

Introduction

This paper is intended to first, report on the very critical situation of the Yanooma Indians in north Brazil who have been affected by the construction of the Perimetral Norte highway; second, to make public the events that led to the abrupt end of the "Yanooma Project", a plan designed by an anthropologist to assist the Yanooma Indians in Brazil, as well as describe the activities of the Project in that area; and third, to explore certain aspects touched upon in a recently published document (Migliazza 1978) about Indian groups in the Brazilian Territory of Roraima, by focusing on some crucial points mentioned in that document and also by providing recent information about the official Indian Policy and how it is affecting the Yanooma in that country.

Until the late 1973, the great majority of the Yanooma speaking groups, both in Venezuela and in Brazil, enjoyed a situation of relative isolation from the damaging effects of massive contact with whites. Most of their contacts with non-Indians involved either individuals or small groups of whites, such as skin hunters, rubber tappers, Brazil nut gatherers, missionaries, government personnel (for example, members of the Brazilian Air Force, of the Health Department, of frontier-demarkating teams), occasional scientists (anthropologists, geographers, geologists, botanists). Since the mid-1960's two small sub-groups, which are geographically separated from the rest of the Brazilian Yanooma, have had more or less continuous contact with diamond miners — these are the Yanam of the Uraricaá river, located on Map I, page at 62° 40'W, 3° 55'N (see Migliazza 1978:19) — and with ranchers — the Yanam of the Mucajaf river, Map I, at 62° 00'W, 2° 45'N.

It is true that some western diseases had already found their way into Yanooma territory and that certain contacts with whites have had

undesirable effects (see Lizot 1976). But none of these has had the overwhelming impact on Indian life of recent massive encounters with whites, which, judging by all indications, represent the prelude to a large-scale invasion of Indian territory and an assault on their ethnic integrity and autonomy. These contacts have occurred in the context of road construction and mining activities on the Brazilian side of the frontier. The first affected those Yanoama who live about 130 kilometres to the southwest of Boa Vista, the capital of the Territory of Roraima, and the second, those who occupy the area of the Surucucu mountains (see Map I, 63° 40'W, 2° 50'N).

This report focuses specifically on one of these impact situations, that which involves the Yanoama Indians located in the area crossed by the Perimetral Norte highway. It is the result of direct observations during some four months in 1975-1976¹.

National Development and the Indians

The year 1974 marks the delayed arrival in the Territory of Roraima of the Program of National Integration (PIN) that was advocated and put into practice in Brazil by the Medici government since 1971 (see Davis 1977 and Bourne 1978 for detailed and comprehensive discussions of the social and economic consequences of this Program), and which was already responsible for many miles of highway in Amazonia, including the Transamazônica. Part of this huge highway network was the Perimetral Norte, a road planned to link the east coast of Brazil, at the delta of the Amazon, with the west, on the frontier with Colombia, running roughly parallel to the Transamazônica, to the north of the Amazon river, then turning south to the State of Acre to meet the western end of the Transamazônica.

The opening up of the Perimetral brought hundreds of men and

machines into the Indian area, most of which up until then had been isolated from the outside world. Where before access had been difficult and severely limited, after the construction of the road it was easy to travel to well within the Indian area. From the town of Caracaraf to the first Indian settlements was now less than an hour's drive.

In March 1974, Medici was replaced by Geisel as President of Brazil. While Medici emphasized road building as a necessary first step for massive colonization of the Amazon basin, his successor did not pursue the same interests. Road construction was gradually de-emphasized, and greater attention given to the exploitation of mineral resources in Amazonia. Thus, between 1974 and 1976, while road building still continued at an increasingly slow pace (the Perimetral Norte came to a halt in mid-1976), an extensive areal survey of the entire Amazonia was carried out by Project RADAM (Radar Amazonia). In February 1975, the discovery of radioactive materials in the Surucucu area was announced. Shortly afterwards a team of geologists of ICOMI (Brazilian Bethlehem Steel) was there doing a geological survey for nearly two and a half months, and 500 miners were illegally extracting cassiterite in the heart of Yanoamaland. In September 1976, following some serious incidents which involved Indian attacks on one of their camps, the miners were removed from the area by order of the Ministry of the Interior. The government Company Vale do Rio Doce has now opened an office in Boa Vista, as a preliminary step to start mining operations on a large-scale at Surucucu. This is the most densely populated area of the whole Yanoama territory in Brazil. A recent areal survey conducted by FUNAI (June 1977) found 74 communal houses (which roughly correspond to villages) in a radius of less than 150 kilometres. The average size of these communities being 62 people, this means a population of, at least, 4,588 Indians, and not 300 as Migliazza has it (1978:20). This same reduced figure of 300 was

also quoted by the governor of Roraima in a press release (5 March 1975), after having been severely criticized by journalists for having stated that "an area such as this cannot afford the luxury of having a half dozen Indian tribes [meaning villages] obstruct development" (Jornal de Brasilia, 1st March 1975). It was, of course, to his interest to minimize the Indian population in an area with such tempting economic prospects as Surucucu seemed to be.

