Chapter 10. Mediation as Diplomacy: Dynamics of Governance and Representation in Brazilian Indigenous Societies

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Introduction

European colonisation shattered the indigenous societies of the Americas. Over five centuries, these societies were subjected to comprehensive military defeat, cultural suppression and political subjugation. A combination of violence, dispossession and disease led to catastrophic demographic decline and left indigenous peoples as minority populations in all but a handful of the territories they had occupied when Columbus made landfall in 1492. Yet they endured – and in many places they are now resurgent. The democratic ‘third wave’ of the late 20th century created space for the resurgence of identity politics, and in this context indigenous social movement organisations emerged. They successfully articulated demands for cultural and political recognition with the struggle for land and resources, building transnational alliances and securing rights guarantees through favourable legal judgements and constitutional reforms.

Now these movements and their successor organisations have become embedded in the fabric of governance throughout the Americas. In some cases they have taken direct control of parts of the state machinery, whether through electoral politics (as in the case of the movement which brought Evo Morales to power in Bolivia), through decentralisation reforms (as in Colombia’s provisions for local self-governance in indigenous territories) or through treaty negotiations that recognise indigenous peoples as quasi-sovereign political entities (as in the case of Canada’s Yukon territory, discussed by Roberta Rice in this volume). Most commonly, though, they are embedded in the continually proliferating co-management, participatory governance or deliberative-democratic institutions, collectively labelled ‘new democratic spaces’ (Cornwall 2004), which have been spawned by the intermingling that has taken place in recent decades between inclusionary democratic politics and neoliberal governmentality.

This chapter examines the experience of mediators operating in the ‘new democratic spaces’ that have been established to provide for indigenous participation within the government health system in Brazil. These are sites where the Brazilian state, which in recent years has received international recognition as a powerfully effective promoter of inclusive development, encounters the country’s most marginalised and unruly citizens: those who after 500 years of colonisation still identify themselves as belonging to indigenous peoples. These citizens see themselves as both culturally distinct from the majority and politically autonomous in relation to the national government – which among indigenous activists is colloquially known (with scant regard for the African and other non-European elements of Brazil’s heritage) as the governo do branco, or ‘white state’.

These peoples account for a tiny minority (fewer than 1 percent) of Brazil’s 200 million people, but have secured legal recognition of their ancestral claims to territories covering some 12 percent of the country’s land area, most of which lie within the vast and often
inaccessible hinterlands of the Amazon region. They have a long history of political mobilisation to fight for access to health care, and their social movements have been able to secure progressively greater allocations of government health spending – but they continue to have the lowest life expectancy and the worst health status of any Brazilian population group.

The mediators whose experiences and perspectives are examined in this chapter have all played a role in political mobilisation for health rights on behalf of Brazil’s indigenous social movement, or Movimento Indígena, but they have also become enmeshed – at the local, regional and/or national levels – in the day-to-day struggle to translate promises into policies and budgets into tangible improvements in service delivery. Their roles are thus in many ways indistinguishable from those of the local service delivery mediators discussed in other chapters of this volume. There is an additional dimension, though: they combine these roles with a distinct set of identities as emissaries of indigenous societies, sent to deal with the ‘white state’ by peoples who do not see themselves simply as citizens bound by a social contract with that state. This produces a fundamental asymmetry in the mediation process: while the state sees indigenous mediators as representing a group of its citizens in a governance process whose outcomes will automatically be binding upon this group, the mediators’ own indigenous constituencies see them as diplomats venturing into the territory of a foreign power, and assume that any agreements made there will have to be ratified through the community’s own governance processes before they can be considered binding. In this chapter, I will argue that this aspect gives a quite different dynamic to the processes of representation and mediation – and to their scope for securing democratic outcomes.

The chapter begins with a brief overview of the social, political and institutional context of indigenous participation in the Brazilian health system, before going on to outline the trajectories, practices and narratives of three indigenous mediators operating at different levels within that system. In drawing together some of the common themes emerging from these mediators’ stories, I first examine where these resonate with other accounts of informal political mediation, focusing in particular on the applicability of Bourdieu’s concept of ‘double dealing’ as expanded by Bénit-Gbaffou and Katsaura (2012). I then explore the distinctive dynamics which arise from the identities of these mediators as indigenous ‘emissaries’, arguing that a clearer understanding of ‘mediation as diplomacy’ is needed if we are to avoid the trap of confusing processes of representation with processes of governance, given that the two are clearly distinct within the political logic of indigenous peoples engaging with the ‘white state’. I conclude by examining the extent to which these dynamics, far from being unique to the case of indigenous peoples, may also apply to other political fields where democratic mediation is needed – particularly those marked by persistent difficulties in achieving outcomes that can be perceived as both just and binding by state and citizen alike.

