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Interviews

“My dear midwives”: an interview with Dona Zenaide

“Minhas queridas parteiras”: entrevista com Dona Zenaide

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Abstract

This study features an interview with Dona Zenaide, a traditional midwife from Acre, and includes biographical details and personal reflections. The interview began by focusing on the baby’s first hour of life, opening the door to a discussion about traditional childbirth. Drawing on a targeted report reflecting the social and collective memory of Amazonian Brazilian midwives, interviews provide a qualitative understanding of conventional birth practices in rural settings—such as rubber plantations, Indigenous and Quilombo territories, and other regions relying on local knowledge. This shows the intergenerational and intercultural transmission of traditional and community Amazonian education.

Keywords: traditional natural childbirth; memory; education; ancestral knowledge.

Resumo

Este texto apresenta uma entrevista realizada com uma parteira tradicional acreana, Dona Zenaide, somada às informações biográficas e reflexões finais. A entrevista temática teve como disparador a primeira hora de vida do bebê, o que permitiu percorrer o tema do parto tradicional. A partir do relato direcionado que, não obstante, expressa aspectos da memória social e coletiva do trabalho das parteiras brasileiras amazônicas, o depoimento concede elementos qualitativos para a compreensão da prática do nascimento na ação tradicional em regiões rurais, como os seringais, as terras indígenas, quilombolas e demais regiões atendidas pelos saberes tradicionais da terra. Representa, assim, elementos da educação tradicional e comunitária amazônica, transmitida entre gerações e culturas.

Palavras-chave: parteira tradicional; memória; educação; saberes ancestrais.

PRESENTATION

When in danger the sea-cucumber divides itself in two:

oneself it surrenders for devouring by the world,

with the second, it makes good its escape.

It splits violently into perdition and salvation,

into fine and reward, into what was and what will be [...].

If a scale exists, the balance does not tip.

If there is justice, here it is.

To die as much as necessary, without going too far.

To grow back as much as needed, from the remnant that survives [...].

Here a heavy heart, there non omnis moriar,

just three little words like three feathers in ascent [...]. (“Autonomy”, by Wisława Szymborska).

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Figure 1. Dona Zenaide – Estúdio Baquemirim, Rio Branco, Acre. *Note*. Regional instruments: *espanta-cão*, *pandeirões*, *pandeirão de apuí*, *zabumba*, *maracas*, and *colheres*.

The voice of a traditional midwife, calling us to feel and reflect on the vitality of her work exactly where the Amazon pulsates, gives the body to this study and interview. Through this voice, plural paths are *traveled* and discovered. For example, one can expect that a midwife will be asked about how many babies she has helped enter the world through her hands; intangible, because inconceivable, is knowing how many women and children have stopped dying because of those same hands, whereby ancestral knowledge provides life at the time of "precision"[1].

Thus, the interview we conducted expresses part of the perspective and experience of the traditional midwife from Acre, Maria Zenaide de Souza Carvalho (Figure 1), a descendant of the Ashaninka culture[2] on her maternal side and Northeast on her paternal side, raised in the Indigenous and rubber tradition.[3] She was born on May 7, 1957, in the region of Alto Tarauacá, in the Municipality of Jordão, in the state of Acre, Brazil. Growing up near the Peruvian border in Alto Juruá, she recounts performing her first childbirth delivery—by herself—at the age of ten. Today, about 400 children have already been born through her autonomous midwifery, which is based on the understanding and wisdom of the environment where she lives, considering its constant articulation with other midwives, Indigenous and religious leaders, and rubber tappers.

After the age of 11, Zenaide moved to the Municipality of Marechal Thaumaturgo, Alto Juruá, where she became literate with the help of a rubber tapper named Zé Pretinho—who had the practice of reading *cordéis* to children. She says that when she got home, her father taught her to memorize these *cordéis* through melodies so that she would not forget. These occasions enabled her to learn by orality, *repentismo*,[4] and melodies, a form of verbal comprehension much more engaged in memorization and the orality mentioned above than in writing.

Zenaide had many experiences in a historical context where Indigenous people are rubber tappers, and rubber tappers survive thanks to the Indigenous way of life. She highlights the

[1] Refers to the labor time.

[2] The Alto Juruá region borders Peru, dividing its hydrographic basin between Indigenous areas. In the West, the native Kampa people from Amônea River (Kampa from Amônea River Indigenous land) to the North, the native Jaminawa-Arara people, to the South, the native Kampa people from Breu and Kaximinaua River, and to the East, the native Kaximinaua people—all in Brazilian territory and belonging to the Ashaninka culture, between Brazil and Peru. There is the nomenclature Kampa, given to the Ashaninka by the White man, the rubber tappers (Memorial Chico Mendes, 2024).

[3] Zenaide had already been observing and helping her mother, a midwife, so one day she could be a midwife as well, as is the tradition in her culture. On occasion, there were two women giving birth, one on each side of the Juruá River, in Marechal Thaumaturgo; and so, her mother assisted the birth of one, and she to the other one, on each bank of the river.

[4] **Translator's note**: The term *repentismo* has been retained in the original Portuguese, as it refers to a culturally specific practice deeply rooted in Brazilian tradition, particularly in the country's Northeast. *Repentismo* is an improvisational art form of poetic and musical expression closely tied to *cordéis*—booklets of popular folk literature. Practitioners, known as *repentistas*, engage in verbal jousts or *cantorias* by improvising strophes in real time, often accompanied by melodies. This oral tradition relies on the use of rhythm, melody, and thematic creativity, emphasizing verbal agility and memory. The improvisational nature of *repentismo* connects it to broader practices of oral literature, where memory and performance play key roles, as highlighted in this excerpt.

Seringal Restauração Community, located at the mouth of the Machadinho River, and rubber plantations where the Kuntanawa native people lived, where Zenaide learned about literacy and had the opportunity to help another 60 people become literate. In 1994, she took her first midwifery course and then traveled to Pernambuco, where she specialized in traditional childbirth and established contacts with other traditional and Indigenous midwives. In the Municipality of Marechal Thaumaturgo, Zenaide assisted doctors in childbirth and worked with the Association of Traditional Midwives of the Maria Esperança Forest (Associação de Parteiras Tradicionais da Floresta Maria Esperança). This organization brings together women from the Alto Juruá Extractive Reserve, to whom Zenaide dedicates the song "My dear midwives."

She moved to Rio Branco, Acre, in 2001, where she became a leader of the midwives' movement. She encouraged women's autonomy and the search for rights for midwives as traditional workers and for women in the face of a patriarchal society. In monitoring pregnancy and birth, Zenaide uses knowledge of the forest and unites Indigenous tradition and elements of regional culture; such monitoring involves prenatal, post-partum, and childbirth. Analyzing changes in the woman's body at all times is fundamental.

