

**ANALYSIS OF THE
APPLICATION OF
PUBLIC HEALTH
POLICIES FOR
THE INDIGENOUS
POPULATION DURING
THE COVID-19
PANDEMIC IN THE
STATE OF AMAZONAS**

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Abstract: Amazonas concentrates a significant part of the Brazilian indigenous population. The loss of traditional ways of life as a result of violations and disrespect of environmental laws, attacks on the environment, occupation of indigenous lands, social exclusion and ethnic discrimination resulting from the colonization process caused greater vulnerability in relation to health and resulted in a mortality rate higher than the white population, even living in the same regions. This study aims to analyze how public health policies were applied to the indigenous population in Amazonas during the Coronavirus pandemic. Commenting on public health policies aimed at the indigenous population at the federal, state and municipal levels and comparing how these policies were applied during the COVID-19 pandemic allowed for a descriptive and qualitative analysis of a content analysis. It is noteworthy that the case study was restricted to the Amazon.

Keywords: Public policy; indigenous populations; pandemic.

INTRODUCTION

The Brazilian Health Reform was a revolutionary current that emerged with the aim of modifying not only the system, but the health sector as a whole, promoting comprehensive care and better living conditions for Brazilians. Groups of health professionals and sanitarians carried out scientific projects and politically discussed the desired improvements. In the meantime, the so-called Indigenist Sanitary Movement took place, in which the rights of indigenous peoples to health were demanded. The proposals of these manifestations resulted in the democratization and universality of the right to health, legitimized with the creation of the Unified Health System (SUS).

In 1999, Deputy Sérgio Arouca created the National Policy on Indigenous Health (PNSI),

through Law 9836, which established a health care subsystem, which would consider the ethnic and epidemiological particularities of indigenous peoples, linked to the SUS (CARDOSO et al. al, 2007)

In 2019, a new epidemic emerged in China and spread throughout the world, being considered a pandemic. The respiratory disease COVID-19 is caused by the Sars-Cov-2 virus, a name chosen by the World Health Organization which is an abbreviation of the English *severe acute respiratory syndrome coronavirus 2*. This virus is, in fact, a mutation of the Sars virus that caused an epidemic in China in 2002, and which has been cited in the scientific community since the 1980s. In Brazil, the first record of the disease was on February 26, 2020, and in Amazonas, officially March 13, 2020.

As public health policies have evolved and become increasingly inclusive and integrated, what would be expected would be that indigenous peoples would no longer be marginalized and treated without taking into account their specificities, however, with the arrival of the new corona virus in the Amazon, where most of the indigenous ethnic groups in Brazil are concentrated, the application or not of health policies to prevent the disease in indigenous locations raises questions and uncertainties, since the aboriginal population has less resistance to diseases transmitted by non-indigenous people.

The so-called Indian Statute (Law 6001 of 1973) was based on the idea that over time, natives would no longer be considered "Indians", as they would be completely integrated into conventional society, therefore a differentiated policy for indigenous peoples would be unnecessary (SANTOS et al., 2007).

Until 1988, public health policies were exempt from equity and exclusionary with regard to the relationship between the State and indigenous peoples, however, with the

emergence of the new Federal Constitution, it became the duty of the Brazilian State to guarantee and preserve human rights, hitherto neglected, of these peoples (AITH, 2009).

According to Lavínia Santos de Souza Oliveira, nurse and doctor in Public Health, in her article: *Indigenous Social Rights and Health* (2010), she comments that public health encompasses the peculiarities of indigenous peoples, contemplating their diversity and must seek to practice to differentiated health, which implies knowing the conditions and determinants of the health-disease profile of these peoples, which translate into sometimes alarming morbidity and mortality indicators, three to four times higher than the national average.

Palheta et al. (2011) states that health practices in Manaus need legislators, politicians, managers and also health workers with differentiated attention at all levels of care, and in addition, it is necessary to think not only about the cultural dimension to take into account in the health of indigenous populations, the political dimension is also important.

On the Federal Government website, there are news regarding the fight against the Coronavirus for the aboriginal population: "Emergency Plan to Combat Covid-19 in Indigenous Territories was created by the Federal Government, this project guarantees protection measures for indigenous peoples, traditional peoples, quilombolas and artisanal fishermen", published on 07/08/2020; "Indigenous communities in the northern region of the country receive support in the fight against Covid", published on 07/22/2020; "The Attorney General presents to the STF measures adopted by the Federal Government to combat Covid-19 among indigenous people, among the initiatives highlighted are the restriction of access to indigenous lands and the reinforcement of

medical care", published on 08/03/2020.

