Indigenous health: struggles and resistance in the construction of knowledge

Saúde indígena: lutas e resistências na construção de saberes

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Brazil has the greatest cultural diversity in Latin America, with more than 300 indigenous peoples, who speak 274 languages and have their own worldviews and ways of life (IBGE, 2012). Since the Portuguese arrived 520 years ago, indigenous peoples have been fighting for recognition and for the right to assert their identities. Thus, they have resisted centuries of integrationist policies that understood them as primitive and aimed to assimilate them into society and the world of work and productivity.

The first legal references to indigenous people relate to the use of their land and to their right to be integrated into national society. The creation of the Indian Protection Service in the early 20th century and of the National Indian Foundation in the 1960s were the result of attempts to remoralize the country, given the negative repercussions of the massacre of indigenous peoples by the Brazilian government (Gomes, 2012; Raminelli, 1996). Only in the 1988 Federal Constitution were indigenous people recognized as Brazilian citizens, entitled to preserve their culture and customs (Brasil, 1988). Thus, indigenous rights began to take heed of the "ancestry of [indigenous] presence in the territory" (Garnelo, 2014, p. 112, our translation).

Although discussions on indigenous rights have undergone significant advancements, the relationship between the Brazilian State and indigenous peoples is another story. Projects aiming to alter and reverse indigenous rights are a frequent occurrence in the National Congress. A few examples are Bill 692/1991, which deals with mining on indigenous lands, and Constitutional Amendment Proposal 215/2000, which attempts to confer the National Congress exclusive power to demarcate indigenous lands or ratify the ones that have already been demarcated (Brasil, 1991, 2000). These bills exemplify the fragility of these peoples' constitutional inroads and the constant threat posed

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by a growing Brazilian-government conservatism and by an accelerated expansion of agribusiness borders.

The Federal Constitution and the recognition of indigenous peoples' right to identity were not enough to end their genocide. During her mission to Brazil in 2016, the United Nations' special rapporteur on the rights of indigenous peoples pointed out that "a matter of most pressing concern is the extent of documented and reported attacks on indigenous peoples" (Tauli Corpuz, 2016, p. 4), especially reprisals in the form of land reoccupation and violence against indigenous people when they find themselves in urban environments. According to the Indigenist Missionary Council, recent years have witnessed an increase in murders and attacks against indigenous people, mainly in the state of Mato Grosso do Sul (Cimi, 2018).

Based on the premise that land is neither a material good nor a form of property, indigenous peoples continue to fight for the demarcation of their territory, which constitutes their fundamental demand before the Brazilian State. As Guajajara put it, "the struggle for Mother Earth is the mother of all struggles" (2017, our translation). Crucial to ensuring the indigenous way of life and, in this sense, to maintaining and restoring health, the issue of land demarcation cannot be disassociated from the issue of healthcare.

After many struggles for recognition, indigenous peoples have finally constituted themselves as an important social force in the drive to influence public policies. After Indians in Movement (Krenak, 2015; Munduruku, 2012) were able to secure Chapter VIII of the Federal Constitution, entitled "Indians" – a legal break with policies based on the science of human evolution and on government-directed indigenous integration with the national community (Souza Lima, 2015) – these peoples became even more present in the field of public-policy construction.

This process was influenced by several factors: the organization of land demarcation policies, guaranteed by the Federal Constitution and established by Decree 1,775/1996; health policy, with the demand for a differentiated care subsystem approved by Law 9,836/1999; educational policy, which ensured intercultural, bilingual and differentiated indigenous school education by means of Law 9,394/1996 (Paula; Vianna, 2011).

However, it is important to note that the production of public policies does not end with the publication of a legal text. For the country's indigenous peoples, the struggle in favor of said policy's permanence, effectiveness and proper implementation is never-ending. Thus, the Indigenous Peoples Health Services National Policy is inseparable from the intense disputes and protagonism of the indigenous population (Funasa, 2002).

