‘An incorporeal disease’: Covid 19, social trauma, and health injustice in four Colombian Indigenous communities

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Abstract

Worldwide, medical doctors and lawyers cooperate in *health justice* projects. These professionals pursue the ideal that, one day, every individual on earth will be equally protected from the hazards that impair health. The main hindrances to health justice are discrimination, poverty, and segregation, but we know that beyond concrete, quantifiable barriers, symbolic elements such as beliefs and fears also play a significant role in perpetuating *health injustice.* So, between March 2020, when the World Health Organisation declared COVID-19 a global pandemic, and June 2021, when vaccines against the virus were globally available, we collected original information about the ways in which four Colombian Indigenous communities confronted COVID-19. Knowing that Colombian Indigenous communities are often facing health injustice, our goal was to understand the role of symbolic elements in the situation. Our main insight is that historical genocidal processes, in which the *powerful* have betrayed the trust of Indigenous communities, has created a trauma in the latter, resulting in reluctance and suspicion regarding the acceptance of ‘gifts’ from external sources, including potentially beneficial health treatments.

Key words: betrayal, Colombia, COVID-19, genocide, Indigenous communities, health justice, medicine

Sour milk

In 1961, three heavily armed men landed a helicopter in the territory of the Barí Indigenous peoples. They explained that they represented Colombian ranchers and that the purpose of their visit was to negotiate peace. The Barí Indigenous peoples, historical inhabitants of the Catatumbo rainforests, had been in conflict with colonisers for centuries but on that day the Barí and the armed men representing the ranchers finally agreed an armistice. The armed men offered red milk in celebration of the newly reached concord. The milk tasted sweet, the armed men left satisfied, and the Barí were pleased—for one hour, until they started dying. 'Almost one hundred Barí were killed this way' through the use of a ruse presented as a gesture of 'peaceful contact' (Beckerman & Lizarralde, 2013, p. 80) but really a subterfuge and murderous act reminiscent of the warning at the heart of Virgil's *Aeneid—be wary of enemies bearing gifts*.

The story of the ranchers and the red milk goes to the heart of a relationship that has produced social trauma in Indigenous communities. The way in which the ranchers betrayed the Barí is a powerful example of how distrust has been created in the centuries-long relationship between Colombian Indigenous peoples and external actors pursuing antithetical interests. The red milk symbolises the poisonous 'gifts' that outsiders have given to Indigenous communities over the centuries since early colonisation. In this article we explore how betrayal-induced social trauma has affected health justice for Indigenous communities. We analyse how the 'bad medicine' offered to or imposed upon Indigenous communities throughout the centuries, make those communities today unwilling to accept what could be 'good medicine'.

Although it is inappropriate to employ the term *Indigenous peoples* as if it were a universal category, most Indigenous communities in the global South have been the victims of similar traumatic experiences under colonialism. As Heydon (2019, p. 10) observes, 'each group of indigenous peoples are distinct' and 'collapsing their various cultural characteristics into an undifferentiated mass is a conceptual manipulation tied to the legacy of colonialism, where the "Indian" label could "stand for the whole" (King, 2012, p. 83); and Apaza (2019, p. 8), when discussing the Bolivian Aymara, argues that 'colonisers, priests, rulers, landlords and international institutions' invalidate distinctive identities by using signifiers such as 'Indians', 'peasants' or 'Indigenous'. Yet—while acknowledging important variations between and within Indigenous peoples—two elements are common to their current circumstances around the world: (1) their experiences of the processes of colonisation and neo-colonisation, and (2) their consequential 'lack of political power and autonomy' derived from their existence 'under

the control of an immigrant or ethnic group-dominated state' (Coates, 2004, p. 13). In our empirical exploration we report on how histories of deception and betrayal as experienced by four Colombian Indigenous peoples, have left a legacy of distrust toward the state and other external powers. This has had a particular significance in the context of the global Covid-19 pandemic when the issue of 'trust' has been central to the consideration of possible options for response to the virus.

In this article, we explore the relationship between social trauma and health injustice in four Indigenous communities in Colombia—the Bari, Nasa, Tikuna and Uitoto—and structure our presentation in a way that simultaneously follows the standard structure of journal articles in the social sciences (introduction, literature review, methods, theory, context, findings, discussion, and conclusion) (Copes, Richard, & Sandberg, 2015), but that also honours the thinking and the imaginary of Indigenous communities (in the form of holistic storytelling). Following a 'standard' structure helps accessibility and transparency by presenting evidence and discussion to support conclusions. Honouring the thinking and the imaginary of many Indigenous communities helps the reader to understand the worldview of Indigenous communities—and acknowledges the value of stories as 'vessels for passing along teachings, medicines, and practices that can assist members of the collective' in Indigenous communities (Kovach, 2009, p. 95). For many Indigenous communities, the notion of 'holism' functions as an organising principle: '[it] refers to the interrelatedness between the intellectual, spiritual (metaphysical values and beliefs and the Creator), emotional, and physical (body and behaviour/action) realms to form a whole healthy person' (Archivald, 2008, p. 11). This principle is therefore central to knowledge and use of traditional medicine. Regarding storytelling, in Colombian Indigenous communities 'the spiritual leader gathers with everyone—girls, boys, youngsters, and adults—and tells them stories about the origin of beings, things and practices… [passing on] the knowledge received from Mother Earth to take care of the world' (Martínez de Llano, 2015, p. 7). So, the structure of our article (mainly visible through the section headings) follows *a story* in which we treat Indigenous social bodies as also being biological bodies, in line with other sociological (re-)assertions of 'the materiality of bodies and their social and cultural effects' (Carter and Charles, 2009: 11; Benton, 1991).

