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HEALTHCARE PRACTICES FOR INDIGENOUS CHILDREN AND ADOLESCENTS: NAVIGATING THE CHALLENGES AND ADDRESSING THE DIVERGENCE BETWEEN POLICY AND REALITY

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Resumo

O presente estudo analisou os obstáculos para a efetivação da saúde indígena no Brasil enquanto dever do Estado e algumas de suas consequências, especialmente para a saúde das crianças indígenas. Para alcançar seus objetivos, o procedimento metodológico de levantamento e análise de dados foi desenvolvido a partir de pesquisa (estatística, histórica e jurídica), em textos de especialistas e dados das agências oficiais. Referenciais obtidos a partir da decisão da Suprema Corte brasileira foram considerados, além de parâmetros legislativos. Deste modo, pôde-se estabelecer uma correlação entre a tragédia humanitária que acomete povos indígenas no Brasil, em sua integridade física e mental (saúde, em sentido amplo) e as falhas estruturais nas ações oficiais de implementação do sistema de saúde indígena previsto na ordem constitucional nacional. A ausência de maior qualificação dos agentes estatais e conhecimento das tradições e cosmologias indígenas, que condicionam uma adequada disponibilização dos serviços de saúde, constitui outro fator de redução da efetividade do sistema de saúde indígena. Não sem razão, situações como mais um genocídio do povo Yanomami, não resultam de fato esporádico e repentino, mas de sistematizadas ações/omissões violadoras dos direitos humanos fundamentais de que são titulares as nações indígenas. Fatores relacionados ao este contexto, como corrupção; interferências políticas de setores anti-indígenas; ausência de mais representantes originários enquanto protagonistas na discussão, formulação e implementação da saúde indígena; além de constantes violações da integridade das terras indígenas, base fundamental da qual decorre qualquer outro elemento existencial para referidos povos, também contribuem para a ineficiência do sistema de saúde ora analisado. Por fim, buscou-se demonstrar como a (in)articulação governamental pode gerar efeitos (negativos) sobre a atenção à saúde das crianças e adolescentes das comunidades indígenas, durante e após a pandemia de COVID-19, para, então, abordar as primeiras ações do atual governo federal para reverter este quadro.

Palavras-chave: Crianças e Adolescentes Indígenas; Crimes Contra a Humanidade; Saúde Indígena; Violação de Direitos Humanos.

Abstract

This study delves into the challenges hindering the implementation of indigenous health as a State responsibility in Brazil, and explores their ramifications, with a specific focus on the well-being of indigenous children. The research methodology employed a comprehensive approach, involving data collection and analysis through statistical, historical, and legal research, drawing insights from expert texts and official agency data. References from decisions by the Brazilian Supreme Court and legislative frameworks were duly considered. Consequently, this investigation establishes a correlation between the humanitarian crisis faced by indigenous peoples in Brazil, encompassing their physical and mental integrity (comprehensive health), and the structural deficiencies within official endeavors to establish the constitutional indigenous health system. Another key factor contributing to the system's inefficiency is the lack of greater qualification among state agents and their understanding of indigenous traditions and cosmologies, which impact the provision of appropriate health and well-being services. Occurrences like the tragic genocide of the Yanomami people stem not from sporadic and unforeseen events, but rather from systematic actions and omissions that violate the fundamental human rights of indigenous nations. Compounding this situation are factors such as corruption, political interference from anti-indigenous factions, inadequate representation of indigenous voices in the formulation and implementation of indigenous health policies, and ongoing violations of indigenous lands - a fundamental cornerstone of their existence. Each of these elements further undermines the efficacy of the analyzed health system. Finally, this research aims to demonstrate the adverse effects of government (in)articulation on the health care of indigenous children and adolescents within their communities during and after the COVID-19 pandemic, while also highlighting the initial steps taken by the current federal government to address and reverse these challenges.

Keywords: Crimes Against Humanity; Human Rights Violations; Indigenous Children and Adolescents; Indigenous Health.

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INTRODUCTION

> The Brazilian indigenous child is a priceless treasure that we need to help preserve. Preserving them is the responsibility of all Brazilians, but particularly of a specific group of Brazilians: doctors who work in indigenous communities. These doctors are happy to share the joys; however, they also feel the immense pain of the Brazilian indigenous people: the pain of hunger, ignorance and inequality, forgetting that a more dignified life was promised to them centuries ago and that we need to start making it a reality [...] (YAMAMOTO, 2004).

In the Constituent Assembly (1987-1988), during the manufacture of the new constitutional text, there was much pressure from certain vocal groups, which resulted in the insert of enunciations of rights and guarantees that directed the institutionalization of practices and mechanisms of public policies, with the creation of a framework protective legislation and sought to establish a positive agenda for the consolidation of the democratic regime and the protection of specific minorities.

In the constitutional text, the most basic rights of indigenous people, as well as ensuring the protection of the environment, the social rights, the rights of children, teens and older adults, are called "indigenous communities" when protecting the collectivity of individuals or cultural manifestations, and "indigenous people" when referring to the members of these communities.

