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Composing bodies with the COVID-19 vaccine: the cosmopolitics of health among Guarani peoples

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Abstract: In this article, I focus on Guarani Indigenous peoples' modalities of relating to, trusting, and distrusting the Brazilian Public Health System (SUS) and its agents during the Covid-19 pandemic. I compare relational configurations as a means to understand the reasons for a low take-up of Covid-19 vaccines among Kaiowá collectives in the first moment yet a high rate of vaccination among the Mbyá. I also discuss conceptions of health and the body in light of a guiding framework that aims to reflect on epidemiological protocols that sometimes are disconnected from the Indigenous dynamics and end up clashing counterproductively with their care technologies.

Keywords: COVID-19 vaccination, Indigenous peoples, bodies, trust.

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When Indigenous peoples in the territory now known as Brazil began to fall sick with COVID-19, speculations concerning the disease—its causes, origins and potential victims—spread just as quickly as the virus. Equipped with different understandings and resources, some Indigenous collectives sought to anticipate the consequences of almost inevitable infection by isolating themselves in their villages. Others were initially unconcerned about infection as they believed it to be a disease that specifically attacked 'white people' and, since they possessed different bodies, they would not be vulnerable to the new coronavirus. But in general, for most Indigenous collectives—if not all—past epidemics and painful experiences of mass sickness are still part of living memory. Diseases like malaria and infectious ones like measles and tuberculosis, among others, continue to be health issues today. These diseases come and go with varying force as the destruction of rivers and spaces habitable to humans and other-than-humans advances and becomes consolidated through political decisions taken without Indigenous consent.[1] Until the start of 2020, COVID-19 itself was a new viral disease for everyone, Indigenous and non-Indigenous people alike, but not the experience of becoming sick collectively in the context of the power relations and distrust generated by contact with the non-Indigenous, amid a serious public health crisis.

Bodies that weaken or swell as a result of diseases and vaccines, forests that once protected from the effect of sickening winds but have been replaced by large concrete apartment blocks that open up corridors for contamination—these are among the problems discussed by Guarani-Mbyá and Kaiowá interlocutors over the critical months of the pandemic (Macedo, Huyer, Ortega & Prates, 2023). Brazil has a comprehensive public healthcare infrastructure, the Unified Health System (*Sistema Único de Saúde* or SUS). Its public health history also includes an internationally recognised vaccination programme (Camacho & Codeço 2020). When the COVID-19 vaccine programme began to be designed by SUS, including the gradual distribution of supplies of vaccines, a priority system was established to determine

[1] The Brazilian federal government headed by former president Jair Messias Bolsonaro between 2018 and 2022 was characterised by being openly anti-Indigenous. Recognition of traditional Indigenous territories was frozen and no progress, or even consolidation, was made in the rights acquired since the 1988 Constitution. The Special Secretariat of Indigenous Health (*Secretaria Especial de Saúde Indígena* or SESAI), part of the Indigenous Health Subsystem (*Subsistema de Saúde Indígena* or SASI) was filled with military personnel in key administrative posts, while the epidemiological data, published by law, was omitted from the main health bulletins. The Ministry of Health's 'data wipe', as it became known in the Brazilian press, at critical moments of the COVID-19 pandemic also included SESAI and blocked public access to epidemiological data on mortality and vaccination rates. The Bolsonaro government was also notable for the legal actions taken by the Articulation of Indigenous Peoples in Brazil (APIB) seeking the right to vaccination of Indigenous people not residing in officially demarcated territories. For more information about Indigenous advocacy during the pandemic and the Bolsonaro government, see the article by Alfinito and Amado (2021).

who would receive the first doses and during what phase of the vaccination process. Indigenous peoples, along with other demographic sectors, were considered a priority.[2] While for some groups this prioritisation was welcome, among Guarani collectives[3] distrust prevailed.

Relations between Indigenous and non-Indigenous people, between visible and invisible worlds, and the constant oscillations between the dangers of living and the certainties of perishing are adjectivised by affective states of trust and distrust whenever risk looms. Where relations between non-Indigenous health professionals from Brazil's public health system and Guarani people are concerned, trusting-but-distrusting seems a prudent approach to take given the colonial history. Why are we a priority to receive vaccines, the Guarani ask, but not when it comes to our ancestral lands being recognised? Why should only the old be vaccinated and not children? These were some of the questions posed by Guarani interlocutors soon after the start of the vaccination campaign in Brazil.

