

## Between invisibility and resistance: indigenous health and demography during the Brazilian military dictatorship

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THEMATIC ARTICLE

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**Abstract** *This article aims to systematize and analyze, from a historical perspective, the discussions that permeated the topic of indigenous health in interface with the demography of these populations, based on the political dimension that the quantification of indigenous peoples assumed during the military dictatorship in Brazil. Covering an extensive period that extends from the establishment of the Indian Protection Service in 1910 until the end of the 1980s, this article offers a comprehensive view of the topic. The analysis focuses primarily on the 1970s, highlighting the actors involved in this debate: indigenous leaders, indigenists, academics, health professionals, and missionaries.*

**Key words** *Indigenous health, Indigenous demography, Indigenous peoples and military dictatorship*

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## Introduction

The health of Brazilian indigenous populations has been, in recent decades, an object of study by Social Sciences in tandem, most notably, with the field of collective health<sup>1-11</sup>. In the field of Indigenous History, the health issue began to appear as a theme following the epistemological turn in the field between the end of the 1980s and the beginning of the 1990s. In this scenario, discussions arose about the occupation of the territory, as well as the contact indigenous peoples and the epidemics that caused significant decimations of Amerindian peoples. In the midst of this historiographical renewal were analyses that recognized indigenous peoples as agents of their histories, based on the multiplicity of forms of interaction in the post-contact period. Furthermore, our study, through re-readings and new source frameworks, sought to expand the description and understanding of the size of the population and the processes of occupation, permanence, and mobility of indigenous populations throughout the American territory, including both the pre-conquest (in dialogue with the work of archaeologists), including that which begins with the advent of Europeans in America<sup>12-14</sup>.

More recently, based on analyses anchored in the history of indigenous health, we sought to understand the relationship between anthropology and health in the construction of healthcare mechanisms for Brazilian indigenous peoples between the 1940s and the 1960s, mainly through the Indian Protection Service (*Serviço de Proteção aos Índios - SPI*)<sup>10,15-20</sup>.

Intensifying investigations into the health of indigenous populations, studies on demographic issues and the indigenous population counts have led to important debates in recent decades, such as the different patterns of reproductive behavior between indigenous and non-indigenous people<sup>21-23</sup>, inequities between the different ethnic-racial categories identified by official systems<sup>24</sup>, and the prevalence of certain diseases among minority groups, as in the case of the COVID-19 pandemic<sup>25</sup>.

It is true that the theme of native demography has been present in narratives about indigenous populations in the Americas since the records of the colonial period, influencing Pombaline policies, guiding the first regulations and relations with natives during the imperial period and advancing in the twentieth century with the creation of the first SPI in the country during the period of the Republic. In this context, it is possi-

ble to affirm that the theme has crossed time and is, even today, gaining new symbolic, political, theoretical, and methodological shapes.

The present study therefore seeks, considering a historical systematization, to place the discussion on indigenous demography in tandem with the theme of the health of these populations, from the creation of the SPI in 1910 to the end of the 1980s, in order to discuss the political uses of the quantification of indigenous peoples in the context of the military dictatorship in Brazil, based on the widespread support for the indigenous cause provided by academics, indigenists, health professionals, and missionaries in the late 1970s.

### Construction of Indigenous Policy in Brazil: Health and Demography

The first years of the Brazilian Republic were marked by numerous government strategies, generally led by military forces, recognized by both the country and the general population. In this scenario, scientific expeditions sponsored by the Brazilian State stand out, such as the Commission for Strategic Telegraph Lines from Mato Grosso to Amazonas (CLTEMTA) (1907-1915), known as the Rondon Commission. This commission, led by Army Marshal Cândido Mariano Rondon, had the objectives of not only inspecting and controlling the borders, but also connecting the Northwest region to the rest of the country, through the installation of telegraph lines, as well as increases in agricultural production, scientific knowledge of natural resources, and the population of the region<sup>26-30</sup>. Aligned with the objectives of internalizing state authority and the ideal of progress defended during the period, the Commission reflected the demands of the Brazilian State regarding the need to expand communication, control borders, and populate the hinterlands<sup>29</sup>. In this sense, the implementation of the telegraph throughout territories considered to be demographic and power voids made up the political arrangement of integration and modernization of the Brazilian Republic.

