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## 6 Dombá's Spirit Kidney

### *Transplant Medicine and Suyá Indian Cosmology*

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Until recently, kidney transplant was an expensive and technologically complex medical procedure that was out of the reach of all but affluent patients living in large cities in the industrialized West. But what were once experimental procedures performed in a few advanced medical centers (most of them connected to academic institutions) have now become commonplace surgeries throughout the world. Today, kidney transplantation is commonplace throughout North and South America, Europe, the Middle East, and Asia, and in parts of Africa. Survival rates for kidney transplant have increased markedly over the past decade, although these still vary by country, region, the quality and type of organ (living donor or cadaver), and access to immunosuppressants such as the powerful and expensive antirejection drug cyclosporin.

In parts of the Third World where morbidity rates from infection and hepatitis are high, there is a strong preference for a living donor whose health status can be documented before the transplant operation. In Brazil today, for example, there is considerable resistance in the general population to accepting a "public" organ from an "anonymous" cadaver that may not have been properly screened. In the aftermaths of the HIV pandemic and a hepatitis-C epidemic, the search for living donors has become ever more acute. Even so, the queues for cadaver organs are long, and the waiting lists are often subject to manipulations and *jeitos* (little corruptions) by influential surgeons who manage to secure the needed organs for their *private* paying patients.

Meanwhile, the transplant units at public hospitals are often empty and vastly underutilized. Transplant surgeons, who normally work in both public and private-sector hospitals often refuse to perform transplants for "public" patients who are insured under the Brazilian national health-care

system (SUS), which pays what surgeons feel is a mere pittance. (See Coelho 2000; Schepher-Hughes and Biehl 2000.)

Consequently, dialysis clinics (often privately owned), the alternative to kidney transplant, are a lucrative business in Brazil, a veritable "cash cow" that many nephrologists and other medical professionals depend on for their livelihoods. But dialysis is not beloved by kidney patients, for whom "the machine" is often viewed ambivalently at best, and at worst as a kind of penance ("time on the cross"). Three-times-weekly dialysis sessions prevent death from acute and chronic kidney failure, but a life attached to and dependent on dialysis is increasingly viewed by patients as substandard medical care and even as an "unnatural" (that is, a crudely mechanized) solution to kidney failure.<sup>1</sup> Transplant is today the preferred option—though one, for reasons described above, that remains out of the reach of many, especially those without sufficient financial resources.

Unfortunately, however, unlike heart disease and some forms of cancer, kidney disease is extremely "democratic," affecting all classes, ethnic groups, and ages. The most common causes of chronic renal insufficiency are diabetes, hypertension, glomerulonephritis (inflammation of the kidney's filtering units), and polycystic kidney disease (an inherited disorder). In poor and Third World communities undiagnosed or untreated infections often result in damage to the kidneys. Under the best of circumstances, kidney failure can be difficult to diagnose until the disease is already well advanced. In developing nations, the lack of available resources to diagnose and treat end-stage renal disease results in untold human suffering and an inevitable death sentence. In all countries, racial and ethnic minorities and/or indigenous peoples bear a disproportionate burden of kidney failure. (See MacDonald et al. 2002.)

Among the most common symptoms of kidney failure are swelling of the body and increased frequency of urination. The afflicted individual may also suffer from severe anemia, fatigue, weakness, headaches, and loss of appetite. Renal insufficiency occurs in children as well as adults. As the disease progresses other symptoms such as nausea, vomiting, and itchy skin can develop as toxic metabolites, normally filtered out of the blood by the kidneys, build up to harmful levels. Patients with chronic renal insufficiency may live with this irreversible condition for a decade or two before it develops into end-stage renal disease, or kidney failure. At this point the patient has only two options for survival: weekly dialysis or kidney transplant.

The spread of advanced medical technologies worldwide has made transplant an attractive option for patients living almost anywhere in the world,

from the deserts of Oman to the forests of central Brazil. Transplant promises if not exactly a new lease on life, a seemingly "miraculous" extension of what Giorgio Agamben (1998) refers to as "bios"—*basic* or naked life. Throughout the recent history of organ transplantation, concerns have focused on risk and quality of life for the recipients because, although organ transplantation often saves and prolongs lives, it never restores the patient to full health. The struggle against organ rejection and the side effects of immunosuppressive drugs are lifelong. In other words, organ transplant substitutes one form of chronic disease for another, less immediately life-threatening disease. To most transplant patients, however, the constant risk of organ rejection and the noxious side effects of immunosuppression drugs are accepted as risks and dangers worth taking.<sup>2</sup>

As kidney transplant has universalized and become a common, almost routine procedure, we are inclined to forget that not so very long ago, transplantation was viewed as a bizarre, radical, ethically problematic procedure. To begin with, transplantation required a redefinition of death itself as "brain death," a kind of Copernican revolution in the popular consciousness that was resisted by many individuals, world religions, and societies.<sup>3</sup> Medical anthropologists can recapture some of the initial "strangeness" of transplant technologies by observing their effects in new and very different social settings. Wherever they migrate, transplant technologies transform the human communities with which they interact in profoundly intimate ways. Transplantation introduces new and often alien conceptions of the body (body/corpse/cadaver) and its parts (integral vs. divisible bodies), and new definitions of the person/nonperson. (See Schepher-Hughes and Lock 1987.) Transplant challenges previous meanings of life, death, and transcendence, often "troubling" cultural and religious conceptions of reality, including the ontological status of the real/unreal, seen/unseen, and matter/spirit, not to mention beliefs and practices toward sickness, disability, and human suffering.

#### TRANSPLANTATION AND THE SOCIAL BODY

Transplantation is the most social of all medical/surgical practices. Traditionally, it relied on the good will of (deceased) strangers and of living kin who agree to share organs altruistically. More recently, kidney transplant has become dependent on strangers who can be recruited or persuaded to part with a part of themselves for cash or other material benefits.<sup>4</sup> Consequently, the "commodified kidney" has emerged as an economic mainstay in some poor and marginalized villages and shantytowns in

South India, the Philippines, Moldova, and Romania. (See Cohen 1999, 2002; Scheper-Hughes 2000, 2004b; Jimenez and Scheper-Hughes 2002a, 2002b.)

In the interior of northeastern Brazil, where Nancy has been conducting ethnographic research for over a quarter of a century, she observed a radical change in the way poor people there view the body and its parts in response to the spread of transplant and the increasing demand for the sharing of organs. In 1997 she interviewed a middle-aged schoolteacher in the Pernambuco market town of "Bon Jesus da Mata" who had donated a kidney to a distant male relation in exchange for a small gratuity. Despite the payment for her body part "Rosálva" insisted that she had freely donated her kidney "from the heart" and out of a true sense of compassion and moral obligation. "Wouldn't you feel obligated to share something of which you had two and the other had none?" she challenged Nancy.

It was not so long ago in this same rural town that the anthropologist had accompanied a small procession of mourners to the municipal graveyard for the ceremonial burial of an amputated foot. No one thought the burial of that foot in its tiny coffin anything out of the ordinary. The severed foot was still emotionally and spiritually attached to its owner, and it was to be placed in the site where the rest of the body would eventually come to join it. The body and all its parts were understood as indivisible and unalienable, and the integrity of the body derived from its moral character as a sacred "temple of the Holy Spirit." Rosálva's view, less than two decades later, of her body as a handy reservoir of duplicate and "spare" (mechanical) parts represented a radical shift in the corporeal imaginary. Examples like these lead one to consider whether the radical materialism involved in surgically transferring organs from one body to another necessarily produces a secular, reductionist, commodified view of the body, organs, and tissues, health, disease, and healing.

In posttransplant societies new concepts of divisible bodies depose earlier and more holistic notions of body/soul/person integrity. The sense of one's body as continuous with one's self (which in most places is a decidedly embodied self) is replaced (as in Rosálva's statement, above) by a perception of the body and its parts as "owned" by, and therefore separate and distinct from, "the self," making the circulation of internal organs seem a plausible proposition. But in those places where organ donation is still a unique and new medical technology, popular understandings of organ and tissue "compatibility," "matching," and "rejection" often reflect popular social conceptions and representations of gender, sex, age, race, and class.

In earlier decades, the idea of organ transplant was accompanied by the diffuse anxiety that a transplanted organ would transmit to the recipient some defining personal characteristics of the donor. A Mexican-American doctor who worked at a pediatric cardiology clinic in southern Texas told Nancy that he frequently encountered resistance to transplant among recent Mexican immigrants, who feared that their child would be in a sense "unrecognizable" following a heart transplant. Given their perception of the centrality of the human heart as almost indistinguishable from the "soul," spirit, animus of the person, a new heart signified the death of the child they once knew. David Rothman (personal communication) found something similar in his encounter with a tearful little Puerto Rican boy at a New York medical center who adamantly refused transplant surgery. Finally, he articulated his fears to Rothman, who was not a surgeon: "Will my new heart still love Jesus?"

In South Africa during apartheid, white transplant patients at Groote-Schur Hospital in Cape Town often feared receiving black South Africans' hearts. Christian Barnard and his transplant team often suppressed information about the primary source of transplantable organs—black South Africans (Johan Brink, personal communication). In 1999, Scheper-Hughes interviewed in a suburb of Cape Town an elderly heart-transplant patient, a retired member of South Africa's Security Forces under apartheid, who, upon learning inadvertently that the donor of his heart was a young mixed race ("colored") nurse, demanded that the "inferior woman's" heart be surgically removed and a "proper" white man's heart be given to him instead. On being told that this would be impossible, the man raged and banged his fist against the wall of his recovery room. Later, the general repented his foolishness and tried to contact the parents of the donor to express his gratitude for the new lease on life their daughter's heart had given him, only to be rebuffed by them in turn. The family was not pleased to learn the identity of the man who was the recipient of their largesse. "To think that such a heartless man should get our sweet child's heart," a relative of the donor said.

