Artigo

INTERCULTURAL CONTRIBUTIONS TO PRIMARY HEALTH CARE FOR URBAN INDIGENOUS PEOPLE IN RJ/BRAZIL: ELDER DOETHYRÓ-TUKANO

CONTRIBUIÇÕES INTERCULTURAIS PARA O ATENDIMENTO MÉDICO PRIMÁRIO PARA OS INDÍGENAS URBANOS NO RJ/BRASIL: ELDER DOETHYRÓ-TUKANO

DOI: 10.56083/RCV4N1-217
Recebimento do original: 22/12/2023
Aceitação para publicação: 25/01/2024

Caroline Valéria da Silva Machado-Duigó/TUKANOi (In memorian)

Josiane Bentes Lopes
PhD in Morphological Sciences from Universidade Federal do Rio de Janeiro (UFRJ)
Institution: Hospital Clementino Fraga Filho of the Universidade Federal do Rio de Janeiro (UFRJ)
Address: R. Prof. Rodolpho Paulo Rocco, 255, Rio de Janeiro - RJ, CEP: 21941-617
E-mail: josiane_bentes@yahoo.com.br

Fábio de Almeida Bolognani
Notorio Sapere in Homeopathy from the Open International University of Sri Lanka
Institution: Hospital Geral da Santa Casa da Misericórdia do Rio de Janeiro
Address: R. Santa Luzia, 206, Centro, Rio de Janeiro-RJ, CEP: 20020-022
E-mail: fabiobolognani@gmail.com

Cláudia Gorini Martins
PhD student in Bioethics, Applied Ethics and Public Health at the Fundação Oswaldo Cruz (FIOCRUZ)
Institution: Faculdade de Medicina de Petrópolis of the Centro Universitário Arthur Sá Earp Neto (FMP - UNIFASE)
Address: Av. Barão do Rio Branco, 1003, Centro, Petrópolis – RJ, CEP: 25680-120
E-mail: kawgorini@bol.com.br
Jaqueline da Silva
Post-Doctorate in Policy and Research on Illicit Drugs at the Center for Addiction and Mental Health of the University of Toronto (CAMH-UT)
Institution: Escola de Enfermagem Anna Nery of the Universidade Federal do Rio de Janeiro
Address: R. Afonso Cavalcanti, 275, Cidade Nova, Rio de Janeiro –RJ, CEP: 20211-130
E-mail: jaquelinesilva@ufrj.br

Celso Luiz Salgueiro Lage
Post-Doctorate in Geo-Sciences from Universidade Estadual de Campinas (UNICAMP)
Institution: Instituto Nacional da Propriedade Industrial (INPI)
Address: R. Mayrink Veiga, 9, Centro, Rio de Janeiro - RJ, CEP: 20090-910
E-mail: clage@inpi.gov.br

Alexandre dos Santos Pyrrho
PhD in Biophysics from the Universidade Federal do Rio de Janeiro (UFRJ)
Institution: Faculdade de Farmácia of the Universidade Federal do Rio de Janeiro (UFRJ)
Address: Av. Carlos Chagas Filho, 373, Cidade Universitária da Universidade Federal do Rio de Janeiro, Rio de Janeiro - RJ, CEP: 21941-170
E-mail: pyrrho@pharma.ufrj.br

Marcia Cristina Braga Nunes Varricchio
Post-Doctorate in Instituto Nacional da Propriedade Industrial (INPI)
Institution: Hospital Geral da Santa Casa da Misericórdia do Rio de Janeiro
Address: R. Santa Luzia, 206, Centro, Rio de Janeiro-RJ, CEP: 20020-022
E-mail: varichio2@gmail.com

ABSTRACT: Indigenous people in urban situations in Rio de Janeiro live under invisibility and inequities. Active leaders fight for better living conditions, with quality, maintaining a living culture and the principle of self-direction. Through the case study, this article highlighted the main contributions of an elder from the TUKANO trunk: Cacique Doethyró, as a way of making public the institutions' gratitude for their intersectoral participation aimed at promoting health.

KEYWORDS: Intercultural Communication, Primary Health Care, Urban Indigenous People, TUKANOS, Rio de Janeiro.

RESUMO: Indígenas em situação urbana no Rio de Janeiro vivem sob invisibilidade e iniquidades. Lideranças atuantes lutam para melhores condições de vida, com qualidade, manutenção da cultura viva e do princípio de auto-direcionamento. Através do estudo de caso, o presente artigo destacou as principais contribuições de um ancião do tronco TUKANO: Cacique Doethyró, como maneira de tornar público o agradecimento das instituições à sua participação intersetorial visando promoção à saúde.

1. Background

There are 90 countries on the planet with people with unscripted languages (which vary according to their sound). There are 7,151 languages around the world, and although 100 of them are written, only 23 circulate frequently (ETHNOLOGUE, 2022).

