

Libraries and aboriginal medicine Experiences in Argentina

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Abstract

“Aboriginal libraries” project (2001-2005) was developed by the author in northeastern Argentina, in indigenous communities belonging to three different ethnic groups. The project was aimed at designing and implementing a library model specifically intended to provide services to native populations. Those services included the recovery of oral tradition and history, the preservation of endangered (minority) aboriginal languages, bilingual literacy campaigns, support to bilingual intercultural education and reinforcement of local culture. The libraries also worked as a community centre for the spread of strategic knowledge, especially sanitary information, due to severe health problems in the area.

Among oral tradition records, a great number of health practices were collected, including the use of natural resources in medicine. Combined with modern education tools, this traditional wisdom -usually kept in closed elders circles- was used in programs of health improvement launched by libraries and supported by regional hospitals and physicians, and spread among young generations.

The paper underlines the importance of libraries in the spread of strategic knowledge - specially the forgotten traditional wisdom- and the possibilities of collaboration with other institutions in the search for solutions of important community problems and the improvement of the users’ welfare.

Indigenous people: memory and oblivion

Those lands bended between the Arctic and Antarctic regions that European navigators named “América”, had been inhabited 30.000 years ago by Asiatic immigrants who crossed the iced Behring channel. Throughout those thirty millennia, those communities developed unique and unrepeatable cultures, wonderfully adapted to the different ecologic niches that existed in the continent, with features, cultural heritage and structures so diverse as valuable and astonishing.

Their relationship with the surrounding environment became so close, since they knew that they depended on its resources to live. This relationship made it possible for them to know many medicinal herbs that were successfully tested and used in the treatment of tens of pathologies that their doctors or shamans had previously diagnosed.

Latin America aboriginal medicine reached an extraordinary level of development, if we take into account that, during the Prehispanic period they already did trepanation practices, ocular surgeries, projectile extractions, open fractures healing and regional epidemic sufferings cure. Even nowadays, the famous medical knowledge of Bolivian Andes *Kallawaya* medicine-men continue astonishing and fascinating the highest authorities on

this subject: they quickly identify what was wrong and they rapidly and effectively put into practice the treatments, always based on natural herbs and a very deeply knowledge of the human psychology.

It was in this part of the world where European (military) forces arrived in the XV century. The result of this impact / encounter between both cultures and between two worlds -the Old and the New- did not favour local communities. They suffered a very dramatic demographic fall and they were forced to submit to colonial regimens that committed slavery, usurpation, genocide and discrimination. Stripped of almost everything they had, their culture, their memories, their lands and their customs, and forced to agree with a social structure that they unknew and that always placed them at the bottom, these Latin America original peoples survived five centuries thanks to their will and the strong desire of being alive and preserve their identity.

Many groups were not able to perpetuate its lineage and at the present they are only silence, oblivion, and maybe a short quote in a History book. Indigenous societies that overcame those obstacles, pressures, battles and exclusion, today still continue inhabiting a continent covered with wonders and problems on an equal basis. They continue being forever unknown, forever forgotten, forever neglected, never loved and always left out.

The majority of social, economic, sanitary and cultural problems of the region strongly influence their populations and they face malnutrition, illiteracy, violence, identity and culture loss, lack of education and professional training, ignorance of resources management, extreme poverty, unemployment or slavish employment, addictions, lack of family planning, diseases... Their languages, in the old days in a large and rich quantity, are vanishing in the lips of the elders at the present, since they do not want to teach them to their sons due to the shame of being humiliated and discriminated because of them. Their songs and rhythms hardly sound in a few ceremonies or, what is even worst, in some tourist events where they lose all their true value... Their societies have been subjugated; their economic, manufacturing and production systems have been destroyed...

Even though they are considered as social minorities, these populations constitute demographical majorities in many countries of the region. They form the ethnic basis of the Continent: an important part of the Latin America population is mixed, though this part does not like to be labelled "aboriginal"...