We begin with a literature review, which under the title of *Broken Holistic Health*, assesses existing research regarding Indigenous access to health system provision in Colombia. In particular, we are concerned with the idea of 'health justice' which, according to Benfer (2015, p. 278) is related to 'the social determinants of health that result in poor health for

individuals and consequential negative outcomes for society at large'. Most authors have studied how colonisers (old and new) sought to alter the Indigenous holistic view of health as composing body, mind and environment by imposing a Northern health system (defined below) that differentiates between body and mind and excludes nature. These studies of Indigenous health beliefs and health justice—as discussed below—fall, however, into the trap of focusing on one element (the imposition of a health system) while failing to probe the relationship between the individual and the social. So, in the section on *Trauma in Indigenous Social Bodies,* we present three theoretical concepts (*trauma*, *social trauma*, and *cultural trauma)* that allow us to capture how an ailment of the Indigenous social body becomes an illness of the individual biological body. As we explain in the section *An Organic Methodology*, the interpretation of social trauma as an *incorporeal disease* comes directly from the accounts of Colombian Indigenous peoples given to members of the communities who were the researchers in this project—an application of peer-researcher methodology (explained further below). Through the interviews we saw how a historical trajectory of abuses and betrayals has made Indigenous communities sceptical about the intentions of external parties bearing gifts. In the section *Violent Amputations,* we present an overview of the many ways in which colonisers have not only broken Indigenous health systems but also dismembered Indigenous social bodies. The following segment, *A Social Psychosomatic Ailment*, then puts forward our argument that the experience of centuries of violations of the Indigenous social body has created a social trauma in Indigenous peoples, creating distrust in their collective mind and suspicion or disdain for gifts offered by Northern medicine. Our story, which unfolds from a conception of the body in which anatomy, mind and nature were one, to a state of dismemberment and separation of body and mind, comes to its end with proposals for *Healing Fractures,* where we discuss the importance of and challenges to reconciling, Traditional and Northern medicines in the pursuit of health justice.

Broken Holistic Health

Emily Benfer (2015, p. 278) writes that 'health justice requires that all persons have the same chance to be free from hazards that jeopardize health. … Health justice addresses the social determinants of health that result in poor health for individuals and consequential negative outcomes for society at large'. With regard to Colombian Indigenous Peoples there is a myriad of studies about the dynamics that compromise health justice in those communities. Most such literature draws on the decolonial movement and uses the analytical categories of *global South* and (its counterpart) *global North*: 'relational categories' that pay attention to 'links between

sites and across time, such as historically grown patterns of inequality' and highlight 'the need to consider post(colonial) and (post)imperial trajectories when interpreting the current contours of world politics' (Haug, 2021). Global South and global North, as analytical categories, capture 'not only systemic inequalities stemming from the "colonial encounter" and the continuing reverberations of (mostly) European colonialism and imperialism but also the potential of alternative sources of knowledge' (Haug et al, 2021, p. 1928).

In this framework, Colombian Indigenous communities—victims of the imposition of colonialism on the global South—have traditionally treated body, mind, nature, behaviour and the social group as an interrelated whole that determines health. They respond to disease with a *naturalistic-spiritual* approach (Lozano Ordoñez & Salazar Henao, 2018) that mixes dance, words and songs of special meaning, plants, and sacred belief, in communitarian rituals addressed to body and mind (Morales-Hernández & Urrego-Mendoza, 2017; Ruiz, Salinas, Virguez, & Torres, 2013). The main point of applying a health justice perspective regarding Colombian Indigenous communities is to recognise that not only did colonisers bring with them sickness through transmission of disease to which the Indigenous peoples had no immunity, but also that they then imposed a *Northern health system*: empirical, quantitative concepts and measurements of physical health and psychological health as isolated and disconnected elements (Cardona-Arias, 2012; Ospina Lozano & Ortiz, 2009).

Cultural and religious colonisation meant holistic healing practices were forbidden and had to be replaced by Christian teaching and belief (Lozano Ordoñez & Salazar Henao, 2018; Urrego-Rodríguez, 2020). Beyond this imposition of a systematisation of health diagnosis and classification based on the Northern 'linear conception of cause and effect' (Mazzochi, 2006: 465), other 'impositions' have brought injuries to health as a result of the pursuit of Northern economic interests (Goyes et al., 2017): from environments contaminated with polluted water and soil (Cardona Arias, Rivera Palomino, & Llanes Agudelo, 2014) to industrialisation and extractivism, and the plundering of beneficial elements of nature (Urrego-Mendoza, Bastidas-Jacanamijoy, Coral-Palchucán, & Bastidas-Jacanamijoy, 2017).

Trauma in Indigenous social bodies

A trauma situation, in psychology, is an event, a series of events or a continuous situation, in which there is a serious threat to one's life or bodily integrity, or to the life or bodily integrity of others (Anstorp & Benum, 2014). The experience of trauma generates intense anxiety and

the body becomes hypervigilant and hyperactivated: both reactions are adaptive because they help individuals prepare to fight or flight (Wilson, 2004). After trauma, some recover, but commonly others will suffer posttraumatic stress symptoms and disorders. Among these are, as well as hypervigilance, an increased 'startle response', feelings of insecurity and isolation ('nobody understands us'), and a generalised fear ('the world is a dangerous place'), accompanied by a narrowing of attentional focus on the identification of sources of danger. As a result, the individual avoids situations that would remind them of the trauma and related events: the individual starts to question their faith in humanity (APA, 2013). The presence and intensity of posttraumatic symptoms can fluctuate, partly due to the presence of trauma triggers: 'internal or external cues that symbolise or resemble aspects of the traumatic event' (APA, 2013, p. 271).