During the Medici administration, the official agency for the protection of the Indians, FUNAI (National Indian Foundation) did nothing to try to prevent or minimize the harmful effects of the road building. No teams were sent ahead of the highway workers to attempt a vaccination campaign that would protect the Indians against such lethal diseases as measles, whooping cough, tuberculosis and the common cold, before the arrival of the workers. Once the road had been opened for about 50 kilometres, and had already reached three Yanoama villages in the Ajarani river area, a FUNAI outpost was established in August 1974 by the roadside on the right bank of the Ajarani river, in order to "attract" the Yanoama and provide them with medicines and trade goods.

In June 1974, the anthropologist Kenneth I. Taylor who, like myself, was in the Faculty of the Department of Social Sciences at the University of Brasilia, and had also done intensive fieldwork among the Sanumá sub-group of the Yanoama, presented to FUNAI (now under a new President who, for a time, welcomed the cooperation of anthropologists) a project for the assistance of the Yanoama Indians. He took leave of absence from the University and was contracted by FUNAI for a year, to begin with, in order to work on the Yanoama Project on a full time basis. This Project emphasized the control of interaction between Indians and whites, besides medical assistance and the study of the establishment of an Indian Reservation or Park. Even before

the necessary and much delayed financing by FUNAI was released for the operation of the Project, Taylor (its coordinator), Nicholas Cape, a volunteer British assistant and myself began work at the Perimetral. As a preliminary phase, I was to study the Yanomam language and prepare a manual for the training of future Project personnel. From the beginning of February to the end of April 1975, I lived with the Yanomam at the Catrimani mission, where I prepared the first draft of the language manual (Ramos 1975). In the course of 1975 I returned twice to the Perimetral area. Mr. Cape provided much medical help not only at the Catrimani mission, but also at hunting camps and at other villages. He visited several Yawarib and Yanomam settlements (speaking the Indian language whenever possible), recorded their populations and general state of cultural, social and physical health. Much information contained in this report results from his dedicated efforts.

Yanoama Indians Affected by Perimetral Norte

When we arrived at the km 49, the location of the FUNAI "attraction" outpost, this was run by a middle-aged woman whose constant complaint was total lack of support from the FUNAI regional headquarters (10th Regional Delegation) in Boa Vista: no medicines, no trade goods, hardly any food for her and five or six assistants. She had had a field made some distance away from the road for Indian consumption, but the Indians kept going to the outpost and to the road begging for food and cigarettes and were not discouraged by her or by the rest of the personnel.

We saw some very serious cases of influenza, and three people who had been taken to hospital in Boa Vista later died. From the beginning of the construction until the time of our arrival, 28% of the Indians living near the FUNAI outpost had died as a consequence of contagious white man's diseases.

There were also three cases of prostitution, involving girls from the Ajarani area. Two of them contracted venereal diseases and had to be taken to Boa Vista for treatment. Once cured, they were taken by FUNAI personnel to a distant FUNAI owned ranch (São Marcos) to the north of Boa Vista, as a measure to prevent their return to prostitution on the Perimetral (it was "their punishment", in the words of the Delegate at FUNAI headquarters in town). After a period of several weeks, one of the girls was sent back home but did not settle down again; she suffered constant beatings and threats from her husband and the ridicule of neighboring Indians; she repeatedly ran away from her relatives or from the outpost to join either the construction camps or the sawmill that had been built by the roadside on km 45.

The Indians who live near the FUNAI outpost and closest to the border of the Indian area — to this date not demarcated and, in fact, lost to a colonization scheme — were probably the worst victims of all those who were exposed to the effects of the road construction. This group, known as Yawarib, speaks a language which seems to be quite different from the Yanomam of the Catrimani river valley, and are considered by the latter to be a different people. Although the Yawarib were severely affected by the Perimetral, they were not the only group to suffer its disrupting consequences.

To facilitate description, I shall concentrate on three different groups of Yanoama, from east to west: Yawarib, at Ajarani; Opikteri, near km 130; and Wakatauteri, at the Catrimani mission, off the road on km 146 (see Map II, page).

The Yawarib. This group was reported to have had in 1965 a population of at least 150 people. Padre Bindo of the Order of the Consolata, who worked in the area for several years, knew of at least five villages on the Ajarani. Migliazza gives a total of about 400 Indians living in approximately 10 villages on the Ajarani river basin in 1963 (1978:18). By the time the

Perimetral reached them, their population had already been reduced to half or less, and they were living in four scattered locations. This depopulation was mainly the result of a measles epidemic in 1967, most likely brought in by skin hunters who have been repeatedly reported to have entered the area and engaged Indians to hunt jaguars. As the Indian group who lives closest to the Brazilian town of Caracará, some 42 kilometres to the east, the Yawarib have suffered more heavily than any other Yanoama in that area the consequences of indiscriminate contact with whites.

The road construction has only worsened their health situation and has greatly disrupted their way of life. The reported total Yawarib population before the arrival of the road was about 76 people. A year later, 21 (or 28%) of them had died. Accompanying this loss of life, there has been serious disorganization of their social life, in part as a result of dispersal of village members which followed the passage of the road teams and the establishment of the FUNAI outpost. Although Migliazza reports that the 40 survivors lived in one village (1978:17), we found that the situation was even worse; they were broken up into four tiny settlements, which indicates a more severe degree of disorganization than if they had all remained together in one single village. The following table shows the loss, both physical and social, of Yawarib settlements.