The constitutional text mentions rights and obligations referring to indigenous populations in eight articles. When dealing with lands traditionally occupied by indigenous communities, protected in articles 176§1, 231 and 232, when it precepts the exclusive competence of the Union to legislate on indigenous populations (art. 22, XIV), the exclusive competence of the National Congress to authorize the exploration and use of water resources and exploitation of mineral wealth in indigenous lands (art. 49, XVI) and the competence of the Federal Court to process and judge disputes over indigenous rights (art. 109, XI); and it was also granted the public ministry the institutional function of judicially defending the rights and interests of indigenous populations (BRAZIL, 1988).

As a way of guaranteeing the continuity of traditions and the way of life adopted by the indigenous populations, it is ensured that in addition to the Portuguese language, it will be possible, during the regular elementary school period, to use their native language and learning processes within the indigenous communities. (art. 210 §2), in addition, respect for indigenous cultural manifestations and that any of the groups “participating in the national civilizing process” (BRAZIL, 1988)

In the final part of the first paragraph of the art. 215, it is clear that the importance given to the different national and ethnic segments for the composition of the civilizing process in Brazil is crucial to highlight the cosmological and cultural specificities of the indigenous nations and the need to preserve their cultures.

It is also noticed the importance of guaranteeing rights to all human beings without any exception to the inviolability of the right of life, freedom, equality, security and property, as prescribed, in verbis: “Art. 5 - Everyone is equal before the law, without distinction of any kind, guaranteeing Brazilians and foreigners residing in the country the inviolability of the right of life, freedom, equality, security and property (...)”.

The equality of rights brought in the caput of art. 5 of the constitutional text – which could, by itself, disseminate, in practice, an entire institutional action democratically transformed, in order to give normative effectiveness to the device – was not understood as a privileged instrumental norm: equality remains formal and often does not include isolated communities and communities that have individuals integrated with the Western civilizational way.

With the promulgation of the Constitution in 1988, several norms and prohibitions were foreseen in the legal order, even if without more significant hermeneutical efforts necessary, it should be considered unapproved. However, they have not been declared incompatible with the constitutional order by the Federal Supreme Court because there were no ADPF proposals (Argument of Breach of Fundamental Precept) in this sense and, therefore, remained able to be applied. Still, they are discordant with the new democratic context instituted in the Brazilian State.

The political reopening that took place with the advent of the 1988 Constitution generated an expectation that there would be a change in paradigms related to various themes caused by the new "democratic environment." It was expected that a difference in the Brazilian constitutional political system would engender the updating of several of the conflicting infra-constitutional norms to restore coherence and organicity to the legal system, as well as to promote the effectiveness of human rights, preventing future violations and consolidating a legal culture and non-discrimination policy.

In several fields, "including arduous cultural resistance and heavy economic repercussions — laws on consumer relations and competition, so-called anti-tobacco regulations, affirmative actions, etc. —overcoming mental continuities and strong internal and external pressures, of major conceptual sizes. (…) A turning point was expected" in several legislations, among them the environmental one, the legislation to protect minorities, immigrants, *quilombola* communities, LGBTQIA+, and also indigenous people, their cultures and their Life forms (MORAIS *et al.*, 2014).

It was expected and trusted that there would be a change in the understanding (of the extent) of different rights and, linked to the rights, a range of other prerogatives on various themes. The perspective and perspectives should change and include access by different minority groups to the extension of rights of all human beings, regardless of origin or nationality, ethnicity or any other form of

distinction or discrimination, such as established by constitutional requirements. That's not what truly happened. Or, at least, more slowly than expected.

Two years after the promulgation of the constitutional text, the Brazilian State already had three important laws protecting social, collective and diffuse rights: the Statute of the Child and Adolescent (Law n. 8,069 of July 13, 1990), the Consumer Defense Code (Law n. 8078 of September 11, 1990) and the Unified Health System (Law n. 8080 of September 19, 1990). Each of these normative systems has its postulates, hermeneutical rules, and administrative guidelines, having its legal subsystem structures, both from a political perspective (because of the protection of social needs) and from a legal perspective (as an instrumental organization).

However, in several other areas, even after several years or decades of validity, there is a considerable mismatch experienced between the promises of the constitutional text and reality, making explicit the existing misfit between the text and the social context experienced in the country.

Therefore, the Brazilian State is faced with the constant tension of (still) having a promising constitutional norm but conflicting with non-implemented legislation or outdated and with several of its commandments not received by the new constitutional order and the peculiar situation provoked by the significant increase in demands whose answers are provided by infra-legal norms that are not always consistent with the needs of the population groups in question.

