

Indigenous health in Brazil

The 'official' indigenous population of Brazil, according to the 2010 Census of the Brazilian Institute of Geography and Statistics (IBGE) is 896,917, a little under 0.5 % of the population of the country as a whole. In addition to the surprisingly exact figure, our attention is drawn to the significant rise in numbers of this group in recent years, which appears to be a result more from changes in the criteria used to identify indigenous individuals, than from demographic factors. Nevertheless, this is a considerable portion of the population, which some deemed to be on the path to extinction between the 1950s and 1970s, when official figures estimated around 120,000 survivors of the nearly one thousand nations and five million individuals who the Portuguese conquistadors found on these lands in 1500. The history of European colonization of these Amerindian peoples shows that, in many countries, they were virtually decimated, partly through outright extermination in the course of long wars, but especially because of infectious diseases introduced by the colonists, sometimes unwittingly, as was the case with measles, influenza and tuberculosis, but also intentionally, as is reported in the case of some outbreaks of smallpox, when the forms of contagion by the disease were already known. All of this was exacerbated by slavery and poor nutrition. Largely caused by constant conflicts over land rights, the latter afflicts many ethnic groups, with grave nutritional consequences, especially among mothers and children and is one of the causes of the high morbidity and mortality indices among women and children, with rates and coefficients far higher than the Brazilian average.

These indigenous populations, like those brought from Africa, were always treated unfairly and viewed with contempt by the ruling classes during colonization, with little in the way of moral constraints. It was only with the Enlightenment in the 18th and 19th centuries that the concepts of equality, fraternity and liberty gained ground and, in almost the whole of the American continent, including Brazil, the Independence movements then developed often provided policies that benefited less privileged groups. Brazil had to wait until 1910 for the emergence of the Indian Protection Service (SPI), although, since it was linked to the Ministry of Agriculture, it obviously gave priority to land rights issues. It was only in the 1950s that the Aerial Sanitary Units Service (SUSA), linked to the Ministry of Health emerged, with the aim of providing care in remote areas. The most important event in recent history was the creation of the National Indian Foundation (FUNAI) in 1967, although the extensive shortcomings of this organization led lawmakers to draw up a care model specifically for indigenous people in the 1988 constitution, which brought into existence the National Health System (SUS), and in 1991 that responsibility for indigenous health passed from FUNAI to the Ministry of Health. Special Indigenous Sanitary Districts (DSEIs) were set up as an "operational basis for SUS health care policy for indigenous populations", coordinated by the National Health Foundation (FUNASA). The technical inexperience of the latter, which was the cause of constant conflicts indigenous communities and health service providers alike, led the Ministry of Health to set up the Special Indigenous Health Department (SESAI) in 2010, which passed responsibility for management of the DSEIs over to social organizations, including the Instituto de Medicina Integral Prof. Fernando Figueira (IMIP) in Pernambuco.

Since 2011, through this partnership with the Ministry of Health, the IMIP set up the Indigenous Health Coordination, an institutional initiative whose primary objective is to provide managerial, technical and financial assistance for "Basic Indigenous Health Care" and the "Promotion of Environmental Sanitation on Indigenous Land", through management of the DSEIs in the States of Pernambuco, Paraíba, Alagoas and Sergipe, with complementary action in the field of all-round health care for indigenous peoples in these States. This initiative complements collaborations between the IMIP, the Brazilian Ministry of Health and the PanAmerican Health Organization already underway in indigenous communities in Brazil since 2005, with special focus on the Tikuna (Amazonas), Xavante (Mato Grosso), Guarani Kaiowá (Mato Grosso do Sul) and Yanomami (RR) peo-

ples, in States which have the largest portion of Brazil's indigenous population.

Alongside these activities, the IMIP has also decided to take action to help scholars in various fields of health science to conduct academic research in villages, under the supervision of local health teams. Many of these experiences have been reported and presented at conferences, but this still represents only a small fraction of our potential. As of 2014, the IMIP has extended its collaboration with the Ministry of Health, taking on responsibility for other DSEIs in other States in the Northeast region, from Bahia to Maranhão. The health care and teaching work that we will be carrying out will be complemented by research activities, respecting the specificities of these vulnerable populations and all activities will be communicated, reported and published, as a way of contributing and demonstrating respect, as we envisage encountering situations that have not yet been imagined. Hence the importance of the article in this latest issue of the *Revista Brasileira de Saúde Materno Infantil* on the Indigenous Nutrition Surveillance System (SISVAN-I) by Pantoja and colleagues, reporting the difficulties involved in carrying out activities in the Yanomami territory, a situation that we were able to chart in detail, using our SISVAN capacities.

Although indigenous land makes up 12% of the total area of Brazil and this has led some to question the legality of such land ownership, not all are able to guarantee sustenance with good quality of life, and those that have greater productive potential are in a permanent state of conflict with land-grabbers, prospectors and other groups, with the authorities failing to come up with policies that ensure peace and productivity. This conflict has a considerable impact on health, creating serious difficulties in finding human resources willing to work under such dangerous conditions.

Coincidentally, while writing this editorial, we received the news of the canonization of the Spanish Jesuit priest José de Anchieta, for reason of his outstanding work proselytizing and peacemaking among indigenous groups in the 16th century, which included translations between Portuguese and Tupi and other indigenous languages and extensive writings on indigenous culture and traditional medicine, setting a good example as to how we should continue to work with these communities, respecting their beliefs regarding the origin of health problems, which are nearly always related to imbalances between human behavior and the natural environment. This environment is also the source of their medicine and the place where they search for cure: in the water, rain, herbs, plants, fire, smoke, sun, moon and stars. Here the truest and greatest experts are the shamans, medicine-men, folk healers, and the like. When we introduce them to "our" traditional medicine (evidence-based biomedicine, technology and pharmacology), we almost always try to impose our knowledge, that which we "know" and believe to be true. But how many of us are truly willing to learn from or with them about their medicine? This is one of the challenges that currently faces us.

Ruben Schindler Maggi ¹

¹ Mother-child health consultant. Pediatrician at the Instituto de Medicina Integral Prof. Fernando Figueira. Rua dos Coelhos, 300. Boa Vista. Recife, PE, Brasil. CEP: 50.070-550. E-mail: ruben@imip.org.br