TABLE I: POPULATION OF YAWARIB SETTLEMENTS

Settlement	Before the road	After the road (August 1975)		
		Dead	Dispersed	Remaining
Arapishi	22	14	9	5
Castanheira	24	5	5	14
Km 33	20	2	2	16
Km 32	10	?	?	9
TOTAL	76			44

Let us examine the meaning of these figures in terms of loss of members by each settlement.

The 22 members of the Arapishi group used to live in a location about a day's walk to the south of where the road now passes, near km 62. Since the construction, two people have died of malaria, five of pneumonia (which escalated from a common cold), and one of a stomach infection. Two families, in a total of seven individuals, in August 1975 were living in abandoned construction shacks by the roadside. A young man, having spent a whole year at a construction camp, was now living off the FUNAI outpost. A woman, having been treated for venereal disease, was at São Marcos, the FUNAI ranch up north in the Territory of Roraima. The remaining five were living by a new field, still unproductive, about five hours' walk from the road.

At Castanheira (thus named because of the many Brazil nut trees,

castanheiras in Portuguese) the Yawarib who used to live one kilometre off the river bank, were now in a site on the right bank of the Ajarani, 45 minutes' walk to the south of the road. Since the beginning of construction, according to one source of information, three people have died of pneumonia (also evolved from a common cold) and two of dysentery. Another count gives the figures of seven or eight dead since the establishment of the FUNAI outpost. One family was at São Marcos, after the wife had received a second treatment for venereal disease. A young fellow lived at the FUNAI outpost.

The remaining 14, among whom were four unmarried men (an old man, the recently widowed headman and two bachelors), were living in three rectangular houses (in the style of rural Brazilians), hunting with shotguns and with the help of a Brazilian family who were processing manioc flour before leaving the area (I shall return to this subject later).

The 16 people, under the leadership of an old woman, who in 1975 were at km 33, in an area already occupied by settlers, used to live about two kilometres to the south of the line of the road. Since the Perimetral reached them, two have died of pneumonia, and two have gone to live with a white man who hunts jaguars for their skins. For two years no new fields had been made.

The nine Yawarib who are now at km 32 (living on the edge of a large field belonging to settlers) used to live about seven kilometres to the north of the line of the road and were ten at that time.

In July 1975, Nicholas Cape and I spent a week among the Yawarib at Castanheira. Our intention was to repeat what we had successfully accomplished at the Catrimani mission: learn enough of their language to be able to teach teams who were to work for the Yanoama Project, according to the philosophy that communication should be conducted in the Indian languages whenever possible, as the great majority of the Yanoama are still monolingual.

I came out of there with a very strong impression that the Yawarib had reached a lamentable state of cultural impoverishment, perhaps irrecoverable. On the 16th of July 1975, I wrote in my field diary: "The situation is so depressing ... To make things worse, these Indians here are pathetic. None of them so far is willing to admit that he/she knows his language enough to teach us. They play dumb, deaf, uninterested, anything, but won't teach us their language. They have no basketry, no beiju [cassava bread], no hammocks of their own, all of them wear something [western] — from rags to real clothes". And on the 19th: "The only chance of recovering these people culturally is to attract them away, far away from the road, encourage the return of craftsmanship, and fields, etc., shamanism, feasts and all. If they stay around here, and if they survive physically, they'll become the most despicable beggars of the whole country" !

My emotional outburst was somewhat soothed by one positive feature: hunting, at least, was good during those days. The headman, who had lost wife and child in a recent influenza epidemic, was very active in hunting and brought meat regularly to the village. In fact, one might say that there was too much meat for so few people. Between the 14th and 20th of July, six peccaries (four of the large size, two of the smaller size) and a spider monkey were killed for the consumption of no more than 14 Indians. This might be considered a case of overhunt, only achieved with the use of shotguns. But as far as protein requirements were concerned, the Yawarib at Castanheira were not found to be starving.

However, in terms of morale, self-pride and confidence, the image projected by these Indians could not have been worse. The situation was not ameliorated by the FUNAI employees who, most of them uneducated and indeed semi-illiterate, shared the common stereotype of the ignorant, lazy Indian that is current among the majority of local Brazilians. One of these

employees had a plan to "teach" the Indians garden work, for not knowing or pretending not to know that the Yanoama had been doing it for generations, he had convinced himself that they did not know "how to work". Saddest of all was the attitude of a very young Yanoama Indian, no more than an adolescent, who had come from the Cauaboris region, to the west, with a personal history of intensive contact with whites. He had learned Portuguese and was now in the FUNAI payroll as an interpreter at the Ajarani outpost. This young fellow, boosted by the status provided him by this job in FUNAI, constantly patronized the other Indians, especially the Castanheira headman. As it turned out, claiming that the Yawarib language was too different from his own for him to understand it properly, this youth hardly fulfilled the role of interpreter for the FUNAI whites who, themselves, did not show any interest in learning the Indian language. In general, FUNAI personnel treated these Indians clearly as their inferiors. Needless to say, this did nothing to improve the sense of self-respect of the Yawarib.

At Castanheira we found a Brazilian man and his family who had had long contact with these Indians. It is worth describing the situation of this individual, because he became a focal point in the later plan to revitalize the Yawarib.

