermittent gigs.

Table 2: Variety of jobs held by research participants (compiled from census data and observations).

Eclectic Incomes	
In Sindy	- Harvesting and selling medicinal products - Selling produce from <i>chagras</i> - Selling commodities in roadside stores (<i>tiendas</i>) - Panning for gold - Selling clothes in monthly trade-schemes - Logging - Carpentry - Teaching in bilingual school - Working in daycare/nursery school
In Other Kichwa Communities	- Teaching in bilingual schools (three additional communities other than Sindy) - Working in ecotourism ventures - Playing music in bands commissioned for <i>fiestas</i>, weddings, and other social engagements
In Tena	- Working for construction projects - Working in a hotel - Working in a liquor store
In Coca	- Working as a security guard - Working as a fumigator on a banana plantation



Figure 16: Gardening and fishing as livelihood strategies.

On the left, a woman weeds her manioc garden with a machete. On the right, a man fishes in the river by throwing a net (*lika*).
(Photos by A. Mrkva)



Figure 17: Working with cacao.

On the left, a woman harvests cacao. On the right, cacao has been put out to dry on the roadside.

Although I had a formal collaboration with the community of Sindy and the bilingual school in Sindy, I frequently followed participants to their natal communities, as well. This methodological choice allowed me to trace more “rhizomatic” social networks along kinship lines, which is often how practices of care such as sharing food and medicine are circulated, rather than solely staying put in the “taproot” of the study community (Barletti 2015; Rosengren

2003). Through seeing other Kichwa communities in the area, I got a sense of the diversity in forms they may take.

As I've described above, the houses in Sindy stretch along both sides of the two-lane road, and it is about a half an hour bus ride from Tena. This layout has an undeniable effect on residents' interactions with wider scales of influence such as opportunities for migrant labor, engagements with resource extraction companies, and medical options. When I accompanied participants to their natal communities further downriver, I become acquainted with the diversity of shapes that rural Kichwa communities may take. Not all are bisected by a road. Instead, many of the more distal communities are arrived to by a single-lane road, which is often unpaved. There, houses encircle a playing field and some community structures. In general, in these more rural communities, a majority of the men are migrant workers who do not spend time in the community. Women, on the other hand, live in the community full-time taking care of their children and working in the *chagra*. In contrast, in Sindy, even if a person has a job in Tena, they are able to return home in the evening to spend time with their families. This creates quite a different dynamic than is experienced in the communities that are more remote. I observe that in Sindy there are more hybrid livelihood strategies because many residents lead their lives both in and away from the community all in the span of one day. Furthermore, the social relations they cultivate bring them access to both urban and rural resources.

These cobbled together livelihood strategies are exemplary of flexibility and endurance through constant flux. This chapter has outlined various engagements with alterity in the past through archaeological and ethnohistorical records and into the present. In these engagements, Napo Runa exhibit agency and a subtle refusal of acculturation. Their history is one of fluidity in which they reconfigure the old with the new while maintaining a meaningful identity premised

on the persistence of cultural practices. In the next chapter, I will demonstrate this propensity to incorporate that which they encounter through the construction of what I refer to as “Enmeshed Therapeutic Ecologies.”

4.0 MATTERS AND MEANINGS OF HEALTH AND ILLNESS IN UPPER NAPO

On a Thursday morning in late May, in the midst of normal school activities, American university-based biomedical professionals set up shop in Sindy's *cancha cubierta* to instate a rural health service delivery session. A group of medical students and one medical doctor were accompanied by a Kichwa-Spanish interpreter who lived in Napo Province. They carried with them Adidas duffle bags stuffed with plastic bags containing various medications. When I asked one of the students what they brought with them, she showed me around, saying:

We have antibiotics, anti-parasite medication, anti-diabetic medications, ibuprofen, acetaminophen for children, paracetamol, anti-fungal stuff, high blood pressure medication, allergy medications, vitamins, vitamins, vitamins. Prenatal vitamins are these big guys, we also have adult vitamins. So, we're hoping to give some of these out. (Jessica, early twenties, student "volun-tourist")

The teachers who work at the school in Sindy helped set up various "stations" for the medical brigade by taking tables from classrooms and arranging them on the court. The medical brigade personnel fanned out, organizing themselves and their instruments. Jessica continued to show me around, all the while explaining how patients would flow through the various stations. Meanwhile women and children from Sindy sat patiently on the steps, watching and chatting with one another. Few men attended this health-care delivery service. The men attendees from Sindy included the director of the bilingual school, who had enlisted me to take photos to

“document” the happenings of the medical brigade, and one other man who was accompanying his wife and toddler daughter.



Figure 18: An international medical brigade in Sindy.

On the left, medicines brought by the medical brigade. On the right, separated medical stations including consultation with a doctor and a pharmacy.

Gesturing to the far right across the court, Jessica said the first stop is to go to “the demographics table,” where care-seekers would describe their chief complaint. Then, they’d move to their left and arrive at “triage.” This is where, Jessica noted, “They do the vitals...blood pressure, pulse, respiration, height, weight for little kids, temperature.” Next, crossing the court halfway, patients go to “history” where they “go a little bit deeper about how long the pain’s been, exactly what it is that’s hurting, if anything else is affected, family history perhaps.” Then, they would meet with the doctor who had a shadowing student assisting him. The final stop was a few strides to the “pharmacy.”

The medical brigade personnel filled out forms to record terse, quantitative information, focusing on measurements rather than experience. Fields on the forms included the following:

name, chief complaint, medicines, history of present illness (measured in days), blood pressure, respiration rate, pulse, temperature, age, weight, height, and head circumference.

In addition to taking photos for the director of the school to place in the community's archive, I also observed and chatted with both providers and attendees. I came away with the realization that these two groups had divergent, equivocal (Viveiros de Castro 2015), expectations from one another and different interpretations of what was happening during that sunny day in late May.

For instance, the medical students explained to me that they were “excited to be in the Amazon.” Although, they divulged, it was turning out to be slightly different from their initial expectations. One student shared with me “I didn’t know what to expect, like would they be wearing loin cloths?” As I will argue below, this conceptual maneuver from the “exotic slot” to the “acculturated slot” is why Napo Runa are considered to be passive recipients of care, rather than therapeutic agents. Their practices to create Enmeshed Therapeutic Ecologies are not visible in spaces such as a medical brigade where asymmetrical expertise is enacted. Because indigenous people in the Amazon are assumed by outsiders to be on a progression towards western scientific biomedical understandings of health and the body, then their practices concerning health and the body and the remedies they enact are hidden just outside of the borders of this dichotomized thinking.

People in Sindy, too, didn’t know quite what to expect out of the medical brigade either. Many participants shared with me that they were hoping to get injections to deal with various types of pain. Others mentioned that they came with the intention of relieving their children’s toothaches through dental care or tooth extraction. As Bruno mentioned, the most frequent reason he or his wife goes to the clinic (*subcentro de salud*) for care is because of their kids’

teeth (*kiru waghlishka raigu*). However, when they arrive to the nearest *subcentro de salud* they are forced to wait for long periods of time, sometimes having to go home at the end of the day in the same state they arrived in because the odontologist wasn't able to see all of the patients. Injections and tooth extraction both require techniques that are seen as efficacious and could be implemented in outreach programs. Rather than parachuting in with duffle bags of medicines reflecting pre-conceived notions about the health of a population, if their goal were to serve local populations, then an accurate sense of felt needs would be advantageous.

When describing why they attended the medical brigade, residents in Sindy said they wanted to “catch” (*apina*) the opportunity. The phrase “*apinchichu?*” means “shall we grab it?” and it is commonly used during community-wide meetings when *socios/as* are deliberating about whether or not to engage in projects with various entities, such as researchers from Quito or abroad, municipal government officials, agricultural development initiatives, and the like. During one community meeting, months earlier than the medical brigade's arrival, I heard one participant reason, in Spanish: “In this globalized world (*mundo globalizado*), opportunities are rare. Let's take advantage [of this one]!” From my observations and experiences working with people in Sindy, it is clear that this sentiment is widely shared, and people exhibit an openness to others and a degree of comfort with indeterminacy, of not knowing exactly where things may lead.

Enduring flux, in the past and into the present, was the main theme of the previous chapter. There has been significant change within the *montaña* region of the Andean-Amazonian Piedmont. In recent centuries, drivers of these changes have historically been outsiders. In this chapter, I draw attention to how health itself is understood to be in constant flux. To illustrate this, I analyze results compiled from interviews focused on common illnesses and maladies

within the study site. Next, I will describe the options available to bolstering health or healing illnesses. Finally, I offer my own interpretation of what I see as “Enmeshed Therapeutic Ecologies.” The concomitant use and creative simultaneous mixing of matters and meanings create novel remedies that take us beyond mere medical pluralism with well-defined boundaries between what constitutes “traditional medicine” as distinctive from “biomedicine.” In their meeting and intra-actions (Barad 2007), new knowledge and practices emerge. Understanding that Napo Runa are themselves therapeutic agents can be instructive to medical professionals. This is because the targeted beneficiaries of care and services are not passively taking instructions, but their actions might impact health outcomes in ways unforeseen. A key example includes the concomitant use of pharmaceuticals and “natural medicine” derived from various plant species. It is critical to know, for example, whether such mixing of medicines is contraindicated. Taking local practices seriously is one way to get to the bottom of this. Another example is how medicine might be shared among people for whom it was not directly prescribed.

As therapeutic agents, Napo Runa take what they learn and put it to use in ways that fit their own schema of how the body works and what living well means. Biomedical technologies and ideas do not meaningfully supplant local ethnomedical knowledge and practice. Yet Napo Runa continue to seek out these engagements with various forms of alterity to expand their world, to extend their knowledge and practice, rather than having their therapeutic ontology overridden or reduced.

4.1 RUNA SPECTRUM OF HEALTH: FROM LIFE TO DEATH

The previous chapter described Amazonia as a place in constant flux, socially and environmentally. Bodies, too, are considered to have the potential to transform into other states.

On an experiential level, bodies are at once vulnerable and resilient. Bones can break only to be knit back together; muscles can rebuild after being torn; wounds can clot. Because there are shifting states fluctuating through stages of health and affliction and recovery, Runa know that their actions can bring about desired consequences. Specifically, bodies are shaped through the circulation of substances and words of encouragement (as described more thoroughly in the following chapters). In short, it is through socially contingent acts of care that people stay healthy or are healed. What counts as efficacious care differs depending on context.

Napo Runa describe health and illness not as a dichotomous pair, but as moving targets along a continuum. Shifting states of health and illness are fundamentally influenced by the flow of *samay*, which is conceptualized as inner strength or soul substance (Uzendoski 2005, 36) that flows among vibrant beings. Blanca Muratorio shares Rukuyaya Alonso's thoughts about *samay*:

What I remember most from when I was a small child is that the old men would give us advice; they would teach us how to behave with the whites, how we should walk with our loads, and how to fight. We were taught this since we were very small. The old and the strong men would blow *samai* into the crown of our heads, especially if we were kind of lazy and disobedient. *Samai* is like our breath, it is a way of conferring strength, of giving courage (Muratorio 1991, 55).

With vital substances such as *samay*, growth is not unlimited; instead “vitality is finite and unevenly distributed” (Santos-Granero 2015, 30). In this way, there are politics involved in the flow of *samay*, which is circulated through common social effort and the sharing of materials (like food, fermented manioc drink, and medicines). Healthier people are said to be living (*kawsana*), while those who are ill are said to have depleted *samay* and are nearer to death (*wañuna*). This is central to understanding volatile emotional states and basic states of bodily health. Napo Runa describe having a sense of agency, an ability to intervene to make people stronger. As Ruth, a midwife in Sindy, says: you can “give the dying [*wañungunara*] [bitter medicine] to drink in order to revive them [*kawsarina*].”

The question “*imara tukungui?*” is often posed when a person’s physical or emotional state is observed to have morphed. This question translates to “what are you transforming into?” The Kichwa verb *tukuna* is about *becoming*. As such, *tukuna* is a concept that recognizes that there is constant flux between states of health and illness. When one is weak, they are more likely to be “caught” by illness (*api tukun*), whereas when strength (*shinzhi*) is cultivated, illness can be held at bay. This acknowledgement of the ever-present possibility of transformation enables people to act towards maintaining or restoring health. That is, in an effort to restore *samay*, Napo Runa create assemblages of remedies that are identified as efficacious through the sensations they impart. I discuss this at length in Chapter 6 when I describe the importance of bitter and burning sensations in remedies.

The ways in which Napo Runa discuss matters of health and illness are revealing. Illness is conceptualized as something that must be taken out, or extracted, from the body. To successfully accomplish the extraction of illness, the body must be cleansed (*maillana*) through the ingestion of forest remedies that are bitter to the point of being purgatives, and then the body is replenished with healthful substances. In addition, when one becomes weak (*api tukun*), *samay* may be circulated to lend strength through the practice of fanning (*wairachina*—to make wind; *waira waktana*—to hit the wind).



Figure 19: A man sweeps his mother with leaves.

The body is considered to remain vulnerable unless it is replenished with good substances such as proper food and *samay*. The verbs used to describe the therapeutic process of treating an illness demonstrate the logic of extracting it from the body. Interviewees used the following terms to describe the therapeutic process of treating an illness: *kallpachina* (to chase away); *chimbachina* (to cross over [as if in a canoe on a river]), *llukchina* (to take out; to extract), and *pitina* (to cut). Carmen summarizes how the action of extracting an illness through the therapeutic technique of a vapor bath allows the sick person to *become* well again:

If you give a vapor bath (*kushniyachin*), with that it will extract the *wañui* really well. The children will become good (*wawaguna alli tukunun*). (Carmen, 40 years old)



Figure 20: Poultice.

**An assortment of charred leaves applied to a boil to extract the *ungui* (illness).
(Photo by A. Mrkva)**

Health is not a neutral state of being. Nor is it merely biological. Health is achieved processually and it is situated within social relations. The very continuum of life and death underscores the sense of agency and urgency people have in their health-care decision-making. They often enlist allies, whether being open to medical brigades or to searching for bitter forest medicines, to ameliorate life's conditions. During interviews, participants would often follow up descriptions of being sick with the emphatic phrase "*mana ushan*" ("unable to do"). For example, one participant describes:

We call illnesses (*enfermedad*) *wañui* (death). Because we are incapable [of acting] (*mana ushan*). (Nadia, 33 years old)

This is remarkable because rather than drawing attention to the direct suffering of the body, the real affliction is when people are ill to such a degree that they are rendered incapable of *doing* and *making* what they must in order to get by. A state of health is one in which people are able

to carry out their daily activities and social obligations. Descriptions of healthy people also highlight that they are able to *move, make, and do* in the world. Some descriptions compiled from interviews include “she walks well” (*pay alli puriun*), “she’s strong” (*pay shinzhi*), and “she is living well” (*pay alli kawsan*). These descriptions of strength and ability to walk are not in direct response to people who literally couldn’t walk before or who literally were dead. Instead, these phrases point to wellbeing as central to carrying out activities, being capable within the world.

4.2 MALADIES

People in Sindy identify a number of threats to their health. The chief term they use to describe illness, translating from *enfermedad* in Spanish, is *ungui*. To become sick is *ungurina*. Following Langwick, I use the term “malady” because it more accurately describes situations of “undesirable, painful, and often debilitating states of being” (Langwick 2011, 11). Maladies, then, speak not only to, say, infectious agents, but also to threats to life and livelihood. These threats do not go uncontested; as I will show in the following chapters, maladies are dealt with in particular ways that defy violent encounters Napo Runa experience.

In this section, I will present results from structured and semi-structured interviews regarding the maladies, referring to illnesses, injuries, and tragic circumstances, that people experience in the study site. Research participants list the numerous reasons why illnesses come around, as displayed in Table 3.

Table 3: Reasons respondents give for why one might become sick (compiled from interviews).

Causes of Maladies	
Weather	- Too much cold leads to common colds or flu-like symptoms - Too much heat leads to headaches
Supernatural Factors	- <i>Nanay</i> (pain sent through magical means with or without <i>yachaks</i>) can induce vomiting or cause abscesses from foreign objects being shot into the body - One is more susceptible to <i>mal viento/wayrashka</i> if recently injured or if walking in the dusk
Emotions	- Too much anger or sadness causes headaches - Too much uncontrolled anger may lead to violence (<i>makana</i>)
Environmental Factors	- Water can have worms that multiply ("<i>kuru miran</i>") - Mosquitoes (<i>zancudos</i>) can cause Malaria - Lack of proper sewage system causes gastro-intestinal problems and stomach pain (<i>iksa nanay</i>)
Labor	- Body aches and muscle and joint pain result from hard labor - Eye problems from pollen and other agents in fields - Skin rashes from exposure to agents in the fields (caterpillars, plants) - Dangerous work, such as fumigation or working with agrochemical products, can lead to "unclean blood" and poisoning
Changing Food System	- Not enough food, causing hunger, headaches, inability to concentrate, and stress from not being able to provide for family - Purchased food thought to have dangerous artificial chemicals ("<i>químicos</i>") - Dental problems, especially among children who eat too many sweets
Biomedical Explanations	- Measles can occur if one is not vaccinated - Vomit caused by "intestinal infections"

“We have a little bit of everything,” Vanessa (26 years old) responded to my question about what illnesses exist in Sindy. However, it is clear that there are very concentrated types of illnesses within the study site. The literature on the “medical culture” in the area lists the following as important illnesses that are prevalent: diarrhea, snake bites, machete cuts, urinary tract infections, injuries from dynamite-fishing, and dental problems (Vanden Heuvel 2008). The medical doctor working at the nearest *subcentro de salud* classifies the following as the top problems in the region: nutritional deficiencies, strep throat and swollen glands, earaches, diarrhea, gastro-enteritis, parasites, and skin fungal infections.

Of course, there is a difference in conceptualization between the doctor’s responses, with his list comprised of items that are microscopic in scale and require the medical gaze to understand such as viruses and parasites, and that of the embodied suffering of pain (headaches, stomach aches, body aches etcetera). Below I compare results from a freelist interview, which focused on what illnesses exist (*ima unguiguna tiyaun kaibi*), and semi-structured interviews inviting more personal reflections on which household members had fallen ill recently and why.

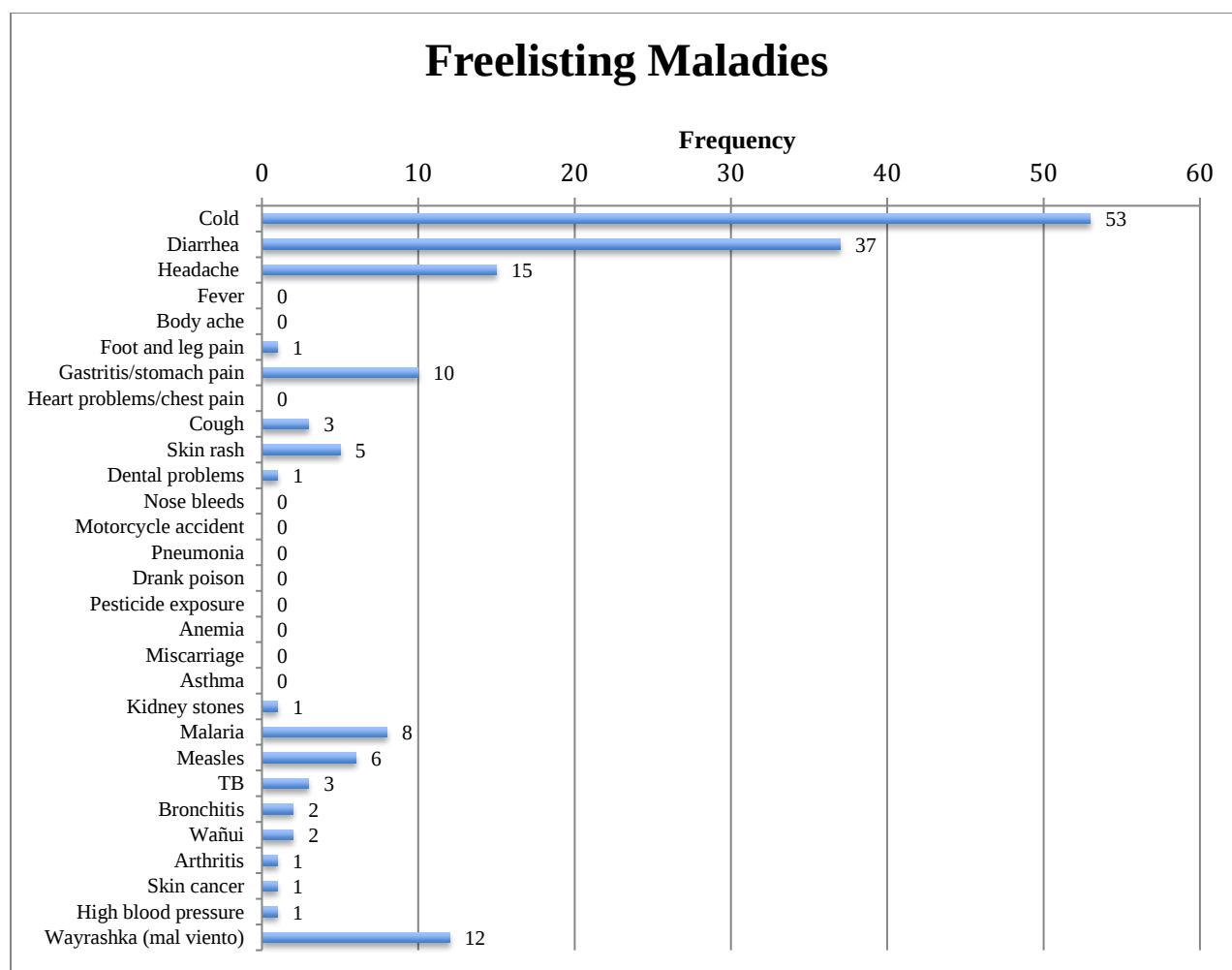


Figure 21: Frequency of mention of illnesses within Sindy.

Responses to the question: “In Sindy, what illnesses exist?” Top five include: cold, diarrhea, headache, wayrashka/mal viento, and stomach pain.

During formal elicitation interviews, respondents stated that most prevalent maladies that exist in Sindy include: colds, diarrhea, headaches, wayrashka/mal viento, and stomach pain. When I followed up with more in-depth semi-structured interviews focused on household illness histories, I found that the experiences respondents report have some overlap with the freelisting data, while also departing in some significant ways.

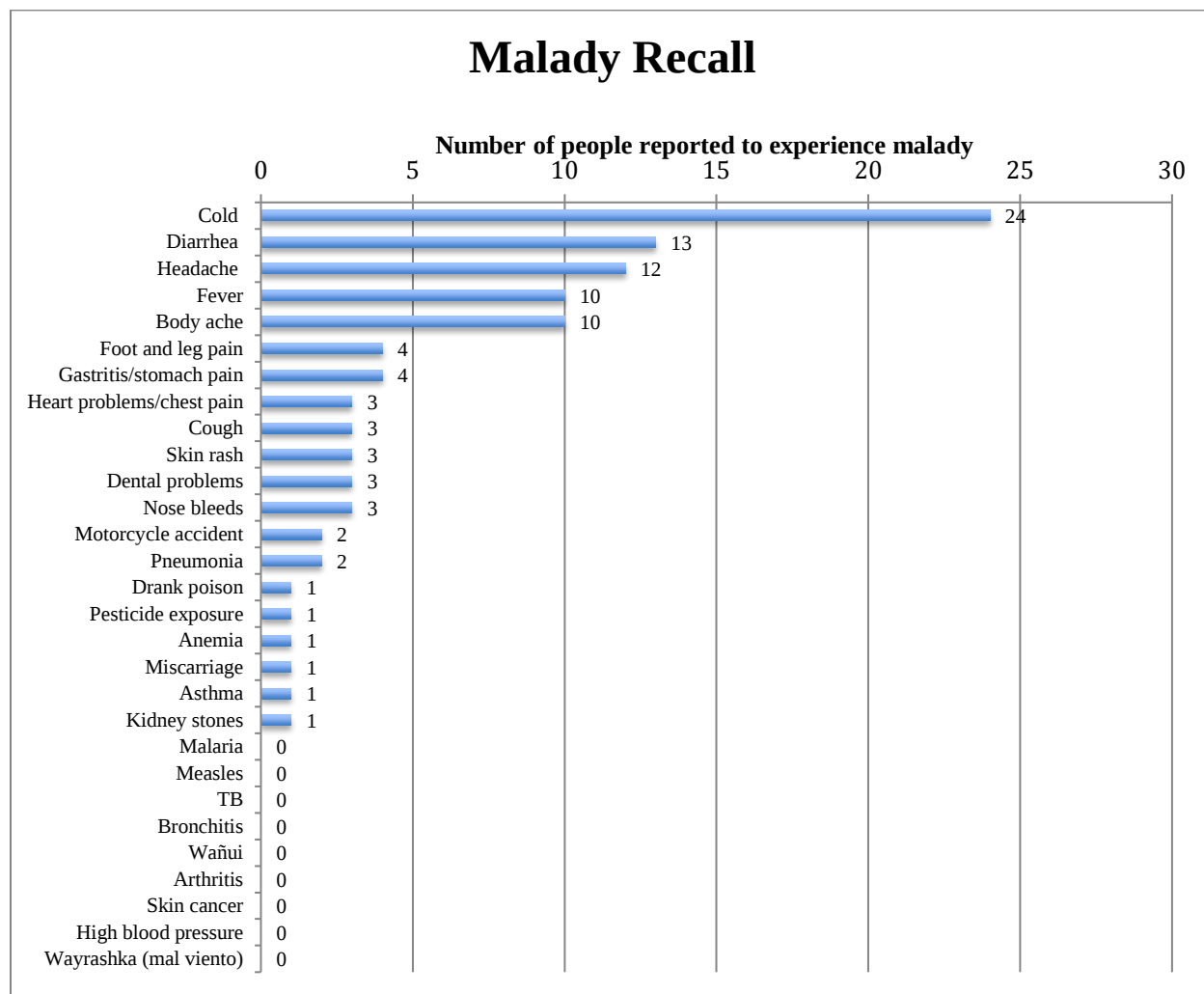


Figure 22: Number of people reported to have experienced a particular malady.

Compiled from illness histories of 24 households, 102 reported episodes in total.

Respondents reported the top five illnesses that people who lived within their households experienced as: colds, diarrhea, headaches, fevers, and body aches. From these data displayed in the above charts, we can note some interesting findings. First, the top three illnesses of colds, diarrhea, and fever are consistent. These are health problems, namely infectious diseases such as diarrhea and respiratory infections, that have been demonstrated to be more prevalent among impoverished populations (Kaler 2008; Nichter 1993). These common maladies are largely

preventable and reflect structural inequalities (Farmer 2004, 2005). In this sense, some of these common maladies are results of microparasites such as fungus, bacteria, and viruses. But at the same time they are resultant from what Brown (1987) calls “macroparasites,” referring to the effects of underlying cultural systems that function through maintaining inequality. In the context of Upper Napo, not having enough money and other resources to secure adequate housing, infrastructure, access to safe water, and enough and appropriate foods are exemplary of both micro- and macro-parasitism.

There are additional patterns that emerge from comparing these data sets. Second, it is telling to note that body aches were not freelisted as a malady that “exists” in Sindy. In that sense, in freelisting interviews, we can see that it was taken for granted. Throughout the fieldwork period, I witnessed numerous occasions when people would appeal to both biomedical and natural medicine techniques to relieve bodily aches and pains. A third point of interest is that *wayrashka* (or *mal viento* in Spanish) was reported as existing in Sindy via the freelists, but no one reported any household members suffering from *wayrashka* in the household illness histories. More research must be conducted into why this is, but one potential hypothesis could be that being sick is a form of communication. More specifically, people could be wary of “envy” (explained further below) and other political issues that might cause witchcraft, and it might therefore go under-reported for fear of being judged because they are seen as a target of witchcraft. A third interesting finding from juxtaposing results from these two interview techniques are that tuberculosis, measles, and malaria (all biomedical diseases) are freelisted as existing in Sindy, but no one reported their household members as having contracted these diseases. This may be an artifact of the Ministry of Public Health’s outreach campaigns that focus on prevention, treatment, and vaccination. Fourth, specific tragedies, such as motorcycle

accidents, drinking poison in a suicide attempt, and handling hazardous material while working, were not freelisted, but have been experienced by residents in respondents' households.

4.3 MEDICAL MATRICES IN UPPER NAPO

What actions do people take when trying to rectify maladies? This very question has concerned Medical Anthropologists for decades. To this end, social scientists have examined medical systems, each with their own forms of etiology, diagnostic criteria, therapeutic measures and experience, formalized interactions between patients and healers, and mechanisms to train new healers (Foster 1976). Extra attention has been placed on the health seeking process (Chrisman 1977) with choices between the popular, lay, and professional sectors (Kleinman 1980).

Increasingly around the world, medical “systems” are co-existing. In situations of increasing medical plurality, health-seekers often use a mix of strategies, rather than following a unilineal progression from “traditional” practices to allopathic biomedicine. Below, I will argue that medical pluralism ought to be re-thought not just as co-existing systems, but as intra-related and co-produced medical matrices.

Libbet Crandon-Malamud's study of Aymara communities in Kachitu, Bolivia was foundational to the study of medical pluralism in the Andes (1991). She argued that health-seekers were negotiating new identities through their choice of therapeutic action to address illness. Because their medical choices resulted in their ability to situate themselves within social and class hierarchies, Crandon-Malamud argued that therapeutic decision-making can be used to gain access to secondary, non-medical resources (such as success and legitimacy) beyond a healthful bodily state. Crandon-Malamud's research had inspired many scholars working on

issues related to health in the Andes. There was a tome dedicated in her honor, *Medical Pluralism in the Andes*, edited by Joan D. Koss-Chioino, Thomas Leatherman, and Christine Greenway, which featured diverse work on: a variety of specialists including *componedores* (Oths 2003), natural medicine marketers (Miles 2003), and shamans (Glass Coffin 2003); food and identity (Graham 2003); soul loss and identity (Greenway 2003); and much more.

Despite much inquiry into “medical pluralism” in Andean regions, similar research has not been carried out in the Amazonian regions of the very same nation-states. Instead, there is a laser-trained focus on “traditional medical experts,” such as shamans (Beyer 2009; Brown 1985; Hendricks 1993; Rubenstein 2002; Taussig 1987; Uzendoski 2005; Uzendoski and Calapucha-Tapuy 2012; Whitten 1985). Little research examines how shamanism is co-existent with other forms of medicine, biomedicine included. Much of the literature focuses on shamanism as a mystical healing system onto its own, without considering how it is co-produced alongside increasing biomedical presence.

At the same time, however, many anthropologists are analyzing how shamanism is dynamically shaped in a widening political sphere, asking what it means to practice shamanism in the age of indigenous social movements and tourism. Beth Conklin examines how shamans have risen to represent the epitome of what it means to be indigenous in Brazil (2002). Veronica Davidov echoes this by noting that shamans are seen as iconic of indigenous identity (2010), especially with the rise of entheogen tourism of *ayahuasca* ceremonies (Winkelman 2005). This type of analysis could fruitfully be applied to how shamanism is shaped in response to knowledge learned and practices gleaned from biomedicine. Beyond tourism, *ayahuasca* is touted as an option to treat substance-addicted patients in the Global North (Horák 2013; Mabit et al. 1996). If outsiders are appropriating “traditional medicines,” might it be that “traditional

medicines” are appropriating elements of biomedicine, too? Currently, there is too little research into how biomedicine and traditional medicine are influencing the practice of each.

In Amazonia, there has been an uptick in inquiry into how indigenous peoples encounter biomedical spaces. José Kelly (2011) discusses state healthcare and how Yanomami use it in Venezuela. Johanna Martin (2015) also examines Yanomami experiences at hospitals, and argues that the hospital is seen as a space antithetical to healing, citing the inappropriate food, disturbing scents, and uncomfortable temperatures. Spending time in biomedical hospitals for the Yanomami, then, is arguably producing more suffering than it is alleviating pain and relieving distress.

At a time when biomedicine is expanding its reach, there are concerted efforts to develop intercultural health policies in Latin America. Shamans and midwives tend to be the focus of ethnobotanical and scholarly work as well as policies aimed at integrating indigenous experts into intercultural programs. Indeed, there is a rising interest in how “traditional” medical practitioners, especially shamans and midwives, are navigating the complexities and power dynamics involved in integrative and intercultural health programs in institutional settings. Prominent examples exist within Ecuador including Jambi Huasi in Otavalo and Amupakin, a midwife center boasting intercultural care and vertical birthing, in Archidona.

At the same time, Amazonians who themselves are not specialized “traditional” experts like shamans or midwives are often presumed to be passive recipients of care rather than the dynamic therapeutic agents they are. Moreover, their therapeutic practices with biodynamic substances such as medicinal plants produce material outcomes in bodies and environments. For instance, there has been a demonstrated correlation of ethnobotanical knowledge and indices of child health (McDade et al. 2007). Given these prevailing patterns of inquiry, little work has

been conducted on how people in Upper Amazonia navigate multiple co-existing repertoires in order to manage health and illness in the quotidian spaces of everyday life.

Medical Anthropologists are not the only ones who create categories that separate systems into silos. Napo Runa, too, identify a number of recourses for healthcare, perceived as separate and isolated from one another. In practice, however, it is clear that they do not appeal to these artificially separated systems in orderly succession. Rather, not only are various elements from multiple medical matrices appealed to concurrently, they are also appealed to in such a way that ideas and matters are blended together in novel therapeutic actions. These acts of creative incorporation produce what I call below Enmeshed Therapeutic Ecologies.

Specifically, in our conversations Napo Runa research participants would distinguish between *llakta ambi* (“city medicine” meaning biomedicine) and *sacha ambi* (“forest medicine” meaning natural medicine) when discussing medical options in abstract terms. Kohn found that Ávila Runa made the same distinction between *sacha ambi* and *llakta ambi* in his work in the late 1980s. Through the course of fieldwork, I found that research respondents tend to tidy up their understanding of various medical matrices when discussing them in the abstract. A common way to do this is to say on the one hand there is biomedicine and on the other natural medicine. Aracely, an eighteen year old interviewee, summarized this position succinctly by stating that there are basically two choices when one gets sick: look for medicine “from the city or from a grandmother” (*del pueblo o de la abuelita*). Other interviewees described neat paths towards healing:

When I am sick, in the first place I search for *sacha ambi*. For each time I am sick. I go for eye pain, headaches, stomach pain, colds. First I search for that *sacha ambi*. From there, I do the same for the kids. And with that, if it doesn’t get better, then *llakta ambi*. We go to shamans. From there, each type I say. Like that. (Raul, 48 years old)

However, through observations and daily interactions with research participants, I found that the reality of managing health and illness is a bit messier, and also a bit more creative. People report that severely altered environments that they live and work in (as described in more detail in Chapter 7) have hurt their health and wellbeing. As such their healthscapes, “the subjective vision of a landscape’s medical resources and institutions, limited by cost and accessibility and shaped by the uneasy coexistence of Western and indigenous medical systems” (Gold and Clapp 2011, 93), are shifting. For instance, respondents report less time available to search for *sacha ambi* while at the same time they feel that more illnesses are imminent from a changing environment, increased sedentary lifestyles, and dietary shift. Below, I discuss the various medical matrices that Runa appeal to. Following these descriptions, I will problematize this tidy ordering of separate systems with impenetrable borders by recounting specific observations of mixed strategies that produce hybrid remedies.

4.3.1 “Shamanism”

Shamanism is at the forefront of the popular imagination when thinking about health in the Amazon. It is a term that comes from the Siberian context, and anthropologists have used this as a label to structure traits for cross-cultural comparison. The Shaman-Complex consists of the following components: a calling; an apprenticeship; psychosomatic changes that give vision or power; participation of the audience in the cure; and communication with spirits and humans, thus straddling the supernatural with the natural world. In the Upper Napo, the term for “shaman” is *yachak*. In Kichwa this means “the one who knows.”

In the Upper Amazon, there is a case to be made that shamans, or *yachaks*, are distinct from the “shamans” that were in the Siberian context over fifteen thousand years ago. As one ethnographer argues,

[R]ecent archaeological and genetic evidence suggests a much more ancient date for the arrival of humans in the Americas than had previously been assumed. Keeping this fact in mind, native Central and South American shamanism should be seen not as derivative of or secondary to ‘classic’ Asian shamanism, but rather parallel, largely independent, and equally ancient bodies of practices that have evolved and diversified in response to heterogeneous ecological, sociocultural, and historical conditions (Shepard 2004).

Indeed, the *montaña* is a place of environmental and social flux. The development of *yachaks* and their practices has emerged and changed in this context.

Yachaks do their work with the assistance of plant “teachers.” Both *ayahuasca* and *wanduj* are considered to be social agents that provide wisdom and knowledge about the world. Particularly through the use of the visionary plant concoction, *ayahuasca*, which is made of the pounded liana *Banisteriopsis caapi* boiled with leaves of one or more species of *Psychotria*, *yachaks* divine and heal for purposes of individual and social wellbeing. Muratorio provides further description about *yachaks* in the Upper Napo:

Among the Napo Runa, the *yachaj* are the principal specialists, the mediators between the social world and society. They can cure sicknesses, help to catch forest animals and fish, and defend or avenge other Runa whenever necessary. The *yachaj* come into close contact with supernatural powers, mostly by means of visions captured after drinking *ayahuasca*, and less regularly, *huanduj* (*datura*). They also rely on their own dreams, whose analysis and interpretation is practiced within the cultural group. The shamans obtain part of their power and knowledge from a hierarchy of spirits or *supais* contacted and invoked through these channels (Muratorio 1991, 213).



Figure 23: Vine and leaves needed to prepare *ayahuasca*.

The position of *yachaks* within the multiple healing systems in the Upper Napo is a complicated one. Given the upsurge in tourism and symbolism of shamans as political actors on the world stage, their roles are quickly shifting. My purpose here is not to comment on the rich and important scholarly work being done in these regards. Instead, I wish to turn to the research participants and their descriptions of what it is *yachaks* do and why they have consulted with them in matters of health and illness.

Some interviewees do hold cynical opinions about *yachaks*. Carmen, for instance, shared her memories of growing up outside of Coca in Orellana Province. She said that decades ago when she was a child, she remembers people from the *awa llakta* (the highlands, mostly referring to cities like Quito, Ambato, and Cuenca) would make the journey to purchase good luck (*suerte*) from *yachaks*. In addition to some being considered quacks, on a very basic level *yachaks* are “ambiguous figures” (Kohn 1992, 32) precisely because they are known to both cause harm (*nanay shitanun*—throw witchcraft; *ungui kachamunun*—send sicknesses) and to heal (*allichina*).

