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CODE OF ETHICS FOR INDIGENOUS MEDICINE OF THE COLOMBIAN
AMAZON

Siona

Jai ziaya bain ñicani ë' co uncuñen baicua ën yija

Kofán
Buthpa ateswñdejhu a'í yáge kwipa kanse patzi andema
Ingano
Tanda chiridu nukanchi pura ambiwaska upiadurpura amazonia atun
llagtamanda kuna
Kamsá
Jtenutanacain kabka biaji futammananga
Coreguaje
Ukuanuko korebaju chaipai chage ukuna Amazonía airo paina jobojaisie

UMIYAC

Union of Yagé Healers of the Colombian Amazon



The Beliefs of the Elders

**CODE OF ETHICS FOR INDIGENOUS MEDICINE OF THE
COLOMBIAN AMAZON**

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UMIYAC

ISBN:

First Edition in Spanish: *September 2000*

First Edition in English: *September 2000*

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This document was approved and signed by the Yagé Shamans of the Colombian Amazon during a special meeting held from July 24th through 28th, 2000 at the Siona Indigenous Reserve of Buenavista on the Putumayo River.

*THIS PUBLICATION WAS MADE POSSIBLE THANKS TO THE SUPPORT OF
THE AMAZON CONSERVATION TEAM (ACT), A NON-PROFIT
ORGANIZATION BASED IN ARLINGTON, VA, USA.*

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Printed in Colombia

PROLOGUE

THIS EXCEPTIONAL DOCUMENT HAS PRESENTED A NUMBER OF CHALLENGES IN ITS TRANSCRIPTION INTO SPANISH AND ENGLISH. ITS WORDS COME FROM REMOTE CULTURES WITHIN THE RAIN FOREST AND ARE THE RESULT OF A SERIES OF CEREMONIES FILLED WITH AN UNENDING SWIRL OF WORDS, MUSIC, FEATHERS AND COLORS.

IT IS NO SECRET THAT THE INDIGENOUS PEOPLES OF THE COLOMBIAN AMAZON HAVE BEEN EXPERIENCING ONE OF THE MOST DESTRUCTIVE PERIODS IN THEIR HISTORY. THE LOSS OF THEIR TERRITORIES AND CULTURE ARE HASTENED EVEN FURTHER BY THE ESCALATING ARMED CONFLICT AND THE PREPONDERANCE OF ILLICIT CROPS, WHICH ARE DESTROYING THE FOREST AT A FRIGHTENING PACE.

YET, DESPITE THESE MANY CHALLENGES, THE NATIVE PEOPLES OF THIS EXTRAORDINARY REGION STILL SURVIVE. THEY HAVE EVEN MANAGED TO KEEP THEIR MYSTERIOUS AND RICH WISDOM, ACCUMULATED OVER GENERATIONS OF CLOSE CONTACT WITH NATURE AND THROUGH THEIR COMMUNICATION WITH THE INVISIBLE WORLD, THANKS TO THEIR REVERENTIAL USE OF THEIR SACRED PLANT: THE *Yagé* (THE *Vision Yine*).

CONVINCED THAT SURVIVAL IS ONLY POSSIBLE IF THEY WORK TOGETHER, THESE PEOPLE HAVE DECIDED TO CREATE THE UNION OF *Yagé* HEALERS OF THE COLOMBIAN AMAZON (*Unión de Médicos Indígenas Yageceros de la Amazonía Colombiana - UMIYAC*) TO DEFEND AND PRESERVE THEIR MEDICINE, THEIR TERRITORIES AND THEIR FOREST.

IN JUNE OF 1999, WHEN THEY CELEBRATED THE HISTORIC *GATHERING OF THE SHAMANS*, FEW SUSPECTED THEIR DETERMINATION TO SEIZE CONTROL OF THEIR COLLECTIVE DESTINY. IT WAS DURING THIS MEETING THAT THEY JOINED FORCES FOR THE DIFFICULT TASK OF CREATING THE CODE OF ETHICS FOR THE INDIGENOUS MEDICINE OF THE COLOMBIAN AMAZON.

ALL THIS LEADS TO THE FOLLOWING QUESTION: HOW DOES ONE MAKE THE TRANSITION FROM ORAL TRADITION TO A CULTURE THAT SANCTIFIES THE WRITTEN WORD? THIS DOCUMENT REPRESENTS AN ATTEMPT TO MOVE THIS PROCESS FORWARD. AS FOR ITS ACCURACY, ALL I CAN SAY IS THAT EVERYTHING EXPRESSED HEREIN IS THE RESULT OF A FAITHFUL TRANSMISSION THROUGH MANY GENERATIONS OF HEALERS FROM FATHER TO CHILD, FURTHER REINFORCED BY NUMEROUS LOCAL AND REGIONAL MEETINGS AND CEREMONIES WITH THE PARTICIPATION OF HEALERS, LEADERS, FOLLOWERS AND INDIGENOUS APPRENTICES IN AN EFFORT TO BECOME THE ENGINEERS OF THEIR OWN FATE.

I HAVE TO CONFESS THAT MY DUTY, BEING NOT ONLY A WESTERNER BUT ALSO AN M.D., HAS NOT BEEN EASY. FOR THE MANY YEARS THAT I HAVE BEEN SURPRISED AND AMAZED BY THE KNOWLEDGE AND WISDOM THAT THESE INDIGENOUS FRIENDS AND TEACHERS POSSESS, I HAVE



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TRIED TO LEARN AND LISTEN WITH THE UTMOST HUMILITY AND RESPECT. WITH THIS DOCUMENT, I HOPE TO REPAY SOME OF THIS KINDNESS BY HELPING TO PROVIDE A VOICE FOR THESE PEOPLE SO THAT THEY CAN BEGIN TO BE HEARD BY THE OUTSIDE WORLD.