The majority of the problems suffered by actual original peoples are motivated by social, economic and political attitudes inherited from Colonial times. However, some critical situations of these communities (health, prevention, addiction, transmissible diseases, nutrition, and family planning) might be solved, little by little, if proper educational and (in)formational systems were provided according to their features and needs. This solution is supported by the most elemental human, social, linguistic and ethical rights declarations, but very little has been done in Latin America concerning this issue. Bilingual and intercultural educational systems are still under construction; many languages can be considered endangered or are already disappeared without being recognized at all; many times, the help that they are provided results in wrong charity; the laws that should guarantee their rights are broken with a sense of total impunity... so, indigenous people are still kept at the bottom of the social pyramid, where they have always been.

"Aboriginal Libraries" Project

Acknowledging the social role of the library and the principal part it can play in literacy

(bilingual) campaigns, giving support to the native identity; giving information about rights, health and sustainable development of strategic resources; promoting professional and economic training and basic education, the author designed in 2002 a theoretical library model, specifically intended for giving answer to the situations faced by native communities. This model was carried out from a grass-root perspective, through an action-research methodology, in NE Argentinean native communities belonging to peoples of the *guaykurú* linguistic group: *Qom* communities in the Chaco, Formosa and Salta provinces; *Moqoit* communities in the Chaco and Santa Fe provinces and *Pit'lxá* communities in the Formosa province.

The implementation and the experimentation with different services in the locations mentioned above took place during the period 2002 - 2006, and expects to be continued from now on.

“Aboriginal Libraries” emphasized the need of not applying pre-definite library models in communities with special and specific characteristics, and different and punctual needs. From a *grass-root* perspective, it is necessary to identify those mentioned needs being pointed out by final users. It is also necessary to evaluate, closely connected with the community, which should be the strategies to follow in order to find a convenient and valid solution. According to this, the project also considered of great importance to do an initial evaluation of resources and social communitarian features, including the identification of information channels, transmission means (oral and written), socialization and traditional education methods, etc. Thus, educational and information needs were also evaluated taking into account the intended direct recipients’ expectations. This was possible by using qualitative methodologies of data collection, such as life stories, thick description and participating observation. Once those elements were identified, a library prototype was elaborated and it was put into practice and corrected as many times as it was necessary until it was proved to be valid for the community.

The services implemented in different locations and times during the project, included the collection and spread of oral history and tradition, the support to oral transmission and the recovery of endangered native languages, bilingual literacy campaigns, reading-writing promotion in the family, spaces liberalization for communitarian cultural expression, health and palliative care information, professional training, rights education and resources management and sustainable development. The services were focused on those civil groups at risk, such as women and scholar children and on particular issues pointed out as important by the community (health, reading, language, rights, and employment). Local schools (most of them bilingual) work was supported and other professionals were also linked with the work of the library. The space occupied by the library was turned into a sort of “peoples’ house”, a travelling cultural communitarian centre where there were not many books but where many recorded oral materials could be found, many documents and graphics were prepared and where the most what made of scarce resources thanks to a great deal of imagination and the collaboration of the whole community.

The author’s bibliography quoted at the end of this paper, includes some extracts (in Spanish) where more data about the project “Aboriginal Libraries” are specified.

The project successfully managed to create a library model that would be applied to indigenous communities and also extended to other fields of influence. It was demonstrated that the library, as a memory manager and an intermediary between the community and its knowledge, can, through specific and well planned policies and services, succeed in changing something in the addressees of their services. The designed model was slowly

introduced into the native social structure, and it was adapted to its users' needs in a flexible way, becoming another part of its cultural life, so many times forgotten.

Library and aboriginal medicine

Within the ensemble of services implemented from these small indigenous units, stood out the sanitary information spread, which was thought from the very beginning as a good system in order to facilitate basic knowledge about health care and prevention among the families of the region, especially among mothers, to improve their children care. For developing this service, graphic materials were designed and several professionals (a doctor, a nurse, a sanitary assistant, etc.) was invited to explain a specific subject to the members of the community. An interpreter who belonged to the aboriginal group translated the contents into the indigenous language when they did not manage very well with the national language.