Individuals used to be the main focus of trauma analyses. Trauma is, however, also useful to understand social bodies. Social trauma 'influences group identity; it shapes individual and collective coping processes as well as transgenerational transmission. The sequelae of violence targeted against whole groups may embrace psychopathological symptoms in both victims and perpetrators' (Hamburger, Hancheva, & Volkan, 2021, p. v).

Social bodies, like individuals, have two main ways of dealing with trauma. First, by constructing a cultural response to trauma, 'social groups, national societies, and sometimes even entire civilizations not only cognitively identify the experience and source of human suffering but "take on board" some significant responsibility for it' (Alexander, 2004, p. 1). The construction of trauma as understood at a cultural level, helps remove layers of repressed trauma and contribute to reconciliation processes (Brants, 2013; Karstedt, 2010). Second, and by contrast, silence around trauma—individual or social—leaves the victim with a sensation that the traumatic event is unbearable, untouchable and impossible to deal with (Carter-Visscher, Naugle, Bell, & Suvak, 2007; Griffin, Resick, Waldrop, & Mechanic, 2003). Untreated social trauma can lead to a function-impairing state of hypervigilance, distrust, and evasion, preventing the social body from engaging in healthy practices.

Here, we take the concept of social trauma and apply it to understanding the dynamics that place Indigenous communities into a lived situation of health injustice. Our main insight is that centuries of abuse and betrayal from external authorities have created trauma in Indigenous social bodies. Social trauma prevents Indigenous communities from benefiting from potentially beneficial exchanges with Northern society—including health services. In the next section we explain how we gathered the data from which this conclusion arises.

An organic methodology

This article is part of a longstanding project developed by and with Colombian Indigenous communities.[i] The project aims to produce knowledge about the multiple social dynamics underpinning harms affecting Colombian Indigenous Peoples. Prior to researching health injustice, we studied the cultural violence suffered by the communities, particularly in terms of their relationships with nature (Goyes, Abaibira, et al., 2021); and the drivers of direct and 'silent' genocide of Indigenous communities in Colombia (Goyes, South, et al., 2021). The arrival of the COVID-19 pandemic pushed us to focus our attention on health issues.

We consider that the pandemic has acted like a magnifying glass: social inequalities pre-existing the pandemic remain the same or have become more profound and are now more visible than ever (Bambra, Lynch, & Smith, 2021). In their study, Bambra and colleagues (2020, 965) found that before the COVID-19 pandemic, economically and politically disadvantaged communities had worse health than the general population, meaning that the arrival of a new pandemic posed greater risks to them as 'comorbidities are intertwined, interactive and cumulative'. The policies that introduced restrictions in response to the pandemic also had unequal impacts, with the disadvantaged suffering more severe effects, as lockdown shaped 'the social determinants of health'. But most importantly, 'the longer-term and largest consequences of the "great lockdown" for health inequalities will be through political and economic pathways' (p. 966), as disadvantaged communities will suffer more from the loss of income, access to services (including health services)—and in participation in the design of public policies to confront the pandemic. So, the authors conclude,

> Emerging evidence from a variety of countries suggests that these inequalities are being mirrored today in the COVID-19 pandemic. Both then and now, these inequalities have emerged through the syndemic nature of COVID-19—as it interacts with and exacerbates existing social inequalities in chronic disease and the social determinants of health.

This way of understanding what has been revealed, echoes the lines written by the poet Theodore Roethke—'In a dark time, the eye begins to see'—as well as previous studies confronting the consequences of humanitarian crises or disasters (Spiegel, 2021), from Bauman's (2000) analysis of the Holocaust as a period in history that was not an exception but rather an augmentation of the core logics of modern societies to Parthasarathy's (2018, p. 422) outline of 'disaster justice' in an 'Anthropocene world' where 'the most vulnerable are also subjected to the most abject living conditions that make them vulnerable to disasters and

exclude them from forms of disaster justice; such exclusions derive from highly unequal social and political arrangements.' For us, COVID-19 functions as a 'magnifying glass' through which to view colonial injustices. Drawing on the large number of news reports and official commentaries regarding the virus and its effect on Indigenous communities, we designed this study to expand and elaborate upon one of the themes we had previously identified as threatening the existence of Indigenous peoples: health injustice.

For our ongoing set of projects, we have worked with four Colombian Indigenous Peoples: Barí, Nasa, Tikuna and Uitoto, chosen on the basis of two criteria. First, the technique of maximum variation sampling to find 'the full range of extremes in the population' (Adams & Lawrence, 2019). As elaborated below, the Barí Peoples remained isolated until 1975, successfully rejecting any kind of external interference until then. Their social dynamics are therefore less influenced by Northern forces. The Nasa Peoples were less successful in resisting and rejecting the many intrusions they have faced since the Spanish invasion but despite various forms of cultural interference, the Nasa have managed to protect many of their traditions and values. Finally, toward the other end of our 'range', the Tikuna and the Uitoto have had frequent contacts with colonizers and due to threats to their survival, over time, they accepted coercion into subordinating their traditional practices and embracing various imposed Northern practices and beliefs. These four Peoples give us a full range of communities in states of isolation, resistance, domination and subject to degrees of cultural genocide (Goyes, South, et al., 2021).