#### SUPPRESSION OF DIFFERENCE AND NEW FORMS OF BIOSOCIALITY

Before the discovery of powerful antirejection immunosuppressive drugs, the constant threat of organ rejection required close surveillance and HLA cross-matching.<sup>5</sup> The issues of "difference" and "rejection" loomed large in the social imaginary. Living donors whose altruistically given kidney was

"rejected" by a sibling or another relative suffered from qualms about identity and physical compatibility. (Am I really related to my brother? If not, who was my real father?) Thus, transplant patients in Brazil sometimes experience organ rejection from a living related donor as a sign of personal and psychological rejection (Vasconcelos 1995), an idea shared by some medical doctors. Surgeons in Iraq, for example, encourage kidney recipients and their paid living donors (usually total strangers) to "bond" with each other before surgery so as to minimize the risk of organ rejection.<sup>6</sup>

With the development of powerful antirejection drugs that made receiving organs (primarily kidneys) from living strangers possible, the HLA tests once used to identify and to recognize potentially destructive "differences" were replaced by a chemical technology capable of "suppressing" differences. (See Cohen 2002:9-14; UNOS 2002.) Technically speaking, the powerful antirejection drugs have obliterated significant biological differences and created a world in which almost anyone can become a "kidney kin" to another. Outlaw transplant surgeons, operating in covert private clinics in Turkey where they take kidneys from paid living donors (Christian, Eastern Orthodox, and Muslim) from impoverished rural zones and put them inside affluent Turks and Israelis, often describe the stranger donor as "like [or as good as] a brother," although the pair might meet each other, like ships passing in the night, only as they are wheeled in or out of their adjoining operating rooms. Meanwhile, paid living donors frequently make claims on the recipients of their kidneys in kinship terms. "I hope that one day we will see each other again, *now that we are one*," a poor Brazilian slum dweller wrote to the presumed wealthy North American recipient of his purloined kidney following their double operation, which took place in Durban, South Africa in 2002, arranged by international organ brokers in Israel (Scheper-Hughes 2004a). Differences of race, language, culture, nationality, or religion posed no obstacles to these global operations.

The following narrative, while echoing many of these same transformative dimensions of transplant, tells a slightly different story, one in which the potentially alienating experience of transplant is accepted and ultimately made sense of and "domesticated" through the powerful sacred cosmology of an indigenous Suyá Indian man and his shamans from the Xingu Indigenous Park in the central Brazilian state of Mato Grosso. While the idea of "organs swapping" (as Dombá referred to it) was certainly alien to the Suyá community, with the help of spirit-protected shamans the transplant process was gradually incorporated into the fluid and open-ended Suyá conceptions of reality, nature, human/animal, and self/other relations.

The experience of kidney failure itself must be understood as a medical disability imbued with powerful local meanings and equally powerful local treatments.

#### DOMBÁ'S ILLNESS

Following several years of increasing disability from an inherited kidney abnormality, terminating finally in end-stage renal disease, Dombá, by then a mature married man of 41, was advised by his Brazilian physician, "Dr. George," who made occasional medical calls by helicopter into a health clinic at the Diatarum Indigenous Post in Xingu, to leave his community for a period of testing and evaluation at a major urban Brazilian medical center. In 1996, Dombá agreed to be flown from his village in Xingu Park to the megacity of São Paulo, where he submitted to a six-month course of hemodialysis, which was followed by transplant surgery with a kidney taken from a young white man who had been killed in a car accident. Dombá went through these events with calmness and determination, despite the initially strong resistance of his wife and his father. Rondó, the oldest living Suyá and headman of the Suyá village in Xingu.

The remarkable narrative of Dombá and his spirit kidney was told to us in several installments: to Mariana Ferreira in the Xingu Park and in São Paulo and to Ferreira and Nancy Scheper-Hughes at the Hospital São Paulo. This primary narrative is presented in conjunction with fragments of the at times contrasting accounts given by Dombá's wife, his primary shaman, Intoni, and his personal physician and surgeon. Dombá's narrative illustrates an aspect of transplant surgery that has been previously overlooked by medical anthropologists—the mimesis between the biomedical transmigration of organs and the shamanic transmigration of souls and spirit matter.

In posing our opening question—How did Dombá, a traditional forest Indian from central Brazil, make sense of his kidney transplant?—we found ourselves immersed in a gripping tale of cosmic voyage in which *our* assumptions of reality—real/unreal, seen/unseen, visible/invisible—were constantly challenged while the biomedical reality of transplant was readily incorporated into Dombá's Suyá cosmology. The narrative is a sobering reminder of the extent to which scientific categories obliterate other truths and perceptions of nature and the world, while shamanic categories can expand to include new truths and alternating perceptions. So, in a sense, this story should be taken as a subtle critique of biomedical/scientific fundamentalisms. There is no doubt that Dombá's recovery from a traumatic surgery was the result, as he and Intoni (his shaman) readily understand,

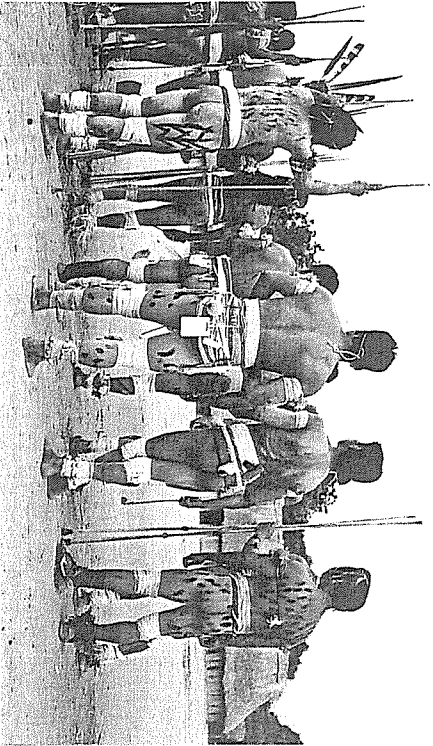


FIGURE 6.1. Suyá village men, Xingu National Park, Brazil. (Photo: Mariana L. Ferreira)

of collaborations between hardworking white doctors and equally hard-working cosmic and visionary shamans.

Nancy first met Dombá in July 1997, several months after his kidney transplant and in the course of her multisited ethnographic study of the globalization of transplants. (See Schepher-Hughes 2000, 2002a, 2002b.) Dombá had just returned from Xingu Park to the Hospital São Paulo for a series of follow-up clinical exams only to learn that he was suddenly and unexpectedly facing an incipient organ-rejection crisis. Despite this latest crisis, Dombá was calm and relaxed as he welcomed us into his semiprivate hospital room on the tenth floor of one of Brazil's largest and most famous public hospitals. As Dombá himself noted: "Everyone wants to go to Hospital São Paulo!" Dressed in a bright turquoise T-shirt and multicolored swimming trunks, his normally long, thick black hair cut short in a more urban style, Dombá seemed to be on vacation, and rather enjoying his hospital stay. During our taped conversation his attention was at times divided between his visitors and a *telenovela* (Brazilian soap opera) playing on the color TV above his bed.

In the bed next to Dombá was a middle-aged Brazilian businessman nervously awaiting his own kidney transplant, an event that filled the patient with dread of the unknown. Would he live or die? Would his body



FIGURE 6.2. Dombá recovering after kidney transplant at Hospital São Paulo. (Photo: Nancy Schepher-Hughes)

accept or reject the stranger's organ? Would he remember anything of the trauma of the surgery? Later, Dombá remarked that his "roommate" was not facing his surgery in the right way: "He should strive to be calm and happy; he must not entertain disturbing thoughts. It is too bad he cannot call on spirit helpers to protect him." But most white people, Dombá realized, did not *really* believe in spirits, not even Catholics. In Dombá's case, his shaman and their spirit helpers had brought him successfully through his operation, and they were continuing to protect him even now as we were talking during the latest crisis. "They are always tapping on the window of my room asking to be let inside," said Dombá.

#### A BRIEF SUYÁ HISTORY AND COSMOLOGY

Dombá is a member of the Suyá people, a Gê-speaking indigenous nation who call themselves the Mekin Sejî, the "People of the Great Round Villages," and who have inhabited northern Mato Grosso for at least

200 years (Seeger 1985, 1987; Ferreira 1994, 2001). Since the beginning of the twentieth century, the Suyá have been in periodic contact with Brazilian government agencies. The first agency for Indian Affairs, the SPI (Service of Indian Protection), active during the years 1910–61, was dominated by adventure-seeking white jungle dwellers, fur hunters, and gold prospectors interested in the riches of the country's deep interior rain forests. Exploratory expeditions into central Brazil led by the famous Villas-Bôas brothers in the late 1940s fed the popular imagination with images of pristine primitive groups still untouched by civilization, an example of what Renato Rosaldo (1989) would later refer to as "imperialist nostalgia." Postcards of naked Indians, their bodies covered in the red *urucu* (*Bixa orellana*) and black *genipapo* (*Genipapa americana*) dyes, sometimes displaying bows and arrows, sometimes dancing, made their way to faraway lands. Global leaders throughout the world soon "elected" the Xingu Indigenous Park as a kind of universal sanctuary and shrine honoring prehistoric life (Ferreira 1996, 1997, 1998a).

Although the Villas-Bôas brothers held broadly "protectionist" attitudes toward the Indians of the Xingu area, they believed, along with the Brazilian government, that the best plan for Brazil's indigenous peoples was a gradual acculturation into Brazilian society. However, they also jealously guarded the Suyá as a last remnant of "savagery" in Brazil, and they prevented Christian missionaries, teachers, anthropologists (with few exceptions), and the Summer Institute of Linguistics, among other groups, from having contact with "their" tribe. During the military dictatorship period (1964–85), the Xingu Park became an exotic tourist resort, and Brazil's elite military air force (Força Aérea Brasileira [FAB]) flew illustrious guests to monthly, sometimes weekly, gastronomic feasts among savages (Ferreira 1998b). In July 1965, Scheper-Hughes and another Peace Corps volunteer were invited by an air-force general "to survey" the Xingu Park and other smaller reserves (Parecis, Tapayuna, Aripuana) from the air in a single engine FAB plane.

