

# BIOCULTURAL COMMUNITY PROTOCOL FOR *CERRADO RAIZEIRAS*

The customary rights of healers in the *Cerrado* biome of Brazil



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## THE OBJECTIVES OF THE BIOCULTURAL COMMUNITY PROTOCOL

The traditional medicine practiced by the peoples of the *Cerrado* encompasses a variety of different approaches, due mostly to how the medicinal practices of Brazilian indigenous peoples mixed with African peoples and Portuguese colonizers that came to Brazil. These practitioners use a variety of resources to prevent and treat diseases, such as remedies made from medicinal plants, diets, baths, blessings, prayers, counseling, massages, and clay applications.

Remedies made from medicinal plants, called home remedies, are one of the most commonly used resources, even though their production and sales have no specific legislation and are deemed illegal by article 273 in the Brazilian Penal Code, which considers the offer of therapeutic products that are not registered with the Ministry of Health as a crime.

This criminalization has a negative impact on the dynamics, transmission, and safeguarding of traditional medicine. Hence, the Biocultural Community Protocol for Healers is intended to be a political instrument that can be used by organizations and social networks in public policy-making and to achieve legislation that guarantees customary rights to practitioners who use traditional and sustainable medicinal plants.

To formulate the biocultural community protocol, community representative groups from 10 regions in the *Cerrado* biome that work with traditional medicine visited each other to exchange experiences and to collectively define the criteria for good practices in preparing home remedies. After these exchanges, two national meetings were conducted to prioritize three discussion issues focused on women: the social identity of those who practice traditional Brazilian medicine; the social relationship between them; and how to guarantee effectiveness and safety for home remedies.

These meetings also included training about public policies and international agreements related to the subject of “biodiversity and associated traditional knowledge” in order to identify points of convergence between the presented laws and the customary rights claimed by the practitioners of different healing occupations. This exercise resulted in strategies to guarantee the inclusion of traditional medicine in national politics and as an implementation act of the Convention of Biological Diversity in Brazil.





## THE CERRADO BIOME



The Cerrado biome is made up of approximately 204 million hectares, which is equivalent to 1/4 of the national territory. It is considered the savanna with the richest diversity on the planet. Located in the central region of Brazil, the Cerrado forms a mosaic of various types of vegetation that range from fields to forests. This diversity of environments is the source of a native flora that has approximately 12.000 identified species, with 44% being endemic and representing 30% of Brazilian diversity.

Currently over 80 indigenous peoples live in the Cerrado, along with a great diversity of traditional peoples like riverine dwellers, healers, babaçu coconut breakers, among others. These people groups sustainably use flowers, oils, fruit, leaves, wood, seeds, roots, bark, and resins for food, medicine, clothing, housing, utensils, tools, furniture, and handcrafts.

The Cerrado is also considered “Brazil’s water mother” because it contains the sources of large rivers such as the São Francisco, Araguaia, Xingu, and Tocantins, which feed six important Brazilian water basins like the Amazon basin and the Paraná and Paraguay River basin.

However, the Cerrado is also the main area for extensive farming expansion. It is one of the most threatened environments in the world, with only 50% of its native vegetation remaining, making it a biodiversity hotspot.





## THE SOCIAL IDENTITY OF HEALERS

“The healer needs the energy that comes from plants.”



The self-identity of those who practice traditional *Cerrado* medicine is divided according to several healing specialties that are commonly known as *raizeiras* (healers), *curanderos*, remedy makers, *benzedeiros* (folk healers), midwives, pastoral agents, etc. However, these multiple identities cannot be interpreted individually because of their shared experiences in healing using biodiversity and traditional knowledge, which is why they represent a social identity.

It was agreed that a social identity was fundamental to establishing a community protocol that would grant legitimacy to those claiming their customary rights in public policies. The proposal is not to define a sole identity, but rather a representative identity for the occupation. It is important to remember that building a social identity does not impede the expression of other identities. In other words a person can have multi-identities, such as in the case of a healer who is simultaneously a *babaçu* coconut breaker and a peasant.

