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Writing and Drawing: Knowledge of "Traditional Indigenous Midwives"

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figure 1. "Árvore *Wazacá*" (painting by Jaider Esbell, 2011).

> *Eu fico com a essência, os mitos, as lendas, o imaginário, o vazio da origem. Mas se pra "existir" precisa estar nos livros ciência, é isso que vou fazer, só para te atender, sua danada. Te enganar, mas vou voltar pro seu ancestral, teu pai inaceitável, o conhecimento da fonte. O Paa'ta Ewaon, o coração do mundo.*
>
> *I am with the essence, the myths, the legends, the imaginary, the emptiness of origin. But if I have to be in science books in order to "exist," that's what I'm going to do, you bastard, just to fulfill your expectations, just to deceive you. But I am going to go back to your ancestor, your unacceptable father, the knowledge of the source. The Paa'ta Ewaon, the heart of the world.*
>
> Jaider Esbell

Introduction

This paper aims to discuss the construction of the "traditional indigenous midwife" category in the context of public health policies on pregnancy, labor, and childbirth care in Roraima, Brazil. Many of the issues presented here come from speeches made by indigenous women and men who attended the midwife training course "Meeting of Traditional Indigenous Midwives" (Encontro de Parteiras Tradicionais Indígenas), promoted by the Ministry of Health in Boa Vista, Brazil, in 2014, and the meetings of midwives, praying men and shamans, organized

by the indigenous peoples themselves, entitled "Reviving Our Culture and Our Indigenous Wisdom" (Revivendo Nossa Cultura e Nossa Sabedoria Indígena), held in Região das Serras, Raposa Serra do Sol Indigenous Land (TIRSS), Brazil, between the years of 2015 and 2018. In 2013 and 2014, I collaborated on a project in the Technical Area of Women's Health (Área Técnica da Saúde da Mulher) of Brazil's Ministry of Health, aimed at improving women's and newborns' health care at the Hospital Materno Infantil Nossa Senhora de Nazareth, in Boa Vista, Roraima, Brazil. In connection with the project in December 2014 I attended the midwife training course "Meeting of Traditional Indigenous Midwives." In order to understand the high number of referrals of indigenous women to the hospital mentioned above, I accompanied the actions of Roraima's Special Secretariat for Indigenous Health Care (Secretaria Especial de Saúde Indígena, SESAI). There the midwives invited me to participate in the meetings of midwives, praying men and shamans held in Região das Serras. Since most participants in the meetings are indigenous, their speeches about the construction of the category "traditional indigenous midwife" will be here analyzed in relation with the public health policies that involve a traditional midwife's actions. These various speeches show that these policies are performed in many different ways.

Among all speeches, the words of a Macuxi woman caught my attention: "I doubt this midwife thing," she said. Then she told us that, in her village, "We used to deliver by ourselves"—this "we" being the community's old women and men, often their husbands, assisted occasionally by praying men and shamans. All these "we" started to be situated, in the last few years, in the category of traditional indigenous midwives. According to these same "we," however, being a midwife does not necessarily have to do with training courses or formal education. As they highlighted in the meetings of midwives, praying men and shamans, to be a midwife a person has to have a "gift." She or he has to have something as a given ability, a trait both inborn and that will present itself in the course of her or his life. As a Macuxi midwife pointed out: "The gift . . . we don't find out on our own. We have to give it a twitch and it shows itself, we have to look for it." From this "given" condition, which nonetheless has to be awakened, these men and women who call themselves midwives build a knowledge that, in their trajectory, has started to fall into the category of "traditional knowledge of indigenous midwives." Based on these statements, and on written and drawn records made during these meetings, I will consider how their sensible knowing is transformed into the category of "knowledge," defined in its turn by qualifiers such as "traditional" and "indigenous." I will also examine how new forms of perception and action are being shaped over time, when different actions of different indigenous and nonindigenous social agents—and their different ways of building their bodies—become framed in this category.

When writing about this category, then, many others will appear. Although at first glance it may seem that these categories—such as "white people's knowledge," "scientific knowledge," "traditional indigenous knowledge," "sensible knowing," "indigenous people's prenatal" or "white people's prenatal" knowledge, and "conceptual logic," among others—are central points from different perspectives, I will argue that, in practice, they intermingle and constitute multiple realities (Mol 2002:4–5).

I will start by briefly presenting the "people" who inhabit the Região das Serras in TIRSS, emphasizing the differentiation between groups that can be drawn by mythical variations, and by the different materials composing the primordial woman's body. I will then address issues around "this midwives thing": I will situate the traditional midwife in public health policies and describe how this category has been employed in practice specifically in the context of indigenous health care. For a better understanding of how this category fits into the indigenous context, some other current social categories will be addressed, as well as the way some have emerged and still emerge in relationship with public policies and its different logics.

Next, I will examine how changes in the ways of living regarding the category of "traditional indigenous knowledge" ended up categorizing different things as different types of the same thing: "indigenous people's prenatal" and "white people's prenatal" knowledge, for example. To this end, I will present a brief discussion of notions of "knowledge," "sensible knowing," and "gift," considering how these notions relate to the construction of the traditional indigenous midwife category. From James Leach's discussion about magic in indigenous knowledge in Papua New Guinea (2012:263), I will consider how the "gift"—as a given condition of *being*, more than of *knowing*—would be a more appropriate notion regarding traditional knowledge. What I call "sensible knowing" includes this condition of being.

Afterwards, I will describe the creation of "box-books" made of single sheets of paper and show how these drawings and writings, produced during the meetings in Região das Serras, became traditional knowledge registers; I will then highlight the importance of images, not only considering drawings as the main expression of the box-books but also drawing attention to what I call the "imagetic analogy" native ways of knowings' sensible logic. In this case, I suggest using the notion "images in us," a way of thinking that includes the inner faculty of imagination (Boehm 2015:24). Considering the difference between the old and young indigenous midwives' drawings, I will consider how "this midwife thing," with everything that accompanies it, may shape new forms of perception and action over time.

Finally, I will draw some notes on the asymmetric relations existing in health actions within intercultural contexts. I will discuss how health policies, although led by principles and guidelines concerned with "differentiated care," perform a deletion of difference rather than an openness to multiple ways of knowing and living.

Raposa Serra do Sol and Its "People"

TIRSS occupies a significant portion of the Brazilian state of Roraima. From Raposa, a region that borders Guyana, it is possible to cross the cultivated fields in the municipality of Normandy to reach Serra do Sol, on another border, here with Venezuela, at the foot of Monte Roraima, in the municipality of Uiramutã. On this route from Raposa to Serra do Sol lie the other three regions that make up TIRSS: Baixo Contigo, Sumuru, and Serras. According to indigenous researcher Fidelis Raposo da Silva, in his final project for the Curso de Licenciatura Intercultural at Instituto Insikiran de Formação Superior Indígena (Universidade Federal de Roraima, Brazil): "The region is therefore a social and political manner, in which indigenous peoples organize themselves for certain purposes" (2012:13). Thus, the division by regions presented in this text is based on the administrative organization of the SESAI, established according to the political divisions of Raposa Serra do Sol (SESAI 2016).