THIS Medical Code of Ethics OFFERS TWO GREAT CHALLENGES. FOR THE INDIANS, IT REPRESENTS A COMMITMENT THEY ARE UNDERTAKING TO HEAL, PURIFY AND PROTECT BOTH THEIR HERITAGE AND THEIR MEDICINE. FOR US, AS THE INHERITORS OF THE MODERN AND SO-CALLED "RATIONAL" CULTURE, IT REPRESENTS AN OPPORTUNITY TO ENGAGE IN AN AUTHENTIC DIALOGUE WITH OTHER CULTURES IN REFERENCE TO SCIENCES AND BELIEF SYSTEMS.

WITH GOOD REASON, THE INDIGENOUS PARTICIPANTS HAVE CALLED THIS EXTRAORDINARY DOCUMENT *THE BELIEFS OF THE ELDERS*. THIS HISTORIC OPPORTUNITY SHOULD NOT BE LOST ON US. FOR THE FIRST TIME, THE MOST POWERFUL HEALERS OF THE COLOMBIAN AMAZON ARE SHARING SOME OF THEIR WISDOM. WE MUST BE PREPARED TO LISTEN AND LEARN.

I HOPE THAT WITH THE WILL OF OUR GOD, WITH THAT OF THE INDIANS AND THAT OF EVERYBODY ELSE, THAT THE STATED OBJECTIVES BECOME A REALITY FOR THOSE WHO ARE SIGNING UNDER OATH; AND THAT WE (THE OTHERS), WILL UNDERSTAND AND APPRECIATE THIS MESSAGE AND IN SO DOING WIDEN THE RANGE OF POSSIBILITIES OF HEALTH AND LIFE FOR EVERYONE.

Germán Zuluaga, M.D.

Introduction

In June 1999, in Yurayaco, Caquetá in the Colombian Amazon, the heart of the territory of the Ingano people, we, their indigenous healers and traditional doctors, met in a Gathering of Shamans. Among our own peoples — the *Ingano*, the *Kofán*, the *Siona*, the *Kamsá*, the *Coreguaje*, the *Tatuyo*, and the *Carijona* — we are known as *Taitas*, *Sinchis*, *Curacas*, or *Payés*.



After 500 years of conquest, pillage, and death inflicted on our communities and cultures, we, the *Taitas* of the *yagé culture* in Colombia, have at long last been able to meet, exchange our knowledge, establish friendships, and unite to establish a common cause, with a single goal in mind.¹

We consider *yagé*, along with our other medicinal plants and our wisdom and knowledge, to be a gift from God and a great benefit for the health of humanity. We have a duty to demonstrate to the world, with determination and solemnity, the importance of our values.

At the conclusion of the Gathering, we committed ourselves to working for the unity and defense of our traditional medicine and to offering our services for the health of indigenous peoples and humanity. The *Taitas* present at the Gathering will form the Union of Traditional *Yagé* Healers of the Colombian Amazon (UMIYAC), and name leaders who will undertake our appointed tasks and represent us before the world at large, before governments and institutions.

The most direct way to preserve both our healing practices and the *Taitas'* identity is first, to define who may work legitimately as an authentic traditional healer; and second, to determine when and under what conditions an apprentice may begin the learning process, and when he may be authorized to perform a healing.

Thus, to establish our legitimacy, the Union of Traditional Healers will conceive and institute a certification procedure for traditional healers, apprentices, and disciples. This undertaking will make it possible to distinguish between traditional healers and charlatans. From the start, all apprentices will know what expectations their teachers have set for them: dietary strictures, abstinence, use of plants, moderation in liquor, and the rules of dignified behavior in general for a disciple and apprentice of the wisdom of indigenous healing.

As *Taitas* or Shamans, we know that all of us have unique ways of working. Each of us has received a different vision from his teacher and knows different ways to make remedies or to take *yagé*. The simple fact

¹ "*Taita*" is an honorific used to address healers or shamans in the region, connoting "father," "elder," or "patriarch." The term is found among the major native American linguistic groups throughout Central and South America; indeed, for centuries the term has been used by many children in exclusively Spanish speaking families as a form of address for the father.



that a Union has been formed does not mean that everyone will work in the same way. But there is agreement on the importance of setting some basic rules of discipline, behavior, seriousness, and mutual respect for our communities, for ourselves, and for those who seek us out as healers. This is the basis for our proposed draft of a Code of Medical Ethics, although we prefer to call this simply "The Beliefs of the Elders."

The Beliefs of the Elders

Cautionary Note

A. Many of the concepts we share here may well hold true for the healing practices of other indigenous peoples in Colombia and elsewhere throughout the world. And, if so, that is all the more reason for us to make clear that we make no pretense of speaking for anyone else in setting forth this Code of Ethics for our medicine. At the same time, we hope that this effort may serve as an example so that some day we will unite with other healers in defense of our heritage. Accordingly, this code is presented strictly on behalf of the native peoples associated with the "yagé culture" in Colombia: it speaks for no one else.

B. We were assisted in drafting this document by a Western-trained physician who has stood with us for many years and who has displayed the courage and responsiveness to accept our knowledge and an ample willingness to engage in an authentic dialogue between sciences. Our mutual trust and friendship allows us to benefit from his support, under the guidance of our greatest elders and based on our ceremonial yagé rituals.

C. In proposing a Code of Medical Ethics, we do not seek to use the language of modern medicine. We are still far from embracing the concepts underlying words such as "medicine," "health," "disease," and "patient," which do not always have direct equivalents in our own languages.