From the very first encounters it was detected that the codes used by the professionals and the librarians were completely different from the ones maintained in the community. What for the former was a disease with certain characteristics, a particular cause and a particular treatment, for the later was an evil with a legend behind, a story, a closely relation with their spiritual condition as well as with their actions, and with a cure that consisted of homemade remedies elaborated with natural products. This knowledge was being also detected, almost at the same time, during the activities of oral tradition collection, carried out by the same library. In fact, the native peoples' intangible heritage includes an enormous quantity of valuable information related to health, diseases and natural resources that can be used as remedies. Although many of these data have, from the western point of view, a magical-religious touch or even psychological, and the majority are expressed in the context of legends and tales, they do not stop being useful or lose its value as sanitary tools within the community.

Due to the impossibility of connecting both worlds and both discourses (the traditional and communitarian one, and the sanitary western one) without any specific work in advance, and not trying at all to impose ideas concerning health that in the long term would be put aside in favour of traditional methods, it was proposed to collect, from the same librarian service, as many medical traditions of the region as possible, and, starting from this knowledge, manage to include in their heritage any valuable and strategic information from the western medicine.

Due to most of real important knowledge about sanitary treatments is in the hands of their medicine-men (*pioxonaq*) -who never reveal their arts and much less to the "white man"- a great deal of the desired cultural heritage could not be collected. Nevertheless, a complete and detailed list of natural substances used in the communitarian tradition as a remedy against any disease, both of the body and of the spirit, was elaborated, also including narrations, stories and tales that explained the origin of the disease and its link with the spiritual universe. It is necessary to understand that the different categories used by the native cultures considerably differ from the ones put into practice and understood by European-like groups, and accordingly, sometimes it is impossible to maintain a constructive dialogue on the same subject if previously there is not a clear agreement about the phenomenon being discussed.

Aboriginal medicine in the Chaco region -where this project was carried out- includes the use of animal substances (bones, feathers, viscera, excrement, beaks, hairs, legs, tails,

snouts...), minerals (especially different grounds) and vegetable (flowers, fruits, barks, leaves, roots, stems and seeds). All of them are used in a wide range of preparations and, in general, they include a ritual or a series of acts in addition, such as prayers, orations, symbols and many others. Also, in this undivided estate a sum of premonitions are considered -a bird flight, the howl of an animal- to be a fatal flaw in the community health. Some examples of *guaykurú* medicine will clearly illustrate these aspects. The “carpincho” flesh soup (capibara) is avoided because it is said to cause baldness and skin problems. The same problems can happen to a hunter if he sees an anteater and does not kill it. If he does so, its dry tongue tied around the head, will be a good treatment against headaches and migraine. Many groups avoid eating big cats meat (jaguar, puma, and ocelot) since they turn people into irritable individuals (with all the health problems associated to this condition). Wounds are healed with the ashes of the shell of the armadillo. Throat affections in children, perfectly could have been caused by they touching a scolopendra (centipede, millipede...). Anyway, they can be easily healed with melt fat from certain big rodents applied to the affected region or by using the honey made by “land wasps”. Toothache can be fought heating the tail bone of a ray and placing it in the cheek of the affected side (the same element is, in addition, an excellent talisman for love). Mouth ulcers and children conjunctivitis are healed with “piror’ónaq” bee honey. Children facing problems when speaking used to eat roasted crickets in a stick and they became very telling and funny. When the bird known as “karáu” flights over a house and emits a hoarse cry, it jeans that any of its inhabitants is going to catch “nakonáq tagueshik” disease, considered a “spell” which symptoms include nonsense talking, insanity, and diverse organic discomfort. Ravens supply the sort of fat that when it is melted can heal rheumatism. “Chilicote” and “urutaú” birds sing are signals of disease, and also the flight of the black eagle and many other dark birds. The flight and the sing of a harpy over a house at night, indicates that its inhabitant became ill with “naiél”, an estate that will bring him/her to death. Children chickenpox and smallpox is treated with “ñandú” (American ostrich) melted fat; with its feathers earache is healed, and with its dried crop in the form of an infusion stomach-ache can be treated. Sties and face spots can spring when eating eggs of some species of ducks. Tucan’s beak, in an infusion, is used as a contra conceptive and “milhombres” herb roots is successfully used for healing certain snakes bites.