Monte Roraima—so the myth goes—is the stump of the *Wazacá* tree, the tree of life, made into stone by Macunaima. In some mythical versions, Macunaima and his brother Insikiran, both children of the sun *Wei*, are the mythical heroes of whom people who inhabit these regions are descendants: the Pemon and Kapon. According to several narratives, Macunaima noticed some grains of corn and remains of fruits between the teeth of a sleeping cotia (agouti), which was lying with a wide-open mouth. Cotia was the only one who knew these grains, so Macunaima went out to chase the little animal. That's when he found the *Wazacá* tree; on its branches grew all kinds of cultivated and wild plants on which indigenous peoples feed. Macunaima decided to cut the trunk, *piai*, and the tree hung to the northeastern direction. Toward this direction, then, fell all edible plants still found today. From the stump of the *Wazacá* tree flowed a torrent of water, causing the great flooding of primordial times (Santilli 2001:16). It is also from the stump of the *Wazacá* tree—the Monte Roraima—which flow all the streams that bathe the regions of TIRSS. In this long mountain range on the borders of Venezuela and Guyana lie the springs of Branco River, the largest one in Roraima and the

main tributary of Negro River. The Cotingo, Sumuru, Maú, or Ireng are the main rivers of TIRSS, and so they name its regions.

The people that inhabit these regions, and those other around Monte Roraima, are called Kapon and Pemon. The term *Kapon* means "the people from above," "people from heaven," and it alludes to the Ingaricó and Patamona groups that live in the highest regions closest to Monte Roraima. The term *Pemon* comprises groups who live in the fields and savannas in the western and southwestern portions of the region: Kamarakoto, Arecuna, Taurepang, and Macuxi. Kapon and Pemon are broader classifying categories, used on generic and abstract planes, conceiving a common identification to these peoples: they can be translated as people, man, and/or human being (Armellada and Salazar 1982:152 quoted in Santilli 2001:16). The Kapon people call themselves *tomba* or *domba*, "kin," and the Pemon recognize themselves as *yomba*, "kin, similar." Both groups consider themselves related people, common descendants of the mythical heroes Macunaima and Insikiran (Santilli 2001:17). Nevertheless, they tell different versions of an origin myth: the Kapon originate from a woman who Macunaima created from a tree trunk (Colson 1986: 85 quoted in Santilli 2001:17), whereas the Pemon emerge from the same woman, although she was made from silver rock (Armellada 1964:27–69 quoted in Santilli 2001:17). In the Taurepang version, one of the Pemon groups that inhabit an area known as "Gran Sabana" in the northern part of the region, this female figure was made from earth. For the Macuxi, she was made from clay.

Therefore it seems that the various materials from which this primordial woman was made can be one more indicator of the differentiation between groups already manifested in geography: tree, rock, and clay (or earth). It also corresponds to the axis from the highest to the lowest planes: from the forest that covers the highest regions, occupied by the Kapon, to the lowest fields, occupied by the Pemon (Santilli 2001:17). The different materials composing this primordial woman's body, and also the very descent of peoples who live at the foot of Monte Roraima, can be an indication of differentiation. A Taurepang woman, when talking about her Macuxi husband in a joking tone, made a very clear distinction of descent. She told me the Taurepang descend from Insikiran rather than from Macunaima, the latter being much more cunning and deceitful than the former; the Macuxi, she said, descend from Macunaima. And yet for other Indians, Insikiran is not even Macunaima's brother; he is his son, whose brother would be Anikê (based on indigenous accounts given in the Meeting of Midwifes, Praying Men and Shamans).

These mythical variations, and references to geographic aspects, tell us about a distinction made not only between the Kapon and the Pemon but also between the peoples who inhabit the TIRSS: among the Kapon, the Ingaricó, and the Patamona, and among the Pemon, the Taurepang, and the Macuxi. In addition to these Carib–speaking peoples (Taurepang, Macuxi, Ingaricó, and Patamona), there are also the Wapichana, who speak a language from the Aruak linguistic family, but they are smaller in number. Given the diversity of peoples in this region, and that geography stands out in the accounts made by the Indians themselves, my research's approach will also be geographical.

On "This Midwife Thing"

The Meeting of Midwives, Praying Men and Shamans was first convened in 2015, organized by a female Taurepang midwife (at that time the health coordinator of Região das Serras), her Macuxi husband (a member of the District Council of Indigenous Health, CONDISI), and the communities of the Região das Serras. Local indigenous health councils and district indigenous health councils are participatory bodies performing social oversight of the Indigenous Health Subsystem (Subsistema de Atenção à Saúde Indígena, SASI). SASI is a model of differentiated and complementary care within the Unified Health System (SUS) imple-

mented by the National Policy for the Health Care of Indigenous Peoples (Política Nacional de Atenção à Saúde dos Povos Indígenas, PNASPI).

However, this research started to take shape earlier at the Meeting of Traditional Indigenous Midwives (Encontro de Parteiras Tradicionais Indígenas) held in Boa Vista, Brazil, in December 2014. The encounter was a part of the Traditional Midwives Project (Projeto Parteiras Tradicionais) of SUS, aimed at promoting and strengthening the links between traditional midwives' work and homebirth care in Roraima. One strategy the government adopted to reduce maternal and neonatal mortality and to increase qualification and humanization in obstetric and neonatal care in Brazil is enacting a program called Working with Traditional Midwives (Programa Trabalhando com Parteiras Tradicionais, PTPT). Operating since 2000, the program seeks to sensitize health professionals to recognizing traditional midwives as partners, be it in community health care or in the development of actions for valorization and recognition of the credentials of this professional category in the SUS. However, as a "partner," their assistance in pregnancy, labor, and birth does not officially an integration with the SUS; therefore, it is an unpaid activity. By presenting the diverse experiences of training and performance of midwives in different regions of Brazil, the PTPT also seeks to raise awareness of the importance of public policies aimed at including in the SUS the holders of traditional practices and knowledge, such as traditional midwives, already existing in the community (Ministério da Saúde 2010).

The Brazilian Ministry of Health defines a traditional midwife as one "who provides homebirth care based on traditional knowledge and practices and is recognized by the community as a midwife" (Gusman, Viana, Miranda, Pedrosa, and Villela 2015:365). According to the PTPT handbook (Ministério da Saúde 2010), the word "traditional" is used to enhance traditional practices and to outline midwives' training and knowledge. The handbook also defines indigenous and *quilombolas* midwives as traditional, qualified in accordance with ethnic and cultural specificities. Thus, the PTPT "seeks to rescue and value traditional knowledge, articulating them to scientific ones, considering cultural and biodiversity wealth important elements for the production of health, of new knowledge and of technologies" (Ministério da Saúde, 2010 translation by author). The program is also grounded on "the argument that, given the cultural, geographic and socioeconomic diversity of the country, it is necessary to adopt different forms of pregnancy, labor and newborn care, among them homebirth care attended by a qualified midwife" (Gusman, Viana, Miranda, Pedrosa and Villela 2015:365).

It is worth mentioning that since 2000 the education and training of health workers has been carried out by means of intersectoral policies and actions (Diehl and Pellegrini 2014: 868). The PTPT is an initiative of the General Coordination of Women's Health (Coordenação Geral da Saúde da Mulher) of the Secretariat of Health Care. Nonetheless, when embracing geographical and sociocultural diversity, as in the indigenous context, it is conducted in partnership with the SESAI. In the SUS, state and municipal Health Secretariats are responsible for articulating midwives' work with local health services; in the SASI in particular, the Indigenous Special Health Districts (Distritos Sanitários Especiais Indígenas, DSEI) promote this articulation in partnership with the Secretariats.