D. We are aware that our indigenous healing poses two problems to outside observers. First, many doubts exist as to the true effectiveness of our practices, knowledge, and skills, and of our plants and medicinal resources. Researchers with whom we have had contact almost inevitably bring their own prejudices into play, and rarely show a willingness to listen and to understand our own language and thought. We are certain that Western science has the potential to gradually begin to comprehend our medicine and



healing, but greater dialog and respect are prerequisites for such understanding.

The second problem, and a particularly sensitive point for us, is the consistent cynicism that has confronted the ethics of our medicine. For centuries, we have been categorized as "witches" or "witch doctors," and our ways have been regarded as affronts to Christian values — indeed, as products of demonic endeavor.

E. Sadly, we ourselves cannot appraise the scientific and moral value of our own medicine without acknowledging that among us there are also those who violate the basic rules of conduct and fail to follow our own training, and that some of our would-be practitioners are charlatans. In this we are not unique: modern medicine continues to see its share of quacks and unscrupulous practitioners, but we do not judge the entire Western world on their irresponsible acts. All knowledge and all gifts are dependent on the exercise of human freedom; we may choose to use them both for weal and woe. Just as the knife is an essential tool, it is also a weapon that can rob a person of his or her life. The material object is not the problem; the trouble lies in our hearts.

By the same token, our sacred vine, our *yagé*, our medicinal plants, and our knowledge may be used freely. That many of our own brothers and sisters may engage in wrong practices, and now many non-indigenous persons as well, does not nullify the great value of our medicinal heritage.

F. Let us not forget that, ever since the arrival of European conquistadors and missionaries, our medicine has been the target of brutal persecution, as the majority of its practitioners in past centuries were condemned and murdered in the name of "religion" and "science." Thus, many of our ancestors were annihilated, many more were forced into flight deep into the jungles or mountains, and still more were vainly pitted against the technical might of European weaponry. The medical practices of the survivors were often stamped out, and their traditions and cultures vanished in neglect.

Under diverse circumstances, a few of our indigenous peoples have managed to preserve our medical knowledge. As a survival strategy, we adapted to the historical injustices by incorporating new terminology, new rites, and new myths, although much of our oral tradition was altered or adulterated.

G. Nor should we forget the loss of our territories and our sacred places over the course of these centuries. We were enslaved and our wealth was



plundered, beginning with our language, our dress, and our traditions. Throughout these times, we have been forced to focus on survival and frequently to cast aside our vocation as healers.

This situation sheds light on the reasons why both in the past and the present day many of our brethren have been debased by bad habits and unseemly behavior, including alcoholism, migration to urban areas, denial of ethnic identity, and drawing subsistence from ill-advised activities. We do not seek to defend such actions, but do ask that these precedents be recalled when the time comes to judge our native culture.

The poverty, isolation, and loss of lands we sustained and the brutality we met at the hands of non-indigenous cultures brought down upon us a series of previously unknown diseases. Multitudes of our ancestors perished in pox, flu, and measles epidemics. Today, most of our brethren and offspring suffer from malnutrition, so we are particularly susceptible to tuberculosis, parasites, and cancer.

This distressing backdrop must be appreciated before doubts may be raised about the effectiveness of our healing. We believe that our most serious disease is poverty; to overcome it, we must recover our lands and raise our material standards to the minimum required to live in human dignity.

H. In order to reconstruct and strengthen our medicine, we must first reconstruct and strengthen our culture and secure possession of our lands. As we have stated since our Gathering of Elders, we must put our own house in order: we recognize that mistakes and flaws may mar our own medical and healing practices. Thus we conceive this Code as an instrument to heal, purify, and elevate both our culture and our medicine.

I. It is our sense that there is now a new opportunity to engage in a dialogue with the non-indigenous world: if so, the time may soon be at hand when our knowledge and our resources at last will receive the appreciation they deserve. The crisis of our planet allows us to offer a share of what we have preserved and to place it at the service of a new culture of life.

J. In presenting our Code of Medical Ethics, we wish to recall the hundreds of thousands of our ancestors who died unjustly for the sake of our knowledge, for the crime of being different. Today, they are the martyrs of our culture, and we render homage to them. May we cast aside thoughts of retribution, and in memory of the blood they spilled construct a new and healthier life. We bow down in reverence to the memory of these lost lives.

Who Are We?

It is important to clarify who we are, even though it is difficult to describe what we know and what we do in languages other than our own. We, the members of the Union of Healers come from five different indigenous groups each with our own terminology.

Kofan

U'fa kwipa ateswpa kansechu kuenzwa a'i
(elderly person who drinks and understands yagé)

Inga

Yacha
(Wise one)

Taita
(father, grandfather, shaman 60 years or older)

Siona

Ja' que yai baingue
(grandfather jaguar)

Kamsa Biya

Ta smbua biajiy tmoya
(yagé healer)

For years, many non-indigenous people have been calling us *shamans*, but we have never used that word and for us it has no significance. Others call us “cacique” (*chief*), but again, this term refers only to our political authorities.



Since the Spaniards arrived, we have been called *curacas*, and this is a term that we understand and accept in our communities.

The word *Taita* is also generalized among us. It is an Ingano word meaning “father,” and we now use it to refer to our grandparents and the elderly in general. In some regions it is used to address the governors of our communities and other traditional authorities. It is also used to refer to the *curacas* and especially those that over 60 years of age and therefore more respected for their knowledge. It is mostly an honorific – used for respect and while we accept it, we must clarify that it does not always mean a traditional healer.