The objectives of promoting integration via telegraph, the occupation of the northwestern hinterlands and the internalization of state control (political and borders) were, from the onset, compromised by the health issue of the region in question. This issue is evident in the health data presented in the official reports of the Rondon Commission. As the regions covered by the Commission were considered “demographic

voids”, as they did not make clear reference to the presence of indigenous populations that inhabited the territory, the data related to the numerous indigenous ethnicities that historically lived and acted socially in the north and midwest regions of the country, have been poorly documented.

It was, however, in the midst of this political scenario that the indigenous presence began to figure institutionally in the project of the internalization of state power, above all, in 1910, with the creation of the first governmental body focused on the national indigenous issue, the SPI and the Localization of National Workers (*Localização dos Trabalhadores Nacionais* - SPILTAN). Under the direction of Rondon and linked to the Ministry of Agriculture (MAIC), the SPI (as it began to be called from 1918 onwards) was structured in line with the state objectives of the period, which advocated territorial control, border defense, and regional development, based on positivist precepts. Still in the first decades of the 20th century, and with the support of the indigenous agencies, the opening of railways, the installation of telegraph stations, and the creation of workers’ villages invaded the indigenous lands of the country’s hinterlands.

The indigenous policy implemented by the SPI operated under a tutelary regime, where the Brazilian State would be legally responsible for indigenous collectives and their lands. The project presented itself as an alternative to religious catechesis and was aligned with the republican precept of separation between Church and State. Furthermore, by “pacifying indigenous populations”, it sought to transform them into national workers, thus considering the indigenous condition as transitory<sup>31,32</sup>. Along with the invasion of expansion fronts and the “recruitment” of native labor, there was the onset of epidemics with devastating potential for native peoples, contributing to their significant demographic decline.

In this sense, also in line with the intentions of the Brazilian Republic, which viewed sanitation as the key to regional development, the SPI, in its first regulation, dealt with health care provided to indigenous groups. However, throughout its activities, it did not offer an organized structure specifically focused on the topic of health<sup>33-35</sup>. Records of epidemic outbreaks, the lack of medical care provided to indigenous populations, and the fragility of the SPI were included in the reports, and surveys were carried out within this Service, from its origins until the final years of its operations. The main problems dealt with the lack of medical supplies and health profession-

als, as well as issues related to the impact of the coexistence between indigenous and non-indigenous people. In 1942, following the creation of the Study Section (*Seção de Estudos* - SE), which aimed to carry out investigations into the origin, customs, traditions, and languages of indigenous populations, the first social scientists were hired, including Darcy Ribeiro, who had recently graduated as a specialist in Social Sciences from ELSP (*Escola Livre de Sociologia e Política de São Paulo*). Led by doctor Herbert Serpa, the SE gained new functions throughout its structure. Among its demands, the function of registering the indigenous population stands out, a demand that had already been presented in the SPI:

*In Brazil, as almost everywhere else, the aborigines are decreasing and almost disappearing, [...] our Indians are not an inferior race for us. They are simply late brothers in the face of which we should not put ourselves in the position of competitors. As such, of course, they will have to perish, because they do not have resources comparable to ours [...] (Memory on the determining causes of the decline of indigenous populations in Brazil, 1940)<sup>36</sup> (p.4).*

Brazilian demographic censuses, which began in 1872, despite having, on some occasions, recorded information about indigenous people in the Brazil, until then had not released data on the absolute population group of this segment. The milestone of modern censuses in the country, that of 1940, identified only four categories of “color” making up the Brazilian population: “white, black, brown, and yellow”, the latter referring to the population of East Asian origin or ancestry. The registration and counting of indigenous people were then under the responsibility of the SPI and, as of 1944, its SE.

Despite appearing as an objective of the SE, demographic surveys were carried out on an occasional basis and not continuously, making it difficult to conduct a detailed analysis of the true situation of the indigenous population during the period. Data on population counts were presented in post-report formats, gathered in annual editions of the so-called “SPI Internal Bulletins”. In addition to the demographic issue, the bulletins contained data on births, deaths, health status, infirmary, and movement of pharmacies located in some stations.

It is in this institutional context and based on poorly systematized data concerning the demography and health of indigenous populations under the coordination of the SPI that Darcy Ribeiro conducted his first field research and structured

his analyses on the future of the Brazilian indigenous people. As mentioned above, Darcy Ribeiro joined the SPI staff in 1947, following a direct recommendation from his advisor at ELSP and an important interlocutor during the period, the ethnologist of German origin, Herbert Baldus.