The intensity of the gestation of a child finds in Zenaide's account an emblematic phrase: "A woman, when she becomes pregnant, either gives birth or dies." Thus, the midwife's mutual help is a form of resistance, survival, and autonomy that inscribe in the territory a process connected with culture and nature. It is an interesting counterpoint if we observe that childbirth institutionalized by the hospital imposes on pregnant women another type of "culture" of survival, promoted by the technicality and impersonality of health companies, where forms of emotion around childbirth are also treated as products. The traditional midwife is part of a sociocultural context: people look for their ancestral knowledge at the time of "precision." And let us remember: this hour (the birth of the baby) is either handed over to institutions or ancestry; in the latter, the manifestations of the body through the birth of a baby express the belonging of women and men to nature.

Through the use of song, Zenaide projects love in her deliveries to bring warmth to the woman and welcome the child into a world quite different from the security of the mother's womb. It thus recognizes nature as protective of midwives and women during childbirth. Moving between the margins that on one side point to creation and on the other to the burden of violence of patriarchy, Zenaide suffered the scourge imposed by the sexist and violent faces that plague the lives of women in the rubber plantations and in the Amazon. When she suffered an attempted rape, she was assaulted to the point of completely losing sight in her left eye—and this mark further reinforces her critical position in the face of social and economic inequities between men and women. Thus, the midwife is, at the same time, the help and the need: her presence ensures that women do not die and children are born in the high forest, as she sings in "Let's Give Value." In this song, Zenaide's melody is inspired by the rubber anthem "Let's Value Rubber Tappers." By resorting to the melody and theme of the profession's valorization, Dona[5] Zenaide equates work with the extreme needs of the forest in regions where few know of survival, and many know the violent exploitation of rubber.

1. "Let's give value (*marcha*, Gm)"

Let's give value to these midwives
Come on, come on, come on, guys
For it is the poor of these midwives,
Who develop such an amazing job

They are the ones who are
Scattered at work
Within the municipalities
With no money to make
When that day comes,

[5] **Translator's note**: "Dona" is a respectful form to address a female person in Brazil. In English, the closest would be "Mrs.," "Madam," or "Lady."

At the time of precision,
She soon rushes
And goes in the direction

Walking four to five hours
With their little feet on the ground,
Often even sick
And with no food.

Her journey shows Zenaide is a composer and singer of songs about her land, the rivers surrounding it, and her culture; the rhythms are regionally called *basque de samba*, *marcha*, and *cordéis*, according to the rich Amazonian culture of Acre. Currently living in Rio Branco, Dona Zenaide works with the diffusion of her musical art while participating in other projects, non-governmental organizations, and contributing to partnerships with governments; such actions have brought gradual recognition of the traditions of masters of the Acrean culture, evidently suffocated by the Brazilian and international cultural industry[6].

Finally, it is crucial to highlight the deep meaning of the region where Dona Zenaide lives: it is not about *Acre* like sour,[7] but *Akiri*, which means "River of the Alligators" in the language *Arawá* and it's the name of another master's song, *Txai* Macedo.[8] On the banks of the rivers, we conducted an interview that brought to light Zenaide's wisdom, emphasizing a way of educating moved by a few generations of women. These women have lived, and live, a complex set of relationships between affection, violence, love, and autonomy, as expressed in Dona Zenaide's "My dear midwives (Gm, *samba*)" melody:

My dear midwives
Sorry not to help you
That a lonely swallow
Has no strength to fly
And though it flies
It cannot balance
For its strength is little
And it cannot make it there

I've flown everywhere
They ignored me
Not even for me to get
A gratification
Now, in two thousand seventeen,[9]
My faith has increased
It may be that politicians
Pay attention to us
Watching the movement
Of our cause
To see how much we suffer
For lack of conditions

[6] The non-governmental institution works with masters of music and popular culture in Acre, seeking to strengthen how much Acre exists for its culture (Baquemirim, 2024a).
[7] **Translator's note**: "*Acre*" and "sour" ("*azedo*") are adjectives that can have similar meanings but do not mean exactly the same in Portuguese.
[8] Txai Macedo is an Indigenous and a rubber tapper, composer, and articulator of the demarcation (Memorial Chico Mendes, 2024), and others (Baquemirim, 2024b).
[9] Every year, the singer updates the song.

We, midwives, are doctors

At the time of precision,

Performing all childbirths

With dedicated attention

Taking care of the parturient

To improve the patterns

Almost every movement

Earn through their work

Only us, midwives,

Working with no earning

Within the municipalities

In the Juruá Valley[10].

METHODS

The interview employed methodological resources from oral history (Meihy, 1996; Meihy; Holanda, 2007) and used the construction of a narrative anchored in orality as a primary source. Thus, we sought to interweave the links woven through the individual interview with the socio-historical scenario from which the interviewee speaks; finally, this movement refers to the collective and social memory related to the historical action of midwives in the Brazilian Amazon.

The interview explores the reality exposed by an Acrean midwife, relating the cultural heritages and kinships of Amazonian Indigenous populations with the presence of the rubber tappers who settled there in the mid-nineteenth century. The meeting of Indigenous and rubber tappers and the imbalances caused by the exploitation of the forest by capital and by colonizing and imperialist countries had repercussions on many conflicts for land and life in the Amazon. Likewise, it flowed into the forms of resistance and cultural survivals driven by Indigenous traditions and by the traditions that Northeastern migrants brought to life on the rubber plantation, marked by their nocturnal stay in the dense Amazon forest since the rubber extraction occurs at dawn.

In the Amazon, while there was the violent exploitation of rubber, there was the enslavement of Indigenous and Northeastern people—except for the isolated native people, the rest of the population were rubber tappers. Mariana Pantoja (2008) explains this relationship in her study on "the Minton," a family that rescued the Kuntanawa tradition, devastated by rubber tapping, and questioned nomenclatures socially attributed to them, such as "*caboclos*." It is also worth highlighting the work of anthropologist Txai Terri Aquino[11] (Melgaço, 2024; Aquino, 2012), which has significant political and cultural implications for the region.

Terri is the author of the book *Indians Talk* (2012 [*Papo de Índio*]) by the publisher of the State University of Amazonas (Universidade Estadual do Amazonas), whose main title is the same as the news column that, from October 1987, Terri signed and initially organized in the newspaper *A Gazeta*, in Rio Branco. Hence, we stress culture as a central means of political articulation, preservation, and generation of local income in a movement opposed to capitalist development, guided by cultural and environmental racism.

A reference of articulation was the Union of the Peoples of the Forest (União dos Povos da Floresta), idealized by Chico Mendes and other leaders of the social struggle in Acre and formalized in 1987. The Union brought Indigenous people and tappers together for survival and against exploitation, for the right to life, and against the greed of the rubber boss. Musical culture and various other activities, such as childbirth, food, and the production of common goods such as work instruments, canoes, and handicrafts, also flowed through this coexistence.

[10] We thank the musician and researcher Alexandre Anselmo dos Santos, coordinator of the NGO Baquemirim, for providing information about the life story of Dona Zenaide, which allowed us to carry out this work. Master's dissertation analyzing the musical work of Dona Zenaide: Santos (2024).