Our indigenous knowledge of healing is, above all, a medical science, but anthropologists try to distinguish it from “modern” medicine by classifying it as “traditional” medicine. Therefore, we are frequently called “traditional” doctors. Although this may be true, we also understand that there are many different forms of traditional medicine which are common among rural and/or peasant communities. To distinguish our wisdom in more exact terms, we prefer the term “indigenous *yagé* doctor” since it reflects - with greater precision - how we regard ourselves and how we work.

Finally, those who choose to learn our indigenous medicine receive their own name in our ancestral language. In Spanish, we call them “discípulo” (disciple). To further clarify the levels, we prefer to call them “aprendices” or apprentices, especially those who are just beginning. We use the term “seguidores” or followers, for those who are in more advanced stages and can perform certain healing rituals still under the guidance of his/her mentor.

EXPLANATION OF THE ELDERS’ BELIEFS

A. *Yagé* and the Medicinal Plants

1. *Yagé* is our sacred plant: it is the king of flora and the mother of all medicinal plants. *Yagé* is a gift from God. It is the tool with which we have gained our wisdom and discovered the other medicinal plants and the remedies of nature. *Yagé* is the tool with which we have diagnosed many diseases and have treated many of them or have found their cure.



2. However, our healing practices also depend on other medicinal plants and objects; we use crowns of feathers, rattles, and other musical instruments. Our ceremonies incorporate songs and dances. Thus have we received the traditions of our elders, and we devote years to learning how to utilize all of these elements.
3. Non-indigenous people tend to regard our practices as folklore or simple superstition; our tools and ceremonies are commonly seen as senseless and ineffective. We would respectfully request that our practices not be prejudged without a thorough examination of how our medical knowledge functions.
4. Many aspects of Western medicine strike us as curious: the use of white robes, flashlights, and mechanical devices; the extraction of blood samples and x-rays to diagnose diseases; the wearing of stethoscopes; and the use of strange terminology. However, these observations do not lead us to dismiss Western medicine and its insights into the treatment of many diseases.
5. According to Western science, *yagé* is a hallucinogenic plant that may be toxic and habit-forming. Some researchers even hold that *yagé* does not have any curative effect, but simply induces susceptibility to indigenous influences in the minds of those who take it.
6. We reject these judgments associated with Western science. We marvel that after 20 or 30 years of experience such assertions would be made, when they are entirely contradicted by our knowledge and centuries of experience during which we have employed *yagé* respectfully for noble purposes.
7. We welcome any serious research on our sacred plant. But as a preliminary matter, we need to be heard and listened to seriously by such investigators, who must be willing to observe, patiently and respectfully, and refrain from facile value judgments and mischaracterizations. We are open to all research that seeks to validate and verify our knowledge and not to dismiss it prejudicially, nor to twist it for commercial, metaphysical, or therapeutic purposes.
8. As for us, we are committed to continue learning about our wisdom and about *yagé*, with respect to our sacred plant and restricting its use to that which God intended in bestowing this gift upon us. As indigenous doctors, we commit ourselves to using our plant wisely and respectfully,

and we prohibit ourselves from ever selling it or using it for commercial ventures with researchers, physicians, anthropologists, botanists, or businesspeople.

9. To the extent that we are successful in recovering our lands and ways of life, we commit ourselves to caring for, conserving, and reforesting our jungles with yagé and other medicinal plants. It is a tradition for indigenous doctors and apprentices to grow and protect yagé and other medicinal plants.

B. Our Medicine and the Spirit World

1. Above all else, our ancestors left us with profound faith in God and in the world of the spirit. We believe that all creation is the handiwork of God and that it was He who taught us to follow the path of *yagé*, the medicinal plants, and our culture.
2. Naturally, the names we have in our languages to refer to God, spiritual beings, and the supernatural world are different than those brought by the Europeans. That does not mean that we necessarily have different beliefs, or that our God is not the same God as that of other peoples.
3. We still cannot comprehend historical denunciations that associated our traditional science with the works of demons and labeled it a transgression of Christian thought. Centuries later, when Western science has ceased to believe in God and in spiritual realities, we are again condemned because we continue to be believers.
4. Most of our ancestors accepted Christian religion, and many of our practices include Christian prayers, images, and actions. We believe that our knowledge poses no contradiction to Christian values: our actions must always be based on deep love for our fellow men or women and a desire to serve the sick and the suffering. We believe that health is always a product of God's love.
5. To us, human beings are not just flesh, blood, and bone; we also have feelings, memories, thoughts, and spirituality. Western medicine, however, looks at the body alone, where we traditional indigenous health practitioners attempt to take in the entire individual and his relationships with others, with nature, and with the world of the spirit. Even though, centuries ago, our elders were both priests and doctors, today we are



doctors first, though in a sense far broader than the word "doctor" holds in Western usage. Our medical ceremonies should not be taken for religious practices, although we do invoke the name of God and natural forces in seeking help for health.

6. We will follow the teachings of our elders in committing ourselves to work with God's assistance to serve others, and in our work we will continue to seek spiritual health alongside physical health.

C. Traditional Indigenous Medicine and Morality

1. We know that we live at a time when confusion reigns regarding what is right and what is wrong. And we believe that right and wrong — good and evil — do exist, and that sicknesses are almost always the products of negative forces.
2. Many of our indigenous brothers, whether traditional healers or quacks, say that they have the ability to work for both right and wrong. But we know that this is not possible because we have been so taught: it is impossible to work for good and evil at the same time.
3. Accordingly, we reassert our commitment always to work for and on behalf of what is right and good. Our healing knowledge must be used in the service of others; it must never be used to do wrong to anyone.
4. Just as Western doctors swear the Hippocratic oath, we take our own oath to respect and to defend life. We shall never use our wisdom to work against the life or health of a living thing on Earth.
5. Consequently, we may not perform an abortion or recommend that one be performed, kill a person who is sick or suffering, or promote one human being's health at the expense of another's.
6. We seek blessings to keep our hearts free from evil, hate, desires for vengeance, jealousy, and envy.