In the early years of working at the aforementioned body, Ribeiro carried out ethnological and linguistic studies among the indigenous groups of Mato Grosso (South Region and Pantanal of Mato Grosso): Kaiwá (Guarani); Terena (Aruak), Kadiwéu (Mbayá- Guaikurú), Kadiwéu and Ofaié, and Maranhão, among the Urubu-Kaapor, in this final group, where he spent the longest time, he recorded countless cultural events in videos and audios. Based on his field observations and supported by documentary sources from the SPI itself, in the 1950s, Darcy Ribeiro published an analysis of the sanitary conditions of Brazilian indigenous populations. Using a comparative population analysis methodology, with the aim of demonstrating the articulation between socioeconomic factors and demographic behavior, as Coimbra<sup>37</sup> has already highlighted, the article was structured as: “Conviviality and contamination”. The first version of the study was part of the annals of the II Meeting of the Brazilian Anthropology Association, in 1955; the following year, an expanded version was published in *Revista Sociologia*; and, finally, in 1970, it became a chapter in Ribeiro’s book: “The Indians and Civilization”. The versions have few changes among them. In general, they are specific additions or deletions of words throughout the text. The biggest change can be seen in the 1956 edition and refers to the presentation of statistical data in graphs, tables, and age pyramids.

Ribeiro’s text, supported by statistical data formulated from the documentation gathered in the SPI collections and his field experiences, essentially collected among the Urubu-Kaapor, pointed, in a fatalistic manner, to the disappearance of countless indigenous societies (as socioculturally differentiated entities). Social disruption and issues such as malnutrition, infant mortality and growing “contact” diseases [with non-indigenous people] would indicate a progressive demographic decline among populations affected by epidemics.

The uncertain future of indigenous populations, tragically affected by infectious diseases, such as influenza and measles, portrayed by Darcy Ribeiro in the 1950s, guided indigenous policy in that context and in the following decades, as can be seen in the period of civil-military dicta-

torship (1964 -1985). If they would be doomed to disappear, actions and/or public policies aimed at maintaining the life (cultural and material) of indigenous populations could be punctual and transitory.

### **The allegory of indigenous invisibility: Indigenous health and demography during the military dictatorship**

The 1960s marked the end of the activities of the SPI, which, weakened by numerous complaints and accusations of corruption and the practice of countless acts of violence against indigenous people, was submitted to a Parliamentary Commission of Inquiry (*Comissão Parlamentar de Inquérito - CPI*) established by the Ministry of the Interior (Ordinance 239/1967), already in the context of the civil-military dictatorship, which culminated in the dismissal of civil servants and, finally, the extinction of the body. The surveys that supported the CPI were coordinated by the then Attorney of the Republic, Jäder Figueiredo Correia, and the report, known today by historiography and public opinion as the Figueiredo Report, was released in 1967, revealing the violence, corruption, and neglect of the Brazilian State in relation to indigenous people<sup>38</sup>.

The SPI was then replaced by the National Indian Foundation (*Fundação Nacional do Índio - FUNAI*), created in 1967 and governed under Law No. 5,371 of 12/05/1967. The indigenist body was developed within the scope of the new organizational structure of the Brazilian State in the post-1964 coup. Under the management of military personnel, FUNAI’s indigenist policy, as it was in the SPI, continued under a tutelary orientation, strongly focused on the issue of land ownership and with political guidelines for integration movements and/or “stimulating change (acculturation)”<sup>39</sup> (p.131). In that context, the structuring of Funai and the national indigenous policy could be perceived as part of a “more general movement to redefine State bureaucracy”<sup>40</sup> (p.298).

In this sense, it is possible to argue that the political and economic interests that guided the Brazilian dictatorial period fully absorbed the argument of the disappearance of indigenous populations, whether through the absorption of these populations by the National State, or through the demographic decline resulting from epidemics, land violence, and /or other determinants.

Throughout the 1970s and much of the 1980s, indigenous health was led by FUNAI based on

agreement policies and specific and discontinued health actions based on a care model constituted as valid for all indigenous tribes without considering the cultural and ecological patterns and particularities of ethnicities<sup>41</sup>. In this scenario, the Mobile Health Teams (*Equipes Volantes de Saúde* - EVS) were structured, with a model inspired by the Service of Air Health Units (Susa), which under the coordination of sanitary doctor, Noel Nutels, developed health activities, especially diagnostic and treatment actions for tuberculosis in the 1950s and 1960s<sup>1,33,42</sup>. With air support, teams generally made up of one doctor, one nursing professional, one biochemistry professional, and one dentist provided emergency and/or sporadic medical care in indigenous territories under the institutional arrangement of FUNAI<sup>1</sup>.

