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Institute of Current World Affairs
The Crane-Rogers Foundation
Four West Wheelock Street
Hanover, New Hampshire 03755 U.S.A.

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THE AMERICAS

Susan Sterner is a Fellow of the Institute writing and photographing the lives and status of Brazilian women.

“Notes on the Curious”

May 20, 2000

Vale So Francisco, Pernambuco, Brazil

Peter Bird Martin
Institute of Current World Affairs
Four West Wheelock Street
Hanover, New Hampshire 03755

Dear Peter,

I thought I was on to something. I had packed my bags and headed into the Pernambucan countryside to document the lives and work of a group of rural midwives. My imagination was enchanted by visions of clever herb gardens, long walks hunting special barks and salty souls “catching babies” at all hours, in the remotest of areas.

It wasn’t quite like that.

However, the images were based in reality. In December I attended a week-long training seminar for traditional midwives in southwestern Pernambuco State. The seminar was organized by the State’s Department of Women’s Health, which in turn had contracted the non-governmental organization, Curumim, to conduct the instructional part of the week.¹

The goal of the seminar, as far as the State was concerned, was to regulate the activities of traditional midwives. This included teaching

Cida carries her daughter Andreza, 2, and laundry to the irrigation pipe a half mile from the village in Assentamento Vitória. Cida is somewhere between the age of 17 and 20. No one can remember when she was born. She’s five to eight months pregnant. She can not remember when she conceived and chronic malnutrition has made the development of her baby hard to chart.



¹ Four women who each had negative birth experiences founded Curumim, based in Recife, Pernambuco, ten years ago. They formed a group with the goals of improving obstetrical options for women, humanizing childbirth and balancing the patient-doctor relationship. Their work also emphasizes reducing maternal- and infant-mortality rates, which are high in Pernambuco, as well as lowering the rate of caesarian deliveries.

the “dos and don’ts” of birthing, and when to refer a pregnant woman to a hospital. The State wanted to identify practicing midwives and get them to participate in registering rural births, as well as providing statistics on maternal and infant mortality rates. In return, the midwives were promised 13.58 *reais* (less than U.S.\$8), two pairs of latex gloves per birth, gauze and free sterilization of cloth and metal instruments used in delivery.

Curumim’s goals were, I think, different but complementary. Curumim works to buttress the confidence of rural midwives by soliciting from traditional practices, while teaching safe, sterile practices. An emphasis is placed on prevention of maternal and infant deaths through pre- and post-natal care. In particular, Curumim stresses the value of midwives’ work and their right to

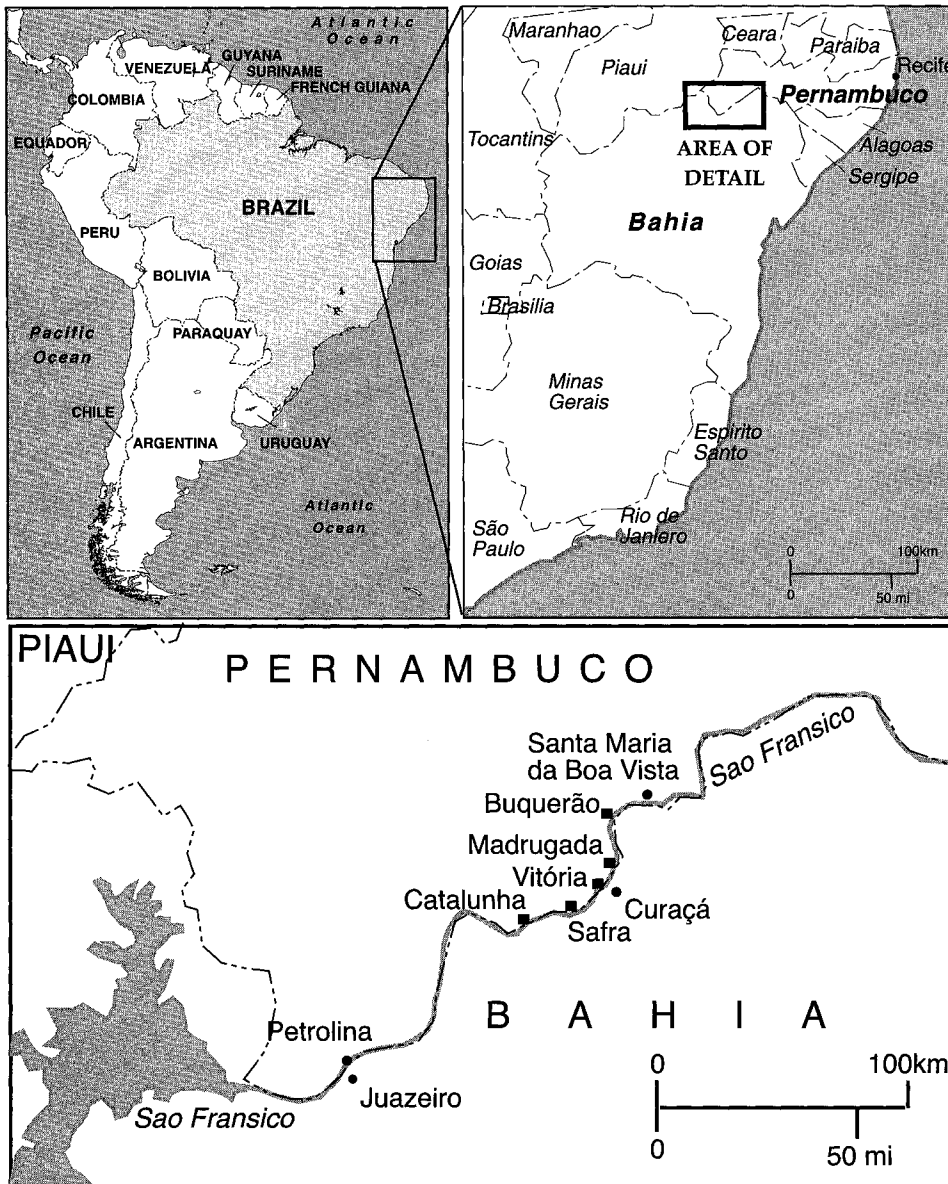
use existing health facilities as resources.

The seminar was held in the dusty, remote hamlet of Caboclo, Pernambuco, on the outskirts of the tiny town of Afrânio. Caboclo is known for two things: *doce de leite*, a sweet made of fresh milk and sugar, and its annual religious festival for *Nossa Senhora do Bom Fim* (Our Lady of the Good End) held two days before Christmas. We arrived to find townsmen putting the finishing touches on a new paint job for the pilgrims’ quarters. It would be our temporary camp.