**New democratic spaces and indigenous health in Brazil**

The mediators whose experiences I discuss in this chapter engage the state in sites located within Brazil’s national health system (Sistema Único de Saúde (SUS)). In recent decades the SUS has acquired a notable reputation as a particularly significant arena for participatory
innovation and rights-based progressive change, within the struggle to overcome Brazil’s historically extreme levels of inequality. At the same time, however, parts of the system have also become notorious for corruption, bureaucracy and the overweening power of experts (particularly medical doctors) and managers (particularly those connected to party-political elites).

The specific sites with which these mediators are concerned are located within the ‘Indigenous Health Subsystem’, a part of the SUS that was established in response to political mobilisation by indigenous social movements and their allies among the sanitaristas, the term used in Brazil to refer to public health champions and campaigners for rights-based health reform (Shankland and Cornwall 2007). Since 1999, the Subsystem has been legally mandated to provide primary health care services tailored to fit the specific needs of indigenous peoples. Its performance has been disappointing, however, and indigenous Brazilians continue to suffer levels of mortality and morbidity from both infectious and non-communicable diseases that are three to five times higher than those of the country’s population as a whole (Paes de Sousa and Menegolla 2009).

In response to this perceived failure to deliver on the Subsystem’s promises, successive waves of Movimento Indígena political mobilisation, supported by NGO allies and sympathetic sanitaristas within the Ministry of Health, have kept indigenous health care high on the political agenda. The pressure to be seen to be acting in response to high-profile cases of avoidable deaths among vulnerable indigenous communities helped to ensure that the initially modest levels of government funding allocated to the Subsystem expanded rapidly in the years after its creation. By the time it had been in existence for a decade, the Subsystem’s annual budget allocation had grown to over R$500 million (USD 260 million); given that it was responsible for fewer than one million people, this represented five times the per capita amount allocated by the SUS to primary care for the rest of Brazil’s population (Consórcio IDS-SSL-Cebrap 2009). If the Subsystem has been failing Brazil’s indigenous peoples, the reason for this failure is not under-funding.

The Indigenous Health Subsystem operates through a network of 34 Special Indigenous Health Districts (Distritos Sanitários Especiais Indígenas (DSEIs)), which are supervised by bodies known as Indigenous District Health Councils (Conselhos Distritais de Saúde Indígena (CONDISIs)) on which indigenous representatives have the right to occupy 50 percent of the seats. Within each DSEI there are a number of Local Indigenous Health Councils (Conselhos Locais de Saúde Indígena (CLSIs)), composed entirely of indigenous representatives, whose role is to advise the local health system managers and technical staff on community relations. At the national level, the Chairs of the 34 CONDISIs (who by convention are all indigenous health service user representatives) come together periodically in a National Forum, which is tasked with advising the Ministry of Health agency responsible for the overall management of the Subsystem. Together, these institutions form a comprehensive system for what in Brazil is known as controle social: not control of citizens by the state, but the reverse: a set of social oversight arrangements with strong statutory powers to ensure that the health system is accountable and responsive to the people whose health rights it exists to serve.
At the time that this research was carried out, the agency responsible for the Subsystem was FUNASA, the National Health Foundation. FUNASA was born from the merger of two public health agencies that were created in the mid-20th century by idealistic sanitaristas. By the first decade of the 21st century, however, it had been taken over by politicians from the PMDB (Brazilian Democratic Movement Party), a centrist-clientelist political machine which has acquired a pivotal role in Brazilian politics through its success in reliably translating state patronage into votes in Congress. The PMDB had no interest in indigenous health rights, but a keen eye for the patronage opportunities afforded by the ballooning indigenous health budget.

Due to FUNASA’s own limited capacity for direct service delivery, this budget was mainly spent through municipal health departments, NGOs and other outsourced service providers. In the early years of the Subsystem, these providers came to include some indigenous movement organisations, particularly in DSEIs, tasked with covering remote parts of the Amazon where other organisations found it too difficult to operate. In a curious example of the contradictions generated by what Evelina Dagnino (2008) has called the ‘perverse confluence’ of the neoliberal and participatory turns, these movement organisations found themselves struggling to shift from campaigning for their constituents’ access to health services to taking responsibility for running these services themselves.

The sudden influx of money through the FUNASA contracts (accompanied by a large number of ‘white’ health professionals and by the unfamiliar bureaucratic challenges of managing government funds) proved too much for several movement organisations, and several ended up collapsing acrimoniously. Among these was UNI-AC, the regional indigenous peoples’ organisation for the South-west Amazonian state of Acre, which had a long history of effective political mobilisation for indigenous health rights but became trapped in a toxic mix of corruption scandals and political battles with FUNASA (Shankland 2010a). Among those which survived the stresses of this new mode of engagement with the ‘white state’ was FOIRN, the Federation of Indigenous Peoples’ Organisations of the Rio Negro, the dominant indigenous movement organisation in the North-west region of the State of Amazonas. FOIRN endured several years of highly conflictual co-management of the Rio Negro DSEI with FUNASA, before joining the political mobilisation against the agency which culminated in a mass walkout from the FUNASA-organised National Indigenous Health Conference in 2006. Although FUNASA saw off the challenge at the conference, as management and service delivery problems persisted in the majority of DSEIs the political mobilisation intensified, eventually leading to the agency being stripped off responsibility for management of the Subsystem in 2010.