[11] Papo de Índio. An interview with Txai Terri Aquino; Comissão Pró-Indígenas do Acre.

The songs and dances promoted in the rubber plantations express a form of cultural and community experience that strongly values dance and a rhythmic development that dialogues with music from other regions of the Western Amazon, such as Bolivia and Peru, converging in rhythms such as *cumbia* and *forró* from Northeastern Brazil (Santos, 2024, p. 184).

Considering this whole scenario, a free questionnaire composed of open questions was organized individually and guided the interview process. At the same time, we allowed space for receptive and spontaneous information from the interviewee to arise. The theme that led the interview was the first hour of the baby's life, covering the pre-birth, the midwife's conceptions about the woman's follow-up, childbirth, and birth of the baby, as well as the midwife's ways of welcoming and caring for the baby, as soon as it is removed from the mother's belly. This interview aims to highlight the traditional knowledge of women in the Amazon region, considering the relationships between community education, cultures, and forms of resistance in the rural environment, Indigenous rubber tappers, and cities, as noted in Dona Zenaide's report.

Finally, we attempt to bring to the scientific community the memory and social practice of traditional midwifery, including the recent recognition of the activity of midwives as a Brazilian cultural heritage: "Craft, Knowledge, and Practices of Traditional Midwives in Brazil" (2024/PL912/2019 ["Ofício, Saberes e Práticas das Parteiras Tradicionais do Brasil"]). This work also corresponds to the long journey of work and research around the theme, among which we highlight the "Dossier Traditional Midwives of Brazil" ("Dossiê Parteiras Tradicionais do Brasil"), carried out by the Federal University of Pernambuco (Universidade Federal de Pernambuco) and the Institute of National Historical and Artistic Heritage ([IPHAN—Instituto do Patrimônio Histórico e Artístico Nacional]) in 2021 (Universidade Federal de Pernambuco, 2021). This interview also highlights the multifaceted nature of Zenaide's work as both midwife and artist rather than focusing on only one aspect.

The process of constructing the testimony as a primary source from the interview, that is, from the oral text, was based on a transcription *ipsis litteris*, maintaining the spelling of non-dictionaries, regional words, neologisms, onomatopoeias of the interviewee, as well as the discursive fluency of both the interviewer and the interviewee, to favor the thematic development of the dialogue in question. The faithful transcription of verbs that lose the initial syllable in oral speech, such as "*estar*" for "*tá*" and the other conjugations referring to the verb "*estar*," was carried out; some conversational markers, such as "*aí*," "*então*," "*percebe*," and "*né*" were maintained, to explain the fluidity and interlocution in the dialogue.[12] The syntactic structure of sentences and periods was maintained according to the social and regional linguistic variations that constitute the speech of the interviewee. The option to keep the oral characteristics of the interviewee's speech in its written version is justified by the interest in regionalism, culture, and ways of enunciating her way of living and perceiving the world—elements that could be lost in the conversion to the standard norm of the language.

We accentuate we understand this interview and its form of presentation as a means of "listening" to the person who speaks. A first return to the necessary appreciation of Dona Zenaide's wisdom and how she expresses it, which we consider crucial in the "war of the worlds" in which we live. In this war, the word itself has a prominent place in creating other lives, of the multiple ways of living in the face of the developmental frenzy that tries to devour the worlds that insist on remaining.

TECHNICAL INFORMATION

In partnership with nurse Yara Luany dos Santos França, who prepared the research and interview script, this interview was conducted in January 2020 to study the *golden hour*, the baby's first hour of life, and to collect testimonials from midwife Dona Zenaide, who has no academic records to date. The then nursing student conducted the research for the undergrad

[12] **Translator's note**: This translation sought to preserve the source text's original conversational flow and linguistic nuances. Brazilian Portuguese often features verbs that lose their initial syllable in oral speech, such as "*tá*" (from "*estar*"), and employs conversational markers like "*aí*" and "*né*," as pointed out by the authors, which carry subtle pragmatic functions that are culturally embedded. These features, which lack direct equivalents in English, posed significant challenges in translation. Additionally, the interviewee's unique spellings, regional words, neologisms, and onomatopoeic expressions could not always be faithfully rendered. While every effort was made to capture the essence and intent of the original, some of its oral and regional characteristics inevitably defy full transfer into English.

conclusion work, "Shantala massage in the management of lactating women after a painful procedure: A pilot quasi-experimental study" ("A massagem Shantala no manejo das lactantes após procedimento doloroso: um estudo quase experimental piloto") conducted in 2022 at the School of Nursing, University of São Paulo (USP).

Below, we present additional information related to the work involving the transcript:

Location: Rio Branco, Acre

Date: January 7, 2020

RESULTS (INTERVIEW TRANSCRIPT)

Interviewer: We would like to direct this interview to focus on the golden hour, the baby's first hour of life, right when they are born. We would like to know what you do with babies from the first hour they are born. The care in that first hour of life, from the moment they are taken from the mother's belly. Do you ever think while caring for a woman who is pregnant about something related to the health of the baby as soon as they are born? Is there any care or something in particular that you indicate the pregnant woman to do about the baby's health?

Dona Zenaide: Yeah, I'll introduce myself; my name is Zenaide. I'm a midwife here in Acre. I will answer your question—a good question—because when a woman is pregnant, she comes to me as a traditional midwife and, for me, to "take" her child, even when it is around the 9th month, what I recommend to her, for her and the baby's health, is good food, healthy food. You know... to do everything not to stress and be calm, be careful with life, do not walk... don't just walk around, you know? Be careful even in her steps, so everything goes well. All of this brings health to her and her child, who is in her womb, right? And, also, especially, to drink plenty of water, you know? Because water is important, water and liquid things only, not just soda, which I do not let them drink; I do not recommend soda because the woman's childbirth becomes more difficult. We, as traditional midwives, do not recommend that pregnant women drink soda of any kind.

Interviewer: What does it [the soda] do?

Dona Zenaide: It is because soda has a substance that constricts the cervix and becomes hard when opening the cervix. Then it gets hard. The woman suffers, suffers, suffers, suffers. And it doesn't open the cervix because of a chemical it has in the soda. It [the uterus] is like that, scaly and full of little things like chicken gizzards. Have you seen it? Have you ever seen chicken gizzards inside? So, look, look at the gizzard; it's that "*corinho*." As soon as it goes, it shrinks. When the baby comes down, it opens. Then, when the baby arrives and descends, it closes because if not, the woman was left with the fetus almost falling when she got up, right? Because the boy is born, and the head of that size goes through our vagina, right? That's right, that's right, that's the first point is, it's face. It's food, good food, healthy food. Do everything not to walk stressed, be careful, and exercise, but not all exercises. You have to do exercises that are suitable for pregnancy. And at the time of birth, at the ninth month, right, when it is nine full months, the staff calls me home. I go, I get there, I take care of the woman, and I start to give her affection, I start massaging her...