According to the UN (1989), original peoples, indigenous nations and traditional communities are those who, relying on a historical continuity of societies prior to the invasion and colonization that was developed in their territories, consider themselves distinct from other sectors of society. They are those who are determined to conserve, develop and transmit to future generations their ancestral territories and their ethnic identity, as the basis of their continued existence as peoples, in accordance with their own cultural standards, social institutions and legal systems.

In Brazil, indigenous peoples number approximately 890,000 people, distributed among 240 indigenous ethnicities that are located in the most diverse locations (IBGE, 2010; ISA, 2016). They therefore form a gradation of collectives and individuals who live both in corners and in large urban centers. This diversity of people and the places where they are found are ignored by the Brazilian State, which defines as indigenous only those located in lands traditionally occupied by them, in accordance with the Federal Constitution of 1988. For the multiethnic Chief whose origin is from the linguistic trunk TUKANO, there are 306 indigenous ethnicities (VARRICCHIO & LAGE, 2020).

In turn, these collectives that are in Indigenous Lands experience continuous questioning of their territorial rights, demonstrating a facet of the
agrarian conflicts that mark the country. However, public policies aimed at indigenous people are defined based on this identified and demarcated territory (COIMBRA & SANTOS, 2000). Given this scenario and its consequences, such as continuous migration within the country, indigenous peoples have the worst health indicators among the population segments in Brazil (BR/ MINISTÉRIO DA SAÚDE, 2015 In VARRICCHIO & LAGE).

For those urban ethnic groups under vulnerability and risk due to serious macro social determinants (violence) and micro social determinants, we sought to guarantee attention to those under conditions of invisibility (UNESCO, 2010), through the dissemination in universities of Resolution 510 /2016 of the National Health Council (BRASIL, 2016), which regulates in bioethics, interethnic clinical care for those indigenous people present in urban situations, thus guaranteeing the preservation and promotion of environmental health and spiritual health of an individual, of a entire community and also of that individual of ethnic origin who, alone, when displaced from his natural environment, represents his entire community of origin (VARRICCHIO & LAGE).

An indigenous person will always be recognized as an indigenous person, that is, he alone is his community, therefore, as it was necessary for them to leave the infantilized profile of the mold of treating them as irresponsible, FUNASA moved forward in looking at this displaced indigenous person who necessarily needs to use his western name next to his indigenous name and linked to the name of his ethnicity. Example: Carlos Machado/Doethyró-TUKANO.

However, many authors and historians have, unfortunately, found that there has been a purposeful cultural erasure over these five centuries in the country. Many indigenous people know they come from original groups, but they are unaware of their ethnic origin, they have been separated from their habits and even their language, which they are even unaware of, as
previously reflected. Noteworthy, the transmission of knowledge and knowledge is oral (MACHADO/Duigó-TUKANO et al., 2023).

With the increase in demand for clinical care in phytotherapy and homeopathy, the demand for our service met these people, through its proactive members and leaders in urban situations. In this way, we have had intercultural exchanges with Guaranis, Tupinambás, Sateré-Mawés, Caetés along this route since 2008 and from this contact, volunteer work in cooperation was culturally adapted and registered for health promotion and self-care (NUNES/Tupã-GUARANI MBYÁ-TEKOY et al., 2010; MACHADO/Duigó-TUKANO et al., 2023).

Despite working and studying overcoming language difficulties, many indigenous people in urban situations tend to be overworked when they are self-employed, taking advantage of tourism to sell their handicrafts and causing repetitive strain injuries; or when employed, they are usually underemployed, for example, an indigenous person with a degree in administration is working as a waiter, relieved to be able to remain employed in an urban environment.

In the midst of this race for the survival of the young and mature, we also find indigenous elders present in urban areas. These, in general, did not have access to higher education and survive on lectures about their cultures and worldviews. Among them, there was the opportunity for cooperative and voluntary work with Carlos Antonio Fernandes Machado - Cacique Doethyró-Tukano, from the Pari-Cachoeira region, Eastern Amazonia.

This article will discuss the main contributions made to our professional group in the health area, which generated intercultural health promotion products, which were returned to other indigenous people.
2. Goal

Present, from a historical perspective, the main cultural products created by Cacique Doethyró-TUKANO in an intersectoral partnership with the SAPB-LIPAT/FF/UFRJ Project, Traditional Knowledge and Associated Rights discipline of the National Institute of Industrial Property, Homeopathy Service of the General Hospital Santa Casa de Misericórdia of Rio de Janeiro and Laboratory of Studies on the Aging Process (PROVE) of the Institute of Psychiatry of the University of Brazil/UFRJ.