When the Xingu National Park was created in 1961, the Suyá found themselves encapsulated within the reservation, only to see their traditional territory eventually excluded from the boundaries of the park. In 1970, a former Brazilian intelligence officer, General Oscar Jerônimo Bandeira de Mello, was named president of the Fundação Nacional do Índio (FUNAI), the new Brazilian National Indian Foundation that replaced SPI. General de Mello created a special government fund from the sale of Indian products and the leasing of Indian lands. The money was to be put into various "development" projects designed to bring Indian peoples into the

twentieth century. (See Davis 1977:57–58.) As a result, Suyá ancestral lands were illegally opened up for homesteading and land-grabbing by cattle raisers and gold prospectors.<sup>7</sup> In 1998, after a series of heavy conflicts in the area, the severely reduced 212 remaining Suyá were finally granted the right to reoccupy a small portion of their ancestral lands, an area of approximately 370,000 acres (Ferreira 1998a).

Lured by FUNAI's promises of "much food and medical assistance," the Suyá moved closer to the recently founded Diatarum Indigenous Post,<sup>8</sup> where Dombá has lived and worked as a handyman and a boat pilot since 1968. This was the year Dombá first came into contact with a team of physicians led by Dr. Roberto Baruzzi, from the Department of Preventive Health at the Escola Paulista de Medicina (now called Universidade Federal de São Paulo [UNIFESP]), who became officially in charge of the health of all 17 indigenous peoples of the Xingu Park in 1965. Dr. Baruzzi's Xingu Project supplied the small brick-walled, tin-roofed dispensaries built by the Villas-Bôas brothers at indigenous posts alongside the Xingu River with airplane loads of pharmaceuticals to combat further outbreaks of malaria, measles, tuberculosis, whooping cough, and pneumonia, diseases largely responsible for the extermination of 90 percent of the country's indigenous peoples since colonial times.

Dombá remembers being fascinated in his early teens, as he scrubbed the Diatarum dispensary's cement floor, by stacks of boxes and bottles inscribed with undecipherable symbols, filled with colorful pills, fragrant lotion, and translucent powder which most individuals like him from faraway villages were eager to try out. As he grew older, Dombá's favorite "medicine" soon became *injeção* or *cutuc*—the indigenous version of the Portuguese verb *cutucar*, "to poke," in reference to the act of piercing the skin with a needle. The injection's "pain" helps increase the symbolic efficacy of the *remédio do branco* or white man's medicine, as Xingu peoples in general feel they are somehow "paying for it" in lieu of time-consuming therapeutic practices, such as the enactment of Suyá dream omens and curing chants (*sangere*). *Sangere* sung by shamans draw on the charisma and power of an animal that has an attribute the sick individual needs. For example, an individual stricken by malaria will desire the cayman's ability to stay still and cool under water, which will counteract the high temperature and shivering caused by the disease. Suyá paint their bodies with red *urucu* and black *genipapo* in order to mimic the ornamental patterns of the skins of animals such as the spotted jaguar, whose strength they admire and wish to draw on.<sup>9</sup> Tapping into the energy carried by fierce animals like the anaconda and the jaguar helps Suyá and other Gê-speaking peoples

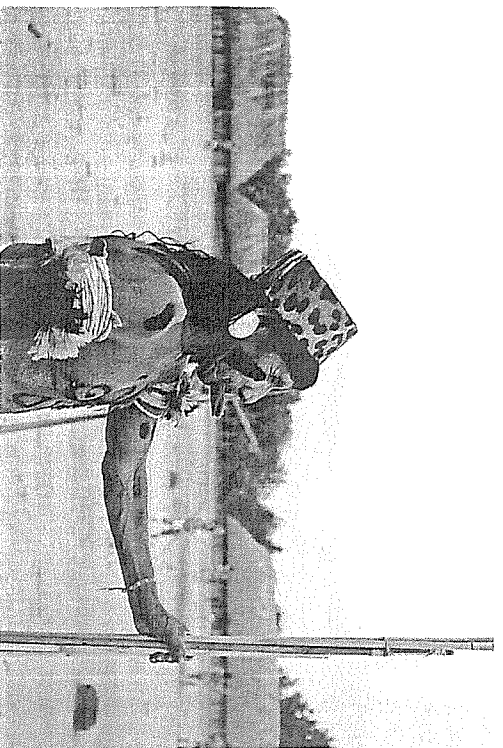


FIGURE 6.3. Romdó, Dombá's father, painted as a spotted jaguar and dressed to heal. (Photo: Mariana L. Ferreira)

deal with non-Indians and with threatening events such as serious illnesses (Seeger 1985; Ferreira 1994, 1998a).

In addition, *citic* is popular because pharmaceutical substances injected into Suyá bodies provide a powerful means for incorporating the *white man's power*. Acquiring features of the "white man's power" (*força do caratiba*) can be achieved through the exchange of bodily fluids or other essential substances (such as antibiotics), thus providing the basis for membership in a common "substance group" shared with *caratibas*. Being a part of the "white man's" substance group and still remaining a "real Suyá" is empowering, a rationale informing the decision of Dombá's close kin to allow him to undergo dialysis sessions, the transplant surgery itself, biopsies of his brand-new kidney, and the lifelong medication he was on to curtail the possibility of a rejection.

The relative ease with which Dombá accepted transplant surgery is thus explained in part by the protection afforded him through his indigenous knowledge, and in part by recent Suyá history—especially the tribe's intense contact with 16 indigenous nations in the Xingu Indigenous Park, and with the surrounding cattle ranchers, rubber tappers, gold miners, visiting government officials, Christian missionaries, and health professionals. These prolonged contacts encouraged the development of a hybrid and

polysemic conception of the body and the nature of reality among this Gê-speaking population. But to be sure, the original Suyá conception of the world was never a closed, singular one that demanded a unitary interpretation of reality. The Suyá world is implicitly multiple and fluid, a world in which human and animal, spirit and matter, lived and dreamed realities bled into each other (Seeger 1985, 1987).

Dombá's experience of diagnosis and removal from the Xingu Park for treatment in Brasília, the country's capital or in São Paulo, where the headquarters of the Xingu Project and the Hospital São Paulo are located, is not uncommon—but avoided by the Suyá whenever possible. Contrary to FUNAI's argument that "Indians like to get free plane rides to go shopping," the Suyá fear coming back to the Xingu Park after unsuccessful biomedical encounters "flying in a coffin," a common occurrence, especially for young children. Thus, the Suyá prefer to rely on their own curing chants and dream omens to prevent and treat various kinds of ailments, independent of the source or type of illness.

In 1998, Romdó suggested that the real reason his son Dombá had become ill with a *doença de branco* [white man's sickness] was precisely because he had assumed a *caratiba* identity in refusing to pierce his lip and to wear a lip disk "like every true Suyá being does."<sup>10</sup> And, conversely, the success of Dombá's kidney transplant was attributed to the fact that Dombá accepted the assistance of the same shamans who had tried to convince him to wear the Suyá-signifying lip disk. At that time, says Romdó, Dombá resisted the lip piercing because he did not believe Suyá ritual and medicine could be "stronger" than *caratiba* culture and medicine. Afterwards, Dombá finally understood the power of shamanism, without which he could not have survived his surgery in Hospital São Paulo.

Over the last 30 years there has been an intensification of shamanic knowledge and power in the Xingu Indigenous Park following several historic events: the emergence of indigenous social movements in the 1970s and 1980s, new respect and legal grounding for cultural rights found in Brazil's 1989 Constitution, and the unanticipated effects of schooling in the 1980s and 1990s. The seemingly paradoxical and defensive growth of shamanism in situations of colonial domination, especially within the larger global economic system, has been well documented in Brazil and in other South American countries (Grzinski 1988; Wright and Hill 1992; Vainas 1995; Hugh-Jones 1996; Ferreira 2001).

In contrast, biomedicine is regarded by numerous indigenous peoples as nothing more than a complement to shamanic practices, as the Suyá interpretation of Dombá's transplant surgery clearly indicates. But even when the

Suyá finally resort to biomedicine, either by asking for a *curta* at local dispensaries or by sending chronic or terminally sick individuals to Brasília or São Paulo, successes or failures are invariably attributed to the power (or lack thereof) of shamans and other supernatural creatures of the Suyá cosmos.

In the early 1980s, Dombá was allowed by his father Romdó—a celebrated Suyá ritual leader (as well as village headman)—to study at the Diarurum indigenous school in Xingu Park where Mariana was then a teacher of literacy and mathematics (1980–84). Already manifesting some of the signs and symptoms of his inherited kidney disability, Dombá was unable to keep up with the strenuous tasks he was hired for by FUNAI: chopping wood, clearing gardens, cleaning houses, hauling water, and fixing engines at the Diarurum Indigenous Post. And while his classmates, including Dombá's future brother-in-law, the young shaman Intoni, took part in vigorous hunting and fishing expeditions, Dombá stayed alone at the post, dedicating himself to mastering mathematics and learning how to read and write in both Portuguese and Suyá.

After becoming an anthropologist, Mariana returned as a consultant to several different indigenous groups, including the Suyá, assisting them, most notably in a court case concerning land tenure in 1998–99 (Ferreira 1998a, 2001). During this period, Dombá became one of Ferreira's key informants, as well as her boat pilot and guide during her trips in the Xingu Park in the 1990s. By the mid-1990s Dombá's health had deteriorated and Mariana, who was then teaching at the University of São Paulo, was able to follow closely some of Dombá's dialysis sessions, as well as his initial recovery from transplant surgery.