The identity of “healer” was chosen for this representation, and it is defined as having “the gift of healing through medicinal plants.” The concept of “gift” was collectively defined as follows: “A person is born with the gift of healing, it is something spiritual, it is wisdom inherited from the ancestors. The gift comes easily; it generates a willingness and love for working with traditional medicine. However, the gift must be awakened. Gifted ones must seek knowledge and have the courage to exercise their power of healing, if not, they will not make the most of their gift.”

The main characteristics for belonging to the healer social identity, which reinforce the gift of healing, were defined collectively with the intention of establishing mutual recognition based on an awareness of the principles, values, and actions of each occupation.





The first characteristic defines healers as the great protectors of nature. This requires them to be well acquainted with the dynamics of Cerrado environments and to contribute to their preservation - especially of water sources. Healers know how to sustainably harvest each plant without impairing its development or reproduction, and they always leave fruit and seeds for wild animals to feed on.

A second characteristic is the healer's knowledge about the power of each plant, and consequently how to use it correctly. Healers always carry a heavy responsibility when making and prescribing home remedies, and thus must understand and prevent the most common diseases in their communities and be especially familiar with hygiene practices and healthy diets.

A third important characteristic that defines the identity of healers is their salesmanship of the home remedies they produce, which are either sold at a fair price or donated to those who cannot pay. This dynamic qualifies healers to be agents of accessibility to traditional medicine and to give solidarity to those who need it: "the primary value of medicine is the cure."

Finally, a healer's entire life experience must be rooted in spiritual preparation, whether when entering areas to harvest medicinal plants, when preparing home remedies, or when dispensing health care. This preparation comes mainly from a spiritual exchange of energy and purification with nature, which is why healers must always be in touch with the Cerrado.







"The needs of the people give me the courage to be a healer."

🍂 The healers determined that the best way to demonstrate the meaning of their occupation was to present the range of their social relationships by outlining the daily paths they take to exercise their livelihood.

Their paths begin with the transmission of traditional knowledge, which comes mainly from family relationships and passed down by grandmothers, mothers, aunts, and others. However, healers also acquire and transmit knowledge through community relationships, especially in courses, meetings, exchanges, and community research. Another important space for transmitting knowledge is found in formal education institutions, where healers are constantly invited to teach courses and present lectures in secondary schools and universities. Some healers, especially younger ones, are teachers in the municipal school networks and take the subject to children and teenagers, and to adult literacy classes.

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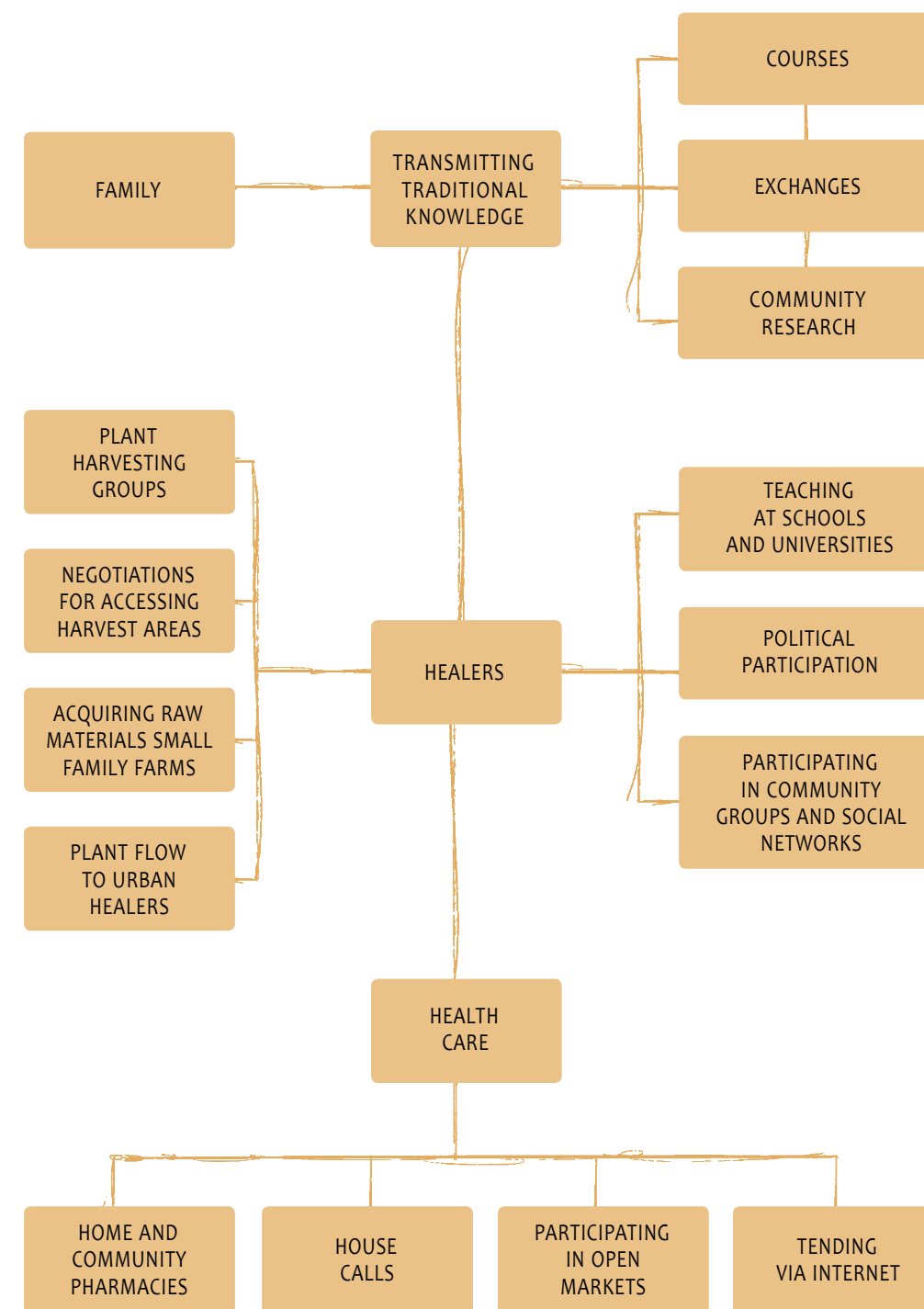