Forty midwives, four instructors and I slept in the tiny rooms for pilgrims. Throughout the week various workshop techniques were used (none of which required literacy) to teach, drill and review aspects of safe pregnancy and delivery.

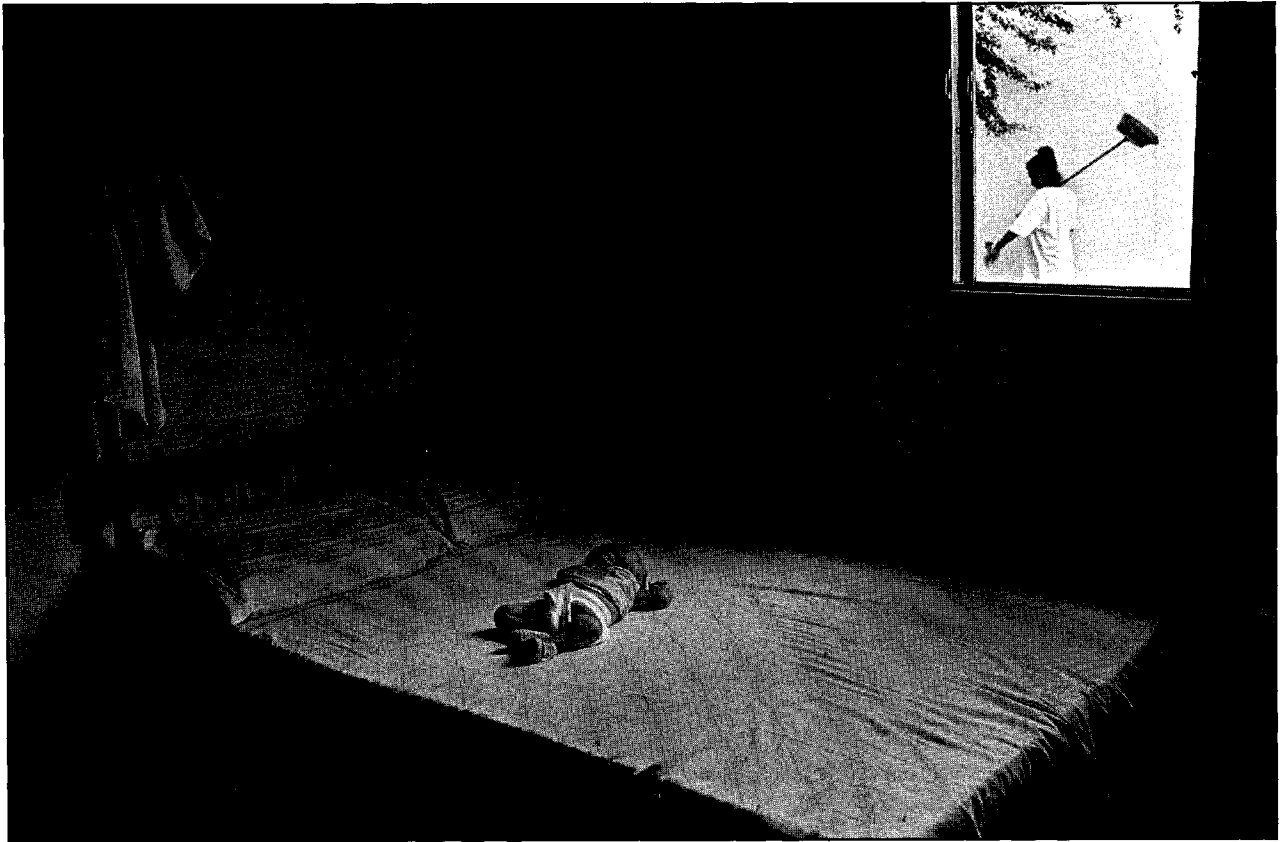
Preventive and emergency practices were also drilled. Experiences ranged from building clay models of reproductive organs to performing pre-natal exams on high-tech Japanese teaching dummies — complete with moveable fetuses and audible heartbeats.²

The best moments were when the workshop would degenerate into a giant rap session in which the midwives traded harrowing and sweet tales, herbal remedies and folklore. The tales captured me. The images floating in my head

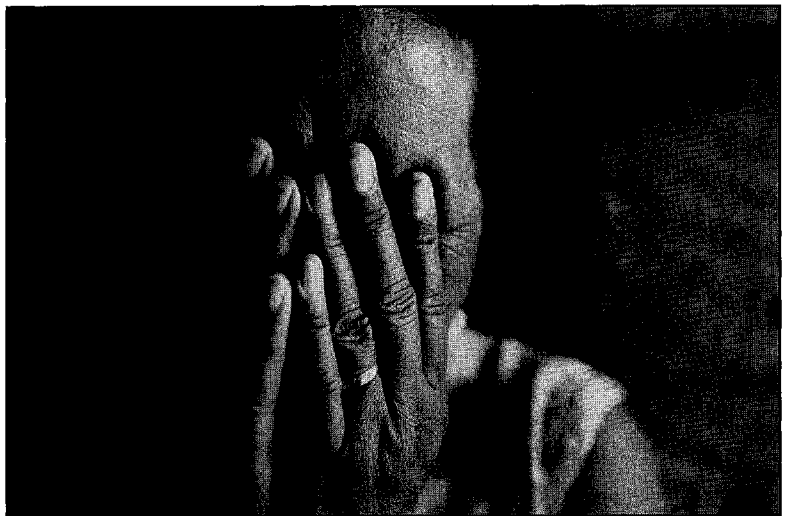


This map shows just a few of the dozens of settlements and encampments of formerly landless families and does not include any of the villages, private small farms and large fruit plantations between Petrolina and Santa Maria da Boa Vista, Pernambuco.

² The high-tech dummies were provided by the Japanese organization, JICA (Agência de Cooperação Internacional do Japão — International Japanese Cooperation Agency).



(above) Valdete's 2-month-old nephew, Vinicius, naps in her bedroom as daily chores continue. Women's lives on the settlement are, centered on childcare, tending to the house, preparing food and caring for the gardens and animals kept in the yard. (right) Rosalina, my midwife friend living in Assentamento Catalunha (with over 800 families the largest landless-movement settlement in the northeast of Brazil) rests her eyes in her hands. She says settlement life and the politics of being a midwife has made her tired.



were built of the stories reeling around the meeting room. I decided I needed to be out with these women and documenting what they were doing.