**Indigenous political representation**

In her classic study *The Concept of Representation*, Hanna Fenichel Pitkin (1967) defined political representation as ‘acting substantively for others’. This is a good description of the representative role that organisations such as UNI-AC and FOIRN took on when at FUNASA’s behest they accepted the role of outsourced health service providers for their own grass-roots constituencies: in effect, they became part of the system of ‘representative government’ which is at the heart of Pitkin’s account of representation. This shift from rights claiming to service delivery demanded a rapid accumulation of bureaucratic
capabilities which indigenous movement organisations found very hard to achieve, and generated complex accountability dilemmas and intra-movement conflicts which proved fatal to the political legitimacy of many of these organisations (Shankland 2010a, 2010b, Chapter 8).

The difficult balancing act required to sustain legitimacy as a social movement while ‘acting substantively for others’ is not the only representation challenge faced by indigenous movement organisations. Another kind of ‘acting for others’ is both more common and more visible than ‘acting substantively for others’, not least as a result of its greater media appeal: this is what might be termed ‘symbolic representation’, the work of constructing a heavily stylised ‘indigenous identity’ which can be used in making claims on the ‘white state’ and on the conscience of non-indigenous society. This can involve the use of visual signifiers such as war paint and feather headdresses, as well as careful choice of ‘authentic’ language for indigenous political speech (Graham 2002). It remains an important mode of indigenous political representation, even as increasingly urbanised indigenous populations and increasingly hybridised indigenous material cultures expose the problematic nature of essentialised claims to authenticity and tradition.

In this chapter, however, I am principally concerned with a third mode of indigenous political representation: the work of the mediator or go-between who links the ‘new democratic spaces’ opened up by the ‘white state’ with the life-world of the indigenous communities that form representatives’ grass-roots constituencies, known in movement parlance as their base. In order to explore further how this mode operates, I will briefly outline the experiences and strategies of three indigenous mediators, one from each of the different levels of controle social in the Indigenous Health Subsystem.

National level: Carmem

Carmem Pankaruru was the first Coordinator of the National Forum of Indigenous District Health Council (CONDISI) Chairs. The Forum has functioned informally since 2003 but was officially recognised by FUNASA on the eve of the 2006 National Indigenous Health Conference, for which Carmem was one of the key organisers. She is one of very few women to have risen to prominence in the Movimento Indígena at the national level, or indeed at any level.

Carmem’s home community is not in the Amazon but in the semi-arid backlands of the São Francisco Valley in the North-eastern state of Pernambuco; she points out that women leaders are more common among the indigenous peoples of the North-east than among those of the Amazon, claiming that she herself was inspired to become politically active by the fact that some of the most important champions of the indigenous land struggles of the 1970s and 1980s in the North-east were women. Despite their affirmation of some ‘traditional’ forms of social organisation and ritual practices, her people, the Pankaruru, no longer use their indigenous language in day-to-day life and have a long history of intermarriage with Afro-Brazilians (Arruti 2002). In fact, Carmem’s own mixed ancestry (which she herself describes as being represented by her ‘African’ curly hair) has led to the authenticity of her indigenousness being challenged by opponents both inside and outside the Movimento Indígena. Similarly, her familiarity with the world of the ‘white state’ is often
cited by opponents as evidence that she is an insufficiently ‘authentic’ indigenous representative. However, she shrugs off these challenges as a consequence of her opponents’ limited understanding of the diversity of indigenous realities in Brazil, in which many communities have long secured access to formal education and become familiar with the social and political context of urban Brazil.

Carmem attributes her own grasp of the minutiae of the legislation, policy and politics of the health system to a personal commitment to hunting down and digesting information to ensure that she is as well informed as possible. She says that this began as simple curiosity, after she happened to be invited to a meeting in 1999 at which the creation of the Indigenous Health Subsystem was being discussed. Unlike many of the indigenous ‘service user’ representatives who are active in the Conselhos of the Subsystem, she did not work as a village health worker (Agente Indígena de Saúde (AIS)) before becoming involved in controle social; in fact, it was after she had already achieved recognition as a controle social organiser that she was offered her current job, as manager of the pôlo-base covering her home community. At the time of that formative first meeting she had recently returned to Pernambuco after spending several years travelling around Brazil and making a living as best she could, including a period selling handicrafts on the beach in the Southern resort city of Florianópolis.

Encouraged initially by a friend who worked for the government indigenous affairs agency FUNAI, and subsequently by a group of Pankaruru Movimento Indígena activists who realised that health was becoming a strategic field for engagement with the state, Carmem became involved in the mobilisation effort around the creation of the first Local Health Councils in her home indigenous territory. She was subsequently invited to work as a community organiser supporting the establishment of Conselhos across Pernambuco, and when she was chosen to represent the District Conselho (CONDISI) for her region at the first meeting of the National Forum of CONDISI Chairs in 2003, she emerged from that meeting as the Forum’s elected Coordinator. When I asked her (in an interview in November 2006) why she thought she had been chosen, she replied:

Perhaps it was the way I behaved; as well as the fact that I talk too much [laughs], I had a bit of an understanding of the [indigenous health] policy, I was participating a lot in the conversations, the debates, and there was the aspect of me encouraging the group too, I started to encourage them to start making demands, so this helped the group to choose me as coordinator.