In a survey in public databases, it is observed that the IBGE has already made available several research results that can contribute to the fight against the pandemic caused by the new coronavirus. The website, launched in April of this year, brings together references, as well as information on partnerships with other public bodies, such as the Oswaldo Cruz Foundation (Fiocruz), and changes in the Institute's routines and projects during the period of social distancing.

The Articulation of Indigenous Peoples of Brazil (APIB), which counts the cases of corona virus among indigenous people who migrated to urban areas, declared to the communication vehicle Rede Amazônica, on May 19, 2020, an increase in the number of deaths, with 103 confirmed deaths. In addition, three quarters of the 540 confirmed cases of Coronavirus by APIB would be in the Amazon, where the city of Manaus was the first in the country to run out of ICU beds. On the other hand, on May 26, 2020, the first field hospital for the aboriginal population was opened in Manaus.

That said, the importance of this analysis is to provide reliable information regarding health care for the indigenous population during the COVID-19 pandemic and to explain the reasons why this assistance was or was not effective according to indigenous health policies.

Given these facts, this study aimed to analyze the application of public health policies for the indigenous population during the COVID-19 pandemic in the State of Amazonas. For this, it was necessary to: 1. Report the public health policies for the indigenous population at the federal, state and municipal levels; 2. Identify how public health policies were applied to the indigenous population in the State of Amazonas during COVID-19; 3. Compare the application of

public health policies for the indigenous population in the State of Amazonas during the COVID-19 pandemic with public health policies for the indigenous population at the federal, state and municipal levels.

METHODOLOGY

The research was descriptive, as it describes topics related to the topic in question. It was also exploratory because it sought to deepen the proposed subject, in addition to being qualitative, since it used as methodological procedures, bibliographic research and documental research.

The bibliographic research allowed the theoretical foundation necessary to understand the theme. The documental research was divided into two stages: (1) it includes consultation of official sources such as the Brazilian Institute of Geography and Statistics (IBGE), the Indigenous Health Information System (Siasi), reports from national conferences on indigenous health and specific legislation on indigenous health and health. (2) The second moment will be on websites, technical reports and technical visit reports in bodies directly involved in the care of victims of the COVID-19 pandemic.

Also, structured and planned observation was used, where all aspects to be studied will be outlined and with the participation, if possible, of events on the subject.

RESULTS AND DISCUSSIONS

Some of the main public measures applied to the health of the indigenous population in Amazonas were the following, in order of publication:

Ordinance No. 683, of 3.19.2020, published in the Official Gazette (DOU) of 03.20.2020, which provides for the establishment of a technical committee to prepare initiatives for the promotion and defense of Human Rights, considering the emergency situation of public

health of international importance arising from the Coronavirus (COVID-19);

Law No. 14,021, of 7.7.2020, published on 07.08.2020, which establishes the guarantee of food and nutrition security for indigenous peoples, quilombola communities, artisanal fishermen and other traditional peoples and communities while the resulting state of emergency lasts of the Covid-19 pandemic, the Emergency Plan to Combat Covid-19 in Indigenous Territories is created, with the aim of ensuring access to the supplies necessary to maintain health conditions to prevent the contagion and spread of Covid-19, as well as for the treatment and recovery of those infected, with observance of the social and territorial rights of indigenous peoples, it defines that health care for indigenous people living outside indigenous lands and for those peoples and groups of indigenous people who are in the country in a situation of migration or provisional transnational mobility will be done directly through the network of the Unified Health System (SUS), defines that the Union makes available will provide medicines, personal protection items and hygiene and disinfection materials, observing the protocols for the protection of professionals and indigenous peoples, defines that cases of isolated indigenous peoples or those with recent contact, in order to protect their rights and avoid the spread of Covid-19, only in the event of imminent risk, exceptionally and through a specific plan articulated by the Union, with any type of approach being allowed for the purpose of preventing and combating the pandemic, defines mandatory quarantine for all persons authorized to interact with indigenous peoples of recent contact; suspension of activities close to areas occupied by isolated indigenous peoples, except for those of fundamental importance for the survival or well-being of indigenous peoples, pursuant to

the regulation; immediate availability of tests for the diagnosis of Covid-19 and PPE's for all Special Indigenous Health Districts (DSEIs) that operate in areas where there are official records of isolated indigenous peoples or the presence of indigenous peoples of recent contact, and entry is also prohibited of third parties in areas with confirmed presence of isolated indigenous people, except for people authorized by the federal indigenous agency, in the event of an epidemic or calamity that puts the physical integrity of isolated indigenous peoples at risk; and the missions of a religious nature that are already in the indigenous communities must be evaluated by the responsible health team and may remain with the approval of the responsible physician;