Documenting the midwives has become important to me as I've begun to understand Brazil's public-health system. It's overburdened, under-budgeted and mismanaged. Lines for appointments form before dawn and by daybreak, wind in twisted snakes from the front doors of health facilities. The general population nurses a healthy fear of hospitals. The common mistrust of institutions combined with very real tales of hospital-born infections and negligent care feed this appre-

hension. It's widely believed that the hospital is the last stop on Earth for anyone who has fallen ill.

Midwives fill a vacuum. In rural areas they are often the health resource for a community. They usually have a solid pharmaceutical knowledge of regional plants. Most have grown-up under the wing of another mid-wife and have hands-on, practical experience. As they learn and do, their knowledge and public respect grows proportionally. Midwives, male or female, gain authority in other areas by extension of their reputation in catching babies. Often their calm, sure behavior in treating a pregnant or delivering woman means they are turned to for

Spacey with fever, 2-year-old Edilma stares at the walls as other mothers and babies await a chance to talk with a doctor visiting Assentamento Vitória with the mobile unit from Santa Maria da Boa Vista.

Edilma was diagnosed with pneumonia. The visits by the mobile unit have increased dramatically from once a year to three times in two months.

Two reasons are behind this increase: a volunteer Bolivian doctor has been added to the staff; and it is an election year.



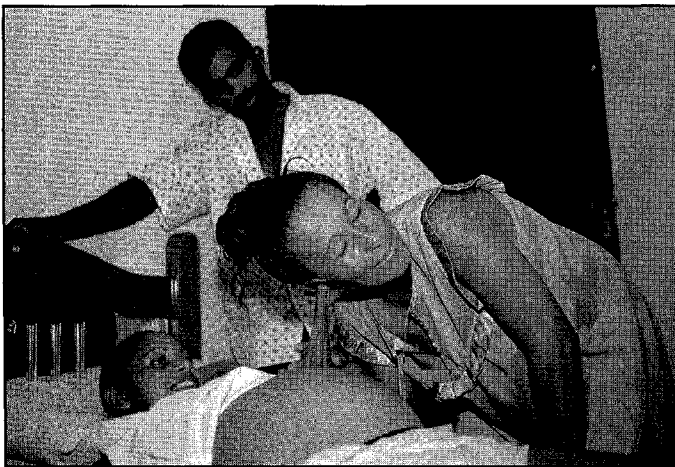
help with illnesses, conflict resolution and even spiritual guidance.³

Ironically, the status of the traditional midwife is slipping as hospitals and clinics are increasingly viewed as the correct, safe place for a woman to give birth. Home delivery, indeed pregnancy and birth in general, is still treated as a precarious state, if not as an illness. The image of the clean, efficient maternity ward outfitted with the latest technology is projected as the necessary norm with a competent staff on hand through every step. It would be great if image met reality, but it doesn't. Unfortunately, it seems the use of a midwife indicates a person

is too poor for "modern" care. And so the stigma evolves.

It will be a sad day if traditional midwifery is suffocated in Brazil (as it once was in the United States). Traditional midwives and the rural populations they serve have a poetic language for the power surrounding childbirth. Giving birth is "*dar a luz*," or "to give to light." The uterus is the "*mãe de corpo*" or "mother of the body." Midwives in Brazil are known by a variety of names such as *parteira* (midwife), *comadre* (godmother), and *curiosa* (curious). The latter term, *curiosa*, has a double meaning of being either curious about something or the curious thing. One midwife friend joked that the name came from a midwife, "always wanting to see down there!" With the traditional midwives will go a culture.

Midwifery is also seen as a threat to the state because it challenges the supremacy of institutional



Valdete uses a plastic listening device from her midwifery course to listen to the baby of her neighbors Jocilene, 18, and Cícero, 21. Jocilene lost amniotic fluid for over 48 hours before she agreed to travel to the hospital across the river in Curaçá, Bahia from which she was removed to a larger facility in Juazeiro, Bahia where labor was induced. She gave birth to a healthy six-pound boy, Giordan.

³ Many midwives feel the call to their vocation is a spiritual one. Some are mediums for spirits who they believe guide them to act with sureness during hard deliveries. A few midwives with whom I spoke told me they rarely were able to remember deliveries because their guiding saint would take over the delivery. The saints to which they were referring come from the Afro-Brazilian and native traditions of Condomblé and/or Toré, which are expressed through a blend of Iberian Catholicism and African or Indian traditions and imagery. Some also said Jesus would be present and guide them. It would seem that the presence of religious spirits would have two effects. The first would be to bolster the confidence of both the midwife and the laboring woman (and her family), assuming they were of strong faith. The second would be to take some of the responsibility off the shoulders of the midwives. Were a complication to arise, it would be seen as either resolved by the intervention of a saint, or in the worst cases, an inevitable destiny.



Rosalina's granddaughter, Barbara, 7, left, tries to convince Rosalina's adopted daughter, Raquel, 3, right, to leave the excitement of afternoon visitors in the common room for a quiet nap in the shade. Raquel managed to successfully charm all adults present and stayed awake for the afternoon.

knowledge. In a country deeply devoted to bureaucracy, the informal, unreported practices of traditional midwives are maddening to local record keepers. It was, and continues to be, illegal for non-hospital-trained or uncertified midwives to accept any payment for services. Acquaintances at *Curumim* and another group, *Cais do Parto* (Berths of Birth) have told me that when they began their work over a decade ago it was often hard to find rural midwives because the midwives were afraid to come forward for fear of reprisal.

My experiences have been no different. In travels to towns and villages since December I've learned to not ask for the *parteira*. Community members will deny up and down that one lives in their midst. I've learned to ask "...in the event that I were possibly pregnant, and needed some advice or assistance, would there, by any good luck, be a woman nearby that might be able to help me?" Inevitably I'm at least one name and go off to find a woman both revered and hidden by her community.

In Caboclo, the workshop was comprised of hospital midwives and traditional midwives at a 1:2 ratio. Tension between the two groups was intense. The hospital midwives looked down on the traditional midwives. The traditional midwives scorned the hospital midwives for their condescending attitudes and lack of plant knowledge. As the week progressed, however, it became clear

that a few of the *hospital* midwives were illiterate, and a few had very little obstetrical training. It also became evident that tensions were not new. Most of the hospital and traditional midwives had met before, usually when the latter escorted a pregnant woman to the hospital.