In this article I review and analyse data collected during the PARI-c Research Project,[4] with an emphasis on modalities of relating, trusting and distrusting in the Indigenous health subsystem (SASI) and its agents. I compare relational configurations as a means to understand the reasons for a low take-up of COVID-19 vaccines among Kaiowá collectives, initially, yet a high rate of vaccination among the Mbyá. I also discuss conceptions of health and the body in light of a guiding framework that aims to reflect on epidemiological protocols that were sometimes disconnected from the Indigenous dynamics and ended up clashing counterproductively with their care technologies.

[2] Initially, the Jair Bolsonaro government had identified as a priority Indigenous people living in officially recognised lands (*Terras Indígenas* or TIs). Only after a court ruling on the Claim for Failure to Comply with Fundamental Precept n. 709 (ADPF n. 709), an action of constitutional jurisdiction filed by the Articulation of Indigenous Peoples in Brazil (APIB), did the Brazilian state include Indigenous people not living in TIs as a priority too. It is important to note that almost the majority of Brazil's Indigenous people do not live in officially recognised territories (Census 2022).

[3] The Guarani language is one of the most commonly spoken indigenous languages in South America, along with Quechua. In Brazil, Guarani-speaking peoples include collectives known as Mbyá, Kaiowá, Nhandeva, Chiripá and Avá. They differ from each other due to linguistic and cosmological particularities and currently inhabit the Pampa, Atlantic Forest, Cerrado and Pantanal biomes.

[4] The 'Indigenous Peoples responding to Covid-19 in Brazil: social arrangements in a global health emergency' Research Project (http://www.pari-c.org) was developed over 14 months and funded by MRC/UKRI. The entire research methodology was designed on the basis of ethnographic insertions and relations created prior to the pandemic, thus permitting the interviews and data collection to be mostly conducted online. Only the Indigenous researchers who were working from their villages conducted offline dialogues. To learn more about the PARI-c methodology, a dossier is available (Marques *et al.* 2022). An article specifically published on how the data presented here was collected and discussed has also been published (Prates *et al.* 2023).

Different bodies, different socialities

Vaccines are something injected in the body, entering the bloodstream and activating the immune system. This, at least, corresponds to the biomedical perspective, in which the body is understood from a series of anatomical, physiological and molecular explanations. Vaccines correlate with this notion of the body, rooted in a material entity. Conceived from the perspective of Indigenous cosmologies, however, the body is a composite of multiple relations, both material, such as food and the use of plants, and affective, including encounters with other-than-humans and more-than-humans. Therefore, it is seen as something physical, composed of substances, yet it is not a self-enclosed entity. The body-person is made constantly over the course of life, whether through one-off rituals, such as those marking the beginning of the adult cycle and death, or through everyday actions (Lima 2002, Vilaça 2005). The incorporation of others in the making of bodies-persons is a way of relating to other vitalities by absorbing their effects and then making alterity exists. For example, when snail shell necklaces are visibly draped round the necks of Mbyá children, as well as aesthetics—where the beautiful is also good (*porã*) in Guarani—the vitality of other-than-human forces is also at work. The Mbyá say that a small kind of snail, found on the shores of the rivers of the Prata drainage basin, does not urinate. It is this capacity not to urinate that is incorporated into children's bodies; just one of the many examples involving the making of Mbyá bodies-persons, and Indigenous persons in general, through other-than-human vitalities.

There are also incorporations deriving from divine, more-than-human, vitalities. The umbilical cord of new-borns in the villages is usually cut closer to the placenta and not close to the navel, as generally occurs when births take place in hospitals. To connect the world of the living with the plane of the divinities, the umbilical cord is carefully stored in a little cotton bag, among the Mbyá, and hung on a necklace. It will stay there, next to the child's body, until its properties are completely absorbed and it disintegrates by itself. This practice ensures that these more-than-human and other-than-human vitalities compose the body-person (Prates 2021, Signori 2022).