A few years before the road construction began, this man, to whom I shall refer as W, planted a manioc field downriver, five hours' walk from where the road was to cross, at a place known as Humaitá. Later, he made another field near Castanheira. At that time the Yawarib lived about one kilometre from their present location on the bank of the Ajarani. When the road was opened and FUNAI was installed in the area, he was told by the outpost manager that he had to leave. By then the Indians had come to live near him. Later she changed her mind and allowed him to stay and even asked him to cooperate with FUNAI, by becoming a kind of manager himself, who would

control the entry of whites into the area by the river Ajarani. With the creation of the 10th Regional Delegation of FUNAI in Boa Vista, the power to make such decisions went to the Delegate. This man, a retired Army Lieutenant, opposed this suggestion and again W was told to leave. When we met him at Castanheira he and his relatives were hurriedly processing manioc flour, the product of his garden, before going back to Boa Vista.

We were very favorably impressed with his manner toward the Indians, the concern he showed with their health and well being, the empathy that seemed to exist between his family and the Indians. There was some trading of food, manioc from him, meat from the Indians, and he claimed to have given medicines to them on several occasions. His son of about 10 years of age spoke some of the Yawarib language and got along very well with the locals.

W's role was all the more crucial as he was the one person capable of attracting the Indians to live near him, and away from the road. The Yawarib who were living at km 33 apparently declared that they would move away from the road only if W was to be with them, and that in spite of the fact that the FUNAI personnel had already prepared a field for their benefit near Castanheira. W and his family represent a case of positive, harmless interaction which is possible to exist between Brazilian smallholders and Indians.

The plan outlined by the Yanoama Project for the Yawarib was then to try to attract the Indians away from the road. Nobody seemed as capable of convincing them to do that as W, who had deservedly gained their confidence.

In January 1976, W and a team of four Project members began work on a new village at Humaitá. This location was especially strategic for three reasons: 1) it was far from the road; 2) it provided a vantage point for inspection of possible intruders by river into the Indian area; and 3) it had already one or two gardens the Yawarib of km 33 had made when W was still there.

A start was made on building new houses and preparing new fields. Already by that time, members of the Project team reported a visible improvement in the morale and cultural recovery of the Indians, hardly recognizable to me. The Castanheira Indians willingly moved to the new location and other Yawarib were expected to follow. Circumstances which will be described below put a stop to the Humaitá plan before it had a chance to establish itself and gather momentum to continue without encouragement from outsiders.

The Opikteri. At the end of 1974, this Yanomam group built a traditional style round, communal house about one hour's walk to the south of the road, at km 130, having abandoned their previous location on the Pacu river, about 10 kilometres away from the highway. Their population was around 58 people; there was a disproportionately large number of young unmarried men. During 1974 most of these young men spent the dry season hunting jaguars for a Brazilian skin hunter. Thus, the appropriate season went by and they did not make new gardens. Their old fields, now yielding, were said to be too far away for food to be conveniently carried home.

With the arrival of the construction teams, most of these Opikteri fellows turned to a life of what might be called "roadside nomadism". They spent their time going from one work camp to another, covering distances of 50 kilometres or more. They developed the technique of standing across the road, making a human barrier, to force drivers to stop in order to ask them for food, clothes, or just a lift.

It seems that this fascination with the road and all it represented has had the effect of splitting the leadership of the Opikteri. The old leader is still heard by the more traditionally oriented members, while the young, road-seeking fellows are following one of the old man's sons.

They were never seen naked like the Wakatauteri or other Indians of

the Catrimani river valley, but always wore clothes at different stages of decay, and there was even a helmet of Camargo Corrêa, the construction company, which circulated from head to head (as in the picture on the dust cover of Bourne's book, 1978).

In March 1975, they made new fields in their new site, but it would be six months before these would produce. And so the Opikteri, always complaining of hunger, begged for food at the construction camps, on the roadside, at the Wakatauteri village, and took to stealing produce from the mission field, a short distance from the road at km 146. Game and forest products helped their food situation, but there was a serious threat of malnutrition, particularly among the women and children.

Unlike Indians of other Yanomam villages, the Opikteri were spared by the measles epidemic of mid-1974; they also benefitted from the vaccination program carried out by the missionaries at Catrimani. There were, however, very serious health problems. Besides malnutrition which was observed in several children, the group as a whole had suffered at least one major influenza epidemic, which led to seven cases of bronchitis and two of pneumonia. The latter were taken to hospital in Boa Vista, along with a woman who had contracted tuberculosis.

I visited the three at the "Indian Ward", a FUNAI division within the main hospital in Boa Vista, and was shocked. The "Ward" was but one small room with three bare mattresses, filthy and torn, on the floor, and on each, an Opikteri. The tuberculosis patient was so thin that the nurse, obviously inexperienced, could not get the needle into her vein for the application of blood serum. The liquid was collecting under her skin producing a big ugly lump. The woman was too weak to sit up, and helplessly, not knowing a word of Portuguese, waited for something to be done. The other two Indians, a couple, speaking to me in Yanomam, insistently asked for hammocks, for tobacco (to be

used Yanoama style, not as cigarettes), for bananas. I managed to get them the bananas and tobacco, but could do nothing about hammocks because the room was not fitted with hooks (which is surprising in that part of the country where most people, even in hotels, sleep in hammocks). The door was wide open, and curious Brazilians -- both patients and hospital personnel -- crowded around to stare at the Indians. These were the deplorable conditions under which the woman with tuberculosis was put, instead of being given special care, isolated from other patients.