In Roraima, the provision of health care for peoples who inhabit TIRSS is the responsibility of the SESAI through the Eastern Roraima Indigenous Special Health District (DSEI Leste de Roraima). The training of human resources to work in intercultural contexts is a strategic guideline of the PNASPI; it is a requirement when implementing the "differentiated care" principle—a main precept of the SASI—and it includes training indigenous and nonindigenous health professionals of a Multidisciplinary Indigenous Health Team (Equipe Multidisciplinar de Saúde Indígena, EMSI) (Diehl and Pellegrini 2014:868). The implementation of the PNASPI requires a complementary and differentiated model of the organization of services

based on the principles of decentralization, universality, equity, community participation, and social oversight. In order to achieve such principles, indigenous peoples' health care must consider the cultural, epidemiological, and operational specificities of the peoples for which services are provided. Thus, this principle of "differentiated care" is what gives specificity to the PNASPI (Ferreira 2013:55).

Indigenous health agents' training has been systematically carried out by the DSEI Leste de Roraima since 1995, in the beginning under the coordination of the Interinstitutional Nucleus of Indigenous Health (Núcleo Interinstitucional de Saúde Indígena) and with the support of Doctors Without Borders (MSF/Holland). The first agreement was signed in 1996 between the National Health Foundation and the Indigenous Council of Roraima (CIR). It authorized annual training by region and the payment of grants to Indigenous health agents appointed by communities and approved by regional assemblies. From 2001 on, the trainings were held in accordance with the guidelines of Basic Professional Education Program for Indigenous Health Agents (Programa de Educação Profissional Básica para Agentes Indígenas de Saúde), coordinated by the Department of Indigenous Health (DESAI/FUNASA) under the terms of the CIR-FUNASA Agreement (SESAI 2008, 2016).

However, indigenous midwives are not officially part of the EMSIs: as mentioned above, they are considered "partners." Nevertheless, according to the latest DSEI Leste Roraima survey, there were seventy-eight midwives registered, 95 percent of whom were also indigenous health agents (Kisselof de Aquino 2012).

In 2015, the technical director for health education at the DSEI Leste de Roraima pointed out that little had been written about the project for training indigenous traditional birth attendants in the state, there being a single report written by her, entitled "Encontro de Parteiras Tradicionais Indígenas do Leste de Roraima," which describes the midwives training sessions between 2003 and 2008. According to this report, the "profile" of midwives "emerged along the presentations and conversations, when they showed a great concern for the survival of traditional knowledge and practices" (Kisselof de Aquino 2012). During the Meetings of Midwives, Praying Men and Shamans held in Região das Serras, a Macuxi midwife, also a member of the CONDISI (DSEI Leste de Roraima), emphasized this very concern:

> We want non-indigenous people to recognize that we have a root, we have a wisdom, we have a knowledge. Many indigenous women are referred to the hospital and once they get there people ask: "Don't you have midwives there?" Or: "Don't you have culture anymore? Why land, if you no longer have culture?"

The old Macuxi lady doubting "this midwife thing," the midwives' "profile" emerged from the "concern for the survival of traditional knowledge and practices," and the above-mentioned speech: these are all indicators of a new category being constructed within the indigenous context. It would seem that in this context and region and in response to actions carried out by health professionals unprepared to work in interethnic contexts (Diehl and Pellegrini 2014:868), indigenous women and men, most of them indigenous health workers, have started to organize themselves into a category of "traditional indigenous midwives."

Many accounts from indigenous women, as well as from the few men who consider themselves midwives, do not necessarily mention the "midwife" category; they point instead to the care that old people provide to young women in labor. They say they learned their practices from their mothers, aunts, or grandmothers, or from old women in the community and even from their fathers and old relatives, often praying men or shamans. And they describe their first childbirths, usually from their daughters, daughters-in-law, nieces, or granddaughters. "I was 'curiousing.' My mother once called me when a woman was having a baby"; or, "my first childbirth, I was 20 years old. It was my niece's. I learned it watching my mother and aunt" (Macuxi midwife in a traditional midwives training, Boa Vista, Brazil). Thus, old women tell

us how things were in the past, compared to changes resulting from their relationships with health professionals:

> There was no suffering, no such difficulty. The husband himself helped, so nothing happened. Labors were all normal. Then the nurses started to teach us that there is danger, that nobody knows what might happen (Macuxi midwife in a traditional midwives training, Boa Vista, Brazil).

Those who attended the trainings talked about the diversity of labor and birth moments both in different populations and within the same community. This diversity is therefore shown not only in the different indigenous populations that inhabit the region but also in the different ways in which communities build their ways of living. The accounts tell of women who deliver alone or accompanied by their husbands or other women or relatives and of women who are referred to hospitals in nearby cities, either by health professionals or by their own choice. They also tell of women and men who stand out in their communities as "midwives" and of praying men and shamans' actions at the time of labors and births.

Luciane Ferreira highlights the same diversity in indigenous labors. She suggests that "according to data from ethnographies that describe indigenous societies in a recent past, labor was an event that did not necessarily involve intervention of an expert. Help, when needed, came from the closest family nucleus. In many cases, the woman gave birth alone in the forest or simply had help of an older and more experienced female relative, such as a mother or grandmother." She also mentions Katukina and Kaxinauá shamans stating that there were no midwives in the past; people "started studying white peoples' laws, so they started talking about midwives" (2013:210 translation by author).

Despite all the particularities of communities and populations, it is in indigenous women's struggles that this gender category takes shape. The endorsement of traditional indigenous knowledge and recommendations for strengthening traditional indigenous midwives' performances were highlighted at 1º Conferência Livre de Saúde das Mulheres Indígenas in April 2017, held at 14° Acampamento Terra Livre, Brasília. At the end of this conference, the first national articulation in the struggle of indigenous women, a letter was written listing the main issues affecting their lives with regard to integrated health care, making recommendations to improve the SUS services via the SASI and relevant municipal and state bodies, in accordance with the PNASPI. The opening topic is "prenatal, labor and puerperium," and it includes actions aimed at improving indigenous midwives' performance, including ongoing trainings, promotion of knowledge, exchanges between midwives from different peoples, establishing regulations for the joint work of midwives and the health team, the creation of a department for traditional medicine in the SESAI, and encouragement of traditional medicine by DSEIs (Carta das mulheres reunidas na 1° Conferência Livre de Saúde das Mulheres Indígenas 2017)

This gender category brings together an entire sensible knowing, which is built out of daily actions of different social agents, and which is reinvented in line with different modes of creativity around the category of "traditional indigenous knowledge." The importance of traditional knowledge for the implementation of the PNASPI was strongly emphasized at the opening of the Meeting of Traditional Indigenous Midwives. In addition to Macuxi, Taurepang, Wapichana, Ingaricó, and Patamona men and women, some nurses from the DSEI Leste Roraima attended the conference "to endorse midwives' knowledge and traditional wisdom" (speech given by the coordinator of women's health of the DSEI Leste Roraima).

Speeches and accounts indigenous individuals give stress the insensitive view health professionals have of their ways of living. This insensitivity translates into practical difficulty in implementing actions according to the principle of differentiated care. Alternatively, indigenous people from Região das Serras engage in creating new knowledge from the dynamic and living integration of different ways of knowing. Thus, to become a "midwife," the

midwives must incorporate the scientific and technical knowledge that will enable them to be one. But, for them to be "traditional" and "indigenous," they must draw on the current knowledge that characterizes them as such. This knowledge, once intertwined in the cadence of a way of living, takes the current form of "traditional indigenous knowledge" to be visible.

"Traditional" and "Indigenous" Knowledge

It is important to ask: What is so-called traditional and indigenous midwives' knowledge? And how does this incorporation work? That is, how do indigenous individuals who call themselves midwives incorporate the technical knowledge that public health policies state is necessary for indigenous labor and childbirth care? They can only become "midwives"— in the eyes of public health policies— when they complete a specific workload of training courses, through which they acquire knowledge and receive a midwife kit, the *Traditional Midwife's Book* (*Livro da Parteira Tradicional*) and a certificate of participation in a meeting. The PTPT emphasizes the acquisition of this technical knowledge, which includes, according to the report mentioned above, "a variety of subjects such as disinfection and sterilization of materials, sexually transmitted diseases, prenatal and postpartum care, among other things" (Kisselof de Aquino 2012).