The conclusion of the week with the *parteiras* was emotional. For hospital and traditional midwives alike, the course was the first time they had been in a situation where their knowledge and ability were publicly valued. For the traditional *parteiras*, there was the particular benefit of being issued basic instruments (scissors, a scale, etc.) and a formal certificate declaring they had completed the required course and were recognized as trained midwives and entitled to earn a fee for each baby delivered and registered. Payment would even be due the midwife if she escorted a woman thought to be in a risky condition to the hospital (provided labor had begun under her supervision). This was more than validation. This was potential earning power!

But it was also political. On the final night of the workshop everyone was given certificates, even I for being the "official photographer." I had to hand out certificates, too. It was absurd, but I understand, the norm. The mayor of Afrânio, who had been buying beers and playing the guitar every night with participants and instructors, was unable to attend — but sent his staff, the staff of



Tightly bundled, hot and cranky, a newborn girl wriggles on a bed as Valdete prepares her first bath. The baby girl was born in the Santa Maria public hospital to which Valdete escorted the mother, Irene, when she determined Irene's blood pressure was too low for a home delivery.

the town hospital, and his father in his place. It was a grand event and the midwives went to sleep dazzled and feeling part of it all.

* * *

By the time I arrived in *Assentamento Vitória* (Victory Settlement) three months later to stay with Valdete, one of a group of five midwives living along the São Francisco River in *Movimento dos Trabalhadores Rurais Sem Terra* (Landless Rural Workers Movement, MST) settlements, enthusiasm had waned. The local municipal government, Santa Maria da Boa Vista, under which the five midwives

fell, had yet to acknowledge their training.

I had no idea of the impact this political confusion between the state, and the mayor, and the vice-mayor, and the head of the hospital, and the head of the public health sectors, etc, would have on the local midwives. I assumed they would continue catching babies just as they had before. But the effect was huge. Valdete, Rosalina, Cícera, Maria de Lourdes and Pricila were cynical and unmotivated. The irony was that before the seminar they valued their own work and didn't worry about recognition from the mayor's office. But after being trained, and in a sense co-opted, they felt acutely neglected.



Valdete, right, pauses in a conversation with Maria, left, an 18-year-old neighbor who gave birth to her third daughter with Valdete's help. Common practices of rural mothers and midwives, such as one month of seclusion in a dark room for the mother and baby; not bathing until completely healed; and applying burnt herbs to the umbilical cord and then binding the waist of the baby in a tight cloth, are slowly changing as traditional midwives learn new techniques from courses such as the one Valdete attended. But traditions have a tight hold and after two days of resisting Valdete's cajoling, Maria left her aunt's home in the village and returned to her own in a neighboring settlement.

It were as if the course had extinguished their flame. Rosalina, the lone traditional midwife in 800-family strong Assentamento Catalunha, declared it was too much and she was tired. She had been delivering babies for years. She was tired of the politics and didn't want her pension jeopardized by being on file as "working" and earning even a mere 13.58 *reais* with every baby caught. "I've passed too much hunger and sleeplessness in caring for these women," she sighed.

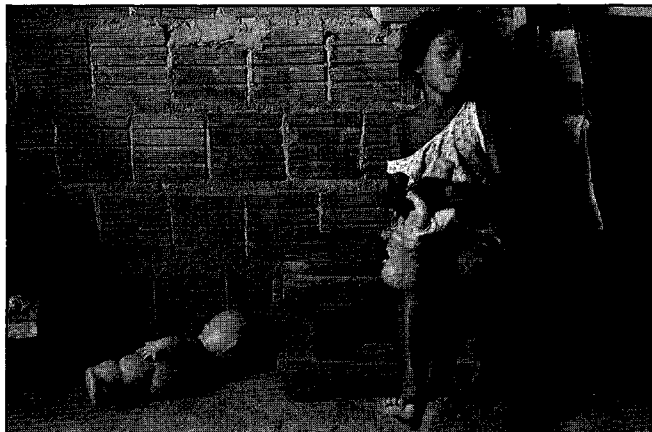
As it turned out, Valdete wasn't really a midwife. She was more a junior-midwife-in-training. She had delivered just four babies before I visited. When I learned this shortly after I arrived I was disappointed since Valdete was the only one with a lot of pregnant women in her community. Three lived within yards of her. Still, Valdete was determined to attend home births and I was persuaded by her enthusiasm to stick around and see how the various pregnancies played out.

Well, then I got sick. Less than a week into my stay I

found myself bolting from bed, dashing out of the house and making it as far as the front porch before vomiting. It was about as humiliating as anything can get. The front porch became a community-theater stage as I realized I was being watched from the dark. I heard a little girl say, "What does she have, Aunt?" Two days later I was in the hospital myself getting tests run. At dawn, just six hours before I returned, Valdete helped Maria, a woman living two doors away, deliver a healthy baby girl. I had missed it! Ugh!

That made me even more determined to stick around. I hoped Valdete was on a roll. The week before *Carnaval* the second baby was born. Only for this one, Valdete escorted her next-door neighbors, Cícero and Jocilene, across the river to the hospital in Curaçá, Bahia. Jocilene had been leaking amniotic fluid for more than 24 hours but had refused to go to the hospital. On the second day it took Jocilene's mother, mother-in-law, husband and Valdete to convince her to go to the hospital.

From the point of view of the attending nurse in the



(above) Valdete gives a newborn her first bath in warm water and basil as the baby's mother, Maria, 18, and new sisters watch. Valdete used basil to calm the baby and soothe her tender skin. (left) Edna sulks over the lack of attention after the arrival of another baby sister and retreats to a corner and her dolls.



A few days before delivery, Valdete, second left, reviews the prenatal card of Irene, right, pregnant with her fourth child, as Irene's sister, Solange, 13, left, and daughter Edna, 7, second right, listen to the conversation. The mood of the home was somber and tense as everyone awaited news on the health of Irene's 2-year-old daughter Edilma who was in the hospital in Petrolina with acute pneumonia. Edilma was released from the hospital in Petrolina the same day Irene gave birth to another daughter in Santa Maria da Boa Vista. Both are healthy.

Curaçá hospital, everything bad was Valdete's doing. After checking Jocilene in, the nurse marched up to Valdete and said, "If this baby is born with anything wrong it will be on you!" she then turned on her heel and huffed down the corridor. Valdete's response was to cower before the nurse and rail against her when her back was turned. Jocilene was removed to a larger hospital in Juazeiro, Bahia that was equipped with an ultrasound machine. She gave birth to a healthy boy without complications.