Interviewer: How long before?

Dona Zenaide: When she comes to pick me up before lowering the mucus plug, because the woman, when will she "give labor," lower this mucus plug of hers, right? Then, if it's a little far, they send for me first, when she begins to feel it coming. So, when it is closer to this happening, when it is very close, they come and get me. I stay there, I participate, and I stay with her for a day, sometimes a day and a half. Sometimes, I leave at the same time I finish my part, when there is someone to take care of them.

Interviewer: And at that moment, is that when you arrive at the pre-partum? Before she starts the labor, do you have anything for them to do, that can help at the time of delivery, that helps the baby to be born healthier too?

Dona Zenaide: Yes, it's tea leaf cotton, purple cotton. It's not all cotton; it's purple cotton. And the yolk of the egg, of a free-range chicken, that very yellowish yolk. It is not for the child to be strong; it is for the mother to be strong for the child to be born healthier. If the mother is weak and malnourished, then she will never have the strength to put that child out at the

right time. And if you are not born on time, you will probably be born sick; because everything has its time, right? It has to be at the right time, the pressure when the child is born, that she hooks her neck. Then she is already getting blue and purple. The child is getting purple because it is already past the time and often comes from what she has not done when she is pregnant. What she does not have, she does not do at the time of delivery. Got it? Then I also give black pepper tea. It's also very good.

Interviewer: Do these teas that you are talking about help the uterus expel the baby?

Dona Zenaide: [it helps] the uterus expels and [helps] the child also, which is inside, it becomes more agitated to go down soon.

Interviewer: Black pepper?

Dona Zenaide: Yeah, like this. When the mother drinks, the blood already goes to the child, right? The mother's blood is already there. Then the child becomes more alert, and the lap opens more straight.

Interviewer: And how does labor begin?

Dona Zenaide: Ah, labor is like that, the woman with nine months full. She starts to feel pain here, first, sometimes more here in the back [lumbar region], if she is a girl, more so here [lower abdomen]. And if it's a boy, in the back. Then that little white mucus starts to run. At first, it is white without being sticky; it is just the one that flows well as a phlegm. Then, it passes with a little piece; the pain increases more. Then, the pain hurts. It hurts here [sides of the belly] so, on one side, on the other, then it hurts here. The woman gets kind of nauseous; the woman gets bad. Then, the one that comes down [mucus], she will pee, that one is coming... that ball, like this. That mucus mixed with blood. Now, she already knows that she went into labor because the mucus plug came down. When the woman is like this, the baby is here [demonstration], that is the cervix, and here is the baby's head, that the baby goes, goes, and then comes and goes here. When he pulls over here, we go to do the prenatal [touch examination], we know that his little head is fitted, and when he pushes it, like this, here, the woman has a mucus plug that is called Jurubuna, which is in our Indigenous language Jurubuna, which goes there, he goes, his head comes out here too, pushes that tampon, then that tampon comes down, and when it comes down, there it is the sign of the entry of labor. The labor, and then you know, the woman sends for the midwife, because from there, there is no more way for the boy to return, there is no moon, it was not the moon; it was nothing; it is the boy who will get out; you understand? Then we get there, and you know, get there, and the belly is down there... There is that pain, we start rubbing, and it starts... and the calm comes, and that's when you should go down there and see the baby born. It's very beautiful. Massage here [demonstration].

Interviewer: To push?

Dona Zenaide: No, to do a belly massage. We women here have two points; it is the meridian point. At this point here, it goes to the uterus, and then it is time because it hurts, the mother's belly hurts a lot. It's because the uterus is expelling the child; that pain, when the mother can't stand it, the midwife goes, moves here these two little points that have right here like this [demonstration]. Then, moves like this, then picks it up and does it like this [demonstration]; when we do it like this, that's it; all the pain passes because the uterus relaxes. Then, we jump again. If you want it to come, then you do it in the belly. Then it gets hard, hard, hard, hard, hard, that's when it starts, and all this is labor... Then, you go this way, ask the pregnant woman to walk, all walking, go down to a big place, if you can, you will walk there. Then, when it is for you to know if the child is going to be born, you can tell! I know it by the woman's nose. It's because she's starting to push herself, you know? Then the nose will stay like this; now it will stay with me, really putting strength. Only suddenly comes that strong contraction, and then I'm counting ten minutes. Ten minutes. Eight minutes, five minutes, four minutes, two minutes. Then comes the little head.

Interviewer: Normally, how long does a labor that you do take?

Dona Zenaide: Little sister, some of them take up to four days, and some take ten minutes. I get there to see some of them arrive in 30 minutes, and there are some that take four days. When I started delivering childbirth, I spent four days in the house of the woman, a woman

of the first child. Aw, because it was all uninformed, right? She was a woman who had no information or anything, only to do and give birth. She did not even know the face that the boy was in. Wait, little sister, that's enough. Sometimes, they sent for us ahead of time, and sometimes, she may be feeling a little pain, a little... I went to a woman's house, and she began to feel it in August; she began on August 22, then I went there, and I got there on August 22. Then it was August 24, August 25, I went home, she hadn't had the baby. She went on to have the baby in September. Because every sign, only not buffer, but the other sign, all came, all came. Then I say to her, I say, "Oh, there is the strength of the moon." The moon was full. I mean, the strength of the moon, too, deals with a lot of that. Got it? The being that is in our belly, that we connect when we are pregnant, depends a lot on the astral, on the moon.

Interviewer: And do you have any other traditions, anything you do that helps?

Dona Zenaide: You have to exercise at the time of delivery, the exercise that we also do, too. And what's more, what helps most know what it is? The tranquility. The love that passes from midwife to parturient, to pregnant woman. We, traditional midwives, do not call "parturient," no. Call it "woman who is giving birth" or "*buchuda*[13] woman;" because our language is the tradition of the forest, the tradition of the midwife; a midwife never sat on a college bench to learn scientific things, right? You have to say everything as it is in the woods. Me, you understand... I talk like that, the people all like me, because I am like that, you understand? It is, then, this business, ah, because she gave birth... that gave birth... she delivered the baby! Done! Oh, my God, she gave birth, because she's all pregnant, this pregnant business!

Interviewer: It's true! And how many people participate in childbirth?

Dona Zenaide: In the beginning, it was me and the parturient, which is the woman who was giving birth, *buchuda*. Then, later, they began to take a person from the family [a descendant of the midwife] because we were already getting old, and when we got old and no longer could help give birth, that person who accompanied us would replace us. Then I took a niece of mine, I took a daughter. But my daughter never wanted to. She was the only one. She never wanted to learn. She was afraid. I know that now they invented a "doula" business. When I go to give birth at home, here in Rio Branco, there are two or three births that I do here that have a doula. The others, it's just me, the husband and wife giving birth. And I still think it's better with a few people, a lot of people I don't like it very much.

Interviewer: No? Why?