The indigenous midwives of the DSEI Leste de Roraima draw a clear distinction between "white people's" and "indigenous people's" modes of knowledge: "We, indigenous women, are different, our body is different, our thinking is different" (Taurepang midwife at the meetings of midwives, praying men and shamans, Região das Serras). When asked how they learned, the midwives told different stories of how they observed older people when they helped other women, and how they observed the actions of praying men and shamans. Many old women can also pray, although only a few of them are shamans. Those who can pray do so by calling the help of animals, stars, and plants, and even of some saints. Those who cannot—most of them young ones, who are "hardheaded for praying"—prepare and ingest tea from different plants and from parts of certain animals. However, beyond praying and teas, there is a different knowledge. Many of them say they can know "just by looking":

> Yes, it is: just by looking we know. I know when a girl is a virgin and when she lost her virginity. She loses the air of virginity. I also know when she's pregnant, and I can tell just by looking if it's gonna be a boy or a girl" (Macuxi midwife at the Meeting of Midwives, Praying Men and Shamans).

> When being a midwife is a vocation, we just know it. From the first month, we know how it is going to be (Macuxi midwife at the Meeting of Midwives, Praying Men and Shamans).

They say that, first, they just observe. At some point it happens, they deliver a baby, and then another and another. From this repetition of observing and doing, they simply know. According to the older women, however, "only who has the gift, the vocation, knows." And the person must be strong and brave. For them, these are the differences in relation to white people's knowledge: the knowledge that comes from practice and the strength and courage. And these differences are features "of their bodies, of their thoughts":

> We already work with nurses. We are really scared . . . of nurses who work in indigenous villages. They end up referring patients. Because I think in college, they have lots of theory, while here, it's only practice, and we know our people. Nurses, when they come to the villages, they have to be strong and brave (Macuxi midwife at the Meeting of Midwives, Praying Men and Shamans).

When these individuals talk about indigenous labor, they talk about this different knowledge. They talk about the girl, the woman, the boy, the man, the father, the mother, the grandmother, the midwives, the praying man, the shaman, the plants, the animals, the ancestors, the spirits; but they also talk about white people, the relation with white people's health and the possible changes in their ways of living that may come from this relation. Highlighting

pregnancy and childbirth moments seems to be one of these transformations. The midwife's way of knowing is not only a knowledge about the body itself; it involves a set of actions that build a different way of living in a daily basis. That is why they say "indigenous people's" and "white people's" prenatal care are different. For traditional indigenous midwives, "prenatal care does not begin with pregnancy." Rather, it begins as soon as the girl starts helping in daily tasks, listening to elders' advice and taking proper care of her own body. It begins from the age of seven or eight and goes through all her life: through menarche, pregnancy, labor, after childbirth, and in mature life. This lifetime care is what builds a body and a person, capable not only of giving birth but also of living well and active throughout her different moments:

> We can't be lazy, stay asleep all day, otherwise the child will grow big and strong in our bellies. I never lay down. I would go to the garden, plant cassava, cook *beiju* cassava bread, catch firewood, water . . . . My father used to say: "I'm not a woman, but I saw women suffering. You shouldn't get up in the morning and leave your sheets inside the hammock or the placenta will get stuck in your back. When you get up, roll up your hammock" (Macuxi midwife, at the Meeting of Midwives, Praying Men and Shamans).
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> A woman can't be lazy. She should walk, work, bathe and drink manioc water so she will have enough fluids (Macuxi midwife at the Meeting of Midwives, Praying Men and Shamans).

Therefore, the "indigenous prenatal period" begins in childhood; it consists of a series of practices and behaviors of construction of a body and its relations throughout the life of a woman. "White people's prenatal period," on the other hand, starts with pregnancy and involves a physical and natural body care, detached from the relations that produce it.

At traditional indigenous midwives training courses, indigenous women and men were presented to "white people's prenatal constructs". They had seminars on the contents of the *Traditional Midwife's Book* (*Livro da Parteira Tradicional),* a textbook conceived to be "the companion of midwives and [elaborated] to assist their steps, allowing room for a complementation of their knowledge" (Ministério da Saúde 2012:9) Its contents were presented as "easy to understand," with "drawings aimed at aiding traditional midwives who have not yet learned to read and write." In addition to the seminar, indigenous women and men received practical "training" in techniques of assessing pregnancy and neonatal resuscitation by means of a simulated plastic baby.

The present text seeks to understand what happens when things, behaviors, and practices of indigenous ways of living are called "knowledge" (Leach and Davis 2012:209). The category of knowledge can thus make different things seem to be different types of the same thing, like "indigenous people's knowledge" and "white people's knowledge" for example, or different ways of doing the same thing (Leach 2012:266), like "indigenous people's prenatal care," performed by midwives, and "white people's prenatal care," performed by nurses. A basic equivalence is thus conceived, measured and evaluated on the effects they might have on the "natural" world of a "human" body, regardless of their conditions of production (ibid.). What happens to these different bodies and their different ways of being affected when the flow of a sensible and lived way becomes thus fixed in the category of "knowledge?" When is "the gift," as a condition of "possible future effects" (ibid.:255), linked to this category? When are silence and curiosity of observation filled with explanatory words? When does a body affected by confidence start to be affected by fear? When does the wholeness of a way of living come to be framed in parts and these parts are fragmented into different categories?

In Região das Serras

These issues started to arise as I attended the Meeting of Midwives, Praying Men and Shamans *Revivendo nossa cultura e nossa sabedoria indígena*, held in Região das Serras, TIRSS, between February 2015 and April 2018. During this time six meetings were held in different

communities in Região das Serras, complying with the assistance structure of the DSEI Leste de Roraima, classified by "regions" and "base poles." Under this health care logic, Região das Serras is one of the five regions of TIRSS; it has eight base poles and seventy health posts, which cover eighty-eight communities. The plan was that meetings would take place in every base pole; however, due to transport difficulties, they took place only in Maturuca, Pedra Preta, Willimon, Caraparu I, and Pedra Branca, the most accessible ones.

I already mentioned the diversity of peoples that inhabit the region and the variety of labor and childbirth contexts in different communities. I also alluded to the importance of geographical aspects, as well as the distinction between "people from above" and "people from below." This same diversity is present in the communities I visited in the context of the meeting. Although most inhabitants of Região das Serras are Macuxi, people from other ethnic groups also live in these communities. Their presence seems to comply with a geographical logic: the Ingaricó and the Patamona (Kamon peoples) live in the uplands; in the lowlands you will find the Taurepang and the Wapichana.

Usually, communities are formed after a group of people leave a given place to create a new village—in most cases, group includes adult men with their wives and children (Simeão 2010:13). According to Paulo Santilli, in a Macuxi village, the local group is organized around the "figure of a father-in-law-leader, on whose political ability in manipulating kinship ties depends its existence." Thus, with the decline of this leader's political prestige, or after his death, the local group would take a different form (2001:33). Each community, even if small, will always present a peculiar way of organizing itself (Raposo da Silva, 2012:33); however, communities generally use the same social categories. The aim of this text is not to discuss social organization of Região das Serras communities, but, I will briefly address the current social categories, noting some important issues regarding Indigenous Traditional Midwives.