Secondly, we adopted a convenience sampling approach to recruit 'volunteers or others who are readily available and willing to participate' (Adams & Lawrence, 2019, p. 123)—in our case, as researchers. The importance of this second criterion lies in that the overall project seeks to contribute to *epistemological justice* by reasserting the value of the 'ways of knowing', and the validity of the knowledge, of those usually excluded from academic production (Santos, 2014). It therefore aligns with the principles of Indigenous methodologies, understood as 'guided by tribal epistemologies' (Kovach, 2009, p. 30), that 'privilege Indigenous knowledges' operating as 'localized within a specific tribal group' (p. 176). Consequently, we chose to apply a 'peer research methodology': an underused research method that attempts to (1) empower vulnerable groups, (2) enhance the understanding of an issue and (3) gain deeper access to the information required considering that (usually) interviewees are more willing to discuss sensitive or insider knowledge with peer researchers than with academic researchers (Lushey & Munro, 2015).

The methodology therefore relies on 'peers' of the researched communities. Two belong to the Nasa People, one to the Barí People, and one belongs to both the Tikuna and Uitoto communities. The peers have knowledge of both Western academic research methods and Indigenous knowledge systems, which grants them access to both spaces and enables them as translators of knowledge. Together with the non-Indigenous authors, the peers designed the fieldwork, gathered empirical data, analysed the material, and drafted this article.

Applying peer research methodology, we collected primary and secondary data in three stages, based on the themes of public health, Indigenous health responses, social and community controls, and transmission and spread factors. This project gathered the following data:

(1) News reports: The research team gathered all news about 'COVID-19 and Indigenous communities' published in the period March 2020—the date at which the first Coronavirus case was reported in Colombia—to December 2020 in 15 Colombian newspapers[1]. The criteria for selecting the newspapers were: a. General coverage of all Colombian geographical regions (Amazonas, Andean, Caribbean, Insular, Orinoquía and Pacific); b. Coverage of the main Colombian cities (Bogotá, Medellín, Cali and Barranquilla); c. Detailed coverage of the territories inhabited by the four communities that are part of the project (Barí, Uitoto, Tikuna and Nasa); and d. inclusion of the six most sold and read Colombian newspapers. In total, the team gathered 207 news reports. In this article, we do not conduct a content analysis of the news reports but use them as an 'external' reference to locate and contextualise the information we obtained through interviews. We distil the most relevant aspects of news reports in the context section, *COVID-19 and Colombian Indigenous Peoples.*

(2) Interviews with Indigenous health authorities: Between November 2020 and June 2021, the research team interviewed 19 health 'authorities'—defined below—3 from the Uitoto, 3 Tikuna, 3 Bari, and 10 Nasa (the largest Indigenous group in Colombia). Seventeen of the interviewees are the practitioners of 'traditional' medicine and thus regarded as 'authorities' and among the most powerful members in their communities. Many but not all of these health practitioners are also the 'elders' or 'knowledgeable grand-fathers'. Communities assign these labels to individuals in acknowledgement of their life trajectories and their contributions to the community. Note however that although there are clear links with age, the title 'elder' does not

[1] Diario del Norte; Epaper Vanguardia; El Colombiano; El Espectador; El Heraldo; El País; El Tiempo; El Universal; La Patria La voz del Cinaruco; La Opinión; Leticia hoy; Meridiano Cauca; Semana; and, The Archipielago Press.

exclusively depend on this. The two remaining interviewees are younger individuals who have qualified as medical doctors, with degrees in Northern medicine after studying in Bogotá, the capital of Colombia, and returning to practice in their communities. The central argument we develop in this article comes from our analysis of the interviews. Interviews were recorded and transcribed by the peer researchers.

Once we had all the data gathered, the whole team analysed it using the software Atlas.ti. We followed the principles of 'grounded theory' to let data speak in the generation of theory (Corbin & Strauss, 2014). Peer and non-peer researchers codified data independently, to capture nuances that only those who are part of a community might perceive but also use the *stranger gaze* (Simmel, 1971 [1908]). The communities did not participate in the process of analysis, mainly due to distance and communication barriers. The team drafted the articles, including the Indigenous peer-researchers as co-authors, first, to highlight their key role in the process of knowledge production (data gathering, coding, and text drafting); and, second, to confront the generalized academic practice of writing *about* Indigenous issues and, at best, speak *on behalf of* Indigenous people but in general not involving and including Indigenous co-researchers (Goyes & South, 2021).

The project methodology complied with Colombian legal requirements concerning research ethics (Resolution 0843 of 1993); was approved by the ethics' committee of the Antonio Nariño University, Colombia (the institutional affiliation of the peer researchers); and we obtained informed consent from all interviewees, explaining the purpose of the project, obtaining consent first orally, in Spanish or in the Indigenous language when required, and also providing printed information materials and time for participants to read them.