During interviews, I asked participants to explain to me the ways in which *yachaks* do their work. First of all, when it comes to *yachaks* interviewees note that they are appealed to “not for no reason” (*mana yanga*). This means that the sorts of illnesses that *yachaks* are able to treat were intended by other people to cause harm. As one interviewee explains further,

There are *yachaks* for when we have anger among ourselves (*nukanchi runapura*). They send *wañui* (death, illnesses). Those *yachaks* drink *ayahuasca* to see. They wash (*maillana*) or sweep (*pichana*) to make people better (*alliyangawa runa*). They want the illness to run away, so for that reason they sweep the body with leaves. They blow on top of the head to scare away the tiredness that has become. They scare away the tiredness, for that reason they blow on the head. (Nadia, 33 years old)

As Nadia mentions, *yachaks* drink *ayahuasca* in order “to see” (*rikungawa*). In this way, *yachaks* are not clairvoyant as they only are able to know what is currently happening or what has already transpired.

After drinking *ayahuasca*, *yachaks* enact a number of practices. They sing (*takina*) and use a fan made of leaves that when shaken produces a rattling sound. In an effort to extract the illness (*ungui*, *nanay*), the *yachak* sucks out (*tsungana*, *chupana*) the intruding element, such as a “spirit dart” (Whitten 1976, 154), from the affected area. Then, the *yachak* coughs and spits it away from the affected body. Bruno, the son of a *yachak* in Sindy who frequently accompanies his father on house visits says that after the illness has been sucked out, the *yachak* must use a fan (*wairachina*) made of particular kinds of leaves (*suru panga*) to “hit the wind to sweep away the illness, to send it outside.”

To strengthen the body after the unwanted element has been extracted, there are a number of actions that take place. The *yachak* frequently blows on the top of the head of the care-seeker. Elsa (67 years old) explains to me that “they blow on the head to revive *samay*, to give life back [to the person].” Bartolo echoes this sentiment by noting:

They put *samay* in the head. In Spanish they would say “to protect from bad spirits.” They put strength back in. (Bartolo, 43 years old)

Interviewees also make clear that not all *yachaks* are the same. Diana, for one, notes how *yachaks* are medical specialists, each with their own expertise. She says,

Yachaks, those shamans. They have a vision. They see the present and the past. There are those types. They send illnesses. We say there are different types of shamans. It is like a specialization. You are a linguist, but someone else is a mathematician, another is a chemist, and another person is whatever. Every shaman has his (or her) specialty. And like a specialization, if a linguist comes to ask me a question, for example, I’m not a linguist, I can’t give the right response. I say, no, I can’t because I am a mathematician and so you should go see him, he knows how to cure. So, among themselves the *yachaks* know where they can send people to be served, to be cured. (Diana, 46 years old)

The reasons people appeal to *yachaks* are diverse. Typically it is due to an unfortunate event followed by a subsequent desire to cleanse a home. Examples I witnessed during the fieldwork period include a young woman who saw a diabolical image on her cellphone and asked for a cleansing of her entire house. In a more serious case, a young woman had taken rat poison in an attempt to end her life. She survived, but her mother describes how after trying multiple forms of biomedicine, she finally appealed to a *yachak*. She says,

Before, I used to not believe in it [*yachaks*] myself. It is for nothing (*yanga*), I said. They steal money for no reason. But now with having my sick daughter, I tried so much *llakta ambi* (city medicine) and it didn’t work. So I tried *runa* medicine. I began *runa* medicine. With the *runa* type of medicine, she definitely got better. She can get up, she can stand, my daughter. Before, they put in a plastic IV, that type of thing. Now she can walk, she is becoming a walker. (Manuela, 40 years old)

Two other examples I witnessed with *yachaks* operating in Sindy had to deal with a recent death. The place in which the deceased man had passed away as well as his home were visited and swept clean by a *yachak*. The other times I directly witnessed or heard about house calls from *yachaks* involved physical illness and bodily distress.

I had accompanied Bartolo during his visit from a *yachak* to address a debilitating bout of stomach upset. Cristina had invited me to come along. When we arrived at Bartolo's house, Cristina made a comment to his wife, Diana, that it seemed like he was "always getting sick." Diana agreed and showed us into the bedroom where Bartolo was lying on the bed. The *yachak* was assisted by his son Bruno who would fetch various supplies such as the *ayahuasca* or cigarettes and a lighter. While the *yachak* was extracting the illness through sucking and coughing it up and spitting it out an open window, six of us guests were assembled around the bed on benches. The mood of the room was light, with a lot of joking. In between jokes, we would glance at the TV on Bartolo's dresser to catch the score in the Spurs basketball game.

A week after this event, I went to visit with Diana and to see how Bartolo was feeling. I asked Diana about Cristina's comment about her husband's frequent illnesses. She nodded in response, and then offered this as an explanation:

From this, there are too many problems that exist. They put *nanay* (witchcraft). From that. Nora, look, Norita, look you've seen each and every house [in Sindy]? They don't have a bed, a sofa, they don't have all of these things, clothes, a stove. They don't have all of this stuff, so they put envy (*envidia*) on us. It is because I say even me as a woman I earn money. My husband also earns money. My son studies, my *kachun* (daughter-in-law) also studies at university. So every time I have a new little thing I bought, they see it and they put a lot of illnesses towards us. They send so many illnesses. And I say, how many things do the *colonos* have? And who says anything to them? Who is fucking them over? Among ourselves, we are eating each other up. But as for them [*colonos*] who comments to them? Who does anything to them? And for this reason, they are laughing with their millions in silver. How many floors in their houses are there? They have everything. But if I buy just a little barrette, they're asking me to borrow it. If you have more things, they make more problems for you (*mas imara chariyuj mas problemas rurannun*). (Diana, 46 years old)

Yachaks may be "ambiguous figures" in that they have the ability to both inflict harm and relieve it. But, those who seek *yachaks* are also communicating something about themselves in their therapeutic actions, as Diana's comment above alludes to. In both sickness and in the quest to

return to health, communication takes place. In Chapter 6, I discuss in further detail the “idioms of defiance” people launch through therapeutic action with *sacha ambi* (“forest medicine”). *Sacha ambi* is the next medical realm that I turn to.

4.3.2 Sacha Ambi: “Natural Medicine”

This category translates as “forest medicine” (*sacha ambi*) in a literal sense, but in actuality it refers to quite a broad range of remedies derived from the leaves, seeds, fruits, flowers, barks, berries, sap, and roots of a large variety of medicinal plants found in the forest proper and elsewhere. I will only briefly describe *sacha ambi* here because it is the central subject of Chapter 6, in which I discuss the rationale of strengthening the body through forest medicines.

When it comes to forest trees (*sacha yura*), participants frequently make note of the infrequency and happenstance of finding species. This has an ecological basis: endemism is high in the Upper Amazon, and species are found only within certain delimited areas rather than having a cosmopolitan distribution. Cesar, for example, explained to me “if you can find it, then you can cook it to drink.” This spirit of taking advantage of an opportunity should you encounter it can be extrapolated to Runa engagements with outsiders too, as I describe with the phrase “*apichinchu?*” (“shall we grab it”) above in the context of interacting with outsiders.

Other types of *sacha ambi* are collected from riverbanks (variously referred to as *pamba*-flat ground or clearing or *isla*--floodplain). This area has rich alluvial soil with second growth and early sequence plants that are cleared often by flood or agriculture.



Figure 24: Flood damage to agroecological field.

Manioc in the *chagra* left to lie horizontally.

Many of the plants used as food and grown in agroecological fields (*chagras*) are also used medicinally. Indeed, a lot of research has shown the pharmacodynamic constituents of food substances (Etkin 1988, 2001, 2009; Dufour and Wilson 1994, 127). Along the riverbanks and in the floodplain is where soft woods (*api yura*) grow, as opposed to the hardwoods (*shinzhi yura*) of the *sacha* (old growth forest located on higher ground away from major rivers). Plants may also be found only a few steps from home, rather than minutes-long walk to the river or hours-long hike to the forest. Many species of plants are encouraged to grow closer to the home through intentional cultivation (*tarpushka*—planted) in doorstep gardens (*wasi pungui*).



Figure 25: A medicinal garden planted alongside the home.

This is strategic, as Nadia explains:

We have everything like this planted right by the house (*wasi pungui*—“at the door of house”). And with these whatever illness quickly becomes (*tukujpi*), we drink it since it is planted right here we already have it. We can drink it in a hurry (*uktalla*) if our body hurts, or if we have a cold, or if *wañui* has been sent to us (indicating witchcraft). (Nadia, 33 years old)

Of course, those who use *sacha ambi*, who were recently ill themselves or who have recently cared for another person, are more familiar with what is growing near the house. During one interview with Carmen, we were outside of her house inventorying the plants that were there at that given moment. Carmen seemed to not be certain where exactly some of the plants were located. As we were rooting around the yard, Carmen’s daughter shouted at us from the window a story above. She directed us along, pointing out key medicinal plants she has used recently on her newborn.

In the center of the community in Sindy, next to the nursery, there are plants considered to be critical for ethnomedical practice that are cultivated in a demonstration garden (*jardín*). After one of our forest hikes, Josefina wanted to show me around the small *jardín* to see what

was planted there. She had never before taken the time to rummage around in the *jardín* and she said she had newfound curiosity and a desire to compare it with her own doorstep garden to see whether there were any rarer species from the forest that had been transplanted. After looking around for a few moments, her husband José shared his opinion that it wasn't organized very well, saying “mana organizashka.” However, we did find a number of plants that were commonly planted in doorstep gardens (*wasi pungui*).



Figure 26: Plaque in the demonstration garden in Sindy.

These various plants are frequently and dependably put to use to counter common colds, fever, diarrhea, chest pain, wounds, or muscle aches. In addition to these familiar plants, there were other plants within the demonstration garden that puzzled José and Josefina. Turning over leaves, Josefina said, “I don’t know what this is, I’m not familiar with it.” José offered, “maybe it is an ornamental, since it has flowers?”

In the next chapter, I discuss the importance of *becoming familiar (riksina)* with various plant species to create remedies. I argue that ethnomedical knowledge is not ready-made, but built through practical engagements with knowledgeable people and enacting therapeutic endeavors. In this way, *riksina* is a process of dynamic, context-specific learning based on experience. Although in this instance José and Josefina were not familiar with the plants in the

demonstration garden, presumably the person who planted them there was. Ethnomedical knowledge and practice is not evenly distributed and there is variation among individuals in Sindy.

Other medicinal plants aren't cultivated, yet they can be found near the home. Weedy species (Kawa 2016) can opportunistically thrive in disturbed areas near the roadside or in agroforestry fields. When participants refer to *sacha ambi* they are using it to mean “natural medicine” in a way that does not strictly refer to plants found only in the forest. For instance, Runa and non-Runa alike in Napo say that *chonta kuru*, grubs that live within various palm species, are not only delicious to eat but they are also medicinally important for relieving bronchitis. These larvae species have been documented for various medical uses, particularly focused on “severe chest complaints” (DeWalt et al. 1999, 243)



Figure 27: Palm grub (*chonta kuru*).

(Photo by A. Mrkva)

Research participants explain that remedies are prepared in ways so as to redistribute *samay*, with the ultimate aim of strengthening the body and thus fortifying against illnesses. Some preparation techniques of *sacha ambi* include: fans made with aromatic leaves to sweep

the body, aromatic vapor baths, poultices, tinctures, teas, condensed liquids that are squeezed into wounds or orifices or eyes, and nasal snuff. Moreover, many participants described complex concoctions they would make, each containing multiple plants within one recipe. Even with *ayahuasca*, as used by *yachaks* described above, there would be no hallucinogenic effects without the potentiating companion plant. These concoctions and their synergistic effects are a testament to complex knowledge and practice in therapeutic ecologies.

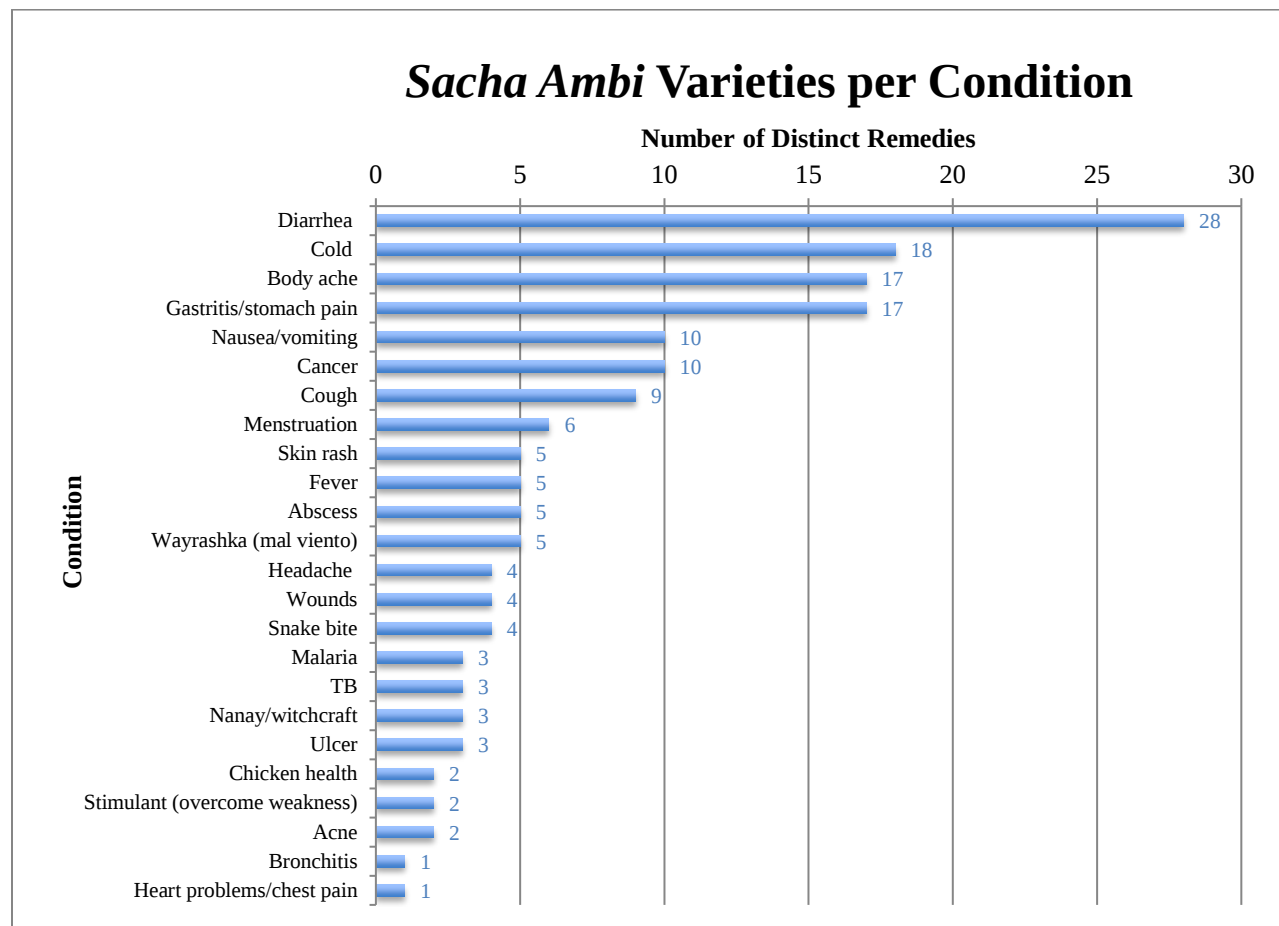


Figure 28: Natural Medicine remedies per condition.

There are the most *sacha ambi* varieties available to address the top illnesses experienced in Sindy.

In Figure 28, we see that there are multiple *sacha ambi* remedies for each kind of illness experienced in Sindy. Moreover the top illnesses, measured through freelisting and history

interviews, of diarrhea, colds, body aches, and stomach pain have the most *sacha ambi* options available. This speaks to the importance of *sacha ambi*'s effectiveness on shifting bodily states. The chief complaints within the community are the ones that *sacha ambi* addresses.



Figure 29: Medicinal sap from a frequently used tree.

A heavily-relied upon tree planted near the home whose sap is appealed to for a variety of conditions including healing wounds, easing body aches, ameliorating colds, and helping settle upset stomachs.

People in Sindy demonstrate complex knowledge about *sacha ambi*, and this has direct consequences with the ability to give adequate and appropriate care when maladies arise. Carmen explains,

As for me, I am not forgetting. I have it planted in my head (*ñuka umai tarpushka charini*). And so being, the children will live. If it wasn't that way [not having this knowledge], then the children would die. (Carmen, 40 years old)

Carmen considers the consequences of her ethnomedical knowledge to be life-giving and life-sustaining. She locates the survival of her children and their thriving, their living healthfully, as being related to her familiarity with *sacha ambi*. But Carmen's comment also alludes to something else: her fear that her children are not becoming familiar (*riksina*) with *sacha ambi*.

As I describe below, many Runa are engaging with biomedical care services, and I analyze their responses to these engagements and how they see it bearing on medicinal plant use.

4.3.3 Llakta Ambi: Biomedicine

“Town medicine” (*llakta ambi*) is what Runa designate as various types of “non-traditional” medicine that can be found and purchased in Tena, the provincial capital. Ecuador’s 2008 Constitution declares that access to health care is a human right. As such, the state’s administration of biomedicine has expanded with increased availability of services in peri-urban and rural areas, as well. Under this categorical umbrella of *llakta ambi* are many biomedical services ranging from rural clinics (*subcentros de salud*) to pharmacies to public and private hospitals. In addition, the Ministry of Public Health (MSP) offers programs to deliver health services to peripheral communities in rural locales. International medical brigades and “service trips” such as the one described at the top of this chapter also are considered to be *llakta ambi*. Biomedicine is becoming more accessible than ever in Ecuador. Since 2007, the MSP reports scores of new health centers and hospitals throughout the country, all providing services for free.

During the course of fieldwork for this study, I visited and interviewed healthcare personnel in five *subcentros de salud* (clinics) in Napo Province. At these various clinics there were multiple campaigns they were running to provide information on: tuberculosis, breastfeeding, nutrition, vaccination, parasites, and malaria. These rural outposts are staffed by urban professionals trained at institutions such as Central University in Quito or in Havana, Cuba. One doctor who recently accepted a position at a rural clinic in Napo Province described to me that he had to pull down dusty books from a shelf to research snake bites because he was

not terribly familiar with this prevalent problem. Many professionals who staff these clinics are also itinerant, only staying for their “service year” in an underserved population (*año rural*).

While I was living in Sindy, a new clinic had recently opened up slightly upriver. This cut the former commute to the clinic in Puerto Napo in half, saving on travel time and bus fare. While conducting interviews centered on household illness histories, a certain picture of the *subcentros* emerged. Specifically, research participants describe *subcentros* as places designed to help sick children. Carmen explains,

They can take the children to the *subcentros*. They give medication as help to the children. Send them there, they say. They give [medicine, care] to the children to make them better. That’s fine. That’s good. It is good to help the children by going to the *subcentro*. To make sure they are revived (*kawsarina*). This is the help that the President [Rafael Correa] has put in place. Me, however, I don’t go. I’m already old, and so I don’t go. Instead of going to the *subcentro* the other day, I just put some *ajiringri* [ginger up the nose], and it’s already over. (Carmen, 40 years old)

One service considered to be indispensable is odontology. For example, Bruno explained to me that *sacha ambi* is helpful for healing kids when they have colds or diarrhea, but one must go to the *subcentro* for proper dental care, which in his view is increasingly needed given the shift in children’s diets. As mentioned at the opening of this chapter, many of the residents of Sindy had attended the medical brigade with hopes of receiving dental care, which, unfortunately, was an unmet local need that wasn’t inquired into before the medical brigade’s arrival.

The young, 26-year old Quito-trained doctor stationed at the new *subcentro* explained that the kinds of problems he attends to are mostly “worries of mothers for their babies.” This corroborates with Carmen’s statement above about how the impetus for going to the *subcentro* often centers around the health of children. The doctor said that he attends both *mestizo* and *Kichwa* patients, quickly adding that even though he himself doesn’t speak Kichwa, his two assistants do and they translate for him.



Figure 30: Biomedical clinic.

This *subcentro de salud* recently opened up three communities upriver from Sindy.

I asked the doctor what he saw as the primary issues facing people in the communities he serves. He suggested that they needed purified water and better-prepared food. I also asked him whether his patients use any household remedies. He responded,

Here most people utilize lots of household remedies. They know how to use, for example, what's it called? *Chugriyuyu*. They put it on wounds. It has a small amount of antibiotics. (Medical Doctor, *subcentro de salud*)

This was the extent of his knowledge of the vast corpus of *sacha ambi*. But it does speak to the kinds of issues he attends to in the clinic, namely wounds that have been first staunched with *chugriyuyu*. In the case of adults, as Carmen mentions above, most people use *sacha ambi* for common colds or stomach problems.

Research respondents generally agree that the medicines the *subcentro* offers are weak, a point I discuss at length in Chapter 6. This sentiment is expressed by Manuela who says,

If you go to the *subcentro*, it is for nothing. Nothing. It doesn't make it better. It is tired-making (*sambayachin*) medicine. It makes you tired in my view. It is not good medicine. (Manuela, 40 years old)

As I describe above, in matters of health and illness, tiredness (*samba*) and weakness are to be avoided. Strong medicine makes strong bodies. Interviewees directly stated that they preferred to buy medicine from pharmacies rather than taking what the *subcentro* doles out.

You're better off buying in the pharmacy. On the other hand, the hospital and the clinics give it for free. But you have to have patience for that, all the waiting. (Francisca, 24 years old)

[The medicines from the subcentro] do not cure. On the other hand, if you buy *llakta ambi* from the pharmacy, those definitely make you better. (Vicente, 32 years old)

This creates a dilemma in which people are able to obtain medicines without prescriptions from clinics that might cause them harm. In a step towards averting deleterious consequences, biomedical care providers would do well to take into account local understandings of how health and illness affect the body and the recourses Napo Runa may take concurrently. In order to provide better, more appropriate care, seeing the targeted beneficiaries as therapeutic agents, rather than passive recipients and docile patients, is key.

4.3.4 Specialists and Entrepreneurs

Although the research participants themselves crafted a dichotomy between city (*llakta*) and forest (*sacha*) medicine, I observed a number of options they made use of in their daily lives that fell outside the boundaries of this restrictive schema. Below, I will briefly describe what these alternative options entail. I begin by discussing medical specialists, who are not *yachaks*. Then, I describe some entrepreneurs, both Runa and non-Runa, who are creating and marketing medicine and phytonutraceuticals.

Midwives are integral to health in Kichwa communities. Although, this is changing rapidly as more women are going to hospitals to give birth. And increasingly the births that are taking place in hospitals are through Cesarean sections. The MSP reports that 35% of births in Ecuador were by C-section in 2014, which far exceeds the World Health Organization's recommendation of a rate of 15% of newborns to be delivered by this method (Ortiz-Prado et al. 2017).

In Sindy there is one midwife, named Ruth. Over the decades, she has helped over twenty women during multiple births each in Sindy and three additional communities. Her daughter-in-law (*kachun*) Cristina told me that she had given birth to her four kids, the youngest of whom was four years old at the time of the field research, with Ruth by her side. All of the births had taken place in Cristina's own home. Since the fieldwork for this study has concluded, Cristina has given birth to a new son. This time, for the first time, it had taken place in a hospital.

Ruth is of some renown as a midwife within Kichwa communities and evidently beyond, too. One day I encountered an official from the MSP walking along the road looking for Ruth to extend an invitation for an interview in accordance with their outreach to "traditional medical specialists" in the area. As with *yachaks* in Upper Napo, Midwives are being invited to participate in programs seeking to deliver intercultural care. For instance, Amupakin is an association of women midwives in the Upper Napo. They state as their mission:

The principal objective of AMUPAKIN is to strengthen ancestral medicine in Amazonian Ecuador. Through our services, we apply traditional knowledge to provide health services and revalorize Kichwa culture for our communities, other parts of the country, and the world. We specialize in sharing our experiences and ancestral wisdom with others, including adults and children, people from Ecuador and abroad. (AMUPAKIN website).

In this way, AMUPAKIN, and other intercultural services in Ecuador as well, are outwardly-focused in that they seek to incorporate the support and resources of non-Kichwa people within Ecuador and further afield.

Other types of specialists cannot be trained, as their “medical specialty” is considered to be finite, singularly held by the person it was selectively given to. I refer specifically to *pajuyuk*. This *paju* is said to remain with the practitioner until they pass it on. In this way, it would be impossible to scale up this sort of embodied expertise in an institutionalized setting. Michael Uzendoski writes about *paju* as a skill for growing manioc, akin to a “green thumb,” and describes how it is transmitted:

Women receive various *paju*, or special magical powers. Above all, women pass on to their daughters, nieces, and granddaughters ‘lumu paju’ (manioc power), which stimulates manioc to grow abundantly in the gardens. The *paju* is transferred in a very informal ritual, so that the power passes into the recipient’s body. The recipient tugs on the donor’s fingers until the joints crack, signaling the transference of energy. The donor then spiritually ‘cleanses’ the recipient and passes her breath by blowing on top of the recipient’s head. This practice allows the younger generation to acquire feminine spiritual substance that makes them strong and wise (Uzendoski 2005, 42-43).

In Uzendoski’s account *paju* is finite and passed on in a prescribed manner. He writes of *paju* as a gendered and embodied skill. In my own fieldwork, a number of participants professed to have an extraordinary ability to grow manioc well, *lumu paju*. In addition, while in Sindy I observed that *paju* was also used therapeutically.

Preeminent ethnographers describe *paju* as it relates to medicine and healing in vague terms. Norman Whitten refers to *paju* as a “mystical danger” (1976, 144). Blanca Muratorio also notes that *paju* is a sickness, describing it through Rukuyaya Alonso’s words as “a danger we don’t know where it is coming from” (Muratorio 1991, 193). In my own field research, I observed a particularly interesting incidence of *paju*. One woman told me that she was convinced

that her brother who had been visiting from out of town over the weekend had taken away her husband's *paju*. When I asked her to explain what she meant, she said that her husband no longer drinks heavily and is no longer mean and violent. On the other hand, her younger brother has picked up these habits. In this way, *paju* can refer to personal traits or actions, specifically undesirable behavior, but it still carries the sense of being finite, remaining with only the person in possession of it at any given time.

It is more often the case that *paju* refers to the ability to “see” and heal a mysterious illness. There is a paucity of research about Upper Napo Kichwa *pajuyuk* medical specialists. Kohn in his study of Runa “medical culture” only described *pajuyuk* as a “medical specialist” without delving into further detail (1992). In Sindy, I find that *pajuyuk* are key medical specialists who are appealed to and depended upon in times of shifting bodily states, from *kawsana* to *wañuna*.

Pajuyuk are medical specialists who possess the diagnostic ability to “see” illness within the body. Cesar explains the collection of *paju* that his wife, Marisol, has:

Marisol got her *paju* from her grandmother and grandfather. From them, she has gotten each type of *paju*. She can sweep away illnesses from people. It has been lent to her after she paid for it, she has it now. And in Capirona there was a lady (*señora*) who stood and said she wanted to cross her *paju* over. And so being, that lady was looking for someone to give it to. Doing it that way, bringing money (*kulki*) giving money, Marisol said she wanted the *paju*. Lend it to me, she said. She said that she wanted it to cross over (*chimbachin*). And so being, she massaged Marisol's hands. She said if you want to have it, you can buy it. She has a lot of *paju*. From wind, she can sweep the wind. She can sweep with eggs. She can sweep with candle flames to see. She can see whatever it is that people (*runa*) made that is bad. She can sweep with a candle flame. If it sparks sparks sparks (*punzhan*, *punzhan*, *punzhan*) but doesn't burn, with that she can see that the person is not well. On the other hand, if the person is good (not sick), then she can sweep with the candle and they feel the burn well (*sumaklla sintirin*). Nothing will become of it. Same thing with eggs. A good person is swept and the entire egg won't be damaged. If the egg becomes damaged (*wagli api tukushkai*) while being swept with it, if it becomes rotten (*ishmushka*), the person is not good. From there, there might be a problem (*llaki*) inside the body. Whatever is inside

or outside of the body, if there is a tumor, she can sweep it and it will disappear. She massages with herbs and it becomes better, it won't become damaged. (Cesar, 48 years old)

Cesar's account describes in detail how Marisol's variety of *paju* operate. I wish to draw specific attention to how it is acquired. What Cesar explains diverges a bit from Uzendoski's account. Uzendoski's description emphasizes a "younger generation" that seeks out "feminine spiritual substance." Carmen, for instance, shares a less romantic understanding of how *paju* is transferred from person to person:

They can put *paju* in your hand. You can look far for it. If an elder is dead, where will that person's *paju* go? You can ask them to give you the *paju*, lend it to me saying, I'll give you two dollars or one dollar, I'll pay and bring it back with me. Then I will become *pajuyuk*. (Carmen, 40 years old)

In Cesar's description above, he shows that even a middle-aged woman can appeal to not only relatives, like Marisol's grandparents from whom she received *paju*, but also from other social ties, like the woman in Capirona. This is significant because, I argue, that it demonstrates that reaching out to others, through the careful crafting of social ties, makes one more *capable*, makes one more therapeutically enabled to handle hardships through the pursuit of knowledge and practice. In the following chapter, I argue that the paths that people take to "become familiar" (*riksina*) are strengthening a community that is undergoing rapid and vast environmental change that brings with it health repercussions. In the case of Marisol's collection of *paju*, we see that she is strengthening her healing repertoire by reaching out through building relationships with others.

As for the next destination of Marisol's *paju*, I asked Cristina whether she knew if Marisol had plans to teach her own children the skills she has from *paju*. Cristina clarified,

making sure I understood that with *paju* it isn't like "school knowledge" that can be widely shared, but it is instead an embodied practice that once passed on will be gone from the body.

She has *paju* from her fingernails (*sillumanda*). In the fingers of her hand, they say. Marisol has walked with a lot of elders, to see. Like that she has come to know (*yachan*). She knows so much from walking with lots of shamans...She needs to get older. Once she is older. She is still young (*malta*). Maybe when she is older, when it is her time to die (*wañuna uras*), she will give it to whoever young person is around saying they want to catch it. She makes illnesses better, they say. When she is tired of it, she will pass it on, when she is older. Not at this very moment, she is not giving it away right now. What, do you want the *paju* (laughs)? (Cristina, 28 years old)

In addition to the medical specialists of *pajuyuk* and midwives, there are also a burgeoning set of options for people to purchase "natural medicine." People in Sindy are more frequently purchasing what they consider to be varying degrees of "*sacha ambi*" both in stores and from community-residents. An obvious place from which to purchase "natural medicine" is one of the many natural medicine stores within Tena. Ann Miles has studied entrepreneurs that sell similar medicines such as Korean ginseng, American vitamins, Chinese herbs, and Amazonian roots in the highland town of Cuenca, Ecuador (1998). Figure 31 shows an example of a natural medicine shop advertised on a billboard on the road leading into Tena. To the right of this billboard, I have displayed a photograph of a natural medicine ointment that one interviewee living in Sindy had in her home. This product boasts of natural ingredients, while also cashing in on the cachet of the derogatory term "Indio," used as a signifier here as being "closer to nature." In addition to these formal stores devoted to selling natural medicine products, one can purchase raw, unprocessed *sacha ambi* such as *sangre de drago* or *uña de gato* in the central market in Tena.



Figure 31: Commodified Natural Medicine available for purchase.

On the left, a sign advertising for a natural medicine store. On the right, balm “of the Indian” from a research participant’s home medicine cabinet. Using a variety of plants, this product purports to be an analgesic, antirheumatic, antiinflammatory, and muscle relaxant.

There are also mobile entrepreneurs. While traveling to and from Tena to Sindy, one might encounter a man also boarding the bus with a bag slung on his shoulder holding boxes of commoditized natural medicine remedies and a binder in his hands. I once shared a bus ride with him while he was selling ginseng, shouting loudly above the banter of the passengers. He illustrated his points by flipping open the binder to show vivid images of cancerous tumors and medical illustrations of an unhealthy prostate. This seller of ginseng said his product was purported to heal specific conditions such as inflammation, vitamin deficiencies, diabetes, and cancer. And if you’re not sick at the moment, there are additional benefits to be had such as purifying the body and raising energy. After these detailed descriptions, he appealed to those looking for a bargain: “Two dollars might seem like a lot, but it is cheaper than getting cancer. This is a product recommended by a doctor. It is scientifically proven!” The ginseng is sold in

lozenge form, but he did not forget to bring along a prop root to reassure everyone that it did indeed come from a natural substance.

One needn't go to town or ride a bus to find natural medicine for sale, however. In Sindy, a new kind of medical specialist is emerging. Realizing there is a demand by community members to have *sacha ambi*, at a time when the community members are pressed for time and unable to acquire and prepare the remedies themselves, Benecio has filled the gap. Benecio has taken to find, prepare, and sell various kinds of *sacha ambi* for all sorts of common maladies in Sindy. He sells the concoctions at an affordable price, too. Most one-liter bottles are available for only two or three dollars.

Benecio is a specialist who is also not originally from Sindy. He has married into the community, as such he is a *masha* (brother-in-law). In the next chapter I describe how affines are re-infusing the rapidly changing Sindy with ethnomedical knowledge and practice, and Benecio's remedies illustrates this point. Benecio's brother-in-law describes the medicines his *masha* prepares:

He makes each type of *sacha ambi*. He sells it. He prepares every type, for diarrhea they say. They take whatever pounded leaves and give it to people with colds. That's what we say, you cook it, prepare it, and it is good medicine. It helps to take out the illness. To sell it, to drink it. [N: How much does it cost?] Sometimes it depends, \$2.50, \$3.00 and you could have it. My *masha* prepares that sort of thing. (Bruno, 38 years old)

However, this creative solution to fill a gap, the felt need of procuring *sacha ambi*, is undermined by the very precarity that it was preempted by. After a few months of preparing *sacha ambi*, Benecio stumbled upon an opportunity that allowed him to work and earn an income in the city. His wife explains:

At the moment, he doesn't walk around with free time. He does not have the time. He works so much. He comes home when it is getting dark. He can't do it. He has a month-long contract to work in the city. (Lucia, 48 years old)

Above I have outlined the distinctions that research participants make in the options available to them in times of need when illness strikes, including: shamanism, city medicine, and forest medicine. I added to this description my own observations concerning specialists and entrepreneurs who are also appealed to, although in ways that are not reflected upon in the abstract, by research participants. It is important to note that rather than being truly separate, these "categories" as delineated above are often appealed to concurrently and what emerges are hybrid remedies and tactics of action. In interviews centered on illness and health-seeking behavior histories, mixed strategies from multiple medical repertoires predominated. Some interviewees acknowledge this blending:

We drink both together [*sacha ambi* and *llakta ambi*]. Half and half. (Pricila, 27 years old)

Other interviewees remain adamant in their reluctance to try *llakta ambi*, saving it only for serious issues after other recourses have been tried. For instance,

When I become just a little bit sick, just a little bit sick, I take a little medicine, taken from some forest tree. I take it and I judge if I can. The medicine takes it [the illness] out, it takes it out if I drink it, I rub it on myself, but that's only if it is not serious illness (*ansashkai*). Now, if it is a lot of sickness, then first I still don't go to the hospital. I do not go at this point. If I am really sick, then I go to a *chamán* to see what kind of problem I have. With that, if the shaman says I am not able to make you better then I go to the "*llakta ambi*." Then I will buy medicine, or I will go to the hospital, or I will go to the *subcentro de salud*. This medicine, this medicine, this medicine, this medicine. Putting them all together, then I will become better. Doing it that way, I say I always first do a little forest medicine. If I can't do it, then I call a shaman. If the shaman can't help, then I go to the hospital. As the third option, I go to the hospital (*tercero lugar na rini na hospitalma*). (Diana, 46 years old)

Diana's description above is about the administration of self-care with a seemingly orderly trajectory. Below, I consider the departures in what Napo Runa say they do and what they *actually do* by describing specific examples of how they actively mesh together material and ideational resources from multiple medical networks. Therapeutic matters and meanings are imbricated in one another and co-emergent in therapeutic ecologies.

4.4 ENMESHED THERAPEUTIC ECOLOGIES

4.4.1 Problematizing Medical Pluralism

The standard approach to medical pluralism is captured here:

In practice, healing traditions have come to be *pluralistic*, meaning that elements of one may be incorporated into another, or that individuals in a society may seek out healers from various traditions in their quest for health (Wiley and Allen 2009, 28).

In contemporary times for Napo Runa, medical options are proliferating. Above I delineated a number of the contemporary selections they may choose from. It is no question that Runa mix and match strategies to produce the health outcomes that make sense to them. In an interview with a Spanish Franciscan priest who has been a medical doctor in a mission hospital in eastern Ecuador for many decades, Knipper and Dannhardt show how it has long been known by medical professionals that biomedicine does not simply supplant local knowledge and practice.

Dr. Manuel Amanárriz explains it this way:

I have had patients who first come to me and then go to a *yachak* for treatment. On other occasions, they first went to a *yachak* and then came to the hospital afterwards (Knipper and Dannhardt 2009, 206; my translation).

There seems to be no singular trajectory to reaching a healthy status. However, below I will demonstrate that matter and meaning, ideas and materials both, are intra-related and co-emerge to produce new forms of therapeutic action. Rather than mixing in elements and seeking the advice of multiple healers from many given sectors, I argue that these pieces don't just co-exist and can be re-arranged into modular formulations, but that through the therapeutic action of Napo Runa novel forms of remedies emerge. The ideas and materials that comprise the remedies don't just co-exist, they *co-become*.

Enmeshed Therapeutic Ecologies, rather than medical pluralism, is a lens through which we can view how knowledge, practice, expertise, and maladies take shape. Biomedicine and Natural Medicine are not bounded off from one other; they are not walled off as discrete units. Instead they are enmeshed, dynamically linked. As social scientists, we can view these connections by documenting therapeutic action and collecting therapeutic narratives. Having this information concerning therapeutic practices on the ground will enable biomedical caregivers, perhaps unfamiliar with the therapeutic action of the communities they serve that goes on out of their view, to give more adequate and appropriate care.

This is important, because Napo Runa are increasingly using biomedical services. Interviewees describe some of the factors they weigh when deciding courses of therapeutic action for their children.

When my daughter says I am sick, I have caught a fever. She says, *mamita* take me to the *subcentro*, lead me there, she says. (Lucia, 48 years old)

My daughter she does not want *sacha ambi*. She means to only drink *llakta ambi*. When my son is lying down dying from a cold, I say let's go to the clinic. Let's go! He doesn't want to go. My daughter does want to go to the clinic. (Katrina, 32 years old)

Lucia's and Katrina's comments suggest that mothers in their care-giving activities take into account the preferences of each child when they fall ill. There are differences among the children within one family, making it yet another task to keep track of what each child desires. Within one household, there might be reserved antibiotics given to children from the *subcentro* as well as prepared bitter medicine from the bark of hardwood species found in the forest.