D. Our Medicine and the Unseen



1. For us, life is full of visible things and invisible things. The teachings of our ancestors have afforded us the opportunity to believe in, see, and know unseen things.
2. Nevertheless, Western science does not appear to believe in the unseen and therefore often concludes that our beliefs are superstitions, lies, or magic.
3. We ask: What is magic to non-indigenous people? Is it contact with invisible forces and energies? Or does magic simply refer to those things that research methods fail to explain?
4. We know that God is invisible; that the world of the spirit is invisible; that the guardian spirits of our jungles and our sacred sites are invisible; and that love and sentiments are invisible. But their invisibility is no cause for us to deny their existence or to conclude that they do not figure in our treatments.
5. We strive for the day that Western science will be able to grasp our medicine, and to consider the possibility that the unseen may also exist.
6. Thus, it is our practice to identify several diseases or first causes that belong to the realm of the unseen: bad humors, envy, feelings of rage or bitterness and selfishness, and the discord between spiritual forces. And we have faith that, thanks to the legacy of our ancestors, our knowledge and skills, our ceremonies and our medical practices will always enable us to help resolve these problems.
7. It would be difficult for us to take a clear position in this Code of Medical Ethics on issues of magic, witchcraft, superstition, or lies, without having engaged in a respectful dialog with non-indigenous science.
8. The problem that we traditional healers face is not our work with visible or invisible things. In both cases, our ethical commitment is always to work with good and for good in our practices with visible things as well as with the unseen.

E. The Traditional Medical Healer and the Community



1. Formal recognition of traditional medicine in our communities cannot come from non-indigenous people, whether they represent the government or universities.
2. Prior to inaugurating an extended period of respectful dialog and objective research, we should reaffirm that non-indigenous people may not sanction our medicine.
3. As indigenous peoples, our rights are established under Colombian law and set forth in Convention #169 of the International Labor Organization, which affirms our right to health care in accordance with our own practices, customs, knowledge, and medical traditions.
4. It is our traditional authorities and our duly organized communities who are empowered to recognize our traditional medical healers.
5. We do not hold degrees or certifications; the outcome of our work is what certifies us as doctors.
6. We hold the firm belief that in order to be recognized as traditional medical healers, we must participate fully in our communities and organizations and we must share our lives in common with our indigenous brethren. We accept that our elders, our traditional authorities, and our brethren are the ones who will extend recognition to us as traditional medical healers.
7. Under these conditions, the elders of the Indigenous Medical Union will guide our communities and the non-indigenous people in order to designate who among us is recognized as a true traditional medical healer, who is an apprentice, and who fails to meet the requirements of this recognition.

F. The Learning of our Traditional Medical Healing

1. We do not study in schools and universities. For hundreds of years, our brethren have learned directly from nature, guided by the great elders who are our true professors.
2. Now, however, there are many who say that they learn from books and primers or who take courses in other kinds of medicine. They learn and



practice certain skills that regrettably often are referred to as "white magic" or "black magic."

3. We begin learning about our traditional medical healing through *yagé* and other plants of knowledge, always under the guidance of our elders. *Yagé* and nature itself comprise our most important medical textbook.
4. Our elders have taught the apprentices to obey the restrictions, guidance that our mentors demand. To test our will, they subject us to difficult challenges that demand patience and sacrifice. Apprenticeship is not a matter of a few days or months. We know that the learning process never stops, that it continues until we die.
5. It is not convenient for an apprentice to be under the vigilance of several mentors. We must always be under the guidance of a single elder who oversees our progress. We must remain with our mentor and learn from others only with explicit permission and conditions from our mentor.
6. The elders have taught us that an apprentice must always remain under the tutelage of a mentor and defer to his or her counsel and guidance. Our elders also teach us that while they are still alive, we must follow them as their apprentices or disciples. We cannot be considered indigenous doctors until our elder and mentor give their assent and until the community begins to recognize us for the results of our work. While we are apprentices, we must not try to perform healing without the elder's consent.
7. Many of the apprentices are not capable of meeting the challenges imposed by the mentors. In many cases, these apprentices, disillusioned, take to the streets and call themselves traditional healers. Apprentices that find themselves in this situation must reflect and try harder to adhere to the conditions imposed by the mentor. If they are unable, they should, with humility and respect, abandon their apprenticeship and not try to deceive anyone.
8. We are obliged to respect and to be obedient to our *Taitas* as long as they live, and to be at their disposal whenever they need us. We are more than apprentices, we are their sons, and that is why we call them *Taita*.

G. The Conduct of Elders



1. To be a *Taita* is a gift that God bestows on certain indigenous people. This gift embodies a serious commitment and responsibility to our selves, to our communities and to the world as a whole.
2. Our traditional or ceremonial attire demands proper conduct according to the teachings of our mentors. We must symbolize a proper way of life and serve as examples to all.
3. The indigenous healers and apprentices must treat everyone with respect, taking care to use polite language in all instances. We cannot engage in scandalous behavior such as fighting, drinking, betting, or abusing our spouses or children.
4. Our mentors teach us that when we engage in these types of activities, we are first censured and then, through *yagé*, we are called upon to modify or even punish our own behavior. If we fail to change our attitude, we gradually surrender our healing powers and return to where we started.
5. Similarly, our physical appearance must always be proper. Regrettably, Western influence has changed many customs and we don't always wear our traditional dress. However, although we respect the choices of the individual, we, the *Taitas* and apprentices, vow to restore our traditions and to be the first to wear our traditional dress everywhere we go.
6. Most importantly, we must always be extremely respectful in the ritual ceremonies. The *yagé* ceremony is sacred and is a vital moment in our duties as indigenous doctors.
7. We must again have our ceremonial roundhouses. These houses must be properly arranged in order to provide adequate working conditions while also inspiring respect for those who come to seek our services. The elders have taught us that ceremonial houses must be built away from the main house and ideally in the forest so that it is used only for ceremonies and in close contact with nature.
8. For many years now, many of us, indigenous doctors or not, travel to capital cities to conduct ceremonies. Although some of us do it to provide a service, frequently it is used for commercial purposes with the intention to profit, and sometimes involving charlatanism.