Under the indigenous body's agreement policy, that drafted with the Escola Paulista de Medicina de São Paulo (EPM), today the Federal University of São Paulo (UNIFESP), stands out as part of the "Xingú Project". Coordinated by doctor and professor Roberto Baruzzi, the project began its operations in the Xingú Indigenous Park in 1965, with periodic vaccination activities and medical-sanitary care. The structure of the agreement signed between the University and FUNAI remained practically unchanged until the 1980s<sup>42</sup>.

As already mentioned in this article, the health of indigenous populations was treated inefficiently by the SPI throughout its activities and remained unstructured within the scope of FUNAI, especially during the first decades of the new body's operation. The irregularity of medical-sanitary care activities contributed to the advancement of serious conditions with varied comorbidities, as well as to the lack of reliable population and/or epidemiological data, which would enable the elaboration of plans, projects, and legislation concerning the health of Brazilian indigenous peoples.

The literature that has been dedicated to the topic of the health of indigenous peoples in tandem with the demographic issue in Brazil points to the absence of systematized data on the indigenous population over time. As Simioni and Dagnino claimed:

*In the country, only indigenous populations that are part of a program, such as the Xingu Project, carried out by the Federal University of São Paulo (UNIFESP), have a series of reliable data collected annually. The situation of the people of the Xingu Indigenous Park is, therefore, an exception among indigenous peoples in Brazil*<sup>43</sup> (p.311).

In this sense, it is possible to infer that even with the transformation that occurred in national indigenous bodies, with the end of the SPI and the advent of FUNAI, the perception of the destiny of indigenous populations remained the same – in the words of ethnologist Pierre Clastres, a choice between genocide and ethnocide, i.e., the effective destruction of indigenous societies due to epidemics and massacres promoted by agents of progress or the destruction of these societies as indigenous due to assimilationist policies, as provided, in fact, in the purposes of FUNAI, among which can be found: "protection for the spontaneous acculturation of the indigenous people so that their socio-economic evolution is safe from sudden changes" (Law 5,371 of 1967, Art. 1, "d").

State policy remained in line with the mission set forth by the SPI since the beginning of the century. It benefited, however, from the undermining of the foundations of public debate with the limitation of political and press activities in dissonance with the projects of economic elites, for whom indigenous people appeared as obstacles to the country's development. The hinterlands covered by the Rondon Commission were seen as strategic by the regime to promote "Big Brazil", with the North region being perceived as the most backward in the country. Thus, two years after the 1964 coup, the government established the Superintendence for the Development of the Amazon (SUDAM), transformed Banco da Amazônia S.A. (BASA) into the largest institution for financing economic ventures in northern Brazil and, in 1967, created the Superintendency of the Manaus Free Trade Zone (SUFRAMA). Federal contributions were considerably higher than those previously allocated to activities in the region, in line with the official discourse of combating regional inequalities in the country and establishing infrastructure for the development of its most backward regions. It is amid the advances sponsored by the military in indigenous territories – Transamazônica, Operation Amazônia, construction of large hydroelectric plants, and spatial expansion of agroindustry – that Congress promulgates the Indian Statute (Law 6,001 of 1973), ratifying the indigenous policy that has with the goal of "integrating, progressively and harmoniously, [the indigenous people] into the national community" (Art. 1).

The health policies for indigenous peoples, described above, were part of the horizon of the disappearance of their public – for example, in 1976, the Minister of the Interior, Rangel Reis, declared to the news station, *Jornal do Brasil*, that

his mission was to reduce 90% of the Brazilian indigenous community<sup>44</sup>. Although the activities promoted by the Escola Paulista de Medicina were aware of the systemic situation experienced by indigenous people, with permanent monitoring and specialized attention, it was an exception located within the Xingu Indigenous Park, with the action of FUNAI's aerial teams, characterizing the greatest part of Brazilian territory with disastrous results. The indigenous legislation itself predicted the existence of harm to indigenous people in their inevitable process of assimilation into the national community, although this harm had never been publicly measured.