Two beautiful babies, no photos. I was happy the babies had been born healthy, but I was disappointed that I had not been present for a home birth. I later learned that both Rosalina in Catalunha and Cícera in Buquerão had attended births within 24 hours of Jocilene's delivery. There was no way to be in two places at one time.

My last chance was Cida, an 18-year-old mother of two-year-old Andreza and pregnant with her second child. Cida had next to nothing in her home. Andreza was often left on her own, wandering with her wormy belly exposed and hungry. Dedé, Cida's husband, was negligent and a binge drinker. Sadly, there were few options for Cida. She lacked the money to get to the hospital or even buy herself new underwear. A few months

earlier she had sold her mattress to buy medicine for Andreza. It was her only piece of furniture.

So the wait began. The ensuing weeks were quiet ones. More than the work of midwives, I learned about the rhythm of the daily lives of rural women, more specifically poor rural women living in an isolated MST settlement without running water.

* * *

Sun, water, politics, gender and alcohol defined Valdete's days. She rose early, before the roosters, to make breakfast and begin the nearly five-hour process of cleaning her home and yard and preparing the mid-day meal. She invariably started with a broom of soft twigs tied to a stick to sweep debris and animal droppings from the dusty earth surrounding her house. After three years of this daily treatment the ground had been burnished into a hard clay terrace.

Valdete would then turn to the house. Starting from the kitchen in the back and moving to the front, she would work a broom over every horizontal surface to remove the previous day's and night's worth of dust. For Valdete, an adherent to the Condomblé religion, the actions also

Valdete visits over the fence with 13-year-old Solange who stayed at home with her nieces and nephews while her sister was in Santa Maria da Boa Vista to have a baby, and her brother-in-law was accompanying 2-year-old Edilma through treatment for acute pneumonia in the Petrolina hospital.



had the spiritual dimension of carrying away any evil that may have entered her home. Most of her concerns centered on bad luck and the evil eye — both of which she believed were caused by the envy of others (a regular problem, with presumably wealthy *gringos* in the house).

I asked why the sweeping had to be done from back to front and was given a “just because” answer. I once swept the living room first, thinking I was a great help,

only to later find Valdete redoing the work to properly align the spirit of the house.

From early morning on, Valdete kept a wood fire burning in an adobe stove just off the back porch. There she nursed the daily pots of beans, spaghetti and white rice tempered with salt and garlic. Before eating lunch, Valdete would draw a bucket of water from the 500-liter reserve tank kept on the porch and carry it into the bathroom to bathe.



Valdete surprises Cida with a “new” dress so Cida would not feel ashamed to go to the public hospital in Santa Maria da Boa Vista. During the mobile clinic visit to Assentamento Vitória, Cida had been humiliated by one of the community health workers, a neighbor no less, who claimed Cida’s daughter, Andreza, was not dressed appropriately for a vaccination. Valdete had to step in and demand the toddler be given her shots.

Valdete liked to take lots of bucket-baths. She claimed they not only provided relief from the suffocating heat and insidious dust, but also that women were naturally “dirty creatures” and must cleanse themselves regularly. Valdete’s bathing mania and her cleaning routine required a lot of water. The 500-liter tank had to be filled every three days to meet the needs of a household of four adults, two teens and many thirsty animals

The bungalow in which Valdete and her family lived was originally one of 13 built when Varig Airlines held the property as an investment plantation. The homes were well built, wired and plumbed. Water was pumped from the Rio São Francisco, a mile away, to an elevated holding tank from which the homes were supplied. About a year after Valdete and other MST settlers moved into the bungalows, the water lines became clogged and the generator-driven pump broke.

Because the system benefited only 13 of the 264 Vitória families, the community in general was not responsible for fixing the problem. What’s more, the 13 families could not reach consensus about fixing the system. The result was that the houses had com-

plete bathrooms with no running water. But Valdete refused to use the woods and instead tossed buckets of water into the toilet. She bathed in the shower — by the bucket-full.

Water supply to the house depended on cart and mule, neither of which Valdete and her partner, Grande, owned. To get water they first had to walk to the village and bum a cart from a friend. It took a full morning of negotiation and haggling to borrow a cart. Few owners were willing to give them up since they were the key to transportation and water supply. Sometimes the person willing to lend them the cart did not have a mule available. That required more negotiation with another person.

What Valdete and Grande have were two 150-liter steel drums to carry the water. Usually Grande would set off early in the morning and reappear with a cart just before lunch. He would then load up the empty drums and head back to the village. His rental price for the use of the cart would be to fill the cart owner's tank first. This completed, he would then begin to haul water for the house. Water was drawn from one of two places: a huge break in an irrigation pipe about a quarter mile from his own house, or the river, when the pipe was dry.

While Grande would sometimes dedicate his days to getting water, Valdete's sons, Jefferson, 11 and Ezekiel, 13, would help out by feeding the chickens and taking the goats to shady grazing areas. But the majority of the daily work fell to Valdete.

In the afternoons, the settlement felt like a ghost town. The fields were empty, the school quiet. Most everyone was at home either eating or resting. Few ventured into the heat and blistering sun. Valdete followed suit. In the afternoons she relaxed, lounging on her porch or that of a neighbor. Her company was other women. Conversation worked over the themes of marital fidelity, money and general gossip. But the bulk of the talk focused on children and parenting.

An incredible amount of time was spent inventing combinations of children's names. It was very common to name children with similar or complementary names. For example, daughters might be named Andreza and Andresa. One family had girls' names Nilsa, Nalva, and Nilda. Grande's sisters were all Ana's, *i.e.*, Ana Paula, Ana Cleci, Ana Cleide. (Needless to say, learning kids' names proved a challenge to us *gringos*.)

The afternoon routines were similar up and down

the river communities. On a visit to Catalunha, I sat in the shade of the common room of Rosalina's mud house and learned a little about how life for *sertanejan* (dryland) women has changed, "Today women don't have [as many] children. I've delivered them in all ways — standing, on their knees. Today there are fewer bad deliveries because women walk more than they used to. Bad deliveries happen only if the woman is lazy. But today girls 13 and 14 years old are getting pregnant. Before, there was a fear of getting pregnant before their time [marriage]. Courtship is over. Girls do it earlier. They sleep in the same bed with a boyfriend, and even bring him home to live!"