When I arrived in a community, I was always welcomed by a *tuxaua* (village leader). According to Fidelis Raposo da Silva (2012:10):

> In the past, indigenous peoples did not have a leader chosen by the community or by the group. The leader was not named, but there was a person loved by everyone and who had a leadership spirit. He became leader by nature of his practices and conduct.

For Santilli, the *tuxauas* are political intermediaries historically constructed by the intervention agents dealing with indigenous population, such as agencies responsible for delivering services to indigenous people and religious organizations. Traditional political leadership among the Macuxi, "only a prominent position," "becomes a catalyst for regional demands, missionary and indigenist agents regarding the indigenous population" (2001:40).

Today, it is the community that chooses the *tuxaua* and several other leaders: the canteen worker, the cowhand, the person responsible for gardens and production, the councilor, and health and education delegates. These categories have emerged throughout the history of Macuxi's contact with national society. In addition to subsistence agriculture, some projects such as the "canteen project" and the "cattle project" were developed by the Diocese of Roraima in the 1970s and 1980s (Santilli 2001:42–43; Simeão 2010:16; Raposo da Silva, 2012:11–12). Other categories have emerged and are still emerging in the relationship with public health and education policies. So, in addition to these leaders, chosen by open ballot voting, other categories are formed as a result of technical training, such as teachers, indigenous health agents (AIS), and indigenous sanitation agents (AISAN).

Via a completely different logic, not by vote or by training, recognition of their activity in birth and health is also conferred on praying men and shamans. Before we focus on this "other logic," which also underlies the category of midwives, it is important to emphasize how gender relations permeate these categories. Today, women have increasingly been assuming

leadership positions, whether by open ballot, by technical training or by having "a gift." Thus, even if a few women are *tuxaua* and shamans, many of them are teachers, AIS, councilors, praying men and midwives.

Not every community has a praying man and a shaman. Praying men are more numerous, but shamans are few. That is why the Meetings of Midwives, Praying Men and Shamans are held: to emphasize the importance, especially for young people, of traditional indigenous medicine, or to value "our remedies and our prayers," "our healing by shamans."

> Some diseases, they are not for doctors, they are not for white people's medicines. We have prayers to scare mountains animals, water animals and *canaimé*, a spirit that catches people in the forest. He is not visible to us, he captures us in the forests. The shaman sees *canaimé*. (Macuxi old man at the Meeting of Midwives, Praying Men and Shamans, Região das Serras).

In the Macuxi language, canaimé is called *Kanaimî*, meaning "the great persecutor." The term *kanaimîtî* means "to persecute," and *imî* indicates "greatness." In some final projects of Insikiran de Formação Superior Indígena, "cainamé" is referred to as a category, like praying men or shamans (Kumasiri 2010: 35–36). In oral conversations, it shows up as an enigmatic figure, which can be either a man, an animal, or other things, and it is always related to bad things. According to Nazareno R.J. Kumasiri, the victim of a canaimé barely escapes death. In the summary report of the Basic Health Care Project of the DSEI Leste de Roraima (2000–2008), canaimé appears as a poorly defined cause of death attributed to indigenous diseases. Often, not even the shaman can save the canaimé's victims. There is a controversy among the indigenous peoples in Região das Serras about whether the cainamé is a shaman; usually they say that not all shamans are canaimé, but all canaimé are shamans.

For public health policies, midwives are only able to act as such after technical training. For indigenous peoples, on the other hand, they are like praying men and shamans: they should have a wisdom that is both given and built through practice and observation. They should have the "gift": "We already had shamans, praying men, because they are people who are born with this 'gift.' The same with the midwives" (Macuxi old man at the Meeting of Midwives, Praying men and Shamans). This is a different logic, in which categories such as praying men, shamans, and, more recently, midwives appear: people who are born with the "gift," a condition that both awakens and is awakened by a proper knowledge in sensible relation with other beings, and that enables them to affect other people's bodies (Leach 2012:261). Many of the questions presented here are based on statements made by the indigenous themselves, but they were also built from the reflections by James Leach (2012) in his text "Leaving the Magic Out: Knowledge and Effect in Different Places," where he discusses the relation between magic and what is now called "traditional indigenous knowledge." The goal here is to consider what indigenous peoples from Região das Serras call "gift" in the same way as James Leach approached the word "magic." Both, in their distinct senses, can be mechanisms that place an action or a thing in relation to another (ibid.:251). The "gift," in this case, is what gives a person a singular and differentiated condition, so that she or he can assume a prominent position and perform certain actions. This condition is crucial for the efficacy of these actions. Thus, here is where the traditional indigenous midwife category resides: for some, people who are born with a "gift"; for others, a class formed through technical training. And, for themselves, for these indigenous midwives, it is a mixture of the two.

The meetings of midwives in Região das Serras were carried out to produce such a mixture: to speak, to value, to organize, and to transmit traditional indigenous knowledge to young people. But they also enable midwives already trained in nonindigenous people's knowledge to teach technical procedures of pregnancy and childbirth to new learners. In the meetings at Região das Serras, midwives talked about their Indigenous ways of life, but they also taught—using images from the *Traditional Midwife's Book* (*Livro da Partei-*

ra Traditional) provided by the Ministry of Health (Ministério da Saúde, 2012)—white people's ways of knowing:

> We should value all the four themes: traditional medicine, midwives, praying men, and shamans. And, for that, we also have to learn white people's system. So we'll take a look at this book here in order to learn a little bit more about white people's system (Taurepang midwife and president of Local Health Council of Região das Serras).

The Meetings of Midwives, Praying Men and Shamans assumed different shapes over time and in response to people's demands. An average of 180 people, men and women, old and young, from many communities, attended each meeting, staying together for five days in the same community. In the first two meetings, after the opening speeches indigenous leaders gave, three groups were set: midwives; traditional indigenous medicine practitioners; and praying men and shamans. A rotation was instituted in the first three days of activities so that everybody could attend all three groups and decide in which one they would like to be engaged. In the three subsequent meetings, there was no need for a rotation, for the participants had decided to remain in their groups "to deepen their knowledge." However, there was a consensus that no one would leave the meetings knowing how to deliver, how to pray or how to become a shaman, or being able to recognize plants and how to prepare home medications. Everyone was aware that it was necessary to accompany a midwife or a praying man, to observe, to practice. And to wait for a "call." Because the "gift" must be shown:

> The gift . . . we don't find out on our own. We have to give it a twitch and it shows itself, we have to look for it. The contact with nature is important, to get to know the plants inside the forest and to be able to go inside the forest. A father has to show his son the plants and the paths in the forest. A person needs to be silent, so the gift can show itself. So, she can call the stars, the animals, the rocks and the plants. Because we heal by what exists in nature (Macuxi midwife at the Meeting of Midwives, Praying Men and Shamans).

These meetings are held as a "call": a call different than those of the "gifts," but still a call. "This course will make that seed sprout up on our thoughts, and then it will grow and we'll learn about it" (Macuxi praying man at the Meeting of Midwives, Praying Men and Shamans). It is a call, a general invitation to "bring back our culture and our wisdom," but especially directed to young people, "who don't believe old people anymore" (Macuxi praying man at the Meeting of Midwives, Praying Men and Shamans). And, somehow, it is also directed to white people "who don't believe in our medicine" (Macuxi praying man at the Meeting of Midwives, Praying Men and Shamans). Thus, all this knowledge, emphasized in many speeches during the meetings, also took shape in writings, both in Portuguese and in the Macuxi language, and in drawings young people made. These records are, for them, concrete ways of calling these bodies to listen to the words of their elders; they are ways of calling these bodies to be open to sensitive mode of affection that may enable them to believe in this so-called traditional and indigenous knowledge. Although they know these records are necessary today, they also know they are not enough:

> There are times when writing is good and times when it's not. But they will stay for our children and grandchildren. When they realize it, they will look for that knowledge in the books, for what they didn't want to learn and didn't appreciate. So, we have to write in order to learn. But it is there with a [living] person, focused, that we will practice (Macuxi praying man at the Meeting of Midwives, Praying Men and Shamans).