~~This woman, together with the Opikteri couple, was discharged after~~
a week's treatment in Boa Vista and sent by FUNAI to the Catrimani mission to continue with the course of two months injections, as no one at the Ajarani outpost knew how to administer them. There had been a young woman there with the functions of a nurse, but soon she returned to Boa Vista alleging health problems. We were later informed that this woman had, indeed, worked at the hospital, but as a kitchen hand, not as a nurse.

The doctor who worked for the Camargo Corrêa company, who always showed great interest for the Indians, examined the Opikteri woman and confirmed that her condition was still highly contagious. Uprooted, as a consequence, this poor woman was moved around from mission to outpost, back to the mission, back to the outpost. A few minutes after her first arrival at the mission, from the hospital, she tried to walk back to her village, a good 35 kilometres away. She was picked up by the FUNAI van and taken to Ajarani, where the risk of contagion of other Indians was perhaps not so great as at Catrimani. After three days, she fled and returned to her village. Another three days and she was taken back to Catrimani, this time willingly, where a shelter was built for her at the mission, a short distance away from the Wakatauteri communal house. The locals were instructed to keep away from her because of her dangerous illness, and by and large our advice

was taken seriously enough. She was being treated by the missionaries, by Nicholas Cape and by Bruce Albert, a French anthropologist in the field at that time. At the end of 1975 her treatment was continued by Yanoama Project personnel at Ajarani. The last time I saw her was in Boa Vista, where she had been sent for a medical check-up. She was evidently recovering rapidly and had put on a healthy amount of weight.

Two of her three children, approximately 5 and 6 years old, had been living with her all this time and later had to be hospitalized in Boa Vista for suspected tuberculosis. There is, of course, a great risk in taking Indians to hospital in town, as the doctor who treated the two children was quick to point out. Given their lack of resistance to contagious diseases, Indians with the immunological fragility of the Yanoama are more vulnerable than ever in the context of a hospital amidst illnesses of all kinds. Thus, this doctor was eager to have them taken away and back home to finish their anemia treatment there, before they caught a worse disease. Indeed, the consequences of taking Indians to hospitals can be devastating, as we will see later in this report. The ideal solution would be, of course, to have a hospital for the Indians in their own territory, equiped with the necessary medicines and facilities, but also suitable to their way of life, such as the use of hammocks already mentioned (lying flat on the ground or in bed is considered by them to be non-human and uncomfortable).

The Wakatauteri. These are the Indians who have benefitted most from the presence of white assistance in the area. Catrimani is a Catholic mission established in 1965 and run by the Italian Order of the Consolata. The main concern of these missionaries is to provide medical assistance and to maintain the Indian way of life as close to their traditions as possible. This they have largely achieved in spite of the intrusion of the road only three kilometres

away and the tremendous strain brought about by the constant presence of outsiders during all the phases of road construction. The construction companies made intensive and practically uninterrupted use of the mission airstrip for areal supplies of men, food and goods while the initial trail was being cut into the forest. Wakatauteri Indians were soon busy carrying loads of goods to teams spread along the yet unopened line of the future highway. In the process, they were infected with influenza and measles. In 15 months, as of the arrival of the trail, the Wakatauteri suffered 15 influenza epidemics, or one epidemic per month. As is well known, among Indians influenza tends to escalate to more serious respiratory diseases. Between the end of April and beginning of May 1975, for example, four people were treated at the mission for pneumonia, ten for bronchitis and twenty five for common cold.

In June 1974 the first symptoms of measles reached the mission Indians who caught it from two infected road laborers. Eventually the entire village was ill with it, before vaccines were sent to the mission. Thanks to the intensive medical care provided by the missionaries, there were no deaths among the Wakatauteri, only two miscarriages. But further up river, at the Makudasihibiteri village, where the Indians do not have immediate access to medical assistance, this epidemic killed at least seven people.

Malaria, which had been endemic in the area for a long time, has taken epidemic proportions. Deforestation and the creation of large pools of stagnant water by the roadside, both the result of highway construction, have produced new breeding grounds for the vectors, thus contributing to the dramatic increase in the incidence of malaria since early 1974. Moreover, the large number of people who now circulated in the region has inevitably multiplied the chances of transmission of this disease. During the week of the 2nd to the 9th of June 1975, for instance, seven cases of malaria were treated by the

mission personnel. In April of that year a girl was so severely affected that she had to be taken to hospital for treatment; it turned out to be a combination of malaria and hepatitis, a complication that also became quite common among whites.

The mission records show that before the road construction, a monthly average of 150 Indians were treated for various health problems by the missionaries. In June 1974, at the peak of the measles epidemic, 575 treatments were dispensed at the mission. In the months of April, May and June 1974 together, they provided 1,348 treatments, whereas before the average was 1,350 for every nine months.

When we arrived at Catrimani in February 1975, the 42 Wakatauteri were recovering from yet another flu epidemic. Their communal house was so old that it had been abandoned and they were living in temporary shelters about 200 metres from the mission houses. A new conical house was built in the following two months. Two days after our arrival, the mission grounds were packed full of tents of all shapes and sizes belonging to the 90 some members of the Project RADAM and the Brazilian Air Force. Using Catrimani as their base, for ten days they flew every day to different points in the region, as part of their survey of mineral resources. Although the men by and large kept away from the Indians, the pandemonium generated by such (relatively) massive numbers in the small context of the mission, their unceremonious demands on the mission facilities, and the constant flow of five helicopters and three or four airplanes, were simply overwhelming. I had a taste of what it must have been like some months earlier, when the road builders arrived and turned the tranquil routine of the mission into complete and utter chaos.