Laughing, but clearly upset, Rosalina continued, "When I was girl, men's and women's clothing had to be washed separately. Women's clothing was always stacked under the men's in the wash basin — and they were washed in different water. Today! Today men and women dress in each other's clothing. Now they trade sicknesses. (Of the illnesses Rosalina referred to, the one she could explain she termed "*raciamia*" and described it as a disease that could give an ugly pigment to the hands and also cause uterine infections. I have not been able to learn another name for the infection or get a plausible explanation for it.)

"You won't believe this, but we had better hygiene then. People were more careful. We boiled our clothing. Today people think it is too much work. Pregnant women — girls! — don't take care of themselves properly. They are unconnected to their own bodies. They smoke; eat badly. Many of the women I attend are too weak to have babies at home. They're not strong. I send them to the hospital. Life in the country is hard on a woman's body. To be healthy you need a lot of iron, eggs, sweet potatoes, bean soup, and *garrapa de rapadura* (syrup made with the iron- and magnesium-rich leftovers of the sugarcane refinement process.)⁴

"People are their own undoing."

Porch talk could also take on a heavily indignant tone. Some days I would listen for hours to invectives against everything from particular individuals in the MST community, to community presidents, to local politicians. That was how I learned just how political everyday life in the *sertão* (drylands) could be.

For centuries, the Northeast of Brazil has been infamous for its powerful landed families and politicians. Today the mayoralties of many towns in Pernambuco are held by members of several extended families. It's no sur-

⁴ *Rapadura* (hard scrape, scraping) is a hard, unrefined brown sugar left over from the sugarcane refining process and sold in sundried kilo and two-kilo bricks. It is as much a part of the Nordeste's diet as rice, beans and manioc. It is grated and used as a sweetener, or broken (I had to use an axe!) and sucked on as sweet. *Rapadura* is very high in iron and other essential minerals and always indicated for pregnant women. Once, while I was traveling in the area of Triunfo, Pernambuco, a sugar producer told me that outside of Brazil, the number-one consumer of the healthy sweet was none other than the Chinese Army because of the cheap price, easy storage and high nutritional value. I haven't confirmed that one, but I like the idea of the favorite Brazilian a peasant sweet nourishing a peasant army.



On an afternoon visit to the Assentamento Madrugada (Dawn Settlement) 63-year-old midwife Aldeberto da Silva poses with his wife and seven children, all of whom he delivered. He is holding 10-month-old Raquel de Jesus. From left to right in the next row are Aldeberto, Jr., 11, Elias, 10; wife Rosa, 25, holding 21-day-old Ester de Jesus; Diná de Jesus, 4 and Eliseu, 7. Six-year-old Sara de Jesus is seated on the ground. Aldeberto, the grandson of a midwife, began his avocation as a midwife at 18 when a friend went into labor and help was 40 miles away. Since then he has delivered over 200 babies. He was an army nurse for a while and then ran his own charcoal making company in the state of Maranhão. While there he fell in love with Rosa, then 14, left his first wife, married Rosa and became an evangelical protestant. Today they are part of the landless movement and share an abandoned warehouse with seven other families.

prise that these same families have relatives at both the state and national political level. Nor is it a shock to find the same families pop up as owners of construction companies, newspapers, grocery-store chains, trucking companies, and even water-supply companies. As Valdete says, "They're all served from the same pan."

Politics are personal in the *sertão*. This is true not just because issues gyrate around a very small group of individuals, but also because the cronyism-approach to getting things done has trickled down to the level of the ordinary citizen. Things are accomplished by personal contact. Although the "normal" way of getting something done — *i.e.*, standing in line, or calling for an appointment — will work, few put their faith in it. Valdete was a case in point.

Back at the beginning of her involvement with the

MST, when the now-residents of Vitória were living in a temporary invasion camp on the edge of the Rio São Francisco, Valdete was chosen to be an MST health agent. The position was voluntary, but carried esteem. (It was most likely because of her MST position that Valdete was chosen to attend the state midwives seminar.) Her position reflected her proximity to local and state MST leadership. Logically, as she pulled back from activist involvement in the movement, her ties to leadership weakened.⁵

One day, as we sat on the porch of her neighbor's house, a woman passed asking if anyone needed to get on the consultation list of a doctor who would be working in the community the following week. Valdete was startled; it was *her* job to set up doctors' visits! After a few angry questions, Valdete learned that she was no longer the settlement's health agent. Two other women

⁵ Valdete says she cut back on her involvement with the militant, activist side of MST life due to exhaustion and worries about her sons. As a health militant Valdete was required to attend various land invasions and marches on a day's notice. She felt her sons needed more attention.

had been assigned the responsibility — perhaps they had gotten closer to the decision-makers?

Valdete's response was to wash her hands of all involvement in health matters. She spitefully refused to help prepare the clinic for the doctor's visit the following week or to help the new health officers sort out confusions, "Why should I help? They went behind my back and I was thrown out. I have more important things to do than mix with their petty political games."

She started making a few political rounds herself. On our next visit to town, Valdete visited the local hospital again in an effort to get her midwifery materials and register the one delivery she had attended. Little came of the attempt — just more promises that soon the mayor's office would call a meeting of all midwives and straighten everything out.