Everything aims to preserve Indigenous (in this example Mbyá) humanity, or to make it, amid so many other humanities or existing agencies. Humanity as a biological species, *Homo sapiens sapiens*, which Western taxonomy differentiates from animals, plants, rivers and mountains, is not exactly the same entity conceived by Indigenous collectives of the South American Lowlands. Here humanity is a constituted alterity, not a population regenerated through a biological process of conception involving the encounter of two gametes. It is an existential condition

invested daily and considered collectively. The risk of losing humanity is the risk of ceasing to belong to a specific collective and becoming part of the tapir collective, or the collective of the dead, or the jaguar collective and so on. Maintaining difference from these other collectives, whether by eating among kin and sharing food or by entering into reclusion during the menstrual period, is key to establishing relations, nurturing alterities and ensuring the humanity condition (Viveiros de Castro, 1996).

The qualities and modes of establishing social relations, including here what it means to be related, has been at the core of anthropological interest from its outset as a social science, including the contributions made by Radcliffe-Brown (1940) in British anthropology. Viveiros de Castro (2002), in a more contemporary contribution, thinking about the production of knowledge in the relations between anthropologists and natives, asserts that every relation is social. Adjectivising a relation as social would therefore be redundant. This can be explained by the fact that, for decades, within and beyond anthropology, the term 'social relations' has conventionally been limited to relations between humans (those *Homo sapiens sapiens*). In dialogue with Latour (1991) and Strathern (1988), Viveiros de Castro argues that what is in question here is the exclusion of an entire universe of beings and entities from what is deemed 'social' and from what, ultimately, composes 'society'. If Indigenous socialities encompass relations with other-than-humans and even more-than-human agencies, including in their own understanding, then the 'social' would not be restricted solely to the world of humans but extended to all forms and variations of relations.

Along these lines, by putting together bodies and relations, we can imagine why the injection of a liquid substance into the veins may signify more than just a technology of care. The procedure can occasion a transformation, an alteration in the state of the body-person and in the humanity condition. What we should recognise here is that this alteration takes place in terms of both biomedical understandings and those of Guarani Indigenous peoples. Indeed, this is the reason for inserting a vaccine in the body: to cause an alteration in state through the incorporation of an other. For biomedicine we know that the premise of vaccination is precisely to incorporate the 'inactive virus' or, in the case of the most of the vaccines developed to combat COVID-19, a 'viral vector'. But, for Guarani people, what is really being injected into their bodies when they receive a COVID-19 vaccine? What alterities are implied and applied in this action?

The place that substances, especially blood, occupy in Indigenous cosmologies is seminal when it comes to thinking about assemblages between men, women and other-than-humans, as well as consequences in terms of becoming sick or enhancing what is conceived as being healthy (Belaunde 2005, Prates 2019). Inserting

something in the body, via the blood, involves activating the agency of other-than-human beings; it is to alter the Indigenous body-person in a broader sense than simply affecting the immune system. What are conceived as immunity and vulnerability also differ from the biomedical conceptions, since what signifies risk is not necessarily death as the failure of a biological organism but death as a loss of humanity. And this happens when one loses the human perspective, not necessarily when the biological body dies (Prates *et al*. 2021, Taylor, 1996).

Distrust and temporalities

In several of our conversations, Mbo'ju Jejua, a Kaiowá leader, questioned why the Brazilian government had prioritised vaccination of Indigenous people.[5] For her, this was a sign that something wrong was happening. How could she trust the Brazilian state to want the best for Indigenous people if they prioritise vaccination of her people but simultaneously deny them the right to their land? In her words: '*I always wonder why we are priority for vaccination and not for our right to territory? Why would I take a vaccine if I don't know what my future will be tomorrow?'* The future that Mbo'ju talks about is the future of being able to live as a Kaiowá Indigenous woman, in her own territory, among her kin. Vaccination aims to secure a physical, biological, future. Injecting the vaccine provides an increased chance of prolonging life or protecting oneself from premature death from COVID-19. But what about dying as a people, as a Kaiowá collective? For Mbo'ju, the biggest threat is the lack of the right to live in their ancestral territories, forced to inhabit the roadsides and living in constant danger of attacks by hired gunmen. '*What is the point of being vaccinated if tomorrow I or a relative of mine can die from a gunshot?*'

During the first year of vaccination against COVID-19, the Kaiowá people presented lower rates of vaccination, with less than 50% of people vaccinated with two doses.[6] It was also the Kaiowá who experienced one of the highest mortality rates from the disease.[7] Adding to Mbo'ju Jejua's disquiet was the influence of some evangelical churches opposed to vaccination and the countless fake news

[5] Conversations conducted over 2021.