Healers organize themselves into community groups such as women's groups or health pastoral groups connected to the Catholic Church to practice traditional medicine. These groups help implement public policies at local levels, for example, by serving on municipal health councils. They also connect through social networks and participate at national levels, especially in the National Policy of Traditional Peoples and Communities and in the National Policy for Medicinal Plants and Herbal Medicines.

In order to obtain the native plants necessary for preparing home remedies, the healers organize themselves into groups to go to harvest areas, which are normally far from the communities. It is important to point out that the women feel safer harvesting the plants in groups as a way to avoid violent acts against them. The healers do not usually own the land where they harvest, so they establish partnerships with landowning farmers and/or businesses to gain permission to access these areas.

Nevertheless, healers do not live exclusively in rural areas. They also live in city outskirts and urban areas, which creates a social network based on the flow of medicinal plants from rural to urban settings. The raw materials that are necessary for preparing the home remedies, such as whole cane sugar, *cachaça* (a distilled spirit made of sugarcane), honey, vegetable oils, and others are acquired directly from small family farmers by both rural and urban healers, which reinforces a network of solidary trade.

## THE MULTI-TERRITORIAL WORK OF THE HEALERS:







## THE EFFECTIVENESS AND SAFETY OF HOME REMEDIES

"The healer knows and respects the power of plants."



Home remedies are prepared with medicinal plants and raw materials that come from family agriculture like honey, whole cane sugar, *cachaça*, and oils. The healers prepare innumerable types of home remedies that come in 14 different forms, such as *garrafadas* (bottled potions), tinctures, syrups, ointments, pills, and teas - all based on traditional techniques similar to those used for cooking. The spaces used for these productions have the same characteristics as a kitchen, and are called "home pharmacies" or "community pharmacies." Community pharmacies are different than home pharmacies because they are formed by an organized group of mostly women and they have their own place in the community, which is open to the general public.

Home remedies are recognized by local communities for their effectiveness and quality, as well as for being sold at affordable prices or donated to those who cannot pay. This dynamic characterizes home remedies as short chain products where the producers and consumers know each other, which qualifies traditional medicine as a practice of accessibility, credibility, and solidarity.





However, from the perspective of Brazilian legislation, the use of medicinal plants must be based on principles of safety and effectiveness and validated through ethno pharmacological studies, technical-scientific documentation, or clinical testing. The government does not recognize the use of medicinal plants as cognitive and cultural aspects of local communities, and classifies the practice as illegal due to lack of scientific procedure.