3. Methodology

Case Study (communication of the historical process throughout the period – VENTURA, 2007). The Terms of Authorization for the Use of Voice, Image, Content and free of charge for this concession were signed to the SAPB-LIPAT/FF/UFRJ Project, which worked in partnership with the other institutions mentioned (INPI and Homeopathy Service of HGSCM-RJ).

4. Results

The multicultural trajectory of contributions has already been recorded (MACHADO/Duigó-TUKANO et al., 2023). Next, some of the main intercultural products used to promote the health of urban indigenous people present in Rio de Janeiro/Brazil and also to promote the cultural competence of students and health professionals through information will be shown. The cultural products listed are shown in Table 1 below:
<table>
<thead>
<tr>
<th>Author &amp; Institutions and Year</th>
<th>Title</th>
<th>Available at:</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIAM/CEDIND-RJ &amp; SERVICE HOMEOPATHY HGSCMRJ &amp; FBH &amp; PROVE-MEPPSO/IPUB/UFRJ &amp; CBA &amp; INPI &amp;</td>
<td>Spirituality in the conception of the Tukanos.</td>
<td><a href="https://sites.google.com/view/lipat/sapb-nossos_videos#h.qoqx7q9tancq">https://sites.google.com/view/lipat/sapb-nossos_videos#h.qoqx7q9tancq</a></td>
</tr>
<tr>
<td>SAPB–LIPAT/CDA/FF/UFRJ. 2021.</td>
<td>Worldview of the Tukano People - Eastern Amazonia.</td>
<td><a href="https://sites.google.com/view/lipat/sapb-nossos_videos#h.u8dfxhc2vymt">https://sites.google.com/view/lipat/sapb-nossos_videos#h.u8dfxhc2vymt</a></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| AIAM/CEDIND-RJ & SERVICE HOMEOPATHY HGSCMRJ & FBH & PROVE-MEPPSO/IPUB/UFRJ & CBA & INPI & SAPB-LIPAT/CDA/FF/UFRJ. 2021. | SUSTAINABLE USE OF BIODIVERSITY, SPIRITUAL HEALTH AND MENTAL HEALTH OF TRADITIONAL ETHNIC GROUPS IN BRAZIL. | [https://sites.google.com/view/lipat/sapb-artigos#h.13ef5mldd38i](https://sites.google.com/view/lipat/sapb-artigos#h.13ef5mldd38i)  
Audio by Chief Doethyró-TUKANO: [https://sites.google.com/view/lipat/sapb-artigos#h.qsqxi5gy7s4s](https://sites.google.com/view/lipat/sapb-artigos#h.qsqxi5gy7s4s) |
| CEDIND-RJ Cacique Doethyró-TUKANO. 2022. | INTERCULTURAL CONTRIBUTIONS OF INDIGENOUS IN URBAN SITUATIONS TO ENVIRONMENTAL HEALTH: CONSCIENCE AND ASSERTIVENESS OF THE TUKANOS. | Extended Summary In: XII SAPB–LIPAT Event: Citizen Partnerships. LIPAT: UFRJ. RJ: September, 2022. Disponível em: [https://sites.google.com/view/lipat/sapb-eventos_sapb?authuser=0#h.bb3v8m6dvt](https://sites.google.com/view/lipat/sapb-eventos_sapb?authuser=0#h.bb3v8m6dvt) |

5. Discussion

In Brazil, the main objective of the National Policy for the Sustainable Development of Traditional Peoples and Communities, established by Decree no. 6,040, of 2007, is to promote the sustainable development of Traditional Peoples and Communities, with an emphasis on recognizing, strengthening and guaranteeing their territorial rights. Social, environmental, economic and cultural, with respect and appreciation for their identity, their forms of organization and their institutions (BR/MMFDH, 2021).

Traditional Peoples and Communities (PCT - Indigenous people, quilombolas, caïçaras, gypsies, traditional extractive communities, riverside dwellers, caboclos, artisanal fishermen, etc., totaling twenty-six, awaiting the recognition of many others as CT, are defined by the National Sustainable Development Policy of Traditional Peoples and Communities (BR/MMFDH, 2021) as:

"Culturally differentiated groups and who recognize themselves as such, that have their own forms of social organization, that occupy and use territories and natural resources as a condition for its cultural, social, ancestral, religious and economic, using knowledge, innovations and practices generated and transmitted by tradition". (PNPCT, 2021).

Ethnicity means a group that is culturally homogeneous, with the same traditions, knowledge, techniques, skills, language and behavior: transmitted from generation to generation through the communication of aspects unique to them, also some secrets through oral communication, called "Boca-Ouvido" (PNPCT, 2021).