[6] Dias-Scopel, Scopel and Langdon (2023) have addressed in depth the health issues that were made visible - and that also emerged - during the pandemic among Indigenous collectives living in the state of Mato Grosso do Sul, Brazil. Among them is the Kaiowá.

[7] All the data on vaccination presented here comes from the site of the Ministry of Health, Brasil: Indigenous Vaccination |COVID-19
https://infoms.saude.gov.br/extensions/imunizacao_indigena/imunizacao_indigena.html

stories circulating daily via online messages. A complex array of factors thus influenced the low vaccination take-up. However, we can conclude that the distrust caused by the prioritisation of Indigenous peoples in the government vaccination programme arose both from the violent modes of relations established with them by the *karaí*[8] and the divergent Indigenous conceptions of what it means to live well and compose with others. One of the suspicions that circulated among the Kaiowá was that the vaccine could weaken people even further, making them sicken and die more quickly. If so, the Kaiowá would no longer be able to fight for their right to land. The vaccine would be an *arapuca*: a trap. It might contain an agent that weakened the body, which would thus immobilise the Kaiowá struggle for their territories either not yet officially recognised by the Brazilian state or demarcated in insufficient spaces.

Healthcare and assistance inevitably involve trust relations. In a context where distrust of any government action prevails and where Indigenous peoples are facing one of the worst scenarios of violence against them in contemporary times, with prayer houses being burned down, leaders murdered and territorial rights denied, the possibility of an effective and ample vaccination campaign runs up against widespread fear.[9] State actions to regularise and recognise the territories of Indigenous collectives are not progressing at the same pace as health initiatives—at least concerning the COVID-19 vaccines. Although guaranteeing the right to territory and the right to health are both duties of the Brazilian state, the compartmentalisation of functions into ministries and public policies, along with the slow response or absence of compliance with legal rulings, suffocate expectations of effective solutions. Until recently, indigenist policy was split between the Ministry of Justice, to which the National Indian Foundation (FUNAI)[10] was linked for the purposes of the identification, recognition and homologation of territories, and the Ministry of Health, to which the Unified Health System (SUS) and consequently the Indigenous Health Subsystem (SASI) were linked. The Special Secretariat of Indigenous Health (SESAI), part of the institutional structure of SASI, is responsible for providing healthcare and assistance to Indigenous peoples, including vaccination campaigns. In January 2023, on assuming the presidency of the republic, Luiz Inácio Lula da Silva, after a campaign marked by Indigenous support, created the Ministry of Indigenous Peoples to which FUNAI was transferred. The current heads of this ministry, as well as those of FUNAI and SESAI,

[8] *Karaí* is the term used by the Kaiowá to refer to 'white people', the non-Indigenous population. Among the Mbyá, for their part, the term used is *Juruá*.

[9] See the following news reports: *CIMI* (2021), Câmara & Barros (2022), Scofield & Anholete (2022).

[10] The name of the institution was changed to the National Indigenous Peoples Foundation in January 2023.

are Indigenous persons. There is an expectation on the part of Indigenous people and allies that this state organisational structure and the initiatives coordinated among the different portfolios will lead to improved situations for all Indigenous collectives.

Strong, weak and hesitant body-persons

Among the Guarani-speaking peoples such as the Mbyá and the Kaiowá, the blood of white people is believed to be 'stronger' than the blood of the Guarani. Although fears concerning vaccination resonated widely among both collectives, the main factor understood as problematic among the Mbyá was the recommendation that the vaccine be taken by everyone immediately. They agreed when they heard Kaiowá relatives question the priority given to Indigenous peoples to receive the COVID-19 vaccine in detriment to the prioritising state recognition of their territories—indeed Kuaray, an Mbyá man, was emphatic in asserting that territory is health and that this is what would guarantee that the Mbyá people could take care of themselves and be strong when diseases arrive. But there was also a fear that, if a person received the vaccine while they were weak, it could cause their death. According to Mbyá conceptions, vaccines weaken the blood because it is made for the bodies of the *juruá*. Ara, a Mbyá interlocutor, told me that an elder had refused to be vaccinated because he was worried that his 'blood would swell' and weaken his body even further, provoking other diseases in addition to COVID-19. The relationship between strong/weak and hot/cold modulates understandings of the action of the vaccine in the Mbyá body-person. It is important to receive the vaccine at the right moment and it is best avoided if the person is not strong and warm enough, since the vaccine weakens and cools the Mbyá body-person. It can be noted that whereas for the Mbyá and for some Kaiowá vaccines cool the blood, for the Tupinambá they strengthen and warm the body.