In this context, it is important to show that the preparation of home remedies is not random, but follows traditional criteria of good practices throughout its entire production, from plant to home remedy, which are founded primarily on traditional knowledge and the experience of the healers.



To demonstrate these criteria, the healers have defined trackability as a quality indicator, meaning the plants are tracked from the moment they are harvested in the field to when they arrive at a community or home pharmacy. Being able to track the plants ensures the correct botanical identification of the plant, the adoption of simplified management plans for harvesting, and transportation without contamination. Once the plants are harvested, processing evaluation criteria are followed for steps such as washing, fractioning, drying, and storing.



In the community or home pharmacy, the criteria for good practices in home remedy preparation are monitored especially with regards to personal hygiene, hand-washing, wearing caps and aprons, cleaning and disinfecting materials and the pharmacy facility, the correct ways to use utensils and equipment, the weights and measures, the use and recycling of packaging, insect control, and the destination of produced waste. The structure of the home pharmacy is also monitored, especially to make sure that the surfaces are finished so they can be properly sanitized, that there is no humidity or mold on the walls, and that there is a bathroom in good working conditions.

Prescribing home remedies is supported by traditional knowledge that has been passed down from generation to generation. Each home remedy has a story that is told by the healer who knows the origin of its recipe, and for whom it has been used as treatment. The home and community make up cultural laboratories that, besides preserving traditional knowledge, produce new knowledge based on continuous experiments that are validated by the “healing testimonies” of its users. Because traditional knowledge and healing testimonies are transmitted orally, and due to concern that the transmission chain might weaken over time, the healers organized and wrote Traditional Cerrado Pharmacopeia to help develop a registration system for traditional knowledge as well as to use it as their own instrument for validating the use of medicinal plants.





## Farmacopéia Popular do CERRADO

## TRADITIONAL CERRADO PHARMACOPEIA

"Traditional knowledge has no owner; it has heirs."



In 2009 the *Articulação Pacari* (Pacari Network) published a book entitled *Farmacopéia Popular do Cerrado* (Traditional Cerrado Pharmacopeia), which is a compilation of monographs about the traditional and sustainable use of nine priority plants for traditional medicine in the *Cerrado* biome. The study included identifying medicinal species, their natural habitat and ecological relationships, the parts of the plants to be used, sustainable management techniques for harvesting, indications for medicinal use, directions for use, and toxicity. The book, authored by 262 *Cerrado* healers, has collective agreements that protect the traditional knowledge it contains, and presents strategies to guarantee the preservation and access of local communities to research areas.

### EXAMPLES OF CRITERIA FOR CHOOSING PRIORITY PLANTS:

- ✿ Plants used to treat diseases common to local communities
- ✿ Plants used to cure diseases that specifically affect women
- ✿ Plants used for diseases endemic to local communities or for diseases that are difficult to cure
- ✿ Toxic plants that require more research and better information about how to use them
- ✿ Plants that are harvested for their bark or roots
- ✿ Plants that are highly sought after and/or are difficult to find
- ✿ Plants that grow near water sources, with the goal of creating proposals to preserve these environments
- ✿ Plants that are strategic to feeding wild fauna





## METHODOLOGY FOR DEVELOPING TRADITIONAL PHARMACOPEIAS

"Let us go together  
in search of new knowledge  
I learned and taught happily and with pleasure  
I am a healer seeking wisdom."



Developing traditional pharmacopeias begins with a specially developed methodology called "community research" where local community representatives become researchers, conduct field studies, collectively register traditional knowledge about the use of medicinal plants, and discuss subjects that are important to the practice of traditional medicine and the public policies related to it.

The content of community research is defined collectively by the community researchers and based on a consensus of interests and collective learning. The methodology produces dialogues about traditional know-how between youth, adults, and elderly of both genders who come from different local communities. The traditional knowledge broached by these dialogues is validated by experiments and applicability to the daily life of local communities, and by transmission between generations. The dialogue about traditional know-how also encompasses the cultural and spiritual values of traditional knowledge, which are essential for the well being of the communities.