Dombá's narrative almost seamlessly weaves together accounts of his dialysis sessions, his conversations with his doctors, curing chants of his relatives, dream omens, and cosmic flights of magical shamans. It was never immediately clear during these narrative sessions just when Dombá was describing a "real" physical occurrence, and when he was referring to a dream or to a "vision." Neither was it immediately evident when Dombá recounted the many times that his spirit helpers, the Suyá shamans, were summoned from the forest of Mato Grosso to the hospital, whether the "call" was made (as it often was) through the hospital's short-wave radio or whether the summons was made telepathically or through a dream (as it often was). All these events—natural or supernatural—were treated in the same understated, evenhanded way, representing a reality in which the seen/unseen, visible/invisible comfortably coexisted.

During his hospital stay Dombá was often "visited" by his father, Romdó, and by his brother-in-law, Intoni, from Xingu Indigenous Park.

Metamorphosed into small magical birds (*xexéu*: *Cactus celli*),<sup>11</sup> the two powerful shamans flew many times from the dense forest of Mato Grosso to the heart of São Paulo in order to accompany and oversee various phases of Dombá's surgery and his recovery. The shaman-*xexéu* "appeared" in the operating room, where they looked over the shoulders of the surgeons, and they often tap-tapped with their hard, pointed beaks on the window panes of Dombá's hospital room,<sup>12</sup> later appearing by his bedside in their human form, decorated with ear plugs and painted bodies, and carrying plugs of vulture tobacco that they used to diagnose any problems standing in the way of Dombá's speedy recovery.

Prior to, during, and after his surgery, Dombá's wife, Kokowá, who stayed close by Dombá in the hospital, frequently contacted the villagers and shaman of their Suyá *aldeia* (village) in Xingu using the hospital's short-wave radio. She would post almost daily reports on Dombá's condition and make explicit requests for shamanic visits whenever necessary. The shamans always complied, chanting the healing songs that released their souls into magical flights that Dombá, even under the knife and the influence of anesthesia, could sense as a strong physical presence that calmed his nerves and allowed him to face the surgery and its aftermath with equanimity. As he grew stronger, Dombá began to use the hospital's short-wave radio himself in order to contact the Suyá people in Xingu directly rather than relying on the messages that were brought in and sent out by the flying shamans.

After Dombá returned to the Xingu Park in 1998, he continued to rely on his two powerful relatives, his father, Romdó, and Intoni, his brother-in-law, whose shamanic skills were instrumental not only in Dombá's survival and recovery from the transplant operation itself but also in renegotiating Dombá's new status within his original substance (kin) group, now that he possessed a white man's organ—making him a part-white person.

#### THE NARRATIVE

Here we present Dombá's narrative as he told it to us in Hospital São Paulo and to Mariana Ferreira in the Xingu Park, at her home, and in the Casa do Índio in São Paulo. We begin, as Dombá did, with his surgery and from there work back in time, rather than in a more straightforward chronological order:

#### DOMBÁ'S SURGERY

I was lying in my hospital bed, high up on the tenth floor, half awake, half asleep, the night after my surgery when I heard a tap-tapping on the window. Spirit birds were asking to be let into the room. It was

midnight and I was still weak from the operation. I knew that I should not be scared, but my legs were shaking, and I was still dizzy in my head from the anesthetic. But I managed to pull myself out of bed and open the window. Now the birds flew in as people with cigars in their mouths and decorated with ear plugs and painted bodies.

The two *pajés* [shamans] wanted to have a closer look at the operation, to probe the hole where my sick kidney was taken out that afternoon, and to blow tobacco smoke into the place where the new kidney was put inside me. A new kidney! The doctors said that I was a lucky man, because they chose a really good one for me, a strong kidney from a young guy who died in a car crash.

Well, the *pajés* kept talking into me through the hole in my belly and blowing smoke onto this new kidney that I had gotten from a white man. My protectors wanted to make sure that it was a real human's kidney and not an animal's kidney. And they were trying to see if any malignant beings were trying to get hold of me through the opening in my flesh, because, you know, when you are open like that anything can happen.

Well, they prayed and chanted for a long time. And I soon stopped shaking, because they used the white cayman's<sup>13</sup> curing chant.<sup>14</sup> The white cayman is the maker/creator of still waters—yes, he is. He spreads his hands out; he plants his legs firmly on the bottom of the river, calm, so calm. He does not shake! So I, too, stopped shivering. But when I woke up the next morning I was so cold again. It was as if a strong gust of wind had blown over my body. Then I knew for certain that the *pajés* had been there with the white cayman song for me. Because that cayman's body is cool, cool like the shallow waters that flow in the rivers of Xingu Park.

In the morning I told my wife about it. Kokowá said, "I know, the *pajés* are always tapping on the window. When you were in the operating room, they came to you to make sure that the doctors did not hurt you, and I let them in." They are always there at the window. They are here right now in the hospital room. Sometimes I see my brother-in-law, and sometimes I see another man. [Perhaps Dombá is not allowed to mention his father's name.] I always see them as people, never as animals. So I know that these are healing shamans. They are not witches. I never dream of big, ugly animals either. Whenever big animals appear in a dream, you are in for trouble, and only a *pajé* can cure you, because they can see who is causing the harm. When the *pajés* don't see anything, then it's probably a white man's disease, something they can't cure. That's how it was with this kidney of mine. It's not a Suyá illness; otherwise the *pajés* would have cured me a long time ago. When the *pajés* came to me they asked: "Any ugly animals in your dreams?" I said no. And that is why I am doing so well. No ugly, smelly animals like catfish or jaguars or tapirs in my dreams or in my body.<sup>15</sup>

Dombá had been flown to São Paulo from the Xingu Indigenous Park a year before his kidney transplant (1995) for his first extensive biomedical exams and a biopsy. It was at a time when the man could no longer bear the intense suffering caused by his malfunctioning kidneys.

#### DOMBÁ'S SUFFERING

I felt so much pain in my body [araksö]—my body hurt so much! I could no longer work. All I could do was a little bit of fishing. It was so embarrassing! At the Diaurum Post my job is to do many things—to plant manioc and rice, to hunt and to fish, to build and clean houses, to repair the boats. But now I couldn't do anything. I was in such pain.

The white doctors who came to the post said that I needed a "real" doctor. I knew what they meant—stop seeing your weird witch doctors! The truth is I *was* being treated by our own doctor, my brother-in-law, Intoni, who is a *pajé*, and by my father and by many *pajés* from other indigenous groups here in Xingu. But they weren't able to help me, not because they are "witches" but because this thing that I have is a white man's disease, not something our *pajés* can cure. Anyway, witches don't cure anybody; they just cause people harm. The white doctors just don't understand the difference.

So I came straight to São Paulo in November 1995, after a few weeks in Brasília. I was glad to get out of Brasília, because it's a place you only go to if you want to die. The doctors there only pretend they are taking care of you. They do have to pretend, though, because Brasília is their government's headquarters. But our Suyá people have noticed that once you are treated in Brasília, you only come back flying in a coffin.<sup>16</sup> And sometimes they shut the coffins so tight that our spirits have a hard time setting themselves free. No one wants to die and spend the rest of their lives stuck in a coffin under the earth!

At the Hospital São Paulo they treat Indian people much better. Indians don't die there as much, and when they do their coffins are easy enough to open. So we much prefer being hospitalized there. The bad thing is that you have to wait your turn, because obviously everyone wants to use the Hospital São Paulo! I had to spend a whole year at the Casa do Índio [a kind of halfway house for indigenous people visiting São Paulo] facing hunger and all these wretched skin diseases that you catch in that place, but I stuck it out because I really needed to see a white doctor.<sup>17</sup>

My turn finally came, and I went through all these exams, lots of x-rays. Then they put me on the blood-sucking machines [dialysis]. White doctors need all kinds of machines to see through our bodies, while our *pajés* don't need any of that. Well, the white doctors did find something wrong with my kidneys, my *iturrutö*. I was born with a sick *iturrutö*, and the doctors said that now I needed a new one.

"A new one?" my father asked me. "How can you get a new body and be the same person? You *are* your body, you *are* your heart, your liver, your stomach, and your throat. A new body is not my son; a new kidney is not my son, and I want my own son, not someone else's son." That is what my father said.

So I had to explain what the doctors had told me, that I would get a new kidney from a young, strong man who died in a car accident. The kidney would be nice and fresh, the doctors said, the best one that they could find. They promised me that it wouldn't be an animal's kidney. I was sure of that. But my father still wasn't convinced.

"If you change your body, and if you take inside yourself a white man's kidney your spirit will never be the same. You will share the other person's blood; you will share his feelings. And do you even know who this person is? His relatives will be your relatives. You will be part of his family. Oh, you are going to face big problems later on in life."

So I explained again and again what the doctors told me, that it really didn't matter whose kidney I got. But that was very hard because while to them it doesn't matter, to us it matters a whole lot! One doctor even said that it wouldn't matter if I got a woman's kidney! Now that I told the doctors, I would *never* accept. I didn't dare tell this part to my father. Can you imagine me, Dombá, with an *itirritó* from a woman! [He laughs at the absurdity.] So the doctors finally promised me that the kidney would come from a man, and I was greatly relieved.

I told my father that my own kidney is just no good and that it was always that way. I was not sick because of a *waiağa's* [witch's] spell. A *waiağa* can do something to kill you, and you feel weak and dizzy. But then you can ask a *pa'íe* for help, and he sees the *waiağa* in his dreams. But my father and my brother-in-law searched and searched in their dreams, and they never found anyone trying to harm me. And I believe that, because I have always been so generous to everyone! Since I earn money working at the Post, I buy all the kinds of things that people envy, like watches, a radio, new clothes, and I am always having to give it all away so that nobody will give me the evil eye.

