
Vernacular healers, particularly wisidatus, came to play an increasingly important role in the process of rendering the epidemic comprehensible in historical, political, and social terms in the fluvial area. To be sure, the early days of the epidemic dealt a powerful blow to the prestige of noninstitutional medicine in the delta. Healers were unable to treat patients, and they admitted ignorance of the new disease. They were also quick to admit that institutional practitioners enjoyed remarkable success. A substantial proportion of the noninstitutional healers died in the epidemic. Nearly all the wisidatus who are recognised as powerful through their abilities to “own” sacred ancestral stones and other ritual objects, hold nahanamu, and cure patients are senior men holding other positions of authority. Since the epidemic threatened the legitimacy of vernacular medical knowledge and, to an extent, patriarchy, leaders sought to reestablish their authority, particularly after the terror began to subside and many of the people who had fled the delta returned home.

It is clear that the cholera stories told in June 1993 by men in Mariusa and other parts of the delta had changed radically from the previous year. From fragmented adumbrations of a range of possible scenarios, which were often marked as unverifiable gossip, healers had moved to dreams that purported to reveal the invisible dimensions of the disease, objectify it, and locate its “master” or “leader.” Rivera reveals the name of the hebu, “Poison,” thus suggesting that he can now control it. For vernacular healers in the delta, healer’s dreams are regarded as powerful through their abilities to “own” sacred ancestral stones and other ritual objects, hold nahanamu, and cure patients are senior men holding other positions of authority.

Since Rivera is an elderly wisidatu who lives in the moriche groves near the coast in the most “culturally conservative” area (as anthropologists and Tucupita residents often put it), his narrative would be a good candidate for this reading. But Rivera’s story resists appropriation by dominant narratives. Cholera is not constructed as a “traditional Warao” hebu but as a “new” disease that is associated with criollos and Trinidadians. It is modelled on the poisons used by criollos, and its secret name in the Spanish, not Warao. Moreover, by dreaming of medicines, Rivera indirectly incorporates biomedical therapies into vernacular medical practices. The dream thus ratifies the status of institutionally based treatments as the cure for cholera, and it follows on the heels of River’s sojourn as a cholera patient in the Nabasanuka clinic. Believing in vernacular disease etiologies and receiving treatment from vernacular healers did not preclude indígenas from seeking institutional health care or following through with treatment, and it did not undermine the success of biomedical treatment.

Rivera’s narrative clearly recollects cholera, pitting all criollos and Trinidadians against all Warao. He is aware of assertions that criollos want to get rid of indígenas and that the former believe that cholera just might accomplish this. Diego River the wisidatu of La Tortuga, reported a dream in which Trinidadians sent two wisidatu who were half wild pig (caquipiro) and half human to kill all the Mariusans to take their lands. A number of accounts suggested that criollos had, through their own vernacular practitioners, ordered “criollo hebu” to come and kill all Warao so that they could have the entire delta to themselves. People often described Caracas as the place of “origin” of cholera, strongly implying that officials of the national government had started the epidemic and were attempting to exterminate indígenas. Most of the dream-based narratives amount to charge of genocide.

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**Excerpts**


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was unable to walk without assistance, and he wrestled with symptoms of dementia. Nevertheless, he was tremendously engaged with questions of healing, and he demonstrated a dramatic flair and more than a touch of bragadocio, much like Rivera.

Unlike Rivera, however, he had a strong sense of humour, and he enjoyed making fun of himself and others. The two men’s lives had been quite different as well. Missionaries had not made more than occasional visits to Mariusa, but they have had a strong presence in the Winikina area since the early part of the twentieth century, and Leoni was taken as a child to a mission boarding school in the delta. “Interned” with the hospital in Curiapo, and Torres listened carefully to the doctor’s instructions. Upon returning to Winikina, he announced that every drop of water destined for drinking water, and health conditions in the community would henceforth, be boiled, that no one would travel to adjacent communities, thereby avoiding the risk of becoming infected and bringing the disease home, and that a nahanamu would be held to send away the hebu causing cholera. These three steps were performed, the community continued to boil drinking water, and health conditions improved considerably, Wakuhanas had been unaffected by recent outbreaks of measles, whooping cough, and chicken pox, that they had had only one cholera case, and that the community was, according to wisidatu Eulalio Torres and other residents, free from other diarrhea diseases.

A cholera refugee carries her belongings...