Other parents acknowledge that they notice a stark difference between their own children's imbibing of *sacha ambi* and their memories of being given it as a kid. For instance,

The truth is, they don't drink a lot of *sacha ambi* these days. Only using whatever *llakta ambi* there is. They don't want the bitter, they say. (Jose, 40 years old)

The bodily sensation of bitterness as an integral component of what constitutes medicine, *ambi*, is discussed at length in Chapter 7, so I won't go into detail presently. But, I do notice that participants' descriptions of their children's aversions to having bitter medicine is troubling to them at the same time they acknowledge the value and benefit of having access to biomedical techniques and therapies.

To drink medicine well, to live well. We think that *sacha ambi* makes you better than *llakta ambi*. All sorts of the Runa types of medicine. In the before times, the elders lived without getting sick a lot. Nowadays, it is true that in our time the women drink *llakta ambi*. That is a tragedy [*llaki*] that they have encountered. If our head hurts, or some other kind of bodily damage, *llakta ambi* does help, it does help. It is good for doing its part. *Llakta ambi* is good, but so is *sacha ambi*. Through my studies, in my view, I know that both are good. And so being, I bring both [to give]. (Aurora, 45 years old)

At the same time, people in Sindy can hold two sentiments in their mind simultaneously: biomedicine is helpful, but it is a shame to use less *sacha ambi*. Carmen explains,

To have life and *samay*, we say, we need medicine from our life, from trees (*allpa yuras*). Now, it is with city doctors, since we can't [use *sacha ambi*]. That is the way we will be living. (Carmen, 40 years old)

These predictions of a unilineal path towards strictly biomedical therapies is not reflected in the everyday practices of caregiving that people in Sindy are enacting. Although children do drink less bitter forest medicine, there are elements of Runa ethnomedical practice that are brought to bear on how biomedicine is adapted. For this reason, the two seemingly separate systems are actually intertwined with one another, and through this novel therapeutic actions emerge such as the social sharing of pharmaceuticals and such as the treating of a wild berry as if it were a pill. Rather than a plurality of medical options, there is intermedicality.

4.4.2 Doctoring Remedies through Intermedicality

A quintessential plant of Amazonian Ecuador is *wayusa*. This plant illustrates how meanings and matters are shifting in Napo Runa ethnomedical knowledge and practice. *Wayusa* has moved from being a hallmark of intimate traditional practice to being self-consciously “strategically essentialized” (Spivak 1988) to appeal to tourists and consumers.

Wayusa has long been imbibed as a beverage to start the day and has been lauded for its medicinal value. According to the ethnopharmacological literature, an infusion of this species’ leaves can be imbibed to help treat depression (Marles 1988); other uses include treatment for pain, fever, vomiting, mouth sores, and inflamed gums. During interviews for this current study, participants noted that it is used to alleviate bodily aches and reduce fevers.

However, circumstances are quickly changing in the Upper Napo and many research participants readily told me that they don’t drink *wayusa* but they still plant it to sell as a cash crop. Despite this decreased consumption of *wayusa*, a relatively new company, called “Runa,” has stormed onto the market and is extolling the virtues of traditional *wayusa*. Their claims are bolstered by celebrity endorsements from the likes of Channing Tatum.

The company Runa seeks to market *wayusa* as an energizing tea cultivated by traditional indigenous people in the Amazon in order to sell it to ethically-minded consumers in the Global North. In their marketing strategy, they leverage the “traditional” practices of Amazonians who drink *wayusa*. The Runa website includes descriptive text about the early morning ritual of Kichwa families drinking gourds full of *wayusa* together as they discuss dreams, myths, and legends. The website states: “growing *wayusa* and sharing it with an international community is a powerful way for the Kichwa people to observe traditional cultural practices and recognize important values they hold in the modern world.” To appeal to the targeted consumers, *wayusa* is touted as an

Amazonian super-leaf packed with caffeine and polyphenol antioxidants, so it provides a clean focused energy [...] we think of it as a ‘clean energy’ much like what Amazonian hunters call the ‘mental strength and courage’ they get from drinking *guayusa* (Runa Website).

The company Runa purports the benefits of *wayusa* to include anti-aging properties, improved cardiovascular health, reduced high blood sugar, regulated body weight, and improved circulation. These claims are notably divergent from the ethnopharmacological literature, which mostly discusses *wayusa*’s role in easing bodily aches and reducing fever. The difference in symptom profiles that *wayusa* is purported to address are telling: for people in the Upper Napo, *wayusa* is a means to ease the pain of hard work in the fields and to combat infectious diseases; for consumers in the Global North, it provides them with more energy to “get up and go.”

Key research participants in Sindy disclosed that nowadays they were much more likely to drink sweetened Nescafé in the mornings than to drink *wayusa*. On a handful of occasions, as I was putting on my boots to accompany a *socia* to her *chagra*, she would jokingly ask me if I drank *wayusa* to keep the snakes away, knowing that I hadn’t. In this way, there is a sheepish

acknowledgement of the decline of the predawn ritual of drinking *wayusa* with family members gathered around a fire. At the same time, people in Sindy subtly mock the essentialist tropes that come along with being frozen in time.

On our way to a forest hike, José stopped near his home to point out a *wayusa* plant. He said,

This is *wayusa*. *Wayusa* first and foremost is a medicinal plant. In the before times, a person would drink it at night to see in the forest or to see while walking near the river. It was because of snakes. Snakes wouldn't bite a person who drank a lot of *wayusa*. People would wear it around their necks. They would cross two leaves, like this, and pass a vine through it. Doing it like that, they would wear it around their necks. When travelers would go to far off cities (*karu llaktama shamujguna*), they would do it like that. They would take the dried leaves with them. They could cook the leaves to drink. Once the leaves are dry, they're good and will not spoil. When they want they could cook two or three leaves and drink it. Those who would drink a lot of it would scare off snakes. The snakes would go away. Now, people drink it like tea (*agua aromatica kwinta*), having it with breakfast fruit. These days, they make it into *canelazo*, they put in *trago* and it becomes *canelazo*. They do it like that, drinking *canelazo* at dances (*bailaibi*) (laughs). It is very valuable, *wayusa*. Nowadays, there is a group that sells the dried and prepared leaves cooked with lemon. They put it in bottles and they say they want to export it. In Archidona, they have a lot of *wayusa* planted. They sell *wayusa*. They have so much planted, there is one *wayusa* for every cacao tree. *Wayusa* is very valuable. *Wayusa* it is called, since forever (*unai winai*). It was here when the first people were here. It grows like other forest trees. You might encounter it in the forest (indicating they are spread out as is characteristic of endemic species). This one is near the house. It is standing well. Nowadays, we don't drink it too often. We've almost forgotten (*ñakas kungarishkanchi*). (laughs). (José, 40 years old)



Figure 32: *Wayusa* for sale in the market in Tena.

(Photos by A. Mrkva)

In this way, people in Sindy are contesting the imposed essentialization by cultural outsiders. It is clear that some in the community embrace *wayusa*'s new role as a profitable cash crop that provides a fair wage. The shift in status of *wayusa* illustrates how local ecological knowledge is dynamic and evolving, rather than static.

Immediately after José finished discussing *wayusa*, he showed me another plant growing nearby. This one was transplanted from Rio Blanco, brought by his sister-in-law (*kachun*).

This tree is called *borojó* in the mestizo language (*mishu shimi*, meaning Spanish). In *Runa shimi* we just called it a gourd fruit (*sacha pilchi yura ninchi*). They say *borojó*. They say it is an aphrodisiac (*charin potencia sexual*) for those who drink it. It helps that sort of thing (*allichin chi tunu*). This is a scientifically (*vallin científicamente*) valuable tree. This was found during an investigation of friendly teachers (*yachak mashiguna*) like you walking around asking about plants. They found this in the Rio Blanco community (*ayllu llaktai*). Over there, they encountered it. Now, we were not familiar with it. We didn't know about it. Not knowing about it, we didn't know. We thought it was for gourds (*sacha pilchi yura*). The fruits would get big, ripen, and fall to the ground. It is a big tree in the forest. We only knew very little bit about it. After investigating, the investigator found it and took the fruit to study it they said. We said, it is nothing, it is nothing. It is not bitter. It is definitely not a bitter fruit! It won't kill you, we said. After doing the investigation, they took the fruit. They [Diana and Bartolo] took the fruit, and now they started to grow it here. They [Diana and Bartolo] sell

whatever ripened fruit there is during church hours (*iglesia urasbi*). Mix it with milk (*leche*) and drink it for a beautiful breakfast. This tree was not on your list! (José, 40 years old)

In both of José's discussions about these two plants, *wayusa* and *borojó*, we see that there is an openness to change. People in Sindy embrace opportunities to learn and to try new things. With *wayusa*, participants suggest that it is valuable in multiple ways, as a medicine, as an enjoyable and sociable drink, and as a way to garner some income. *Borojó*, on the other hand, has been adopted not because of its special place in tradition, but because of the value it is given by an outside epistemology, namely scientific inquiry into ethnopharmacology. Both *wayusa* and *borojó* and Runa relations with them illustrate engaging with alterity to expand their world through the gaining of new knowledge and new material. The vignettes above of *borojó* and *wayusa*, point to shifting contexts and willingness to pivot in response. Below, I will show how this responsiveness to shifting circumstances, the adoption and adaption of matters and meanings outside of Runa world are incorporated, produces intermediality.

Napo Runa navigate medical repertoires from various sources and in the process produce new matters and meanings of remedies. It isn't about jumping from one system to another in a succession of rational decision-making. As creative therapeutic agents, Napo Runa incorporate various materials and explanations to produce remedies through social practices anchored in affective relations and embodied labor of care that reflect cultural politics of what wellbeing is or should be. To highlight this complexity and multiplicity, rather than mere pluralism, I prefer the concept of "therapeutic ecologies" because it shows how remedies are assemblages that are crafted and circulated in cultural context.

I argue that Napo Runa "doctor" (in the sense "to alter or tamper with") therapeutic materials by putting them to novel uses that are anchored in cultural practices of care. Through

practices of “doctoring” remedies, Napo Runa are demonstrating resourcefulness by using what is at hand and adding value to it. Far from being a sign of accelerated acculturation, the use of matters and meanings from outside sources exemplifies the selective adoption and creative mixing with the purpose of maintaining or restoring wellbeing.

Purifying categories to make them seem separate from one another takes work. In a nod to Mary Douglas’s concept of pollution as matter out of place (1966), Anna Tsing notes, “we’re all contaminated by our encounters; they change who we are as we make way for others” (2015, 27). Purity is not a viable option for creating livable futures. Ethnomedical knowledge and practice is not unchanging. Because it is flexible, people are better able to manage vulnerability, especially in health and environment.

This agility in reformulating local ethnomedical matters and meanings is not new. Shane Greene describes how a plant of Asian origin, *Zingiber officinale*, what the Aguaruna in Amazonia refer to as *ajeej* (likely derived from the Spanish term for ginger, *jengibre*), and also what Runa refer to as *ajiringri*, was introduced into their pharmacopeia in the past and has become a key player in their ethnomedical repertoire. Greene argues that *ajeej* transitioned from

Something to get accustomed to into something to be customized [...] Something that once might have seemed dangerously foreign has gone past being semiforeign to become something deeply familiar (2009, 47).

Matters and meanings that represent alterity are embraced and incorporated, over time they become taken for granted as natural.

On more recent timescales, Greene is also interested in examining the influence of Medicine’s role in European imperial expansion and colonialism in Latin America, by highlighting their actions to contain, control, and convert numerous indigenous populations. To this end, Greene analyzes a transcript of a healing session with an Aguaruna shaman, as

published by Michael Brown a decade prior, in 1988. Through his concept of “intermedicality,” Greene argues that the cooptation of biomedical needles by shamans as powerful objects speaks to emergent spaces of hybrid medicine and the maneuvers of sociomedically conscious agents.

Michael Knipper working with Napo Runa in Coca, Ecuador, finds that the biomedical technology of intravenous infusion (IV) hits a chord with local understandings of how *samay* flows, and so it is more readily adopted, or to use Greene’s terminology—“customized.” Knipper argues that this reflects “how an indigenous concept, like the Kichwa-notion *samay*, shapes the perception of biomedical devices and services” (2006, 136). Materials can be incorporated for various reasons—whether it is because they represent powerful alterity, such as the needle in Greene’s analysis, or because they fit into local concepts of health and wellbeing, such as IVs as proper conduits for *samay*, as Knipper describes. In my own findings, I see that matters and meanings are blended and co-emerge: a berry becomes a pill, an individual pharmaceutical dose is shared with everyone present.

In Sindy, there is one weed that is always welcomed. Zimbuyu’s leaves and stems have multiple therapeutic uses that have been documented in various ethnobotanical studies (Marles 1988, 102; Kohn 1992, 133; Schultes and Rauffaf 1990, 442). Juice derived from its crushed leaves can be used to treat coughs and throat inflammation. When heated the leaves can be applied to sores and wounds or to relieve itching. In Sindy, the plant’s berry is ingested to calm upset stomachs. One collaborator explained that zimbuyu is “like a pill” in that you swallow it without chewing it (*mana masticasha*, *mana mukun*), so that it can kill the bugs in the stomach. This pithy comment describes how a plant long demonstrated to be an integral part of Napo Runa *materia medica* is acquiring a particular kind of explanation for therapeutic action. This explanation references biomedical matters and meanings. This is an illustration of how

biomedical techniques, such as “swallowing a pill,” and a metaphor such as killing invasive “bugs” are leveraged in ethnomedical contexts using “traditional” remedies.

In an inversion, I will now discuss an example that uses “biomedical materials” in “traditional ways.” During mid-morning classes at the bilingual school in the center of the community, I observed two teachers administering anti-parasitic pharmaceuticals to students. One teacher doled out a pill to each student from a plastic tub, while her colleague stood nearby offering a halved and dried calabash (*pilchi*) fashioned into a drinking vessel filled with water. As some children bantered, others were reserved crossing their arms reticently, whispering that they expected the medicine to burn or be bitter. The teachers explained to me that the Mebendazole they were proffering to the students was a “gift from Spain.” At the same time, the teachers took the opportunity to explain to students in Kichwa that the purpose of taking the medicine was so as not to have “*kwika*” (translates to “worms,” but in this context signifies intestinal parasites).



Figure 33: Sharing anti-parasites with students.

In both of these examples, context matters. While in the *chagra* discussing *zimbiyu*, knowledge of biomedicine’s logic was leveraged. In a classroom while dispensing

pharmaceuticals, a biomedical material was taken in a traditional way, much like sharing fermented manioc beverage, *aswa*. Rather than giving it only to the children who were formally diagnosed as having parasites, for instance, it was shared with everyone in a convivial atmosphere of joking and easing the tension of students who were visibly nervous for trying it. I discuss the importance of convivial atmosphere and the sharing of substances in chapter 5, as well as the social sharing of medicine in Chapter 6.

The sociomedical aspects of remedies are transformed given the context at hand. Not age-old and unchanging, remedies are iteratively *becoming* through engagement across cultural difference and they are enacted into being. Therapeutic ecologies are evidence of expanded worlds, not reduced ones. In the configuration of social relations and technology, Napo Runa are not passive recipients of care, despite how they are treated by outsiders such as the biomedical brigade.

The value of the Enmeshed Therapeutic Ecologies concept is that it underlines how medical resources can be appropriated and hybridized by “sociomedically conscious agents” (Greene 1998). The findings discussed here show that it is not medical specialists alone who do this, but everyday therapeutic agents can take part in the endeavor. In order to get at Enmeshed Therapeutic Ecologies, anthropologists ought to investigate quotidian practices that take place in intimate settings like the home, and not just care-delivery events in clinics, hospitals, or medical brigades.

In the following chapters, I show how options for obtaining care vary according to the social relations people cultivate. For example, those who married into the community or those who are employed in distant places are able to draw on vaster pools of resources as they create

therapeutic ecologies. In the next chapter, I discuss in greater detail who these quotidian experts are by examining the patterning of intracultural variation in knowledge of remedies.

5.0 THE CARE AND EXPERTISE THAT GO INTO LIVING WELL

Enmeshed Therapeutic Ecologies must be assembled and enacted, so who are the central therapeutic agents involved in this process? The previous chapter outlined the materials and logics of various medical matrices that Napo Runa appeal to and in the process create novel ideas and forms of remedies. This chapter considers who is doing the care-work of keeping people healthy or healing them when they become sick. To this end, I analyze the intracultural variation of expertise in the domain of remedies by looking at results from freelisting. I suggest that the group that is most knowledgeable, as measured by their list-length in freelisting, are also those who conduct most of the labor around keeping people healthy and taking care when family members are sick. This emergent set of experts, namely people who marry in from outside communities that are more rural and situated downriver, I argue, is a way to re-infuse the rapidly changing place of Sindy with ethnomedical knowledge, practice, and skill.

People in Sindy declare that living well means to take good care, *alli kwirana*. They highlight certain social practices as critical in the management of health and illness. Not taking enough care (*malos cuidados*) is seen to invite illness. Participants speak of the necessity of providing food and housing for the family and bathing children as the cornerstones for making sure no one becomes sick. When I asked Joaquin how one can avoid becoming sick, his response ties together ideas for preventative action and practices of therapeutic care-giving as well:

We take care of ourselves. Don't get too cold so that sickness can enter [the body]. We take care, we say. And we drink medicine. We drink forest bitters [*sacha ayakguna upinas*]. We take care in order to live well, we say. We give advice [*kamachinun*]. Don't drink too much *trago* and don't eat too much city food [*llakta mikuna*]. It is not good food. Don't be stupid like that. The elders say to drink *wayusa*. In the before times, the elders would drink *wayusa*, *chuchuwashu kara* [bitter forest medicine bark]. They were accustomed to drinking those things. Their bodies didn't catch illness. (Joaquin, 43 years old)

Here, Joaquin paints a picture of the need for fortification so as not to be “caught” by sickness that can easily enter the body in a weakened state. This can be done through consuming proper substances, such as *wayusa* and forest medicine as he suggests, and by avoiding dangerous substances such as liquor and city food. He also mentions the social practice of giving advice with the aim of correcting behavior (*kamachina*). I discuss these circulations of substances and affective labor below in more detail. Care is about meeting needs and it is always relational. Even though it isn't readily apparent in Joaquin's statement above, certain kinds of people are obligated by social expectations to do these forms of care work. Below, I describe how these practices take place, consider the gender ideologies at play within kinship practices, and analyze the cultural politics of relating carefully.

5.1 LIVING WELL MEANS TAKING CARE

Care is about more than therapeutic action when sickness is already present; it also involves strategies of prevention. There is interdependency in social relations premised on the circulation of substances with the aim of keeping people healthy, as I describe below. In addition, there is also a reliance on non-humans to have desired effects on human bodies, such as the biodynamic species that are in food and medicine, as discussed in Chapter 6. Further, circulating substances

is a form of care that contests the violent impacts experienced by lived bodies (Chapter 6) that arise due to structural political-economic issues such as inability to access food given lack of money (Chapter 7). Given these contexts, I follow Tronto's definition of care:

Everything that we do to maintain, continue, and repair 'our world' so that we can *live in it as well as possible*. That world includes our bodies, our selves, our environment, all of which we seek to interweave in a complex, life sustaining web (Tronto 1993, 103; emphasis added).

The purpose of care-work is to live well, Napo Runa agree. In part, people in Sindy see care as aimed at keeping people alive by making sure they have enough food and medicine and shelter, as one interviewee notes:

Taking good care means to give good food (*allimi mikunara karana*) and to have a house. (Rita, 22 years old)

But taking good care is also about convivial living (Overing 2003) through the management of dangerous emotions that might crop up in everyday interactions. In addition, in the coming chapters, I'll show how the actions that people in Upper Amazonia take to make sure people are cared for ultimately act to enrich life's heterogeneity, in bodies (Chapter 6) and in wider environments (Chapter 7). Through various articulations with different forms of outsiders (alterity), there is continual emergence of new assemblages. In this chapter, I aim to show how affines, people who marry into the study community, are seen as "inside-outsiders" and are indispensable for the continuation and growth of ethnomedical knowledge and practice.

5.1.1 Care through Circulation

The term *kwirana* (a cognate from the Spanish *cuidar*, meaning "to take care") has to do with basic provision of what is necessary for the health and welfare of others. In the Sindy context, it

is also about relating skillfully, or relating carefully by navigating cultural politics in socially appropriate ways.

During fieldwork, I observed a number of strategies that would be interpreted as exemplifying “*alli kwirana*” in Sindy. All of these practices have to do with the circulation of materials and words that manage emotional states along lines of social relations. Below, I show that Napo Runa act towards wellbeing (*alli kawsana*, described in detail in Chapter 8) by taking care to circulate substances in a particular manner. Food and medicine are given as a way to promote particular body states (“strong bodies” as discussed in Chapter 6). Words of encouragement or harsh advice and jokes are shared through affective labor in the management of emotions, but also with the aim of directing behavior to reflect local values. Popular also in the Andes, the Quichua phrase “*ama shuwa, ama killa, ama llulla*” (don’t steal, don’t be lazy, don’t lie) (Colloredo-Mansfeld 2002) is taken to be the foundation of how social relations ought to be conducted. In the provision and circulation of substances, especially, it is expected for one to be hard working (*sabiru*) rather than lazy (*killa*).



Figure 34: Classroom decorations display the maxim to not steal, be lazy, or lie.

In addition, I submit that the dictum *ama mitsa* (don't be greedy) might be added to this list. Generosity in the form of labor that goes into the creation of substances such as food and medicine and the generosity through which they are circulated are paramount to successfully achieving a good life through taking care (*alli kwirana*).

Ethnographers working in Upper Amazonia have documented the importance of cross-gender exchange. Specifically, many have found that satisfying corporeal desires, such as hunger, is not the task of the individual but is instead embedded in social relations. For instance, Peter Gow discusses the role of desire in the subsistence economy of indigenous people in the Bajo Urubamba in Peru. In what he terms “the economy of desire” (1989), he links the production, circulation, and consumption of food to the construction of gender categories and kinship practices. Concerning Napo Runa, Michael Uzendoski has discussed a system of exchange between men who provide forest game (*aicha yaya*) and women who provide cooked meals (*karana*) and fermented manioc beverage called *aswa* (*aswa mama*) (2004). While Uzendoski focused on idealized gender roles in everyday life, Francesca Mezzenzana (2014) discusses the role of gender in the circulation of objects during times of ritualized festivities (*jista*).



Figure 35: Women providing *aswa* and meat at a wedding (*misa boda*) in Sindy.

(Photo on the right by A. Mrkva)

Sharing food is one way in which *alli kwirana* is enacted. The Kichwa word *karana* means “to give prepared food,” which is considered the paramount act of care. A similar practice, *upichina* (“to make to drink”) refers to the giving of a variety of substances, from fermented manioc drink (*aswa*) to beer and liquor to forest medicine. These are activities that take place in a variety of locations, from the privacy of one’s home to the more public venues of a *fiesta* or a *minga* (community work party).

Generally, both *karana* and *upichina* are gendered labors. In everyday life, it is women who give prepared food and offer fermented manioc drink to their family members, *compadres*, or guests. As shown below in Figure 36, *karana* can be a male activity on rare occasions. During the community-wide celebrations of International Women’s Day (held on March 8) and Mother’s Day (held on an agreed upon weekend in May) there are “role reversals” in which men, in a marked inversion of their regular duties, prepare and serve food to women. Further, I have

observed that when there are activities or celebrations held in the *cancha cubierta*, particular kinds of women are the ones to do the labor involved in preparing and serving food and drink—*kachuns*, the women who marry into the *ayllu* from other communities (a point which I discuss at length below).



Figure 36: Preparing and consuming food on Mother's Day in Sindy.

**On the left, men cooking for the women. On the right, women eating together.
(Photos by A. Mrkva)**

In one sense, both *upichina* and *karana* are ways of “nourishing other’s bodies and [...] sharing in the realization of desires” (Uzendoski 2005, 121). But in addition to conveying intimacy, *upichina* and *karana* are premised upon expectations and social obligations. I got a glimpse of this gendered division of labor through the circulation of substances during a community work party (*minga*). We were working together to reconstruct a small bridge using cement to replace the rotting trees that stretched from one side of a ravine to another. As I was working, the *minga* captain (*capitán de minga*), Bartolo, suggested that I put down the shovel and help to serve *aswa*. At first, I was irked because I interpreted his suggestion as a comment on my inability to work well. On the contrary, registering my confusion, Bartolo said, “*upichina* is just an important job as any. It is just as important to quench the thirst (*mata la sed*) of the workers as building the bridge itself.”



Figure 37: *Aswa* to be shared during a community work party (*minga*).

(Photo by A. Mrkva)

The collective labor that goes into a *minga* is fueled by the labor that goes into sharing drinks with the workers. Not all interactions are as straightforward as the formalized setting of a *minga*, however, and conflict can arise when sharing is not reciprocated. For instance, one woman who married into an *ayllu* in Sindy describes the distress she feels when she is not taken care of by her spouse.

At this very moment, I'm not giving you any *aswa*, Norita. I'm that poor (*pugri* meaning "poor" but also pointing to her "pathetic" state of being unable to carry out duties because of her illness). I say to my husband when are you going to give me some medicine? He is not worried about me. On the other hand, I think about and love him and always give him medicine. When he has even the smallest cold I bring medicine for him. He, however, is not worried about me. (Carlita, 39 years old)

Carlita's statement demonstrates how she takes her husband's failure to give her *sacha ambi* as a personal affront. It not only makes clear to her that he cares less about her than she does for him, but his actions have had an impact on *her* ability to circulate substances (give *aswa* to a houseguest, for instance).

While Carlita hints that her husband is simply oblivious by “not worrying” about her, in other instances one can refuse to do the labor of care based on principle. For example, a well-established *kachun* who has lived in Sindy for twenty-five years and is the mother of eight children called everyone’s attention to the inequitable reliance on her as a source of labor. During a community-wide meeting, she suggested that someone else could serve *aswa* for once. While waiting for a quorum, people were setting up tables and arranging themselves on the steps of the *cancha cubierta*. During this initial phase of preparing for the meeting, Carmen made a public declaration:

I am a good collaborator, I am always the one to make *aswa*. I am not lazy (*killa*). But, I think that someone else should do it [make and serve *aswa*] for once. To participate and collaborate. (Carmen, 40 years old)

In this statement, she is hedging her renunciation of “duty” in moralistic tones by stating that she is not lazy, but that she wishes the division of labor were more equitable. After this tense moment, while a number of people broke out into nervous laughter, a younger *kachun* from a different family walked to the kitchen to get to work on preparing *aswa* to serve to the attendees.



Figure 38: A *kachun* on standby to serve *aswa* during a community-wide meeting.

In addition to the circulation of material substances like *aswa* and food, to take care means to engage in proper affective labor. Among Napo Runa, this means that words, either in the form of advice or joking behaviors, are intended to bring about desired emotional states in others, while at the same time evading dangerous emotional states. Elsewhere in Amazonia, conviviality is a central tenet of what it means to live-in-community. In their volume entitled *The Anthropology of Love and Anger: The Aesthetics of Conviviality in Native Amazonia*, Joanna Overing and Alan Passes discuss the ways in which skillful speaking influences the conduct of others:

‘emotion talk’ is also ‘social talk’ in that they consider the management of their affective life vis-à-vis other people to be constitutive of moral thought and practical reason. It is a language that speaks axiologically of the *social benefits of the practice of the everyday virtues of love, care, compassion, generosity and the spirit of sharing* [...] It dwells equally upon the antisocial inclinations of anger, hate, greed, and jealousy that are disruptive of the human social state (Overing and Passes 2000, 3; emphasis added).

During times of heightened emotions, such as when children have misbehaved or during funerals, speaking with care is prioritized. Forms of careful and caring speech acts include scolding (*kamachina*) and joking (*asichina*).

Kamachina is a practice that seeks to give sincere advice so as to correct anti-social behavior. It is undertaken when the recipient of the scolding is interpreted as not living up to their social obligations or their potential. In light of this conflict, they are reprimanded with stern words of advice urging them to correct their behavior. These sessions take place in front of other people, rather than being enacted behind closed doors. Frequently, parents talk about *kamachina*-ing their children by castigating them with stinging nettles on bare legs and rubbing chile peppers in their eyes (as described in Chapter 6). The severe words and stinging sensations are meant to strengthen the recipient in order to set them on the right moral path.

However, children aren't the only ones to be the targets of *kamachina*. Because these interactions take place out in the open, at kitchen tables or near outdoor cooking fires, I have observed numerous occasions when adult men have been scolded by either their wives or mothers for their inappropriate behavior. For instance, one father of four was strongly criticized by his own mother for misspending (*mal gastado*) what little money the family had on drinking, a motorcycle, and a new electronic tablet. Instead, his mother reasoned, he ought to make sure there is food on the table by hunting and fishing and he could help out more around the house doing laundry (*taxana*) and cooking (*yanuna*). The practice of *kamachina* has also been institutionalized to some degree. I once observed a graduation celebration in Sindy wherein the godmother (*markamama*) of the graduate was invited to come up onto the stage to give advice (*kamachina*) to the graduate. The godmother stepped onto the wooden stage, took the microphone, and urged her goddaughter to continue working hard and to not be lazy (*ama killa*).

The ultimate purpose of *kamachina* is to live well. As interviewees explain:

To have goodness exist, you have to give beautiful advice, so they don't become really crazy (*luku luku tukun*). It has to be done together (*parejumanda*). (Elise, 31 years old)

In order to live happily (*kushi kawsangaj*), I sit my children down and we talk. We sit in a circle as a family. When a lot of problems arrive, we give advice. So that there is no violence. So that no one falls. We advise our children, saying don't fall like that. To live well (*alli kawsangaj*), you have to work, take care, and have enough food. (Viviana, 45 years old)

For Napo Runa, humor takes many forms and is applied in all kinds of situations. However, it becomes a skillful act of care when an exceedingly difficult or stressful situation is underway. For example, during funerals raucous joking sessions can break out. Norman Whitten has discussed this in his foundational ethnography, *Sacha Runa*, where he describes the joking sessions that transpire during emotionally raw times of funerals. He writes,

By this time most of the sisters of the deceased, together with their close female relatives, move to the *ichilla huasi*, where they continue to wail and visit with one another. Men, except for the actual brothers or sons of the deceased, begin to enact the grief's opposition—uproarious humor. Such play, *pugllana*, takes place near the corpse (Whitten 1976, 136).

I have also witnessed something similar during fieldwork. I once accompanied a friend, Cristina, to a funeral for her uncle downriver. On the way to the gathering, she suggested that we pick up some candies and suckers to hand out to the people who had assembled. As we made our way around the *cancha cubierta*, we gave fistfuls of candy to each person that we passed. We arrived at a small classroom, where a number of men were gathered, talking, laughing, and sharing pilsners. Cristina's husband invited us to sit with them. A number of the men who were gathered around the table were strangers to me, and as such they wanted to be certain that I knew they were telling jokes because they were sad, not because they were happy. One man in particular was adamant, "we make each other laugh (*asichina*) to relieve the pain."

Like the practice of giving advice, joking is a public event, crafted for an audience. Kichwa humor, in general, is an avenue for people to underscore their shared existence and experiences with others. For instance, humor is a conduit through which "memories of comfort, pain, and other bodily and emotional states" are channeled towards strengthening social ties (Uzendoski 2005, 61).



Figure 39: Brothers-in-law telling jokes on the riverbank on a rainy day.

Caring is complicated, and it is context-dependent. When care is demonstrated through words of advice or through joking, one's relationship to the listener(s) must be leveraged. What might appear to be a situation of levity is actually a skillful maneuver to make sure that dangerous emotions like anger don't break out into physical violence. Victor (34 years old) explains it to me in these terms: Joking "makes things smooth (*llambu*).” To make jokes, and more importantly to make others laugh, is a way to smooth over tensions and difficult situations.

Values are on display when it comes to circulating materials or words. And there are consequences if people are not able to live up to the expectations family members have of them.

Aurora discusses what is at stake if proper care is not taken:

If you don't discipline children with hot chile peppers and stinging nettles, they'll become thieves. Parents do it out of love. Doing it like this, we don't want them to turn out like thieves. We make them study (*wawauna estudiachinchi*). We also drink beer, but we make our kids study. Even if we wanted to stop drinking beer, the drink-givers (*upichikguna*) would tell us to drink. We women work a lot. All kinds of work. Sometimes, there are people who steal from our gardens. Me, I have *paju* [a gift for growing manioc, like a "green thumb"]. It is here [turns her hand inward, bending at the knuckles to look at her nails]. Lazy, sleepy people exist. Those kinds of people are dying [*wañun*, meaning lack of strength], they don't want to work. They would rather paint their nails [holds hand outwards and mimics brush strokes], they'd rather paint their mouths. That's what they like. Not

me. If I don't work [in the garden, giving food], my kids will die of hunger.
(Aurora, 45 years old)

Aurora's comments point to the importance of carrying out care. By circulating substances needed for survival, one is demonstrating that she is not lazy. In addition, Aurora discusses two kinds of responsibility that are involved: to give and to receive. She feels responsible for the work she does in order to feed her children and keep them surviving. In addition, Aurora subtly hints at her feelings of responsibility for *accepting what others offer*. The example she gives concerns beer. She is saying that even if she wanted to decline someone's offer of drinking beer, she couldn't because it would complicate their relationship by refusing to accept what they are presenting. In essence, to refuse the gift would be to de-value the work that goes into providing and offering it.

5.2 WHO CARES?: LOCAL EXPERTISE ON REMEDIES

One of the preeminent ethnobotanists in Ecuador was Plutarco Naranjo. As he saw it, ethnomedicine in "traditional communities" is fundamentally concerned with

two modalities of medicine: shamanism, which is fundamentally a type of psychiatry, and herbalism, driven by those who discover the curative effects of certain plants; in particular, the grandmothers of the community. Through them, the empirical knowledge is transmitted from generation to generation (Naranjo 2010, 64; my translation).

This is a prevalent notion within the discipline of ethnobotany and it is also held in wider circles, including health policy, as well. A hallmark of ethnobotany has been the formal elicitation technique of freelisting. Using this methodology, an investigator can define a domain of interest. For this study, I conducted freelist interviews focused on *remedios caseros* (household remedies)

and common illnesses. I then analyzed the results to interpret the patterning of therapeutic knowledge and account for its variation.

Although I use the hallmark methodology of freelisting (as a starting point to triangulate with other methodologies like semi-structured interviews with key experts), I disagree with Naranjo's conceptualization of what ethnomedicine looks like in practice. First, as described in the previous chapter of this study, there are clearly more than two modalities of medicine within communities. Just within Sindy, in addition to shamanism and herbalism, there are also other specialists such as midwives (*parteras*) and those who have the ability to diagnose and sweep the body free of an illness (*paju-yuk*). More to the point, I argue in this study that there are many therapeutic agents who are not themselves "specialists" such as *yachaks* or *parteras*. For this interpretation, I am inspired by Finerman's work in the Ecuadorian Andes; she has shown that it is often non-specialists, such as mothers in the context of the household, who administer most preventative and therapeutic care (Finerman 1989). Third, I will argue that it is not the "*abuelas*" who know more in Sindy. In fact, findings of this study suggest that it is the adults who marry into the study community who display more domain knowledge about remedies. Finally, I do not see this knowledge as being transmitted, unchanged, from generation-to-generation, but rather particular people take it on their own initiative to learn more about remedies and to become familiar (*riksina*) with plants. I discuss this further below by arguing that knowledge is not merely "transmitted" but is acquired through practice and one's own path through life. Far from being timeless, therapeutic agents are mixing matter and ideas in creative ways, creating Enmeshed Therapeutic Ecologies.

To summarize, through the triangulation of formal elicitation techniques with semi-structured interviews and observations, I find that those who are the experts are: younger to

middle-aged adults who are non-specialists and have married into the study community from downriver. I suggest that these under-recognized experts come by their knowledge through their life experiences and embodied practices of giving care. In short, it is through their wayfaring in life that they craft remedies as assemblages and emerge as experts in the process.

5.2.1 Patterns of Intracultural Variation in the Domain of Remedies

When I asked the research participants whom they surmised to know the most about remedies, three theories prevailed. First, many participants subscribed to Naranjo's thinking above—namely, that the elders (*rukuguna*) would know more about remedies. There were varying reasons for electing elders as the “knowledge-bearers.” Most people stated that elders knew more simply because they had lived longer and accumulated more knowledge. Others stated that elders knew more because they are “more traditional” and reluctant to use *llakta ambi*. Others still pointed to the bodily experience of being older as one of a weakened state, and therefore necessitating more strength. Elise (31 years old) told me, for instance, that *rukus* (elders) need to “catch more strength, so they drink more forest bitters.” When I asked the second eldest interviewee who she thought knew more about remedies, she responded “Now I'm getting old, so I forget” (Antonia, 71 years old).

Another local theory about who knows more about remedies was based on gender. Katrina suggested that men, contrary to Naranjo's “grandmothers” statement above, would know more about remedies because they “walk in the forest” more often than do women.

More men know about *sacha ambi* since they walk in the forest (*urkura purinun*), so they get to know them (*riksisha*) over there. (Katrina, 32 years old)

Finally, people pointed to specialists, such as the community's *yachak* and *partera* as having more knowledge about remedies. I was wary of this conclusion, as Browner has critiqued the anthropological attention on "formal healers who are often visible, highly specialized, supernaturally inspired, charismatic, or otherwise powerful people—usually men" (1991, 99).

Through freelisting, I was trying to understand the distribution of knowledge across the sample, rather than solely making contact with the local specialists. This, in fact, led to some humorous interactions when some participants were visibly confused as to why I was asking *them* about remedies. Ruben, for example, was adamant that he didn't know much about remedies and moreover, he said, I should know that he doesn't even spend that much time in Sindy, since he got a job in Coca. In the spirit of being helpful rather than dismissive, he suggested that I talk to some of the elders in the community who would know more. Following our interview, I conducted the freelisting activity with his wife who had just arrived home. Ruben stuck around to listen. After the interview with his wife was complete, he wanted to show me around the yard, pointing out all of the plants that are in the doorstep garden (*wasi pungui*). As he was demonstrating how to use various plants as remedies for certain conditions, detailing times his own mother had used them on him when he was sick as a child, I joked that I thought he said he didn't know anything about remedies. His response was: "I wasn't remembering" (*mana iyarikani*). This is precisely why I have triangulated with other data collection techniques. Freelists are a good starting point, but they rely on a number of assumptions.