Carmem was recognised as a dynamic and proactive coordinator of the Forum, but her style of engaging with FUNASA was the focus of diametrically opposed criticisms from other (mostly male) Movimento Indígena leaders: some described her as too combative and aggressive, while others claimed that she was not critical enough and had been ‘bought’ by FUNASA. This illustrates the difficult balancing act between confrontation and collaboration that mediators like her must perform, one which is especially difficult for a female representative who must also deal with gendered stereotypes about what is or is not ‘appropriate’ behaviour for indigenous women in public/political spaces.
In that interview, Carmem claimed that although she was ‘direct and truthful’ in what she said, she did also sometimes hold back from criticising health service managers and had forced herself to learn to act in a politically calculated way. She emphasised that this was contrary to the values and practices of her community: ‘there’s pure wickedness in the intention of [non-indigenous politicians] to lead us in one direction or another, they’re like snakes drawing you in with their gaze, but in an indigenous community people aren’t like that, they’re more truthful’.

Carmem also recognised that her rapid rise to prominence had generated resentment among traditional lideranças (leaders), almost all of whom are older men, and whose position she claims has been entrenched over decades by their links with FUNAI, the chief contemporary agent of a centuries-old pattern of paternalistic co-optation guided by the ideology of Indigenismo (Ramos 1998). However, she insisted that she had been able to overcome this after a ‘campaign’ of grass-roots meetings where she sought to make it clear that her aim was ‘not to replace the lideranças but to contribute to their work’. She consistently attributes her political legitimacy to the strength of her links with her grass-roots base (even though she no longer lives permanently in the Pankaruru territory), and she makes a point of regularly seeking out the local lideranças to relay news of the decisions and processes in which she has been involved in Brasília and beyond.

It was undoubtedly easier for Carmem than for some other CONDISI Chairs to adhere to this ideal of the representative who is accountable to her base and a reliable communicator of information acquired at higher levels, given the relative accessibility of the Pankaruru territory (which is located a few hours by car from the state capital), her paid role (which included supervising health team activities in the villages) and her access to FUNASA travel funds through the Forum. Nevertheless, she insists that maintaining good communication with her grass-roots constituency and frequent contact with the reality (realidade) of her home territory is central to her political practice. She describes this as the key to demonstrating the seriedade (‘seriousness’ or ‘commitment’) which is ‘what keeps a person in a leadership position ... and [ensures that] she doesn’t let herself get co-opted’.

This insistence on her refusal to be co-opted failed to preserve Carmem’s national-level legitimacy after the 2006 National Conference, at which her triumph in securing formal recognition for the Forum as a national space for indigenous participation in policy dialogue was overshadowed by the heavily contested process which culminated in FUNASA’s defeat of a motion demanding an end to its role in managing the Subsystem, in the face of a mass walkout by Amazonian representatives. Alongside other North-eastern leaders, she was accused of having sold out to FUNASA; as if to give the lie to this, rather than entrenching her position as National Coordinator of the Forum after the conference, she subsequently left the role and returned to her base. She was therefore not associated with the Forum’s failed attempt two years later to contain the renewed upsurge of political mobilisation which ultimately led to FUNASA’s defeat. After the formal transfer of management responsibility from FUNASA to a new Indigenous Health Secretariat in 2010, Carmem began a cautious return to national-level visibility, but she was careful to maintain her strong links with the base.
District level: André

Maintaining legitimacy with the base is also a key concern for André Fernando Baniwa, former Chair of the Rio Negro CONDISI, Director of FOIRN, President of OIBI (the FOIRN-affiliated community association for his home region of the River Içana) and, from 2009 to 2012, Deputy Mayor of the Municipality of Sãó Gabriel da Cachoeira. In André’s case, however, this legitimacy is actually facilitated by ‘traditional’ norms, since he is a member of a Baniwa (Waliperi Dakenai) clan that is associated with a line of ancestral lideranças.

In addition to this ascriptive basis, André credits his legitimacy as a representative to a history of involvement with ‘projects that worked’, including a ‘traditional medicine’ (i.e. medicinal plant cultivation) initiative and an innovative venture into handicrafts trading which has involved supplying Baniwa basketwork directly to a high-end household furnishings chain based in São Paulo. He also did basic training as an AIS, and although he soon moved on to other activities he explains that he retained an abiding interest in health work, which later led him to serve for a period as lead FOIRN Director on the FUNASA outsourcing contract for the Rio Negro DSEI.