Dona Zenaide: Yeah... It gets in the way a lot. One says one thing, and another says another! It is... one even talks bullshit. When she is giving birth, the woman is very sensitive. She cannot hear a bad word; she has to hear everything good, words of affection, both from the husband, the midwife, and the children, right? It has to be placed in the center of wonderful things. There, it is "either tongue or kiss" when a woman becomes pregnant; "or gives birth or dies."

Interviewer: And the doula, do you think the presence of the doula helps?

Dona Zenaide: Yeah, it helps, it helps. There are some here that help well, but the husband helps more. It is the husband who helps more because, because the doula, she never has that love that the husband has, right? Yes, the husband, he kisses the wife, the child... it's his family over there.

Interviewer: And the woman is also important to him...

Dona Zenaide: And he's important to her. Both are pregnant. Her husband might think he's not, but he is—he's pregnant, too. It's just in a different way. He's thinking about everything they'll need—buying this, buying that, their child's education, and so on. That's a kind of pregnancy, too. In fact, the man's "pregnancy" is often bigger because when the woman gives birth, the man worries even more. The woman has her breast to nurse the baby, but the man has to provide the food, right? That's how it is. And you know, people living here in the countryside, in the woods, they're like that too—just like in the city where I live. I've delivered many babies

[13] **Translator's note**: The term *buchuda* is a colloquial expression in Brazilian Portuguese, commonly used in rural or traditional communities to refer to a pregnant woman. It derives from the word "*bucho*," which literally means "belly" or "stomach" and is often used informally. In this context, *buchuda* affectionately emphasizes the physical state of pregnancy, aligning with the speaker's use of language rooted in the traditions of midwifery within forest communities. The term carries cultural and linguistic significance, reflecting the oral traditions and connection to the nature inherent in the speaker's worldview.

in both places. The husbands here are very involved—very, very much. They participate in childbirth; they help, they even cut the baby's cord. Some of them finish the baby's first bath.

Interviewer: And the moment the child is born, as soon as they [the baby] leave [the woman's body], what is your first action?

Dona Zenaide: My first action, when I pick up the child here, I already turn on top of the mother. Um, put on top of the mom with no clothes. Completely naked. They cannot have clothes because it is naked for the skin contact of the mother to catch the child and the child in the mother. Then, from there, I encourage breastfeeding, which is to expel the placenta, then he will fight, then when, if he is bleeding, I see that bleeding is kind of dangerous, you understand? Then I leave the breast with the father, or then, if I have the doula, because there are those types that the breast nipple is very smooth and [the baby] may not catch, then they will do "pliers," those little things for the child to catch, and then I will take care of the mother from there.

Interviewer: So, the first thing is skin contact. The skin and breastfeeding are the first concern.

Dona Zenaide: Yes. That's the first concern I have. Then I will take care of the placenta, which is the rest that is in the mother, right? You still have to expel it from the inside. Then I wait. When I turn on the mother, I wait five minutes, I take it, no sooner than five minutes, I take it like this on the baby's umbilical cord, and if it pulsates, I don't cut it, then I only cut it when it is still, as soon as it gets soft, then I'll cut it or give it to dad to cut, or else I cut it myself.

Interviewer: Do you cut it when it stops pulsing?

Dona Zenaide: Yes, because what is good, because it is in the mother and still in the placenta, there is a lot of good, a lot, a lot of nutrients, a lot, right? There it is, passing to the child. If you cut soon, you lose half of the richness that the child has to receive. The first hour of the child's life is that because he is born, half ten minutes, 20 minutes, and 30 minutes is the birth. Then, she is all well-groomed, wearing gloves, shoes, a blouse, and a hat, because I like to put a little hat on the head, so as not to have a very big head, there are some boys with big heads, right? Then, with that little hat that is to look good, very cool. So, I will first fix the mother, I do asepsis in everything right, then I line her and put her to bed. Then I'll check on the boy. How is he doing, huh? Look at the fingers; if it is crippled, I look at everything; I look at the ears, I look at everything, open their mouth, look at the roof of their mouth, and some have their tongue nailed. I do all of this, understand? Then, I see the little fingers, if they are all complete, how the nails are, you can ask me like this: you delivered, and I did, and then the birth was good? I have to say, it was great. Then, if I say it was great, it's all complete; nothing is missing, right? Then, if it's missing, the birth was very good; only the boy was born with a little defect, God forbid, right? The midwife is entitled to do that. After that, let's get ready for the bath. "Oh, *compadre*,[14] put some water to soak or water on the fire. Here is the *compadre*: he puts water on the fire to warm it up..." I put water in the bathtub, cold water. Then, I'll look at that water there; if it doesn't have 25 degrees [Celsius] of temperature, right? Then I take the baby. If the father wants to bathe, he does it; if he doesn't want to, I bathe, and that little sebum that the child is born, after it disappears on the skin, because that there it serves to clean the skin, we get the skin very clean, like the child's skin.

Interviewer: That white thing, so you leave it at the beginning?

Dona Zenaide: In the beginning, until that ends, I do not bathe because that there, that little sebum, there is a protein, a thing that is a producer of the skin. They taught me about a medicine in Pernambuco that I could add a little of that little sebum, which lots of births can take, right? To make an ointment that removes all blackheads, everything that is a thing of the face.

Interviewer: Now, about the woman, what else can you say about the placenta?

Dona Zenaide: The placenta, I have to get it, I have to examine. I take it with a cloth diaper. The placenta comes out expelled by itself because then it has a prayer that I say. It is the prayer of St. Margaret. When it ends, you give it two punches, very slowly in the cervix, it goes down

[14] **Translator's note**: The term *compadre* in Brazilian Portuguese, along with its feminine counterpart *comadre*, is deeply embedded in the cultural fabric of familial and social relationships. Literally meaning "godfather" and "godmother," these terms extend beyond their formal religious role to signify a close bond of mutual respect, trust, and cooperation, often akin to an extended family member. In traditional settings, *compadre* and *comadre* are frequently used informally to address neighbors, friends, or community members with whom one shares a close relationship.

when it goes down, the responsibility is great for us to look at. We take it, put it in the palm of our hand—we are wearing a glove, right? There, take a cloth, soak it like that in the cloth with that little blood to see because it is all full of pieces... Every bit of that means something. If she drinks alcohol, if the woman drinks during pregnancy, the lump is hard, hard white because the placenta does not let it pass to the child—have you ever thought about passing it to the child if the mother drinks alcohol and it went to the child's brain, how bad would it be? The placenta comes, then the placenta is very white and dry. Then if she's a smoker, she's like that, very purple, kind of soft. It's the nicotine in the tobacco that's there. Then you look if you're missing some little piece, some piece of that, because if it's missing, it may have stayed inside the uterus and it can give an infection to the woman, then you see everything right, I have a bag, I have everything there, then I go, I take it and throw it all inside the bag. And the father does what he wants; if he wants to eat, he eats; if he wants to bury, he buries. The father is the one who does everything. But now I was *there* in Bahia, and there was a girl from Xingu who taught me a very good technique; she said that we take the placenta, we make tincture with the placenta. Take cachaça 61, then take the piece of the placenta, put it inside that cachaça, and let it soak for 15 days; she says that for the brain, for stroke, for everything that is a thing, she taught. She taught me, so I recorded everything on my cell phone. When I pick up a child now with this woman that came yesterday, she is expecting it for the 20th, that she will give birth, then I'll do it. I even said it to her. She said she is going to eat a piece. What she gives me, I will take. Now, eat, I will not eat it, no. People say it's good, I have no courage, not because I think it's filth, no. It's because it's different...