The Health Conferences were fundamental for the discussion and elaboration of a health policy for indigenous peoples. The 8th National Health Conference in 1986 can be regarded as the starting point for this construction. By defending the universality of the Brazilian National Health System (SUS), the Conference changed indigenous peoples' relationship with the health system. Everyone finally had the right to health, which was no longer treated exclusively as a benefit of labor. As such, health became a field of struggle marked by intense potential for political articulation. Autochthonous peoples would have to be included in this new healthcare system through a specific subsystem, following a differentiated path of integration (Confalonieri, 1989).

Even though they recognized the distance between the State's system of action and their own modes of organization, indigenous peoples understood the importance of participating in the debate on the creation of the SUS, as reported by Krenak, in Vieira's portrayal (2019, p. 84, our translation):

> When I participated in the debate around the Constituent Assembly, I suggested a health subsystem for the Indians. I was just making an approximation, since I do not believe in the white people's health system. But I was attempting an approximation, in the same way that we have to live within a State system, with laws, rules and everything, and in the same way we accepted the creation of a chapter on Indians in the Brazilian Constitution. But we have no illusion about it, we know that neither the Constitution nor the health system are really ours.

Thus, as a form of care complementary to indigenous healing, Law No. 9,836/1999 created the Indigenous Health Subsystem (SASI). It was the result of intense mobilization of native peoples through the

8th and 9th National Health Conferences and the 1st and 2nd National Indigenous Health Conferences.

After 30 years of SUS and 21 years of SASI existence, Brazilian healthcare has undergone several advancements. Nevertheless, debates on the occasion of the 30-year anniversary of the SUS remained silent in regards to indigenous-people healthcare (Bahia, 2018; Paim, 2018), the considerable visibility the theme had obtained in the last two decades notwithstanding. In this sense, it is necessary to return to the essence of collective-health building in the 1970s. Although marked by tensions, this process "not only establishes a critique of the naturalistic universalism of medical knowledge, but breaks with the concept of public health, denying its monopoly of biological discourse" (Nunes, 2013, p. 26, our translation). At the present moment – when the main challenge for the consolidation of SUS is political – economic determination is among the greatest threats (Paim, 2018). The same is true in regards to the consolidation and permanence of the SASI.

Within this context of political resistance in favor of the permanence and qualification of the SASI, another concern is the organization required to prevent and combat the covid-19 pandemic. The more than 300 indigenous peoples inhabiting this territory experience different realities: for instance, some people live in isolation, while others are city dwellers. However, they are all subject to a common threat: social vulnerability in the face of the pandemic. Historically speaking, infectious diseases have been responsible for thousands of deaths in indigenous communities. These diseases – which reached communities by means of non-indigenous persons – were mysterious from the standpoint of indigenous peoples. Their traditional medicines provided no means for fighting viruses and caring for people with infectious diseases.

The Brazilian government's failure to organize and facilitate assistance to native peoples in the face of covid-19 is a sad reminder of the State's lack of responsibility and disrespect for indigenous rights. Once again, however, indigenous mobilization is manifesting its power and resistance. Acting in parallel to the Executive Power, indigenous peoples are establishing articulations with indigenous, indigenist, and collective-health organizations – and even with the Federal Congress and the Federal Supreme Court (STF) – in order to fight the pandemic. In this sense, we highlight the Indigenous Emergency plan, led by the Articulation of the Indigenous Peoples of Brazil (APIB, 2020), which in addition to providing assistance to communities, acts to confer visibility to statistics regarding the spread of the pandemic among indigenous peoples, regardless of where they live.

Furthermore, by means of the Non-Compliance Statement of Fundamental Precept 709 (STF, 2020), the APIB was ensured the right to collective construction of a plan to combat the pandemic. This plan is to be implemented by the federal government alongside the Special Department for Indigenous Health, and has the support of the Brazilian Association of Collective Health's Technical Group in Indigenous Health. Other elaborations include the Emergency Plan in Support of Indigenous Territories, proposed by the Mixed Parliamentary Front in Defense of the Rights of Indigenous Peoples (led by federal deputy Joenia Wapichana) and approved by Law 14,021/2020 (Brasil, 2020), and the Plano Frente pela Vida, authored by collective-health organizations (Frente pela Vida, 2020).