The Forms of Documentation: Writing and Drawing

"Box-books" were created in the meetings: single sheets of paper organized and accommodated in a box. The paper sheets contain written and drawn registers of a collective knowledge, but they are translated by the particularity of the person who registers it. The material contains notes on traditional indigenous medicine, such as plants and the manufacture of syrups and

ointments, and on prenatal care, along with some specific prayers and plants, the care and advice of old people for the construction of boys' and girls' bodies, at menarche, during pregnancy, at delivery, and at birth. The box-books idea arose from the need to assemble the many records made by various people in different meetings, and it was inspired by Ulises Carrión's A *Nova Arte de Fazer Livros"* (*The New Art of Making Books*) (2011). According to Carrión, making a book is "perceiving its space-time sequence through the creation of a parallel sequence of signs, be it linguistic or not" (Carrión 2011:15 translation by author). This possibility of the book as a structure—the box—allows a composition of space-time sequences not necessarily obeying a linear logic. Thus, it is possible to "add knowledge" from specific moments and spaces, the single sheets, and order them in different ways. It is knowledge that remains open, dynamic, collective, and particular at the same time. In other words, it contains records of different people on different subjects and knowledge, acquired in the meetings and in other training courses. And even new registers can be added:

> I got . . . knowledge from a woman from Guyana. When a placenta doesn't want to come out, or when the baby is already dead inside the belly, then you can use water from a capybara or tapir bone. Because the capybara and the tapir, when they are scared, they run away spazzing out. So, if you it rub it on the belly, the placenta will come out. You scrape the bone or burn it, then you keep the ashes" (Macuxi midwife at the Meeting of Midwives, Praying Men and Shamans).

One of the box-books on indigenous prenatal care was produced by a young midwife who attended the training courses of the Ministry of Health. The book includes loose pages with technical procedures for the evaluation and monitoring of pregnancy—"white people's knowledge" that has become part of traditional indigenous midwives' knowledge but does not necessarily limit it. These single sheets of paper, specific space-times, manifest the specificity of a knowledge by composing the book as a sequence of spaces and moments. In addition, they also allow a dynamic knowledge that assembles experiences and enables distinction between different ways of knowing. Thus, for traditional indigenous midwives, it is crucial to absorb "white people's" knowledge, to speak the same language. It seems to be the main form of communication with health professionals, and perhaps the only one:

figure 2. Box-book created in the meetings (photo by the author).

figure 3. Box-books with drawn registers on traditional Indigenous medicine (photo by the author).


figure 4. Drawn registers on traditional Indigenous medicine (photo by the author).

> We have to speak white people's language. So, tearing is "lacerating," chill is "thermal shock," heartbeat is "heart rate," listening is "auscultating" (Taurepang midwife at the Meeting of Midwives, Praying Men and Shamans).

Although midwives find it necessary to learn white people's knowledge, they still make a clear distinction between different modes of knowledge. They know it is crucial to speak of this sensible knowing in a different way, using a more technical language that will attest to their new level of training. However, these writings and drawings do not fail to evince the native ways of knowing. As a Taurepang midwife says during the meetings, "Our body is different," "and also our way of knowing." The drawings are clear in this respect, especially

because they are the main expression of box-books: writings follow drawings only in small elucidative excerpts, fragments of oral speeches that, side by side with observation and practice, build a specific way of knowing. These records were invented and produced to present to young or white people this sensible knowing—a form of knowledge once intertwined in the flow of living but now has been taking shape and permanence in words and images. It is as though the memories of a body or of a people were leaving their place of depth to occupy surfaces of paper sheets—in the words of Davi Kopenawa, the surfaces of "paper skins" (Kopenawa and Albert 2015:76). With the expression "paper skin," Kopenawa differentiates between Yanomami's thought and "white people's thought." According to him, Yanomami's thought does not need skins of paper to "maintain" ancestors' words, "because they are engraved inside us. That is why our memory is long and strong." And "white people's thinking is different." (2015:76–77).

It is not the purpose of this text to develop the theme of memory; rather, it hopes to highlight its relation to the knowledge acquired from practice or lived experience. Kopenawa points to this relation when he differentiates between "fixating your eyes on paper skins" and really seeing in the forest, "drinking the life breath of ancestors" (Kopenawa and Albert 2015:76). Ailton Krenak also emphasizes the importance of the "stream in which that boy sieves" that is "connected to the very large memory river, which is the memory river that old people kept telling us, sharing with us, teaching us" (2015:195). A curious fact about this difference is that, in one of the meetings in Região das Serras, the only person who managed to memorize an entire prayer was an old Patamona woman who did not speak portuguese and who did not know how to read or write—"she did not have a hard head for prayers."

The issue of not knowing how to read and write also appears in the Traditional *Midwife's Book* (*Livro da Parteira Traditional*), which, as already mentioned, includes drawings to support traditional midwives who have not yet learned to read and write (Ministério da Saúde 2012:9). However, the box-books drawings did not have same purpose. Instead of an alternative for the illiterate, they seem to be an expression of a way of knowing that confers power of action to images. Like Kopenawa's "given words," the writings and drawings included sheets with the purpose of being seen by "white people," so they will start thinking about indigenous people "in a more upright manner" (Kopenawa and Albert 2015:66). In other words, those box-books are an attempt to make visible, for nonindigenous people, other ways of knowing and living.

Besides making visible a way of knowing, this writings and drawings tell us how images, as a tool of knowledge, operate efficiently in an inner faculty of imagination. Many prayers and treatments based on plants and animals operate by means of an imagetic analogy, an "as if" what happened in people's bodies paralleled actions or features of animals, plants, objects, and other natural phenomena. The expression "as if" confers those parallels an "imagetic analogy." To discuss the effects of images in the ways of knowing of indigenous peoples from Região das Serras, I allude to the concept "to be as" ["*ficar como*"], proposed by Lúcia Van Velthem in her book on the aesthetics of Wayana (2003:92), as she discusses the metamorphic technology: "to be as" is referred to (in Wayana language) as *tanuktai*. It also designates the processes of metamorphosis reported in myths, conferred also in current contexts to objects and technologies. However, the allusion I make to Van Velthem's "to be as" is more related to a "way of" than to the metamorphosis itself. Even knowing Macunaima metamorphic capacity of transforming things, animals, and people into stones, for example, when I allude to this imagetic analogy I am not referring to the effects of a visible image like an object and its capacity for metamorphosis, as pointed by Velthem. Instead, I am referencing the effects of an image as an inner technology of thought that mixes perception and imagination. That is, a woman cannot leave her sheets inside the hammock because it is "as if" at the moment of delivery the placenta could stay stuck inside her uterus. In other words, the placenta "would be as" the sheets inside her hammock. In this case, "the transformability of bodies and the

communication of interiorities hidden inside of them" (Severi and Lagrou 2013: 12) are experiences of perception and imagination.