Apart from that, few days went by without the strangest of visitors appearing at Catrimani, from military men taking a break with relatives, to young "Jesus freaks" on motorcycles bringing the gospel (in English) to the

Indians. The mission is in fact relatively secluded, three kilometres away from the road. There are two large FUNAI signposts, one at Ajarani and the other at the intersection of the highway and the mission access road (where the mission also has its own sign) prohibiting the entry of unauthorized persons into the Indian area. Even so, there was a constant flow of visitors. Almost every day, some of the construction workers would inevitably appear at the mission asking for bananas, for lemons, even for drinking water, and often tried to walk down to the communal house to "have a look at the Indians".

One night a Camargo Corrêa jeep appeared bringing one of the Yawarib girls who had been at São Marcos ranch after treatment for venereal disease. The driver had found her in a workers camp among drunken men, and to avoid any serious trouble, brought the girl to the safety of the mission. The missionaries happened to be away at the time and Nicholas Cape and I had to make arrangements for her to spend the night at the Wakatauteri communal house, practically against her will. There, in a mission hammock tied near ours, she endured the jokes and mockery of a local old man.

While the new house was being completed, a team of FUNAI top officials from Brasilia paid a visit at the mission. They were shown around, asked questions, engaged in trade. A high-ranking official prompted me to get some technical information on house construction on his behalf from an Indian who was busy weaving roof leaves. I spoke, as usual, in Yanomam and was asked with some annoyance by this FUNAI man why I had spoken in their language and not in Portuguese. Considering that the official policy is to preserve the Indian languages through bilingual instruction, I found his question rather strange and alarming. On that same occasion, the official FUNAI photographer succeeded in annoying both missionaries and us by attempting to distribute rubber balloons, toy whistles and metal crucifixes as presents for the Indians, in a blatant display of the attitude that Indians are like children.

The Wakatauteri maintain their life style virtually unaltered. They made a very sharp contrast with the Yawarib as we saw them at Castanheira. And, although they spent a great deal of time visiting the construction camps, they have not fallen into the undesirable situation in which the Opikteri found themselves. An indication of the healthy state of their cultural life was the way they reacted to our language learning; it was not only accepted, but indeed stimulated by the Indians. Informants were always willing to cooperate and, like all other Wakatauteri, showed great patience in teaching us their language. Living with them in their temporary shelters and later in the big communal house was a reassuring experience which can only lead to praise of the missionaries's work. In spite of the enormous pressure from outside, they have succeeded in saving the Wakatauteri from the fate that trapped the Yawarib and the Opikteri.

Less regularly the missionaries extend their medical assistance to other villages, particularly that known as Kashibiuteri or Makudasihibiteri, upstream on a tributary of the Catrimani river, about 9 hours' travel by canoe and foot. There is intensive contact between this village and Wakatauteri and frequently the visiting done by the Indians results in the spread of epidemics. When that happens, the missionaries always try to get there with medicines. However, this intermittent assistance is not always sufficient to prevent serious illness or death in that and other remote villages.

The Yanoama Project (October 1975-February 1976)

Although the Yanoama Project was approved in principle by FUNAI in early December 1974, funds were not released until September 1975. Only a fraction of the money originally budgeted was finally released. The originator and coordinator of the Project, the Scottish anthropologist Kenneth I. Taylor,

had to readjust the plans as best he could, by concentrating on the top priorities as dictated by the seriousness of the problems that were being faced by the Yanoama. The Project, defined as a scheme to provide assistance for all the 6,000 (the figure taken to be correct at the time) Yanoama living in Brazil, had to then focus on two specific areas: the Surucucu region, affected by mining operations, and the 200 or so kilometres of Perimetral Norte, covering the several Indian settlements discussed here. We now know, from the areal survey done by FUNAI in June 1977, that there are, at least, 8,300 Yanoama in Brazil, the great majority in Roraima. Their population in this Federal Territory is thus much larger, perhaps the triple of the 2,800 Yanoama reported by Migliazza for Roraima (1978:8).

The original plan was to organize a mobile health team (a doctor, a dentist, a nurse and a nurse's aid, following the model dictated by FUNAI) that would circulate among the several villages that needed medical care. A vaccination program was also outlined for the two critical areas to begin with, including whites who were coming in or were already there, and eight nurse's aids were to be located in key villages. At the same time, a mobile team was to maintain constant surveillance of the road, as a means of controlling Indian-white interaction. Specifically for the Yawarib group, the Humaitá plan mentioned above was to be carried out immediately.

The main obstacle the Yanoama Project had to contend with derived from the basic fact that it operated as part of the FUNAI body. Bureaucratic tangles which have been a constant feature of the Indian Foundation prevented the health team from ever materializing. The vaccination program for the Yanoama was effectively blocked by the refusal on the part of the Regional Delegate in Boa Vista to "lend" para-medical personnel to the Project. For that matter, the Project was regularly handicapped in its work by instances of complete lack of cooperation on the part of the Delegate and his staff.

