

Interview with

Dr. Leticia Dianna Viteri Gualinga



Letty Viteri is a Quichua from Ecuador. She is a representative of CONAIE, the Confederation of the Indigenous Nationalities of Ecuador. Letty is a doctor who since October of 1997 has worked with the Panamerican Health Organization OPS working in the Promotion and Protection of Health and healthy lifestyles division, specifically in the mental health program. She has also worked on a number of Indigenous health projects and studies, as well as conducting research on Indigenous health issues. SAIIC asked Letty to discuss some aspects of Indigenous health for our Eco-Justice and Health issue of Abya Yala News.

In this issue we're exploring the relation that exists between the exploitation of natural resources like minerals, petroleum, etc., and the negative effects of this type of exploitation on the health of the Indigenous communities. In your work as a doctor have you encountered cases of this type?

One time when I visited Lake Agrio, in Sucumbios, one of the 5 Amazonian provinces of Ecuador, we visited the oil wells where Texaco operated. During the visit, we became acquainted with many of the people who lived around these wells. I could observe various types of symptoms of the skin afflictions, rashes; one boy with a type of congenital malformation which I don't know whether it was related to the chemical contamination of the environment. Of course the exploitation of any natural resource brings with it a disequilibrium of ecosystems and this directly affects the health of the communities in these regions. On the other hand

it is evident that while the chemical contamination of the environment has affected the health of these communities, it is important to substantiate this reality with serious studies.

In all of your investigations in rural communities, what has been the principal cause of illnesses among the Indigenous people (colonialization, tourism, petroleum, etc.)?

There exists a number of factors that impact the health of the Indigenous communities. This new epidemic trend which we are living through is a just response to the political violence, the ecological and economic violence, the social discrimination, the poverty, the armed conflict, among other things, and in this manner has given rise to a new order of illnesses like alcoholism.

Could you give us specific examples of communities?

The petroleum development brought violence to the Huaorani communities of Tonampari and Quihuareno in 1988. They committed a terrible crime- an oil spill that destroyed the richness of the rivers, the land and the health of the Huaorani community. The entire city of Lago Agrio, the capital of the Sucumbios province, has been affected, as well as all of the villages of the Siona-Secoya and Cofan peoples.

What are the Indigenous organizations doing to resolve this problem?

The communities are concerned about these problems, but often have

trouble in the actual planning and execution [of solutions]. There are some [communities], like the case of Sarayacu, Curaray, which are sufficiently large and have the intention of doing many things. In the same way, the Indigenous organizations are only now beginning to concern themselves with the health of our people.

What are the most common health problems affecting Indigenous women? What are the specific issues that they face?

The mental health of the women constitutes the principal health problem and this seems to be affected by certain causes worth considering. It is important to point out that they [the women] have lost the traditional knowledge concerning family planning. Along with this, they don't have access to the modern forms of birth control and they often don't have the right to choose the number of children they would like to have. [Other stresses include] domestic violence, the excessive physical labor associated with domestic chores and [taking care of] their farms, the transporting of water, among other details that have a serious impact on the health of the women.

What was your motive for studying medicine and for serving Indigenous communities?

I chose to study medicine because I always liked it and the vocation I constructed in the course of the career. I always thought that medicine is a science which is essentially social, and that through this I could somehow make a

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This organization is new and has not yet completely defined its course of action, which is something that we have to do soon.

I've been working for some time with the LIWEN Center for Mapuche Studies and Documentation. The objective of this institution is to generate knowledge from our own perspective and to disseminate it to all sectors, especially the Mapuche. For example, we work on topics relating to the Mapuche people, to the situation of other Indigenous nations' in their own countries, and on the issue of Bilingual Intercultural Education.

What is the difference between the programs for Mapuche children and those for the youths?

With the children you have to work in a playful context, where you keep the youngster entertained while they're learning, and of course you must involve the family in some way. This is difficult, because many times the parents don't agree that their child should learn about Mapuche culture because they view this as negative but this is not their fault. We don't know what negative experiences they have had that have made them opposed to it.

Working with young people or adolescents is a little more complex. They are going through a difficult stage, building their identity. They have many fears, and to come to terms with being an Indigenous person in a racist country is not an easy thing. You have to gain their confidence slowly. They must see that you as a woman can be a role model, that being Mapuche is not bad or ugly, not at all.

We know that you did some research on the oral history of the families of urban Mapuche youths. What were the most important points that came out of this research?

This study came about due to the interest that a group of us young Mapuche students had in retrieving our history, that history which was denied us for our having been born in a different context than our parents and grandparents. It was an arduous task, because from the beginning our families didn't

understand our interest in understanding things of such little relevance to them. The people in the countryside usually don't value their legends, their family histories. They don't comprehend the richness of their own knowledge. We got them to change their attitude: they started to talk, to spill out a whole marvelous, unknown world for us. We really learned an enormous amount. It was magical to listen to it all, and the most important thing is that we were able to get our relatives, our aunts and uncles, cousins, etc., involved.

We'd like to ask why you, as a young Mapuche woman, are involved in this type of work?

I work with conviction, because I really feel that it's necessary to struggle for our rights as Mapuche people. The conditions of poverty and oppression in which we live today must change. Mapuche children should grow up in a healthy atmosphere, in peace and harmony with the environment.

When I took consciousness of my identity, of my history, of my culture, it was really like a liberation. I strongly feel the need to support my people in every way that I can. It's a life choice.

What would you like to see in the future for Mapuche youth? And what would you like to do to make it happen?

The future of the youth and children is a worry that we have as a people. In many communities, the young people must migrate to the urban centers to find any work they can. Their dreams of studying are dashed at a very young age and that's not fair.

I'd like to do many things, but we need to design strategies at the community level. Individual initiatives should be within a larger context to make the desired impacts and changes. We're working for this.

We know that you've been working on a project on Indigenous Women and Gender in Washington, DC. Could you tell us what the focus of your research has been?

In September, 1997, I was selected by the Development Fund for Indigenous Peoples to develop a work apprenticeship in the Indigenous Peoples' Union of the Interamerican Development Bank, located in Washington, DC. I'm specifically working on editing a report about the topic of gender relations in Indigenous communities and development. It is a reflective work, whose main objective is to understand Indigenous women's thoughts and perceptions about development. Essentially, the idea is to propose certain strategies that can be incorporated into the Bank's policies in relation to Indigenous women. 🐾

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contribution to society, not only the Indigenous one of Ecuador, but in whichever place throughout the world.

What have been the challenges that you have had to face as an Indigenous woman doctor?

I don't like being labeled as an Indigenous woman doctor; well, I feel like any other woman of any other culture and nation. But in fact I've had to face certain challenges, like knowing that the people of my community viewed me as the savior from the health problems affecting the community. The leaders of my provincial community trusted so in my abilities. One demonstration of this was their inviting me to work in the SAMAY Project, financed by the European Union. I'm talking about a pro-life project that would permit us, in a significant manner, to build our society, that would allow us to control our own destiny. Being a representative of the Confederation of the Indigenous Nationalities of Ecuador, CONAIE, is another challenge.

To respond positively to all these challenges, I always try to learn more to better understand the culture of Globalization, to learn how to maneuver myself within the dynamics of the modern age, in distinct levels and spheres of human actions. For me, it is important to take into account the advice and the points of view of the great Indigenous leaders, and of the great ideologies, both old and new. 🐾