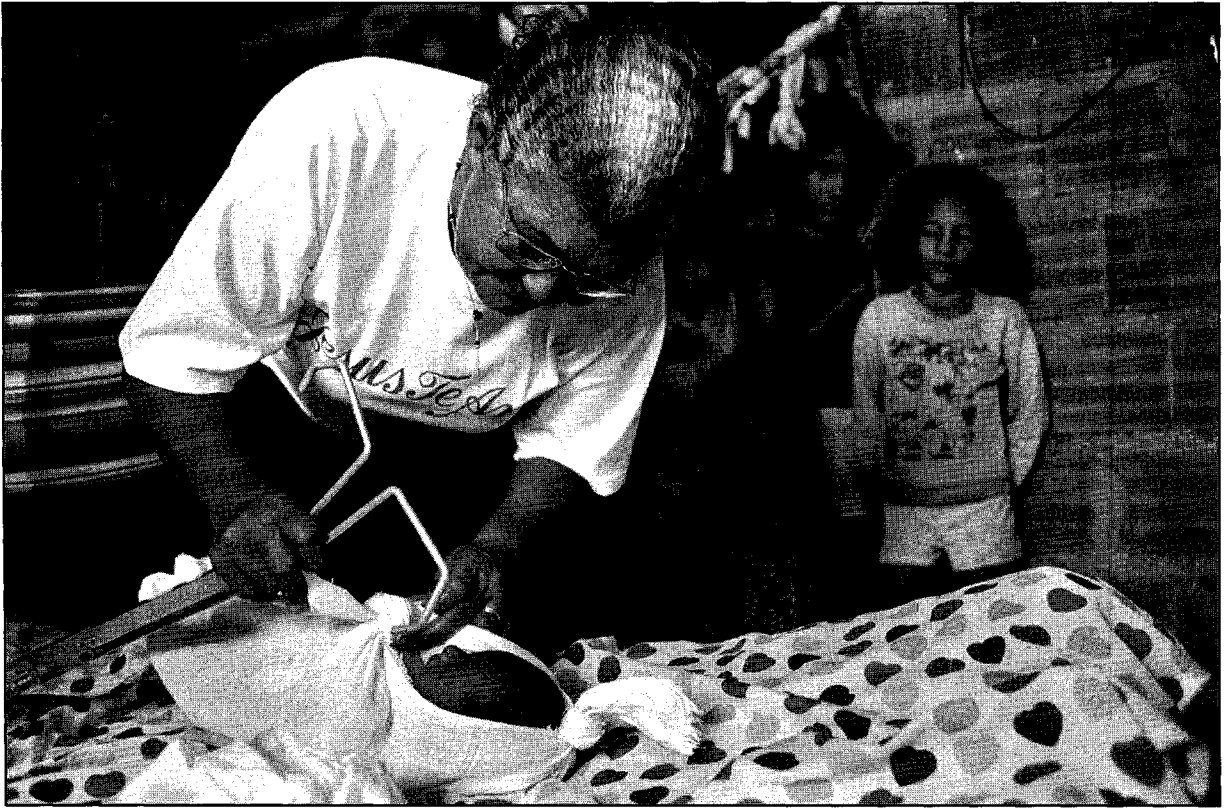
We walked through the crowds of waiting patients to the dark offices of an assistant administrator. He turned out to be an

old friend. He also happened to have a brother who planned to challenge the current mayor in October elections. Valdete made him a proposal: if he would get her salaried as a health-post worker (non-MST, but serving the MST communities) she would deliver her votes and those of Grande's family to his brother's campaign. "One job is worth many votes," smiled Valdete. Her friend assured her "before witnesses" that she would have a job within months.

As we left the hospital, I quizzed Valdete on what I had just witnessed. "Susana, everything is about who you know, what they can do for you and what you can do for them. Everyone tries to get what he can for himself and his family. It's what the rich do, isn't it? The right hand is

(below) Rosa, left, gives a bottle to 21-day-old Ester de Jesus as Aldeberto feeds Raquel de Jesus. (right) Her belly full after a warm bottle, Raquel de Jesus clutches her father's thumb and sits on his lap as we talk.





(above) Dona Cícera, left, bundles a one-month-old baby in preparation for weighing him as his brothers and sisters watch from behind in their home in the Assentamento Buquerão. When Cícera delivered the baby she found him to be very under weight (four pounds and dropping) and successfully lobbied to get him enrolled in a special enriched-milk program. She weighs the baby weekly to monitor his progress. (right) Assentamento Safra midwife Maria de Lourdes, left, poses with her 93-year-old mother, Dona Iracy, also a working midwife until 1995. Dona Iracy passed her knowledge on to two of her daughters, but none of her grandchildren have received "the call." Both Maria de Lourdes and Dona Iracy maintain that few young women today are "strong enough" to be midwives.



nothing without the left. I don't even vote, but I will. And, Grande's whole family will, if the next mayor gives me a job."

I argued that a politically attained job would make her vulnerable the next time elections rolled around. She could be on the outs and lose her position — as she had within the MST. "But in the meantime, I'll have work," she said. There was no arguing with that.

Just then we bumped into one of the obstetric nurses from the public hospital. She put her arm around Valdete and launched into why home births were riddled with danger. Valdete paled as the nurse rattled-off every possible complication. When the nurse turned to head up another street Valdete's face was dark with worry, "She's

trying to scare me so I won't deliver babies in the country. The nurses at the hospital don't want to help [midwives] because they think we'll take work from them. They still believe being pregnant means being sick. A pregnant woman is not a sick woman. Do they really think women will stop going to the hospital? They don't understand that midwives help two kinds: those with nothing and those who want to stay away from hospitals. The ones with nothing, the nurses ridicule. The ones who fear hospitals, they'll never see. Everything is politics, Susana. Even babies."

They were brave, angry words. But Valdete was shaken. She wanted to live up to her beliefs, but wavered under the reality of her scant experience as a midwife. I tried to shore-up her confidence, but was wary of talk-

ing her into something she could not handle.

Less than ten minutes later, Valdete brightened at the sight of Jetro Gomez, an old boyfriend (from fifth grade) and the brother of the current vice-mayor. Within five minutes Valdete had secured a promise from Jetro that he would call a buddy of his and get her an eye exam. Valdete just needed to call Jetro the following week to find out the appointment date. I asked Valdete why it had to be done that way? Couldn't she call the doctor herself and get an appointment? "Anyone could call for an appointment," she replied. "But having an important person call on your behalf meant you might get better treatment." Didn't I think so?

On the day the mobile-health unit from the public hospital in Santa Maria visited the settlement, Valdete

called the visiting doctor and dentist to her living room once the clinic had been closed and the MST health officials had packed up and left. She poured tea and served slices of fresh guava fruit. Her relationship with the doctors was a good one. Her family had been attending the Santa Maria hospital and clinic since they moved into town when she was a little girl. And for the last five years, Valdete had been assisting with the mobile medical team on its visits into rural communities.

Valdete teased, "O Doutora Flavia," she said to the dentist, "It's easy to see this is an election year. You've been here three times since Christmas. Most years we see you only once."

Doutora Flavia and Doutor Carlos looked a little sheepish and uncomfortable. "Well, Valdete, we have to take

(below) Two-year-old Andreza suffers from fever as she sits covered in the harsh afternoon sun of the sertão. (right) Cida caresses fever-wrought Andreza as she leaves Valdete's kitchen early one morning. As Cida's pregnancy advanced she sought more and more support from Valdete in the form of advice, food and companionship.



advantage of what we have when it's there, don't we?"

* * *

Apart from land and water access, and who had which job, local politics touched even leisure time. In fact, they tended to dominate it. Candidates and political parties hosted *Carnaval* parties and small concerts held in the little towns. But the biggest draw was the soccer tournaments.