Quinlan outlines the assumptions of freelisting (2005): respondents tend to list items in order of familiarity; those who know a lot about a subject list more items; and terms that respondents mention indicate locally prominent items. For the purposes of this study, I am interested in exploring list length, under the assumption that those whose freelists contained

more remedies are more knowledgeable about the domain of remedies. As such, I will not be providing any plant names, either their local epithets or the scientific binomial designation, because it is beside the point of the argument. More crucially, in ethnobotanical studies, especially in the Amazon, there is concern for biopiracy. As I stated in the introductory chapter, I will not be sharing any botanical information unless there is published literature already extant on any given plant under discussion.

All 65 interviewees participated in the freelisting (Bernard 2006; Browner 1991; Quinlan 2005). The range in list length was from 0 to 17. The average (mean) list-length was 6.2 remedies. The total domain included 83 distinct medicinal plant remedies that were mentioned during freelists without prompting. Many interviewees were dismayed at their initial lists and told me they would recognize (*riksina*) more plants if we were in the forest and we encountered the plants. In the next chapter, I address this locally felt gap in epistemology by discussing the findings of forest walks and therapeutic narratives with key participants. Through participant observation and during the forest walk phase, the number of distinct medicinal plant remedies increased to 102, a nearly 20% increase than freelisting alone. Below, I explore socio-demographic variables associated with knowledge of remedies including age, gender, and place of origin (from Sindy or married in from elsewhere).

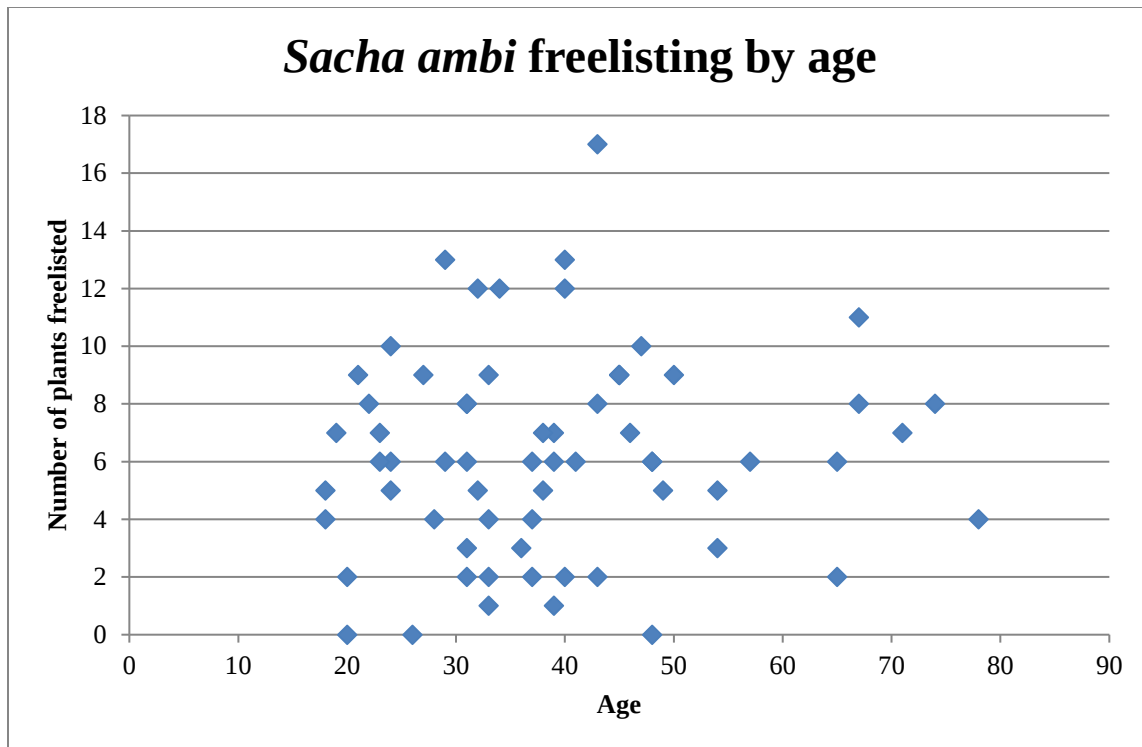


Figure 40: Scatterplot of list-length by age of respondents.

This scatterplot of number of plants listed by respondent age indicates that elders' lists are not longer on account of their age alone. Next, I analyzed the list length according to gender and kinship variables (results appended) by conducting independent samples t-tests. When we compare gender through independent samples t-test, there is no significant difference. There were 37 women participants, with an average of 6.19 remedies mentioned, and there were 28 men participants, with an average of 6.25 remedies mentioned. The results from an independent-sample means t-test show that the t value is -0.06826 and therefore the result is *not* significant at $p < .05$. This means that we cannot assume that the difference in list length for women and men is statistically significant.

However, when we look at place of origin, we see there is a significant difference. People who were born elsewhere and married into Sindy include 22 *kachuns* and 7 *mashas*. These *kachuns* and *mashas* had a mean list-length of 7.17. I compared these 29 respondents to

the 36 people who were born, raised, and continue to live in Sindy; these participants had a mean list-length of 5.44. The results of this independent sample means t-test show that the t value is 2.00841 and the results *are significant* at $p < .05$. This indicates that the means are reliably different, and I can reject the null hypothesis that the population mean of *kachuns* and *mashas* equal the population mean of people from Sindy. There is a statistically significant difference between *kachuns* and *mashas* who are able to name reliably more remedies than people originally from Sindy.

The results of these t-tests demonstrate that a new expert group emerges, that of affines. Despite this, people in Sindy did not acknowledge the contributions of their affines when it came to remedy expertise, pointing instead to specialists, elders, and men. I found that through the course of interviews and observations that people from elsewhere, the affines, would often demonstrate their knowledge and experience in the course of interviews.

These findings underscore the significance of non-specialists as therapeutic agents who create and circulate therapies. Moreover, these results dovetail with a recent work by Koster and colleagues (2016) working with Mayangna and Miskito communities in Nicaragua. They contend that their study results

imply a model of humans as *flexible learners*, assimilating ethnobiological knowledge via social learning and related experiences. Contrary to conventional perspectives, we suggest that age-related variation in knowledge among adults is attributable primarily to proximate factors, such as acculturation, time allocation to related productive tasks, and social-learning activities (Koster et al. 2016, 113, emphasis added).

These authors stress that more domain knowledge is exhibited due to engagement with the environment in ways that demonstrate flexible learning.

As indicated above, I have observed that *kachuns* and *mashas* are disproportionately expected to labor on behalf of the families that they marry into. During the course of interviews, I noticed that people who were *kachuns* would talk about growing up downriver and having their parents and relatives show them different plants that they came to know (*riksina*) and turn to in times of sickness. Below, I describe some of the ways in which *kachuns* and *mashas* exhibit this flexible learning through their background experience, continual engagement, and social obligations that are embedded in care networks necessitating the circulation of materials and affective labor.

5.3 DYNAMIC EXPERTISE

What does it mean that *kachuns* and *mashas* demonstrate reliably more domain knowledge of remedies, as measured by freelisting? Below, I provide some grounding information on how kinship practices are working to re-infuse the study community, a place undergoing rapid and vast change, with ethnomedical experts. I highlight stories of two *kachuns* who are dynamically resourceful: one who is critical in strengthening ties to a downriver community, and another who brings resources from her rural natal community and through her profession as a teacher. Ultimately, I will argue that ethnomedical knowledge is not handed down from generation to generation, but rather pursued by people through their practices, including both their social obligations such as the provision of food and medicine and the steps they take towards enhancing their knowledge, such as through enlisting in courses specifically about plant medicine.

5.3.1 Alterity of Affines

In Kichwa kinship terms, the adults who marry into the community are referred to as *kachuns* (women who marry into the *ayllu* and move in with the husband's family) and *mashas* (men who marry into the *ayllu* and move in with the wife's family). Generally speaking, it is more common for women to move to their husband's family's home. However, in Sindy there are many *mashas* who married in and moved from elsewhere.

It is impossible to use the term *masha* or *kachun* without implying subordination. As Uzendoski has noted:

the terms *masha* or *kachun* [indicate] political authority and the fact that anyone in these categories bears obligations [...] These terms indicate a service relationship and the flow of labor from *mashaguna* and *cachunguna* to the senior members of an *ayllu* (Uzendoski 2005, 102).

Especially in the early years of their arrival to their spouse's house, conflict is likely. As indicated above by Carmen's refusal to serve *aswa* during a community-wide meeting, we can see that there are politics at play when it comes to who serves whom. More labor is expected from *kachuns* and *mashas*. In my observations, I have noticed that a lot of the labor obligations they are under have directly to do with care-giving activities including subsistence work, child care, and household health management. If one fails to adequately demonstrate that she or he is hard-working (*sabiru*), then as Aurora pointed out above, they might be accused of laziness, or worse, thievery. In this way, affines and the value they bring through their labor are under the *ayllu*'s microscope:

No one wants to be thought of as *killa* (lazy), *shuwa* (thieving), *mitsa* (greedy), or *llulla* (untruthful) within the *ayllu* or larger community. Although these damaging terms can be used to describe any person, such character talk often focuses on a newer *masha* or *kachun*, for these relations are more closely scrutinized (Uzendoski 2005, 105).

Not only are they under the threat of constant criticism, they, too, can be under threat of physical harm. I heard about numerous occasions when *kachuns* themselves experienced intimate partner violence, and I directly witnessed violent altercations aimed at *kachuns* twice during the fieldwork period.

Alterity is embedded within Runa kinship practices. In his seminal text, *Sacha Runa*, Norman Whitten (1976) discusses how Runa identity is produced through the cultivation of two key aspects. The first is “*sacha runa*,” which, according to Whitten, pertains to one’s strength and knowledge gained by walking (*purina*) in the forest. The other contrasting aspect is referred to as “*alli runa*,” and indicates a “civilized” persona that seeks relations with outsiders and foreign cultures, pursuing engagements with alterity. Whitten argues that each person tries to cultivate both aspects. This, he says, is accomplished by remaining open simultaneously to intercultural contact with alterity and with more “traditional” ways of being. In sum, he writes, “integration of the *Alli Runa*—*Sacha Runa* opposition [is an] intracultural dialectic with intercultural functions” (Whitten 1976, 219). Creating ties through marriage is one way to accomplish this balance between *sacha* and *alli runa*.

The balance of these two personas of the *alli* and the *sacha runa* depends on relative locality. For instance, *ayllus* or communities that are situated closer to a town (*llakta*) prioritize the importance of not losing track of their ‘*sacha runa*’ side, and so they tend to create alliances with communities downriver (*urama*). On the other hand, communities that are situated in rural zones tend to focus on building alliances that are more urban. Therefore, according to Norman Whitten, the calculus of kinship strategies considers the location of communities along the rural-urban continuum, and desirable qualities in *kachuns* and/or *mashas* are formulated in this

context. In the study community of Sindy, there seems to be priority for both the *sacha* and *alli* aspects since it is situated not too far from the provincial capital, yet at the same time, it is much more accessible than communities further downriver.

In Sindy, it appears as though the marriage partners of people do provide connections to places downriver (*urama*), considered to be “more traditional.” In the twenty-first century, given the rapid change experienced by residents, these longstanding kinship practices remain significant for contending with transnational processes of environmental and economic change that collide with their lived experiences. However, what I seek to draw attention to in this study is that the value affines bring through their ethnomedical knowledge and expertise is not reflected upon, instead it is taken for granted. In this sense, *kachuns* and *mashas* are invisible experts whose care-work is overlooked. This is demonstrated by the local theories of who the knowledgeable people are thought to be in Sindy. Most participants answered that elders, specialists, or men who walk in the forest more would be the ones to know more about remedies. Again, as analysis of domain knowledge suggests, *kachuns* and *mashas* actually display more domain knowledge. This holds implications for medical knowledge as a significant form of social and cultural capital, which enables those who have it to negotiate from within hierarchical social arrangements, such as kinship systems.

During the fieldwork period, all of the *socios* and *socias* of Sindy were invited to a community in Orellana outside of Coca. In a community meeting held to address the matter, Andrés, the then-president of Sindy, read aloud the invitation. Andrés premised his reading of the invitation by noting that “*compañera, socia*” Carmen had delivered it to him. Carmen is originally from the community that sent the invitation, but Andrés addresses her as a *compañera* and *socia* in this capacity for two reasons. First he is not a part of her *ayllu* so she is not a *kachun*

to him. Secondly, it is an invitation of an entire community entity to another community entity, so he is emphasizing her role of *socia* here, just as he is enacting his role as president.

He begins to address those assembled, “an invitation has been sent to us from Orellana, and so I am going to make you familiar with it (*riksichini*).” Holding the document in hand, he asks people to listen up (*uyanguichi!*), and he proceeds to read the document, including the minor details of the heading, addresses, subject, and notes. Finally, he gets to the main purpose:

...to invite you all to our community so you can participate in a program for the anniversary of our community’s founding on Thursday, 28 March. The program will be from ten in the morning in the meeting area of the community. To those who arrive, we will welcome you with *sacha aicha mikuna* (forest game meat; note: the invitation is written in Spanish with the exception of this phrase). In the afternoon, there will be a social dance with an *orquesta* (live band). (Sindy community meeting, 13 March 2013)

Andrés closes his reading of the letter by reading the names of the signees, the president of the community and the president of the *fiesta*. Next he invites questions from the *socioguna* assembled in Sindy, before holding a vote on whether or not to accept the invitation. Then they hash out logistics about who will go and who will stay in Sindy, along with proposing transportation plans.



Figure 41: Boarding a bus in the middle of the night for a festive visit to a downriver community.

(Photo by A. Mrkva)

Just two weeks after voting on the invitation, we departed at two in the morning by commissioned bus, making our way downriver to Orellana. Once we arrived, the day was filled with activities and the circulation of food and drink. There were contests to see who could drink the most *aswa* in a short period of time, as well as other games wherein participants would slip off their sandals, put them in a pile, mix them up, and race to put one's own pair back on their feet. There were soccer games for women and men. Throughout the day there was an enormous quantity of food given to the guests, the *socios* of Sindy. Carmen was excited to be home, and her husband said that he hadn't had this much *carne del monte* (forest game) in a while. Certainly, he said, Sindy hasn't seen the likes of this on a regular basis for twenty years or more. It was evident what a treat this was to all attendees. The evening was filled with dancing and music, punctuated by speeches comprised of jokes and memories commemorating the alliance between the communities.



Figure 42: Traditional food and drink circulated by hosts in the community downriver.

**On the left, smoked fish and plantain soup with *aicha*. On the right, women from host community offer a guest *aswa*.
(Photos by A. Mrkva)**

In addition to providing access to more “traditional” forms of knowledge and practice that they display, as the intracultural variation discussion above demonstrates, gender roles and scripts are rapidly changing in the Upper Napo (Musante, Bridges, and Swanson 2015). The difference is striking when traveling from a community such as Sindy to one downriver in rural Orellana Province. As such, I don’t want to overstate the idealized version of gender relations and kinship dynamics as described by Whitten’s model above.

On a basic level, I observed that men can be caregivers as well. In the next chapter I discuss how a man gives his brother medicine for a dire condition that has emaciated his body. He doesn’t envision this giving of medicine (*upichina*) as emasculating in any way. Moreover, as I described above, men are deeply involved in care work, mainly through the crafting and deploying of jokes. Keeping a convivial atmosphere and producing successful sociality is labor that is often taken for granted.

Blanca Muratorio has written on the intergenerational conflict she sees over gendered identities between older women and adolescent women who move to Tena and break free from the confines of kinship practices (Muratorio 1998, 409). Jamie Shenton, on the other hand, looks

at these dynamics from youths' perspectives. She examines how Kichwa teens are border-crossers participating in public life as indigenous global citizens (Shenton 2014). From what I've observed in Sindy, it would be inaccurate to reify women as "closer to home." A number of the *kachuns* in particular are reaching outwards through developing expertise in a variety of realms. For example, one young *kachun* in her early twenties is studying ecotourism in a university in Riobamba. Another has already earned her degree and holds a professional post in a community half an hour downriver. Another still has opted to take a course on ethnobotanical science in Rio Blanco taught by a tourist guide (*guía*).

It is increasingly difficult for families in Sindy to get by on less than two cash incomes per household. As such, new qualities are desired of *kachuns*. High school degrees and steady employment are attractive assets for *kachuns* to have. Through cultivating these qualities and credentials, *kachuns* are also acting to enrich their skillsets and enlarge their worlds in the process. The flexibility to engage with and thrive in different contexts is valued, and it brings different resources to the table.

5.3.2 Resourceful Relations

Similar to Carmen's role in strengthening ties between widely distributed communities across provinces, I found that many times people in Sindy benefitted from the resources *kachuns* bring to bear. During one of our forest walks, before heading to the *urku* early one morning, Ruth stopped outside her house and said she wanted to talk about a specific plant, although it isn't medicinal. She went on,

This is delicious food. These leaves are good to roast. They're not *ayak* (bitter), they're good to eat. My *kachun* found this plant from downriver, brought it here, and planted it. It'll grow here now. (Ruth, 65 years old)

She thought this was noteworthy, and I asked her to explain why. She said, “because my *kachun* introduced it to me, and like I said it is good food.” Meanwhile, José, who was standing next to us waiting to go to the *urku*, was looking at the list I made from all of the freelisted remedies. He said “it doesn’t appear on the list, I’ll write it on the side [margin of the paper].”



Figure 43: Participants plan the day's hike by looking at the inventory of plants.

Another one of Ruth’s *kachuns*, Cristina, is both from downriver and works fulltime as a schoolteacher. In this way, she is doubly connected to various sources of resources. The community in which she was born is a half hour bus ride from Ahuano. During my time living with her, I observed and recorded a number of items that she was given from family both from her natal community, particularly manioc varieties (*lumu caspi*), and from her sister’s community of Arajuno (where her sister became a *kachun*) from which she occasionally got forest game and fish.

In addition, Cristina's job in a rural community a half an hour commute away from her home has also been a source of resources, both "traditional" and not. She has received gifts from the parents of her students, such as *chonta aswa* (a beverage made from fermented peach palm), medicinal plants, and fish.



Figure 44: A gift for a teacher from the thankful parents of her students.

Chonta aswa (fermented peach palm drink) and fish served with manioc, prepared and enjoyed with the teacher's own family back in Sindy.

At other times, it isn't the Runa in the community who circulate materials to Cristina, but outsiders. Because the community is in a more rural location, it tends to be the destination of outsiders for various reasons, such as biomedical brigades and other kinds of "service trips." On one occasion, for example, Cristina told me about an "Evangelical group" that had arrived from the United States. She described the group as having eight people in total, and all were monolingual in English except for a woman who was trilingual in French, Spanish, and English. The purpose of the group's visit was to give pairs of boots to each of the schoolchildren. Cristina

described how the group also washed the feet of these children before putting on fresh socks along with the new boots.

In her discussion of this recent visit from the Evangelical group, she suddenly was struck by an idea. She said “*chapai!*” (“wait!”) and ran upstairs. A few moments later, she returned with a small shoebox whose cardboard looked to be damaged from humidity. She handed me the box and explained how months earlier, another group had been to her place of work for a medical brigade. At the time, she was given this box full of pharmaceuticals. She explained she had held on to it because she planned to put it to use one day, but she couldn’t currently because she had no way of knowing what the medicine was for or how it could be used, since the information on the bottle labels was not in Spanish. She said she hoped that there was something inside the box she could give to her niece who was recently diagnosed in the clinic (*subcentro de salud*) as having anemia. She was aiming to leverage the resources she was accruing through interactions with outsiders, and putting them to good use through the circulation of care.

Kachuns in Sindy are extending social networks to the benefit of those they live with, their families. In the process, they create assemblages of resources that are meant for the care of others in the pursuit of wellbeing. Parallel findings of the benefits of social circulation through kinship practices have been documented by Joana Cabral de Oliveira in her work with the Wajãpi living in Brazil. She found that women who marry-into their husband’s communities progressively enrich their gardens by planting more and more cultivars obtained from her family members during occasional visits to her natal village. By exchanging seeds, stem cuttings, and tubers

a woman establishes her own collection of cultivars by activating the dynamic interplay between affinity and consanguinity, resulting in unique gardens, each with its own distinct array of cultivars, and all contributing to keep a high biodiversity of cultivated plants in the region (Cabral de Oliveira 2008, 4).

Napo Runa in general, “explain that such far-flung ayllu ties provide access to locally scarce resources such as specific clays for pottery decoration, varieties of manioc, access to game resources, and potential marriage partners” (Reeve 2014, 21). In particular, what I see in Sindy are similar processes not only with the flow of materials between communities, but also with the wisdom and experience people bring with them and continue to cultivate. In this way, affines are able to contribute their knowledge and experience on how to handle situations that necessitate therapeutic expertise.

5.3.3 Expertise Developed through Wayfaring

The kind of expertise that Napo Runa exhibit when it comes to taking care is not based on intergenerational transmission of unchanging knowledge handed down from elders. Instead, their expertise is honed through their own initiative. The Kichwa verb “*riksina*” means to know through experience (or to be familiar; such as *conocer* as opposed to *saber* in Spanish), and it is instructive in understanding this process of dynamic and iterative learning.

As in the examples listed above, including Cristina’s storing of the box of pharmaceuticals and Ruth’s gratitude for her *kachun*’s transplanting of a novel food plant, we see that knowledge is being built all the time. It is not ready made, but ever-emergent from complex processes of social articulations. One *kachun*, Aurora, described how she had the opportunity to take a course from a tour guide in Rio Blanco. There, she learned how to make particular concoctions for therapeutic purposes. She explains how she was happy with the results:

I gave it to the baby to drink twice. The baby didn’t have diarrhea, didn’t cry. I made it myself. It is good that I’ve studied, that I have become familiar (*riksina*).

But there is still more that I want to learn. It is much better. I will definitely take another course. (Aurora, 45 years old)

The paths that one takes to become a knowledgeable expert are what create meshworks of therapeutic ecologies, as described in Chapter 4. Tim Ingold writes:

Living systems are characterized by a coupling of perception and action that arises within processes of ontogenetic development. This coupling is both a condition for the exercise of agency and the foundation of skill [...] skilled practice involves developmentally embodied responsiveness (Ingold 2011, 65).

Aurora tells me about the path along which she came to learn about remedies; she explained that she hasn't always known about *sacha ambi*. She says that when she had her first son, she didn't know how to make remedies. Since then, she has traveled to Rio Blanco to participate in a class, learning from a tourist guide. She succinctly summarizes:

A person who is familiar drinks medicine. If you're not familiar, then you don't know. Little by little you can make something medicinal. (Aurora, 45 years old)

Aurora's acquired knowledge and learned practices are a testament to the benefits of her reaching out towards alterity to improve her capabilities and expanding her world. It is also a source of pride for her. She explains that the therapeutic agency that she has honed has made it easier to take care of her children. Again, following Ingold, knowledge

is integrated not *up* the levels of a classification but *along* paths of movement, and people grow into it by following trails through a meshwork. I call this trail-following *wayfaring*, and conclude that it is through wayfaring and not transmission that knowledge is carried on (Ingold 2011, 143; emphasis in original).

In this chapter, I have argued that kinship practices are central to these paths of movement. Because *kachuns* and *mashas* are from elsewhere, they bring with them the continual reinfusion of ethnomedical knowledge and practice into the study community, one that is poised to undergo continued rapid socio-economic-environmental change. Their practices geared towards skillful

acts of caring are overlooked not only by medical personnel and policy-makers (who tend to focus on specialists such as *shamans* and *midwives* as knowledge-bearers of “traditional medicine”), but their skills and labor are taken for granted by those who live with them. In this respect, *kachuns* and *mashas* seem to be undervalued in their direct contributions to wellbeing. They display more extensive knowledge about remedies in particular, and they draw upon a wide range of therapeutic practices in general. Their expertise is both minimized and hidden from view from policy makers and their family-members alike. Below, I discuss why *kachuns* and *mashas* given their very positionality within kinship frameworks must not only take care of their families, but they also must relate carefully with their families.

5.4 RELATING CAREFULLY

Through the collection of formal elicitation techniques and through direct observations, “situated knowledges” (Nazarea 1999) about ethnomedicine can be documented. Specifically, this chapter has focused on what constitutes care and how it is enacted. I do not wish to overly romanticize or idealize how care is carried out. There are discernible political maneuvers at play, particularly given the hierarchical arrangement of social obligations within kinship frameworks. Even though they are quotidian, these acts of care are not apolitical.

As Overing and Passes note, “everyday virtues of love, care, compassion, generosity, and the spirit of sharing” (2000, 3) and the mitigation of anger, jealousy, and/or greed are central to the convivial life of living-in-community, particularly in Amazonia. My approach here has been informed by Overing and Passes, but it departs slightly. Rather than over-determining “care” as having connotations of excessive warmth or sentimentality, I suggest that it is more revealing to

understand living well (*alli kawsana*) and taking good care (*alli kwirana*) as a process of “relating carefully.”

There are consequences for those who do not take care in socially appropriate ways. Bodies are susceptible to harm, and survival is at stake. Certain individuals are more likely to be the target of the careful watch to ensure caregiving behavior. For instance, discussing the Quechua concept of “care” in the highlands of Peru, De La Cadena notes, “in *uyway* [caring], there is nothing that makes it necessarily egalitarian. Quite to the contrary, intra-caring follows a hierarchical socionatural order; failure to act in accordance with in-*ayllu* hierarchies of respect and care has consequences” (2015, 103). Care, then, is conducted in response to tensions and coercions, and some people are more scrutinized than others. Writing about the pressure Napo Runa affines face in Upper Amazonia, Uzendoski notes

As “*inside outsiders*,” affines are privy to the intimate happenings of daily life in the *ayllu*—and unscrupulous or careless in-laws may pass along information that later develops into rumors. It takes time for affines to feel and behave as *ayllu*. In the beginning phases of married life, a *masha* or *cachun* is of lower status than the more defined sons and daughters of the *ayllu-muntun*. *Mashaguna* and *cachunguna* are expected to prove themselves; they should contribute labor and services to the affairs of their secondary parents and help their spouses’ siblings. *Cachunguna* are treated less well than consanguineal daughters are, and in domestic activities the mother and elder daughters have the right to assign chores to the *cachun*. A *masha* is expected to labor with the brothers of the *muntun*; both the elder brothers and the father have expectations of him. With respect to the categories of *masha* and *cachun*, both intergenerational and intragenerational terms of address and status relationships are asymmetrical. This social positioning reflects the *affine’s outsider status* in the *muntun*, at least initially (Uzendoski 2005, 103, emphasis added).

Not only are affines occupying a “lower status” or having to contribute more labor by being more attentive to the circulation of substances as I outlined above, but they are also disadvantaged, sometimes enduring bodily harm through direct violence. *Kachuns*, especially, often face difficult circumstances of power dynamics during the integration into her husband’s

kinship network. One *kachun*, Cristina, told me about how her relationship with her mother-in-law has shifted over the years. In the beginning, she said, there was high tension, but since she's gradually established herself and had four children, there has been acceptance. In addition, that Carmen was able to renounce the duty of *aswa upichina* during the community meeting, as described above, is a testament to her being an established *kachun*.

Despite the constraints and challenges they face during the initial phases of being integrated into their spouse's *ayllu*, *kachuns* often bring with them different toolkits and knowledge sets that they use themselves and they teach to others, as Ruth mentions above about how her *kachun* taught her to eat the transplanted species. In addition, *kachuns'* paths don't end with their moving to their spouse's home. They continue on a path of becoming experts; they continue to become familiar (*riksina*) with different tactics to carry out care and pursue wellbeing. In this way, they are flexible learners (Koster et al. 2016) who are concerned with honing skills through wayfaring (Ingold 2011). These paths of becoming are what create meshworks of therapeutic ecologies.

Nevertheless, *kachuns* remain overlooked as experts. And this matters because what is considered to be expertise ends up shaping outcomes. For instance, if *yachaks* and *parteras* are considered to be the "community health experts" then *kachuns* will continue to be overlooked. In this way, gender and kinship ideologies organize the world by simplifying it, highlighting some realities (who the authoritative experts are) and casting shadows on others (the understated care by *kachuns*). Brigitte Jordan, working with midwives in the Yucatan has written that "the power of authoritative knowledge is not that it is correct, but that it counts" (Jordan 1997, 58). Through the analysis of intracultural variation in knowledge, we can get at patterns of hidden experts. Then, this information can be coupled with qualitative interviews and participant-

observation to more thoroughly document the processes by which experts come by their knowledge.

There is a tendency to focus on specialists, such as shamans or midwives, and this strategy might be misguided in the crafting of effective health care policy. When delving deeper, we see that long-standing kinship practices re-infuse communities such as Sindy, undergoing rapid environmental change (as described in Chapter 7), with ethnomedical knowledge, skills, and practice. The study community has become suffused with non-specialized expert therapeutic agents. In communities that are experiencing accelerating social, political, environmental, and economic change, acts of care and continual vigilance for promoting wellbeing are critical. By studying these actions, we can document health-seeking and health-giving behavior on the ground. In some contexts, women's roles as household managers of health can be a source of authority for them in the household (Finerman 1983), in other contexts they might be overlooked. Whatever the case is, those keen to implement policy should be aware that any attempts to intervene with development strategies may affect existing power relationships (Wayland 2001). Ideally, results from ethnographic studies of quotidian caregiving can be used to provide access to services consistent with local values, practices, and felt needs.

Methodologically, we can only get so much from freelisting and displaying intracultural variation. They are great starting points in analysis, but they are best put to use when considered in the light of complementary data types. In the next chapter, I build on the findings presented here by looking at a qualitative counterpart—therapeutic narratives and forest walks, more experience-near ways of communicating expertise than creating lists to define a domain. I use the analysis of intracultural diversity of knowledge, as measured by formal elicitation techniques regarding the domain of *sacha ambi*, as a springboard to understanding how therapeutic remedies

are experienced bodily. Even though local experts are often overlooked, their actions of care and circulations of remedies promote wellbeing and shape local biologies in the form of “strong” people.

6.0 SHAPING STRONG PEOPLE THROUGH BITTER MEDICINES

Marisol was looking past my right shoulder, through the open window as she sighed.

There are a lot of plants that I don't know the name of. I'm familiar with them, anyway. I just don't know each and every name they've been given. There's a lot standing just right here, for whatever you want. To sweep the body. To stop vomiting. To bathe yourself. They're here! Their names I do not know. I am definitely familiar with the plants and leaves, I know a whole lot, just not their specific names. (Marisol, 45 years old)

While I was conducting freelistings interviews, as discussed in the previous chapter, many participants would also gaze outward toward the surrounding areas for visual clues about plants they were familiar with. The previous chapter examined patterns of intracultural diversity through analyzing the results of the formal elicitation technique of freelisting. As a counterpart to that methodology, which the research participants were often vocally frustrated with, in this chapter I analyze therapeutic narratives that research participants imparted.

Building on the previous chapter, I will discuss the factors that make remedies efficacious and how this connects to local notions of the body as a relational and transformational entity. Through therapeutic narratives, participants demonstrate the ways in which remedies are used to strengthen bodies in times of sickness and to fortify against becoming ill. In addition, emergent from the therapeutic narratives are declarations of the value of bitter remedies. Through “idioms of defiance” participants are able to communicate political stances through the use and sharing of remedies. I argue that therapeutic action, then, becomes a form of “biopower below” as Napo

Runa continue to rely upon remedies because they enable evasion from violence incurred during relations with dangerous alterity, such as exploitative migrant labor. In the process, bodies are shaped through acts of careful circulation.

6.1 WHAT MAKES REMEDIES WORK?

During interviews, many research participants shared that they were dissatisfied with their experiences of using clinic services (referring to the *subcentros de salud* in the community upriver, as well as the larger one in Puerto Napo). During an interview, Galo said with dismay,

The doctors don't cure anything. They only give the same kinds of medicines that don't cure. The doctors only calm the symptoms. Every time we go there (to the *subcentro de salud*), they give acetaminophen, and the same, the same, the same. (Galo, 31 years old)

This frustration resonates with other research participants who dislike going to the *subcentros* for a variety of reasons. First, as one grandmother who had taken her grandchild to the clinic told me with anger in her voice that she had gotten the bus fare together and they had spent all morning in the clinic, only to have the doctor not show up (“*doctor illanmi*”). This points to frustration over the institutionalization of state health care, especially the problems of management and administration. Moreover, if one does get to see a medical professional during the visit, the *kinds* of medicines they are given are perceived locally as not doing the necessary work of healing. If more effective medicine is needed, they say, they go to the hospital instead. Because they merely cover up or “calm” the symptoms, the pills that are doled out in the clinics are not seen as being capable of extracting the illness while strengthening the body in the process, to properly move towards *kawsana* and away from the *wañuna* end of the spectrum of bodily experience described in Chapter 4.

6.1.1 Ambi: It is the Dose That Makes the Medicine or the Poison

“All substances are poisons; there is none which is not a poison. The right dose differentiates a poison from a remedy.”—Paracelsus (McLagan 2014, 121)

The Kichwa word for medicine, *ambi*, is the same word used to indicate poison. The difference is in the dose. José explains that when drinking *sacha ambi*, one must take care not to drink too much.

You drink just a little tiny amount (*ansawalla*), not a whole lot. If too much is drunk it kills a person. It kills if you drink too much. Make just a little tiny amount in a cup and there exists *ambi*. Like a remedy you drink it. One time I almost died, maybe I was a little bit allergic, I wasn't accustomed to drinking a lot of *sacha ambi* and from not being familiar (*mana riksishkamanda*), I had drank it. I almost died, and the worms definitely died (meaning intestinal worms—the complaint he was seeking to rectify by drinking the *sacha ambi*). Since then, I've gotten better and now I don't get sick that often. (José, 40 years old)

José's description gives us insight into how remedies are thought to work. First, in excessive dosage it can be lethal. Second, the drinking of bitter forest medicine is interpreted as having a long-lasting effect. A number of interviewees told me about how they used to drink medicine prepared by their parents, many decades ago when they were small children. It was so bitter it made them vomit. But, they say, that is why they have not fallen gravely ill in their adult life. Drinking forest medicine is seen as a strengthening agent, one that helps guard against succumbing to sickness.

The experience of drinking or applying various types of *sacha ambi* (some methods such as nasal application, drinking bitters, or steaming oneself are described in Chapter 4) can indeed be painful. Through interviews and participant-observation, I found that there are two predominant features that are sought after because they make a remedy effective. Both are heightened sensory experiences—the taste of bitterness (*ayak*) and the sensation of burning or

stinging (*ambichina*—literally meaning to make ‘medicine/poison’). During forest walks to elicit therapeutic narratives, Josefina taught me that when a strong fragrance (*asnak*) is emitted from crushed leaves, smashed roots, or incised bark it is an indicator of the bitter taste to come when prepared as a remedy. It is these very two elements of bitter and burning that are lacking in most of the syrups and pills that the *subcentros* dispense, as Galo indicated above.



Figure 45: Prepared remedy to be administered up one's nose.

Described as causing a burning sensation (*ambichina*).

(Photo by A. Mrkva)

Bitterness has long been sought for its medicinal qualities. Classic examples include wormwood, which has been used to kill intestinal parasites, and bitters have been featured in *aperitif* cocktails to stimulate appetite and aid in digestion. Cross-cultural ethnographic work documents the healing abilities bitterness lends in many places the world over. In addition, the ethnographic record demonstrates the metaphorical extension of bitterness to describe experiences of difficult times of suffering. For instance, Farquhar (2007) notes that “to eat bitterness” is a common phrase in China, meaning to endure suffering. Writing about the Pomo

people of Northern California and their companionate, co-evolutionary relationships with oaks, Linda Noel et al. describe how bitter remedies are martialled to handle bitter times:

Acorn mush—like the stories of Bloody Run or Bloody Island told to young Pomo by their parents and grandparents, stories of massacres, forced marches, and internment—is bitter. The old women whose words animate this recipe and its meaning argue over how bitter it must be, but they all call it medicine. They laugh at the children who want it sweeter, who do not understand the balance that Pomo people expect and value between sweet and bitter, comfort and pain, bounty and deprivation. The oldest leach the acorns of just enough tannin to avoid stomachaches, leaving enough ‘toxin’ to heal them against the legacy of settler violence (Noel et al. 2014, 155-156).

Noel and colleagues are describing acorn mush as a food that acts simultaneously as a remedy, but one that doesn’t cause overt pain, noting that elders leave just enough tannins to not cause discomfort. What I will show in this chapter is how Napo Runa engage with bitter remedies in distinctive ways because they seek out the sensation of bitterness to purposefully strengthen themselves. As I explain below, bitter remedies are relied upon because they line up with notions of how a lived body can be revived. It is important to stress that many indigenous Amazonians groups, the Napo Runa included, consider bodies to be permeable, volatile, and shaped by the circulation of substances in the context of social relations.

6.1.2 Plants’ Arsenal of Alkaloids

Bitterness is both a taste and a feeling registered by taste-receptors (Campbell et al. 2012). Because we have evolved taste receptors we humans can detect various elements such as sweetness, fattiness, saltiness, umami, and bitterness. These taste receptors allow us to surmise the value of what we are eating. Sweetness is pleasurable and rare, fat indicates a calorically dense food item, and salt is required as a micronutrient. Detecting bitterness has been

evolutionarily important because it indicates that a particular substance may be toxic in a large enough dose.

What tastes bitter to us is a defense mechanism developed by plants to ward off species that might cause them harm. The ecological relations between plants and other beings is what gave rise to the evolution of bitter alkaloids and other so-called “secondary compounds.” They’re called “secondary” compounds because they are not of primary importance to the plant’s own metabolic survival.

While plants may look to be passive since they are rooted in place, they are far from it. In the bracketed off Nature (with a capital N) in Western ontologies, Marder argues that it is common to overlook plants because they are inconspicuous and perceived as a homogenous green collectivity; otherwise, we over-instrumentalize plants by focusing only on their utility to us humans (2013). Secondary compounds are what allow plants to mediate with other beings in entangled co-evolutionary relationships, enabling protection or enticement. These secondary compounds act to ensure the plants aren’t eaten alive in some cases, and in others they tempt other beings to facilitate their reproduction through pollination or seed dispersal.

More specifically, alkaloids are a particular kind of secondary compound. Alkaloids are nitrogenous organic compounds that defend against herbivory. These compounds have pronounced physiological effects on humans. Many drugs such as morphine, medicines such as quinine and atropine, and poisons such as strychnine have been derived from alkaloids. Alkaloids are biodynamic substances that can act as analgesics, anesthetics, vascular constrictors, antispasmodics, tranquilizers, and hallucinogens for humans. In this sense, alkaloids are *ambi*, both poison and medicine in one. These *pharmakons* (Stengers 2010) are poisonous in high doses, but can be stimulating and beneficial in smaller amounts.