Interviewer: And do you consider this first hour of life important for the bond of mother and child?

Dona Zenaide: Child, yes, very, very much. After we take care of everything and put everything on when we already put it on the mother, we have already created a bond because, in the belly, the bond already exists; only the mother is not seeing it, right? When the baby is born, when the mother sees the child, the mother does not think the child is ugly, which can be ugly. Everyone sees it, but the mom thinks it's beautiful. There already begins the wonderful bond, "My daughter, oh, my God, so cute," the child can be ugly, I can think, "but she doesn't think." What about affection? Oh, this is wonderful; from that hour on, when she starts to breastfeed, it increases more, and it increases even more. When you cry, you immediately remember: *on the chest*. On the chest, it is better for you to look, whether it is beautiful or not, turns to the other side. I also teach you how to breastfeed, breastfeed to one side, then turn to the other. If you want to breastfeed with your feet here, your feet there, how much you suck on this, what you suck on that other...

Interviewer: And they drink that first milk right...

Dona Zenaide: The colostrum, they drink. Some are born already sucking, come into the world, and latch right away, but for others, the biggest struggle is getting them to latch on.

Interviewer: So, how do you make them latch on it?

Dona Zenaide: Yeah... you make scissors on the nipple. Oh, when it's a little one, that's how they do it... when they're so small, they go like this [sucking sounds]... Then, pay close attention: when a baby is born by cesarean section, they come into the world crying, crying, crying until something happens to settle them. They go "Coe, coe, coe," like they're in pain. Something's wrong. Being pulled out by the neck from inside the belly, that's gotta hurt, for sure... It's not the same as when they're born and come straight into soft hands, right? You put them over there, place them on the mom—that's something really good.

Interviewer: And the baby doesn't cry? What's it like?

Dona Zenaide: Oh, they cry, but just a little, right? When they cry, they go "Coe, coe, coe," just a bit, and they're already trying to put their fingers in their mouths. We keep talking to them, and they're already looking at us, searching for us. They put their fingers like this [demonstrates] and start to focus. Oh, it's really something special.

Interviewer: And do they have some liquid inside them that needs to be cleared out?

Dona Zenaide: Yes, they do. I have a little device called a "pear," a "little pear." There's another device, too, but I haven't used it yet—it's very sophisticated, and I'm not really comfortable with it. So, I just stick to my own device. But honestly, it's rare for a baby to be born needing it.

Interviewer: In the nose, in the mouth...?

Dona Zenaide: Yes, because that only happens if you're not careful at the time of birth. When the baby is born, the midwife handles it right away. You take a clean diaper, like this one here [demonstrates in her hand], or gauze and wrap it around your finger. When you see the baby's shoulder come through and then the other, you pass your finger in their mouth like this [demonstrates], so they don't pull anything in when they cry. Clean it up! Sis, being a midwife is a very delicate profession! It's all about life—real life. If we don't take care... Back in the day, when I didn't have any tools, I had nothing. I would suck with my mouth. I'd use a cloth—not even a proper diaper, just a piece of fabric we called *cuero*. I'd put it over the baby's little nose and suck. That stuff is salty, you know? Really salty and smelly. I'd spit it out, but after birth, I wouldn't eat for two days because of the taste. That's what we had to do back then—suck and spit.

Interviewer: The baby's little mouth?

Dona Zenaide: From the little mouth, the nose, everything. It's so tiny, right? In the early days, I saved a lot of babies like that. Back then, I didn't know this technique yet, but over time, they taught me a lot, and that's when I started using it.

Interviewer: And speaking about your experience, how many births have you attended?

Dona Zenaide: 384. I just completed that last month, in December.

Interviewer: 384—that's a lot of lives, isn't it? And you make music for the babies. Do you do it for all of them?

Dona Zenaide: I only started doing it after I came to Rio Branco. That's where it began. I was delivering *comadre*[15] Ana's baby—the first birth I attended here—and the girl's name was Iani. Then, I don't know what happened; I think it was God Himself who touched me to create a song. So, I made one. Later, I attended another of her deliveries and made another song. Then, I delivered a baby to a *carioca*[16] who lives here and teaches at the music college. Her baby's name was Alice, and I made a song for her too. I've done eight births here, and all of them have a song. At the moment of birth, the music just comes to me—it reflects the woman's struggle, the beauty of the child, and what I feel. I don't know how it happens—it's like a gift. It just comes down to me.

Interviewer: So, it just comes to you, like that, in your head?

Dona Zenaide: Yeah, it comes, and once it's there, it doesn't leave no more.

Interviewer: Do you write it down afterward?

Dona Zenaide: I don't even write anything. Alexandre keeps saying, "Why don't you write it down or record it?" But I tell him, people's minds are like a pen.

Interviewer: So you memorize it?

Dona Zenaide: I do. I memorize it all. Like the one I made for Moara—I'll sing you a little bit of it...

June 19, a day I'll always remember,

The birth of Moara brought me hope so tender.

Moara, by such a beautiful path, you came...

I watched your birth with such great care.

I saw your very first breath of air.

Oh, life, life,

Oh, life, love, and life...

Interviewer: When you sing, can you picture the birth? When do you sing for the baby?

[15] **Translator's note**: See footnote 14.
[16] **Translator's note**: The term *carioca* is a Brazilian Portuguese word used to refer to a person from the city of Rio de Janeiro.

Dona Zenaide: When the baby is being born... I deliver singing, always singing my songs. I have a lot of songs—about 500, you know? They're women's songs, like that, all about this moment. So I start singing, and the woman gets excited, too. The pain fades; it helps with the pain. She doesn't even know if it hurts, you know? That joy—it's in the joy that a person finds strength. It's like everything else is asleep, and they don't even feel they're about to give birth. But if you're nervous, scared, with a sour face, not "liking" the people around you, or with a doctor you've never seen before—it's different. You spend all that time doing prenatal care with one doctor, and then, when it's time to give birth, it's someone else. You "close up" to that person, and you get "all tough." We have two mouths, you know—the one up here (points to her mouth) and the one down there. **Interviewer**: And out of all the births you've attended, were there anywhere you had trouble—with the baby being born or the mother giving birth?