Despite being able to combine legitimacy claims based on three key factors – lineage, proven success as a bringer of resources and technical expertise – André says that he has faced challenges in explaining and justifying his role to his base. These challenges may well relate to the tendency among the Baniwa (and other Amazonian groups) to seek to counteract potentially dangerous accumulations of power by undermining over-successful representatives. As Luiza Garnelo explains in her brilliant study of ‘Power, Hierarchy and Reciprocity’ among the Baniwa, representatives who use their strategic position as mediators of inter-ethnic relations to acquire a level of social prestige or material wealth that sets them apart from the community as a whole quickly become the targets of social sanctions intended to ‘bring them back down to earth’. These range from malicious gossip all the way to a form of poisoning-based sorcery known as Manhene (2003: 101).

André’s response to this tense and potentially dangerous situation has been to frame his work as a representative in ‘traditional’ terms that associate it with the transmission of information and not with the accumulation of power. In an interview in February 2007, André explained that:

the Baniwa are like this: they have the traditional [chiefly] lineage, but this person has never been alone, he has other groups around him that help with the intelligence he needs to command the village, so he issues commands, receives information and issues commands, but there is another layer in the organisation of indigenous society which in Baniwa we call rimacuni, a kind of soldier who is out there on the front line. He is the first to see things, he brings them to the chief, the chief thinks about it and has time to act against whatever it is. So, even if you are a traditional leader within the Movimento Indígena you end up being rimacuni for your peoples, because you go out, search for information, come back, discuss it, make proposals and you create an idea of how you can protect yourself inside your territory so you can avoid a lot of bad things happening.
By positioning himself as rimacuni, André explained his forays into the ‘enemy territory’ of the ‘white state’ as the work of a warrior-scout seeking out potential sources of threat in order to relay information back to the ‘real’ decision makers in the village. In other words, he denied his own role in decision-making in order to downplay the accumulation of power that could potentially accompany his control of the flow of information. André’s skill as a mediator is evident from his creative use of the ‘native category’ (Goldman 2006) of rimacuni to translate his work as a representative, with its novelty and potential for destabilising intra-group power relations, into a strategic but nonthreatening political activity that is both itself ‘traditional’ and distinct from the exercise of chiefly power as traditionally understood.

The same skill is evident in André’s work as a facilitator of what he calls ‘didactic meetings’, where the accountability function of a representative’s feedback to the base is complemented by an effort to educate people at the grass roots about the intricacies of health system management. One of the techniques he has developed for such meetings is the use of a set of winnowing baskets and some manioc flour to demonstrate how federal transfers leak from or are absorbed by the bureaucracy: by the time the money represented by the flour reaches its destination basket, much of it has been left behind in the other baskets that represent the multiple levels of FUNASA management between Brasília and the DSEI.

André’s mediation practices also involve literal as well as symbolic translation: despite his detailed grasp of policy detail and excellent command of Portuguese, when he was in his role as CONDISI Chair André frequently asked health professionals or managers using too much jargon to ‘say that again for me in Baniwa’. He explained that this was not only to rein in ‘experts’ trying to fast-talk their way past him, but also to stop them from excluding other indigenous participants, by forcing the ‘white’ specialists to translate their arguments into simpler Portuguese phrases that everyone could follow.

In a 2010 interview with University of Amazonas researcher Sully Sampaio, André (then serving as elected Deputy Mayor of the Rio Negro’s largest town, São Gabriel da Cachoeira) again emphasised the importance of indigenous mediators’ task of getting close to the ‘white state’ in order to understand how it operates and pass this understanding on to grass-roots constituents – but he also recognised the risk of being ‘consumed by the Brazilian bureaucratic system’, arguing that ‘there are cases when we indigenous people talk to the [health system] managers so much that we end up getting absorbed and won over to their side’ (Sampaio 2012: 218).

André’s experiences of engaging with the ‘Brazilian bureaucratic system’ in an executive capacity, first as lead FOIRN Director for the Rio Negro DSEI and then as Deputy Mayor of São Gabriel da Cachoeira, were fraught with tensions. FOIRN finally ended its role in the outsourced management of the DSEI in 2007, and threw its weight behind the campaign of protests against FUNASA (including the occupation of a regional office by bow and arrow-wielding indigenous warriors) which ultimately led to the agency being stripped of management responsibility for the subsystem. The FOIRN-backed administration was defeated in the 2012 municipal elections, after an acrimonious split between a faction (led by the mayor) which favoured closer alignment with the state-level machine of Brazil’s
governing Workers’ Party (PT) and another (led by André) which advocated a return to the administration’s social movement roots. After this experience, André returned to his previous role as a rimacuni advising his grass-roots constituency on the ways of the ‘white state’ – but without explicitly forsaking his previous position that good lideranças must sometimes be willing to extend their representative role into what Pitkin (1967) calls the domain of ‘acting substantively for others’.