6.1.3 Runa Relations with Plants

Runa conceptualize their interactions with plants in a very different way than the ecological and evolutionary perspective outlined above. For instance, a typical scientific explanation holds that “tropical tree wood is hard as a possible adaptation to discourage termites” (Kricher 1999, 149). Some argue that Runa, on the other hand, relate to plants as though they are social agents. Tod Swanson (2009) analyzes ritual songs and origin stories of plant species, and he finds that, traditionally, plants are treated as if they were estranged relatives, either difficult children or dangerous lovers. Working with the Yanesha, Fernando Santos-Granero (2011) similarly argues that plants in the *montaña* of Peru are thought to have transformed into their current state from previously-human-bodied states.

These conceptual frameworks of plants being transformed from once-human-forms have implications for how human-environment interactions take place. Swanson suggests that plants are appealed to as social actors. First, medicinal trees are approached in a manner that is suggestive of appropriate social relations, through cross-gender interaction with the polite requesting of permission prior to harvesting. I observed Swanson conducting an interview with a woman from Napo and another from Pastaza in which they harvested medicine from the *Amarun Caspi* tree (Swanson 2013). During the course of that interview, the two women stated that the medicine only works well when it is given willingly. Here, the act of circulation dependent on giving substances begins with the harvesting, and does not merely appear only in the sharing of prepared remedies among humans, which is discussed in more detail below.

In addition, traditionally, Runa have appealed to the barks of forest trees for medicinal reasons in hopes of transferring some of the bodily qualities of the hardwoods to the human persons (Swanson, personal communication 2011). For example, the *ayak* derived from big

forest tree bark could impart some of the qualities that the tree itself embodies—enormous size, resistance to illness, ability to endure over generations. In the *Amarun Caspi* example mentioned above, the woman from Napo explained while harvesting the bark that they drink it as a remedy so they can stand tall like the tree stands in the forest. And looking at the red bark she says, “I will drink his medicine to become red like him, not to be pale or tired (*sambayashka*) [...] to be strong like him (*pay kwinta ursayuj*).” The bright color of the bark is interpreted as a property that can impart strength (*ursa*). This concept of gaining strength through the use of bitter forest remedies is foundational to how healing is understood to take place. Back in Sindy, during one of our interviews, Joaquin laughingly said that he doesn’t get sick very often: “I live like a tree, Nora” (*yura kwinta kawsani*).

Runa are not freezing themselves in time nor closing themselves off to other possibilities, however. They continually find new ways to engage with various medical matrices while also continuing to interact with non-human species in social ways. At the same time, I observed how Enmeshed Therapeutic Ecologies are emergent through the creative blending of ideas and materials that have non-Runa origins. Taking the berry of *zimbiyu* “as a pill to kill bugs” and adopting *borojó* as a new component in one’s doorstep garden specifically *because of* recent scientific findings, both discussed in more detail in Chapter 4, are examples of flexible and engaged learning to become familiar (*riksina*, as discussed more thoroughly in the previous chapter) with remedies from various sorts of origins.

6.1.4 Local Biologies and the Xenobiome

What kinds of material effects might these assemblages of remedies bring about? What might these biodynamic substances derived from plants mean for the local biologies of situated bodies?

This discussion veers into the terrain of the “ontological politics of health” when we realize that the actions of care-giving, the social circulation of *sacha ambi*, do more than meet social expectations. They are also shaping material realities in the environment of the body. Bodies are being altered with biodynamic substances. More research needs to be conducted on the extent to which *local biologies* are emergent in these inter-species meetings when remedies are taken into bodies. How does the xenobiome affect the microbiome?

Sara Tishkoff and a team of researchers have investigated the patterns of bitter taste perception in 57 distinctive populations throughout Africa (Campbell et al. 2012). There are bitter taste-receptors that are, of course, found on the tongue but they also appear elsewhere in the body. These bitter taste receptors can be found in lungs, the gastro-intestinal system, testicles, and nasal cavities. This is a fascinating discovery, because it suggests that the bitter elements are interacting with many parts of the body in a way that is not yet completely understood, from a scientific standpoint (Doupleff 2013).

Margaret Lock’s concept of “local biologies” emerged from her cross-cultural analysis of aging and menopause experience (Lock 1993; Lock and Kaufert 2001). She argues that local biologies are shaped by individual- and population-level factors such as reproductive patterns, diet (phytoestrogen intake), cultural practices, and individual behaviors such as exercise patterns. Given this framework, is it possible that indigenous Amazonians who use bitter plant medicines to fortify and heal themselves, are contributing to shaping the material reality of their bodies, producing local biologies?

The xenobiome is a set of chemicals, mostly derived from plants that are toxic in large amounts and possess a bitter flavor (Masé 2013, 254). Once bitterness is signaled on the tongue because it registers in taste-receptors, there are effects that ripple throughout the body. It can

have such wide-ranging effects as activating antioxidant enzymes, enabling bile secretion in the liver, and stimulating the release of hormones along the Vagus nerve (Masé 2013). Masé argues the bitterness poses bodily challenges in ways that could be beneficial, noting “living systems do best when they engage moderately with their environments, accept some measure of challenge, [and] get stronger in the process” (2013, 127). This ecological rationale echoes what Napo Runa communicate in their therapeutic narratives—that bitter medicines make one stronger because of the sensorial challenge they offer.

6.2 AMAZONIAN NOTIONS OF THE BODY

It is time to eschew the notion of the “universal body.” Because there are both conceptual and material variance in what constitutes bodies, we need to interrogate a key principle of biomedicine, “that bodies are everywhere biologically the same” (Brotherton and Nguyen 2013, 288). Working in Amazonia with the Kayapo to understand bodily adornment as social process, Terence Turner argues that the body is not “reified, decontextualized, and somehow [a] transhistorical and transcultural object” (1995, 146). Biological forms, such as bodies, are embedded in localities and as such their plasticity is shaped by social practices. Any effort to intervene in matters of health and illness, such as public health policies, must pay rigorous attention to the lived and embodied experiences of the targeted beneficiaries.

In the context of Amazonia, ethnographers working with various indigenous groups note that persons are produced through substance sharing with the ever-present possibility of transformation (McCallum 1996; Rival 2005; Santos-Granero 2012). For Napo Runa, plants are integral in constructing both personhood and strong bodies in the management of health. They create bodies by circulating substances, particularly food and plant medicines, along lines of

social relationships. The taking in of plant medicines not only produces certain kinds of distinctive bodies, both conceptually and physically given the biodynamic substances involved, but it is also a platform from which to discuss the reasoning behind health-related decision-making.

Based on long-term fieldwork with the Yanesha of the *montaña* in Eastern Peru, Santos-Granero demonstrates how bodies in Upper Amazonia are composites created through socializing behaviors of human and non-human entities. He juxtaposes this local conception of the lived body to St. Thomas Aquinas's notion of an individual, singular, and self-contained person. Quite apart from this version of the body, Santos-Granero argues that Amazonian bodies are "relationally-constituted, permeable, and metamorphic" and they are "achieved through intimacy" in situations of sharing or conviviality (2012, 182). He continues to explain that the self is socially-constructed

...through the common effort of a variety of people in order to become a proper human being. They (Yanesha) argue that human beings are not self-contained, are constantly in the making, and thus are mutable and in permanent flux. They also agree that the self can only become a proper human being through the incorporation of alterity, that is, through the incorporation of different Others. In addition, they coincide in that such incorporation is effectuated through the sharing of substances resulting from living, eating, and sleeping together (Santos-Granero 2012, 190).

He means this in a material sense, rather than mere metaphor, since he notes that Yanesha bodies absorb heterogeneous material substances that then influence the bodily state. Plants play an important part in influencing desired bodily outcomes. Controlling food and medicine are important ways to shape wellbeing on a social level. By circulating these substances, a person's existence is continually influenced by interactions and exchanges. The incorporation of outside materials is facilitated by social ties, exemplified by the concept of the "dividual," as advanced

by Marilyn Strathern in the Melanesian context. As Strathern states, bodies are constructed through the sharing of substances: “persons exist by absorbing heterogeneous material influences” (1988, 348).

By using medicinal plants, Runa are incorporating alterity into their pursuit towards wellbeing. I mean this in two senses. First, the plants themselves are a form of alterity in that they are *materially* “other” from the body, and they exert biodynamic effects, the stronger of which are felt through bitter and burning sensations. The literature on Runa relations with plants suggests a second sort of alterity that is at play, as well. As mentioned above, in Napo, Runa say that species are said to have evolved from formerly human states (Swanson 2009, Santos-Granero 2011). As such, interactions carried out with plants, especially in gardens, must be dealt with skillfully by relating with the plant as though it were a social entity. Through his analysis of ritual songs and origin stories of plants, Swanson suggests that Runa women relate with plants as if they were “dangerous lovers or difficult children” (2009). Swanson states that it was through improperly carried out social interactions that led to estrangement that the beings transformed into their present plant form from their previously human state. This is proof that the world is envisioned as in flux with the lingering possibility of dramatically metamorphosing bodies.

Person-making is a struggle to shape bodies so they reflect material and subjective qualities concomitant with what it means to be a strong and capable person—that is, one who is *sabiru* (hardworking and wise) and not *killla* (lazy)—acting to benefit others. Bodies are influenced by what they are given and by the skill and labor that goes into the prepared and circulated substances. One’s body can also be “read” as an indication of where they’ve been and

the kind of care-network they've been enmeshed within. The following excerpt describes the possibility of bodily metamorphosis, as seen by the Matsigenka:

When they are here, they drip herbs in their eyes and they eat *piri-piri* [...] When they go downriver, they eat rice and onions and lose their hunting ability. Their heads are full of books and learning [...] When girls go downriver, when they come back, they are too lazy to spin cotton. Their souls only think about reading and writing. Their souls and bodies are full of paper (Marris 2016).

Here, bodies are interpreted as having variable capabilities, being a good hunter or a poor spinner of cotton, that follow from the substances one has become accustomed to consuming.

Because remedies have the ability “to make [one] stronger” (*shinzhiyachina*), sickness can be more readily chased away (*kallpachina*), rather than leaving the body to be “caught” by it (*api tukuna*). In the therapeutic narratives described below, we will see that the burning and bitter sensations *clean* and *teach* the body with the ultimate goal of creating persons who are resilient, moral, and proper human beings. In her ethnohistoric account of Rukuyaya Alonso, Blanca Muratorio describes his pithy explanation of how the body is understood to operate. He gives the example of bathing in a river at dawn, since plunging into the cold water at the first light of day is a sensorial shock. Doing this, Rukuyaya Alonso would say “give me your strength, and take away my weakness” (Muratorio 1991, 210). We see here that there is a fluctuation of strength and weakness, premised on the flow of *samay*. Weakness or illness must first be extracted from the body and then replaced with beneficial substances that act to revive (*kawsarina*).

Bitter forest medicines (*ayak ambi*) are not imbibed to ameliorate symptoms, but to correct the root problem through cleansing and strengthening the body. For instance, Froiland, an interviewee, notes “if you have *wañui*, you must liven up yourself (revive yourself) with bitter medicine.” More than simple palliative care, strengthening the body can be done during times of

sickness or to prevent it from occurring. The illness must be extracted, but to do so properly the bitterness must be embraced so as not to invite the illnesses to hide.

It is called bitter (*ayak*). All medicines are bitter. We don't drink it fearfully. If we drink with fear, it won't make us better. I drink a glass. They say to drink a glass, to drink without fear. If you drink with fear, the illnesses will hide (*miticuna*), they say. That's how the elders talk. (Joaquin, 43 years old)

While chasing the illness away, the bitter remedies have physical effects on bodies—encouraging sweating, vomiting, or getting rid of mucus. Interviewees used the following expressions to describe the reasons that bitter forest medicines are seen to be effective:

It burns so much! But because it is burning, the entire person will be made to sweat. By sweating, the fever is cut off. (Aurora, 45 years old)

The bitter medicine will anger your entire body, it will make you sweat. Then, the illness will exit (*llukchina*). In that way it cleans (*maillana*) the body. (José, 40 years old)

It is so bitter it'll make you want to vomit (laughs)! (Carmen, 40 years old)

It will make you stronger, so you can catch some strength. (Aurora, 45 years old)

It makes your strength better. (Katrina, 32 years old)

Next, I turn to the therapeutic narratives through which participants describe the reasons why they appeal to bitter medicine to clean and strengthen the body.



Figure 46: Bitter forest medicine prepared from a thorny liana vine.

6.3 THERAPEUTIC NARRATIVES

Through the collection and analysis of therapeutic narratives, I find that the sensory experiences of burning and especially ones of bitterness are prioritized properties of remedies for two reasons. First, they connect to how the body is understood as processually-made, with the ever-present possibility of sudden transformation from health to illness and vice versa. This point underscores the sense of agency that comes along with the ability to take action to regain a healthful bodily state. Second, bitterness and burning are sensory experiences “given” by intimate friends, family members, or *compadres* as a way to enhance the bodies of kin. Both of these points demonstrate that the application and consumption of bitter and burning remedies shape the body through social constitution, rather than a simple individual pursuit of wellness (as discussed in Chapter 2).

Being sick is a form of communication that is contingent upon political, socio-cultural, and historical contexts and it cannot be reduced to a mere biological event. Scholars have long focused on the ways in which sickness communicates: operating as metaphor (Sontag 1978; Martin 1990, 2001), apprehended through illness narratives (Frank 1995; Jurecic 2012; Kleinman 1988; Orsini 2006), and expressed through “idioms of distress” (Larme 1998; Nichter 1981; Oths 1999; Pedersen 2010). Critical Medical Anthropologists are interested in how illness and bodily experience are means through which distress is expressed and unjust circumstances are resisted. Scholarship on illnesses in Latin America such as *debilidad* (Larme 1998; Oths 1999), *sobrepardo* (Larme and Leatherman 2003), and *nervios* (Finerman 1989; Finerman and Sackett 2003) express the embodiment of life’s accumulated hardships (Oths 1999) as well as processes of internalizing the devaluation women endure in situations of gender inequalities (Larme 1998). More recent work by Pedersen and colleagues among Quechua-speakers in highland Peru outlines a variety of contextualized “idioms of distress” (2010): suffering in general (*ñakary*); worrying thoughts (*pinsamientuwan*); and experiencing difficulties (*sassachacuy*). These authors underscore that “health inequalities are historically and socially produced, and the interplay of historical, social, and economic forces influence illness experience” (Pedersen et al. 2010, 280). All of these contributions point to the need to situate bodies in context.

Being sick is an opportunity to offer commentary on situations of disenchantment or disenfranchisement. Indeed, following Kleinman and Kleinman “bodily complaints could also be interpreted as a form of resistance against local sources of oppressive control” (1994, 716). However, less attention has been placed on people’s therapeutic experience and how they craft stories about it in the form of therapeutic narratives (notable exceptions include Early 1982 and

Mattingly 1994). We know that sickness is a form of communication, but what about understanding therapeutic action as a form of communication, as well?

I apply the lens that “Anthropology of the Good” (Robbins 2013) has to offer by investigating what wellbeing is for Napo Runa. In this study, I agree that sickness is a form of communication that expresses suffering, but I also add to this discussion by analyzing that which is communicated through therapeutic action. This present investigation builds on the rich history of analyzing metaphors by documenting how Napo Runa contest exploitation and ameliorate their vulnerability through local practices of care anchored in cultural politics of wellbeing. I demonstrate a conceptual pivot from a sole focus on illness narratives (Kleinman 1988) and sickness as cultural performance of “idioms of distress” (e.g., Oths 1999; Pedersen 2010) to what I refer to as “idioms of defiance” as explanations of therapeutic action.

Therapeutic action can be transformative, but it is important not to focus solely on the outcome of therapy while ignoring the health-seeker’s processual experience (Csordas 2002). Anthropologists are well-situated to inquire into the experience-near process of therapeutic engagement. For the present study, I ask what is it about the bitter and burning sensations that legitimize the therapeutic process for Napo Runa. To address how the therapeutic process is experienced, I elicited therapeutic narratives from interviewees. Early defines therapeutic narratives as “commentary on an illness progression, curative actions, and surrounding events” (1982, 1491). In the research context, by devising therapeutic narratives, many research participants were able to communicate phenomena otherwise hidden from plain view. For instance, therapeutic narratives demonstrate: expertise and skill in remedy-making; instances of care and empathy; and contestation of violence and improper social relations.

Therapeutic narratives do more than describe how bodies ought to be made, however. They contest and resist violent or unjust social relations. Napo Runa do indeed tie their suffering to wider forces of violence, claiming that inequality is what makes them suffer (*turmindus*). But they also discuss why certain therapies, especially bitter forest remedies, are seen as efficacious. It is through their therapeutic narratives, these “idioms of defiance,” that we see they are not passively taking suffering in silence. Instead, they are therapeutic agents who through the very use of remedies that fight bitterness with bitterness not only express their suffering in the process, but go further by contesting the etiology of illness while valorizing the cultural politics of what it means to be healthy. That is, in addition to critiquing the sources of suffering, they also do the work of aligning their priorities with the social relations that are fundamental to their conception of wellbeing.

In what follows, I organize the themes emergent from the therapeutic narratives into two sections. The first batch has to do with Runa understandings of the lived body, whereas the second set describes in detail the proper circulation of remedies.

6.3.1 Remedies to Strengthen

In Kichwa, *shinzhi* means “strong.” The morpheme *-ya* means “to become” while the morpheme *-chi* means to make something or someone do or accomplish something. Therefore *shinzhiyachina* can be translated as “to cause to become stronger.” *Shinzhiyachina* was given as rationale for why people appeal to medicinal plants. Michael Uzendoski has discussed this process in his seminal work, *The Napo Runa*. He has noted, “over the course of one’s life, one’s body must change form and become strengthened” (Uzendoski 2005, 54). As stated above, the

properties of proper *ambi* are seen as strengthening agents, namely bitterness (*ayak*) and burning (*ambichina*).

The two vignettes in this first section illuminate the desire to *strengthen* bodies through the use of remedies. The first therapeutic narrative is offered by a parent describing how he uses stinging nettles (*chini*) and hot chile peppers (*uchu*) to put misbehaving children on the correct course of strengthening their bodies (and moral constitution) in order to become proper human beings. Outside of the household, *chini* is also frequently wielded to discipline unruly students during school assemblies.

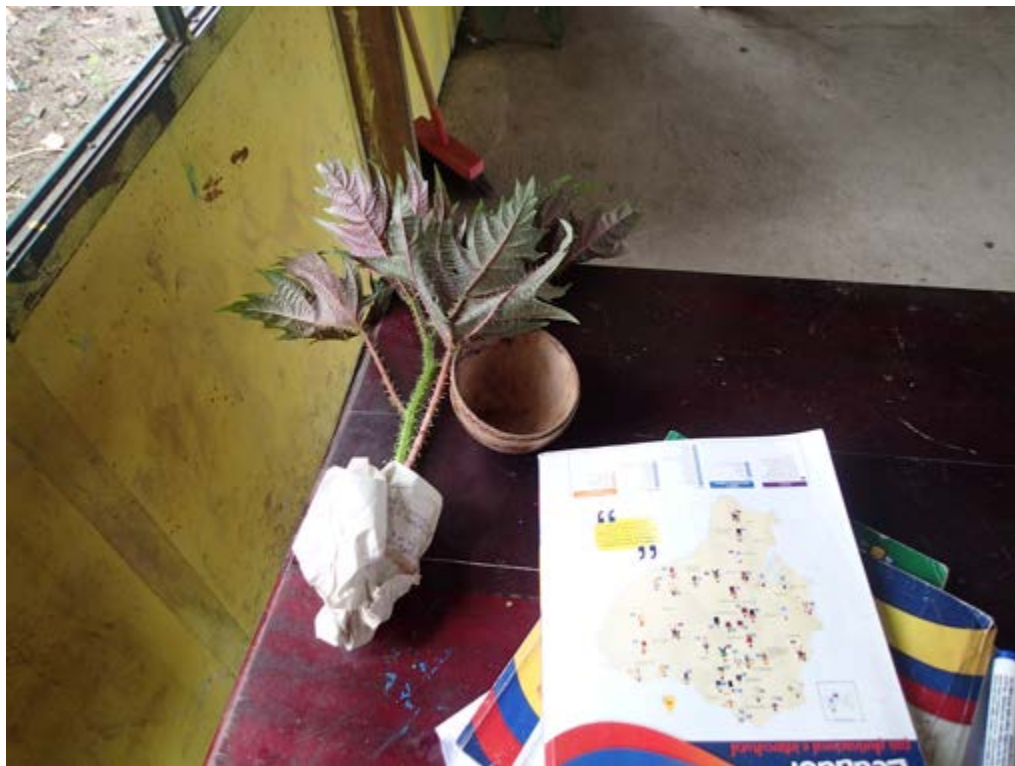


Figure 47: Stinging nettles next to a state-issued textbook on a school desk.

Michael Uzendoski has worked with Napo Runa communities for decades. Below, he discusses how loving care can be doled out in the form of tough love.

Adults told me many tales of their childhood punishments. I was surprised that almost all remembered these painful experiences as positive and loving (*llakina*). They believe that *uchu* improves eyesight, mainly night vision, and that its odor wards off evil spirits and jaguars. The *chini*'s nettles contain a liquid with medicinal properties. The plant is believed to have a general cleansing effect on the body and be good for the muscles. It is also used ritualistically before hunting or shamanic rituals. People associate these 'punishments' with strengthening and maturation. These memories of punishment, mockery, and fighting all go into the way people conceptualize their inner strength, which they receive through the love and toughness of their parents and elders (Uzendoski 2005, 35).

Rukuyaya Alonso also shares his experience of being scolded (*kamachina*) using chile peppers:

When I was small, lazy, and disrespectful of grown-ups, they would make any powerful person with a strong *samay* rub red peppers on me [...] and give advice by [sitting] me on a bench, scold[ing] me harshly, punish[ing] me by rubbing my eyes with red pepper and later blow[ing] their strength and power into me (Muratorio 1991, 56).

On this theme of *samay* redistribution, plants are also used to manipulate the flow of air outside of bodies, as well. Napo Runa use fans assembled with aromatic leaves to lightly brush a person who has lost *samay* and has therefore become weakened. The purpose is to chase away the illness (*kallpachina*) while replenishing the body with *samay*. *Yachaks* use a particular kind of fan (*wairachina*) made from *suru panga*. For other conditions, people who are not *yachaks* use fans assembled with various types of fragrant leaves. The purpose is to lightly brush a person with the leaves to "sweep" (*pichana*) their bodies to enable the flow of *samay* to strengthen the person who is currently in a weakened state.

However, there is more to it than simply sweeping (or alternatively it is referred to as *waira waktana*—hitting the air). I have observed this practice in a number of contexts. Invariably, there are more people present than the one being swept and the one doing the sweeping. This practice of sweeping or hitting the air around the sick person is conducted in a vocally supportive environment. People nearby offer words of kindness, or share stories of how

they overcame a similar bout of *wayrashka* (*mal viento*, bad wind), or they might plead to *yaya dios* (God) to return *samay* to the person who is feeling ill. The sensation of being swept by leaves is therapeutic, given its engagement with the senses—the aroma of the leaves and the rhythmic rustling of the leaves—and the supportive environment wherein people are expressing their encouragement.

In Sindy, people continue to use chile peppers and stinging nettles on children who are misbehaving, or as Cesar describes below, acting mean and unsociable.

When a child is acting mean (*milli kara*—“has a mean skin”), for that reason we apply *uchu* and *chini*. In our thoughts we are giving them medicine. It is not from anger. It is from love. We desire the baby to become good. *Uchu* makes the child stronger (*shinzhiyachin*). If we don’t put *uchu* in a child’s eyes, twenty years later that child will be ruined. On the other hand, having *uchu* put in your eyes helps people when they become older to see. Here in Sindy’s school, there is a young lady (*malta señorita*) who is a teacher. When she was younger, no one scolded her (*kamachina*) with *uchu* so that she would turn out good, they say. And now, she is 21 years old, and cannot see very far away. On the other hand, there is a teacher who is fifty years old and who can see far away. When elders use *uchu*, they do it out of love. So, we have come to the conclusion (*shinajpi paktakanchi conclusión*), that people see better when elders give children *uchu*. For the young adults today, if they weren’t given *uchu*, their eyes have been damaged. (Cesar, 48 years old)

Cesar went on to explain that *ambi* is taken not just in times of dire illness, but also to make the body stronger with the aim of prevention (in Cesar’s words, “*aichara shinzhiyachin, prevenir, no?*”). The use of *sacha ambi* is thought to have long-lasting effects for the body well into the future.



Figure 48: Harvesting chile peppers.

(Photo by A. Mrkva)

The parents say they use these plants that cause burning, stinging, and have a bitter taste out of love, not anger, and that the children's bodies have to "learn" from the plants in order to become strengthened. That plants are teachers (Uzendoski 2012), agents with the ability to make people learn, is not an unusual concept and it fits into Napo Runa ideas about how interaction with non-human species takes place. For instance, what Westerners would label as "hallucinogenic" plants that are used by *yachaks*, such as *ayahuasca* and *wanduj*, are referred to as "teachers" by Napo Runa. Rather than thinking about remedy concoctions such as *ayahuasca* as triggering a disturbance in the vision that makes one believe they are seeing something that is not actually there (i.e., a sensory misperception or hallucination), Napo Runa discuss how these plants work on different terms. José explained to me that *yachaks* drink *ayahuasca* in order to "open up their vision to see more clearly." In other words, it expands what is perceivable rather than being written off as a "mistake" in perception. Plants such as *ayahuasca* and *wanduj* are considered teachers since they invite a widening of vision and in the process evoke knowledge about the world.

Strength, people in Sindy say, is increasingly needed to contend with the challenges they face these days. Next, we examine a therapeutic narrative about the dangers of migrant wage labor. The cannonball tree figures prominently in the ethnobiological literature of the Northwestern Amazonian region. Marles's ethnopharmacological analysis states that the fruit can be scraped so as to squeeze out juice, which is then directly applied to infected wounds. He notes, it "burns like chili sauce" for approximately one hour, but then the pain goes away and the wound is clean (Marles 1988, 57). Chemical assays of the fruit of this species indicate that there are specific antimicrobial and antitumor agents, as well.

In Sindy, this plant is referred to as *llushtinda*. The bark of the tree and the young leaves are reportedly used on a regular basis, but it is the fruit that we will be drawing attention to here (*llushtinda muyu*). During interviews, participants stated that they collected the fruit from the forest in order to deal with a variety of problems ranging from cancer to diarrhea to treating rashes. These findings overlap with what the ethnopharmacological literature describes. In addition, interviewees note that *llushtinda muyu* is frequently used in ethnoveterinary ways since they feed it to their ailing chickens.



Figure 49: Napo Runa woman holding *Ilushtinda muyu*.

(Photo by A. Mrkva)

Edison, a young father, described to me why the results of a lab test had driven him to drink *Ilushtinda muyu*.

I was working. I had gone to work in Coca and was working with agricultural chemical products. And then, I got exam results that told me I was poisoned. I was working with a chemical product, but then they changed me to another type of work. It was in fertilization. From over there, finally I came home. I got rid of that job. Then, I had more test results when a, what is its name, a type of *Cuidad Movil* [health-care delivery bus] that gave me some pills and I had another exam that supposedly said that I have an allergy, because the result was really high. So, they told me that I have too much of an allergy. But, I didn't feel anything. That's because it is inside of my body. I feel perfectly well. The *camión* [Cuidad Movil] visits each community that has a school. And just as I had retired from my job, just then they were attending to the school children. Then finally, they saw me during the afternoon. I was thinking about going to the *subcentro* in Atahualpa. To see if they could do another exam telling me how I am. As I was leaving, Carmen [a *kachun* who lives in his housing compound] gave me some *Ilushtinda muyu* to drink. I've brought some back home. It is natural. Right here [in Sindy] many of us already know how to use natural medicine (*ya sabemos*). [Carmen] told us to prepare three liters in this bottle [a Coca-Cola bottle]. I need to drink three liters during a week. Like this, in a glass. And with this, it will wash away the bad that it inside. Wash away the bad things in the blood. So I went and prepared it. That's what they told me to do. I have to drink it in the morning, in the middle of the day, and in the evening. It is so bitter. Really bitter! (*amarguuuuuísimo, bien amargo!*). (Edison, 24 years old)

Edison went on to describe that he was glad not to be working so far away in such a dangerous job. In this therapeutic narrative, Edison is situating himself in webs of precarity produced by structural inequalities, which have led to diverse economic opportunities but that have also exposed him to new vulnerabilities.

Here we see therapeutic ecologies in action. The medical test's detection of the problem, which he says he couldn't feel since it was located inside the body without perceptible symptoms, was useful to Edison. It signified that he needed to do something to heal himself. What he refers to as the "Cuidad Movil" (*Unidades Medicas Moviles*) has the proclaimed purpose of offering rapid and efficient medical exams with immediate results, while also boasting of air-conditioning within the van. The types of exams they offer include: lab exams, surveys of work histories, optometry, audiometry, digital imaging, and spirometry. In his narrative, Edison comes across as being open to new forms of technology. The results of the quantitative test indicated to him that there was something (agrochemical intoxication) that must be "cleaned" from his body. What is particularly striking about this narrative is the role of a *kachun* in his housing compound, Carmen. It is she who offers the *llushtinda muyu* to him just as he was about to go to the clinic. As argued in the previous chapter, *kachuns* are unsung experts in ethnomedical skill, knowledge, and practice.

This therapeutic narrative comes from a young man who describes his use of *llushtinda muyu* as a necessity given the bodily violence, the direct poisoning, he experienced from chemical encroachment of agro-chemical application in his job in the far away city of Coca. As such, this is what I call an "idiom of defiance" as he valorizes the remedies he uses as a contestation of the source of sickness, what he considers to be an unfair and oppressive labor

experience. By electing to imbibe *llushtinda muyu* he cements his preference for the use and rationale of *sacha ambi*.

6.3.2 Social Circulation as Fortification of Bodies

This second set of therapeutic narratives highlights the importance of circulating remedies along lines of social relations. I find it striking that the circulation of remedies reaches even those who are not yet considered to be ill at the moment of consumption, yet they participate in the sharing of substances nonetheless.

After we finished an interview in the mid afternoon, Vicente invited me to accompany him across the street to visit his younger brother. He told me that his brother was bedridden with cancer. When we arrived, his brother was lying in the bed that took up half of the whole structure. The man's pregnant wife was sweeping the floor. Vicente had brought along a cup filled with a greenish amber liquid. He had prepared it from a concoction of seven different plants, and his plan was to share it with his brother (he used the word *upichina*, as in to give drink/medicine).

Vicente's brother removed a layer of bed sheets from his gaunt body, struggled to sit up, and took the drink his brother offered him. After taking a sip, he grimaced and gave the cup back to Vicente. The brother said, in Spanish, "I am too weak to drink this." This indicated the severity of his condition: he was too weak to be strengthened through *sacha ambi*. He said that it exhausted him further in his already listless state.

I did not digitally-voice record our conversation inside the shack because it was an impromptu visit and I did not want to appear invasive or insensitive. I did, however, take copious field notes directly following the interaction to document what had transpired. The young man

explained that he had a stomach tumor and he had recently returned to Sindy from Quito so that he could be with his family. Vicente had been stopping by multiple times per day to try to get his brother to drink the *sacha ambi* he had prepared.

After our visit, we crossed the street and returned to Vicente's home. As we were about to part ways, I noticed that he was sipping from the same cup that he had intended to give to his ailing brother. I asked him whether he was worried he was getting sick, too. He laughed and said, "No, it's not like that. I want to be strong." In a similar vein to what Cesar was indicating above concerning *chini* and *uchu*, strength can be cultivated through the application of bitter or burning medicine even in times when one is not directly ill. Cesar even used the Spanish term "prevenir" (to prevent) to underscore his meaning. Although not a therapeutic "narrative" per se, this example illustrates the circulation of *sacha ambi* through conduits of caring relatives that exercise the principle of strengthening—both to overcome illness and to prevent it from occurring in the first place.

Next, I turn to another example of the social circulation of *sacha ambi*. But in this instance, it was not procured from a caring brother who prepared it specifically with the person who was ill in mind. Instead, Diana had purchased a prepared bottle of *sacha ambi* from "un *mashi*" (a neologism meaning "friend" in Kichwa, although normally in everyday context the Spanish word "amigo" is more prevalently employed) downriver, Benecio. This *mashi* was also a *masha* (brother-in-law who marries into an *ayllu*), not originally from Sindy. I mention this, because as demonstrated in the previous chapter, *kachuns* and *mashas* represent important forces in the re-infusion of ethnomedical knowledge, skill, and practice into the community of Sindy.

For a small fee of \$3 she was able to buy a liter bottle of *sacha ambi* that combined three distinctive bitter barks (*ayak kara*). Benecio's entrepreneurship is filling a need for those who do

not have the time nor inclination to search for, collect, and prepare *sacha ambi*. During the course of interviews, people often expressed that they don't drink as much *sacha ambi* as they used to or as they would like because there simply isn't enough time to do so. Many people are spending more time away from the home in wage-labor jobs, and they cannot allocate time for the hours' long hikes into the forest and subsequent preparation of the medicine.



Figure 50: Sharing prepared *sacha ambi*, purchased downriver.

Diana was driven to buy the *sacha ambi* because she had been suffering from extreme and debilitating stomach pains (*iksa nanai*). As a full-time professional, teaching in the bilingual school in Sindy, she did not have much time to devote to preparing medicine unless it happened to be nearby her home, planted in her doorstep garden (*wasi pungui*). Because she was experiencing severe pain and discomfort, she said that the situation required *sacha ayak*, specifically the bark of certain hardwood species that grow in the *urku* (*montaña*).

As we sat under the corrugated tin roof of her small *tienda* that abuts her home and faces the street, relatives accompanied her. Her mother-in-law was to her right, and her sister-in-law was relaxing in a hammock to the left. She was arranging a glass next to the liter bottle, as she was cutting a lime from which she would squeeze juice to add to the concoction. As she was

doing this, she was explaining the transaction with Benecio. He had told her that he could make all sorts of *sacha ambi*, and that it would revive her (*kawsachika nin*).

Diana was the only person present who was suffering from stomach pain at the time. Yet, all three drank from the bottle. Before anyone took a sip, though, her mother-in-law had “blessed” the medicine, asking for it to do its healing work:

And so, like this we are drinking this mixture made from many leaves (*pangamanda tukuymanda tandachishka ambi*; note: the medicine was made from bark, but the use of “leaves” here indicates “natural medicine” in a more general sense). Señor Jesus make it so that there is *ambi* here. Make it so that this *ambi* will make the body better (*cuervo alliyangawa*). I ask you to give your blessing (*bendiyasasha kuwai rimani*) [crosses herself]. Father, Son, Holy Ghost. In your name.

When Diana hands a glass to her sister-in-law, she accepts it then crosses herself and kisses her fingers before imbibing. Here, the person who was suffering from stomach pains had offered the remedy to someone who was not purportedly ill at all. I encountered something similar when I was conducting an interview with Manuela. Except this time, it wasn’t the social circulation of *sacha ambi*, but the sharing of *llakta ambi* or cough syrup given by the doctors in the clinic upriver. She says,

Now, my daughter has gotten better, that one who was sick. Whatever cold or cough that had caught her, she has gotten better. She brought home some syrup (*jarabe*). So, I gave it to each of my kids (*chita chaupi chaupi upinushka*). Doing it that way, the child is better. (Manuela, 40 years old)

The scene she is imparting is one in which the sick daughter has been given syrup from the doctor, presumably for her sole consumption. Often throughout interviews, participants would refer to the pills and syrups that the clinics offer as “*yanga*” or ineffective. However, what happened, as described by Manuela above, catches my attention. She describes giving the syrup to the sick child to relieve her cough. But, then, in quick succession, she offers some of the syrup

to each child who is present in a manner reminiscent of sharing manioc brew (*aswara upichina*). The context of sharing the substance is thought to bring about therapeutic action.



Figure 51: Syrups from the clinic and pharmacy.

Working in a different context in the Ecuadorian highlands, Mary Weismantel notes that offering food is a kin-making process because those who eat together in the same household share the “same flesh in quite a literal sense: they are made of the same stuff” (1995, 695). In a similar way, albeit with remedies rather than with food, members of Diana’s family were reportedly not suffering from the same sort of physical ailments that she was; and yet, nonetheless, she shared the medicinal drink with them. This circulation initiated by the ill person herself was a form of care. It ensured that the people with whom she lived were indeed made of the same substance. By sharing items like food or medicine, “people of substance” are crafted (Londoño Sulkin 2012). The Amazonian Piro portray kin as:

consubstantial: members of the same clans, lineages, and nuclear families were supposed to be made out of the ‘juice’ of the same manioc, chilies, cool herbs, coca, and especially tobacco. They understood this to be true not only in the sense that they consumed the same stuffs, which was also the case (with minor differences between men and women), but also in the sense that their parents and ancestors had ensured their own reproduction through the ritual use of these substances (Londoño Sulkin 2012, 34, emphasis in original).

What I want to emphasize about these therapeutic narratives is that they suggest that ethnomedical materials, knowledge, practices, and skills are chosen as appropriate and effective in the battle to contend with larger socio-economic-political processes that have direct, often violent impacts on individual bodies. Parents continue to discipline (*kamachina*) their children with *chini* and *uchu* in order to ensure they're not lazy and have success in school so as to take care of themselves and their families in the future. Edison drinks *llushtinda muyu* as a refutation of the work that took him away from his home and poisoned his body. Both examples demonstrate the importance of cultivating strength to face challenges while engaging with alterity, whether formal education or working a job.

How remedies are circulated along lines of social relations is also critical in understanding how bodies are shaped to reflect local notions of wellbeing. The parameters of what constitutes wellbeing for Napo Runa, as more thoroughly discussed in the concluding chapter of this study, include how the body is liable to suddenly shift from states of health (full of *samay* on the *kawsay* end of the spectrum delineated in Chapter 4) to states of illness with depleted *samay*. The social sharing of remedies, in contrast to authoritative strangers dispensing medicines, is considered to be curative and preventative rather than just palliative. In this kind of intercorporeal ethics, strong bodies are shaped through care.

6.4 BITTERNESS AS BIOPOWER FROM BELOW

Bodies are emboldened by the bitterness remedies offer, and so people use bitter remedies to overcome bitter times, operating with an ethics of intercorporeality and deploying idioms of defiance. In order to become a proper human being, Napo Runa realize that the body-self is not static and it is formulated through common effort. This common effort coalesces around the

integration of alterity; bitter and burning material substances are the “others” here that have agencies capable of teaching the body to be strong. In the therapeutic narratives discussed above, people use *sacha ambi* for multiple purposes: 1) To strengthen bodies, 2) To solidify social ties through the circulation of substances, and 3) To profess idioms of defiance against dangerous encounters with actors who operate up steep grades of power.