The publication of traditional pharmacopeias is a way to give visibility to traditional knowledge associated to biodiversity, and a strategy for identifying the origin of medicinal plants and the local communities that have always made their use traditional and sustainable. That is why traditional pharmacopeias have become political instruments for developing safeguards for traditional medicine and for guaranteeing customary rights to local communities and their traditional knowledge.





Community field research can normally approach topics such as characterizing the environments where the plants grow, identifying the plant in the field and its ecological relationships, and managing the part of the plant that is used, along with its medicinal purposes. The research is conducted in prioritized harvest areas with the understanding that studies about the environments where plants grow, especially those that have water sources, can offer important information to empower negotiations with landowners, businesses, or government to guarantee local communities access to these areas in order to preserve local biological diversity and the sustainability of the community work of traditional medicine.

It is also important for community research to have the participation of a technical team that is responsible for organizing the collective registration of traditional knowledge, creating audio-visuals, presenting complementary technical-scientific information, and training the group of community researchers in public policies. Thus, technical experts are neither community researchers nor authors of the community research. In this sense, the technical-scientific information is intended to enrich the research, yet because it is considered a different system of knowledge, it does not validate traditional knowledge.

At the end of the community research project a commission is formed to politically represent traditional pharmacopeias. One of the functions of the commission is to protect registered traditional knowledge that is unduly appropriated, send political proposals for the preservation of and access to researched priority areas, give continuity to the community research of new medicinal species, as well as share this initiative with other communities. The commission can designate an organization or social network as its focal point to take on the responsibility of representing them and connecting their members when necessary.



Traditional pharmacopeias are authored by all the community researchers involved in the project; however, the collective rights over the registered traditional knowledge belong to the local communities represented by the community researchers. Therefore, it is important that the first few pages of the Traditional Pharmacopeia book state, in visible print, that it must be used by local communities. Any other use must be according to national legislation on Access to Genetic Resources and Division of Benefits.

#### PRINCIPLES OF COMMUNITY RESEARCH:

Author: local community representatives

Researched knowledge system: traditional

Research topic: priority medicinal plants for traditional medicine

Cross-cutting topic: political dimension of the value of traditional knowledge

Research location: priority areas for the sustainable harvest of medicinal plants

Research results: applicable to the well being of local communities





## THE GOALS OF HEALERS FOR *CERRADO* BIODIVERSITY



The traditional medicine exercised by healers is a practice that is intrinsic to community well being and based on access to diversity and associated traditional knowledge. It is directly related to the implementation of the Convention on Biological Diversity – CBD in Brazil, specifically articles 8 “j” and 10 “c”, which advise signatory countries to “respect, preserve and maintain knowledge, innovations and practices of indigenous and local communities,” and recognize their fundamental role in preserving biodiversity with attention to gender equity.

In line with of the goals established by the government to stop the loss of biodiversity by 2020 through the National Strategic Plan for Brazilian Biodiversity, the healers created their own goals for *Cerrado* biodiversity. The Goals of the Healers lists their priorities for practicing traditional medicine according to how the government presents the main points of its National Strategic Plan.





The first goal is about the causes of biodiversity loss and the measures to be taken so the entire population and local governments are made aware of the value of biodiversity. To accomplish this goal, the healers propose training and public consultations for local communities about the National Law for Accessing Genetic Resources and Division of Benefits before its approval by the National Congress.

For this goal, the healers also propose creating a Traditional University of the Cerrado using a non-formal and culturally appropriate education system where healers can teach about the traditional use of biodiversity as well as acquire technical-scientific experience. This proposal is related to safeguarding the healer occupation through transmission and maintaining traditional knowledge associated to the use of medicinal plants.

With regards to the goals related to biodiversity and government planning for local development and eradicating poverty, the healers propose that the government develop an action plan that considers creating priority areas for the sustainable harvest of medicinal plants, and that this initiative be used as an indicator of local development.

The healers are in agreement with the goal to eliminate government incentives to large projects, especially mining and extensive farming, which are harmful to biodiversity and impact the life of local Cerrado communities.

To meet this goal, the healers propose that the local communities be trained about their free, prior, and informed consultation and consent rights regarding the implementation of large projects in their territories.

