

DEMARCATON OF INDIGENOUS LANDS IN BRAZIL AND HEALTH CARE OF ORIGINATING PEOPLE: A CORRELATIONAL ANALYSIS

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RESUMO

ABSTRACT:

Introduction: The national reality is deficient in providing services to certain population groups, an example is the indigenous population. This occurs for several reasons, mainly in the political sphere. The discussion on the demarcation of indigenous lands is necessary since these people are highly vulnerable to health.

Objective: To develop an analysis of the social panorama of Brazilian indigenous peoples, seeking correlations between conflicts over land demarcation and the precarious health conditions of this population.

Method: The search was carried out in september 2021 using the method: problem identification, literature search, evaluation and analysis of the obtained data and construction of the literature review.

Results: Since colonization, there has been a great loss of indigenous peoples' rights over their territories, with recognition of their rights only in 1988. In the current scenario, there is an attempt to protect and guarantee these rights in real terms by the National Foundation for the Indigenous (Fundação Nacional do Índio [FUNAI]) and, in the health sphere, by the Subsystem of Indigenous Health Care (Subsistema de Atenção à Saúde Indígena [SASI]), created in 1999. Such public agencies are under great governmental pressure, mainly by the Rural Caucus, creating great insecurity, harming the health and quality of life of these groups.

Keywords: Delivery of Health Care; Health Law; Indian Health Services; Indians, South American.

INTRODUCTION: In Brazil, the Unified Health System (Sistema Único de Saúde [SUS]) is one of the largest public health care programs in the world, designed to cover all levels of care and offer qualified, no-fee care to all individuals. However, the country's reality limits the provision of services to certain groups, whether due to political conflicts, difficulties in inserting programs into sociocultural realities or the negligence of government officials in serving marginalized citizens. Among these groups are indigenous communities, which face difficulties in ensuring civil recognition and respect for brazilians' basic rights, such as health.¹

One of the biggest conflicts observed involving native peoples is the demarcation of indigenous lands in Brazil, contested by political groups and claimed by villages that demand respect for cultural and historical heritage related to the territories. These conflicts influence indigenous health care, interfering with the application of public policies aimed directly at the care of tribes.²

In this context, the resumption of the discussion on national indigenous demarcations in recent years has further weakened the protection of this portion of the population, victim of physical and moral attacks by criminals who are ideologically opposed to the claims.³ The sanitary vulnerability of native peoples, due to the weakening of public and due to the marginalization of this social agenda, the relevance of debating this issue rises.

METHOD: The steps of the method were: problem identification, literature search, evaluation and analysis of the data obtained. The research was conducted in september 2021. The inclusion criteria for the studies were: articles in portuguese published in the last five years, which presented considerations about indigenous peoples, social and environmental inequalities, health strategies for indigenous peoples.

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To carry out the search, keywords were used, considered as descriptors in DeCS (Descriptors in Health Sciences) and MeSH (Medical Subject Heading): Delivery of Health Care; Health Law; Indian Health Services; Indians, South American.

After analytical reading of the research, we built the object of study to answer the guiding question of this literature review.

RESULTS: The historical trajectory of indigenous peoples in Brazil, from colonization by europeans until now, has an influence on the social, demographic and health situation of these peoples.⁴ Colonization occurred through resistance and culminated in the loss of rights over territories.⁵

The first reference to indigenous peoples in national legislation, recognizing them as brazilian citizens and entitled to the preservation of their culture and customs, occurred in the Federal Constitution of 1988 (CF88).² Chapter VIII of the indians, article 231, recognizes the rights indigenous peoples' social organization, customs, languages, beliefs, traditions, and original rights over the lands they traditionally occupy.⁶

In the current scenario, governments still fail to consolidate the constitutional rights of these peoples, keeping them in a situation of social vulnerability and under constant threat to their rights.⁴ In theory, an area identified as indigenous land should be protected, however this does not happen.³ One example was the Constitutional Amendment Proposal number 215/2000⁷, which tried to establish the responsibility for the demarcation of indigenous lands as a competence of the National Congress. More recently, the current National President edited Provisional Measure number 870/2019⁸ with the aim of transferring FUNAI to the Ministry of Family, Women and Human Rights, and demarcation activities to the Ministry of Agriculture, Livestock and Supply, led by Rural Caucus. Due to the mobilization of indigenous and parliamentary groups in repudiation of these decisions, this item was not approved.⁴

Analyzing this sociopolitical cut, the recognition of the indigenous rights by the CF88 is not enough to put an end to the genocide of this population.² In the field of health, despite the SUS having been created in 1988, the SASI was only created in 1999, with the objective of guaranteeing basic care in indigenous villages, respecting the cultural, social and epidemiological needs of each people.^{1,3,9} After more than 30 years of SUS and 21 years of SASI, indigenous people still find weaknesses in the guarantee of rights.² An example of a setback is the new decree number 9,597¹⁰, which brought changes in the management model, extinguishing the Department of Management of Indigenous Health and of National Indigenous Policy Commission, which acted as an interlocutor between ethnic groups and the federal administration.

In Brazil, according to the last census of the Brazilian Institute of Geography and Statistics, the indigenous correspond to 0.4% of the brazilian population.¹¹ This national portion presents several disparities, which translate into a worse profile of morbidity and mortality, poverty, malnutrition, occupational risks and social violence. The health profile of indigenous peoples in the country undergoes social, cultural, environmental and economic transformations contribute to health problems characteristic of poverty and social vulnerability.^{3,5} The current situation of insecurity associated with the lack of guarantee of basic rights aggravates the reality already experienced, increasingly impairing the health and quality of life of this community.⁴

CONCLUSION: The analysis of the sociopolitical aspects presented allows us to conclude that the vulnerability of brazilian native peoples, in the face of threats posed by land demarcation disputes, directly and indirectly harms their health. The difficulty of ethnic recognition, access to care for specific regions and peoples, and availability of resources to provide assistance in primary health care disadvantages these groups, not offering basic care. Therefore, it is necessary to reinforce efficient public policies, capable of diplomatically officializing the national indigenous territories, and state support to these people, guaranteeing the dignity of basic conditions of housing, education, food and health, gradually redeeming these marginalized populations and allowing a better quality of life for this important and memorable portion of brazilians.

REFERENCES

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PALAVRAS-CHAVE: Delivery of Health Care, Health Law, Indian Health Services, South America Indians

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