That's what happened to Nhidjoco [Dombá's friend and agemate who went to the Dianarum school with him]. Nhidjoco went out collecting honey, and when he came back he didn't give it to anyone in the village. That night he dreamed that the honey was eating up his liver. He started screaming, and then he woke himself up. Every night it was the same thing, Nhidjoco dreamed of a kind of hornet that we call *mbet* stinging the inside of his belly. Nhidjoco had a big fever, and we called my brother-in-law. He prayed and prayed, but the spell was just too powerful. An evil witch had put a spell on him because Nhidjoco had not been generous, had not shared the honey all around. The next morning Nhidjoco was vomiting blood from all the stinging inside him. So they radioed an airplane to take him away to Brasília, where he died that

same night. When he died his belly was filled with blood. Two days later the plane came back with Nhidjoco in a coffin, and he was only 35 years old.

So we know pretty well when a *waiağa* casts a spell on someone, and my father knew that no *waiağa* had bewitched me. We called on different *pa'íes*, too, from all over Xingu Park, and I had to pay them a lot for their work—aluminum pans, hammers, and blankets. I asked them, "Can you see anything like an *itirru*, *itirritó*, *irokenkut* [urethra, kidney, kidney disease]?" And they wouldn't say anything. All they could see was a large catfish [*pirarara*] disturbing the still waters, but that was about something that happened a long time ago, when I ate catfish and got ill. "Catfish don't like you," the *pa'íes* would say, "but they are not bothering you right now." So it really had to be some white man's disease. Because this is how we proceed: first we try our own medicine, our *pa'íes*. If that doesn't work, then and only then we will look for the white man's medicine.

So I asked the white doctors what it could be. They thought that the problem was with my *itirru*, the tube where my urine passes through. Some things these white guys can cure, but this idea of giving me a new kidney didn't seem right at all. My wife didn't like it either. She said that it would be like her having another husband, a white husband, and that she would *never* have sex with a white man! I told her that she would have to think differently this time, since what I had was a disease and not a spell. "Look," I said, "do you think that a *pa'íe* could replace my kidney?" My father finally had to agree at this point because I was very sick, too sick to sit up and talk for a long time. His *sangere* [healing chants] had stopped working, and my temperature was up in the sky. "Go ahead," my father finally said, "go ahead and do it. We will be at your side the whole time."

#### DOMBÁ'S EXPERIENCE WITH DIALYSIS AND TRANSPLANT SURGERY

First they brought me into the little house where they plug you into a machine. The most incredible thing, something you would never expect, and there it is—a machine to suck up and clean your blood so that you can actually see it leave your body and go up into the tubes and into the machine. The *pa'íes* went crazy the first night I was in dialysis: in their dreams they saw my soul leaving my body. As the blood was sucked up into the machine, so was my soul. My brother-in-law happened to be in Goiânia [capital of the state of Goiás] on that day, and he called my wife in São Paulo to ask if I was OK because he said he had seen [i.e., had had a vision of] my soul going up into a machine. Kolowá said, "The machine is just cleaning his blood."

Two or three times a week I was plugged into the machine while I waited for a young man to have a car accident! It was way too much

suffering. Sometimes I did feel like my soul was leaving my body to get away from all the pain, and just leave me behind. Then, I would pull myself together and think, "No, I have to endure. I can't wish for a young man's death just to get his kidney!" That would be like turning into a witch myself. Then, after about six months, a young man offered his kidney to me, and I decided to take it.

It was hard, but my father sent me medicine to take before the operation. We call it *hwinthikó* or *hwinthikire*.<sup>18</sup> It is a root that you soak in water and spread all over your body. My wife spread it all over me so that I would not fear the operation. Boy, did I feel better after that! That night I had bad dreams that the doctors were stirring up my insides with a big knife, and there was blood pouring out of my belly. When I woke up, my heart was pounding fast, *hin-hin-hin*. My body ached, and I began to panic. I told my wife, "Quick, send a radio message to Xingu right away, call my brother-in-law."

Around midnight, he knocked on the window and I let him in. "I dreamed that they struck a knife inside me," I cried, and the *pijé* asked me if there were any big fish in my dreams. "No: no fish," I said, "just men in white messing up my insides with a knife." "Good, I have come to pray over you." So he lit up a cigar and looked all around the room. He searched and searched, and he didn't find anything, no spells against me. So I was calm when the time came for the operation and there were doctors and nurses coming in and out of my room. My wife sat by my side and whispered to me: "They are here with you, your father and your brother-in-law." I looked around and could not see them. I felt pain, the nurses were sticking needles in my body, and I had to hold very still. I closed my eyes, and then I saw my father. He was humming the white cayman's song for me. I lay still, still on the sand bed at the bottom of the river, and I felt the coolness of the water on my skin. The nurses took my blood pressure: "The pressure of an Indian is strong!" they said. Another nurse checked my *ironió* [heart] and said, "Yes, the Indian's heartbeat is very strong!" It was like that. When I got to the ICU [Intensive Care Unit], they checked me again. "You are certainly very brave!" they said. I only saw their faces through a cayman's eyes, and they looked to me like big, white, fleshy nurses that I could just swallow in a single big gulp! Then I went to sleep with the sound of the white cayman's song, my father's *singere*, my father's own curing song for me.

When I woke up it was five o'clock in the afternoon. I felt weak, so I went to sleep again. Only the next morning did I feel all right. The nurses told me to bathe myself. "But should I really?" "Yes, you should," they replied, so I got up and bathed. My wife looked at the cut, and she began to cry when she saw that big huge opening all stretched up while the nurse cleaned me there. I couldn't say anything. I just stared at my body. Kokowá saw my father was standing in the corner of

the room. She said that she explained the operation to him, and my father became wild with anger to learn that his son's body had been cut into. And then she told him, "Your son has a part of a white man inside his body, but it's inside, inside!" My wife was so afraid that the new kidney would be hanging out, and so was I. But it was all neatly stitched in inside! These white doctors really know their stuff!

#### DOMBÁ'S RECOVERY

After two days I got stronger and the nurses said to me, "Wow! You are peeing very well, much better than others do." But the anesthesia was wearing off now, and I began to suffer with strong pains for several hours. I asked for help, and then I felt a gush of wind, and I looked up and started into my brother-in-law's [Intoni's] eyes. He had just come flying over to see me, as a bird, and he flew right into the open window. He smiled at me, and then I knew I would be all right. The pains subsided, and I could sleep.

Now I thought of the poor white woman lying next to me on the other bed, who had received the other kidney from the dead fellow. She didn't look good at all, she looked pale, and my brother-in-law told me when I saw him later back at Xingu that he actually saw her soul rising from her body the moment he flew into the room. There was no one praying for her before the operation, no *singere*, and she only had bad dreams, I know. She was nervous before the operation, and I could just feel the presence of all these wild animals roaming around her body. Like vultures circling around dead meat. I felt so sorry for the woman. Didn't anyone care for her? Did she know they were putting a *man's* kidney into her? In the end, she didn't make it: the doctors said, and her body rejected the kidney. Well, that was probably a good thing.

After that, my doctor came in and took hold of my arm: "This Indian has a lot of courage!" But I just closed my eyes and began to dream of ["with"<sup>19</sup> my people in the Suyá village. They all wanted to know how I was doing. I felt my body warming up, my new *ihurúó* [kidney] coming back to life. But here was the problem: now I am white, too! In my dream I was walking among my people, and they didn't recognize me. They were all walking around me, staring at me, staring at my belly, amazed. They wanted to find out who was in that body, because it was so confusing! Was it a Suyá or a *carabá*, a white man?]

I woke up and told my wife, "You must send a radio message to Xingu right away, because the people there no longer know who I am. Tell them I am really myself, I am still myself!" So Kokowá sent a radio message and told everyone that I was really fine. They were so happy! She told my kids, my son-in-law, my father, and they were all very excited! "We will have the *djuni* [hummingbird] ceremony! The women will prepare the *yamurikumá* [a special ceremony in which they reiterate their power to the men]!" My kids shouted, "My father

is cured! He will come back to Xingui!" My oldest son was so glad that he shouted, "Come home to us!"

Everyone gathered around the radio shack in the village to find out exactly what happened. They had many questions. "What was the operation like?" they asked. Kokowá answered, "I myself did not see it. First they took Dombá away to the ICU and then to the operating room. But I didn't see how they put the new *iturititö* inside. I am so happy that it is inside his body, because I thought that it would be sticking out, hanging outside him. But his body is just like ours." This is what she told the people.

Kokowá couldn't stop staring at me. She looked through my eyes, through my skin, into my body, searching for my soul, trying to get to know me better. She smelled me all over, and then, finally, she accepted that I was pretty much the same as before, and she felt very good. After that, everyone began to like the transplantation. My wife told them, "It worked! The doctors worked hard on him; the *pitités* worked hard on him, and it worked." Even my father-in-law and my son-in-law were convinced.

I went to sleep, and my heart was pounding very fast. I had another dream about the operation. It is a dream I now have often. I am on my way to the hospital where all these doctors in white want to swap my body parts. But I know that I will be all right, because I see my brother-in-law [as a magical bird] perched on the doctor's shoulders, looking down at me. And I know that *Kakwáik-wapama*, our Creator God, is overlooking us all. So why should I be afraid?