Though they may seem to be legendary traditions based on superstitions without any link to reality, and though they may not have a scientific explanation... these recipes work. The author has checked its efficacy in his own body, and has also proved the great ability of medicine-men “*pioxonaq*” to diagnose and cure many diseases. With the community elders’ help, a database which elements were analyzed together with western health professionals. It was intended to include, in this thick information framework elaborated throughout centuries of experiences and cultural constructions, some elements from current medical practice. Finally, it was possible to elaborate and preserve in written form a series of recommendations related to sanitary prevention (especially the ones concerning the most common diseases of the region: diarrhoea, fevers, malnutrition, mosquitoes, maternal behaviour and so on) by using the proper terminology and concepts provided by the native group. In this manner new information could be added to the traditional matrix and at the same time, it was possible to revitalize the communitarian information heritage and a valuable oral heritage was collected.

The library was in charge of managing that information taking into account the community rights concerning its knowledge and its use and spreading desires. Registers were left open

to new medical communitarian heritage additions and every piece of valuable information was at any local health professionals' disposal for them to be able to better understand their patients and achieve a closer intercultural approach to them.

Conclusions: library, health and tradition

One of the basic Human rights is the one concerning health, which is the basis of right to life. Mothers' and children health -maybe the more vulnerable ones to diseases- should be the one more carefully protected, especially within those groups facing the worst life conditions. In many lands of Latin America (and the rest of the world), health problems maintain a critical position and are mainly caused by a major lack of information about basic sanitary practices such as hygiene, feeding or diseases transmission control. Due to these facts, children mortality is still in shameful and painful levels and many plagues (Chagas, Dengue, and Lymphatic Filariasis diseases) continue being endemic in particular regions due to their eradication impossibility, causing a high number of deaths year after year.

The library can rescue, organize and spread valuable and forgotten cultural heritage, orally transmitted in endangered native languages, making in this case a valuable cultural task of "memory management". It can create contexts within which that knowledge can be apprehended by the young generations who are losing -due to cultural pressure- the links with their people wisdom. In those contexts, a library can bring together the native community and professional people determined to offer needed information for the local welfare.

The library can educate its community, or collaborate with its school in the mentioned task. It can inform, form, look for and provide with tools for the solution of many problems even though it does not have them among its collection of services. Libraries -especially the small communitarian units- are not only a mere centre of information and of knowledge storage. They are much more than a futile and motionless collection of books and leaflets. They are cultural engines and lungs, intellectual activity centres, knowledge doors and new paths makers.

The librarian's job should not be reduced to a simple passive practice of waiting for users: the information professional should assume an active and committed attitude. Should also be aware of their users' most urgent needs, become separated from the bookshelves, pull down his/her library walls and bring knowledge to the streets, to the houses, to the hands of its intended users. Hence, he/she should adapt its services to its users' characteristics (oral, bilingual...), showing due respect to their usual means of education without giving up offering alternatives ways, though. In this way, the recovery of a traditional culture does not mean the ignorance of a modern reality that goes on invading each corner of the planet with its giant steps.

By fitting out working places where a society can be recognized and recognize its surrounding world, remember its valuable knowledge and related it to the valuable one of other societies, the library will be promoting the establishment of a plural society, the endangered minorities surviving, the spread of strategic information (a common good to which everybody should have access in an open and free way) and the generation of healthy paths towards a future world.

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