Regarding the measures for preventing the extinction of native species that are critically endangered, the healers propose that priority species for traditional Cerrado medicine be preserved through sustainable use. To contribute to accomplishing this goal, the healers presented *Farmacopéia Popular do Cerrado* (Traditional Cerrado Pharmacopeia) as a reference guide for the National Strategic Plan so that the medicinal species it registers can be monitored, managed, and preserved by the local communities themselves. The healers also propose developing traditional pharmacopeias for all the Brazilian biomes, with the support of the national government, to function as an identification and registration system for traditional knowledge about the priority plants for preservation.

Finally, the healers also defend that local communities have free access to agro biodiversity with the right to maintain their traditional seeds free from genetically modified seeds, and that public policies incorporate and promote traditional ways of cultivating as well as agro ecological production systems for food that guarantees food sovereignty for the Cerrado peoples.





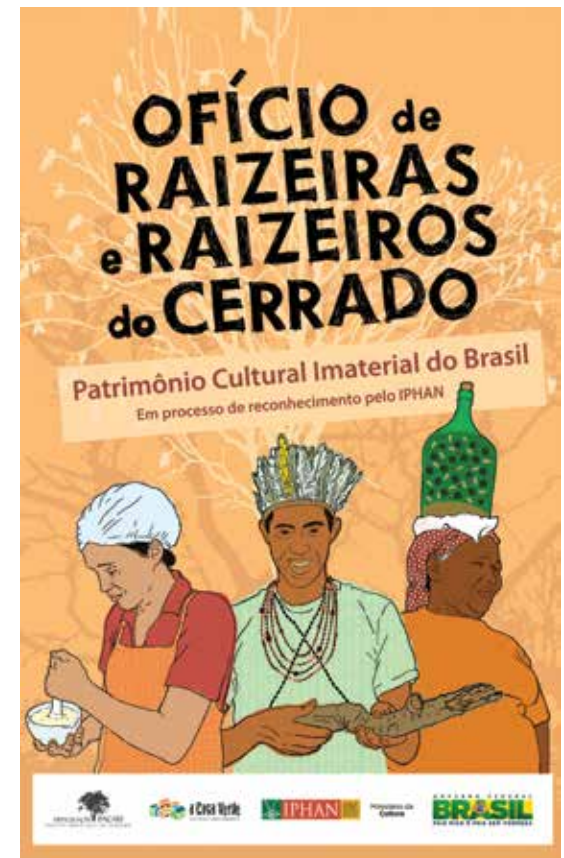
## HEALERS AND PUBLIC POLICIES

“What is the relationship between the power to cure and the political power to exercise traditional medicine?”



There is no specific legislation to guarantee the practice of traditional *Cerrado* medicine, which places healers and their occupation in insecure and vulnerable situations. Healers request primarily the freedom to use their traditional knowledge to prevent and treat diseases and to preserve the biodiversity of the *Cerrado* biome. However, winning these customary rights is directly related to how healers understand public policies and to developing political instruments that can influence them. The Pacari Network is the institutional representative for the healers in this political process.