#### DISABILITY AND THE SUYÁ CORPOREAL IMAGINARY

Dombá's disability—inherited kidney insufficiency—connotes far more than a simple organic dysfunction. It is rather lucky for Dombá that his kidney disease did not manifest itself very early in life and that it did not mar or alter his physical appearance. The Suyá, like other Amazonian tribes, practice neonaticide (postpartum abortion) of newborns who manifest at birth severe physical disability, especially an anomalous physical appearance. Thomas Gregor (1988) reported that infanticide was still being practiced, though covertly, by the Mehinaku Indians of the Brazilian Amazon in the case of twins (seen as a birth anomaly), some illegitimate births, and in the case of birth defects. The birth of a physically deformed infant is referred to by the Mehinaku as a *kamipa*, a forbidden or a tabooed thing, and is a source of great shame to its parents. At birth, each infant is carefully examined by the parents and other members of the kin group: "We look at its face, at its eyes, its nose, and at its genitals, its rectum, its ears, its toes and fingers. If there is anything wrong, then the baby is forbidden. It is disgusting to us. And so it is buried" (ibid.:4). Moreover, the

Mehinaku Indians contrasted their wisdom to the irrational behavior of white people who allowed their physically challenged babies to live: "The white people have many worthless, disgusting individuals among them. There are people we have seen without eyes, noses, without ears. In São Paulo there was even a man with two retracts. If such a child were born here, it would be buried in the ground immediately. Not nearby, no, but over there, far away! That is why we are so beautiful!" (ibid.).

The Suyá also practice infanticide, and Mariana witnessed a child with a harelip buried alive immediately after birth.<sup>20</sup> On another occasion, she saw the killing of an infant with what was probably spinal bifida. But these postnatal decisions take place, like abortion in the industrialized world, before the child has acquired a human status. Disabilities that are not immediately visible at birth or do not manifest themselves until later—such as blindness, deafness, lameness, mental slowness, and epilepsy—are treated kindly by the Suyá. And while infants that suffer convulsions may be killed (as witches), an older child or an adult with epilepsy is accorded a special, protected status. Not infrequently, Suyá children suffer an accident in the course of growing up in the forest zone. Children who lose an eye resulting from a stray arrow, or who become lame (*manco*), "dragging a paralyzed leg" behind them after stepping on a poisonous stingray, are treated as "special" children and are given positive nicknames.

Indeed, the ability to survive a severe illness or accident is often the sign of special powers and favors that can be marshaled and used to heal others. Powerful shamans explain their skills in terms of their having overcome adversity. For example, Inroni derives his status as a man of great spiritual power and insight from his having survived a deadly encounter with an anaconda (as well as other misfortunes). Any powerful illness that suggests a near-death experience from which the patient recovers is seen as the sign of personal charisma, and the survivors represent an elect population—those who have proved themselves stronger than the most powerful animal or witch adversaries. Among adult Suyá are found many individuals with the scars, twisted bones, and various "missing pieces" of an active hunting, fishing, and gathering population. Even the most poorly healed hunting can signify strength (not weakness) to the Suyá.

Dombá's particular disability is more complex, however, for the kidney occupies a special status in Suyá body imagery, kinship reckoning, and cosmology: Kidney disease signifies a major physical and social disability. Suyá social self-identity and kinship derive from an elaborate corporeal imaginary based on the production and exchange of bodily substances. The Suyá reckon kinship not around lineages but around the sharing of intimate

bodily substances, including milk, blood, urine, sweat, feces, vaginal secretions, spit, pus, and semen. A substance group is a kind of extended family based on birth, marriage, affiliation, alliance, and proximity. The Suyá individual is formed from the accumulated semen of *every* man with whom the mother has had sexual relations.

Those who "rub shoulders" with each other who eat together, who share food, drink, sleep under the same roof, who bathe, swim, urinate, and defecate together, constitute a basic "substance group." Thus, from conception onwards one may become "kin" to a great many people with whom one shares ties of neither blood nor marriage. Substance groups have little depth, rarely extending beyond two generations, but a lot of breadth, readily including concentric circles of socially extended kinship.

A substance group shares body parts (in sex and through birth), bodily secretions, and embodied emotions, feelings, thoughts, and dreams. What affects one individual in a substance group affects the others. They are socially, physically, and emotionally bound to each other. One cries; the other weeps. One speaks to parrots; the other befriends parakeets. Dombá believes, for example, that red peppers offend his new kidney (producing a painful urination), and so no one in his substance group may eat red peppers.

Most significantly, when Dombá accepted the offer of a strange white man's kidney, he (and his entire substance group) accepted into their bodies and into their selves a new social and psychological persona. They all became "part white," an identity filled with ambivalence and fraught with unseen danger as well as with potential power. And so Romdó warned his son: "The person with another man's kidney will encounter many problems later on."

The transplant surgeons did not then, and still do not today, understand the severity of Dombá's dilemma, and they repeat to Dombá and to his wife like a mantra the biomedical platitude that "it makes no difference whose kidney you have." For a Suyá the statement is nonsensical. Dombá understands that the white doctors *believe* this to be true, but "for us," Dombá says, "it makes *every* difference in the world."

#### DR. MEDINA, CHIEF SURGEON AT HOSPITAL SÃO PAULO

Dr. Medina, Dombá's surgeon, considered the transplant of a Brazilian Indian a real medical coup and triumph. He was looking forward to a trip he planned making to the Xingu Park in order to visit with Dombá and his shamans. He said he wanted to learn something about the plants the *pirajés* used to cure and to meet with them "shaman-to-shaman." Although we encountered Dr. Medina as he rushed through the wards and corridors of

Hospital São Paulo, it was time enough to see that he had a good and caring relationship with Dombá.

But while Dr. Medina admired Dombá's strength of character, the surgeon could not resist correcting the Indian from time to time in the midst of Dombá's narrative. When, for example, Dombá spoke of seeing shamanic birds in the operating room, Medina chuckled and said dismissively: "Well, yes, but that was just a predictable effect of the anesthesia." Or when Dombá referred to the magically protective salve that his wife put on his abdomen just before surgery, Medina said: "Oh, but our nurses would have washed that off, as we have to maintain a sterile field."

The surgeon said that he really loved handling this case, which was the first kidney (or any) transplant of an Indian from Xingu Park, and possibly the first indigenous person in all of Brazil to be transplanted. Because of Dombá's special status as a "wild" Indian and the cultural capital that he accrued from that status, Dombá was treated specially. Dr. Medina admitted, for example, that he gave the Indian more personal attention than he gave to the "ordinary" transplant patient. He defended this special treatment by saying: "Our [Brazilian] Indians have suffered so much, I did my best to make sure that Dombá got as quickly as possible to the head of the waiting list and that he got a very good kidney." Medina had (he said) personally gone through the medical files and had "hand-picked" the best candidate he could find: a 22-year-old man who had died in a car crash.<sup>21</sup>

When asked what had most moved him about Dombá, the surgeon replied that it was how calm and tranquil the Suyá Indian was compared to his other patients. Dombá never complained, he said, except to say that he could not tolerate the hospital meals, which the Indian described as "such a mixed-up mess" that they made him lose his appetite. Dombá missed "real" food—hunted meats, fresh fish, manioc cakes. Medina was also impressed with Dombá's reply to his question about what he missed most in being away from his home in the Xingu Park. Dombá had replied: "It makes my heart sad that I can't see very far outside my hospital room window. I look and look, and all I can see are other buildings." Medina found that touching.

#### DOMBÁ'S RECEPTION IN XINGU PARK AND HIS RETURN TO HOSPITAL SÃO PAULO

In August 1997, when Dombá returned to Hospital São Paulo for a biopsy after a routine checkup revealed high levels of creatinine,<sup>22</sup> we interviewed him again. He told us about his joyful return to Xingu Park in May 1997, and why he was now back at the hospital:

When I left São Paulo, the Suyá people knew I was coming home. I flew straight to Brasília and from there to Dianaurum [Indigenous Post]. When the plane was about to land, I saw a whole bunch of people waiting for me, my father and my brothers, Wetague, Temakari, and Sonkotg. My father started crying when he saw me, and he said, "I am so glad you are back!" Everyone was happy. The women roasted fish and prepared *beiju* for me.<sup>23</sup> It was so late I could only leave for Ricó [Dombá's natal village] the next day.<sup>24</sup>

In the morning we loaded the boat with all the goods I had brought with me from São Paulo: blankets, beads, a brand-new TV set, sugar, and coffee. In two hours we were there. We arrived at Ricó, where everyone was waiting for me at the shore. No one recognized me, though. They still thought that I was someone else. "Are you yourself?" they kept asking me. "Is it really and truly you?" Imagine! My own people did not recognize me, my very own relatives! My sister, Gatariu, said, "Oh, you've been away for so long. And now that you have a stranger's *imiritô* [kidney], we no longer recognize you. Is it really you, my brother?"<sup>25</sup> She cried and hugged me. Finally she said, "I told my husband to look after you very carefully, and I can see he did! You look a little bit different, but you sure look fine!"

I made sure I brought home plenty of gifts for my brother-in-law: pairs of shorts and pants, shirts, suitcases, and a backpack. I had already gifted Tarukix, all she asked for was sewing thread. And I don't have to give anything to my father. So [after the gifting] people wanted to know all the details, especially who I got the kidney from. I told them that the doctors wouldn't tell me, and that the only thing that they had promised me was that it was from a young white man. So now I have to accept that the Suyá think I am now also part white. But even so, they still like me a lot. Then, my brother-in-law had to check me up entirely to make sure no evil animals had made their way into my body. He prayed and smoked and said I was OK. Then they told me the sad news about Dombéti's illness, and how he is now turning into a witch.<sup>26</sup>

We asked Dombá how he was feeling and how his latest medical exams had gone:

Well, I was feeling OK, and it was time for my checkup. But I had a fever during the last two weeks, so when I got here [to Hospital São Paulo] they checked my creatinine and saw that it was high. The doctors told me I needed a biopsy, to stick a needle in my new kidney and take a little part of it out to look at it. My wife started crying. "Not another hole! That's exactly what those evil witches from the Alto [Xingu] need!" Because you know how witches will take advantage of any little opening in your body and—*zip!*—the next thing you know, they are inside you. When that happens, there is no way out of it, and you die.