9. We have pledged to seek the construction of indigenous hospitals to provide services to non-indigenous people in conditions that inspire respect and in a setting that is appropriate to our way of working.
10. Once these facilities are built, we will travel outside our communities to conduct ceremonies for non-indigenous people, always mindful of our traditions and to show respect to our sacred plant.
11. As is the case in all types of medicine, some treatments may require time to take effect. If we find that we are unable to provide a cure, we will refer patients to another indigenous doctor or recommend a different type of medicine. But if we know we can provide a cure, we ask for faith and patience. If one remedy fails, we will seek another.

H. Charging for Medical Services

1. Our ancestors taught us that our medicinal plants and our wisdom are gifts from nature and God. It is not appropriate for us to charge or to make a business of our medicine.
2. Long ago, the *Taitas* were not allowed to charge for their services. The community simply took care of their daily needs and if the means existed, each person gave what they could.
3. However, our current situation is very different. We have lost our territories and our traditional means of survival. There is little hunting and little fishing, and our forest resources are growing scarcer. We also do not have the option of generating income from our indigenous territories.
4. Therefore, it is not easy to find *yagé* or other medicinal plants; we are forced to travel to distant places or to purchase it from our neighbors or peasants.
5. Thus, we justify the need to charge for the acquisition or purchase of the plants; for their preparation; for transportation costs; and for compensation in line with the benefits derived from those who seek our services.
6. Our services to our communities will continue to be free and voluntary; we accept only whatever each person is in a position to give us willingly.



7. For non-indigenous people, we will establish rates befitting the problem.

I. Indigenous Doctors and Publicity

1. The modern world places great value on publicity, in which mass means of communication promote and sell all types of services. Many of our indigenous colleagues are also using publicity to promote their work as indigenous healers. Radio, in particular, is a means frequently used to offer healing services.
2. This, however, does not correspond to what we were taught: indigenous doctors may not seek publicity. For us, the best publicity is the benefit our patients gain from our services. It is up to them to recommend us to others.
3. We therefore vow not to seek publicity or propaganda to promote our work as healers.

J. The Problem of Alcoholism

1. We cannot deny that alcoholism has become one of the most serious problems facing our indigenous communities.
2. It has been our tradition to drink chicha (an indigenous beer-like beverage) on a daily basis. Chicha is prepared by fermenting different types of native plants such as corn, plantains, palm fruit, and cassava. We know that drinking chicha, something we have done since we were children, does not harm our health; on the contrary, it is nutritious, gives energy to work and stimulates us when we are resting or having community celebrations.
3. The first Europeans brought with them strong alcoholic beverages like aguardiente (sugar cane brandy) and rum which are much more addictive.
4. Non-indigenous people prohibited the use of chicha and instead encouraged the consumption of strong beverages. In the era of the industrial exploitation of quinine and rubber, and in the present day that of coca and petroleum, our labor often has been compensated with bottles of liquor, thereby further advancing alcoholism in our communities.

5. We also know that alcoholism has grown among our communities for other reasons. We use it to try to forget our tragic state after having lost many of our beliefs, our territories, our language, and our traditions, a condition that strips us of our basic dignity. Our material, cultural and spiritual misery is a primary cause of the alcoholism in our communities; we believe that this is easy for non-indigenous people to understand.
6. We cannot forego our personal responsibility for the problem of alcoholism. To counter it, however, we must first recover our territories, our rights and our dignity. Until then, we, the indigenous doctors of UMIYAC, vow to work with our communities using our wisdom and practices to discourage alcohol abuse through a healthcare campaign.
7. Yet another serious problem is the consumption of liquor by indigenous doctors during healing rituals and ceremonies. Although there may be reasons for this, we must face the fact that it has a negative effect on our practice.
8. We believe that consuming liquor during our ritual sessions profanes our tradition and our sacred plant, and shows a lack of respect for those seeking our services. We would also not be pleased being treated by an inebriated “modern” physician. We have searched our conscience and ask for forgiveness for our role in this sad situation.
9. We, the *Taitas* and *yagé* doctors, vow not to consume liquor during our healing rituals. Although some of us have used it to diminish the difficult effects of the purge, we are committed to using only plants that traditionally have been used to accompany the *yagé*.

K. Relations with our Fellow Healers

1. For a variety of reasons, the *Taitas* of the “*yagé* culture” have lived in isolation from one another, often with lack of trust and even jealousy.
2. We know now that this situation is not acceptable, and that the time has come to create bonds and to unite in defense of our heritage and our territories.
3. Thus, henceforth we vow to work hand in hand to strengthen our union for the benefit of our communities and of our medical tradition.



4. We renounce all behavior leading to division, criticism and ill will.
5. In order to evaluate and regulate our work, we are committed to establishing an Ethics Tribunal composed of the Elders Council, the Support Committee, and indigenous doctors from each of the tribal groups represented in the Union.