### **Health and demography in the 1970s: Indigenous visibility strategies**

It was at the end of the 1970s, in a scenario of increasing criticism of the situation faced by indigenous people<sup>45</sup>, that the government announced its first formal initiative to recognize the assimilation of indigenous people. In 1978, the regime announced a project to establish “Indianness criteria”, objective elements to measure the degree of integration of an indigenous community into the national community, simultaneously resulting in the emancipation of a people (from the condition of indigenous people) and their lands (from the status of indigenous reserves). This proposal catalyzed the movement of support for the indigenous cause by various members of civil society, notably academics from São Paulo. A landmark event was held at the end of the year at CUFA, PUC-SP's university theater, with the presence of distinguished intellectuals, such as Roberto Cardoso de Oliveira and Lux Vidal. In only a few months, different NGOs were created, such as the Centro de Trabalho Indigenista, coordinated by the anthropologist couple Maria Elisa Ladeira and Gilberto Azanha, and the Pro-Indian Commission, bringing together diverse supporters in its composition. With proposals completely different from those of the regime, they became a branch of academics involved in the indigenous cause of resistance to assimilationist policies. In the same period, indigenous leaders took to the press to denounce governmental acts, something that would become the focus of the 1980s, when Raoni, Ailton Krenak, Marcos Terena, Álvaro Tukano, Tuíra, among other names, became known to the general public.

The 1978 mobilizations marked a turning point in opposition to the regime, with repercussions for the fields of collective health and

indigenous demography. Two of the most active organizations, the Indigenous Missionary Council (CIMI) and the Ecumenical Center for Documentation and Information (CEDI), both of which have anthropologists on their staff and linked to ecclesiastical institutions that provided them with greater shelter in the face of repressive forces, began efforts to quantify the indigenous population in the country and improve their living conditions. The publications influenced debates in the 1980s concerning the future of indigenous peoples in Brazil.

CIMI, linked to the National Conference of Bishops of Brazil, made its count based on data from prelaties. The editors of the newspaper, *Porantim*, whose publication by CIMI extends from May 1978 to the present day, gathered information from Catholic priests and missionaries, with great capillarity in the Brazilian territory, publishing figures that had never been seen before: the September 1979 edition announced a “dossier on the situation” of the 210,000 indigenous people in Brazil, characterized by discussions on the national land situation, indigenous policies, government development plans in the Amazon, and attacks against villages at the behest of agrarian elites. In a news report format, *Porantim* linked the challenges of the wellbeing of indigenous populations and their growth prospects to the intentional action of economic and political forces, contributing to denaturalizing the disappearance of indigenous people.

In line with the CIMI initiative, CEDI launched a series of publications aimed at the qualification of indigenous peoples in the country, with detailed descriptions of the history of interethnic contact, the village and regional economy, the languages spoken by the peoples in question, and their demographic composition. During the 1970s, CEDI published *Aconteceu*, a weekly clip summarizing what the country's main newspapers reported about “urban workers”, “rural workers”, “Indians”, among other topics that marked the Center's role in intellectual resistance against the dictatorship. From the following decade onwards, *Aconteceu* was granted special issues dedicated exclusively to indigenous people, either in the format of a large gathering of news about what had happened in a given period throughout the national territory (between 1980 and 1984 published as yearbooks; from 1985 comprising more extensive temporal intervals), or in the form of issues on specific regions, such as “Vale do Javari” or “Southeast of Pará”. These publications, predecessors of *Povos Indígenas no*

*Brasil*, still published today by the Socioenvironmental Institute (an NGO that emerged with the end of CEDI in the mid-1990s), contained not only estimates of population contingents in the country (sometimes using data from CIMI), such as the specific numbers of different ethnicities and their villages, accompanied by the specificities experienced by the local population in access to health, land, and security against attacks by potential aggressors (such as squatters and miners). This information, obtained as part of the Survey of Indigenous Peoples in Brazil from collaborators who accompanied the indigenous people in loco (anthropologists, missionaries, linguists, indigenous experts, nurses, and even indigenous leaders) from a complete form sent by CEDI to the partners in a “snowball” methodology, uniting ethnographic, demographic, and health interests, maintaining an interdisciplinary network engaged in defending the rights of indigenous peoples through “resistance statistics”, i.e., quantitative data developed with a political purpose in mind, that is, to make indigenous demographic dynamics legible<sup>44,46,47</sup>. Together with the work developed by CIMI, the collaborators, in their support for the indigenous cause, solidified the perception that there would be an indigenous future in Brazil, helping – as CEDI proposed in its slogan at the time – to “put Indians on the map”.

