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The Perils of “Contact”

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South American governments can and must do a better job of preventing extractivists, colonists, and missionaries from encroaching on indigenous land. This should be done on principle because it respects the legal right that indigenous people have to their land. Moreover, as many anthropologists and activists have argued, it reduces the number of opportunities for outsiders to transmit diseases to indigenous populations. Still, there are limits to the so-called “no-contact” strategy as the *exclusive* means for preventing the spread of epidemics among vulnerable Amerindian populations that anthropologists and activists should recognize.¹

Many anthropologists and activists tend to avoid this latter point, perhaps due in part to the opacity of the term “contact” itself. The term “uncontacted,” when used to describe the relations between an Amerindian group and outsiders, typically implies at least two distinct senses: the ordinary linguistic sense of being “not coming into immediate proximity” with outsiders and another sense of a group’s “absence of peaceful relations” with outsiders.² It is in conflating these two senses of “uncontacted” that one arrives at a common argument that is as intuitively persuasive as it is misleading: Because the Mashco Piro, Nanti, Nahua, Korubo, Ayoreo, and other peoples are said to be “uncontacted” by outsiders, they are thought to be “insulated from disease” as a result. However, like Whorf’s famous example of the “empty” gasoline drum that is unwittingly ignited by a cigarette ember, infectious diseases can move rapidly from a single source through a population of “uncontacted” Amerindians with disastrous consequences.³

The protection of indigenous lands, although vital, is insufficient to be quarantined. Illegal loggers and drug traffickers operate in the remote areas of the Western Amazon precisely *because* the state has limited reach there. The state is no better equipped to control encounters initiated by the “uncontacted” themselves, as the Mashco Piro have done with the Cashinahua and Ashaninka.⁴ These groups can acquire, and in some cases already have acquired, infectious diseases from just these sorts of encounters. This is enough to make clear that, while strategies that reduce the number of encounters between isolated groups and outsiders can reduce the probability of disease transmission, governments, anthropologists, and activists are still left with the difficult question of how best to treat epidemics among so-called isolated groups when they occur. This is, unsurprisingly, a highly contentious issue. Recent debates on how best to deal with epidemics have focused on the merits and risks entailed by preventative strategies and treatment strategies. While the differences between these approaches are certainly important,⁵ both approaches recognize the need for trained medical teams capable of rapidly responding to indigenous health emergencies, undoubtedly an essential element of any effort to avoid future medical disasters.

The term “uncontacted” may be helpful in pointing to issues of indigenous land and sovereignty. Essential work is needed, however, for anthropologists and activists to pressure government agencies like Peru’s National Center for Indigenous Health (CENSI), Brazil’s National Indian Foundation’s (FUNAI) Department for Isolated Indians, and Paraguay’s Institute for Indigenous Affairs (INDI) to adequately equip local medical teams where they exist and develop them where they do not. Debating the successful balance of sovereignty and health regarding isolated peoples is hindered by a term that would implicitly reduce one problem to the other.

Notes

¹ Corry, Stephen. 2015. "Uncontacted Tribes Don't Need the 'Protection' of Western Anthropologists." Truth-Out. <http://www.truth-out.org/opinion/item/31658-uncontacted-tribes-don-t-need-the-protection-of-western-anthropologists#> Accessed July 06, 2015.

² Survival International. 2015. "Questions and Answers: Uncontacted Tribes." <http://www.survivalinternational.org/articles/3109-questions-and-answers-uncontacted-tribes>. Accessed July 08, 2015.

³ This was the case for the Northern Ache, with whom Thompson has worked since 2006. During the early 1970s, a number of Northern Ache bands were convinced to settle on a government sponsored reservation by some of their already-settled kin. Still, approximately half of these Ache bands refused settlement on reservations and continued to trek through the forests of Northeastern Paraguay. The mortality rates from these groups that remained in the forest were actually *worse* than those who settled on the reservations—even when the Paraguayan administrator of the reservation embezzled most of the money, medicine, and food meant for the Ache settled there. We mention this not to diminish in any way the suffering due to criminal mismanagement of reservations and "attraction posts" that has occurred over South America but to emphasize that naively endorsing a strict policy of "no-contact" has its own dangers (see also Napolitano and Ryan 2007).

⁴ Survival International. 2014. "Villagers Evacuated after Homes Taken Over by Uncontacted Indians." <http://www.survivalinternational.org/news/10617>. Accessed June 23, 2015.

⁵ For immunological reasons, a group of evolutionary anthropologists (Walker and Hill 2015; Hurtado, Hill, and Lancaster 2001) have supported the vaccination of large percentages of a community in order to minimize the spread of epidemics. They argue that given the imminent danger of epidemics to isolated peoples, medical teams should search out vulnerable groups and live with them until they could be vaccinated and certain infectious diseases eradicated through antibiotic treatments. Others have expressed concern that the eagerness of such strategies fails to respect the autonomy of isolated groups (for example, Napolitano and Ryan 2007 and Shepard). How groups might be effectively monitored so that treated promptly remains unclear, however.