Therefore, since 2008 we have been working on a devolutionary proposal in bioethics, with urban indigenous people located in Rio de Janeiro,
having been the first product to promote health from the Brazilian indigenous anthropological worldview, Guarany Mbyá Tekoy, for application in the anthropology of disease and health (HELMAN, 2009), aiming to address micro social determinants (BUSS & PELLEGRINI FILHO, 2007) and the social markers of differences, in this case ethnic and social class (MELLO & GONÇALVES, 2010), published free of charge for online circulation (NUNES /TUPÃ et al., 2010). The recommendations of the CRFB (1988) and the National Health Council (BR/MS/CNS, 1973; 2000; 2012; 2014; 2016, a; 2017) were met.

We cannot, by mistake, appropriate their roles and speaking places in interviews, recordings, etc. Also for this reason, we work in a transdisciplinary way, based on the understanding that they have their own place in their complexity of thought and behavior, being respected through a transparent, ethical and symmetrical dialogue, a conduct that implies their presence so that the issues are approached from the perspective of their subjectivized knowledge (GUIMARÃES et al., 2019).

Maintaining their resilience, indigenous people never cease to reinvent their ways of living that which state logics - understood here as discourses, categories, practices and moralities constructed in contexts of power disputes that emanate - do not deliberately understand, confronting the Brazilian State in the search for rights and public policies. Thus, they end up occupying different locations, living beyond the Indigenous Lands, identified and demarcated by the federal government (GUIMARÃES, 2017 In VARRICCHIO & LAGE, 2020).

Indigenous people are great political leaders, managers of public institutions, non-governmental organizations and indigenous associations, they are students and researchers at universities, demanding their rights. They deal with various instances of the State and national society, being part of public policies in the areas of health, education, culture and face the
economic fronts that affect their lives and territories (GUIMARÃES, 2017 in VARRICCHIO & LAGE, 2020).

Particularizing the experience of this group of authors, the conclusion of the period of partnerships between 2018 and 2022, took place within professional ethics and bioethics, having been submitted to peer evaluation and chosen for oral presentation at an event promoted by the World Intellectual Protection Organization - WIPO & INPI & UFRJ bodies that verify and monitor misappropriation and misuse of traditional knowledge around the world. The work of innovative education and health promotion, both aimed at ethnodevelopment, remaining in line with indigenous worldviews, stands out (MACHADO/Duigó – TUKANO, 2021 & ALVES et al., 2021 in VARRICCHIO et al., 2022).

After all these years of this elderly leader participating as a proactive subject in discussions about indigenous people at an intersectoral level, among the various invited urban indigenous leaders, Doethyró-TUKANO member of CEDIND-RJ willingly accepted the participation, now as an object of research that aimed to enhance indigenous voices through narratives regarding the Covid19 pandemic, during qualitative ethnographic research in Psychosocial Care carried out by MEPPSO/Institute of Psychiatry of the University of Brazil of the Federal University of Rio de Janeiro, authorized by CEP-CONEP/CNS/MS/ BR (VARRICCHIO, 2022a).

Many of us have access to villages, traditional groups and people of ethnic origin in urban situations (MACHADO/Duigó-TUKANO et al., 2023a). The cooperation always willing and with good will from this indigenous elder so that this access could become another instrument of demand for the requirement of compliance with what already exists discriminated in terms of public policies and also for the establishment of the advancement of guidelines in other services public health services, university outpatient services and those affiliated with the SUS, made a difference in expanding
the perception and cultural competence of health professionals and students (BORSATO et al., 2021; LAFFH, 2021; LEAL et al., 2022; FREIRE SOUZA SILVA et al., 2023).

6. Conclusion

Indigenous people in urban situations in Rio de Janeiro live between inclusions and exclusions. Several members in a conscious attitude and, especially, active leaders fight for better conditions not only of survival, but of life with quality and maintenance of culture and the principle of self-direction, which means that several leaders are active and, every day moreover, an action that dignifies the entire society as it shows its evolution towards the healthy direction of achieving citizen participation and equity, recommended at an abstract level by the Ottawa Charter to be appropriate to the different health systems existing in the world (WHO, 1986).

Through the case study, this article highlighted some of the contributions of an elder from the TUKANO branch: Cacique Doethyró, as a way of making public our gratitude for his participation, always committed to promoting the well-being of members of his ethnic group.
References


Traditional/Ethnic Knowledge and Associated Rights. Available at: https://sites.google.com/view/lipat/sapb-artigos#h.phiqv323b8w6


VARRICCHIO, M.C.B.N. Urban ethnic leaders, demands for cultural competence in Psychosocial Care in times of pandemic: Challenges and possibilities. Qualified Master's project, presented to the Postgraduate and Research Program, of the Institute of Psychiatry, of the Federal University of Rio de Janeiro, as part of the requirements for the Master's degree for the Professional Master's in Psychosocial Care (MEPPSO/IPUB/UFRJ). Advisor: Jaqueline da Silva. October, 2022a.