Terminal Report

The research I carried out over the course of these last two weeks responded to three objectives: (1) to determine the feasibility of my proposed research project, (2) to expand my understanding of Mapuche health and (3) to elaborate a modified research proposal from the knowledge I gained. In the first few days of my stay it became clear that the focus of my proposal was obsolete. Not only are Mapuche women’s health issues much more complex than I anticipated but my project, as it stands, would require extensive IRB screening since it proposes to study pregnancy and maternity in Mapuche women. However, several aspects of my proposal remain relevant—like the consideration of negligence and cultural insensitivity at different levels of the healthcare system. In the main, what I’ve gained from this research is an understanding of the Mapuche experience in the healthcare system, occidental (mainstream) and intercultural (mainstream and Mapuche). In addition, I learned that Mapuche health is largely influenced by factors outside of the politics of healthcare systems. The intensified presence of forest and wood plantations in northern Araucanía have led to dried wells and insufficient harvests due to water misuse. These scarcities have had negative health effects on the Mapuche populations of Malleco and Ercilla. In a southern commune, Bolleco, the municipal government allowed the construction of an open pit landfill next to a Mapuche community causing water contamination and pestilence.

The timeline in my winter proposal was not followed in any strict sense, but I did meet with Dr. Muñoz, the chair of the Universidad de la Frontera’s public health
department, and with Ernesto Paillán, the sub-director of CONADI (Corporación Nacional de Desarrollo Indígena). I also shadowed Lucy Ketterer and other leading researchers at the Observatorio Regional de Equidad en Salud Según Genero y Pueblo Mapuche, and Mapuche community leader Abelino Pichicona. The two weeks of my research were carried out in Temuco, and surrounding rural communities in Araucanía. The opportunity to research in this area was unexpected and very beneficial because the bulk of the Mapuche population is concentrated in this region.

The first day of my stay I went to a Mapuche community festivity and later to a seminar at the Universidad de la Frontera on Mapuche politics past and present. In following days I met with epidemiologist Sergio Muñoz and anthropologist Ana María Alarcón who work together on several research projects and are experts on Mapuche health issues. Dra. Alarcón invited me to accompany her students to the intercultural hospital in the neighboring coastal commune, Puerto Saavedra. Here I learned that access to healthcare is the main obstacle for Mapuches because of the long distances they travel to reach health centers. Most of the population live in deeply rural areas and subsist from their harvests and livestock. In 1960 there was an attempt to bring healthcare into rural communities via the postas system. This system, still functioning today, consists of a monthly or bi-monthly visit from a doctor to a community’s rural medical post. Other medical staff such as nurses, paramedics, psychologists, and kinesiologists, visit the rural posts every one or two weeks. Doctors and medical personnel often work in both the hospital and the postas. This means they are overworked and it leaves rural communities throughout the province in a precarious situation because their access to health is inconsistent. The postas system functions in Puerto Saavedra, Bolleco, Malleco, Carahue
and most of the Aráucan region. While this system lacks administrative improvements, it does provide rudimentary access to healthcare throughout the province.

I was able to visit a successful alternative to this system in the Boroa commune in Nueva Imperial. Boroa is a rural community outside of Nueva Imperial city. Here I met with the one of the Mapuche founders of the health center that serves hundreds of rural families both Mapuche and non-Mapuche. Seven Mapuche community members spearheaded the idea of a center that would conserve and promulgate machi medicine and also employ occidental doctors and medical personnel.¹ By providing both kinds of care, Boroa responds to the intersectional needs of its community. While there are several intercultural hospitals and centers throughout the region—Makewe, Nueva Imperial, Bolleco, and Puerto Saavedra among others—Boroa is the only center that is administered by Mapuche community members. From its inception the Boroa health center was a Mapuche project by and for its community. They lobbied for funds from the Ministry of Health for years and were eventually allotted funds to build their center and employ its staff in 2003.²

I’ve gained substantial insight into Mapuche healthcare from an institutional standpoint through my contact with the Boroa project. These add depth and perspective to the information I gathered from professors, researchers, and medical workers during my stay. Other important factors affecting Mapuche health, such as land misusage by private companies and the state, will be brought into the discussion of Mapuche health issues in my LAGO Conference paper and presentation. I am still in the process of designing my

¹ Unlike the personnel that work irregularly and take turns working at rural postas in other regions, this medical team works Monday-Friday at the center and has more consistent contact with their same patients.
² The plan was brought to now president Michelle Bachelet when she was the minister of health in 2001. She made a visit to the community to speak to its leaders and see the site of the proposed health center.
research project but I hope to make Mapuche health issues and their determinants the focus of my Master’s thesis.