In none of the cases recounted to me by Mbyá interlocutors was there any reference to an absolute refusal of the vaccine. Instead, there was a reflection on what would be the best moment to incorporate the vaccine's substances into their bodies. Kuaray says that everyone who decided not to take the vaccine in their *teko'a*,[11] when they had the first opportunity to do so, had their choices respected. The elders took the longest time to take the vaccine, not out of suspicion that there existed a secret plan of the Brazilian government, but because they believed that the best time to be vaccinated had not yet arrived. Bodily and affective states need

[11] *Teko'a* are existential spaces that encompass the conditions for living well as Guarani.

to be ascertained as optimal for the vaccine to be injected in the bloodstream. Before taking it, their bodies need to be prepared to receive it. Today the large majority of Guarani-Mbyá people in the far south of Brazil are fully vaccinated.

As may be imagined, reflecting the diversity of Indigenous cosmologies in Brazil, responses to COVID-19 and the vaccination programmes were and still are far from uniform. Placing Indigenous epistemologies of care and healing in perspective means comprehending their distinct notions of the body-person, as well as their diverse histories and modes of relationship with the *brancos* (white people). There is a subtle difference between distrusting the action of the vaccine and distrusting the motives for the prioritisation of Indigenous vaccination. The Kaiowá interlocutors proved to be far more questioning about the latter than expressing any serious doubts or fears about the vaccine itself. The vaccine could perhaps be accepted in their bodies as a means to contain a new virus, but, in this case, distrust concerned the possibility of an ulterior motive, the orchestration of a trap: the plan would be to weaken their bodies to make them unable to continue the fight for recognition of their territories. For the Mbyá interlocutors, on the other hand, the main question was *when* to take the vaccine, not whether they should. All the Indigenous collectives in contact with the Brazilian state are familiar to some extent with the annual childhood vaccination campaigns. The Guarani distrust in general, and Kaiowá in particular, is entangled between the substance and its action in Indigenous bodies and the ultimate motive for the government's prioritisation.

It is among the older generations of both the Mbyá and the Kaiowá that a more exacerbated fear appears of both the vaccine and the vaccination programme itself. This stems from the still painful memories of the death and violence caused by past epidemics, and also for shamanic motives. Younger people, however, either mobilised to take the vaccine, without ceasing to listen to the advice of elders to better understand what was happening, or engaged in questioning the prioritisation of the Indigenous collective's vaccination in a context of their land rights being neglected. A generational marker operated symptomatically in the negotiations and speculations about the vaccine and the prioritisation of Indigenous peoples in receiving it. There are two points of convergence, then, along the same lines of reflection concerning what 'comes from outside': the vaccine as an agent that transforms the body-person and the vaccination campaign as a motor of reflection and agency in the relational politics between Indigenous and non-Indigenous people.

Beyond the Guarani, beyond social determinants

Because of the fear and distrust shown by elders in some communities, younger people assumed an active and important role in the vaccination campaign. Many of these young people are currently linked to associations and organisations and have led communication and information campaigns on COVID-19 and the vaccine. To widen the analysis beyond Guarani peoples, for example, one of the most striking examples of such initiatives occurred in the Rio Negro region of Amazonia. As part of the campaign 'Rio Negro, We Care!', led by the Rio Negro Department of Indigenous Women of the Rio Negro Federation of Indigenous Organizations (DMIRN/FOIRN), cars with loudspeakers visited the main villages to report on the numbers of local people infected, where to get vaccinated and the consequences of COVID-19. Through radio communication, more distant communities were also informed about what was happening in other locations and advised when it would be possible to be vaccinated, in addition to reinforcing preventive measures. Indigenous women from the younger generations played a key role in these actions (Olivar *et al.* 2021). Currently, the region assisted by the DSEI Rio Negro, where this campaign took place, has 91% of the population vaccinated with both doses.

