



INDIGENOUS PEOPLES COMPLAIN ABOUT THE HEALTH CARE MODEL

Throughout the first three months of this year, indigenous communities held manifestations and drafted documents expressing their discontent over the health care model adopted for indigenous peoples in Brazil. The facts reveal a growing dissatisfaction with the outsourced model implemented by the federal government. In January, the indigenous peoples from the states of Alagoas and Sergipe occupied the National Health Foundation building in Maceió, Alagoas, to protest against efforts being made by the state to municipalize the system. They spent fifteen days camped in the building until they secured a decree issued by the Federal Justice system suspending the outsourcing initiative and forcing the Federal Government to continue to provide health care services. At the 3rd National Indigenous Health Conference that will be held on May 14-18 in Brasília, the current health care model will be assessed.

In their areas, indigenous peoples have been resorting to concrete actions such as seizing equipment, vehicles, and occupying buildings to give visibility to their complaints about the system and to make their claims heard. The Xerente people, from the state of Tocantins, seized a district vehicle used solely for providing health care services to them within their Health District. This action took place late in January of this year as a means to call the attention of the federal government to the precariousness of the health care services, as well as the lack of medicines and vehicles to transport the sick. Only three ambulances are available in this state, where 35 indigenous communities live.

The Xerente people have already reported deficiencies in the provision of health care services to the Federal Prosecution Service, Funai, and the National Health Foundation (Fundasa), but nothing has been done about their complaints. They complained about the inefficiency of the Non-governmental Organization (NGO) called Amazon Health Care Foundation– Fasam (*Fundação de Assistência à Saúde na Amazônia*), which in retaliation removed the Xerente Health Care District from its roster of services. During the period this NGO provided services four indigenous people died: two women and two children. The indigenous people reported cases of plain neglect. Funasa maintained a partnership with the municipal authorities, but further accusations have already been filed claiming that the municipality led them to believe that the vehicles might be used outside the village and that measures taken by Funasa aggravated internal conflicts as a result of political maneuvers aimed at gaining benefits. The seizing of the vehicles was a warning that they will not stand for abuses. The indigenous people set up a commission to monitor health care initiatives.

The indigenous peoples of Pernambuco will report their dissatisfaction with the System during a meeting of the District Health Council, on March 23rd through 25th in Caruaru. They have a report including complaints made by several communities from the seven indigenous peoples that live in the State. The reports range from deficiencies in service provision and non-compliance with the established workload to delays in treatment and exams. They also claim that health workers have incited divisions amongst leaders of the same indigenous people. During a meeting of indigenous leaders next week in the state, this same report will be officially issued to the Federal Prosecution Service, Funai, Funasa, and to the media.



A firm posture in Mato Grosso State

The council members of the Health Districts of Cuiabá, Araguaia, Colider, Vilhena, and Barra do Garças, as well as representatives of the indigenous peoples of Nambikwara, Pareci, Iranxe, Bororo, Bakairi, Kayabi, Apiaká, Rikbaktsa, Xavante, and Karajá, held a meeting on March 9th – 11th, in Chapada dos Guimarães, Mato Grosso State, in which they expressed their concern over the need for social control of the system. They highlighted that "in the current indigenous Health Care Model, it is not possible to carry out Social Control effectively, since the indigenous people do not take part in the District's planning, budgeting, and accounting".

The indigenous people assure that the model seeks to comply with the resolutions of the 2nd National Indigenous Health Conference, which approved the creation of the Districts. However, they underscore that the Districts should have administrative and financial autonomy, receiving transfers of funds directly from the federal government.

The indigenous peoples of Mato Grosso demanded that this model be reformulated based on the resolutions of the 2nd National Indigenous Health Conference. The document also calls for the training of indigenous health workers at secondary and university levels and that a State Health Conference be held so as to enable a joint debate on the problems common to all the indigenous peoples in the state. As part of the preparatory measures for the 3rd Conference, preparatory district-level assemblies will be held. Among the 34 districts established in the country, five attend to the indigenous peoples in the state.

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Cimi – Indianist Missionary Council