Violent amputations

The four Peoples included in this study have suffered various kinds of colonial violence since the arrival of the Spanish conquistadors in America, continuing to today. Indigenous peoples were decimated by the transmitted diseases brought to the Americas by Europeans. The Bari, the Peoples poisoned by the armed men in our opening account, experienced this loss of life and land following invasion by the Spanish army, the efforts of Catholic missions to 'pacify' them, and then fierce and systematic attacks by Venezuelan ranchers attempting to seize land (Beckerman & Lizarralde, 2013, p. xiii). Recent decades have brought further significant threats to the Barí way of life: first coming from U.S. petroleum companies, who took over large tracts

of Barí land in the 1910s, then, from the 1940s, from large landowners. By the 1960s, the intensification of attacks by predatory ranchers alongside the epidemic spread of disease brought by Northern invaders, reduced the Barí population to ¼ of its original size (Beckerman & Lizarralde, 2013).

Most of the same forces—Spanish colonisers, illegal armed groups, and mining entrepreneurs— have threatened the existence of the Nasa**.** Arriving in 1533, the Spanish used the influence of the new religion of Catholicism, conversion and priests, as well as a system of Resguardos (colonial reservations) to dominate the Nasa. While the Nasa resisted the cultural imposition of religion and the authority of the priests, the Resguardos were more successfully implemented as an administrative system for the collection of taxes to be paid to the Spanish crown. The Nasa have remained tied to recurrent forms of exchange with external society through participation in civil wars and internal armed conflicts, as a result of unwanted but imposed mining activities within their territories (Rappaport, 2005) and associated with coca and marijuana production.

The Tikuna have had a similar trajectory. The Spaniards had made first contact with them by the 1690's and in this period the familiar consequence of exposure to disease brought by the Europeans led to high mortality (Capriles et al., 2019). In the 1850's when the rubber boom arrived in the Amazon, the 'debt' system was introduced. The debt system consists of lending money or other goods to Indigenous people who commit to pay back with their work although an ever-increasing rate of interest makes it almost impossible to ever settle this debt (Revenga, 2006). This system is still in place and operated by non-Indigenous Colombian and Peruvian merchants leaving the Indigenous participants in this arrangement 'no other benefit than the possibility of buying some kilos of sugar, rice or oil' (Riaño Umbarila, 2003, p. 65). In the decades of the 20th century the Tikuna also became subject to exploitation related to different kinds of war: from 1932 when the Colombian and Peruvian states used them as soldiers in a war between these two countries, and from the beginning of the cocaine boom, with drug lords building laboratories to process cocaine and airstrips for their small planes within Tikuna territories.

In under 50 years, the Uitoto population was reduced to around 40,000 by a form of capitalist genocide resulting from the operation of the Casa Arana rubber factory between 1885 and 1932 (Santamaría, 2017). The workers of the Casa Arana used the Uitoto as slaves, forcing them to collect rubber for them. This slavery encompassed abusive practices such as killing Indigenous people for entertainment or as punishment for not collecting enough rubber, and

applying physical punishments such as mutilation, burning them alive or rape (Ramírez Mejía, Correa Aranzazu, Ramírez Mejía, & Hernández Baena, 2012).

More recently, all four of these Indigenous peoples have been victims of two interrelated phenomena: (1) the Colombian internal armed conflict, and (2) the murders of environmental activists, most of whom are Indigenous. The National Centre for Historical Memory and the Colombian Indigenous Organisation (2019), indicate that the Colombian internal armed conflict, beyond being a continuation of five centuries of violence against Indigenous Peoples, was an exacerbation of the physical and cultural genocidal practices in the country. Fuelled by the internal armed conflict, the period between 1997 and 2004 saw the peak of physical attacks against Indigenous individuals in Colombia. During those years 4632 Indigenous persons were the target of direct violence, out of which 1069 were Nasa, 58 Uitoto, 37 Tikuna, and 19 Barí.

Although the Colombian government signed a peace agreement with the United Self-Defence Forces of Colombia (paramilitaries) in 2003, and in 2016 with the Revolutionary Armed Forces of Colombia (guerrillas), the structures of the paramilitary forces and their links with the military remain intact (Goyes & South, 2017). This has meant that the dynamics of territorial dispute between Indigenous communities and large land tenants who can still draw upon paramilitary support also remain intact. As a consequence, Colombia has been for the past decade and up to today, among the top-three countries with the most homicides of environmental defenders worldwide. In 2018 alone, 24 such homicides were registered in Colombia, making it the country with the second highest number of cases after the Philippines. While there is no exact information about the ethnic affiliation of the victims, Global Witness (2015) estimates that 40% of all environmental defenders are Indigenous.

COVID-19 and Colombian Indigenous Peoples

By March 2021, 80 out of the 102 Indigenous Peoples in Colombia had been affected by COVID-19: 37,522 had contracted the virus, of which 1,185 died (Swissinfo, 2021). These figures are low and reflect what is expected to be a large 'dark figure' due to lack of testing and reporting. Palechor[2], a Nasa doctor, trained in Northern medicine, asserted: 'We have very few cases or no active cases in our territory. But we cannot be sure because we are not testing and people are not going to the doctor'. Germán, a Nasa leader similarly affirmed that 'in our territory we do not have a registry of the virus, we don´t have statistics'. Testing in Indigenous

[2] This and all other names in this article are pseudonyms.

communities does not use Northern test kits, mainly due to lack of access but also due to scepticism about the tools of Northern medicine: 'We have experienced that anybody who goes to the hospital either comes back sick or dies there. The Indigenous people is not tested, the Indigenous prevents the disease with plants' (Guidawuer, Uitoto). Rather, testing in these communities relies on the traditional doctors of the community: 'we use an ancestral method of spiritual signs; we identify whether the person has or has had the virus through those signs', said Rodrigo, a Nasa traditional doctor.