Elizangela Baré, one of the leaders of the 'Rio Negro, We Care!' programme, says that whenever she had the chance, she emphasised the importance of the vaccine, which should be taken at the first opportunity, along with other precautions such as washing hands, keeping 'social' distance and using masks correctly, as well as observing the traditional Indigenous practice of reclusion and using plants in baths and healing rites. Women leaders were also prominent in Pataxó and Tupinambá communities in the northeast region of Brazil. As Elizangela Baré pointed out, Vanessa Pataxó and Jéssica Tupinambá emphasised that the prayers and rituals of their communities were of paramount importance to confronting the arrival of the pandemic, and also that the vaccine helped in everyone's 'survival'. Both women referred to 'our own health protocols' as an accompaniment to the vaccine, identified as one of the health tools of white people, their conjunction guaranteeing 'our health'. Jessica Tupinambá even mentions the vaccine as a body-fortifying agent. She says that some people in her community were infected by COVID-19, but none showed serious symptoms because they were very well prepared through ritual baths with herbs and well guided by the *encantados* (spiritual beings).[12] A composite set of actions aims to prevent or mitigate the effects of

[12] *Encantados* are supernatural entities present in Brazilian culture in general that originate from Indigenous cosmologies.

COVID-19, which includes both Indigenous care technologies and those identified as biomedical interventions, such as the vaccine.

The relational modalities and variations within the non-Indigenous population, especially those involving the state and its agents, lead to the circulation of meanings relating to risk and vulnerability. Within a national epidemiological spectrum, Indigenous peoples in Brazil are considered a 'population vulnerable to respiratory diseases' (Cardoso, 2010). These categories of vulnerability and risk are presented as inherent to the Indigenous condition, frequently dissociated from socio-economic configurations that effectively contribute to their bodies becoming sick. When 'social determinants' are evoked to frame this vulnerability, what is conceived as social is very distant from Indigenous understandings of socialities. What would be the 'social' of social determinants? Based on an anthropological perspective, it is important to pay attention to how these epidemiological categories alien to emic understandings are mobilised when they become part of a vocabulary and modality of relationship with the state and its agents. On the other hand, it is also worth considering how global health actions, and epidemiological actions in particular, are based on conceptions of social that exclude other-than-humans and more-than-humans.

Among the Guarani-Mbyá, as among the majority of Indigenous collectives of Lowland South America, living is a risk in itself and assuaging these risks is a constant part of making oneself a person, as discussed earlier. What I learnt during the pandemic is that, in the view of my Mbyá friends, those at risk were the *juruá*, not themselves. COVID-19 was a much greater problem for the *juruá* because they live in places made of concrete with few or no trees. Vulnerability to the new virus was greater for white people than for the Mbyá because the latter were able to protect themselves from contact with contaminated people and to do so they did not need to cease living among kin. For the Mbyá, the idea of associating them with a 'risk and vulnerability', promoted by the epidemiologists and specialists in infectious diseases, was profoundly mistaken.[13]

However, this was not the understanding of other Indigenous collectives like the Hupda, inhabitants of the Amazon rainforest. In a personal communication, the anthropologist Bruno Marques remarked that for his Hupda friends, the idea of vulnerability and risk was frequently mobilised as a form of leveraging of resources and assistance from the Brazilian state to meet their demands. Being perceived as vulnerable and at risk did not seem a negative if this meant being prioritised or receiving some kind of compensation for the conditions in which they were being placed, even if unaware. The same conclusion was reached, we can conjecture, by

[13] Cardoso' PhD thesis (Cardoso 2010) approaches the problem from a public health perspective.

some Baré, Baniwa, Tupinambá and Pataxó collectives when it came to vaccination.

In these other non-Guarani examples, even though the priority for vaccination was explained by the 'vulnerability and risk' to which they were subject without any problematisation of the reasons behind this situation, and despite the need also to prepare the body to receive the vaccine, the government's prioritisation of the COVID-19 vaccination of Indigenous peoples was not questioned. On the contrary, it was claimed and celebrated when officially announced.

The diversity of Indigenous modes of existence is one of the factors generally eclipsed in public programmes and policies. The very category 'Indigenous peoples' is an abstraction that, though politically expedient in terms of demanding collective rights, ends up sanitising and simplifying the wealth of alterities and differences. Recently in a talk given at University College London,[14] Dário Kopenawa said '*I'm not indigenous, I'm Yanomami.*' The Mbyá say the same, as do the Kaiowá.[15] How can emergency vaccination plans and initiatives be conceived and designed in severe public health contexts without incurring the need to totalise the Indigenous population—an epidemiological and problematic term (Murphy, 2018)—and use a category that, although politically effective in some contexts, exacerbates distrust when it comes to healthcare practices?