Ordinance No. 1, of 1.5.2021, published on 01.06.2021, which establishes the Crisis Committee for planning, coordination, execution, supervision and monitoring of the Impacts of COVID-19 within the Special Indigenous Health District of Manaus; The acquisitions of inputs from the DSEI are being carried out through the execution of current price registration minutes and/or through emergency acquisitions, in accordance with Law No. facing the public health emergency of international importance arising from the Coronavirus, and with Provisional Measure No. 926, of March 20, 2020, which amends Law No. , services and supplies intended to face the public health emergency of international importance; in addition to the National Plan for the Operationalization of Vaccination against COVID-19, which defines that the indigenous people served by SASISUS are a priority group for the first phase of vaccination, and that the first and second doses have already been distributed to the DSEI and the vaccination is started on January 18, 2021 and that health workers working in the DSEI are also included in the

first phase of vaccination;

Ordinance No. 55, of 04.13. 2020, which defines that each DSEI will be provided with a Rapid Response Team, which may be expanded depending on the epidemiological situation of COVID-19 and also defines that the Rapid Response Team will be responsible for: carrying out, as a priority, actions related to the fight against the COVID pandemic -19; follow the COVID-19 notification flow recommended by SESAI and the Ministry of Health; prepare a technical report with daily records of actions carried out in indigenous villages; present the technical reports to the Division of Indigenous Health Care and the District Coordinator of Indigenous Health; present the necessary forms for data entry into the Indigenous Health Care Information System (SIASI); carry out, in case of exceptional need, other programmatic primary care actions during the period in which they are in an indigenous area carrying out actions to combat COVID-19; these public measures were applied to all known indigenous communities in the national territory, including the Amazon region.

Although these government data indicate that there were sufficient public health policies to meet the needs of indigenous peoples in Amazonas, other data also point to a certain disregard by the authorities towards aboriginal communities; in March 2020, FUNAI suspended assistance actions such as the distribution of basic food baskets in Indigenous Lands in Brazil, which increased the vulnerability of people who depended on this assistance, also in March 2020, the first report by Sesai during the pandemic placed indigenous peoples at risk by recommending home isolation for indigenous people who do not need hospitalization, however, in shared houses, which are common in indigenous communities, the virus could spread faster among residents, in addition, the entry of non-

residents to indigenous lands was restricted, but the entry of invaders such as prospectors and loggers was ignored.

In April 2020, the first indigenous person infected with COVID-19, an indigenous health agent, was contaminated when he had contact with a doctor who worked in indigenous health who already had symptoms, as the prior quarantine for health professionals was not provided for in reports from the Ministry of Health. Sesai, and also in April President Jair Bolsonaro sanctioned emergency aid, which until then did not include indigenous peoples. In addition, the secretary of indigenous health Robson Silva stated that only indigenous people in villages would be served by Sesai, this would exclude 324,800 who live in cities.

During the pandemic, Funai's Normative Instruction 9/2020 allowed non-Indians to remain within Indigenous Lands with already known limits, which exposed the residents of these lands to the Coronavirus. In May 2020, data from the Deter system (INPE) showed that indigenous lands in the Legal Amazon had already suffered deforestation of 2,700 hectares, with approximately a quarter of this destruction caused by illegal miners.

That said, the research in vogue can contribute to a reflection among professionals on the weaknesses and strengths of public health policies for indigenous populations and favor the improvement of skills for indigenous health practices. The result is intended to foster important discussions in the academy, as well as in the Structuring Teaching Centers of health courses and among managers so that they can plan and organize the curricula in order to also insert strategies for social studies of teaching-learning that can promote education. in public health and indigenous health and contribute to the Indigenous Health of the State of Amazonas through the analysis

of the application of public health policies for the indigenous population during the COVID-19 pandemic.

FINAL CONSIDERATIONS

According to data made available by the Coordination of Indigenous Organizations of the Brazilian Amazon (Coiab), Amazonas is the state that most recorded cases and deaths of indigenous people from the pandemic among the nine states of the Legal Amazon. 9,029 cases of COVID-19 and 304 deaths were confirmed, affecting 38 peoples in the state. As of March 22, data revealed that Amazonas is home to more than a third of the deaths of indigenous people in the Legal Amazon, including indigenous people living on demarcated lands and those living in urban areas.

Definitely, the COVID-19 pandemic exposed the great political, social and environmental vulnerability of indigenous peoples. Living daily experiences of violence and discrimination, being indigenous in Brazil implies living under poor sanitation conditions, confronting invaders and dealing with the damage caused to their lands, facing food insecurity, having invisibility in an urban context, and these are just examples that demonstrate gaps in health, of ethnic-racial nature, very common in our country.

Despite the existence of public health policies aimed at the indigenous population, they often proved to be insufficient and precarious regarding the need for quick, effective and articulated responses.

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