The same imagetic analogy can be seen in the midwife's speech (see above, p. 104) on the knowledge she "got" from a Guyanese woman: "Because the capybara and the tapir, when they are scared, they run away," one should use the water made of their bones so the placenta or the dead baby will come out. As for not fulfilling old people's advice and/or prescriptions, images act from sequential displacements, sometimes in future possibilities, sometimes in response to actions initiated in the past. Thus, a woman should not "leave the sheets inside [her] hammock, or the placenta will get stuck in [her] back," or "the placenta got stuck because a pregnant woman left her sheets inside the hammock." It is a way of knowing built from sensible convergences and distinctions, "a testimony of the senses" (Lévi-Strauss 2008: 27) that establishes relations through perception and imagination *(*ibid.: 30). Lévi-Strauss suggested a logic of the sensible as if the characteristics of form, color, smell of objects, animals, or plants could give the observer "what could be called the right to follow, that is, to postulate that these visible characteristics are the indication of equally singular but hidden properties." An imagetic equivalence that "satisfies the aesthetic feeling" and, at the same time, "corresponds to an objective reality" (2008: 31).

In Guyana the tapir and the capybara are agents in labor and in childbirth care; in Brazil, and more specifically in Região das Serras, it is the paca. Old women know paca prayers; young women do not. Whomever knows the prayers prays; those who do not prepare water or tea from a paca skull. A pregnant woman should drink it or rub it on her belly and legs. The same tea or water can be used when prayers have no effect. The reason is simple as a Macuxi praying man pointed out at the Meeting of Midwives, Praying Men and Shamans: "When a paca is in inside its hole, it has two escape routes: one coming in and one coming out. And it is really smart. When something comes near one, it slips through the other." "It slides, it's quite smooth!" In this case, the image of a paca inside its hole, or even the very paca's agency, will act on a woman's body and on the child in her womb. This action is made "knowledge" through a sensible association between the animal features and the desirable elements at the time of labor through an imagetic analogy of different situations. Thus, perception and imagination constitute a way of knowing that confers efficacy to sensible features observed in the surrounding world. The words of a shaman and *tuxaua* on the actions required when a baby lies in transverse position inside the mother's womb emphasize the same imaginary analogy:

> When I see a baby lying sideways across the mother's belly, I do a *boiaçu* and a *samaumeira* prayer. When a bird's nest is stuck in the *samaumeira* tree, you know? Then we should pray to *boiaçu*, the star that appears at the end of the night and brings the wind and the rain to clean the *samaumeira* tree. We also call it the "prayer of the wounds." The rain and the wind also wipe the tree trunks that fall crossed over a path, as well as the baby in the mother's belly. The prayer, just as the rain and the wind . . . it changes the baby's position. It turns the baby around!(Macuxi praying man at the Meeting of Midwives, Praying Men and Shamans).

As mentioned before, indigenous people used to say that, by praying, they "call" the agencies in nature to help them. Thus, by "calling" the paca, the *boiaçu*, and the *samaumeira* through their prayers, they play "an action that relates a sound to an image," establishing a "specific type of presence, a presence which is associated with an absence" (Alloa 2015: 9).Thus, the image or the imagination process has the power to touch what is absent, making present whatever might be distant (ibid.:10). Through the logic of the sensible that establishes an imagetic equivalence or analogy, the distant or absent animals, plants, stars, objects, and so on are called in, and they become present to act in situations in which their specific features may be effective.

Accounts like this, as well as the written and drawn registers produced by the indigenous at the Meetings of Midwives, Praying Men and Shamans are what constitute this "traditional

indigenous knowledge." However, the native way of knowing operates this same sensible logic on white people's knowledge that is integrated into their actions and ways of living. Hence, it is possible to see "this midwife thing," with everything that accompanies it, shaping new forms of perception and action over time. I will present below drawings of a pregnant woman with a paca made by two indigenous midwives made, one an elderly individual who has little contact with nonindigenous world and cannot read or write, and a young person who attends school and the training courses on indigenous midwifery. The difference between the two sets of images may fit those same differences in bodies, in their new ways of being affected—differences that often make young people no longer "believe" their elders.

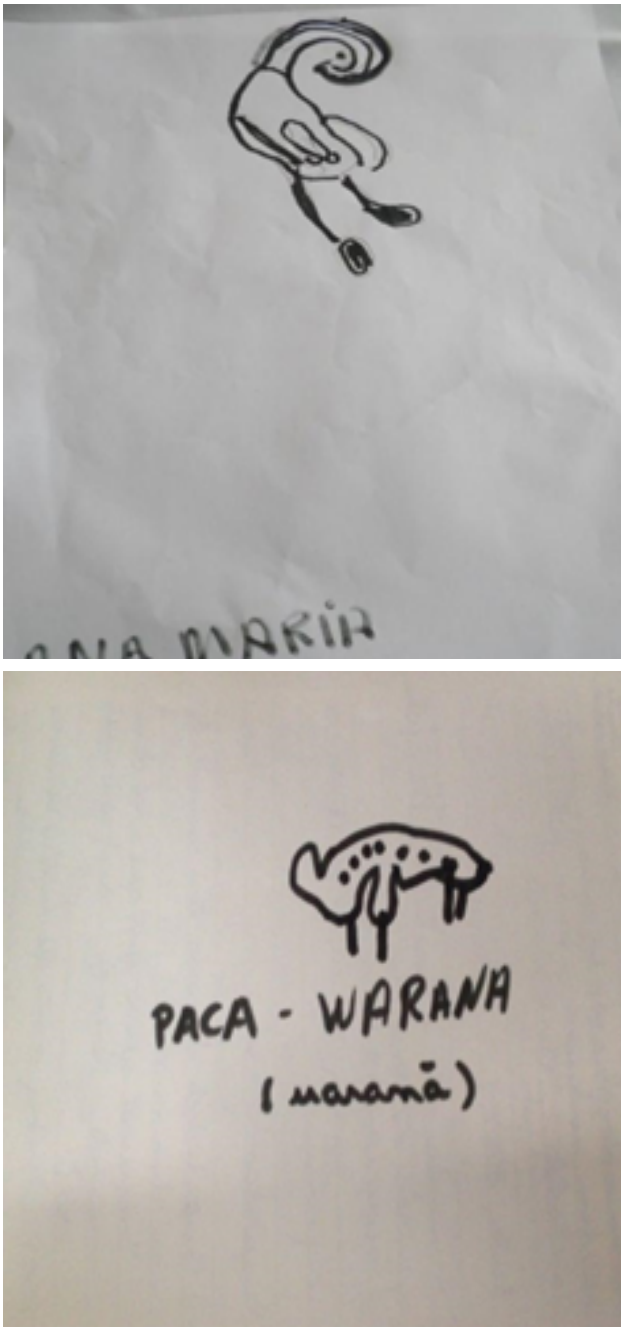

figure 5. Old woman's drawings (drawings by macuxi midwife D.Ana, 2014).