The powerful, or at least those imbued with authoritative expertise, can re-fashion categories of people to facilitate statistical measurement and rational management. Foucault notes, in his 11th lecture, “Medicine becomes a political intervention-technique with specific power-effects [...] with disciplinary and regulatory effects” (1997, 252). If biopower is about understanding how life is managed, controlled, optimized, and regulated from “above,” then idioms of defiance and shaping strong people through bitter medicines are exemplars of a kind of “biopower from below.”

By continuing to rely on remedies, and also by being open to tweaking them by incorporating new ideas and materials as laid out in the concept of therapeutic ecologies operationalized in Chapter 4, Napo Runa assert therapeutic agency. Through therapeutic narratives they articulate their resistance to the inequalities they experience in daily life. Through the use of therapeutic ecologies of remedies, Napo Runa are demonstrating their goals, not of power and control as Foucault’s notion of “biopower” outlines, but of perseverance and strength. They aim to cultivate strength to be better equipped to pursue relationships with various forms of alterity in order to enlarge their worlds and make their social practices of care and wellbeing persist.

Bruno Latour has called for the need to detect and describe “biocounterpower” (2004, 227). Anne Allison has offered a case study to develop “biopower from below,” which can be

examined through the lens of affective labor (2009). Writing about youth behavior in the midst of needing to remain flexible in the socio-economic context of contemporary Japan, she writes:

Crafting new forms of sociality to the end not of capital or the market, as is the case of J-cool, but of helping anyone/everyone survive, such endeavors exemplify the subversive potential of affective labor (Allison 2009, 106).

Napo Runa are not carving out “new forms of sociality,” but are benefiting from the marked persistence of an intercorporeal ethic that is helping people to survive in what they consider to be dangerous conditions, specifically environmental change and dietary shifts detailed in the following chapter.

Most ethnobotanical work centers on a one-to-one correspondence of which particular plant is used by any given local group for a specific ailment, often in the hopes of developing pharmaceuticals. Likewise, much of the public health outreach and research focuses on highly quantified data concerning health status in a biomedical sense. Finally, a lot of Medical Anthropological scholarship centered in Amazonia looks at specialists such as shamans and midwives. The aim of this chapter has been to offer a new perspective on how health and illness are experienced in Amazonia—through the narratives offered about why natural medicines are efficacious and through observations of the quotidian ways in which remedies are shared and imbibed.

Medical Anthropologists have long demonstrated that illnesses are often instruments through which to profess idioms of distress while enduring the effects of “li[ves] lived harshly” (Oths 1999, 309). The results of the research presented here indicate that not only do Napo Runa explain illnesses in this manner, but they also explain their rationale for appealing to *sacha ambi* as a way to express political and social discontent. Napo Runa are actively using *sacha ambi* to better themselves, to strengthen their bodies. In the process, they do not shy away from resources

from other medical systems. For instance, the biomedical terminology of biological pathogens or the quantification of test results are used as stepping-stones to arrive at their plan to contend with the wider systems of exploitation through therapeutic action carried out on local bodies.

Finally, having collected and analyzed the therapeutic narratives presented above, I have some remarks about their methodological value. I have found that they do not constrain research participants in the same way that closed-ended questions on surveys do. This is an observation that Janis Nuckolls and Tod Swanson make in their work with Pastaza Runa. They argue that Runa find generalizations to be objectionable on moral and aesthetic grounds (Nuckolls and Swanson 2014). Instead, they suggest that Runa prefer to communicate with what they term “earthy concreteness” (Nuckolls and Swanson 2014). This is a manner of communicating via expressions that are profoundly contextualized through experience. “Earthy concreteness” is a manner of talking with eloquence and using non-visual aesthetics, such as ideophones (Nuckolls 1996). Given social scientists’ proclivity for asking abstract questions, Nuckolls and Swanson warn researchers to “be cautious...in assuming that Runa use the same kinds of conceptual tools and strategies that we use” (2014, 56).

This present study has triangulated a variety of data collection techniques, pairing therapeutic narratives with participant-observation of therapeutic activities and coupling the freelisting of remedies with forest walks to locate and elicit memories to describe how remedies have been used in the research participants’ own lives. It is my contention that these methodological moves have enabled the research participants to more fully express their experiences and practices in contexts of their choosing, rather than solely relying on the *a priori* plan devised by a researcher.

There were multiple times when I declared an interview to be complete after having asked the final question on the interview guide and just before I was about to switch off the digital voice recorder, people would look up and offer thoughtful, deeply contextualized soliloquies. All three of Cindy's eldest residents did this. After we officially completed the interview focusing on experiences of health and illness, they all discussed, separately, the times they had to drink bitter medicine during bitter times.

For example, at the conclusion of my interview with Ruth, she went on to describe times she spent with her husband, who died nearly thirty years ago. The interview questions about courses of therapeutic action had flooded her with memories, but because she was accustomed to filling out quantitative surveys (*encuestas*) composed of closed-ended questions from development agencies (as pictured below in Figure 52), she had kept her responses monosyllabic. Then, after we were free to converse more naturally, she opened up and shared her memories of drinking bitter medicine years ago while enduring bitter times together (*pareju*) with her husband to overcome challenges. In this way, she was able to express herself in and on her own terms.



Figure 52: Filling out surveys.

**A *kachun* acts as translator for her mother-in-law as she fills out a quantitative survey about agricultural production.
(Photo by A. Mrkva)**

The forest walks were also a successful complement to the formal elicitation freelisting exercises. I noticed that participants seemed to enjoy doing interviews in a group-format. There was a convivial atmosphere to our forest walks. Participants would share their knowledge, experience, and memories with one another, and always try to make each other laugh. It was a vivid and candid interaction that was more extemporaneous than the therapeutic narratives that people crafted.

Moreover, hiking through the forest to document therapeutic narratives about *sacha ambi* was a way for some participants to become re-acquainted with places they hadn't had the opportunity to visit in years. During one of our hikes, José told me afterwards that he was glad to have participated because since he's had his job in Tena he hasn't had a chance to walk in the woods (*sacha purina*). It was also an opportunity to encounter some species they hadn't seen in a while. On numerous occasions, participants would uproot certain plants, place them in their *shigra* (woven carrying bag), and carry them home with the intention to re-plant them in the doorstep garden (*wasi pungui*).



Figure 53: Carrying uprooted plants, *aswa mash*, and a metal bowl during a forest walk.

While this chapter has examined the intimate environment of the body, in the next chapter we broaden the scope out to the wider ecological environment in Sindy. In the following chapter, participants leverage “earthy concreteness” to describe the ambivalence they feel while living in a rapidly transformed place as they grapple with the implications this has for their struggle to achieve and/or maintain wellbeing.

7.0 THE AMBIVALENCE OF NAVIGATING ENVIRONMENTAL CHANGE

People in Sindy are experiencing the consequences of vast and rapid environmental change. This change has been significantly accelerated in the past three decades. As such, people can reflect on the change they have experienced in their own lifetimes as well as ponder what it will be like for their children in the times yet to come.

The preceding chapter focused on how remedies are considered efficacious when they *strengthen* those who consume them. This chapter investigates the reasons people give for needing to be strong in the first place. Specifically, strong people are needed now more than ever as they carve out their life projects.

In this chapter, I seek to answer the following questions: how do people describe the environmental change they've experienced in recent years?; how does the rapidly changing environment affect local experiences of health and illness?; how does environmental change affect the ways in which they talk about their bodies and the social relations geared towards producing health?; and how do participants connect their experiences in Sindy to socio-political processes that operate at wider scales of influence in the capital city of Ecuador and at the supranational scale? To answer these questions, I begin by discussing the range of research participants' descriptions of the environmental change they are contending with. Next, I analyze the ambivalence they feel concerning the tough choices facing them as they try to make a

living—choices regarding whether or not to purchase food they consider to be unhealthful because there is simply less game, fish, and garden space available, whether or not to cut down trees for sale to earn income, or whether or not to comply with oil companies. I seek to ground this discussion in their own words, which describe their experiences as well as situate these experiences within wider matrices of power. For instance, I analyze interviewees' responses concerning the failure of the Yasuni, I.T.T. initiative and the proliferation of infrastructure projects for which they are the targeted beneficiaries—two tactics of the Citizen's Revolution (*Revolución Ciudadana*). In their expressions, there is a clear sense of ambivalence in how homes, livelihoods, and bodies are also changed along with the surrounding forest.

However, there does appear to be marked persistence in the cultural politics of what it means to relate skillfully, as research participants underscore the importance of conviviality through the proper circulation of substances. Although the forms these practices take may be novel, the logic is anchored in longstanding strategies based on local knowledge of conventions of care. In this chapter, I argue that how Napo Runa act in the face of drastic environmental change—which they recognize as being by their own hand as well as by powerful oil companies—is formulated through their conceptualizations of how to live well, a subject further explored in the next chapter. Napo Runa navigate relations across alterity to fortify their wellbeing. This entails practices as varied as participating in the market economy to sell trees to feed one's family, seeking recompense from oil companies, and riding along roads.

7.1 A CHANGING PLACE

How has this place changed over the years? Through his consideration of this question, Cesar formulates a response that traces a history of gain.

First of all, we used to drink water from the mountain. Now our water comes from a tank. Before we didn't have the *puglliana wasi* (*cancha cubierta*), and now we do. Our school used to have only one or two teachers, now there are eight teachers. (Cesar, 48 years old)

One might predict that respondents would discuss the changes they've seen in terms of loss, by noting, for example that there are fewer trees and less forest game than there used to be. As we'll see below, this is the tactic they employ when discussing the shifts in their food system—they describe it in negative terms, describing at length and with excitement what animals used to live in the forest and the plethora of fish that used to be found in the rivers.

What Cesar is doing in the above assertion is describing more than how the community has “progressed” along “development” (*desarrollo*) trajectories. Of course, these *obras*, or public works, are symbols of the increasing inclusion into the nation-state. But, that isn't what Cesar is underscoring in his comments above. He is saying something about social relations, not just about how resources have been acquired. The water tower, *cancha cubierta*, school buildings, and teachers he mentions are all resources that have been procured through the organizational and negotiating capacity of the *socio/as* working together towards common goals.



Figure 54: A history of infrastructural projects, compiled during a focus group.

(Photo by A. Mrkva)

Something else was emergent from interviews about experiencing change in the community over the past two to three decades, too. The state of the “environment” throughout our discussions of change was not brought up until I probed further asking about the forest and rivers. This is because “place” (*pacha*) and “environment” are conceptualized locally as a series of interactions where one lives, works, and plays. This interaction-focus, enlivened with a remembered past and presently enacted memories situated in particular places (Basso 1996; Uzendoski 2012), is a different way of thinking and being in an “environment” than Western concepts of a separate and untouched “Nature” evoke.

Once we transitioned to discussing the more abstract concept of “environment” (*medio ambiente*; *pachamama*), participants considered the implications that the environmental changes they’ve witnessed have for health and wellbeing. There is agreement among research participants about what the most dramatic and noticeable transformation of their environment is: there are

fewer trees. Diana notes, “before there were fewer people, they only spoke Kichwa, and the highway wasn’t here.” She went on to explain to me that there are fewer trees than there used to be to make way for the road and to clear space for new houses to accommodate the rising population. One of the elder participants, Jacinta, succinctly describes this process as a sort of citification, stating “*mas llakta tukun*” (“it has become more of a city”).

During interviews, participants gave accounts of the most severe environmental change they’ve noticed as a process of “drying up” (*chakirishka*). They notice this desiccation in their gardens as well as noting the higher visibility of rocks along the riverbank than used to be the case. This local observation of their surroundings drying up has a counterpart in scientific and ecological explanations. By stripping away trees, it eliminates sources of moisture and alters airflow. This can have a supra-local effect, since when the forest dries, it transfers less moisture to the atmosphere which translates to changing rainfall patterns up to thousands of kilometers away (Fraser 2014, 419). This drying process brings about health ramifications. Interviewees mention that without the trees to create shade and absorb sound, it has become much hotter and louder.

The rivers used to have lots of fish, especially catfish. Now the rivers have dried up. Napo river and Sindy river, both have dried up. In my view, it is because too many trees have been cut down. It is definitely true that more sun comes. Before we used to have lots of good rain. Before it would rain for an entire month! Now there is too much heat. We’re feeling strong heat, it is too much. (Raul, 48 years old)

In addition to the uncomfortable heat, participants say that the decrease in trees has created uncomfortable noise levels since sound is able to travel farther because there are fewer trees to absorb it. In addition, there is more noise brought by the busy road and by the use of chainsaws during everyday activities. However, the most keenly felt health consequence resultant from a changing environment is a shifting food system and the stress that comes along with it.

7.2 THE DANGER AND ANGUISH OF A CHANGING FOOD SYSTEM

When I asked Ruth, a midwife in her mid 60s, to talk about the before times (*nawpa uras*) in Sindy, she says that in the past there were many dangers such as anacondas (*amarun*) and other snakes (*machakwi*), along with jaguars (*puma*) and violent groups of people (*Auca*). But, she says today is even more dangerous because there exists hunger (“*kunaga, yarkay tiyaun*”).

Researchers working with Napo Runa in the late 1980s, only thirty years ago, would underscore the fact that they did not have the need to buy food. For example, during his ethnopharmacological fieldwork Marles described, “cash is spent in villages such as Puerto Misahualli and Ahuano for various household goods, but little food is purchased” (1988, 7). Eduardo Kohn who conducted anthropological fieldwork in the Upper Napo during the late 1980s as well, reflects:

During the four years that I worked in Ávila villagers bought many things in Loreto. They bought things such as shotguns, ammunition, clothing, salt, many of the household items that would have been made by hand a couple of generations ago, and lots of the contraband cane liquor that they call *cachihua*. What they didn’t buy was food. Almost all the food they shared with each other and with me came from their gardens, the nearby rivers and streams, and the forest. (Kohn 2013, 5).

The same cannot be said for the contemporary situation in Sindy, three decades later. Virtually all people are compelled to purchase food such as rice to survive. Below, I consider interviewees’ responses about the impacts of this drastic shift in diet. Their reflections display the pain, both the physical pain and the emotional turmoil they endure, they are experiencing when it comes to not having preferred or sometimes even enough food.

Research participants pinpoint large-scale dietary changes as a result of their changing environment. In addition, they note that less land is available to grow subsistence crops, such as

manioc and plantains, because it is divided into increasingly smaller partitions with each successive generation. Furthermore, a larger proportion of cultivated land is devoted to growing cash crops not meant for household subsistence. Most of these cash crops include cacao, coffee, wayusa, and corn, but even manioc and plantains are destined for the market rather than the kitchen table. Game and fish are becoming harder and harder to come by, as well. Local explanatory models suggest that game animals and fish have been “chased” away from the increasing population, the dangerous and highly trafficked road, and the noisy machinery of the oil company’s searching endeavors in the forest.



Figure 55: Two piles of manioc with different destinations.

The larger ones on the right will be sold at market, while the smaller ones on the left are kept for household consumption.

Thus, people in Sindy find themselves in a bind, since it has become impossible to rely solely on gardening, hunting, and fishing as subsistence strategies. They are compelled to participate in wage labor to purchase household commodities and dietary goods. Napo Runa are increasingly incorporating items bought from the city or from trucks alongside the road. Once rare commodities have turned into indispensable dietary staples. Nowadays, white rice, noodles, potatoes, canned tuna and sardines, eggs, and lentils appear more frequently than boiled manioc

paired with fish or forest game. These shifts in diet have numerous and keenly felt effects. During an interview, Cesar echoed the thoughts many others in the community had expressed.

We have become entrapped (*panda*). The forest has been damaged since the oil company has entered and the forest is running out from the loggers. Before there used to be so many forest game animals. You would find them and eat them. Same for the rivers. Now, though, the forest is ending (*tukurin*), the animals are ending. They have gone far away. And we have to get our food from far away. It has become such that we can only get city food. Now, it is said that there are harmful chemicals in that food. Back then, there were people who lived wonderfully (*sumak kawsajguna*). Those were good years. (Cesar, 48 years old)

First, participants frequently expressed their anxiety about not having enough money to meet their basic needs. “*Kulki mana paktan*” (literally, “money doesn’t arrive”) was a frequent refrain during interviews. Not having enough money is an acute source of anguish because it suggests that one is not able to carry out social obligations, such as feeding oneself and one’s family, since they are lacking the resources to do so.

When there is no money it is difficult, nigh impossible, to provide cooked meals (*karana*) for their families. But despite these challenges, Napo Runa leverage the social relationships they’ve cultivated in order to lessen the burden. On numerous occasions in the house where Andy and I were living during the fieldwork period, I observed the appearance of additional kids eating with us who didn’t live in the household. Cristina, the woman whose house we were living in, explained to me simply and without elaboration that their parents had sent them over to eat with them. This is one strategy to mitigate *yarkay uras* (hunger times) and *turmindus uras* (suffering times): to rely on one’s *compadres* to give prepared food (*karana*) to their godchildren (*ahijados*, *markaushi/markachuri*).

In addition to the torment of not being able to share prepared food with family members and reciprocate the care demonstrated by *comadres* and *compadres*, research participants identify and describe the bodily effects that ensue from a shift in diet.

There are illnesses from hunger, from not eating. Some days we go about walking without three meals, eating only once or twice. With this comes stomach pains, gastritis, headaches—those sorts of illnesses. (Cesar, 48 years old)

Also the kind of food that they are increasingly eating, *llakta mikuna* (city food), is seen as being harmful to one's health and damaging to one's body because of the prevalent notion that there are artificial chemicals that are added into the food ("*químicos*"). Interviewees explain in their own words:

There exists more suffering. More sicknesses are coming. Before, when we were little, there weren't sicknesses like there are today. They didn't exist. And now, lots of sicknesses are coming, all kinds of illnesses have arrived. Before, only our feet would get a little wounded from working. Nowadays there are all sorts of illnesses. Before, the food we had was *ambi* (meaning medicine in this context). And now, we don't eat like that any more. They throw way too many chemicals into the food they eat. And the food that we buy from the city, chickens, beef, whatever there is, tilapia, they say that those kinds of foods that we're eating have chemicals. There aren't chemicals in *challuwa* (a prized fish from Rio Napo that isn't purchased, but captured). (Manuela, 40 years old)

All of the *llakta mikuna* (city food) has chemicals, unlike our *sacha mikuna* (forest food). (Aurora, 45 years old)

The chickens are given chemicals to make them grow in the city. Too much. Same with cows and tilapia. Shitty fish (laughs)! (Susana, 20 years old)

The repercussions of these dietary changes are locally expressed as contaminating the body, which would not have happened, they explain, if "*runa tunu*" (literally "runa type," meaning "traditional food" in this context) food were the main source of alimentation. Joaquin captures this conundrum below:

We have realized that if we eat too much *llakta mikuna* we catch illness. If we eat too many fatty foods or overly sweet foods, there will be illness. With forest foods, illnesses don't exist. (Joaquin, 43 years old)

Joaquin is drawing attention to the fact that, when eaten in excess, purchased processed food causes illnesses such as diabetes as well as dental problems in children. In fact, one of the main reasons that people in Sindy go to clinics is to take their children to see odontologists. It is clear that *sacha mikuna* is not only considered to be more healthful, but *llakta mikuna* is dangerous to such an extent that it may encourage the use of *sacha ambi* to correct the damage wrought by “chemicals” in the food. As described in the previous chapter, there is an increased demand for *sacha ayak ambi* (bitter forest medicine) in order to clean (*maillana*) a body transformed through the effects of harmful chemicals.

At the same time, it must be stated that although the interviewees seem to draw a black-and-white distinction between *sacha ambi* and *llakta ambi*, *llakta ambi* is increasingly being sold not just in the city but right in the community, as well. Many women in the community operate small stores outside of their homes. The shelves of these little shops are lined with items such as eggs, salt, and cooking oil. But they are also graced with all manner of “junk food” in colorful packaging, ranging from chips to suckers to cakes to popsicles.



Figure 56: Relaxing in the store, surrounded by chips, bread, soft drinks, and other sugary delights.

Young students, on recess during the school day, rush over to the shops to purchase snacks. During the weekends, when parents and kids are gathered in the *cancha cubierta* to gossip and play sports, most indulge in these commodity food-like items. It is clear that Napo Runa are ensnared as participants in the very processes they describe as problematic. Their responses to this messy reality are not ones of contempt, but of empathy.

This change in the food system is a painful experience for people in Sindy. They are increasingly compelled to purchase food. And they are unsettled to do so because it is difficult to procure the money to buy the food in the first place and then the food is seen as dangerous to their health. In addition, a final source of pain has to do with the inability to enact social obligations. It is deeply painful, as participants would describe with tears in their eyes, to not be able to provide food (*karana*) for one's family. A shifting food system is leaving people feeling pain and distress. As a key participant has noted, "*ungui uras paktanchi*" (we've arrived at sick times). In a sense, people in Sindy are experiencing simultaneous "homesickness" as they

reminisce about the past and a kind of “home-sickness” in which they are dealing with more illnesses because of significant environmental, economic, and dietary change.

Working in New South Wales in situations of expanding coal-mining industries, Albrecht et al. (2007) coined the term “solastalgia” to describe a feeling of chronic distress caused by negatively perceived change to home and landscape. Albrecht and colleagues report residents experience a sense of injustice and powerlessness. In Sindy, research participants do point out injustices in their interactions across cultural difference, exemplified by the “idioms of defiance” discussed in the previous chapter and the anger aimed at the deceptive workings of the oil company described in this current chapter, but they do not seem to report similar senses of powerlessness that Albrecht and colleagues have found in Australia. This is because people take therapeutic action; they continue to shape strong people and pursue wellbeing. Because bodies and states of health and illness have highly transformative potential, people think of themselves as having the capacity to strengthen and revive through acts of care.

In their discussions of what it is like to experience severe environmental changes, Napo Runa grapple with the compromises they must make in a context of rapid changes to their home and surrounding landscapes. In the next section, I discuss two very different reactions to the local actors considered to be responsible for deforestation and environmental harm in the area: loggers and oil companies.

7.3 FINISHING OFF THE FOREST

People in Sindy describe the changes to their surrounding environment in terms of local actions and the experiential consequences of these actions. Both local residents and outside actors are implicated. As Andrés sees it:

Out of necessity, we cut down trees. And now since the *compañia* has entered, and we're having more illnesses sprinkled around (uses the ideophone *tsa tsa* to indicate droplets of rain falling haphazardly). (Andrés, 31 years old)

Andrés's statement points to the hard choices that people in Sindy are increasingly having to make in regards to shifts in livelihood strategies, through his acknowledgement that the cutting down of trees is done because it is "necessary." At the same time, he is also indicating that the actions of local residents are not causing harm and sickness to the same extent that the oil company is perceived as doing.



Figure 57: Lumber for sale.

(Photo by A. Mrkva)

The oil company is understood to be causing harm not just for Runa bodies through the pollution they render, but also for their role in the shifting forest dynamics. The persistent noise, bright illumination even at night, and the smell from pollution are said to "chase away" (*kallpachina*) the animals in the forest that are prized game.

The *compañia* has scared off all of the forest animals with their loud machinery. They're not nearby anymore. All of the birds, animals, monkeys have been scared. They were chased away. They're gone. They've left. Like a man I was angry that all of the animals are gone. I do not like it. Only rarely do I go to hunt for food, not all the time like before. The game animals have definitely run away. Since the *compañia* has arrived, they've mixed their gasoline with the river water

and everything is being finished off. Things are gone from the damage they cause.
(Carmen, 40 years old)

Below, I will argue that the differential reactions to the perpetrators of environmental change are premised on the value of social relations properly conducted. Specifically, fellow community-residents, who of course are also family members and *compadres*, are not blamed for their role in “finishing off the forest” by cutting down trees. Instead, they are related to through empathetic acts of sharing food and drink during hard times. Oil companies, on the other hand, are sources of anger in contemporary times. Participants explain that this is because they fail to relate skillfully in locally appropriate manners, by not giving proper compensation and through their inappropriate communication, which is interpreted as deviously deceptive.

7.3.1 Logging to Make Ends Meet

While gazing up at an enormous tree during one of our forest walks to collect therapeutic narratives, a key participant, Ruth, pointed out that this very tree we were looking at was the one Pricila and Hugo were slated to cut down in one week’s time. Their plan was to create planks from the tree, which were expected to earn them approximately \$250.00. During interviews, many participants expressed concern over the cutting and selling of trees, and so I wondered what Ruth’s thoughts were about Pricila and Hugo’s plan. She responded:

No. I’m not mad. I’m not sad. This tree will earn them a lot. We won’t feel it being gone. The kids need them to sell it. They need to feed their kids and take care of their family. Looking at this tree, I think about how it is from my father’s lifetime. (Ruth, 65 years old)

Ruth expresses her understanding that Hugo and Pricila have to be able to feed their kids, and in this day and age it is impossible to do so without an income.

In a few days' time it became clear that Hugo and Pricila's plan fell through. The person who was to buy the tree from them to turn it into planks had backed out of the deal. Because of this unexpected turn of events, the electricity in Pricila and Hugo's home was cut off since they were unable to pay the utility bill. This was an occurrence visible to others in the community, since there was neither light nor sound emanating from the television in the evenings.

During this rough patch, I spent some time assisting Pricila in making *aswa* from the manioc she harvested from her garden. She explained that it was *yarkay uras* (hunger times), and the only thing they had in the household was *aswa* (*aswallara tiyaun*). She went on to describe the anxiety she felt for being judged as incompetent by her neighbors and *compadres* for not being able to cover the utility bill and provide meals to her children. For instance, she explained to me that she didn't like that her ten-year-old son would cross the street after school and peer in the window of her neighbor's house to watch the TV since theirs couldn't be used while the electricity was out. She said, "I don't want them (her neighbors) to talk bad [*irus rimana*] about me."

Despite her worries about the perceptions her neighbors had of her, I observed an outpouring of empathetic actions from her *comadres* and *compadres*. During this visibly rough time "in the dark," children of Hugo and Pricila's *compadres* were sent to share various substances with the family. The children would carry rice and tilapia, plate-by-plate, and *chokula* (blended sweet plantain drink that is served warm), cup-by-cup, to Pricila and Hugo's house to share with them, along with their four children, and Hugo's mother who lives with them. These *compadres* did not respond by harshly judging Pricila and Hugo's cutting and selling of trees or their inability to feed their family for the time being. Many responded to their situation with empathy through the inter-household sharing food.

In formal interviews, it was explained to me that deforestation happened to make room for the road and houses for an increasing population, since it was time for the next generation to live with their spouses and have children. During these formal interview settings, no research participant mentioned that trees were cut down in order to have enough money to buy food to eat. It was only through triangulating with forest walk interviews and participant-observation that I was able to understand more fully the tough choices people must make to navigate the vulnerability that environmental change brings in tow.

A lot of research in the Amazon has focused on the effects that market integration has on indigenous populations (Godoy 2001; Godoy et al. 2005; Lu 2005). There is a cycle of selling more to be able to buy more. I want to be absolutely clear that indigenous people are not the main culprits of deforestation in the Amazon—loggers, cattle ranchers, commercial farmers, and other smallholders across the region continue to hold that title. However, I do want to draw attention to the fact that many indigenous people are increasingly needing to generate income in order to just get by, to keep a roof over their heads, the utility bills paid, and to feed their families.

Working with the Waorani in Ecuador, Flora Lu notes that a lot has changed in how they engage with the forest with the introduction of technology and biomedicine, increased market integration, and population growth. She argues that with this rapid change underway, conservation can be a tricky plan to pursue, since it risks the land being paternalistically taken away from local groups who become labeled as ill-equipped to “take care” of it. In order to solve the dual forces of deforestation and dietary shift, a bottom-up, participatory approach that is evidence-driven must be pursued.



Figure 58: Makeshift sawmill.

Some are even taking it upon themselves to take action. A resident of Sindy who also has a sawmill near his home has decided to plant a variety of trees including *balsama*, *laurel*, *cedro*, and others. He explains he wants to do this in direct response to community-members who continue to cut down a lot of trees for sale in the area. Of course, he says, it isn't a quick fix since these will take ten to twenty years to grow.

7.3.2. The Hypocrisy of Oil Policy and the Deception of Oil Companies

Research participants formulated a very different understanding of how the environment is being changed by actors in wider webs of influence. Below, I discuss the ways in which Napo Runa view their engagements with various oil companies throughout the past few decades. I argue that there is a difference in how they respond to the impact oil companies have on changing the environment as compared to the ways in which their fellow community residents, family members, and *compadres* change the landscape for the worse. This differential treatment is not only dependent on the magnitude of change that each entity brings about. Instead, I locate this

difference as revolving around the extent to which proper social relations are enacted, by which I mean ones that emphasize the circulation of substances and networks of reciprocity.

In the midst of my fieldwork, it was announced that the Yasuní, I.T.T. Initiative was dead. This had been an innovative proposal issued by then-president Rafael Correa to receive financial contributions from international actors and institutions to keep oil in the ground, rather than drilling in one of the most biodiverse places on earth, the Ishpingo-Tambococha-Tiputini (ITT) oil field within the Yasuni National Park. This project was proposed as a solution to climate injustice. The Yasuni Initiative operated on the assumption that because the Global North and wealthy countries had used up most of the atmospheric capacity of storing carbon dioxide before other countries could industrialize and contribute their own greenhouse gas emissions, they should be the ones to pay reparations to countries who had done measurably less damage. More specifically, the premise of the proposal was that by not extracting this oil from the rainforest, the entire globe would benefit. Furthermore, it was couched in moral tones stating that it would be unfair for a poor country of the likes of Ecuador, which historically has contributed very little to global climate change yet bears the brunt of its effects, to be expected to give up the money that could be made from the oil extraction.

By August 2013, the financial goal had not been met, and President Correa declared: “We can’t be beggars sitting on a sack of gold.” Indeed, when the crude oil is calculated into fiscal terms, the numbers are staggering. As Naomi Klein wrote, “underneath that riot of life sits an estimated 850 million barrels of crude oil, worth about \$7 billion” (2014, 408). The decision to proceed with extractive activities signals how the government of Ecuador considers the Amazonian region to be one of raw resources that can be translated into monetary value. This established attitude of a rational, marketplace-centered view of the land, is evidenced by the

increasing mining and petroleum extraction that has been underway since 2007 when Correa entered office. Even though sufficient funds did not arrive and the initiative was cancelled, its very existence had “recast oil, which for so long has been the symbol and the medium of ‘monster’ economies in Ecuador, as the symbol of Ecuador’s autonomy over its natural resources” (Davidov 2012, 15). The Citizen’s Revolution frames these activities as an opportunity to “give back to communities that have long been forgotten” by investing in public goods like hospitals, clinics, schools, roads and infrastructure. The failure of the Yasuní, I.T.T. Initiative also served as an opportunity to denounce the exploitative relative placement of Ecuador on the world stage.



Figure 59: Billboard announcing a public work from oil revenue.

However, people in Sindy see things differently from Correa’s view that “the world had failed Ecuador.” I was able to conduct interviews with a number of participants directly after the story broke that Yasuní, I.T.T. was going to be exploited for oil. As interviewees were coming to terms with what this would mean exactly, they shared their thoughts on the issue. Their responses ranged from blunt accusations of hypocrisy and greed on the part of the president to

empathy and fear for the people living within the park and how their lives would surely change after petroleum exploitation.

I was walking upriver to return home for the day when Joaquin shouted out from his window as I passed by. He asked if I had heard the news. It was the first I had heard about the failure of the Yasuní, I.T.T. initiative. He invited me inside, and he offered his reaction.

So, have you heard, Nora? Yasuni, they say Ishpingo, Tambococha, y Tiputini now the government is going to take out petroleum from that place. That's what they are saying. Did you hear about it? One way of thinking about it is that the government, Alianza PAIS [the political party of Rafael Correa, Proud and Sovereign Fatherland] they say they aren't going to finish off the forest, that they'll take care of it by not cutting down the forest, by not killing. That's how they're talking. It'll be better. Now, the Ministry of the Environment are speaking that way. [...] I've traveled downriver there. It seems like our way of life is going to disappear (*Nukanchi kawsay chingaringaraun yachin*). We say that there is a lot of *samay* in the trees. In the middle of the forest, illnesses don't exist. There aren't mosquitoes (*zancudo*), it is a nice place to live. Over there, they are going to disappear. What is going to happen after when there is contamination. The government says there will be no contamination. They are lying for no reason (*yanga llulla*)! They write on those pages [legal contracts] that contamination will not exist, but over there downriver they are throwing away strength (*ursa ichurin*). What happens when it rains? When it rains a lot, the contamination is going to mix, and that is how people get sick (*ungui api*). They'll be drinking that smelly, black water. It will become poison (*ambiyasha*) with all of the chemicals they put in it. They are saying these things for no reason! They alone believe there won't be contamination. (Joaquin, 43 years old)

Nadia, too, expresses concern for the change in policy. She echoes Joaquin's accusation that the President is transparently lying.

Our president Rafael Correa is allowing petroleum extraction in our great forest. For no reason. He said he was going to let it lie there, now he is going to extract it. I think that it doesn't appear good for our children. Afterwards, our children are going to suffer. By exploiting, by taking it [the oil] out of the ground, it is going to create more suffering. He is the only one that is saying they [the oil companies] won't destroy the animals or cut down trees. (Nadia, 33 years old)

Others point out the double standard of a government appearing to be advocating a policy based on "Good Living" (*Buen Vivir/Sumak Kawsay*), but not living up to it through their actions. In

Spanish, Viviana said “We don’t have *Buen Vivir*. Our life is one of suffering. More like, Bad Living (“*Mejor, Mal Vivir*.”). Diana made similar comments, but offered a vivid illustration of the danger of issuing promises that can’t be trusted.

First of all is the environment (*medio ambiente*), where we breathe and where we must not contaminate the water. Rafael Correa is going to pollute Yasuni. The oil (*yana ira*—meaning black fat) is going to be extracted no matter what it destroys. How’s that sound to you? Not good (*mana valin*)! It is like someone saying ‘I’m going to make love to you without causing you harm.’ But what if I become pregnant! This is not *Buen Vivir*. We are in the midst of destruction. (Diana, 46 years old)



Figure 60: A sticker displayed on a door reads, "Good Living is without petroleum."

Still others point out the double standards that are at play, drawing on memories of disparaging remarks and policies that claim indigenous populations harm the environment. Below, Raul illustrates by discussing responses from authorities concerning a traditional method of fish-poisoning:

I think that it is at the international level. I’ve heard that *Buen Vivir* means that we have to care for our forests. [says in Kichwa for effect] Do no harm! (*ama waglichingaj!*). It is possible they say that indigenous peoples (*indigenas*), for example Kichwas, they eat too much from the river and overfish and overhunt in the *monte*. That’s how they label us. But we don’t finish it all up! Not like they are going to do, much worse. It is they who bring in chemicals. And what do they do? They put them in the river. And now, we can’t utilize *barbasco* [an ichthyotoxin that is made from roots].

Barbasco is only used to kill fishes, and that's it, it's over! Not like the chemicals that they are throwing in the river. They are going to kill everything until the end. For example, we already know how to take care. We already know how to hunt, how to get stuff to make baskets, how to make canoes. All of this stuff comes from the forest. And where are they going to put the wastewater? Every little thing they are going to destroy. At the very least, they could give us jobs. There is nothing good that they do for us. (Raul, 48 years old)

Raul makes a number of instructive points. First, he underscores the permanent damage that will ensue from the haphazard disposal of harmful chemicals used by the oil companies. Second, he explains that indigenous peoples are not the main culprits of environmental destruction. He is arguing that because they rely on all kinds of resources from the forest, from food to construction materials, they have a vested interest in taking care of it. Finally, he offers remarks on oil companies not offering proper economic incentives to offset the harm they cause.



Figure 61: Mural in *cancha cubierta* contests contamination.

The people who live in Sindy are no strangers to directly interacting with oil companies. They have been dealing with various ones over the past few decades—the Anglo-French oil and gas company, Parenco; the state-run PetroAmazonas; and more recently the Canadian-owned

Ivanhoe. Not all interactions with the different companies have been identical, and interviewees vary in their assessment of what the value of entering into negotiations with them is. More of the vehement objectors to extractivism claimed that all oil companies are “enemies.” More subtly astute political critics pointed out the hypocrisy of the government, stating that more resource extraction does not bring about *Buen Vivir/Sumak Kawsay*.

The study community’s most recent engagement with an oil company has been with Ivanhoe. Although some residents are opposed to the extraction of oil in any capacity on principle, citing the devastation that transpired in Lago Agrio, as exemplified by the *Aguinda v. Texaco* trial (Sawyer 2004), most are willing to engage with the oil company as long as they provide some sort of economic opportunities. In the past, for example, oil companies would provide material incentives to the communities whose land they wanted to explore in hopes of extracting oil.

Working with neighboring Kichwa communities in the area, Tim Smith has described how there is a desire for sustainable development, and not necessarily one that is formulated around preserving a nature imagined to be pristine. Napo Runa don’t consider conservation and extraction to be confined to a binary relationship. Because reality is not so black-and-white for them, they have purposefully adopted flexible involvements through their livelihood strategies. Through interviews, Smith found that different households were offered different things such as in-house plumbing, electricity, laptops, one hundred dollars, or a bag of corn (Smith 2014, 155). This inequitable compensation is what spurred the founding of FUCONA, an indigenous federation of seventeen communities stretching from Puerto Napo to Arajuno (see Chapter 3 for a more detailed description).

The ability to organize as a community and to negotiate with oil companies for material benefits is important. For instance, Diana informed me that Parengo provided the *cancha cubierta* to the community at the turn of the millennium. She proudly shared that she had negotiated with their engineers about the terms of the agreement from 2 pm carrying on until 5 am the following morning. This outcome reflects proper social relations because the community members worked together to articulate their demands and the oil company had agreed to provide what was considered to be suitable compensation at the time.

In general, many interviewees agree that there were better relations with oil companies in the past because they gave more equitably and weren't stingy (*mitsak*). Cesar credits this to the work they put in as an organized *comuna*.

Before we were really well organized together. We were good at stating what types of things we needed to have. And nowadays, the oil companies give so little. When they put in the subterranean tube, we have benefited only a little tiny bit but they have continued to earn money. Now that we know better, the leaders (*dirigentes*) should stand strongly against the company and say we do not want it to be like that. We need to say, as *socios*, "we do not want this." We need to stand strongly and fight. (Cesar, 48 years old)



Figure 62: Poles behind Cesar's house demarcate the subterranean tube that transports crude oil.