Thus limited, Project members, recruited in Brasilia, concentrated on the few lines of action which it was still possible to follow. For the road, the Project had its base at the Ajarani outpost, now with a new manager selected by the Project coordinator. Contrary to the previous orientation at Ajarani, the emphasis was now, not to attract Indians to the road, but to encourage them to keep away from it. There was then the need to be mobile, if the Indians were to be protected at all. The major concern was to maintain the road team active on the highway, by driving up and down its finished stretch, visiting the work camps and construction teams. The Project members made a point of speaking to road workers, from engineers to laborers, instructing them on how to treat the Indians and what would be harmful to these. Their policy was to try to gain the goodwill of the workers, rather than antagonize them by harsh actions. As well as controlling the movements of the workers with regard to the Indians, the Project team also visited regularly the various Indian villages of the region.

Already in June 1975, a check-point, with a gate provided by Camargo Corrêa, was set up to close the road at Ajarani, allowing only authorized vehicles to pass. The managers of the construction company were increasingly nervous about several incidents that had occurred among the workers and that had been sparked off by the smuggling of alcoholic drinks and the entry of white prostitutes into the work camps; a death had already been reported. In this way, and for different reasons, the check-point served both the interests of the company and those of the Project. But it was not until November 1975 that effective inspection of vehicles began, when the Project took over the running of the Ajarani Indian Post. Checks were made as to the identification of the driver and passengers and the cargo transported.

Trade goods that had been practically non-existent at Ajarani before the Project, were now used as an attempt to discourage the Indians from begging

on the road. But the most effective way in which this was accomplished was by stimulating the Indians — in this case the Yawarib — to move away from the roadside. With the collaboration of W, the Brazilian smallholder who had been at Castanheira, the Project team and some Indians selected the site for a new village at Humaitá, and began house construction and field clearing soon afterwards. For two weeks, four Project members were enthusiastically engaged in this scheme.

A sudden turn of events brought all these efforts to a halt. In Brasilia, FUNAI declared that it had received orders from superior authority to stop Kenneth Taylor from working in Roraima, allegedly due to his being a foreigner in the frontier zone, by definition a "national security area". At the end of February 1976, when Taylor's one-year contract expired, FUNAI refused to renew it. Meanwhile, the Project members, both at Surucucu and at the Perimetral and Humaitá, went on working in increasing isolation and subjected to harassment by government officials, until finally they too had to leave the area. Some of these young people afterwards made several attempts to be allowed by FUNAI to continue with the Project, but were systematically discouraged and had to give up these plans. After four and a half months in the field, the work of the Project was at an end.

Recent Indian Policy Affecting the Yanoama

Since then the situation on the Perimetral has worsened considerably. The policy of "attraction" is back in full force. The Humaitá plan has been discontinued and the Indians attracted back to the road. The Yawarib now spend most of their time at the neighboring sawmill; an Indian from km 33 is said to have been induced to drink so much cachaça (a type of rum) there, that he lost control of his actions, fell on an open fire, was very seriously burnt and had to be taken to hospital for many months of treatment (Information contained in

the document presented to FUNAI by Consolata missionaries submitting a proposal for the creation of Indian reserves in the Catrimani area, 10 August 1978).

A notorious FUNAI man, who had managed the Ajarani outpost for a short while in 1975, is reported to have set up an "attraction" post in the abandoned construction camp at km 211. Besides "attracting" Yanoama Indians, this post was also being used as a "Penal Colony" for Macushi and Wapishana Indians who were brought down from their villages in the open country to the north of Boa Vista (see Migliazza 1978 for a discussion of the present situation of these savanna Indians). It was reported that Indian labor on the post plantation was exploited without pay (Jornal de Brasilia, 2 April 1978). It is encouraging to know that, thanks to the publicity given to this case by the Brazilian press, this penal colony has been dismantled and the man in charge removed from the area.

In his book ASSAULT ON THE AMAZON, Richard Bourne says the following:

"Not all the effects of the road-building have been bad for the Indians, and some of the bad ones have been shortlived. Access to isolated FUNAI and Indian mission posts has improved, making it possible to get medical help to Indians more quickly. At Catrimani, in the Yanomama tribal area affected by the Perimetral Norte, it used to take three weeks to reach a mission station by river. Now it is possible to drive. In the same region, on the Ajarani river, all the Indians in one village were so overwhelmed by the arrival of the road-builders that they abandoned their slash-and-burn system, and failed to sow their crops at the right time. But, by the time the construction teams had moved on, they had recovered and were able to feed themselves again." (1978:235).

I can only disagree. For one thing, the above statements ignore the fact that 28% of the Ajarani Indians died since the beginning of road construction. And, although the road workers are no longer there, the presence of the highway continues to affect the Indians in many and most damaging ways. Since 1976 it has been known that there is an official plan to colonize an area well within Yanoama territory along the Perimetral. This plan is now under way (*Jornal de Brasilia*, 1st October 1978). INCRA (National Institute of Colonization and Agrarian Reform) is delimiting an area of about 55 kilometres from the Ajarani westwards, extending as far north as the Apiãf river, that is, almost all the Yawarib territory north of the highway.