Local level: Davi

Davi Waine Ashaninka, Chair of the Local Indigenous Health Council for the Municipality of Marechal Thaumaturgo in the South-west Amazonian state of Acre, has made the struggle for ‘accounts and accountability’ (Jenkins and Goetz 1999) the principal focus of his work as a mediator. Davi was born in the Ashaninka community of the River Amônia and began his career as a mediator while working as a kind of junior diplomat on behalf of the Piankos, the community’s formidable chiefly family, in Vila Thaumaturgo, the small town that serves as the municipality’s administrative centre. He was especially suited for the role because unlike the vast majority of Ashaninka (a people who are famously proud of their difference and who tend to keep contact with non-indigenous society to a minimum), Davi speaks fluent Portuguese and is very much at home in ‘white’ society.

Davi himself told me when I interviewed him in August 2006 that he was chosen for his role as a mediator because he ‘knew how to deal with the outside world’. I discovered the reason for this when I visited Marechal Thaumaturgo in July 2007: I was walking around the town with Davi when he suddenly invited me to come into a house that we were passing and meet his adoptive family. It turned out that he was born a twin, and in Ashaninka communities (and many other Amazonian societies) twins are considered cursed and almost invariably rejected by their parents – but fortunately for him, a non-indigenous couple who lived near his Ashaninka parents agreed to raise him. He therefore grew up with Portuguese as his first language and non-indigenous culture as his principal reference point, until in late adolescence he returned to the River Amônia (now legally recognised as an indigenous territory) to re-establish his social, cultural and political connections with the Ashaninka community where he was born.

Once he had re-established his Ashaninka identity, Davi was sent back into the town where his adoptive family now lived to help look after the interests of APIWIXA, the River Amônia community association, reporting to the powerful Pianko clan members who run the association (Pimenta 2006). Despite his status as a client of the Piankos, after he was elected to the Local Indigenous Health Council (CLSI) with their support, Davi worked hard to establish broader legitimacy as a political representative. A key factor in this was his emphasis on treating all the indigenous communities of the municipality as his base, rather than only the River Amônia Ashaninka.

Like Carmem, Davi is employed as a pólo-base manager, which means that he can legitimately access DSEI resources to allow him to travel around the local health team’s coverage area. This area includes four formally recognised indigenous territories and two recently claimed areas, with a population of something over a thousand indigenous people belonging to six different ethnic groups (some of them traditionally hostile to the
Davi’s original political platform was based on taking an energetically combative stance, and under his leadership the CLSI overcame threats from local politicians and stonewalling from bureaucrats to secure a significant degree of recognition from the municipal authorities, successfully brokering important deals on allocation of the disputed resources. In interviews taking place long after these victories, he still talked about the new democratic spaces of controle social as sites of conflict, using a terminology associated with warfare (such as ‘battle’ and ‘struggle’) to describe the confrontations that are needed to ensure accountability and ‘respect’ for indigenous rights and indigenous representation. As well as respect, the struggle has been over resources, and Davi also used a terminology associated with ‘hunting’ to describe the work of securing the material resources that are hidden in the forest of bureaucracy and bad faith that is the natural habitat of non-indigenous managers and politicians.

Davi’s ‘warfare’ and ‘hunting’ was not fully successful in establishing the CLSI’s control over the federal resources transferred to the municipality for indigenous health services, but he did win a series of concessions, with the mayor starting to treat the Conselho with more respect and release some funds for priority investments identified by Davi and his fellow conselheiros. This gradually moved the CLSI closer to a position where its pursuit of transparency and rights to information was an accepted part of the municipality’s political landscape, and the focus of bargaining rather than of outright rejection by the mayor as it had been initially.

As this shift took place, Davi’s own mediating practice changed; he increasingly talked of the need to educate his base into more ‘civilised’ and less ‘unruly’ forms of political interaction, and his community visits began to take on more of the ‘didactic’ quality emphasised by André. In one meeting which I witnessed in July 2007, angry indigenous leaders announced that they were going to occupy the municipal health secretariat building, only for Davi to urge them to renounce brabeza, which means ‘anger’ or ‘fierceness’ but is unmistakably associated with the regional term for indigenous people who resisted contact when Acre was occupied by non-indigenous Brazilians in the early 20th century: indios brabos, or ‘wild indians’. In effect, Davi was telling his base that they had a choice between acting as modern, sophisticated democratic citizens or as ignorant, backward ‘wild indians’.

In that meeting, they chose to put their brabeza aside, but the threat of future direct action was left hanging in the air. This served as a useful reminder to the municipal authorities that refusing to accept Davi’s ‘civilised’ mediation could open the way to more disruptive strategies – a combination of rule-bound and unruly political practice that has been used to great effect by other indigenous movements in Acre (Shankland 2010a).
Mediation and double dealing

Fulfilling the role of indigenous representative within the Brazilian *controlo social* system, and especially maintaining legitimacy through a continual process of dialogue with the *base*, requires a high degree of political and communicative skill, which each of these three mediators has demonstrated in his/her own way. Such skill is necessary because the work of intercultural translation is challenging in itself: as described by three leading Brazilian anthropologists in their call for ‘an anthropology of the political’, it is a form of interaction in which ‘every interconnection of diversities requires an effort of signification’ (Montero et al. 2009: 29). It is also necessary because this kind of mediation is fraught with the risk that co-optation – and consequently the loss of political legitimacy with the *base* – will result from what Pierre Bourdieu termed *le double jeu*, or ‘double dealing’. As Bourdieu put it in his 1981 essay on political representation, ‘political discourses produced by professionals are always doubly determined, and shaped by a duplicity which is by no means intentional since it results from the duality of their reference fields and the need to serve both the esoteric purposes of internal struggles and the exoteric purposes of external struggles’ (1981: 9, my translation).