Poets of care and the trust they weave: final remarks

Indigenous health agents are professionals recruited by the Special Secretariat of Indigenous Health (SESAI). Much of the time they work in their own communities, performing a key role in mediating between Indigenous and biomedical knowledge and in coordinating the combined use of both in the care provided for sick people. Important anthropological work has been produced over recent decades[16] on the differentiated healthcare offered to Indigenous peoples in Brazil and the public health design imbricated within it. This line of anthropologists has contributed much to the implementation and improvement of a health policy that takes Indigenous processes of health and sickness into account in the exercise of

[14] The seminar was given as part of the Embodied Inequalities of the Anthropocene Seminar Series, University College London (UCL), on 24 February 2023.

[15] According to a linguistic classification, Kaiowá collectives are considered Guarani. Unlike the Mbyá, however, who identify themselves as Guarani-Mbyá or Mbyá-Guarani, the Kaiowá do not usually adjectivise their self-identification as being Guarani too.

[16] Such as the contributions of Jean Langdon, Luiza Garnelo, Laura Pérez Gil, Ricardo Ventura Santos, Raquel Paiva Dias-Scopel, Diana Diehl, Luciana Ouriques Ferreira, among others.

biomedical care. Indigenous health agents are frequently described as mediators between worlds, although due to the colonial pressure exerted by biomedical thought, they end up acting more as messengers and communicators of Western precepts than in the inverse way.

The article by Martín (2022), however, points in another direction in claiming that Indigenous health agents are poets of care. In providing health assistance, even if it means injecting needles into the veins of Yanomami bodies, as described in an example provided by the anthropologist, they are not copying or simply performing a practice based on biomedical knowledge. The expression *poiesis of care*, coined by Martín and Reig, editors of the special Issue of *Tipití*, 'Mediating care: Amerindian health agents across worlds, bodies and meanings' (Martín & Reig 2022), refers both to what Indigenous health agents develop as created and creative capacities based on biomedical models and to what is known by them founded on Indigenous knowledge and practices. The relations and connections mobilised by Indigenous health agents when providing care make use of their positions and creative and poetic forms to compose worlds. They thus engender skills that reformulate and provide new contours to the cosmopolitical networks in which they are situated, which extend beyond what is conceived solely as health in biomedical terms.

When Mbyá elders and some youths were wary of taking the COVID-19 vaccine because they believed it was not the best moment to do so, the Indigenous health agents working in the villages had an important role. The same applied to the Guarani nurse working for the biomedical health team. The role they performed was not to persuade the Mbyá to take the vaccine, but to make sure the non-Indigenous biomedical professionals respected the Mbyá who initially declined and waited for them to ask to be vaccinated. Yva Mirim and Kuaray, Mbyá persons living in different villages located far from each other, recounted that in their *teko'a* the Indigenous health agents consulted the shamans, listening to their advice. In each of these villages, open meetings were held to discuss all the doubts related to the biomedical functioning of the vaccine. The agents answered all the uncertainties raised by their relatives and took any questions they too shared to the non-Indigenous biomedical professionals. One of the doubts was the information that had been circulating that people who took the vaccine would turn into caimans. This arose from one of the many unfortunate declarations of the former president Jair Bolsonaro, infamous for rejecting scientific knowledge, who later said that he knew nothing about the risks concerning the recently created vaccine, insinuating in an irresponsible joke that vaccinated people might turn into the reptile. The possibility of transforming into another, losing the human perspective, is something possible in Indigenous cosmologies. This insinuation, combined with

the many fears and suspicions existing at the time in relation to the vaccine and the prioritisation of Indigenous people in the vaccination campaign, reverberated in the circulation of online messages and in mouth-to-mouth communication among the Guarani. Although the majority had not really taken the former president's words seriously, the rumours circulated, and the topic was discussed in the meetings. After the Indigenous health agents had replied to all the questions and gave their assurance that nobody would be vaccinated if they did not want to be, what happened is that gradually the Mbyá themselves sought to be vaccinated, in their own time and in harmony with the affective and bodily states judged to be adequate from the shamanic point of view.