Sitting politicians and electoral-hopefuls keyed into the national passion, indeed obsession, to gain favorable positions in public opinion. Tournaments would be hyped for weeks. Settlement and town teams would hold formal practices, training in the pastures and guava fields. The build-up provided for a lot of rowdy speculation and bravado.

On the last Saturday of our stay, Grande announced he would be playing in a tournament. It was a big deal, since the first-place team would win a goat and a case of liquor. A truck already brimming with players and fans rolled up to the front of the house and we piled in. The games were played under the noon sun (which I thought was insane, and found myself crawling through the scrubby brush to huddle under the slightest semblance of shade). We stayed for all of the games, even after Grande's team had suffered a decisive loss. Upon arriving home, Grande set off to do what he does most Sundays: drink with his buddies.

I heard it said many times that bars were technically prohibited on MST settlements. No one could clarify for me if that rule was created by the MST itself, or stipulated by the government organizations that funded the settlements and agricultural development. Whichever the case, bars were not hard to find. Though several had regular morning customers, most started to hop by sunset and stayed busy all night. Though a few women stopped for occasional drinks, the world of the bars belonged to men.

Most days, especially when there was no pressing chore to be done, Grande started slowly and built up to the idea of going to 'visit' or 'talk to' someone. More often than not the visiting and talking happened around a bottle of *pinga*, or sugarcane alcohol. On other days, when fieldwork or something else ate away the early hours of the day, the hard work was rewarded by a hearty meal from Valdete's stove and a then-really-justified round of visiting. It's what the men did to pass time.

In this way alcohol created a subtle gender division. Men drank and women stayed at home. There were a few exceptions to the divide. Valdete could think of three women who drank publicly and a half-dozen who drank heavily at home.

While my husband Tyrone and I were guests in Valdete's house, Grande frequently invited Tyrone to take

a walk to the village for a few drinks. But me? Never. Likewise, Valdete was surprised when Tyrone offered to join us as we washed the household laundry in the giant puddle under the irrigation pipe. His willingness to do "women's work" caused a stir. One woman snorted proudly, "My husband would die before washing clothing with the women!" We were a curious couple in the settlement.

But since I was there to learn about midwives I didn't mind being in the women's world (although the most interesting and experienced midwife I met was a man, Aldeberto da Silva). After a while I began to appreciate the slowed pace of life and the many sub-divisions of my new world. I was enjoying the wait for Cida's baby.

As Cida's due date approached, she started spending more time around Valdete; she was looking for a little security in the face of an alcoholic, negligent husband. Cida knew Valdete would not let her or Andreza go through the day without a meal and clean water to drink. Valdete added an early visit with Cida to her morning routine to see how she had passed the night. She even tried to help the family by hiring husband Dedé to clear a garden patch, but her heart was wounded when she handed Dedé five *reais* and he dropped the shovel where he was standing, walked directly to the village and fell into a two-day drinking spree.

I was caught off-guard when, during the regular porch gab session, Valdete told Cida she should get things prepared to go the hospital. Cida whined that the nursing staff would ridicule her for her poverty — which had happened the day of the free mobile clinic managed by women of her own community! But Valdete was firm, saying that Cida was too wishy-washy about her health for Valdete to have confidence in a home birth. I listened to this with a knot in my stomach. My last chance (given my self-imposed time limit) to photograph a home birth had just disintegrated before me.

Later, I prodded Valdete about what might happen. I started with gentle questions because I did not want her to feel pressured to do something on my behalf. She talked about how much she loved delivering babies. She thought the most powerful moment was when she placed the baby on the mother's chest and then cut the umbilical cord, "That's when a baby steps into his own life and becomes a separate person, a real life." And she loved the world of midwives, learning from other midwives and expanding her knowledge about native plants and treatments. But I still heard in her voice the insecurity that had bared itself during the conversation with the hospital nurse.

Valdete confessed that she had decided weeks earlier that she would not deliver Cida's baby at home, except in case of dire emergency. She thought Cida was too vague about how she was feeling as the final month progressed. Additionally, Valdete had decided that she was

not willing to accept the responsibility, "Even if the baby is fine at birth, years from now if Cida's child gets sick, they will blame it on me. Someone will say, 'your baby is sick because of that midwife'. The only thing I'll gain is a bad reputation. I don't want that."

I was a little irritated to hear that Valdete had decided weeks earlier that she would not attend Cida at home. Not because of her decision, but because Valdete had not informed me of her change of heart even knowing that I had prolonged my stay in Vitória specifically to document the birth. That night Tyrone and I decided we would leave the following Monday. I lay under the mosquito netting, watching the trees move in the night breeze and thinking about my time in the quirky little community.

Valdete and her family had opened their home to us and patiently endured hundreds of prodding questions

and photographs. And in return, she had gained new friends and a little help with finances since Tyrone and I had paid for the bulk of the market food during our stay. More importantly, our presence had rendered her a certain status. Neighbors and curious residents would pass by just to talk with Tyrone and me, ask us to say a few things in English, or confirm rumors they'd heard about "America." Who could blame Valdete if she perpetuated a few white lies in order to keep us around a little longer? She understood the value of having American friends in the house. She understood that in the *sertão*, everything is political — even babies and gringos.

Abrços,



Susan

Sidebar 1

Here are a few sayings and axioms I picked up from my friends in the *sertão*. Of course I learned most of them either by being confused by rapid turns in the conversation to acknowledge the presence of a donkey or butterfly, or by breaking some unspoken code and offending my hosts.

- When the donkey brays it's 11a.m., or midnight (it's pretty apparent which one applies unless it happens to be some other time entirely)
- When the *ventiver* (come to see you) bird sings, you'll have a visitor.
- When the pale green moth, known as the *esperança* (hope) butterfly lands in the kitchen or living room you'll have good health. When it lands in a bedroom it announces death.
- When a woman whistles she calls bad luck onto the woman closest to her.
- Slapping the soles of shoes together can announce or even cause death. (Hence, scrape the mud off your shoes — unlike I, who caused a brief slapping-panic one afternoon.)
- If a woman climbs a tree the fruit it bears will be rotten.
- Money shown to a new moon will double by the end of that cycle.
- A cat has seven lives.
- Promise is debt
- Go slowly, go far
- He who does not risk does not nibble (*Quem não arrisca, não petisca!*)
- Bathing in the rain cleanses the soul.
- When the cock crows after dawn something (good or bad) will happen. (A safe bet, since the cocks crow at all hours in the *sertão*)
- When the cooking fire flame surges an unexpected guest will arrive.