Dona Zenaide: There was one birth I didn't like much—no, I wasn't very happy with it. It was close—almost at the last moment, the boy nearly died. The mother was just 11 years and three months old—the woman, the *buchuda*, 11 years and three months. She hadn't even turned 12 yet. So I went to deliver her. Her *bucho* was about the size of that knot of wood over there... My God in heaven. The poor girl—she could barely walk straight, so short and tiny. Then she started suffering, suffering so much. I touched the bottom of her belly—it was huge [demonstrates]. My God, I thought to myself, but I didn't say a word because you can't say anything for a *buchuda* to hear. You just keep going. So, there we were... and now? She was going to give birth. I checked her, and everything was in place—everything ready. "Now it's coming!" I thought. But, sister, when it came, the boy's head was so big! Her whole crotch was "full of head," you know? And then, Jesus! What now? The boy got stuck, hooked by the neck. So, I used the ladle technique. I ran to the kitchen, grabbed a ladle for scooping broth, rolled up a diaper, and shoved it down her throat. I told her husband to hold her and push it in. When he did, I managed to turn the boy and deliver him.

Interviewer: Into the mother's throat, and then the baby comes out...

Dona Zenaide: Yes, you put it in her throat, and she gives that [choking sound], that urge to vomit—that's the strength, right? Because there's a moment... do you know how much that boy weighed? 5 kilos and 600 grams. There was no way. If God hadn't taught me that technique, that boy wouldn't have been born. No, he would've died—he was already turning a little purple. But he came out fine. When she really pushed, he'd already passed her shoulder blade, and she almost fainted. So, I didn't talk to her—I kept her quiet and talked to her husband instead. She was just (deep breathing sound). I said, "How are you, mother? All right?" I grabbed her knee and asked, "So, mother, how are you feeling? Okay?" And she said, "I'm fine, I'm fine." "Are you feeling anything?" "No, just a little dizziness..." Her mother was in the kitchen, so I said, "Mom, make some Nescau for Antonia." She made it, Antonia drank it, and after that, she was back to talking. And would you believe—she didn't even tear her perineum!

Interviewer: No???

Dona Zenaide: Can you believe it didn't even tear? Everyone's always surprised that the women I deliver don't tear their perineum. Never, never, never! There you go! Anyone I've helped deliver, you can ask—they never tear.

Interviewer: That's wonderful!

Dona Zenaide: It's because I protect it with my hand [demonstrates]. I put a diaper here and hold it there when the baby is being born. Right on the perineum, you place your hand like this to protect it. You can't leave it loose, or it'll tear. You have to protect it.

Interviewer: And the baby's head. It never happened that the baby suffered or got hurt...

Dona Zenaide: No, no. Never. Thank God. All the births I've done have been successful—all of them. Oh, then I place the baby in her arms, there on the bed, and she stays with her child. If she doesn't want to hold the baby, I tell her to put it in the crib, right? She knows, but I always give the baby to her first. It's because mothers in hospitals always complain—they give birth and feel so far away from their babies. They take the baby away and put it on one of those little carts far from the mother. But the contact between the mother and the newborn is so wonderful. Look, even if the baby is crying, the mother takes them, and even if she doesn't breastfeed right then,

just the warmth of the mother's body calms the baby down. So, I always hand the baby to her and say, "So, *comadre*, how are you? All good?" Then I leave them there together.

Interviewer: And when you cut the umbilical cord, do you have any special techniques you use to help it heal?

Dona Zenaide: Yeah, yeah, I buy iodized alcohol at the pharmacy. Then, it's just iodized alcohol—you don't cover it too much or leave it too tight, right? You leave it kind of loose, with just a very thin gauze on top, and you tie it. I don't use those metal clamps; I tie them with cotton strips. I make little "cotton sticks" to tie it, and it falls off in three days. When it falls off, it's almost healed. Then I tell the mother to keep putting alcohol on it to dry it out because it has to stay dry so it doesn't get infected, right? Tetanus, for example—it likes dark, sticky places, right? It can get inside. After breastfeeding, the baby is usually calm. Some cry, but some sleep—really sleep. They stay warm and relaxed, and you have to protect them well because they've just come out of a very warm place, right? Inside the mother. So you've got to wrap them in a good blanket if the family has one. But when they don't, especially in the countryside, I'll just use whatever cloth they have because that's all there is. Still, the right thing is to cover and protect the baby well from the cold. If they go from a warm spot to the cold, they can even get sick.

Interviewer: Is there anything else you check to make sure the baby's system is working properly right after birth?

Dona Zenaide: The stool—you've got to check it. The baby's first stool is compact green, and that's normal. Don't be afraid of it. Then, after three or four days, you check again to see how their poop is. It tends to get harder after that. If it's coming out healthy, everything is fine. But before those four days, their stool is soft, almost creamy, because of the colostrum. Colostrum is a special kind of milk that removes anything bad from the baby's intestines. Now, when the poop starts to harden, if it changes from soft to hard, you've got to pay attention. Check if the baby's *moleira* [soft spot] is deep. Sometimes, a deep *moleira* can mean they've caught a draft or there's some trouble brewing, like a fallen wind or something like that.

Interviewer: And is there some kind of blessing for the baby?

Dona Zenaide: There is... When they're seven days old, the father comes to get me. I go to the house of the woman who gave birth. There's a special prayer we say to heal the baby, to close their body so they don't catch diseases or get lumps or anything like that. The babies I've delivered—they're all healthy, clean, clean—the mothers will tell you.

Interviewer: It's a prayer you can't share, right? [laughs]

Dona Zenaide: But there's another blessing for a child. You hold the baby like this, with two fingers—place their little feet here—and hang them upside down at the doorway. Then you say, "When God walked the world, three things He healed: breaking, fallen wind, and the evil eye. With the finger of God, it must be healed." Then you turn the baby upright again and repeat, "When God walked the world, three things He healed: breaking, fallen wind, and evil eye. With the grace of God, it must be healed." After saying that prayer, you pray a Hail Mary and an Our Father. Then, I offer the baby to Our Lord Jesus Christ. Done!

Dona Zenaide: Now I'll sing the song from the last childbirth,

August 20 was a day of great celebration,

The birth of Monai brought so much excitement,

Dad cried, Mom cried, Grandma cried, and so did her brother.

At midnight, a great cry was heard,

The birth of Monai—paradise opened its gates.

Monai, you are an enchanted princess,

Born in Paradise with the midwife by your side.

You are beautiful, you are my flower,

You are a princess of Love's Paradise...

Interviewer: It's like you're receiving the child and the song—where does it come from?

Dona Zenaide: From the astral, from the astral, from God.

DISCUSSION AND CONCLUSIONS

> *I think the Indigenous can teach us to rethink the relationship with the material world, a relationship that is less strongly mediated by an economic system based on planned obsolescence and, therefore, on accumulating garbage as the primary product. They can teach us to return to the Earth as a place in which all political, economic, and existential autonomy depends. In other words, Indigenous can teach us to live better in a worse world. Because the world is going to get worse*. (Eduardo Viveiros de Castro).