‘Double dealing’ characterises the two-way process by which marginalised groups are made ‘legible’ to the state (Scott 1998) while they simultaneously map its contours for use in their own political strategies. These three indigenous mediators have become experts in exploring and interpreting the ‘white state’, acting as ‘hunters’ in Davi and Carmem’s terms, or *rimacuni* warrior-spies in André’s. But it is clear from their narratives that as they become ‘professionals’ in the way described by Bourdieu, and acquire fluency in the discourses of the specialised fields in which they operate (in this case, the medicalised bureaucracy of the health system), they risk straying beyond translation into actively helping to extend the hegemony of these discourses into the communities which form their *base*.

As Bénit-Gbaffou and Katsaura eloquently describe in their analysis of mediators’ practices in Johannesburg, in the case of ‘informal’ political representation (i.e. forms of representation constructed outside or alongside the formal mandating of representatives through electoral democracy) the ‘double dealing’ required to build legitimacy is especially complex because ‘political battles for recognition and legitimation are not confined to struggles for (formal) recognition from the top, but also take the form of struggles to juggle diverse forms of (formal and informal) legitimation, from both the top and the bottom’ (2012: 19). Thus, the shift observed among these mediators can also be seen as a case of their changing sources of legitimation from ‘bottom’ to ‘top’ – that is, giving greater emphasis to the legitimacy conferred by the ‘white state’ as opposed to that conferred by the indigenous *base*.

This could be seen as analogous to the process described by Anna Tsing in her account of engagements between indigenous Meratus Dayak peoples and the Indonesian state in Kalimantan, whereby ‘local leaders constructed their authority not by reiterating community hierarchy but by emphasizing their ties to state rule’ (1993: 8). It is a process familiar to Brazilian indigenous peoples from centuries of colonial indirect rule and post-colonial *Indigenismo*, including the entrenching of often arbitrarily chosen chiefs by FUNAI that Carmem described in her interview with me. Arguably, the intention to co-opt
representatives into becoming instruments of their peoples’ subordination has been present ever since the first colonist greeted an indigenous person with the phrase ‘take me to your leader’.

However, the ‘didactic’ strategies developed by these three mediators suggest a form of ‘double dealing’ that goes beyond this traditional kind of co-optation. Through these strategies, they not only seek to broaden their constituents’ understanding of the health system but also to redefine the criteria by which their own legitimacy and effectiveness as representatives will be judged – in other words, they are trying to shift their indigenous constituents’ views of what representation should involve. An integral part of this shift – most explicit in Davi’s case – is the use of newly acquired knowledge to argue for the need to ‘discipline’ excessively unruly tendencies among the base and promote more rule-bound forms of indigenous participation.

This tendency to emphasise ‘rule-bound’ engagement with the ‘white state’ is surprising, given that these mediators are engaging with the ‘white state’ on behalf of an indigenous base whose representations of the ‘white’ world characterise it as turbulent, deceptive and fraught with dangers – in other words, unruly. In a collection of essays revealingly entitled Pacificando o Branco, or ‘Pacifying the Whiteman’ (2002), Bruce Albert, Alcida Ramos and their co-authors record indigenous mythological and political narratives that depict ‘whites’ as fascinating, technologically prodigious but also treacherous, disease-bringing and extraordinarily violent. This is echoed in the language of the mediators themselves, whether in André’s account of how a rimacuni should seek advance warning of threats that the ‘white state’ may pose to his community, Davi’s description of his engagements with the municipal administration as a form of warfare or Carmem’s description of treacherous, snake-like white politicians. As Luiza Garnelo notes, the default strategy for dealing with such beings is not participation but war: ‘in the space of interethnic relations the role of lideranças can be considered to be an updated version of warrior engagements with a dangerous and potentially destructive otherness’ (2003: 121). This hardly suggests that indigenous people see Brazilian new democratic spaces as sites in which they or their representatives can engage with non-indigenous people as coequals and fellow citizens through some kind of rule-bound Habermasian deliberative process.

**Mediation, representation and bindingness**

The perception among indigenous peoples of the ‘white’ world as hostile and profoundly ‘other’ highlights a crucial difference in relation to the kind of urban micro-politics described by Bénit-Gbaffou and Katsaura: in the indigenous case, the logic of mediators’ legitimation is not determined by asymmetric group relations within a single polity, but rather by asymmetric relations between entwined but nonetheless sharply distinct polities. In other words, it is not a case of ‘top versus bottom’ but rather of ‘us versus them’. How, then, can mediation achieve democratic outcomes – that is, outcomes which are binding not because they can be coercively enforced but because they result from a process that both sides see as legitimate?