For this current study, I'm grateful to have received counsel on how to properly engage with the community. During the early stages of fieldwork, the then-president of the community,

Andrés, suggested that rather than paying each research participant directly with cash, it would be better if I provided materials that could be used by the community as a whole. After calling a community-wide meeting, we all came to an agreement that I would offer my time, labor, and material items of their choosing. Specifically, I taught English to schoolchildren three times per week, participated in *mingas* (community work projects), and worked in *chagras* (agro-ecological fields) with each household that has a *socio* or *socia*. In addition, I provided plastic chairs, cookware and utensils, and sports equipment for everyone to enjoy in the *cancha cubierta* during community-wide activities, meetings, and celebrations.

It is notable that all of these materials are instruments of sociality—conversing, preparing and sharing food, playing sports. This process of approaching and requesting permission from the community-as-a-whole is what is expected from any outsider looking to work with the residents of Sindy; it cements expectations for social relations in an appropriate and meaningful manner that elevates local concerns above the “powerful outsiders” authority. When biomedical brigades or oil companies fail to inquire about how local communities wish to be approached or do not abide by these processes, it can become a point of contention and conflict.



Figure 63: Reciprocity for research collaboration.

(Photo by A. Mrkva)

While discussing the history of Sindy's engagements with oil companies during an interview, Raul shared his scathing opinion: "For me, the *compañia* is a total enemy. There is nothing good about them. They are stingy." As described above, he is angry that they don't even offer jobs to local residents. What Raul is expressing is that the contemporary engagements with oil companies bring no benefits to the people whose land they are trying to gain access to. Instead, he clarifies, the oil companies bring people in from Ambato, Quito, Cuenca, and Guayaquil to work for them. Indeed, many others who live in Sindy shared Raul's concern that oil companies bring about destruction, and they are especially angry about what they interpret as their chasing away of the forest animals.

Others point out that oil companies are not only failing to offer economic opportunities, but they actively undermine the integrity of how the community members can work together as a unified front. Cesar illustrated this point by describing the anger he felt when he became aware of how Ivanhoe was conducting business in Sindy. As he put it, Ivanhoe deceived (*umachisha*) the community at large. He explained that rather than calling a meeting with all *socios/as* to solicit a consensus on how to proceed, the oil company representatives had simply talked to the handful of principal landowners, thus bypassing larger negotiations with the majority of the community residents.

If the companies give help, that is fine. However, only very few people were paid without all of the *socios* knowing about it. For that reason, I say there is deception since all of the families (*aylluguna*) weren't thought to be given anything. The owners alone had their mouths closed conversing like they had their hands tied. (Cesar, 48 years old)

Cesar argued that all who live in Sindy will indubitably be impacted by the oil company's exploratory activities and therefore ought to be included in the negotiation of the terms of compensation. He considers this to be a severe breach in proper social relations. Cesar was not

alone in his reading of the situation. Manuela echoes Cesar's claims of the oil company's deception while also reflecting on the risk this represents and what it bodes for the future.

Before, the oil companies used to help. They would give to the community. Now that type is gone. The kind that give back don't exist. That petroleum company has been deceitful (*engañado*) in how much money they are making. They are deceptive (*umachinun*)! And we, on the other hand, are left to suffer. What they are doing in the forest (*urku*, meaning mountain forest) will harm all of our land. It is for that reason that I'm a little said. What sort of illnesses will befall our children later? We've arrived at sick times (*unguirina uras paktanchi*). Before we had only heard about far off cities like Loreto and Lago Agrio. Now it seems that similar circumstances will appear here. (Manuela, 40 years old)

These accusations of deception hurled at the powerful are serious. Blanca Muratorio describes a similar theme with the subject of her ethnohistorical book, Rukuyaya Alonso, and his interactions with *patrones* nearly a century ago. She writes,

For a *rucuyaya*, the worst personal offense was being deceived by a *patrón*, rather than receiving the occasional physical punishment. Rucuyaya Alonso speaks of the abusive *patrones* as being "thieves of Runa's minds." In the same context he used the term "*umachij runa*," meaning those who speak with cunning, who deceive by seducing with words (Muratorio 1991, 211).

Not all interactions with alterity prove to be dangerous and deceptive. Some interactions with alterity can bring unexpected opportunities. Next, I turn to one such example: the road that bisects the community. I discuss the roles the road plays in the circulation of people, materials, and ideas and how these actions operate according to Napo Runa initiatives and preferences.

7.4 RECLAIMING THE ROADS THROUGH RIGHT RELATIONS

7.4.1 Paving the Road with Good Intentions: Redistributive Policies of the Citizen's Revolution

For decades, roads, rivers, and runways have carved ever deeper into the Upper Amazon (Hegen 1966). These acts of penetration were initially used for extractive and exploitative endeavors revolving around gold, quinine, rubber, timber, and more recently oil. At the same time, the construction and expansion of transportation routes to previously isolated areas were attractive to newcomers. This was the case in Ecuador, when in the 1960s the agricultural reform enticed landless Andeans to colonize what were described as “empty” lands that were not being put to, what was recognized by authorities, as “productive” use (as discussed in Chapter 3).

Roads are conduits of circulating substances, yet they are also more than mere physical infrastructures. They do more than move matter (Larkin 2013). To illustrate, newly constructed roads in the 1960s were “highways of hope” in that they “beckoned millions of Andean people reeling from the agricultural reform to come inherit the Promised Land in ‘El Dorado’” (Hegen 1966, 27). Colonists were lured from the highlands based on promises that were “mostly false, of new horizons and possibilities for a dignified existence” (Mauro 1992, 5). Like the “highways of hope” from the 1960s in Ecuador, Harvey and Knox (2012) note that roads serve as promises in contemporary Peru—promises of speed, political integration, and economic connectivity. Roads are meant to reshape ideas, social interaction, and material practices.

But how do people who live along the roads experience them, and do these experiences live up to them as “highways of hope” and promises of progress? Butz and Cook’s ethnographic study in the mountains of Pakistan (2011) describes how roads have a fundamental impact on

how life is lived there. They document how the road reshaped social organization, guided economic activity, facilitated labor migration, and altered land use across the region. They also note that ecological degradation ensued. Of course, with these newcomers who followed the road came sequelae such as illegal logging, poaching, commercial agriculture, and colonization (Baynard et al. 2012). Many studies have demonstrated that road development, deforestation, and biodiversity loss are related phenomena (Ahmed et al. 2014; Laurance et al. 2014; Whitworth et al. 2015). And it has been demonstrated that roads drastically alter ecology by fragmenting habitats, shifting animal behavior and habitat use, and introducing pollutants.

Recently, public spending has increased in Ecuador. Revenue from oil and mining has been the major funder of the massive public work projects such as roads, bridges, and even urban bike shares. Nowadays, the Ecuadorian Government has crafted rhetoric that is based on the use of Amazonian natural resources to be used to improve the lives of Amazonian peoples, as part of the development plan, *Buen Vivir/Sumak Kawsay*. The aim is to channel oil revenue back into the very communities that have been “long forgotten” by previous policies. In this way, oil is launched as an idiom of hope as the government prioritizes extractive policies while at the same time repressing dissent from environmentalists.

Most of these projects are infrastructural, and therefore highly visible and utilized. What an extractive economy has made possible is plastered on numerous billboards demarcating the dollar value of the government’s generosity towards the communities from which the resources are drawn. One prominent example is an ostentatious bridge in the heart of the provincial capital of Napo that was completed during the fieldwork period. Stenciled along the side of the bridge is a reminder of how this is but one benefit brought to locals by oil. It reads: “The resources from petroleum are public works (*obras*) for Amazonians.”



Figure 64: New bridge in Tena.

Present in all of these infrastructure projects are themes of modernity and cosmopolitanism while the ultimate goal is to transform local experience. What is less often considered is the local agency that transforms the use of infrastructure. Throughout this study, I have demonstrated how Napo Runa seek out relationships with diverse sets of people, whether it is biomedical health professionals, oil company representatives, or social scientists. Through these interactions, they pursue their own priorities. I want to emphasize that rather than being “acculturated” or “homogenized” in these interactions, their distinctiveness is not flattened even though it might be overlooked by outsiders who mistakenly label them as acculturated. By thinking about how roads are more than top-down channels of state power and technologies of destruction, we can get a clearer picture of how roads are put to use by those who live alongside them.

The road that bisects the study community is central to the ambivalence people feel about environmental change. There are benefits and disadvantages to living along the road. Nevertheless, Runa navigate this ambiguity by pursuing their priorities anchored in cultural practices of circulating people, materials, and ideas by using the road to do so. Inspired by

Jeremy Campbell's contention that Amazonian roads are over-determined as technologies of destruction (2012, 486), I consider the ways in which the road is tied to local notions of wellbeing. Through interviews and participant-observation, I came to understand how Napo Runa talk about and use the road that bisects their community.

7.4.2 How Runa Relate to the Road

How is health understood and produced in the context of spatial and ecological shifts that have resulted from the construction and continual upgrading of the road? I have found that the ways in which Napo Runa relate to the roads they live along fall into two intertwined categories—first, Runa deploy narratives of the road as being harmful, thus demonstrating their resistance to overarching state encroachment; and second, Runa reconfigure the purpose of the roads to suit their own priorities, often in ways that are anchored in cultural practices. Roads do not usher in a homogenizing force that inevitably leads to cultural change and loss.

First, Napo Runa in their everyday speech and actions resist the road. It is obvious to people in Sindy that the road is a direct contributor to pollution, referring to the exhaust, engine oil and gasoline droplets left by vehicles barreling by at regular intervals.

In a more drastic way, people in Sindy also contest the road because of the danger it manifests as an instrument of harm, capable of inciting injury or death. Sometimes the road is leveraged precisely because it is an instrument of harm. Early one Sunday morning, in whispered tones a friend told me that her *compadre* had seen something in the road at ten o'clock the night before. He figured it was blankets rumped on the road or something else that had accidentally fallen from the back of a truck. When he went to investigate, to his horror, he saw it was his brother-in-law laying unconscious in the middle of the road in the dark of night. This

man had been visiting for the weekend after having worked in the city of Coca, a long commute from Sindy. Because the man had attempted to end his life in this manner, the road is considered to be a means towards clearly communicating deep despair. I had also witnessed one other occasion when a young man had professed anguish at his inability to pay for school tuition and assist his mother by providing food. His response was to lie along the double yellow line on the warm pavement, as his friends pulled him by the arms to get up.

In contrast to being an instrument for despair and destruction, Napo Runa also consider the road to be an important tool towards enhancing wellbeing. First, the road makes participation in the market economy through selling produce much easier. In fact, one participant described to me his memory of how the road came to be in the first place. His recollection echoes contemporary enthusiasm for making the sale of cacao, plantains, manioc, and other produce harvested from the *chagra* easier.



Figure 65: Plantains near the roadside awaiting sale.

(Photo by A. Mrkva)

Joaquin was eight years old when the road first reached his home in 1978. Below, he describes his memory of the key role that people from Sindy played in the construction of the road. Wanting the road to stretch towards them, they took action to make it happen.

The road used to not exist. Because of this, those who wanted to sell produce couldn't do it here. Over there in Puerto Napo, all the way in the parochial center, they had to go there before. They climbed upriver by canoe. Then, they said the road was going to come downriver from Puerto Napo. They said, let's make the road. So people helped to create a *minga*. In those days, the road went only until Atahualpa [which is located three communities upriver in contemporary times]. So, they asked people to help sweep, cut down trees, give prepared food (*karana*), and help in other ways. Thinking that they wanted to sell [produce] right here, rather than the bad situation of selling all the way in Puerto Napo. (Joaquin, 43 years old)

Joaquin's comment is illuminating for a variety of reasons. In his formulation, there was a shared sense of involvement in the initial clearing to make way for the construction of the road. In his telling, the people in Sindy are portrayed as proactive in their part in creating the road to "open up" (*paskayana*) the community. Moreover, they took action in a very specific way that emphasizes collaboration, conviviality, and the circulation of key substances such as food. This is a critical example of how Napo Runa seek out opportunities to widen their world, all the while their behavior in doing so is guided by the enactment of proper social relations.

These days, although they receive lower prices than they would in the city, they are able to supplement household income by selling what was collected from the *chagra* a few steps from their front door. They can also purchase produce that they do not grow in their *chagra*, as well. Trucks frequent the road loaded with potatoes, tomatoes, cabbage, carrots, peppers, strawberries and other products that offer a complement to what have become everyday commodities such as white rice, noodles, canned tuna, cooking oil, eggs, sugar, and salt. When the truck rolls by at a slow pace as the driver describes some of their offerings through a megaphone, people collect

their loose change and rush to the curb. The prices are a little more expensive than they would find if they were shopping in Tena, but the convenience is appreciated.



Figure 66: Buying produce from a truck.

In addition, people in Sindy state that they appreciate the easier transportation to and from jobs in order to earn wages. It is with mixed feelings that they engage in wage labor and intermittent migrant work. Embroiled in an increasing sense of precarity that necessitates cash income for households, there are numerous stressors that are experienced by this shift in livelihood strategies. Examples include the men who lay in the road to convey the pressure they feel, as described in this chapter, and Edison's therapeutic narrative about why drinking *llushtinda muyu* was considered to be an act of defiance against the bodily harm he endured while working in a dangerous job, as described in Chapter 6. On the other hand, there are a few people who reside in Sindy who work full time in stable appointments such as teachers in communities downriver. They say the paved road with frequent buses has made life easier on them since they are able to return home in the evening to spend time with their families.

Third, the road has made seizing educational opportunities much easier. More youth than ever before are enrolled in secondary school in the provincial capital. Their parents can remember only fifteen years ago, when the flooded river would wash out the unpaved road precluding anyone from traveling anywhere for days on end. From their perspective, the paved road has been a welcome change from the past when whether one made it to school on a given day was at the whim of the weather.

Next, Napo Runa also reconfigure the purpose of the road as a means of circulation on their own terms. If the roads first came to Amazonia to penetrate, extract resources, and displace and exploit local populations, then, in comparison, Napo Runa have transformed the purpose of the contemporary road to circulate materials, ideas, and people that are important to them. Interviewees explained that the road enabled more frequent visits to natal communities, which ultimately strengthens social ties. Circulation of goods is also evident. I recorded the arrival of manioc varieties, smoked forest game and fish, and prepared remedies that were given by family and *compadres* who live quite far away downriver. Cristina told me, for example, “We haven’t seen this kind of food [smoked fish] in Sindy for many years! Even ten years ago, we wouldn’t get this kind of food from my *mamita* because I would see her less frequently” given the arduous travel conditions. As I argued in Chapter 5, what I observe in Sindy, a place that is undergoing rapid socioeconomic and environmental change in comparison to more rural areas, is a subtle and iterative infusion of traditional knowledge, practice, and materials. Because of the ease of travel that the road allows, there is a degree of persistence and resilience as ties to natal communities of *kachuns* and *mashas* are strengthened through exchange.



Figure 67: A gift from relatives downriver, wrapped in leaves (*maitu*) and set in the fire to smoke.

(Photo by A. Mrkva)

Roads are sites of encounters (Kernaghan 2012). People from Sindy are likely to sit next to a burgeoning variety of people on the bus, whether they are tourists or volunteers on their way to an ecotourist lodge, urbanites commuting to work in more far-flung communities, or scientists en route to the Jatun Sacha Biological Reserve. Oil workers and/or microlenders, each with their affiliation proclaimed by the decaled logo appearing on the side of their pickup trucks, also traverse the roads. On other occasions, people arrive on foot. I recall one time when I bumped into a representative from the Public Health Ministry (MSP) in Tena. Wearing a beige vest with his clipboard in hand, he asked me whether I knew a particular midwife (*partera*) by name that the MSP had been trying to get a hold of for an interview. These sorts of encounters are made possible with the increasing ease of traveling along the road.

The final theme of how Napo Runa consider the road to be beneficial is that it has supported increased access to various medical options. Of course, on a more obvious level,

people are able to get to biomedical clinics and hospitals more easily. That said, they confront frustrations upon arrival, such as the waiting time and frequent absences of medical personnel (as described in Chapter 4). Additionally, Napo Runa are able to expand their medical repertoire should they choose to purchase the natural medicine commodities entrepreneurs are selling, such as ginseng and ginger.

In addition, I have found that the road is directly implicated in continued reliance on traditional ethnomedical knowledge and practice. For example, *yachaks* are more likely to make long-distance house visits because they are able to complete the trip in one day's time. This is important for two salient reasons. First, people living in Sindy readily express that they are pressed for time, and that this is the main hindrance to collecting and preparing *sacha ambi*. In addition, in the event that they can find the time, sometimes it is difficult to encounter the exact species that one is looking for. Second, that the road makes it easier to contact a *yachak* willing and able to make the journey is seen as a good thing given the increasing urgency of staying well. As participants expressed above, they feel that there are a number of environmental changes that are compromising their health, including the reduction of trees, increased heat, raising levels of pollution, altered diets, and shifting livelihood strategies. These contemporary circumstances and the risks they pose for the loss of strength and possibility of succumbing to illness are driving factors for the use of *sacha ambi* and seeking the consultation of *yachaks*.

These themes of embracing the road for the benefits it brings concerning the circulation of people and materials echo what Muratorio has found in her life history of Rukuyaya Alonso, published over a quarter of a century ago. From Rukuyaya Alonso's perspective, change is interpreted as positive as long as it aligns with proper social relations that lead to the expansion of the Runa world.

In his concluding remarks about the present and future of his own culture and society, Rucuyaya Alonso makes a positive assessment of the material progress introduced by modernization. *He is interested especially in the roads and bridges that have made productive activities less difficult, and above all, because they facilitate travel and help to expand the horizons of the Napo Runa world by incorporating new peoples and new experiences [...]* His greatest concern is not with the forms, but rather with the social and cultural contents of modern life (Muratorio 1991, 229; emphasis mine).

I hope to have shown that despite their earnest intentions, the governmental vision of the future isn't the sole vision. It is clear that the people in Sindy have thought about, used, and transformed the roads to their own ends. They've produced a *version* of it that is anchored in their own priorities.

7.5 THE PRIMACY OF PROPER SOCIAL RELATIONS

In this chapter, I explored not only how wider social, political, and economic forces produce precarious situations, but how local populations maneuver within them. I highlight their agency in their subversive pursuit of wellbeing despite the orchestrations of the powerful that seek to redefine what wellbeing *should* look like, as expressed in policies such as *Buen Vivir/Sumak Kawsay*. While navigating numerous hardships in their daily lives, Napo Runa call forth deep resourcefulness and imagination to shape lived bodies through sociality.

Many of the daily hardships people in Sindy are enduring have to do directly with environmental change, especially deforestation and habitat changes. Above, I discussed the ambivalence that is expressed in relation to their own roles in the logging industry, shifting diets, interactions with oil companies, and living along a busy provincial highway. In spite of their ambivalent feelings towards these phenomena, there remains an abiding attitude of openness, not

out of greed but out of a commitment to engage in proper social relations. Beth Conklin has found similar practices by the Wari' in their quests to secure various material resources:

Outsiders tend to equate indigenous desire for commercial goods with Western consumerism and see it as crass corruption of primitive purity. This is one of the biggest tensions in relations between indigenous people and even their most sympathetic supporters. One perspective for better understanding is to realize that much indigenous materialism is a different *kind* of materialism that is relational and implicated in the very indigenous modes of sociality. [...The] Wari' value goods for their productive capacities: to do work, produce food, share or exchange with others, and to cultivate future-oriented relationships (Conklin 2015, 82).

Napo Runa, too, are driven to expand their world through interacting with alterity, not as an indication of their acculturation and “modernization,” but as a deeply-rooted commitment to living well through the provision of materials through acts of caring. In the next and final chapter, we look specifically at what leading a “good life” means.

8.0 ENACTING GOOD LIVING

Once again, we found ourselves on the concrete steps of the *cancha cubierta*, listening to a man leaning against a table with his arms crossed. This time the meeting was about an initiative concerning REDD+ (Reduce Emissions from Deforestation and Degradation). He had come to Sindy from a University based in Quito to introduce the program to community residents, and, as he said, to “learn a little bit about the community,” as well. His way of doing this was not through survey research as was the case with the sustainable development project mentioned in the introductory chapter, but through a focus group.

He divided the participants into three groups, according to age. Each group was given a large easel pad on which they were to record notes from their discussion. The four elders (*rukus*) of Sindy (over 65 years old) were given plastic chairs and sat in a half circle. A research assistant fluent in Kichwa (Tena dialect) joined them. A second group consisting of 30-64 year olds sat on one end of the concrete steps, while the youngest group of 18-29 years olds were assembled on the opposite side.

Each group was posed the same question: What is the history of this community? The answers were different in form and substance. The elders discussed how the forest used to be bigger and filled with spirits and they recounted humorous origin stories of their joking names (*burla shutis*). The “middle” group’s written record of their conversation looked like an executive summary of an official report, populated with hallmarks of infrastructural projects in

the community over the past three decades arranged in bullet points (Figure 54). Finally, the youth group's discussion resembled a response on a social studies test, involving the memorization of the dates of important events. Their responses revolved around festivities like the community's anniversary and other important commemorative events.

When piecing together these parts of the community history, a more textured reading is possible. It is telling that all three groups took different, yet complementary tacks to this single question: What is the history of this community? Although they were expressed in different ways by each group, the primacy of social relations is evident within all of the responses, which stress the importance of sociality and conviviality. How Runa live together is expressed by the elders' recollections of joking names and the youth's descriptions of the festive activities that take place during the community anniversary, with the feasting, sports-playing, drinking, and dancing that are entailed. Even the "middle" group's emphasis on a list of infrastructural projects points to social relations, demonstrating past success in interacting with outsiders to gain various resources to make their livelihoods better or more enjoyable.

After the researchers collected the written records of the discussion of the community's history, another activity was proposed. They handed out two index cards to each participant, and the next task in the focus group was to inquire about the biggest problems people face in their daily lives in Sindy. Participants were to write their answer in brief on one of the index cards provided. On the second index card, participants were asked to identify what their best strength is. Below, in Figure 68 I display the results of these questions (photographed with permission by the people running the focus group I was observing). In the top photo are the responses for the challenges and the bottom one contains the responses for the strengths.



Figure 68: Community challenges and strengths.

Results of a conservation project's focus group. On the top are responses from participants about the "problems" in the community. On the bottom are their responses for their "strengths."
(Photos by A. Mrkva)

The top photo in Figure 68 displays the chief problems faced in daily life. I've organized the responses and annotated frequency of mention in parentheses:

- Lack of economic opportunities (7)
- Lack of medical attention (3)
- Contamination of the river (2)
- Mining (2)
- Oil drilling (2)
- Logging (1)
- Lack of sewage systems (1)
- Alcoholism in the family (1)

There was a slightly higher response rate for strengths than for challenges, with the submission of 21 cards instead of the 19 that came in for the challenges. Some cards contained more than one response on their single card. Below are their responses in descending order from the most mentioned strengths:

- Sociable
- Collaborative
- Honesty
- Solidarity
- Responsibility
- Amiability
- Sincerity
- Punctuality
- Respectful
- Generosity
- Humility
- Patience

From this activity, we can see emergent patterns that are made richer when analyzed through the lenses gained from long-term ethnographic observation. There are points of consensus about the challenges people in Sindy say they face. Not having viable economic opportunities and resource extraction are making life more dangerous for them. How they meet these challenges will be

informed by the primacy of social relations. As they note, their key strengths all have to do with interpersonal qualities that are about crafting compassionate sociality.

In this concluding chapter of the study, I juxtapose implications of the policy aimed at improving quality of life, *Sumak Kawsay*, to the lived experiences of enacting wellbeing, *Alli Kawsana*. I close by summarizing the findings of this study, situating its potential contributions to theory and method, and offering recommendations concerning the potential practical applications of this ethnographic work.

8.1 WELLBEING MATTERS

8.1.1 Alli Kawsana: How Napo Runa Live Well

While some criticize the state of Ecuador's efforts towards recognizing diversity through policies of interculturality and plurinationalism as a form of nominal rhetoric that does little to address structural inequalities (Walsh 2010), Napo Runa have been interculturalists all along. As ethnographers have shown (Uzendoski and Whitten 2014; Whitten and Whitten 2015) Runa embody practices that are deeply intercultural. They have long sought after and maintained historical relationships of material and ideational exchange with neighboring indigenous groups for millennia and newer sorts of outside populations for centuries. Enmeshed Therapeutic Ecologies, as developed in this study, draw attention to such social relationships crafted across cultural difference specifically to incorporate and transform outside materials, knowledges, and practices as a way to shape wellbeing. The state of Ecuador, however, has a different approach to what wellbeing means. Operating from models of capitalist wealth accumulation to be

redistributed for a common good, increased oil extraction and mining are making the policy of *Sumak Kawsay* possible.

At the center of the National Plan for Good Living is the notion of *Buen Vivir*, which translates into Kichwa Unificado as “*Sumak Kawsay*” (the imperative verb form of to “[commanded to] live well”). The National Plan for Good Living claims “*Sumak Kawsay*” means “life to the fullest,” explaining that:

Ecuador, as an Andean country, constructs its human, economic, social, cultural, and environmental rights on a concept and worldview born in the ancient societies of the South American Andes: Good Living is *Sumak Kawsay* (2013, 17).

Here, we see that Andean peoples are made to be prominent, thus erasing from view and freezing in time Napo Runa and other indigenous groups in the Amazon. Speaking about the Australian context, Julie Cruikshank argues that such processes are violent in double measure:

Indigenous peoples then face double exclusion, initially by colonial processes that expropriate land, and ultimately by neo-colonial discourses that appropriate and reformulate their ideas (Cruikshank 2005, 259).

If the policy of *Sumak Kawsay* is intended to be an attempt to include “other epistemologies and cosmovisions” (Republic of Ecuador National Planning Council 2009, 18), then this aim is undermined in its exclusionary effects.

Some Kichwa communities from the Amazonian region contest *Sumak Kawsay* and propose an alternative, *Kawsak Sacha* (Living Forest) through political engagement in the public realm. In October of 2013, scores of women from Sarayaku, a Kichwa community far downriver from Sindy in Pastaza Province, marched to Quito to present their manifesto to the government. *Kawsak Sacha*, unlike *Sumak Kawsay*, is about living together with what Kohn (2013) would refer to as an “ecology of selves,” an ontological departure from a Nature with a capital N from

which resources are extracted. The Living Forest proposal includes three key aspects: 1) fertile soil (*sumak allpa*), 2) living in community (*runaguna kawsay*), and 3) forest wisdom (*sacha runa yachay*) (Pueblo Originario de Sarayaku 2016). The overarching goal is to decry the co-opted concept of *Pachamama* (Mother Earth) and to combat industries such as oil, mineral, and lumber extraction that have encroached on Kichwa territories.

How wellbeing plays out in Sindy looks different from both the state-sponsored policy of *Sumak Kawsay* and the political resistance campaign of *Kawsak Sacha*. It is a much more quotidian affair. Writing at a time before “good living” policies were in vogue in Latin America, Peter Gow worked with indigenous groups in the Peruvian rainforest. Below he describes how living well is conceptualized and enacted:

Native people define “living well” (*vivir bien*) as being married, having a house and garden, and living among kin [...] eating real food, and sharing this food among kin, affines, and compadres. All these activities imply the transformation of the forest. The strength and health of adults, through work, transforms the forest into gardens, houses, and villages (Gow 1991, 190).

Similar conceptualizations of *Alli Kawsana* continue to be practiced in daily life in Sindy, as I describe below.

“*Sumak Kawsay* is just something politicians say when they come to the rural communities,” my friend, Cristina, told me. She explained that while in the city of Tena, on the other hand, one is more likely to hear talk of *Buen Vivir*. My interest was piqued by her report that there is selective implementation of the words “*Sumak Kawsay*” while in rural Kichwa communities, a practice that comes off as pandering. I decided to ask others in Sindy what they thought about *Sumak Kawsay*. Some interviewees were savvy to *Sumak Kawsay* being an invention of the state. Here are some of their explanations:

[*Sumak Kawsay* means] a better quality of life, a form of development. (Hilda, 21 years old)

Our country of Ecuador's constitution makes *Sumak Kawsay*. Every community must organize itself well, and do so without getting angry. From there, at the level of the household, we must not harm our children or the forest. (Andrés, 31 years old)

[*Sumak Kawsay*] is a program by the government to give us classrooms and high quality teachers to teach about culture. (Francisca, 24 years old)

The term recognition of *Sumak Kawsay* was initially surprising to me, as only 21 out of the 65 interviewees had heard of it, and fewer still were able to offer coherent explanations of what it meant. When I probed, "What is *Sumak Kawsay*," interviewees would re-phrase the question back to me, trying to gently correct me without embarrassing me, "you mean, what is *Alli Kawsana*?" To many people in Sindy, the words *Sumak Kawsay* came off sounding stilted and unrecognizable as local ways of speaking. In short, the phrase sounds "off" to local speakers of the Tena dialect of Kichwa. Michael Wroblewski, a linguistic anthropologist who works with urban Kichwa speakers in and around Tena, notes that local Amazonian Kichwa language identity is defined by speaker familiarity, groundedness, warmth, and humility (2012, 76). The term *Sumak Kawsay* comes off as identifiably Kichwa Unificado and removed from local experience.

Alli Kawsana on the other hand, refers to ongoing action rather than an imperative verb form, pointing to the processual nature of how wellbeing is accomplished through social relations. Unlike *Sumak Kawsay*, *Alli Kawsana* is not static nor a demand; instead it is an ongoing open-ended process. *Alli Kawsana* is an independent articulation of aspiration of wellbeing that does not resonate against the rhetoric of the state. During my time in Sindy, I came to understand the term *Alli Kawsana* as reflecting Napo Runa value orientations in ways that *Sumak Kawsay* neglects to consider. Chris Jarrett working with Runa in the Archidona area

finds that the idea of living well encompasses “material fulfillment, harmonious relationships, and environmental health” (2014, 42). My research findings lead me to argue that *Alli Kawsana* is a polysemic term that encapsulates the following elements: 1) livelihoods, productive labor, and acts of care; 2) engagements with various environments; and above all else 3) conviviality and the constant vigilance involved in producing harmonious social relations.

As I demonstrated in Chapter 5, productive labor, acts of care, and livelihood strategies are all intertwined with one another in Sindy. The circulation of substances, such as food and medicine, along lines of social relations is critical to wellbeing. Many interviewees located meeting basic needs as the central component of living well. Here are some of their explanations of what living well means:

First of all, it is in the family. To live well with husband, daughters, and sons. Then to live well with parents. To exist well with food, drinks, having a house, and clothes, and some spending money. That’s *Sumak Kawsay*. First is caring for the family. (Diana, 46 years old)

To have a household, to have spending money. (Ruben, 39 years old)

To make sure there isn’t a lack of food. (Hugo, 31 years old)

To not have hunger. (Elise, 31 years old)

To have food, money, clothes. Also education. But still there are tragedies. It isn’t the same for everyone. (Raul, 48 years old)

Enacting *Alli Kawsana* also entails labor and livelihood strategies such as gardening in *chagras*, fishing in rivers, and gathering and hunting in surrounding forests. A theme from interviews on wellbeing concerned the importance placed on the health of the surrounding environment.

By *Sumak Kawsay*, we mean whatever language you speak, whether you are well off or worse off, we love one another and live together. We ourselves must not cause damage. Similarly, among our *ayllu* we live by taking care of the land and nature (*naturaleza*). We have to take care of *Pachamama*, because if we don’t take care of it, we’re not going to have *Sumak Kawsay*. (Bartolo, 43 years old)

To live well. Enjoyably. To not have any diseases, or other kinds of spiritual illnesses (*nanay*) arrive. To not have a tragedy with oil, whether sickness or damage to the environment. (Victor, 34 years old)

To live well, we have to take care of the land. If we destroy the land, then we won't live well. (Nadia, 33 years old)

To live well. To plant trees. To breathe good air. With the *compañia*'s arrival, it is going to be destroyed. (Viviana, 45 years old)

Not to cut down trees, don't poison water, don't hurt the forest animals. (Susana, 20 years old)

Interviewees also stress how central harmonious social relations are to living well. It is paramount to carefully manage emotions and to prevent interpersonal violence. The politics of sharing a joint life with consanguinal, affinal, and *compadrazgo* ties (*convivencia*) requires continual negotiation. Specifically, generosity and good will are deemed necessary for building and maintaining convivial sociality and to mitigate anger, grief, and jealousy.

To love where we live. We must take care of the rivers. We must not fight with our brothers (*wauki*). (Cesar, 48 years old)

To live without criticizing anyone. To be like brothers and sisters. (Beatriz, 37 years old)

To live without fights. (Estella, 39 years old)

To make yourselves live well. Don't be angry. Don't fight. To live well, love one another. (Manuela, 40 years old)

To love your family. (Jacinta, 57 years old)

To live well. To not have men fighting. To be organized, to help. In that way living. (Bairon, 47 years old)

To live well. To live well together. To teach children. To do everything with your husband to care for children. Then you'll have everything you need. (Carmen, 40 years old)

To live well among ourselves, loving one another. To live well means to not be angry. To create *compadres* and friends until the day you die. To live like that. (Antonia, 71 years old)

I don't want to romanticize, sanctify, or sanitize the cultural politics of wellbeing. Cristina, for instance, noted the impermanence of wellbeing:

Sometimes I have what I need, other times I don't have what I need. Maybe I'm sick, or maybe I have some other kinds of problems. Therefore, not every moment is *Sumak Kawsay*. (Cristina, 28 years old)

Research participants express and exemplify how *Alli Kawsana* is an iterative process, which requires sharing labor obligations to foster reciprocal relations, curb problem drinking and violence, and engage in affective labor to control the anger of relatives and other community residents. Through interviews and through engagements in participant observations, I suggest that *Alli Kawsana* is a daily struggle achieved through negotiating the ontological politics of wellbeing.

Beyond mere semantic differences, there is also a conceptual rift at play. *Sumak Kawsay* is a state-sponsored invention that both co-opts and homogenizes indigenous cosmologies. *Alli Kawsana*, on the other hand, reflects the experience-near goals of Napo Runa themselves. Whereas the policy of *Sumak Kawsay* proposes a watered-down and reductive notion of wellbeing, Napo Runa enact *Alli Kawsana* through vivid interactions with family members and an assortment of cultural outsiders, while engaging with surrounding ecologies. For Napo Runa, wellbeing matters, in both senses of the word: striving for wellbeing is meaningfully significant to how they organize their lives *and* their practices towards wellbeing lead to material transformation of bodies and environments.

8.2 NAPO RUNA THERAPEUTIC ECOLOGIES OF WELLBEING

To think about good living in the abstract is one thing, but it helps to couple these discussions with observations of what people *do* in addition to documenting what they *say*. As such, this study has demonstrated the various ways that Napo Runa enact wellbeing. I have investigated how acts of care, most notably the circulation of substances and skillful affective engagement, have created wellbeing while also shaping local biologies.

Findings indicate that Napo Runa are not paralyzed by uncertainty despite the unpredictability they face in daily life. But rather, they embrace open-ended engagements and seek out relationships with diverse sets of outsiders to create effective strategies that enable them to circulate materials and meanings that are central to care. Accompanying their long-standing endurance in articulations with power and domination over the past five centuries in Upper Amazonia, they carve out space for a good living all their own.

The *montaña* region of the Upper Amazon has long been in flux with multiple intercultural contact zones, although the specific actors have changed over the centuries (Chapter 3). The engagement with difference and various “others,” or alterity, as a potentially world-expanding move has been important in this study’s analysis. Despite their engagements with culturally different groups and the dynamic incorporation of “outside” ideas and materials, Napo Runa are not acculturated despite frequently being misrecognized as such.

Matters of health and illness are a rich ground for examining this dynamic process in practice. I have shown how multiple medical repertoires are appealed to not in succession as frameworks of “medical pluralism” would have it, but in ways that mix materials and philosophies, thus making them co-emergent and not just co-existent (Chapter 4). The intermedical and hybrid remedies that Napo Runa craft are evidence of how “traditional”

ethnomedical knowledge is not isolated, pristine, nor static. Local ethnomedical knowledge is iteratively reconfigured in situations of constant flux. Through extending the material base from which therapeutic components are drawn, Runa expand their world rather than shift to more dominant ways of being.

This study has also found an unlikely expert group emergent from analysis of patterns of intracultural ethnomedical knowledge (Chapter 5). Young adults originally from rural communities downriver (*urama*) who married into the study community of Sindy demonstrated more extensive breadth and depth of therapeutic experience and practice. This finding adds weight to arguments that learning ethnomedical and ethnoecological knowledge and practice is not a matter of accumulating it through a lifetime, but through practical engagements with people and places through wayfaring (Ingold 2011). Rather than passive recipients of care, those who are not recognized as official medical “experts,” such as traditional shamans or midwives, are themselves therapeutic agents. In this way, wayfaring is a stimulus for medical knowledge and expertise. As such, it shows how innovations and creativity are integrated into “tradition.” For Napo Runa, those who wayfare, whose paths wend a bit wider, are the ones who are more expert in creating hybrid remedies. Encountering new opportunities, people, ideas, and materials, allow them to “become familiar” (*riksina*) with what it takes to heal and manage illness.

In addition, research participants’ therapeutic narratives exemplify a continued reliance on plant-based remedies, despite increasing access to other forms of therapies. These therapeutic narratives were also more than simple explanations of therapeutic acts. Respondents would situate themselves in wider webs of power relations and contest the bodily suffering resultant from such engagements through what I call “idioms of defiance” (Chapter 6). Specifically, in the context of Runa medical practice, sensations of burning and bitterness marked remedies as

strengthening agents and these same properties are used to shape bodies that are better able to withstand violence and other challenges that affect their health and wellbeing.

People in Sindy are contending with changing environments, which have deeply felt impacts on livelihood strategies and wellbeing (Chapter 7). Napo Runa are experiencing decreased availability of appropriate and healthful food, increased pollution and environmental destruction, and obstructed access to appropriate and informed medical care. Napo Runa navigate relations with alterity to bolster their wellbeing—such as engaging in the market economy to sell felled trees, negotiating with oil companies, and repurposing roads. In all of these entanglements, new articulations with material and ideas from elsewhere produce hybrid assemblages that Napo Runa fashion in their projects of taking care skillfully and crafting Enmeshed Therapeutic Ecologies.