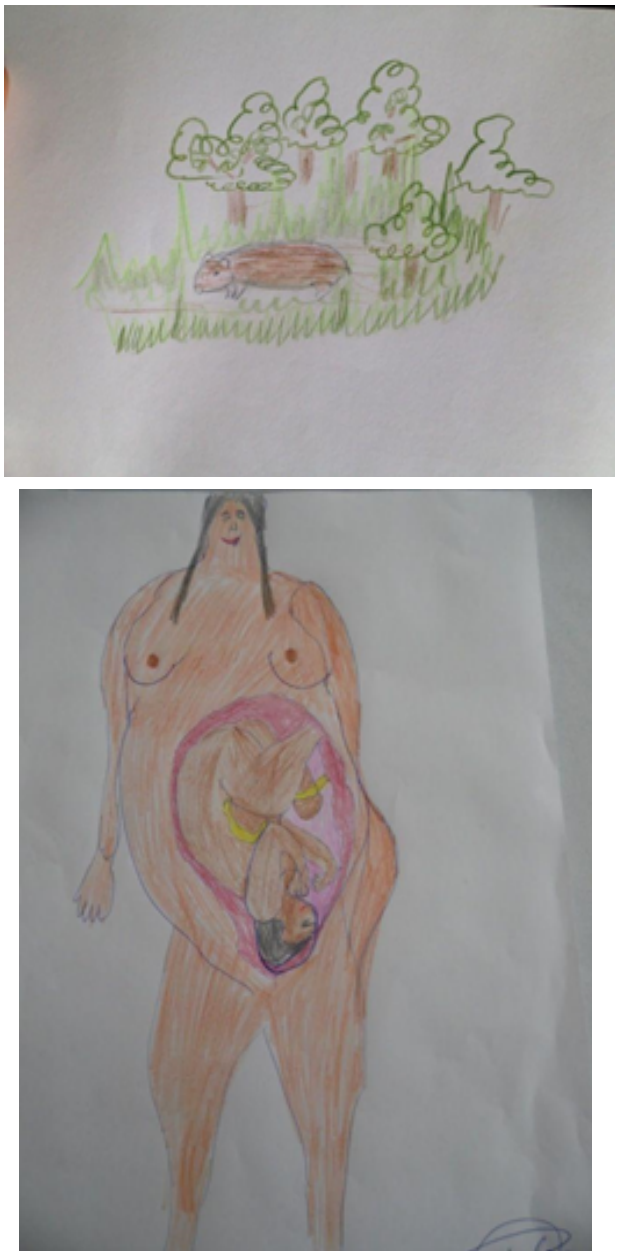

figure 6. Young woman's drawings (drawings by macuxi midwife Delcineide, 2014).

One difference stands out in these drawings: the young woman's images are concerned with a resemblance of the body shapes of the animal or of the pregnant woman with a baby in her womb. They allow an instant distinction between a paca and a pregnant woman, with images that resemble the ones in the *Midwife's Book*. The old woman drawings do not "tell" if they refer to a paca or to a pregnant woman, or to other things altogether. The images call forth something closer to sensible qualities rather than conceptual distinctions. It is as if images in bodies experienced in a conceptual logic gradually lost their condition of virtuality that perception and imagination confer. Made intelligible by this conceptual logic, the images quickly block their capacity to trigger, to open thoughts (Didi-Huberman quoted in Alloa 2015:15). Although they are images, they are confined to the objective reality of a book, the *Midwife's Book,* and they lose their possibilities of aesthetic affinities in the sequence of their associations to an objective reality.

This distinction between sensible qualities and conceptual logic as a difference between the operational units of traditional and scientific knowledge (Lévi-Strauss 2008) is beyond the scope of this text. Even if it may seem a simple opposition, thinking through an "imagetic logic" can integrate these two sets and, hence, enact differences in multiple realities: "images in us," images that "make us see," images that "make us think," and images that make sense to us. All these imagetic realities are sensible and conceptual at the same time and can be enacted in different degrees of virtuality and effectiveness depending on how, where, and by whom they will be performed. Thus, by highlighting the differences between "old" and "young" drawings, I consider the effects of the transformations on the ways of knowing of young people in their current way of living. It involves not only the images in drawings themselves but also the "gift," as a given condition of being. Besides being given, as a Macuxi midwife pointed out, the "gift shows itself" when you "give it a twitch." This "giving it a twitch" probably depends on how they use these images in their thoughts and the other ways of putting things into relation.

In this text, this opposition—for now so clear—may sometimes cease to be the form of relation between the indigenous and nonindigenous ways of knowing. As shown above, the difference between the drawings of the old and the young women places this contrast within the way of knowing of indigenous people, which transforms itself by incorporating the operational logic of nonindigenous people's way of knowing. This conceptual logic underpins not only the training courses promoted by the Ministry of Health but also the health actions themselves. Undoubtedly, indigenous peoples' incorporation of knowledge is based on their own ways of being affected through the logic of sensible qualities. In their inventive ways, they are giving new shapes to this sensible way of knowing, building this "traditional indigenous knowledge" in a conceptual/perceptual entanglement, as a condition of possibility of a new way of living in the face of health actions.

Final Remarks

This paper aimed not to weave an analysis on these differences but to highlight them considering how traditional indigenous knowledge transforms itself and takes shape in its relation with the conceptual logic of scientific knowledge embedded in public health policies. It is still, and in part, an opposition of different worlds placed in relation—most of the time an asymmetrical relation, as an indigenous individual of Região das Serras stated:

> White people have many systems: laws, decrees, directives, ordinances. We have our systems: customs, culture, tradition, beliefs. Many times white people's system does not recognize our systems. I really believe in our tradition! That's culture, a very strong tradition!

Besides that, throughout this text, one could consider how each category is effective in different ways, when triggered in different contexts and by different agents. The same can be said about those systems mentioned in the above speech.

When talking about health actions today, especially regarding indigenous labor and childbirth care, not only practices from health professionals and from indigenous people who call themselves midwives are enacted, but also it is this knowledge, a knowledge that continuously shapes the actions of people built from their bodies and from their different ways of being affected. Therefore, when considering "this midwives thing," one can understand how this category (as well as the others that accompany and modulate it) is actualized in practices, speeches, productions, and daily actions of different agents, be they indigenous or not. They are real in their own ways of existing. And to be real should be enough.

Rather than categories carried out in a basic equivalence with other ways of knowing, and evaluated for their efficacy effects (Leach 2012:266), they are mechanisms that can articulate relations. The question is how the efficacy effects are situated and assessed in public health

policies, once both "knowledges" are placed side by side. Not all PNASPI principles and guidelines would suffice to ensure efficacy to the paca, the tamandua or the *boiaçu* star in the practical context of health actions. That is exactly why indigenous people from Região das Serras are in motion: they organize themselves to assert their knowledge, to make it count. Because their way of knowing builds itself from a constant articulation of relations, whether between the various beings that make up the indigenous world or between the indigenous and nonindigenous worlds.

Multiplicity implies, therefore, different forms of relations. Once multiple, "realities do not simply coexist side by side, but are also found inside one another" (Mol 1999:85). Midwives' traditional knowledge includes technical-scientific knowledge and, to some extent, conceptual logic of health actions. This means that what is "other" is also inside (ibid.). However, this situation does not fit easily into public health policies. Although there are efforts to incorporate traditional midwives' knowledge in indigenous pregnancy, labor, and childbirth care, the logic here somehow works to turn it into more of "the same" rather than to include "the other" (ibid.). That is, for public health policies, it is not traditional indigenous knowledge that matters but scientific technical knowledge acquired through training courses.

My aim, when considering these written and drawn records brought out by this specific way of knowing, was to perceive what remains hidden in the transformations of these ways of living—and thus of these ways of being affected—when this inventive and transforming process has to conform itself to categories embedded in public health policies. In my opinion, these categories resolve, although partially and in a hasty manner, the issues arising from the relation between different ways of knowing in the context of indigenous health actions. However, they leave aside many other issues, especially once this asymmetrical relation is acknowledged. If, at first glance, they seem inclusive and organizing, they can otherwise hide their ways of dismantling a knowledge about the body and its relations, carried out by specific ways of living.

The records of writing and drawing, as well as the images described here, describe a distinct way of living, a specific way of knowing. They talk, and, at the same time, they ask to be heard. They seek political power by claiming a different health gaze over indigenous bodies, over their different ways of living. They summon young people to perpetuate these different modes of living. However, even if they are concrete and inventive examples of a production of knowledge constructed of "difference," they still need "the same." They will only be noticed by the "eyes" of public health policies if they "obey" the same organizing and civilizing logic of Western thought.

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