L. The Medicinal Plant Trade

1. We understand the importance of growing and selling medicinal plants for domestic use and primary health care. This is an ancient tradition and we do not oppose it.
2. However, there is a growing interest in our plants and other resources for scientific research, for modern medicine and for its industrial and mass commercial applications.
3. We reaffirm our intellectual property rights over our resources and our ancestral wisdom, as well as our community rights over the resources that we have used for centuries.
4. We are willing to engage in negotiations involving scientific or commercial research as long as our rights are respected. These talks must meet the approval of the *Taitas* and the Union that we have created as well as local, regional and national organizations that represent us, with the explicit understanding that in all cases we will seek equitable distribution of all benefits derived from such research.
5. We are weary of non-indigenous people visiting our communities and filming, recording and taking photographs that may be used for commercial or promotional purposes. We insist that all visitors wishing to take photos, etc. first receive permission, and maintain that all uses of these must be explicitly in support of our cause.
6. We are alarmed by the indiscriminate trade in *yagé* and other medicinal plants from our communities. We request the enacting of international and national legislation that would allow adequate control while at the same time establishing a conservation program for our territories, our resources and our systems of knowledge.



7. As stated in the proceedings from the Gathering of Shamans, once we complete the Code of Ethics, UMIYAC, in coordination with our organizations, will seek to initiate legislation on the Trade and Commerce of Plants and Medicinal Resources from the Colombian Amazon.
8. As *Taitas*, we solemnly promise neither to participate in the trading of *yagé* and other medicinal plants, nor to sell raw or prepared *yagé* for the distribution of non-indigenous people. We may use *yagé* only for our ritual ceremonies in order to diagnose and heal in accordance to our tradition.

M. Our Relationship with Other Medical Systems

1. Like other cultures, we have developed our own authentic medicine throughout millennia. We acknowledge that our medicine is neither the only system nor necessarily the most effective one.
2. We believe that all forms of medicine have one purpose: to heal humanity.
3. Among the different types of medicine, we are of course familiar with what is called “modern” or “Western” medicine. It is the medicine that has been imposed on our communities and much of the world for a century.
4. We acknowledge and recognize that modern medicine has brought many benefits to our communities. Western doctors can treat many diseases that we are unable to cure; in particular, emergencies and injuries and ailments requiring surgery or specific drugs.
5. However, we also know that modern medicine cannot cure all ills. In many instances it merely suppresses pain or offers no benefits whatsoever. Modern medicine focuses on the body, and does not take into account the invisible and health problems caused by our imbalanced relationship with nature, people and the spirit.
6. We must remember that modern medicine in many cases has sought to combat or change our medical traditions. Health workers and promoters have tried to convince us that our wisdom and our plants are superstition, witchcraft or lies. They have tried to force us to change our ways because they believe that the “white” way is the only way to live.



7. We need the services of modern medicine in our communities. However, we ask that these services be provided with respect for our traditions. We request support from the government in strengthening our traditional medicine without conflict or competition with modern medicine.
8. The *Taitas* and apprentices wish to understand modern medicine. We do not pretend to abandon our medicine or to compete with Western doctors. We wish to receive training in modern medicine so we can complement our medicine and thereby provide better services to our communities.
9. We know that there are alternative therapies available. We are aware of acupuncture, homeopathy, neural therapy, bioenergetics and other treatments that we do not as yet understand.
10. Those who practice alternative therapies share with us the desire to prove the efficacy of their methods. We are willing to engage in a dialogue with them in order to learn and try to understand their methods, and we acknowledge that we cannot qualify or disqualify their treatments.
11. However, we observe that a number of these “alternative medicines” speak of “shamanism” and “indigenous medicine techniques.” We suspect that many of these practitioners have participated in ritual ceremonies and therefore feel qualified to work as “shamans.”
12. We do not want any form of medical practice to use our names, symbols, tradition and dress to publicize their work. By the same token, we vow not to utilize traits of medical practices for which we have not received appropriate training.
13. Finally, we believe that before initiating an exchange of knowledge and practices, we must first “put our house in order,” recover our territories, build our ceremonial houses and cultivate our medicinal plants so that we may hope for a more dignified life as humans and indigenous doctors.



Code of Medical Ethics

We believe that all of creation is the work of God, and that it was He who gave us the way of *yagé*, the other medicinal plants, and our culture.

To be an indigenous medicine doctor is a gift that God confers on us. But it also represents a great compromise and an enormous responsibility to our selves, to our communities, and to the entire world.

Continuing with the teachings of our elders, we accept the mandate to work as indigenous medicine doctors with the help of God, in order to serve others.

We must always be inspired by deep love towards our fellow man, by a desire to serve the ill and the suffering. We are convinced that health comes from God's love.

In the same way that Western doctors take the "Hippocratic oath," we take our own oath, in which we promise to respect and defend life. We may never use our knowledge to compromise the life or health of anyone on Earth.

By the same token, we are forbidden to perform or to suggest abortions, to help to kill ill or suffering people, or to promote one human being's health at the cost of another.

Thus, we reaffirm our mandate to always work for the good of all. Our medicine must be at the service of others, and our knowledge may never be used to cause harm to others.

To be regarded as indigenous doctors, we must remain an integral part of our communities and organizations, and we must live permanently with our indigenous brethren.

We accept that the elders, the traditional authorities, and our brethren are the ones who give us recognition as indigenous doctors.

Under these conditions, the *Taitas* of the Union of indigenous doctors will guide the communities and the non-indigenous peoples regarding



who among us are recognized as true healers, who are true apprentices, and who are those who have met the requirements for these positions.

We learn about our medicine from *yagé* and from other knowledge plants, always guided by the *Taitas*. *Yagé* and nature are our most important sources for medicinal knowledge.