8.3 LESSONS FROM NAPO

In a sense, the good life is like a basket packed with care and filled with garden delights, en route to home. Below in Figure 69 is a photograph of an *ashanga*, a traditional Napo Runa basket that is carried to and from the *chagra* (agroecological field). To me, the *ashanga* is a representation of how Napo Runa engage in the cultural politics of wellbeing. We see that there is a diversity of items assembled inside. Inside the dietary staple of manioc lays the foundation for the rest of the contents. Atop the manioc sets a bucket of *cacao*, which will be dried and sold to generate supplementary income, an increasing necessity for life in the Upper Amazon. Arranged on top are citrus fruits and fingerling bananas that will be enjoyed. These contents in the *ashanga* are substances that will be circulated along lines of social relations, produced through hard work laboring in the garden. The good life is made through everyday practices and conditions are

always in flux. Perhaps once hoisted onto one's back with a strap placed around the forehead, the path ahead will be muddy making the trek more arduous. On other days, the path from the *chagra* to home will be dry and the journey quicker.



Figure 69: A basket (*ashanga*) to be carried home from the *chagra*.

The results of this study have implications for anthropological theory, social science method, and practical applications. In this study, I have developed a conceptual framework, Enmeshed Therapeutic Ecologies, which I elaborate through the analysis of ethnographic materials. I propose that Enmeshed Therapeutic Ecologies offers an alternative to the more traditional examination of artificially bounded units in “medical pluralism.” Through the schema of Enmeshed Therapeutic Ecologies, a number of points arise.

First, there is no such thing as pristine ethnomedical practice. Runa are the first to admit they seek out and incorporate disparate materials and ideas into their formulations of remedies. The concept of *health/communicative inequities* draws attention to the ways in which knowledge about health is “coproduced by health and communication professionals and laypersons in a broad range of sites” (Briggs and Briggs-Mantini 2016, 8). By analyzing *health/communicative inequities*, we can better ascertain how multiple forms of knowing collide and subsequently create novel interpretations and practices, always with some parties gaining advantage to the detriment of others. Therefore, communicative justice entails:

Learning to listen to indigenous ways of producing knowledge about health [which] fundamentally involves unlearning dominant, essentialist portrayals of indigenous knowledge as autonomous, as existing independently of nonindigenous knowledge production (Briggs and Briggs-Mantini 2016, 265).

Rather than taking the biomedical standard as the sole and undisputed authoritative route, being aware of alternative modes of healing is critical for carrying out effective and appropriate care.

Second, this study has sought to bring approaches in Medical Anthropology to bear on issues of care and wellbeing, in the vein of “Anthropology of the Good” (Robbins 2013). Without throwing away the contention that suffering is a form of communication, I add to the conversation that therapeutic action, too, can be a potent form of communication. More scholarship should focus on therapeutic narratives in addition to the more traditional approach of collecting and analyzing illness narratives. Specific understandings of locally embedded bodies are the springboard from which therapeutic action originates. Because therapeutic action is an embodied experiential practice, therapeutic narratives can be tied to notions of local biologies.

Through studying local biologies, we see that biomedical claims to universality do not hold up to ethnographic scrutiny (Lock 2002). First, health and illness are not located in

individual bodies. Furthermore, bodies are not just biological but social entities that must always be situated in social relations and within cultural context. Analyses of local biologies tend to look from the top-down at the impacts of power relations on bodily suffering; but bodies can also be shaped with “biopower from below.” Second, bodies are socially-constituted and in flux. This lesson has implications for how therapeutic action can be administered in appropriate and effective ways. Third, preservation of health is not the primary responsibility of individuals, but is fundamentally relational, as exemplified by the flow of ideas and materials in constellations of care. That is to say that therapeutic practices are not enacted by autonomous individuals operating from standpoints of rational self-interest. Fourth, states of health and illness are not dichotomies, with health being the absence of disease. Instead health and illness are moving targets that are located on a continuum which require practices and interventions in their management. Finally, illness is not always best managed by authoritative specialists; lay therapeutic agents can be central to the healing process, even though they go unrecognized as official experts.

The approach of this study speaks to the value of anthropological, especially ethnographic, inquiry. As showcased by the methodology of therapeutic narratives, the epistemology of Global North Social Science can trailblaze new paths for data collection that invite locally-driven modes of explanation. Rather than creating bounded questions about abstract hypotheticals, the practice of eliciting stories provides insight into how research participants choose to frame their experiences. In this study, I triangulated more traditional data collection methodologies, such as census surveys, formal elicitation techniques of freelistening, semi-structured interviewing and participant observation with other forms of data collection that leave room for research participants to direct how the ethnographic encounter unfolds. Through

forest walks to collect therapeutic narratives, research participants could expand on their own experiences *in and on their own terms*. I consider these to be important approaches because I locate the purpose of Anthropology to be the rigorous social scientific study of human differences and social relations as placed in cultural context of historically contingent situations.

David Graeber notes that Anthropology:

opens windows on other possible forms of human social existence...it serve[s] as a constant reminder that most of what we assume to be immutable has been, in other times and places, arranged quite differently, and therefore, that human possibilities are in almost every way greater than we ordinarily imagine (2007, 1).

The value of Anthropology continues to be the possibility of juxtaposing ethnographic findings to our own experiences in a practice of defamiliarization to decenter our assumptions. Anthropology enlarges our sense of what is possible in the world. Having more research with participant-guided data collection strategies is one step in this direction.

Finally, this study is situated to comment on practical concerns. Despite being framed as such in the Western Imagination, Amazonia ought not be a place of global patrimony. To the contrary, it is and should be understood as a place where people make their lives and are affected by global environmental and economic processes that impact their health. This ethnographic case study of health looks at local assets and provides data on everyday practices of therapeutic action geared towards wellbeing. I have analyzed lived experiences to combat such “plunder and pity” narratives I describe in the introductory chapter. With a commitment to evidence-based multicultural policy making, I have specific recommendations to offer outsiders who wish to deliver care and assistance to Napo Runa, particularly in the realms of biomedical care delivery and sustainable development projects.

First, there can be changes in the management and administration of biomedical care. Those providing health care services should respond to felt needs and prevalent problems, rather than relying on their own agendas and assumptions. For example, international biomedical brigades who deliver care to Kichwa communities could at least learn the language and some history of the people they are serving, rather than using the opportunity as a “voluntourist” endeavor (Janes and Corbett 2009). In addition, local medical personnel and public health officials could make efforts to more clearly communicate the services they offer. Many interviewees shared that they saw clinics as “places for children” to seek care. More overt outreach efforts could focus on the plethora of offerings they have on hand that would also serve adults in addition to children. Also, I have documented the frustration Napo Runa experience when they seek biomedical health care. Many participants shared stories about how they had arranged to make time and gather enough money for bus fare to get to the clinic, only to find that when they arrived they were not attended due to long waits or due to the absence of medical professionals. Ensuring that patients are seen is a critical step forward.

Second, I note that biomedical specialists tend to think of Napo Runa as sick or victimized; overall, it is a useful pivot to think of them as therapeutic agents who operate from specific understandings of health and the body and might hold divergent goals from the authoritative specialist. It is critically important for medical personnel and public health officials to understand how the people to whom they provide services understand bodily processes and therapeutic action. The kinds of medicines that are dispensed in the clinics are not seen as locally efficacious. If the medical personnel were to learn more about what makes remedies efficacious for Napo Runa (bitter and burning sensations, for example), perhaps they could come up with ways to educate patients about how biomedical medicines work in ways that make sense for

local explanatory frameworks. In addition, the ways in which the medicines themselves are to be taken must be clearly explained. This study documented the social sharing of natural medicine as well as biomedical remedies. Being aware of these processes are important for guiding therapeutic action.

Third, because Napo Runa are likely to continue to rely on remedies derived from the forest, it is best to consider how these practices affect their concomitant usage of biomedical services. Particularly in the case of pharmaceutical interventions, consideration should be placed on the other types of therapeutic action Runa are taking. Biomedical practitioners should take plant use seriously and recognize remedies as the biochemically active compounds they are. In doing so, contra-indications should be avoided. Nina Etkin and colleagues warn,

Especially in developing countries, and increasingly in Western society, medical staff must appreciate not only the extent to which nonpharmaceutical medicines are used but also their potential influence on pharmaceutical therapy (Etkin, Ross, and Muazzamu 1999, 178-179).

When it comes to remedies, they should be taken seriously, rather than thought of as quaint or traditional practices. Towards this end, local public health officials can be trained in Napo Runa ethnobotany, familiarizing themselves with key remedies that are used in everyday life. Finally, in the Runa context, biomedical techniques and materials will be adopted and adapted in ways unintended by the prescribing medical professionals, such as the social sharing of medicines from clinics and hospital in ways that make sense for local understandings of sociality and the body. As such, biomedical specialists should be aware of the way the body is conceptualized in the communities they serve and how this influences therapeutic action. In sum, a more concerted effort to understand social practices will go far for appropriate and effective health care delivery.

Around the world, it is no secret that sustainable development initiatives give the social pillar short shrift, while resources and attention are funneled into economic and environmental aspects. It is imperative that those involved in policy formation and implementation think of Amazonia not as a place to be extracted from and not as populated by passive victims. Napo Runa themselves have ideas for the kinds of projects they would like to see get off the ground in Sindy. There is overwhelming consensus that food, not cash crops to be exported, must be the central focus of “development” efforts. People in Sindy offer specific types of programs they’d like to engage in, mostly focusing around raising chickens or engaging in aquaculture, rather than harvesting and selling cash crops that they can’t eat such as *cacao* and coffee.

In my own estimation, based on my experiences living and working with Napo Runa for extended periods of field research, I suggest two types of initiatives that could be developed and potentially implemented in places like Sindy. Both involve the overlapping realms of food (*mikuna*) and “natural medicine” (*sacha ambi*). As I describe at length throughout this study, there is anguish and anxiety surrounding the nutrition transition underway in Napo. A program that is specifically geared towards “decolonizing the diet” (Bodirsky and Johnson 2008; Esquibel 2013; Mundel and Chapman 2010) through producing and consuming “traditional” food can be a force to affirm cultural practices and an aid to physical survival and wellbeing (Nabhan 2004, 185). Another suggestion is to build on what people in Sindy are already doing informally. In this study, I mentioned the emergence of a new kind of “medical expert” who produces *sacha ambi* to meet the needs of people who do not have the time to search for and prepare it themselves, given shifting livelihood strategies. There could be a project that focuses on *sacha ambi* not for tourists, but for themselves. Over the course of the research for this study, a number of participants expressed their enthusiasm for learning about ethnobotany, either by taking

classes in places like Rio Blanco or by learning new knowledge from affines (*kachuns* and *mashas*) who transplant useful species from their natal communities. Such a project could provide resources including education and training to craft remedies. Moreover, youth can take part so that they can learn to love and appreciate bitter tastes and not just flock to the influx of sweets available to them, thus undergirding an important component in local notions of bodies.

Whatever projects they seek to pursue and implement, Napo Runa will continue to strategize through building relationships with people different from themselves to expand their world by accessing ideas, materials, and practices. Local ethnomedical knowledge and practice is an entanglement of life-propagating relations among humans and non-humans, and they are produced through a complex set of embodied practices anchored in cultural politics. In these encounters, there is alchemy as matters and meanings shift shape to reflect local notions of wellbeing. As therapeutic agents, Napo Runa transform and customize medical elements, creating Enmeshed Therapeutic Ecologies. Napo Runa remake the world so that wellbeing matters.

APPENDIX A

NOTE ON ORTHOGRAPHY

“[I]ndigenous intellectuals in Ecuador have been developing and encouraging the use of a unified Kichwa orthography that in many cases makes a clear attempt to distance itself from Spanish through the use of letters that are uncommon in the language. For example, most hard “C”s and “Qu”s have been replaced with “K”s, and “-ua” endings have been replaced with “-wa”” (Erazo 2003).

In this study, I too have adopted the orthography Juliet Erazo describes above. As such, I use the spelling Wayusa (a beverage made from leaves of *Ilex guayusa*), rather than “guayusa,” and Karana (to give prepared food), rather than “Carana.” Occasionally, throughout the text, I use alternate spellings only when directly quoting from another published work. For example, I write “Rukuyaya,” while Blanca Muratorio (1991) spells it “Rucuyaya.” Another example is the word Kichwa itself, which in the older literature can be spelled as Quichua, following Orr and Wrisley (1981).

APPENDIX B

GLOSSARY OF TERMS AND ACRONYMS

Aicha: Meat, forest game.

Ahijado/a: Godson, goddaughter.

Ajiringri: Ginger.

Alli kawsana: To live well.

Alli kwirana: To take good care.

Ama killa, ama llulla, ama shuwa: Quechua maxim, “don’t be lazy, don’t lie, don’t steal.”

Ambi: Medicine. Poison.

Ambichina: To burn. To sting.

Ashanga: Basket used mostly to carry items to and from the garden.

Aswa: *Chicha*. A drink of fermented manioc (or corn or peach palm).

Auca: Heathen; savage. Pejorative term for Waorani.

Ayahuasca: “Soul vine”; a hallucinogenic concoction used by “shamans” (*yachaks*).

Ayak: Bitter.

Ayllu: “A group of substance-related people who usually but not always live together” (Uzendoski 2005, 167).

Buen Vivir: Policy of “Good Living” promoted by the government of Ecuador (see “Sumak Kawsay”).

Burla shuti: A joking name.

Cancha cubierta: Covered playing field in the center of the community that is used for meetings and festivities.

Chagra: Agroecological field; garden.

Chini: Stinging nettles.

Compadrazgo (comadre/compadre): System of relationships between ritual co-parents.

FUCONA: Federation of the United Communities of Napo Arajuno.

Iksa nanai: Stomach pain.

Kachun: Woman who marries into an *ayllu*; affine.

Kallpachina: To chase.

Kamachina: To give advice; to scold.

Karana: To give prepared food.

Kawsana: To live; to be healthy.

Kichwa Unificado: Standardized language of Kichwa.

Killa: Lazy; moon.

Kulki: Money.

Kwika: Worms.

LEQ: Lowland Ecuadorian Quichua.

Lika: Fishnet.

Llakina: To love.

Llakta ambi: “City medicine”; biomedicine.

Llakta mikuna: “City food”; purchased “non-traditional” food items.

Llukchina: To take out; to extract (an illness).

Lumu: Manioc.

Mansu: Tame.

Marka churi/marka ushi: Godson; Goddaughter.

Marka mama/yaya: Godmother; Godfather.

Masha: Man who marries into an *ayllu*; affine.

Mashi: A neologism created by Kichwa Unificado meaning “friend.”

Mikuna: Food.

Minga: Labor exchange system.

Mitikuna: To hide.

Mitsak: Stingy; greedy.

Montaña: Region on the eastern slopes of the Andes in the Upper Amazon; the Andean Piedmont.

MSP: Ministry of Public Health.

Mukuna: To chew.

Nanay: Pain; illness resultant from “witchcraft.”

OT: Ontological Turn.

PAIS: Political party of former president Rafael Correa, Proud and Sovereign Fatherland.

Paju; Pajuyuk: An illness of unknown origins; the ability to diagnose and cure such illnesses.

Pilchi: Drinking goard.

Remedios caseros: Household remedies.

RICANCIE: Network of communities in Upper Napo for Interculturality and Ecotourism.

Ruku: Old.

Sabiru: Hardworking and wise.

Sacha: Forest; jungle.

Sacha ambi: “Forest medicine”; natural medicine.

Samay: “Literally meaning ‘breath,’ the term is used to talk about the soul, too. All living things—spirits, plants, trees, special foods, and living rocks—have samai” (Uzendoski 2005, 168).

Shigra: Woven carrying bag.

Shinzhi: Strong.

STS: Science and Technology Studies.

Subcentro de Salud: Health clinic.

Sumak Kawsay: Policy of “Good Living” promoted by the government of Ecuador (see “Buen Vivir”).

Taxana: To wash clothing.

Tukuna: To become; to transform; to turn into.

Turkana: To change.

Turmindus: Suffering.

Uchu: Hot chile peppers.

Umachina: To deceive.

Upichina: To give to drink (beverages in general, *aswa*, or natural medicine).

Urama: Downriver.

Urku: Mountain.

Ursa: Strength; force.

Wañuna: To die; to be really ill.

Wasi pungui: “At the door of the house”; doorstep garden.

Yachak: “The one who knows;” shaman.

Yacharina: To become accustomed to.

Yanuna: To cook.

Yarkay: Hunger.

APPENDIX C

CENSUS INSTRUMENT

COMMUNITY CENSUS

The purpose of this survey is to learn basic information about the people in this community. If you are willing to participate, this survey will ask about household composition and your background (e.g., age, gender, years of education). The interview should last approximately thirty minutes. There are no foreseeable risks associated with this project, nor are there any direct benefits to you. All responses will be kept confidential, and results will be kept under lock and key. Please remember that there are no right or wrong answers. Your participation is voluntary and you may stop the survey or withdraw from this project at any time.

If you would like to know more regarding this project, please contact Nora Colleen Bridges.

Ncb25@pitt.edu

noracbridges@gmail.com

US phone: 419 (450) 4376

Ecuadorian phone: 069784637

Household Composition (HC)

	Names and Surnames	Relationship	Residence		Sex	Age
Code for household member	Please tell me the names of the persons who habitually live in this house, starting with the head of the household.	What is this person's relationship to the head of the household?	Does this person usually live here? 0—No 1—Yes	Did this person sleep here last night? 0—No 1—Yes	This person is a: 0—Female 1—Male	This person is _____ years of age.
01	HC1a1.	HC1a1.	HC1a1.	HC1a1.	HC1a1.	HC1a1.
02	HC1b1.	HC1b1.	HC1b1.	HC1b1.	HC1b1.	HC1b1.
03	HC1c1.	HC1c1.	HC1c1.	HC1c1.	HC1c1.	HC1c1.
04	HC1d1.	HC1d1.	HC1d1.	HC1d1.	HC1d1.	HC1d1.
05	HC1e1.	HC1e1.	HC1e1.	HC1e1.	HC1e1.	HC1e1.
06	HC1f1.	HC1f1.	HC1f1.	HC1f1.	HC1f1.	HC1f1.
07	HC1g1.	HC1g1.	HC1g1.	HC1g1.	HC1g1.	HC1g1.

08	HC1ka	HC1ka	HC1ka	HC1ka	HC1ka	HC1ka
09	HC1k	HC1ka	HC1ka	HC1ka	HC1ka	HC1ka
10	HC1js	HC1js	HC1js	HC1js	HC1js	HC1js
11	HC1ka	HC1ka	HC1ka	HC1ka	HC1ka	HC1ka
12	HC1li	HC1li	HC1li	HC1li	HC1li	HC1li
13	HC1mi	HC1mi	HC1mi	HC1mi	HC1mi	HC1mi
14	HC1ni	HC1ni	HC1ni	HC1ni	HC1ni	HC1ni
15	HC1oi	HC1oi	HC1oi	HC1oi	HC1oi	HC1oi

HC2a. Are there family members who are currently living in another city or home?

⁰ ☐ No ¹ ☐ Yes ⁸⁸ ☐ Don't know ⁹⁸ ☐ No response

HC2b. If yes, please give the following information:

Name and Surname	Sex 0—Female 1—Male	Age	Primary occupation	Relation to head of household	Where is this person currently living?
HC2b <i>a</i> ₁	HC2b <i>a</i> ₂	HC2b <i>a</i> ₃	HC2b <i>a</i> ₄	HC2b <i>a</i> ₅	HC2b <i>a</i> ₆
HC2b <i>a</i> ₇	HC2b <i>a</i> ₈	HC2b <i>a</i> ₉	HC2b <i>a</i> ₁₀	HC2b <i>a</i> ₁₁	HC2b <i>a</i> ₁₂
HC2b <i>a</i> ₁₃	HC2b <i>a</i> ₁₄	HC2b <i>a</i> ₁₅	HC2b <i>a</i> ₁₆	HC2b <i>a</i> ₁₇	HC2b <i>a</i> ₁₈
HC2b <i>a</i> ₁₉	HC2b <i>a</i> ₂₀	HC2b <i>a</i> ₂₁	HC2b <i>a</i> ₂₂	HC2b <i>a</i> ₂₃	HC2b <i>a</i> ₂₄

HC3. How long have you lived here in this house?

¹⁰⁰ ____ Always ____ Years (#) ³³ ☐ Don't know ⁹⁵ ☐ No response

HC4. Before you lived in your current house, where did you live? _____

HC5a. Have you ever lived in another part of Ecuador?

⁰ ☐ No ¹ ☐ Yes ³³ ☐ Don't know ⁹⁵ ☐ No response

HC5b. If so, where? _____

HC6a. Have you ever lived in another country?

⁰ ☐ No ¹ ☐ Yes ³³ ☐ Don't know ⁹⁵ ☐ No response

HC6b. If yes, where? _____

HC6c. If yes, for what purpose?

¹ ☐ School ² ☐ Work ³ ☐ Visit family ⁴ ☐ Other _____

Infrastructure/Living conditions:

HC8. Number of floors _____ HC9. Number of rooms _____

H10. Wall materials:

¹ ☐ Pounded earth ² ☐ Stone ³ ☐ Wood ⁴ ☐ Cement block ⁵ ☐ Other: _____

HC11. Floor materials:

¹ ☐ Pounded earth ² ☐ Stone ³ ☐ Wood ⁴ ☐ Cement block ⁵ ☐ Other: _____

HC12. Roof materials:

¹ ☐ Thatch ² ☐ Tin ³ ☐ Cement ⁴ ☐ Other: _____

Thank you very much for your participation in this survey. Do you have any questions for me?:

INTERVIEWER NOTES:

Date: _____

Time from start to finish: _____

Length of interview: _____

Was this interview audio recorded?: _____

Were photographs taken during this interview?: _____

Were jot notes taken during this interview?: _____

Language of the interview: _____

People present (beyond the interviewer and participant): _____

Description of surroundings: _____

Observations (e.g., factors affecting responses; impressions of participant's honesty, cooperation, openness; other information): _____

APPENDIX D

SEMI-STRUCTURED INTERVIEW GUIDE

KICHWA MEDICAL KNOWLEDGE AND REMEDIES IN PLURALISTIC SETTINGS

This interview will ask you about: remedies and their preparation; division of labor in gardening and gathering items from the forest; your opinions about the environment, ecotourism, and oil companies; and about a variety of medical specialists. If you are willing to participate, the interview should last approximately one hour. There are no foreseeable risks associated with this project, nor are there any direct benefits to you. All responses will be kept confidential, and results will be kept under lock and key. Please remember that there are no right or wrong answers. Your participation is voluntary and you may stop the survey or withdraw from this project at any time.

If you would like to know more regarding this project, please contact Nora Colleen Bridges.

Ncb25@pitt.edu

noracbridges@gmail.com

US phone: 419 (450) 4376

Ecuadorian phone: 069784637

IN-DEPTH, SEMI-STRUCTURED INTERVIEW SCHEDULE

Major Sections

- I. Procurement and circulation of remedies
- II. Medical pluralism
- III. Industry, Politics, and Interculturality
- IV. Napo Runa health and illness

Procurement and circulation of remedies:

- I. Gardens
 - a. Do you have any gardens?
 - i. Types? (e.g., chagra, doorstep garden)
 - ii. What do these gardens look like? Describe them to me.
 - b. Who works in this garden?
 - c. What tasks must be done in the garden?
 - i. Which tasks do you perform?
 - ii. Which do tasks do others (who?) do?
 - d. Who chooses what to grow in the garden?
 - i. How do you/others choose what to grow?
 - e. What do you use your garden for? (e.g., food, medicine, ornamentals, structural support, pest-control, items to sell at market, crafting, etc.)
 - i. If for food, what sorts?
 - 1. How are they prepared
 - ii. If for medicine, what sorts?
 - 1. How are they prepared?
 - f. Are there plants you used to grow that you no longer grow?
 - i. If so, why?
 - g. Are there plants new to your garden that you have only recently started growing?
 - i. What are they? Why?
 - h. Do you share or exchange your garden goods with anyone else?
 - i. With whom?
- II. Wild Collecting
 - a. Do you collect plants from the forest, which are not cultivated in your garden?
 - b. Do you collect these items yourself?
 - c. Do you collect these with help from others?
 - d. How do you use these?
 - i. For food? For medicine?
 - e. Do you share plants you've collected from the wild with anyone? With whom?
 - f. Does anyone share what they have collected from the forest with you? Who? How often?

- III. Natural medicine and health food stores
 - a. Do you ever shop at naturalista/botánicas?
 - i. If yes, what do you buy?
 - b. Do you share these with anyone else?
- IV. Are there other places from which you get plants for food, medicine, handicrafts, etc. which we haven't already discussed?

Medical pluralism:

What is your opinion about the health centers?

Are there illnesses in which they work better than other alternatives? What type of illnesses?

For what reason would a person take a child to the health center?

Are your children vaccinated?

Where did the vaccination take place?

What kinds of vaccinations did they receive?

What is your opinion about private doctors?

Are there illnesses in which they work better than other alternatives? What type of illnesses?

For what reason would a person take a child to private doctors?

What is your opinion about remedios caseros?

Are there illnesses in which they work better than other alternatives? What type of illnesses?

For what reason would a person give a child a remedio casero?

What are some of the remedios caseros that you use most often, if applicable?

Are there people in the community who know a great deal about remedios caseros? Other aspects of traditional medicine?

Who?

What is your opinion about yachakguna?

Are there illnesses in which they work better than other alternatives? What type of illnesses?

For what reason would a person take a child to a yachak.

In general, when your children are sick, do you perform a limpia or cleansing with plants? With other things? How did you learn to do this? If you don't do this, do you take the children to someone in your family or in the community who does?

Industry, Politics, and Interculturality

Describe the health of the environment and your community in Napo. Has this changed over the years? If so, how?

What is your opinion about ecotourism? Does ecotourism have any impact on your health or the health of the environment? How?

What is your opinion of oil companies? Do they have any impact on your health or the health of the environment? How?

In your opinion, has the indigenous movement (Pachakutik, CONAIE, etc.) helped to improve knowledge of health and health practices? If so, how, or if not, why not?

What does interculturality mean to you?

Do you think that your health is intercultural?

Tell me about what you consider "Sumak Kawsay" to mean. Is it the same as "El Buen Vivir"?

Napo Runa health and illness

In general, what kind of sicknesses are there?

Describe sicknesses, symptoms, causes, preferred treatments

What do you consider to be the biggest challenges to health in your life?

Finally, the last question: What can you do to be healthy?

I appreciate the time you took for this interview. Is there anything else you think would be helpful for me to know? Do you have any questions for me?

INTERVIEWER NOTES:

Date: _____

Time from start to finish: _____

Length of interview: _____

Was this interview audio recorded?: _____

Were photographs taken during this interview?: _____

Were jot notes taken during this interview?: _____

Language of the interview: _____

People present (beyond the interviewer and participant): _____

Description of surroundings: _____

Observations (e.g., factors affecting responses; impressions of participant's honesty, cooperation, openness; other information): _____

APPENDIX E

HOUSEHOLD ILLNESS INTERVIEW GUIDE

ILLNESSES HISTORY AND HOUSEHOLD HEALTH PROFILE

If you are willing to participate, this interview will ask about recent illnesses and the remedies used. The interview should last approximately half of an hour. There are no foreseeable risks associated with this project nor are there any direct benefits to you. All responses will be kept confidential, and results will be kept under lock and key. Please remember that there are no right or wrong answers. Your participation is voluntary and you may stop the survey or withdraw from this project at any time.

If you would like to know more regarding this project, please contact Nora Colleen Bridges.

Ncb25@pitt.edu

noracbridges@gmail.com

US phone: 419 (450) 4376

Ecuadorian phone: 069784637

CASE _____:

IS1a. Was anyone in the household sick in the past month? ⁰ ☐ No ¹ ☐ Yes

IS1b. If yes, Who: _____

IS1c. Age: _____

IS1d. Sex: ⁰ ☐ Female ¹ ☐ Male

IS2. In your own words, please describe the illness and how you reacted to it. Please describe the symptoms, the type of illness it was, who you asked for help, and advice from and treatments that you used to cure the illness.

IS3. During this illness, did you use/consult...?: (Check all that apply. [⁰—No/Absent; ¹—Yes/Present])

IS3a. ☐ Home remedies

IS3b. ☐ Promoter

IS3b. ☐ Pharmacy

IS3c. ☐ Other

IS3c. ☐ Clinic

Who: _____

IS3d. ☐ Doctor

IS3d. ☐ Don't know

IS3e. ☐ Nurse

IS3e. ☐ No response

IS3f. ☐ Yachak/shaman

IS3g. ☐ Herbalist

IS4. Is the illness over/resolved? ⁰ ☐ No ¹ ☐ Yes

IS5a. Has this person had this illness before? ⁰ ☐ No ¹ ☐ Yes

IS5b. If yes, when? _____

IS6a. Has another person in the family had this illness before? ⁰ ☐ No ¹ ☐ Yes

IS6b. If yes, who and when? _____

IS7. What do you think caused the illness?

IS8. What was the first treatment you tried?

IS9. Why did you think this would help?

IS10. Was this treatment recommended by someone else?

IS11. Other actions/practices/treatments used?

IS12. Other changes in behavior/habits/diet required:

INTERVIEWER NOTES:

Date: _____

Time from start to finish: _____

Length of interview: _____

Was this interview audio recorded?: _____

Were photographs taken during this interview?: _____

Were jot notes taken during this interview?: _____

Language of the interview: _____

People present (beyond the interviewer and participant): _____

Description of surroundings: _____

Observations (e.g., factors affecting responses; impressions of participant's honesty, cooperation, openness; other information): _____

APPENDIX F

UNIVERSITY OF PITTSBURGH, IRB APPROVAL

6/4/12

<https://www.osiris.pitt.edu/osiris/Doc/0/GC1HQ5CD6PEK3C9V2C9OHPLB0B/fromString.html>



University of Pittsburgh *Institutional Review Board*

3500 Fifth Avenue
Pittsburgh, PA 15213
(412) 383-1480
(412) 383-1508 (fax)
<http://www.irb.pitt.edu>

Memorandum

To: Nora Bridges
From: Sue Beers, Ph.D., Vice Chair
Date: 6/4/2012
IRB#: [PRO12050245](#)
Subject: Reconfiguring Local Knowledge of Remedies: Hybridity at the Interface of Production and Consumption

The above-referenced project has been reviewed by the Institutional Review Board. Based on the information provided, this project meets all the necessary criteria for an exemption, and is hereby designated as "exempt" under section

45 CFR 46.101(b)(2) Tests, surveys, interviews, observations of public behavior

Please note the following information:

- If any modifications are made to this project, use the "Send Comments to IRB Staff" process from the project workspace to request a review to ensure it continues to meet the exempt category.
- Upon completion of your project, be sure to finalize the project by submitting a "Study Completed" report from the project workspace.

Please be advised that your research study may be audited periodically by the University of Pittsburgh Research Conduct and Compliance Office.

APPENDIX G

UNIVERSIDAD DE SAN FRANCISCO DE QUITO, CdB APPROVAL



Comité de Bioética, Universidad San Francisco de Quito
El Comité de Revisión Institucional de la USFQ
The Institutional Review Board of the USFQ

Quito, 27 de Agosto de 2012

Señorita
Nora Collins Bridges
Department of Anthropology
UNIVERSITY OF PITTSBURG
Presente

De mi mejor consideración:

Por medio de la presente, el Comité de Bioética de la Universidad San Francisco de Quito se complace en informarle que su estudio **"Reconfiguración de Conocimiento Local de los Remedios Caseros"** ha sido aprobado con fecha **Agosto 27, 2012**, en particular a lo que se refiere al protocolo de la investigación.

Esta aprobación tiene una duración de un año, transcurrido el cual se deberá solicitar una extensión si fuere necesario.

En toda correspondencia con el Comité de Bioética, favor referirse al siguiente código de aprobación: **2012-28**.

El Comité estará dispuesto, a lo largo de la implementación del estudio, a responder cualquier inquietud que pudiera surgir tanto de los participantes como de los investigadores en. Asimismo, es importante recordar que el Comité debe ser informado de cualquier novedad, especialmente de cualquier evento adverso que debe ser comunicado dentro de las siguientes 24 horas.

El Comité de Bioética ha otorgado la presente aprobación en base a la información entregada por los solicitantes, quienes al presentarla asumen la veracidad, corrección y autoría de los documentos entregados. De igual forma, los solicitantes de la aprobación son los responsables de aplicarlos de manera correcta en la ejecución de la investigación, respetando los documentos y condiciones aprobadas por el Comité, así como la legislación vigente aplicable y los estándares nacionales e internacionales en la materia.

Atentamente,

William F. Waters, Ph.D.
Presidente del Comité de Bioética
Universidad San Francisco de Quito

Casilla Postal 17-12-841
Quito, Ecuador
comitebioetico@usfq.edu.ec
PBX (593-2) 297-1775

APPENDIX H

TERMS OF COLLABORATION WITH SINDY LEADERSHIP

CENTRO EDUCATIVO COMUNITARIO "MANUEL DE JESUS CALLE"
Acuerdo Ministerial N° 23015 del 16 de diciembre de 1980
Sindy - Puerto Napo - Tena - Napo - Ecuador

Of. N° 034 MJC
Sindy, 25 de abril de 2013.

Señorita
Nora Bridges
ESTUDIANTE DE LA UNIVERSITY OF TYPP SBURGH
Presente.-

Estimada compañera:

Quienes hacemos el Personal Docente del CECIB "Manuel de Jesús Calle" de la comunidad Sindy, extendemos un cordial saludo y deseamos éxitos en su labor que desempeña en beneficio de la educación de los estudiantes, jóvenes y de la organización.

Mediante el presente acudimos ante su digna persona con la finalidad de solicitar muy comedidamente a que nos ayude donando utensilios de cocina la misma que servirá para el beneficio de quienes hacemos la institución educativa, tales como:

- 83 jarras.
- 50 platos de aluminio.
- 2 cuchillos.
- 10 sillas plásticas.

Seguros de que nuestro pedido sea atendido favorablemente, desde ya anticipamos nuestros sinceros agradecimientos de alta consideración y estima.

Atentamente,

[Redacted Signature]

Director de CECIB



[Redacted Signature]

Secretaria

Nora C. Bridges

Dirección: Comunidad Kichwa Sindy Vía Tena – Ahuano km. 8

Teléfono CECIB: N° 3062890

Celular N° 0995662340 Director CECIB

COMUNIDAD KICHWA SINDY
Acuerdo Ministerial N° 1555 del 31 de Agosto del 2009
FILIAL A LA FEDERACIÓN "FUCONA"
Sindy - Tena - Napo - Ecuador

Of. N° 010 CKS
Sindy, 25 de abril de 2013.

Señorita
Nora Bridges
ESTUDIANTE DE LA UNIVERSITY OF TYPP SBURGH
Presente.-

Estimada compañera:

Quienes hacemos Socios, Socias y jóvenes de la Comunidad Kichwa Sindy, extendemos un cordial saludo y deseamos éxitos en su labor que desempeña en beneficio de la educación de los estudiantes, jóvenes y socios (as) de la organización.

Mediante el presente, acudimos ante su digna persona con la finalidad de solicitar muy comedidamente a que nos ayude donando utensilios de cocina la misma que servirá para el beneficio de quienes hacemos la comunidad Kichwa Sindy, ya que con este beneficio la comunidad quedara eternamente agradecido, la cual detallamos a continuacion tales como:

- 90 jarras.
- 90 platos de aluminio.
- 3 cuchillos
- 2 ollas N° 40
- 20 sillas plásticas.
- 1 balón de indor

Seguros de que nuestro pedido sea atendido favorablemente, desde ya anticipamos nuestros sinceros agradecimientos de alta consideración y estima.

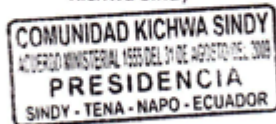
Atentamente,



Presidente de la comunidad
Kichwa Sindy



Secretario



Presidenta de Mujeres
SINDYK SISA



APPENDIX I

T-TEST RESULTS

Gender t-test

Treatment 1: females (n = 37; mean list length 6.19)

Treatment 2: males (n = 28; mean list length 6.25)

Significance Level:

☐ .01

☒ .05

☐ .10

One-tailed or two-tailed hypothesis?:

☐ One-tailed

☒ Two-tailed

Difference Scores Calculations

Treatment 1

N_1 : 37

$df_1 = N - 1 = 37 - 1 = 36$

M_1 : 6.19

SS_1 : 449.68

$s^2_1 = SS_1/(N - 1) = 449.68/(37-1) = 12.49$

Treatment 2

N_2 : 28

$df_2 = N - 1 = 28 - 1 = 27$

M_2 : 6.25

SS_2 : 347.25

$s^2_2 = SS_2/(N - 1) = 347.25/(28-1) = 12.86$

T-value Calculation

$s^2_p = ((df_1/(df_1 + df_2)) * s^2_1) + ((df_2/(df_2 + df_2)) * s^2_2) = ((36/63) * 12.49) + ((27/63) * 12.86) = 12.65$

$s^2_{M_1} = s^2_p/N_1 = 12.65/37 = 0.34$

$s^2_{M_2} = s^2_p/N_2 = 12.65/28 = 0.45$

$t = (M_1 - M_2)/\sqrt{(s^2_{M_1} + s^2_{M_2})} = -0.06/\sqrt{0.79} = -0.07$

The t-value is -0.06826. The p-value is .945795. The result is not significant at $p < .05$.

Calculate T and P Values

Reset

Kinship t-test

Treatment 1 = *kachuns* and *mashas* (n = 29; mean list length = 7.17)

Treatment 2 = people born in Sindy (n = 36; mean list length = 5.44)

Significance Level:

☐ .01

☒ .05

☐ .10

One-tailed or two-tailed hypothesis?:

☐ One-tailed

☒ Two-tailed

Difference Scores Calculations

Treatment 1

N_1 : 29

$$df_1 = N - 1 = 29 - 1 = 28$$

M_1 : 7.17

SS_1 : 368.14

$$s^2_1 = SS_1 / (N - 1) = 368.14 / (29 - 1) = 13.15$$

Treatment 2

N_2 : 36

$$df_2 = N - 1 = 36 - 1 = 35$$

M_2 : 5.44

SS_2 : 380.89

$$s^2_2 = SS_2 / (N - 1) = 380.89 / (36 - 1) = 10.88$$

T-value Calculation

$$s^2_p = ((df_1 / (df_1 + df_2)) * s^2_1) + ((df_2 / (df_1 + df_2)) * s^2_2) = ((28 / 63) * 13.15) + ((35 / 63) * 10.88) = 11.89$$

$$s^2_{M_1} = s^2_p / N_1 = 11.89 / 29 = 0.41$$

$$s^2_{M_2} = s^2_p / N_2 = 11.89 / 36 = 0.33$$

$$t = (M_1 - M_2) / \sqrt{(s^2_{M_1} + s^2_{M_2})} = 1.73 / \sqrt{0.74} = 2.01$$

The *t*-value is 2.00841. The *p*-value is .048892. The result is significant at $p < .05$.

Note: If you wish to calculate the effect size, [this calculator](#) will do the job.

Calculate T and P Values

Reset

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