Throughout the 1980s, some CEDI publications became less frequent and the release of volumes on ethnographic areas was suspended after only three publications. This was precisely due to the involvement of the editors (Fany and Beto Ricardo) in the debates of the Constituent Assembly, in which several collaborators from the Survey of Indigenous Peoples in Brazil also took part. If *Porantim* continued to be published uninterruptedly, even with CIMI members equally engaged in the transformation of the Magna Carta, coincidentally it stopped updating the indigenous population contingents in the mid-1980s. The most significant contribution of the quantification processes undertaken by the two organizations was not the population contingent itself, but rather the discussion that arose about the causes of the numbers found. Contextualized, these values contested the idea that the destiny of indigenous people would be disappearance – whether cultural or material – and expanded the discussion about the conditions for the possibility of indigenous wellbeing after the overcoming of the regime and the advent of the New Republic. Years later, the first studies demonstrat-

ing the indigenous demographic recovery were published based on data produced by the Xingu Project, giving materiality to the changing horizons of the population dynamics that had been consolidated<sup>21,22</sup>.

For this same period, it is essential to note that the agents mentioned here, in parallel with the dissemination of population surveys, engaged in actions aimed at transforming the model of medical care for indigenous populations, especially with regard to discussions about the territorialization of health policies, which should break with the model of FUNAI’s mobile teams. Furthermore, they sought to directly associate indigenous wellbeing with land guarantees, which would be consolidated in the legislative changes that occurred years later at the end of the dictatorship<sup>48-50</sup>.

### Final considerations

Surveys, population counts, and demographic data about indigenous populations in tandem with the health of these populations were present in the most diverse argumentative constructions about the presence of these peoples in Brazil. Political, symbolic, and institutional uses, concealed by the lack of clarity and precision in the collected data, guided the concept of demographic voids, which supported policies of regional development, settlement, and internalization of state power. Under the shadow of the invisibility or inevitable disappearance of indigenous populations, specific public health policies were structured, considering that the “indigenous” category corresponded to a condition, transitory in its nature and unwanted in an economically advanced country. The perception that indigenous people would soon be absorbed into national society gave rise to the lack of a permanent health policy based on respect for multiculturalism.

In addition to the social mobilization against dictatorial initiatives, the quantification of indigenous contingents and the qualification of the potential causes of their demographic trends constituted a central strategy to support the construction of an alternative worldview, denaturalizing the extermination of original peoples and beginning a process of accountability of the Brazilian government, in which the damage caused by the developmental project was highlighted, as well as the land pressure suffered by indigenous people and the lack of adequate health actions for these people by the State. These transforma-

tions, which spanned the 1980s, are at the heart of Chapter 8 of the 1988 Federal Constitution, in which the rights to land, culture itself, and culturally differentiated policies for health and education are guaranteed.

Representing the change in the status of Indianness in the Brazilian legal system, and the new position occupied by indigenous peoples as subjects of public policies, the first National Demographic Census of the New Republic, carried out in 1991, included “indigenous” as an answer option in the question of “Color or Race”, publishing, in an unprecedented manner, an official number of indigenous people in the country – a number that since has maintained its growth trend (jumping from 294,131 people in 1991 to 1,693,535 in 2022). These data became the basis for a varied set of specific public policies for this segment.

In terms of advances in the health of indigenous peoples, it is possible to highlight the creation of the Indigenous Health Subsystem (*Subsistema de Saúde Indígena* - SasiSUS), following the establishment of the Arouca Law (Law No. 9,836/1999), which was followed by the formulation of the National Health Policy. Attention

to the Health of Indigenous Peoples (*Política Nacional de Atenção à Saúde dos Povos Indígenas* - PNASPI, in 2002) and the creation of the Special Secretariat for Indigenous Health (*Secretaria Especial de Saúde Indígena* - SESAI, in 2010). In contrast with indigenous health care, conducted by the military regime, based on the work of FUNAI mobile teams, in the absence of demographic data and the non-systematization of vital statistics, the current model takes as its starting point health guarantees for sociocultural differences and the search for respect for native definitions of wellbeing, understanding indigenous peoples as subjects of rights like any other Brazilian citizen. The lesson left by the argument against the authoritarian regime in the field of indigenous health is that one cannot isolate health from its social conditions nor ignore its political context. In a scenario in which attacks against ethnic-racial minorities are no longer an exception, and in which traditional territories remain at risk, these people’s right to health will continue to depend on the daily engagement of their leaders and their allies in building a future marked by indigenous visibility.

## Collaborations

CAG Brito: conception of the article, writing of the sections “Introduction”, “Construction of Indigenous Policy in Brazil: Health and Demography”, “Final considerations” and review of the section “Health and demography in the 1970s: Indigenous visibility strategies”. BN Guimarães: writing of the sections “Health and demography in the 1970s: Indigenous visibility strategies”, “Final considerations”, review of the sections “Introduction”, “Construction of Indigenous Policy in Brazil: Health and Demography”.



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