So I told my wife, "Send another radio message to my brother-in-law and have him come here right now!" So, she did, and that evening I heard the familiar knock, knock on the window of my bedroom on the tenth floor of the Hospital São Paulo. Actually I heard *two* knocks, because a nurse also came in. She looked around and saw the window open, and she asked me if I had done that. I said yes, and she asked why. I was about to tell her, and I suddenly realized that I shouldn't. She just wouldn't believe me! So I kept quiet and told her I was hot. The *paíé* was looking over her shoulders as she took my temperature and blood pressure.

As soon as the nurse left I said, "Brother-in-law, I need your help again. These doctors are going to open up my body tomorrow, and I need you here to make sure nothing evil will come inside me." My brother-in-law said, "Don't worry. I will stay by your side. Now tell me about your dreams." I said that I had only dreamed of the doctors with white masks and white clothes, with knives in their hands, operating on the dead fellow that gave me his kidney. I tried to see the dead man's face, but he had no face,<sup>27</sup> and when I looked hard enough, I could see that it was me! So I knew for certain that the dead man has transformed himself into me and he no longer exists as himself. "You are all right," my brother-in-law said, "you don't have to be afraid any more." And I was certainly relieved to hear that. The next day my biopsy turned out fine. The white doctors said that my kidney is just fine after all [despite their fears of a rejection crisis]. So you can see why when my brother-in-law tells me something, I always believe him.

#### NARRATIVE OF THE SUYÁ PAÍÉ INTONI

Intoni, Dombá's shaman and brother-in-law, was from early childhood a man recognized by all for his sensitivity and kindness toward other people. These were the traits that lead him to become and to be accepted as a healer and *paíé* for the small group of Suyá living in Ricó village in Xingu Park. Over the years that Mariana worked with the Suyá, Intoni was a close collaborator, serving as a key witness in the Suyá land-claims case, at which he gave strong testimony of the spiritual charter for the Suyá territory. On one of her returns to Xingu Park in 1998, Mariana asked Intoni about his understanding of Dombá's illness and his role in his brother-in-law's recovery.

The following is a fragment of a very long transcription beginning with an account of how Intoni became a healer, which we have had to reduce considerably. Intoni's ability to metamorphose into various powerful creatures allowed him to routinely fly as a *xeréti* from the Xingu Park in central Brazil to São Paulo to visit and treat Dombá.

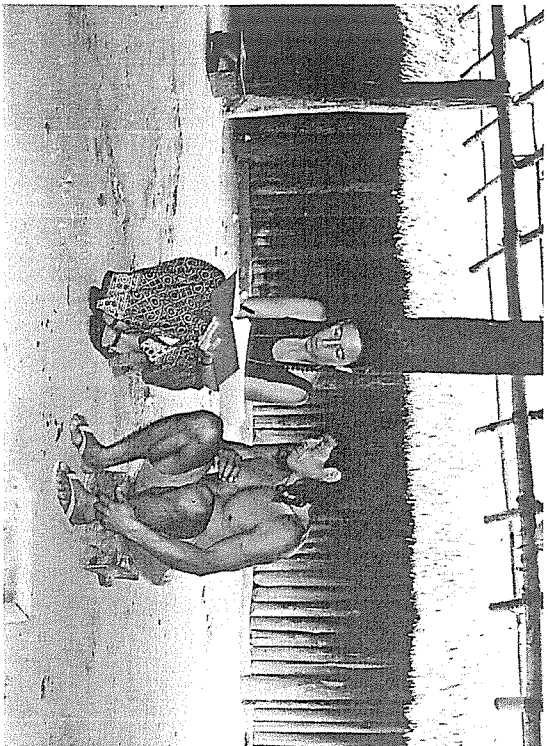


Figure 6.4. Mariana Ferreira with Intoni, Dombá's brother-in-law and Suyá shaman.

This is how it went on with my brother-in-law [Dombá]. He started getting kind of sick, feeling pain in his limbs. The *xexéu* brought a lot of medicine for him, and I gave it to my brother-in-law, but it didn't do him any good. Nothing [no disease object] would come out of him, either. It was as if I couldn't really see what was going on with him, as if a cloud were covering over his body. The *xexéu* was helping out, and at night, in its dream, it saw something: "Look, there is a coconut inside of him, but it is small [wasted]. It is a *caraiába* [white man's] thing, but I will try to take it out."

The *xexéu* flew up to the *hwintukö* plant and started scratching the root with its beak. It threw the root into clean water and picked up the root mixture in its beak to rub into my brother-in-law's [Dombá's] soft spot. I flew far away, because Dombá was in São Paulo, at a *caraiába* hospital. And when I got there, I saw the white coconut in his belly; too big for a bird's beak, and too heavy to carry away. It was a white coconut all right; it showed up in their machine. My brother-in-law told me that he saw the picture that this x-ray machine took of the coconut. The doctor said, "It is his *itirritó* that is sick; the *itirritó* is the disease." But how was I going to take the kidney out? The coconut is way too big for the bird's beak. I can't handle that. So the doctor must cut it open with a knife in an operation and take it out. The *xexéu* was

telling me that if we take that coconut out, the hole would be way too big to leave it open, and we would have to close it up somehow. You know how big those coconuts can get. So the doctor thought of putting another coconut in its place.

Now, how would a *xexéu* ever be able to find another coconut? That is something for a *caraiába* [white man] to do, because to cut someone up with a knife and swap his kidney is something an *agatonkere* [shaman] does not do. The *xexéu* said, "The *caraiába* doctor is willing to help, so let us help him, too! We will let him cut, operate, extract the coconut, and put another one in its place. And, meanwhile, we will drop medicine in Dombá's mouth and on his soft spot to calm down his soul, so that it doesn't leave the body. We will control his soul."

But do the *caraiába* really know what they are doing? That's what worried the people the most, because the *caraiába* know how to operate, but they don't understand anything about the soul or the spirit. They always say things like *Spirits don't exist!* At their hospitals nobody is there to talk to the patients' souls. There are only injections, pills, medicine to spread on the skin. And machines, lots of machines. So the *agatonkere* will help. I spent the whole time helping my brother-in-law, telling him, "You will get better. You will not have bad dreams. When you dream of ["with"] an animal, you will call on me, because I will discover which animal is doing you harm. You will call me and I will help you." This is what I told Dombá over and over again.

The *xexéu* came back telling the Suyá people that the *caraiába* doctor had taken a coconut out of another man to place it in my brother-in-law. How do the *caraiábas* do that? How do you take an *itirritó* out of somebody to place it in another person? Where is the dead man's soul? Is it wandering around here in our village, trying to find its missing part? These are the questions that the people were asking. "The doctors said it was the best kidney they could get," I told them. But the women wanted to know. "Why did the young man die?" Romdó explained. "The white man don't have *agatonkere*, that's why they die a lot. So the young man died; he is dead. And now his *itirritó* belongs to my son." "But where is the *itirritó*?" The people wanted to know. "How is it attached to him?" Dombá's wife explained over the radio how the doctors did it. The people wanted to know everything. His own father, Romdó, wanted to know everything too. Because at first he would not accept the operation and the idea that they would take his kidney out and put another one in its place.

In my dream, I can see the young man who died, but I cannot see his soul. It just left! And his kidney is not really a coconut, but a real kidney, an *itirritó*. It is alive, it is full of blood, it is life! I can see it going around and around in my hand, like a bug or some other little animal. I blow on it with the smoke from the king vulture's tobacco. Now it is calming down. I see Kokowá [Dombá's wife] in the hospital

spreading the healing *hwintukúo* on his stomach. She spreads the medicine I have dropped from my beak, and I blow the vulture's smoke on it. The kidney calms down and stops circling around. It is finally still and quiet in my hand. "You can lie still," I tell it, "because now you are going to have a new owner. You have to get used to him. Now you are inside a Suyá body, and you can't keep going around crazy like that." So I had to talk a lot to this new kidney, making it understand. Whenever it starts getting a little wild, the *xexéi* brings medicine for it, and I blow it into the wound.

Now I see the doctor stitching my brother-in-law all up! I can see it! The people are saying, "Don't leave it hanging out like an ugly thing! Close up the opening! Do a good job!" But the doctors really know their stuff, and they stitch the kidney up inside. The body is all smooth; the kidney is quiet, and there is no more disease. The disease is gone! My brother-in-law is cured! When he flew back from São Paulo, everybody saw him. And now all the people believe in me once again. So this is how I care for people. This time I worked hard with the *carriha* doctors, and we did a good job together. In my dreams I am always flying. I fly because I am a bird, you know that I am a *xexéi*, and I can fly. I can see disease; I can see people's souls. I know the spirits of all the water animals, the ones that circulate in your body looking for an opportunity to eat up your soul. I am *agatonkere*, and I know all these things because I know all their songs, all the animal songs—the *tucunaré's* [*Cichla ocellaris*], the bee's. And I sing their songs, and I show their songs to the people so that everyone learns how to sing. People are using tape recorders now, so they won't forget these healing songs that I teach them. Because it is in singing these songs of the animals that I make my people well.

#### CONCLUSION: DOMBÁ'S SPIRIT KIDNEY

Spirit or soul loss, among the Suyá, usually results from an act of sorcery by an envious witch and/or from a serious bout with illness or disability. During Dombá's prolonged illness, Dombá's father, his brother-in-law, and Dombá himself searched constantly for his spirit. A vulnerable person's spirit may wander from one location to another until it eventually decides to reenter the body. Because Dombá was seriously ill, and especially when he was under anesthesia, he ran the risk of his spirit leaving his body permanently and taking up residence with a different form of matter, human or not, animate or not, such as a plant, a rock, or an animal (Seeger 1985:197, 226). For the Suyá, as for many other Amazonian peoples, all sentient beings (even animals) are human and possess a soul. All see themselves as humans and are believed to possess human subjectivity. Likewise, all

parts of human bodies possess spirit matter. In this sense Dombá's new kidney is a "spirit kidney," facilitating the interaction between Suyá and non-Indian souls.<sup>28</sup>

Moreover, in Suyá cosmology all beings are classified as either predators or as prey. Whites, like jaguars, are among the "top predators." Because he survived his transplant with a white man's kidney, Dombá is especially empowered. As an Indian with a white man's *iturrúo*, Dombá acquired certain characteristics (both good and bad), including some of the predatory power of whites, without himself turning into a white person. Both Dombá and his substance group have inherited some characteristics of the young white male from whom Dombá received not only a kidney but also parts of the dead man's soul and his spirit double, who entered Dombá's body during his dream/vision. White/not white, body/spirit, living/dead—the transplant process provoked a central paradox for Dombá and his close kin, but one that they are learning to live with and benefit from.

