1. A program of health districts is now entering its second year. The Distrito Sanitario Especial Indigena Yanomami (DSEI Yanomami) attends 12,800 indigenous peoples, the majority of whom are Yanomami. URIHI, an NGO operating in the area in partnership with the federal health agency FUNASA, announced that it reduced Yanomami infant mortality by 60.6% in less than twenty months of operation (URIHI May 2001). This is largely due to simple measures, such as treatment of helminth infections that contribute to infant mortality; it is contributing evidence that the crucial presence of health practitioners in any region is a powerful determinant of mortality and well-being.

2. 100% of the Yanomami tested for filaria in Brazil were found to be carriers of river blindness, a disease that results in blindness if not treated bi-annually. It is especially important that this disease be kept in check, as, according to Venezuelan health practitioners, it is fast spreading to the Venezuelan Yanomami territories closest to Brazil.

3. Malaria continues to be a problem. In the year 2000, 755 cases of malaria were registered (this would be a small percentage of those who presented the disease and were not registered); in 2001 a malaria epidemic broke out along the Rio Padauiri in the state of Amazonas. 4. Upper respiratory infections, including highly contagious tuberculosis are widespread in the region.

Janet Chernela