We are committed to continue to learn about our natural world and about *yagé*, respecting this sacred plant and not allowing its use apart from its use as a gift from God. As indigenous doctors, we promise to use this plant sacredly and wisely; we forbid its sale and will not participate in negotiations with researchers, doctors, anthropologists, botanists, or traders.

It is inadvisable that an apprentice study under several elders, even if they are related or are friends. We must always have an elder to train us and to guide us. We should try to be at his side and to learn from others only when our *Taita* allows us to do so, and only under the conditions that he establishes.

The elders also teach us that so long as they live, we will continue to be apprentices. We cannot consider ourselves indigenous doctors until the elder himself allows us to do so, and until the community begins to recognize us for the results of our work.

It is our duty to pay respect and obedience to our *Taita* teachers while they live, and to always be available to help them and take care of them.

The indigenous medicine doctor investiture demands of us very strict rules of conduct, following the teachings of our elders. We must lead a righteous life, guided by good, and we must serve as an example to others.

The shamans and apprentices must always be respectful of people, and use kind and appropriate words at all times and in all places. We may not engage in scandalous conduct, such as being drunk, getting in fights, betting and gambling, or by mistreating our spouse or our children.

By the same token, we must always be well groomed. Even though we respect individual freedoms, we, the *Taitas* and apprentices, should be the first to recover our traditional dress code, especially during healing ceremonies.



Henceforth, we, the *Taitas*, accept the mandate to strengthen the union among us, and to join forces for our benefit, for the benefit of our communities, and for the benefit of our medical tradition.

We renounce any thought or action that may create division among us, in particular that which offends, criticizes, or discredits another.

We agree to establish a Tribunal of Ethics, formed by the elders of the High Council, by the Support Committee, by one *Taita* representative of each indigenous group, and by one representative from each local or regional organization that represents us, for the control and evaluation of our activities as traditional doctors.

For those actions committed by a *Taita*, an apprentice, an indigenous brother, or non-indigenous people regarding our medicine and the use of our plants, and that can be considered a misdemeanor in our Code of Medical Ethics, we will try to state our complaint, to provide counsel and then to correct the issue; failing this, the matter will be taken before the Tribunal of Ethics.

The indigenous doctors are committed to work in our communities, with our knowledge and our practices, to eradicate alcoholism, and from our Union of Indigenous Doctors we will start a traditional health campaign to achieve this goal.

The *Taitas* and *yagé* doctors accept the mandate to eradicate liquor consumption during our medical practices. We promise not to use it, and to return to the consumption of the plants and beverages used by our ancestors to accompany the use of *yagé*.

We promise to offer our services as traditional indigenous doctors first to the members of our community and our indigenous brothers, and also to the non-indigenous people, when they need it and ask for it.

We promise to never publicize or advertise our services as indigenous doctors. We trust that those who benefit from our services will be the ones who recommend our services to others.

Regarding treatment for non-indigenous peoples in the cities, we have assumed the mandate to build indigenous hospitals. In this way, we will

be able to perform our ceremonies in respect and relative comfort, appropriate to our traditional way of working.

Once these hospitals have been built, we will offer to visit the cities, if non-indigenous peoples so need, but always to work in accordance with our traditions and with due respect to our sacred plant.

At this time, we find we must charge for our services as remuneration for the expenses of medicine acquisition and preparation, travel, and fair compensation for our work, considering the benefits derived by the people that come to us.

Regarding medical attention in our own communities and for our indigenous brothers, we will still offer our services in exchange for whatever may be given voluntarily.

For non-indigenous people, we will try to establish rates appropriate to the problem to be treated.

To the extent that we can recover our territories and ways of life, we accept the mandate to take care of and preserve our jungles, and to reforest them with *yagé* and other medicinal plants. It is the obligation of every healer and apprentice to preserve and propagate *yagé* and other medicinal plants.

We reaffirm our intellectual property rights over our ancestral medical knowledge and our rights as indigenous peoples over the resources that we have employed for many centuries.

Regarding possible negotiations over research and commercial applications, we will entertain such discussions only if and when our rights are taken into account, and only if the aforementioned negotiations take place in agreement with the *Taitas* and the union that we have formed, in accord with the local, regional, and national organizations that represent us, in all cases looking for a fair distribution of the economic benefits that may result.

As we have promised since the Gathering of Shamans, immediately after publishing our Medical Ethics Code, the shamans from UMIYAC, in coordination with our organizations, will initiate legislation regarding the Commerce and Trade of Plants and Medicinal Resources of the Colombian Amazon Piedmont.



We solemnly promise, as elders and apprentices, to not participate in the commerce and trade of *yagé* and medicinal plants, nor to sell *yagé*, either raw or prepared, for its distribution among non-indigenous people. We may use *yagé* solely for ritual ceremonies, with the purpose of diagnosis and treatment of diseases, according to our tradition.

We accept and respect modern medicine. We need and ask for its services for our communities, but we ask that these services be offered with respect for our customs. We ask the people in government for their help in strengthening and defending our traditional medicine, without conflict or competition with modern medicine.

We, the *Taitas* and apprentices of indigenous medicine, want to learn about modern medicine. We wish neither to set aside our own practices nor to compete with Western doctors. We desire basic training in modern medicine to complement our knowledge and to offer better services to our communities.

We insist that no form of medicine claim our name, our practices, or use our symbols and dress to publicize its work. By the same token, we promise not to assume the name or the practices of those medicinal pursuits for which we have not had any sort of training.

We believe that before we begin to exchange knowledge and practices, we must first strengthen our own medicine, put our community in order, recover our territories, build our community houses and again grow our medicinal plants. Naturally, we must also have a decent life as human beings and as indigenous doctors.

We sign and accept this text under oath in the name of the God of the Indigenous Peoples and the God of all.