In the territory where Mbo'y Jejua's Kaiowá collective lives, there is no SESAI health service and consequently no Indigenous health agent. And its shamans and leaders have been murdered over the last decades. There was no opportunity for the suspicions and fears to be allayed or assuaged by someone they trusted. Without Indigenous health agents and without SESAI assistance, as well as shamanic relationships eroded by colonial actions against their territories and political organisations, all the rumours and misgivings lasted for months. Compared to the vaccination plan among the Mbyá, adherence to the vaccine by the Kaiowá occurred later. Only in the last months of 2021 did the number of vaccinated Kaiowá Indigenous people grow. Mbo'y Jejua and her relatives, who were initially scared of the vaccine or avoided it for the reasons discussed above, have all been vaccinated with three doses. What made them change their minds? Judging by the comments of Mbo'y Jejua herself and some anthropologist colleagues, the fact that many Indigenous people have been vaccinated and are well helped a lot in making the decision. The encouragements of Indigenous associations like APIB for all Indigenous people to be vaccinated, including demands that the Brazilian government make vaccines available for everyone, also contributed fundamentally to the COVID-19 vaccination becoming something not to be feared. On the other hand, the state vaccination campaign, focused broadly on 'Indigenous peoples', did not actually contribute to vaccine uptake among the Guarani peoples. On the contrary, without an approach that privileged the establishment or strengthening of relations of trust, these efforts ended up worsening the suspicions relative to the Brazilian state and its agents. And would the term 'trust' be the most appropriate one to use to think about vaccination adherence?

As I finish writing this article, I have just received news that Mbo'y Jejua has been imprisoned along with two other Kaiowá persons. After another attempt to retake their ancestral territories, they were arrested by the Mato Grosso state military police, even without court authorisation to do so, illegal in Brazil. The vaccine ensures life itself, in the sense given by Nikolas Rose (2007), but not Kaiowá life.

The kind of life that interconnects health, bodies and territories. In one of the last messages I received from Mbo'y Jejua, she told me that '*here we pray not become sick'*. They have no access to their ancestral territories, in the large majority of which the forests have been destroyed for soybean monocrops and beef cattle ranching, nor healthcare assistance from SESAI. The water they drink is contaminated by pesticides. In the village where Kuaray lives, thousands of kilometres from Mbo'y Jejua, the soybean monocrops also surround the Indigenous territory. What health is being talked about when speaking of care protocols and vaccines to protect against COVID-19?

An openness to interacting with others is part of Indigenous health cosmopolitics. As addressed previously, a body is not an enclosed entity in physio-biological dynamics. The body-person exists as a human because it is precisely made with and from others. And it differs from other-than-humans due to its ability to agency transformations and establish kinship, considering the point of view in the relations it gives rise to. Injecting a substance that activates or deactivates some vitalities may converge Indigenous and biomedical understandings. What does not converge is the prioritisation of life in itself and not that lived collectively, including here other-than-humans and more-than-humans.

The experience of not having suffered or witnessed body-person transformations that provoked the loss of humanity, such as turning into a caiman, added to the arguments of influential Indigenous associations that supported vaccination, and is part of a framework that explains vaccination adherence among the Kaiowá. Among the Mbyá, ensuring their right time to take the vaccine and to prepare the body to receive it contributed to adherence to the vaccination campaign. Hesitating is part of getting along with others. It is never known exactly what the other really is. It would be no different with the COVID-19 vaccine and the vitality and relationships it engenders. Trust seems to have occurred more in the process of opening and composing with others, as well as in the relationship with those who are 'parentes'[17]—and defended the vaccination—than in the health policies of Bolsonaro's government and beyond.

In an article published with colleagues (Montesi, Prates, Gibbon & Berrio 2023), we argued that COVID-19 is a disease of and with Anthropocene Health, and that the policies developed to combat it, especially where Indigenous peoples are concerned, are rooted in an epistemic coloniality that both exacerbates existing embodied inequalities and creates new modes of usurping the autonomy as an outcome of the limited possibilities for circulation and the mobilisation of care technologies that fail to do justice to Guarani modes of existence. The poets of

[17] *Parentes* is the term employed to refer to other Indigenous people as relatives.

care are many among the Mbyá and the Kaiowá, but the possibilities available to them to potentialise their creative abilities to exist and care encounter barriers that do not always help in the composition of worlds that they induce.

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