As we argued in the section 'An organic methodology', COVID-19 has made more visible the intersection and mutual reinforcement of injustices affecting Colombian Indigenous communities. Newspapers reported that Indigenous communities lack water (Redacción Bogotá, 2020), and access to health services (El Colombiano, 2020) to combat the Coronavirus. All our interviewees reported that the government had not supported them when facing the pandemic. For instance, Daniel, a Uitoto healer said 'I feel that the state has abandoned us; it is only concerned with the big cities. We have to confront the pandemic with the help of God and of our doctors. We have mother earth and nature, and our elders.' While communities consider the imposition of policies without consultation to be undesirable, they question why the government did not offer support, supplies and the same forms of treatment that the rest of the population received. For instance, Mayra, a Nasa Doctor who leads an Indigenous health centre, stated, 'We were violated. The Health Secretary donated all the supplies (antibacterial gel and other types of disinfectants) to them [a Health Centre in the region that practices Western medicine], while we—who also are an established institution—have not received anything'. News reports also suggested that during the pandemic the Colombian government treated Indigenous peoples as second-class citizens. In addition, the pandemic facilitated the murder of Indigenous peoples by private armies who exploited the pandemic-driven absence of public forces (Colprensa, 2020; La Opinión, 2020).

This brief summary of the history of suffering of our sample of Colombian Indigenous communities shows how they, alongside most Indigenous peoples across the world, have been victimised, repeatedly, in the past and today, by processes of colonisation and neo-colonisation. The perpetrators are groups with different forms of authority and power: colonisers, national governments, landowners. The experience of over five centuries of various kinds of abuse has created a *social trauma* in the Indigenous bodies but Indigenous Peoples have lacked the means and opportunities to create 'a response from culture in terms of healing, treatment, interventions, counseling and medical care' (Wilson, 2008: 351) through which to wholly

overcome the undesirable sequelae of their historical victimisation. Rather, dynamics such as the imposition of educational systems which do not respect traditions, and modern forced indebtedness through governmental loans, keep silencing and marginalising Colombian Indigenous Peoples (Goyes, South, el al., 2021).

In the next section, we show how the social trauma that Indigenous Peoples suffer is another hindrance to achieving health justice.

A social psychosomatic ailment

A psychosomatic ailment is a 'condition caused or aggravated by a mental factor such as internal conflict or stress'.[3] In our fieldwork we found that the trauma created by the multiple experiences of the metaphorical 'drinking of red milk', haunts the minds of Colombian Indigenous peoples. These communities are hypervigilant about potential sources of danger, feel insecure and view the world as a dangerous place. With some justification but also some irony as they faced the threats of COVID-19, Northern medicine was seen as one of the forces that the Colombian Indigenous communities regarded as dangerous.

This suspicion was directed at the COVID-19 vaccines. For example, Babido, a Barí traditional doctor, told us:

> The most important for us is trust. And we have little trust in the Northern world because the Barí People always have in mind the history of genocide. We think: 'is it true? Is it a lie?' [That the vaccine is helpful]. So, the Barira [the members of the Barí community] want that the whole world is vaccinated as a guarantee to the Barí people.

The social trauma that centuries of abuses has created in Indigenous peoples makes them wary of Northern medicine. Germán, a Nasa doctor, considered the measures that the Colombian government designed to control the pandemic to be a tool of social control:

> Our measures are only of self-care, because the West have used the pandemic as a psychological tool. We [the Nasa] closed roads and established a curfew during two months. But we think that this is psychological terrorism to hinder us from

[3] Definition from Oxford Languages https://www.google.com/search?q=psychosomatic&rlz=1C1GCEA_enNO957NO957&oq=psychos&aqs=chrome.1.69i57j69i59.1676j0j7&sourceid=chrome&ie=UTF-8. Accessed on 5 December 2022.

implementing our ways of life. So, we went back to nature, and we have been safe thanks to the plants nature offers us.

For the Colombian Indigenous peoples, 'health' encompasses body, mind and nature, so the symptoms of social trauma they have experienced feel like a form of disease. To understand this, it is important to appreciate Indigenous explanations for the causes of disease. Ababido, the Barí traditional doctor told us:

> Everything in the planet is part of a structure. That structure is a collective system. When there is an irregularity in how we treat nature (including humans), nature responds with a punishment. The punishment is an incorporeal disease that nature produces cosmologically when people are evil. Something internal, in the spiritual world, happens.

The social trauma that Indigenous communities experience vis-à-vis the gifts Northern society has to offer, has affected the way in which they have managed COVID-19, from prevention to treatment, to recovery.

Prevention

When the news arrived that the Coronavirus had been detected in Colombia, the Indigenous communities tried to restrict contact with outsiders: 'we installed controls to try to restrict the access of some people', said Adel, a Barí healer—nevertheless, 'the virus also entered in the territory of our communities'. Some of our interviewees blamed commerce for opening the door to the virus. Nazarena, a Uitoto healer, said: 'in our community everything was quiet, until the virus came through the transport of goods'. But Nayra, a Nasa who graduated as a medical doctor in Northern medicine, declared that the Indigenous had also been accomplices to the spread of the virus: 'something that enabled the entering of the virus was that some Indigenous persons say that the virus does not affect them'. This attitude, based on internally directed belief and externally directed scepticism, is associated with the position that the outside world does not understand the Indigenous (another symptom of trauma).