If the road, as Bourne points out, has provided easy access to remote Indian villages, it has also served to spread epidemics in disastrous proportions. In 1977, the Brazilian press reported a measles epidemic among the Yanoama (*Folha de São Paulo*, 18 May 1977; *Veja*, 25 May 1977. See also Migliazza 1978:18-19). According to *Veja* (10 August 1977), the disease was brought into the area by a Wakatauteri Indian who, given the new facility of transportation, had been taken by a Catrimani missionary to hospital in Boa Vista for another health problem. In town, he was infected with measles but, not showing any symptoms, was brought back home, also quickly by road. The measles soon spread from village to village reaching Indians who had not been vaccinated, got completely out of control, and killed 67 people. The epidemic reached four villages in the headwaters of the Catrimani, in the Lobo D'Almada area. Of a total population of 133 people, precisely half were wiped out.²

After all these years during which the Yawarib have been decimated, the Opikteri were turned into beggars and only the presence of the so much abused Catrimani mission saved the lives of the Wakatauteri, one would expect FUNAI to recognize the urgent need to guarantee the survival of the Yanoama

still left both in the Perimetral area and in the rest of their territory by ensuring the effective protection of their lands, to which they are entitled by law, and by providing effective medical care. However, what we see is that not only the Perimetral area, but the entire Yanocoma territory in Brazil is on the verge of being chopped up in small, discontinuous areas. By means of a series of decrees (Portarias No. 477 of December 1978; No. 512/N of May 1978; No. 513/N and No. 514/N of July 1978) FUNAI has delimited more than 21 areas, 15 in Roraima and 6 in the State of Amazonas, for the Yanocoma Indians. These areas range in size from 10,000 to about 450,000 hectares. Their common feature is that they are small islands which fragment the unity of the Indian territory, with intervening open spaces that make possible, and indeed encourage, encroachment by whites. If the Yanocoma way of life is to be protected at all — their economic system which requires large hunting grounds and sufficient good land for their slash-and-burn agriculture, their social system which includes extensive visiting between distant villages — then these 21 areas can hardly be considered a solution to Yanocoma land problems. If FUNAI is to practise what it preaches, that is, the protection of the Indians and their cultures, then what is needed for the Yanocoma is a continuous area (preferably on both sides of the international frontier, which would involve the cooperation of Venezuelan authorities) which will allow the Indians to lead their lives without the constant threat of being invaded from all sides by settlers, miners or agribusiness corporations (for an evaluation of these 21 areas and the suggested solution to Yanocoma lands problem, see Taylor 1978).³

While a few, but by no means all, of the Yanocoma Indians in Brazil have been vaccinated against tuberculosis, meningitis, and measles by the health authorities and by missionaries in several parts of their territory, FUNAI itself has never carried out any vaccination program, perhaps due to

lack of funds. Unless this is done immediately and thoroughly, either by FUNAI itself, or by other national or international bodies, many more Yanoama lives will be unnecessarily lost, repeating the tragic events recently reported on the Yanoama of the Maiá river in the State of Amazonas. In the month of June 1978, near a FUNAI post that has been closed down, 100 Indians died of malaria and tuberculosis before any kind of medical assistance was taken to their village (CIMI Bulletin No. 48, Brasilia, July/August 1978).

Before the health and land problems of the Yanoama are adequately solved, we cannot expect to see any change in the conditions that have been consistently killing them off for nearly a decade. If decimation continues at this rate, soon the figure of 8,300 for the total population of the Yanoama will become one more historical fact, corresponding no longer to reality. Far too many such facts already exist in the history of Indian contacts with whites.

I believe, however, that pressure from abroad still has the chance of influencing the authorities in Brazil (and in Venezuela) in the sense of reaching an adequate and rational solution to these problems. International concern for the destiny of the Yanoama, who have the legitimate right to live as a separate ethnic group, is needed now, more than ever.

Notes

1. I am deeply grateful to Bruce Albert, Claudia Andujar, Shelton Davis and particularly to Kenneth I. Taylor for their very important comments and contributions to this paper. However, under no circumstances should they be held responsible for what is expressed here.
2. These demographic data were provided by Bruce Albert who has spent nearly one and a half years among the Yanooma of the Catrimani region and has visited all the villages affected by this measles epidemic.
3. As a matter of clarification, I would like to correct a statement made by Ernest Migliazza in his recent IWGIA paper, which says: "The project for a Yanomama reserve (Catrimani Area) which could have probably saved some Yanomama, was initiated on December 6, 1968 by Kenneth Taylor and Alcida Ramos, University of Brasilia anthropologists. In 1968, it was published by FUNAI. Later in the same year a bigger reserve for the Yanomama including the Parima area was proposed. Time passed and what seemed to be an accepted proposal by the official agencies, was forgotten. When inquiries were made, the FUNAI replied that the proposal could not be found." (1978:19). There were, indeed, those two proposals for Yanooma reserve, and at least another, appallingly uninformed, prepared by FUNAI personnel in Brasilia in 1972 (see Taylor 1978). However, the authorship and dates supplied by Migliazza are not quite correct. One proposal, submitted to FUNAI by Taylor and I on 6 December 1968, covered a much larger area than just Catrimani; the other, specifically for the Catrimani area, was submitted to FUNAI by the Consolata missionaries of the Prelazia de Roraima in mid-1969. It was the former which, so it seems, got lost, although FUNAI never responded to either of them.

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