One way forward is suggested by the evolution of the ‘didactic’ strategies used by indigenous mediators like Carmem, André and Davi, as they shift from helping constituents
to ‘spy out the state’ into encouraging them to start ‘seeing like the state’ (cf. Scott 1998). This helps to discipline the indigenous base into accepting forms of political representation which do not follow a logic of hunting or warfare, acknowledging instead that the ‘white state’ is so powerful that engagement must necessarily be on its terms – in effect, recognising its sovereignty. However, this option carries the risk that by accepting the political logic of the ‘white state’ wholesale, indigenous peoples will entrench their structural disadvantages in negotiating with it – something that indigenous movements seem to recognise when they insist on keeping open the option of a return to ‘unruliness’ (Shankland 2010a). This option also runs counter to the values of democratic justice, by placing the onus of change entirely onto historically marginalised peoples, rather than insisting that the ‘white state’ should change its own political practices in order to establish a genuinely democratic dialogue with these peoples.

But how might such a dialogue be achieved? The first requirement is for the ‘white state’ to understand that it is currently making the wrong assumptions about the basis on which indigenous mediators are entering ‘new democratic spaces’ such as the Conselhos of the Brazilian health system. The implicit model underpinning such ‘deliberative-democratic’ structures is that they are sites of governance, whose participants embody the kind of representation which Pitkin (1967) describes as ‘acting substantively for others’ in a way that differs from the role of a Congressman or Member of Parliament in its degree of formalisation but not in its basic function. In other words, if indigenous lideranças participate in these spaces’ deliberations and these deliberations result in decisions, then those decisions must necessarily be binding upon the communities from which those lideranças came.

However, this is fundamentally to misunderstand the political logic of lowland South American indigenous peoples, eloquently described by Pierre Clastres (1989) as ‘societies against the state’. These societies continually undermine the formation of the kinds of coercive power that would be capable of binding the members of the community to any decision negotiated externally without their direct participation. Within indigenous political logic, the key loci of governance are communities, whereas the key loci of representation are spaces of inter-ethnic contact. Mediators who engage in this kind of representation by definition cannot bind communities to the outcome of any deliberations in these spaces – they can only bring the outcome back to the community, which must make the final decision to accept or reject it.

Thus, the lideranças who come to negotiate with the ‘white state’ in spaces like the Conselhos are not there as chiefs, since chiefdom can only be exercised within the boundaries of the community. Indeed, to assume that the indigenous representative in a given space of inter-ethnic encounter must necessarily be the chief is to fall into the same classic ethnocentricity that underpins the colonialist ‘take me to your leader’ approach. Either (like Carmem and Davi) they are not chiefs at all, or (like André) they may have chiefly status in the village but when they are outside the village they are not acting as chiefs but rather as rimacuni. In other words, they are there as warrior-scouts whose job is to map out the hostile terrain of the ‘white state’, to obtain what strategic information and resources they can and then to take any decisions back to the base, where they must be ratified before they can be considered binding.
There is, of course, an analogy for this kind of indigenous mediator in liberal-democratic systems of ‘representative government’, but it is not the Member of Parliament, Congressman or President: it is the Ambassador. More than encounters of Brazilian citizens differentiated only by their roles as ‘users’ or ‘providers’ of health services, the Conselhos and National Conferences of the Indigenous Health Subsystem are encounters between representatives of different polities. It follows that we should not be surprised if indigenous communities treat the results of deliberative processes in which their representatives have been engaged as nonbinding – or at best as only provisionally binding, pending intra-community ratification. In ‘Western’ societies, we do not regard international treaties as binding when they are agreed by ambassadors, but when they are ratified by parliaments.

But what if the right of those parliaments to bind us to the results of their deliberations is also in question? The legitimacy of ‘representative government’ is increasingly being challenged across the world. This is not just the case in semi-authoritarian states where ‘representative government’ never extended much beyond the outward observance of a few formal democratic practices. In those polities where it has been solidly established for longest, ‘representative government’ is also being condemned as illegitimate by movements demanding ‘direct democracy’ or ‘real democracy now’. It is not just Brazil’s indigenous peoples who look at supposedly representative governance structures and see not ‘us’ but ‘them’ – this is increasingly the case for those of us who are citizens of representative democracies. If we are to overcome this crisis of legitimacy, perhaps we should start by learning from the political logic of indigenous peoples. This means looking for mediation strategies that encourage representatives to escape the trap of ‘double dealing’ and refocus on accountability to their base – which in turn may involve bringing decisions back to their constituencies for debate and ratification, rather than taking the consent of these constituencies for granted when they deliberate in their name.

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Footnotes:

* governo do branco translates as ‘the white man’s government’.

A survey of indigenous health service user representatives elected to participate in the National Conference indicated that only 16 percent were women (Shankland 2010b: 190).