As explained above, reported experiences and evidence suggest that the government abandoned Indigenous communities in their fight against the COVID-19 pandemic, something that affected the preventive measures they took. Romualdo, a Uitoto traditional doctor declared, 'We decided to implement the protocols the national government mandated, but we do not have the necessary materials, so each community instead did two healing rituals following our uses

and customs'. Arguably, governmental negligence aggravated the trauma of communities, most of which relied solely on their knowledge and practices to create responses to Covid 19:

> We gathered the shamans, the spirits, dialogued with them to be ready; we prepared ancestral medicines and called all the community into the Maloka to make incantations. (Enecio, Tikuna)

> We practiced the major rituals in sacred places to chase the disease away. (Rodrigo, Nasa)

Treatment

The development of COVID-19 vaccines has been a subject of Indigenous suspicion. Many traditional doctors, besides Babido, expressed their distrust: 'It is the fear, the fear of injections, of Northern medicine' said Daniel, a Uitoto, who further explained, 'We do not know how they produce it [the vaccine]; there are myths and lack of trust'.

> 'The Barí have not taken the vaccine, it has not arrived in our territory and we don't trust it. It is not about being an opponent but has to do with the guarantees we have historically had. After everyone in Colombia takes the vaccine, we will decide whether we will take it', (Yado, Barí).

The Nasa also distrust the vaccines: 'they turned the disease into the business and they turn the vaccine into a business. We will not take the vaccine because we have our own medicine' (Rodrigo). Due to their distrust of the vaccine, Barí, Nasa, Tikuna, and Uitoto, all have treated the sick with plants and rituals.

> When the disease is here we do the spiritual work: the spiritual is not a prayer or a communion, it is a spiritual dialogue. The incorporeal [the spirits] are also part of the system. We also use medicinal plants like the powerful *caraña*. The spirits make the *caraña* tree produce a healing element. (Babido, Barí)

> Our People has received the traditional medicines, those medicines were elaborated wisely and the formula given from generation to generation to traditional doctors. (Crispín, Tikuna)

> We, the Uitoto, do not isolate the patients, we heal the patients. We give her all types of tree barks and natural herbs. The elders, most of which are traditional doctors, add their incantations. (Romualdo, Uitoto healer).

> We do the treatment with medicinal plants. The elders conduct the treatment. They will not tell you which plants those are: they know them and their knowledge indicates the treatment to them. It is a gift for the elders to know the plants, not everybody can. The plants only work with a ritual; everything works around a ritual (Germán, Nasa healer).

Repercussions

The pandemic has reinforced an already dominant desire among Indigenous peoples to maintain distance from Northern medicine. Responding to governmental negligence and historical mistreatment from colonisers, Indigenous peoples have grown firmer in the belief that the only tool that can help them is traditional medicine. Nelson, a Nasa leader, said, 'we have had multiple manifestations with five to ten thousand participants, and we have shown that ancestral medicine works, despite not being scientifically blessed' (Nelson, Nasa). So, our interviewees championed the independence of their health systems:

> We need an intercultural health system that is managed by the traditional doctors, and we need that the full Indigenous health system is acknowledged…we do not want more inequality, no more discrimination, no more oblivion regarding health (Crispin, Tikuna).

All the Indigenous persons we interviewed agreed that the pandemic had had a positive effect on strengthening their identity and practices:

> The pandemic has reconstructed us, it strengthened the faith in our traditional medicine that we were forgetting. We did not plan much, we gathered the traditional knowledge of each clan, each chief, our treatments, our medicines, the leaves, the herbs, the barks, the prayers. The pandemic pushed us to unite our thought (Romualdo, Uitoto).

> The Pandemic strengthened our practices. We were forgetting traditional medicine, but the pandemic awakened that knowledge that was asleep. We highlighted the knowledge and valued more our medicinal plants (Wilson, Tikuna).

> The pandemic gave more credibility to the knowledge of our elders. It made people see that the knowledge traditional doctors have works. Many did not believe anymore and thanks to this, people believe more in traditional and ancestral medicine, and they are

exchanging knowledge in the tulpa[4] to prevent our knowledge from getting lost. (Hervin, Nasa).

The stark implication of this narrative is that while, in general, the strengthening of Indigenous beliefs and practices is positive, it can also become a source of health injustice and societal fracture, when it hinders the possibility of benefiting from potentially useful Northern treatments and medicines.

Healing fractures

Internationally, the message that COVID-19 will not be conquered until vaccines are universally available has been taken up in many media reports. For example, in February 2022, one editorial on 'vaccine justice' in the Guardian newspaper (Editorial, 2022) argued, 'No one asked for generosity—only justice. Self-interest as well as decency should have encouraged fairer distribution of vaccines: no one is safe until everyone is safe'. According to this report, 'Covax, the vaccine-pooling scheme' has suffered from 'fundamental flaws, including a failure to involve governments and civil society from lower-income countries, and its commitment to a global health model that considers protecting the intellectual property of pharmaceutical firms to be essential.' All of this is correct and deserves critique and remedy but it is also an ahistorical account that simply takes for granted the Northern linearity of thought mentioned earlier i.e. if the products of advanced science were available they would be welcomed and employed. This kind of assumption is even dominant in discussions led by experts on Indigenous rights.