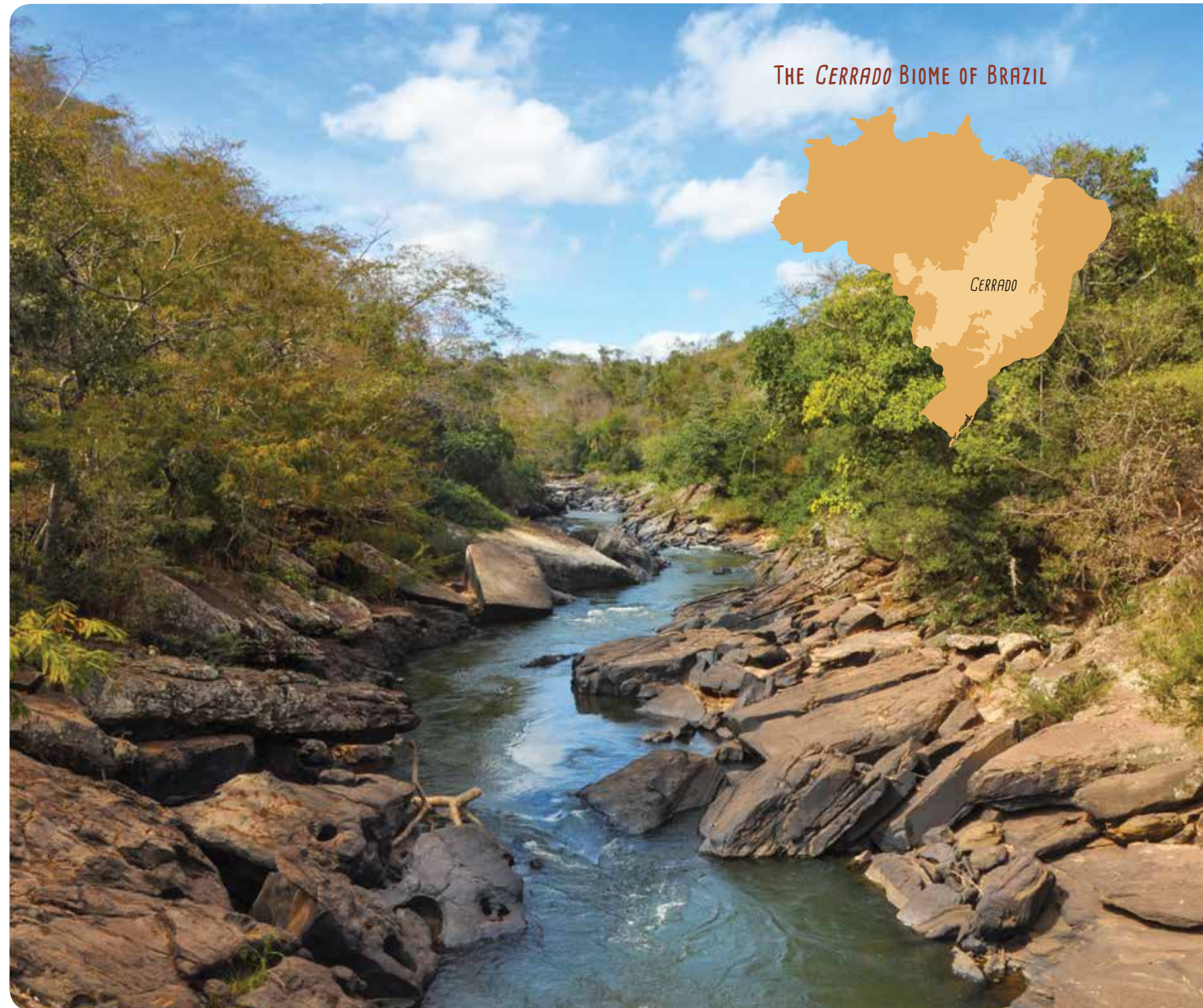
According to Brazilian legislation, producing and selling home remedies is a crime because they do not meet the requirements of ANVISA (National Health Surveillance Agency). Nonetheless, the traditional preparation of home remedies is based on local community know-how that is considered an “intangible cultural asset”, which makes it a right guaranteed by the Convention for the Safeguarding of Intangible Cultural Heritage (UNESCO). Based on this presupposition, the Pacari Network requested that the National Historical and Artistic Heritage Institute (IPHAN) of the Ministry of Culture recognize the occupation of *Cerrado* healers as an Intangible Cultural Heritage of Brazil.





In the context of politically representing healers, the Pacari Network is a full member of the National Policy for Medicinal Plants and Herbal Medicines Commission (Decree 5.813 of June 2006), which is coordinated by the Ministry of Health. The Pacari Network works to implement Article 10 of the policy: “to promote and recognize the traditional practices of using medicinal plants and home remedies.” To implement the article, it is vital to establish a theoretical reference point for traditional medicine that involves representatives from different Brazilian biomes. In this sense, a community protocol for healers can be an important contribution.

The Pacari Network is also a member of the National Policy of Sustainable Development for Traditional Peoples and Communities – PNPCT (Decree 6.040 of February 7, 2007), where it requests recognition of the social identity of healers as a traditional people group. The request is supported by convention 169 of the International Labour Organization – ILO, which recognizes the elements of self-identification for traditional peoples and communities as fundamental criteria, and reinforces the performance logic of social movements guided by the advent of new collective identities. Along with implementing this policy, the healers work to employ their Specific Objective (Article 3), which guarantees that traditional peoples and communities will have access to quality health services with emphasis on the concepts and practices of traditional medicine.





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Support:



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