In such a complex historic moment, this dossier marks the end of a cycle, started with a doctoral project developed at the Faculdade de Saúde Pública of Universidade de São Paulo. The project analyzed the participation of native peoples in the construction and implementation of the National Health Care Policy for Indigenous Peoples, after the promulgation of the 1988 Constitution. Fruitful debates during the thesis defense *"It has to be our way": participation and protagonism of the indigenous movement in the construction of the health policy in Brazil*, by Nayara Begalli Scalco Vieira (2019) and the seminar *A saúde indígena e a ecologia de saberes no enfrentamento dos desafios atuais: "Tem que ser do nosso jeito"* (2019a, 2019b), with the participation of Ailton Krenak, Ana Lúcia Pontes, Douglas Rodrigues, João Arriscado Nunes, Marília Cristina Prado Louvison and Marina Cardoso, have important contributions to reflections in the field of indigenous health, and deserved to be published. Thus, throughout its four essays – three

of them placing special emphasis on the authors' professional experiences – and two articles, this dossier seeks to appreciate the participation of native peoples in the construction and maintenance of SASI, recognizing their effort to ensure a differentiated indigenous healthcare.

The text "Epistemologies of the South and decolonization of health: for an ecology of care in collective health" proposes a theoretical reflection regarding the need for a new way of "making science" and a new way of thinking about collective health, able to contemplate the myriad existing forms of healthcare. Identifying, recognizing and conferring meaning to the forms of care underlying indigenous medicines and communities are necessary steps in the construction of a differentiated care. Moreover, in collective health, crossing the barrier of science as a restrictive activity towards a science that confers visibility and builds possibilities is fundamental for the production of non-extractivist knowledge.

The next articles in the series, "From participation to social control: reflections based on the indigenous health conferences" and "Social control in the Indigenous Health Care Subsystem: a silenced structure" discuss spaces of social control as well as indigenous participation in the SASI. The first focuses on the different meanings of the terms "participation" and "social control" in the reports of the five National Indigenous Health Conferences, addressing the importance of this space and its transformations. The second reflects on the State's creation of the Indigenous Health District Councils (Condisi) and the Forum of Condisi Presidents, also discussing the control over debate processes exerted by the bureaucracy – a growing factor behind its distancing from indigenous modes of debate and, consequently, from indigenous demands linked to the construction of differentiated care.

The essay "Better alone than in bad company: contact and contagion with isolated and recently contacted indigenous people in Brazil and challenges for their protection and health care" brings up the debate about the scars left by contact between non-indigenous society and peoples of isolated origin – scars that permeate not only historical memory and culture, but also the body and the immune system – based on the authors' experience with monitoring these contact expeditions. This debate is as current and relevant as ever, since the Brazilian government has been expressing an interest in reviewing its contact policies, in order to return to the colonial logic of imposing ways of life, customs and culture.

In the essay "The sound of maracas (tribute to Ailton Krenak): indigenous medical practices and public health" the author contributes her experience and reflection to discuss setbacks suffered by public indigenous-health policies. Although present throughout the entire implantation process, these setbacks became more serious at certain junctures, threatening the pillars of differentiated healthcare and social participation. As such, the essay articulates itself with the theoretical reflection proposed here regarding the degree to which hegemonic knowledge and powers put indigenous societies in our country at severe risk.

Finally, we have a special publication by Ailton Krenak, "Reflection on indigenous health and current challenges in dialogue with the dissertation *'It has to be our way': participation and protagonism of the indigenous movement in the construction of the health policy in Brazil*". Taking care not to disrespect the orality of Krenak's speech, the work of transcribing some of his interventions in indigenous-mobilization events is our contribution to opening new paths for reflection in the field of indigenous and public health. To this end, it is essential to discuss Brazil's "coal" state and our possibilities when it comes to the construction of a collective, differentiated healthcare. Krenak's words – which shed light on the ways in which a capitalist and doctor-centered society produces disease rather than health – close this dossier, inviting everyone to share and follow this path of reflection, ressignification and collective reconstruction.

Good reading!

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