On 21st September, 2021, at a meeting of the United Nations Human Rights Council, (2021), José Francisco Cali Tzay, Special Rapporteur on the Rights of Indigenous Peoples, presented a report on the impact of the pandemic and expressed concern that state-led COVID-19 recovery measures 'were disproportionately and negatively affecting Indigenous peoples', arguing that 'Indigenous peoples faced higher risks of infection and death from COVID-19, especially as new variants of the virus continued to emerge' and that 'Despite their increased vulnerability to the virus, vaccine roll-out for indigenous peoples, in particular those living in remote areas, had not been prioritised in most countries. Indigenous peoples were utilising their own traditional systems and existing jurisdictional power to implement and enforce measures against COVID-19.' According to this view, the turn to traditional medicine within Indigenous

[4] Meeting place in which intergenerational education takes place. Physically, a tulpa has fire in the middle and the community members sit around while chewing coca leaves and drinking corn beverages.

communities has been driven by the non-availability of vaccines not the reluctance to accept them.

At the same time, other accounts have presented a picture echoing our findings here. In a report on the reasons for low take-up of available vaccines in Bolivia, Graham (2022) summarises common explanations that have been put forward such as anti-vaccine campaigns, religious beliefs and the influence of misinformation but, in relation to Indigenous communities, quotes Dr Pedro Pachaguaya, an anthropologist as saying:

> 'It isn't denialism about COVID, nor is it the typical anti-vaccine denialism.' Rather, there is a lack of trust in the healthcare system, and a strong preference for traditional medicine. …. That lack of trust comes in part from previous negative experiences. 'When these populations go to the healthcare system, they suffer mistreatment. And this trauma means they don't want to go back.' Nor has the healthcare system appreciated that these people already have their own traditional medicine systems. 'Instead of being understood, these systems have been made invisible, erased, in a violent way,' said Pachaguaya. "And that's the fundamental problem the healthcare system has here. (Graham, 2022).

State-led health care and Northern science may be seeking to erode dependence upon Indigenous traditional medicine but this elicits a reaction—one that will reinforce the value placed upon historical custom and trusted wisdom. In our interviews, only two out of 19 respondents referred to a need to embrace simultaneously Northern and traditional medicine. The fracture between two cosmologies of medicine needs to be healed (Greaves 2022; Guillam 2016) but at present harmonious understanding seems to be a challenge. For example, the two doctors that have received their degrees as physicians in Bogotá, appreciate the importance of tradition but also criticise the scepticism about illness prevention measures that is prevalent in their communities: 'Many of them do not accept that it is positive to wash the hands and stay at home' (Palechor, Nasa). Mayra, a Nasa doctor, told us 'Sometimes we have internal conflicts and I tell them "we have our own medicine, we have Northern medicine, let us mix both", and continued, 'I myself use biosecurity elements but also take our own medicaments and practice our rituals'.

Conclusion

For centuries, Indigenous communities, including those represented here, have been victimised, repeatedly, by processes of colonisation and neo-colonisation. Practices of governmental intervention that impose modern hierarchies, institutions, and logics under the banner of *neoliberal multiculturalism* (Hale, 2005); educational systems designed to deculturize and disconnect Indigenous peoples from their worldview; well-intentioned outsiders that 'promote a program of education or salvation to help the Indigenous become more "civilized" and adopt the norms of Northern or Western societies' (Goyes, South, et., al, 2021, p. 977)]; and the intervention of digital technologies that overlay Indigenous territorial space with new cyber-spaces,—identities and cultures—are all contemporary technologies of neo-colonisation (see ibid for a broader description). *Health* discourses and practices have become, over recent decades, an increasingly powerful technology of neo-colonisation (Barragán, 2011; Schwartz-Marin & Restrepo, 2013). Reminiscent of Foucault's account of the *History of Sexuality* (1977, p 55) in which through the taking of sexuality into the public realm 'devices of surveillance were installed; traps were laid for compelling admissions; inexhaustible and corrective discourses were imposed', so have 'concerns' with Indigenous health enabled surveillance and imposition.

Before the pandemic began, Indigenous peoples complained of the government's 'lack of support or even interest in the construction of an intercultural health system' (Germán, Nasa healer). Upon the arrival of COVID-19, Indigenous health authorities lamented the imposition of sanitary policies without consulting the communities or considering their worldviews, lifestyles, and needs.

The result is a deep wariness of external impositions—of Northern knowledge, laws, systems, technologies and medicines—all tainted by histories of betrayal and exploitation, land-grabbing, extractive industries, bio-piracy and more. The continuous undermining of their way of life and the erosion of the bonds between people, the spiritual, and nature has hurt Indigenous social bodies. The *social trauma*—created by the direct, cultural, and structural violence waged by (neo)colonisers—is an *incorporeal disease* that hinders Indigenous communities from accepting even 'the good medicine' that Northern health systems could offer. Social trauma is another barrier to health justice.

Indigenous communities still live with the traumas of the past, which shape the responses to the new afflictions of the present; and while Indigenous scepticism toward Western medicine can be understood through the explanations offered in this article, theory alone does

not make it any easier to heal the injuries of history or address the health injustices of today. Rather, a decolonising health politics requires the establishment of bridges of communication between the naturalistic-holistic approaches of Indigenous peoples and the systems of governmental health support. As Yueúkü, health leader of the Tikuna people stated:

> The most important element is an intercultural health system, backed by a real policy of health for all citizens, for all peoples. A policy concerned with real health justice. A system that acknowledges that the Indigenous people are first class citizens, alongside everyone else. A policy that builds a fair system for the future, acknowledging the traumas of the past.

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