The choices that Dombá, now 45 years old, has made in relation to his health and medical care have affected his wife and children, his father, Romdó, his brother-in-law, Intoni, and the other individuals who belong to his substance group. Dombá's transplant continues to affect them all. One could say that they are a transplanted community. To this day, Dombá and his substance group must all follow special dietary and other medical recommendations sent via short-wave radio to Xingu Park by Hospital São Paulo physicians and medical staff. But even this Dombá accepted with his characteristic calm and tranquillity as something new to be lived through with the help of his *pajés* and their cosmic knowledge and vision.

Finally, the kidney transplant enhanced Dombá's ceremonial power, because of the knowledge he gained from his close and intense interaction with his father, Intoni, and their animal doubles. During his surgery and recovery Dombá dwelled successfully with the animal world. This alone qualified him for ascendancy into the highest spiritual and ritual status among the Suyá. Dombá would have very likely become a ceremonial leader, a *merokinkande*, like his father, Romdó, or a *pajé*, *agatonkere*, like his brother-in-law Intoni.

#### EPilogue

Unfortunately, Dombá and his spirit kidney did not survive. The sad news of Dombá's passing reached us in 2004.

## NOTES

1. This description is based on interviews by Nancy Schepet-Hughes with more than 60 dialysis patients from private and public clinics in Recife, Salvador, Rio de Janeiro, and São Paulo, Brazil, between 1996 and 2001.
2. Cyclosporin (Sanimmune Neoral) is a strong immunosuppressant drug that prevents organ rejection by interfering with the body's natural immune response, essentially shutting it down. This renders the transplant patient vulnerable to opportunistic bacterial, fungal, or viral infections. Because of an increased risk of skin cancer, patients taking cyclosporin must avoid direct exposure to the sun and wear protective clothing outdoors. Many posttransplant patients complain of cyclosporin-induced side effects, including loss of appetite, chronic nausea, hair growth, bleeding gums, chronic diarrhea, blurred vision, and tremors. Because prolonged use of the drug can cause kidney failure and liver problems, as well as hypertension and anemia, all transplant patients need to be closely monitored. Blood pressure is usually measured on a monthly basis, and kidney function, especially creatinine levels, is tested through frequent blood and urine tests.
3. Margaret Lock (2002) reviews this fascinating history in her book *Twice Dead: Organ Transplantation and the Redefinition of Death*.
4. Based on her multistated research in nine countries and as cofounder and director of Organs Watch, a research and medical human-rights project housed at the University of California, Berkeley, Schepet-Hughes has argued that the extension of transplant capacities to new areas and to new populations, often through new markets in bodies and body parts, has led to a radical commodification of the body and exploitation of the poor, the socially marginal, and the politically vulnerable. (See Schepet-Hughes 2002, 2004b.)
5. Cross-matching is testing for the presence of anti-HLA antibodies in the blood of patients awaiting a transplant. These antibodies are directed against the HLA antigens, cell-surface proteins that create a unique personal signature for each of us. These antibodies may be created whenever we are exposed to another donor's cells—blood or platelet transfusions, during pregnancy (where the donor is the fetus presenting the father's HLA antigens), or after a previously failed kidney transplant. A transplant in the presence of these antibodies can be quickly destroyed by the patient's immune system, and that is obviously a tragic waste of a precious organ. Cross-matching is done by mixing the prospective donor's T cells with the prospective recipient's serum. If antibodies are present, they are detected by their property of binding to the patient's cells via several different kinds of assays.
6. Fieldnotes and interviews from the files of Nancy Schepet-Hughes's multistated research project (1997–2002) "Medicine, Markets, and Bodies."
7. This process continues to the present day. The Brazilian military has taken advantage of old laws allowing the construction of military bases in Roraima on the border of Venezuela and Guyana that are now threatening the survival of Yanomami Indians (*New York Times*, October 1, 2002, p.1, A10).

8. *Dianarium* means "black jaguar" in Karabi, a Tupi language.
9. Body decoration is especially important in Amerindian societies where clothing is little used. Painting, tattooing, scarification, piercing, and the use of ear and lip disks and arm, knee, and ankle bands shape and express the individual body-self and the social body of indigenous peoples in Brazil, and of the Suyá in particular. See Conklin 1997; Ferreira 2001, 2002; Ferreira and Suhbier 2002; Lopes da Silva 2000; Seeger 1985; Suhbier and Ferreira 2001; van Velthem 2002; and Vidal 2000.
10. At the time of Dombá's imitation, Suyá elders were in disagreement as to whether or not they should follow the recommendations of the Villas-Bôas brothers that they erase all obvious signs of Indianness so as to more easily "integrate" themselves into the white man's world. In the Villas-Bôas' opinion, lip disks were particularly "ugly," as they gave the Suyá a "wild" appearance and also "rotted their teeth" (Ferreira 1994:28–42).
11. The *xexéu* is a small black-and-yellow bird, similar in appearance to a crow. The *xexéu* has a "double," its magical twin, which can inhabit the bodies of powerful shamans and carry them in bird form to the distant places where the shaman's skills are needed.
12. Birds are considered the most "bland-smelling" creatures and therefore very powerful within Suyá cosmology. And of all birds, the hummingbird is the "strongest of all animals" and the most precious to the Suyá, because the hummingbird first discovered water for the group. (See Inroni's narrative on the origin of water, plants, and foods in Ferreira 1994:15–18.)
13. The cayman is a small alligator.
14. Music is a central feature of Suyá ritual life. Curing chants (*sangere*) use metaphors to create a relationship between an animal and a specific trait (stiffness, in this case) and, by association, between the animal and the human patient—as when the quiet and stiffness of the cayman under water is transmitted to the feverish and shivering patient (Seeger 1985:25–26).
15. The Suyá classify animals in terms of smell. The strongest-smelling animals are considered the most dangerous, whereas the least odorous are considered harmless and friendly to humans. The categorization of nature and the world in terms of smell provides an important key to understanding Suyá knowledge and cosmology. (See Seeger 1985:92–105.)
16. The cheapest plywood and cardboard coffins made in Brazil that are distributed by hospitals for charity patients are sealed tight with nails. Not only Brazilian Indians but poor people from the rural northeastern Brazil prefer to keep the coffins unsealed so that the soul can easily escape and begin its journey to the next world.
17. FUNAI operates a Casa do Índio in a rented house in São Paulo, as the foundation does in other large cities also. The Casa do Índio is a place to house Indians before or after they have been treated for a serious illness at a hospital.
18. *Hwintukitô* is a small plant with a pungent, sweet smell. The plant is crushed in the hands, and the pulp is rubbed on children and adults who are weak or suffer from convulsions (Seeger 1985:103).

19. The Portuguese expression that Dombá used, *sonhar com*, conveys the notion that one is virtually "with" the people one dreams of, and in this regard is close to the Suyá understanding of dreams.
20. Properly speaking, the Suyá practice neonaticide, which in most traditional contexts is a form of postpartum abortion in the absence of other alternatives. The ethnomedical literature addressing the practices and meanings of neonaticide and infanticide is extensive, rich, and contested. It cannot be treated here with any degree of the care that it deserves. An article by Lynn Morgan (1998) "Ambiguities lost: Fashioning the fetus into a child in Ecuador and the United States," is, however, a good place to begin. Several chapters in the volume edited by N. Scheper-Hughes (1987) *Child Survival: Anthropological Approaches to the Treatment and Maltreatment of Children*, also discuss this issue.
21. São Paulo has a regionalized waiting list that monitors the procurement and distribution of organs. However, these good intentions are constantly interrupted by the power of individual surgeons and large hospitals. In 1997 organs were allocated to the transplant center, not to patients, and surgeons sometimes switched the patients designated to receive the allocated organ (interview by Scheper-Hughes with the head of São Paulo's Center for Transplants, July 1997).
22. Creatinine is the end product of creatine metabolism, found in muscle and blood and excreted in urine, and used to assist the body's acceptance of the new organ.
23. *Beiju* are manioc cakes made of pure manioc starch and water.
24. The Ricó village is located on the margins of the Suyá-Missu River, which is a tributary of the Xingu River.
25. Galsarin, Dombá's sister, is married to Inroni, the *paijé* Dombá refers to as "my brother-in-law."
26. We have omitted this part of the narrative because it is not directly related to Dombá's story. After being cured by a *paijé* from the Alto Xingu, Dombéi began having bad dreams and visions, and was thus taken by the Kamaturá people to be trained as a *paijé* in their village. The Suyá feared that he would be made into a witch and thus be used by the Kamaturá as a scapegoat for local misfortunes.
27. This is a wonderful commentary on the anonymity and invisibility of the donor. But Dombá himself said that although he was curious, he really did not want to know very much about the man who would be having, as it was, such a great influence over his life and the lives of the members of Dombá's substance group.
28. According to "perspectivism," a cosmological model that accounts for the ontological differences of the various beings that inhabit the universe, all sentient beings, be they spirit, animal, or human, possess a soul, a human subjectivity (Viveros de Castro 1996). It is in this sense that we claim Dombá's new kidney is a spirit kidney.

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