A woman who takes care of a woman who, "When you get pregnant, you either give birth or you die," Dona Zenaide weaves daily practices that oppose the worlds of death produced by the absolutism of development; practices sustained, literally, in living and making life. It is either that or adhere to the system of death that surrounds us—and that surrounds with much more violence the indigenous peoples who live in these territories. The interview's symbology speaks for itself. It refers to not only political but existential autonomy, in times when we were used to swallowing as if these sweet sodas that Zenaide criticizes were the dark figures of the end produced by capitalist devastation. What are the responses to the disaster of the frenzy for growth and development? Surely, they are in the codes of expression of each community, that is, in what each population treasures. What treasure would that be? It is undoubtedly not the minerals that their territories protect from the voracity of the state and corporations; it is their knowledge and common practices that generate life, finally. It is not about autonomy, therefore, but autonomies because the response to an overwhelming and unitary model can only be achieved by diverse voices, many voices, which materialize the message of the Zapatista Indigenous communities: "A world where all worlds fit." Dona Zenaide, therefore, contributes to freeing the paths and passages for these worlds to exist.

Conducted in early 2020, the interview is not separated from the context of the disaster that plagued us in the two decades of the 21st century, which motivated sociologist Mark Fisher to affirm that we have developed the scientific capacity to think about the end of the world and lost the political capacity to think about the end of capitalism (Cf. Castro; Danowski, 2017). It follows the correct prediction that the Zapatistas pointed out some time ago: *Here Comes a Storm*. There is a war going on against the planet. We are still in the storm, and some very fixed principles do not let us be dragged definitively; indeed, in these, there is the tradition in which Zenaide enlists.

Pre-pandemic, Zenaide's account can be read in the counter-current of the figures of the end that took our imagination already at that time as if invaded by the dirty and disgusting mud caused by the private corporation in Mariana (MG), the mud that does not stop flowing and growing and that makes incessant smoke in the Pantanal region, in the strange oil slick that emerged in the Atlantic, in the vast and hundreds of ferries of the gold mine in the Amazon region, composing a Fluvial Mad Max that materializes the sign of the times, of rapine, of catastrophe, disaster, of Yanomami genocide; of the pains of loss, at last. Something that can only be an end in itself—unless the case of mining dredges swallowing Indigenous children can be admitted as acceptable and not the end of a world that, in the end, should even become extinct. All tragically naturalized so that things are kept as they are.

In this anti-utopian scenario, since naturalized, large corporations responsible for eucalyptus deserts and mining dam bursts are leaders of ESG (Environmental, Social, and Governance) and contribute to that way we follow: *comfortable in an uncomfortable situation*. At least the White population, which dreams of itself, as Kopenawa and Albert (2018) states, is not murdered by the environmental racism it produces. "But after all, who lives?" asked the enigmatic inspector of Blade Runner. In this project of death, it would not be people with the color of the Earth. But the problem for corporations is that, by listening to Dona Zenaide, these people of the Earth will live and make life—and this is outside the capitalist imaginary.

How do we deal with the end figures produced by capital? If there is room to reverse the climate crisis, would its protagonism even occur in the large conferences occupied by the oil companies, larger than the countries' delegations? In a world where billionaires are willing to get into a submersible headed for the Titanic and not explode inside, will there be a reduction—*reversal would be too naïve*—in the development speed? It is worth remembering the Mapuche banner displayed at COP 26 (November 2021): "Colonialism caused climate change. Indigenous peoples are the solution." And this does not mean denying science and politics, but what

exercise of science and how politics is exercised: "So because our language is the tradition of the forest, it is the tradition of the midwife, midwives never sat on a college bench to learn scientific things, right? You have to say everything as it is in the woods" (Zenaide's interview excerpt). The way and language of the forest are to be known, and they are political—they are the possible ways to save the planet from collapse.

Is this language spoken in the great political meetings that make decisions about the world? "Where does the ontological revision of the planet go? How is life preserved in the Pantanal and Amazon regions? How can knowledge recognized in Pantanal and Amazonian contexts guide training processes that help combat the civilizational crisis we are experiencing"? Oral history and individual memory are intertwined here. At the same time, the reports collected are inseparable from thinking about the chronicle of a country in pain and forgotten nations in a world of territorialization of the new logic of capital and integral war against the poor and marginalized populations on the fringes of capitalism. This immediately leads us to think about the relationship between what has been said and the social memory of territories that insist on denying ceasing to exist. To save space for memory, therefore, is to row against the current of time and against the very current of oblivion (Bosi, 1994, p. 420).

According to Speeding Pallet and Colque Jimenez (2003), the transmission of history through orality removes the national-state historical consciousness to return it to autonomy, to the plurality of those who build them and who tell them, protected in their perceptions of reality and not of the present and the past guided by "reasons of State," civic, and developmental interests. It is not a question of being the protagonist of the environmental agenda through this model; the oral reports go through other cracks and structures, denying the emptiness of the ESGs proposed by the business-government agenda. In this agenda, everything fits, including modeling an absolutist future where the fullness of corporations resides as those that will solve the collapse they have created. It is an annihilating and exclusionary future: it is a future that kills difference since it denies the diverse achievements that emanate from our plural and full of achievements present. In the "Climate of History," Dipesh Chakrabarty exposes exactly this violent problem, as discussed by Viveiros de Castro and Déborah Danowski:

> This highlights how our sense of history faces the threat of destruction when the continuity between past and future is disrupted, rendering the experience of the present devoid of meaning. The ecological crisis, perceived as a precursor to the empirical extinction of humanity, situates the historical perspective within a pragmatic paradox: [...] we are compelled to position ourselves within a future without us in order to imagine it. Consequently, the future is no longer composed of the same substance as the past; instead, it becomes radically other—no longer ours—a temporal framework that necessitates our absence for its realization (Castro; Danowski, 2017, p. 45).

The time rowing against the tide of disappearance is precisely the time of the autonomies from Zymborska to Zenaide. The time to "split in two:" that collects the agony in front of the abyss that surrounds us and that deals with the scenario "to die as much as necessary." Bearer of traditions, memories, and stories that are intertwined with a world of destruction of women—the greatest victims of patriarchy, of its intersection with Capital and environmental racism—Zenaide opens paths to "*non omnis moriar*" ("not dying too much"), another fixed principle in the face of any system of death and the collapse they carry. If autonomies already exist and free us from the monologue of the figures of the end, it is also because of this. Ultimately, the climate crisis caused by the ideology of progress ends up inaugurating another type of scientific production, a kind of contemporary, simultaneous archaeology exercised in the very time of the growing abyss surrounding us. In the rubble of these brutal times, Zenaide's speeches and practices are found, meeting women at the crossroads of violence, involving men in the processes of births, and establishing the certainty that those who survived the end of the world of 1,500 will continue there, again, after all, living and being born as long as it is necessary.

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