Taking this into account, and facing an explicit scenario of crisis (of government attention in this matter) of public health and access to focused protection, and the need to adopt better and more consistent treatment practices for people who are in a situation of vulnerability, this research departs from the specific condition of the Brazilian State as an actor in the face of this reality and proposes a critical analysis of the normative and institutional construction in the country around the theme and of how governmental inarticulation can generate (negative) effects on health care for children and adolescents in indigenous communities.

In this sense, this study aims to work on the construction of the policy for indigenous health, especially concerning health actions and policies aimed at indigenous children and adolescents, making a historical foreshortening at first, by exposing the Brazilian normative framework developed from 1988 constitutional text, tracing its advances and obstacles; to, in the next moment, present the Brazilian institutional design on the health of indigenous children and then, punctually debate the current reality of the context of the pandemic caused by the COVID-19 disease for this specific portion of the population.

BUILDING THE NATIONAL POLICY FOR INDIGENOUS HEALTH CARE: INSIGHTS AND REFLECTIONS

Under the aegis of the Conferences on Human Rights, of the commandments and principles incorporated in the national legal orders, the treatment given by the Brazilian State to the indigenous populations and children and adolescents in particular, is circumscribed within the scope of the articulation between national sovereignty, democracy, human rights and rights to development and, especially, in the construction of programs and social practices compatible with the commitments assumed internationally.

About traditional indigenous populations, it was only after Law nº 9,836, of September 24, 1999, therefore ten years after the implementation of SUS (which dates from 1990, as previously mentioned), that a component of SUS, focused on the Indigenous Health Care Subsystem (SASI-SUS).

Only from then on was a model of the institutional organization built to shape the "National Policy for Health Care for Indigenous populations." Only then was it considered that there are local peculiarities and ethnocultural specificities that are opposed to the founding principle of SUS (which is based on universal access) and that it must be organized with its own precepts, with its differentiated services to guarantee comprehensive health care for indigenous people in their specificities?

In this sense, 34 DSEIs (DSEI - Special Indigenous Sanitary Districts) were configured as decentralized management units based on the geographic occupation of indigenous communities. Therefore, the usual division of SUS, with municipal and State action, is not an element to be observed in this Subsystem, which does not obey the formal limits of the federation entities. The 34 DSEIs have two types of "Base Pole," which develop specific approaches and actions with a focal, epidemiological and response structure to the main demands of the indigenous communities of that particular location (CONFALONIERI, 1989, p. 441-445).

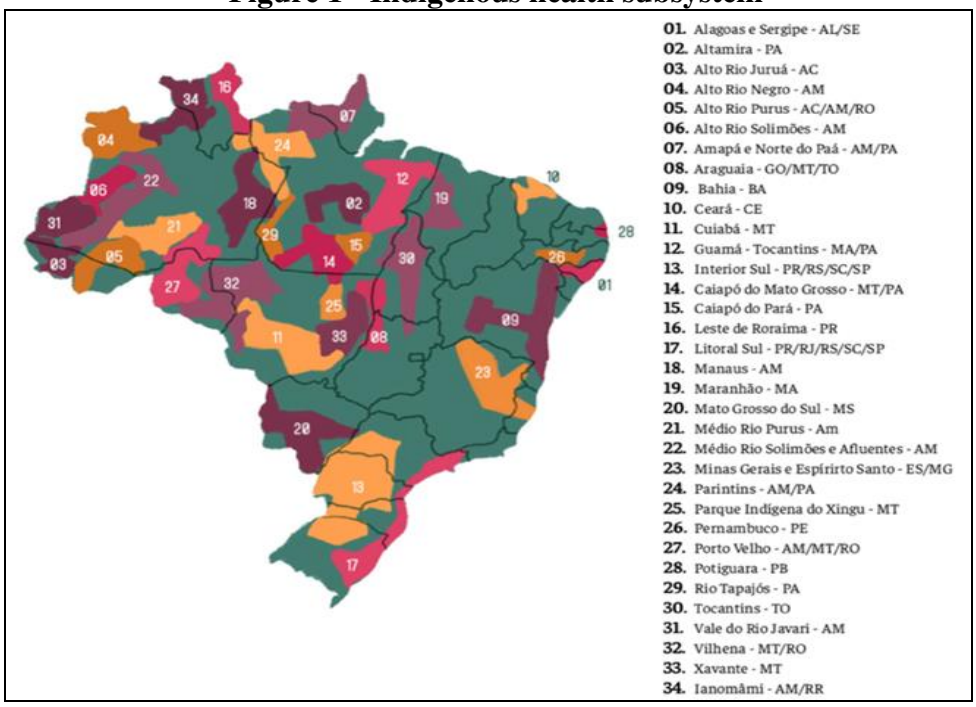
The format designed for the reach of Special Indigenous Health Districts (DSEIs) involves a differentiated district system, achieved through the creation of special health areas (Sanitary Districts) that encompass only indigenous communities, based on specified geographical, demographic, and cultural criteria. What gives these areas a special character, in addition to language barriers, is the need to organize local health systems in a way that allows: 1) the complementary maintenance of traditional healing practices, 2) special training of non-indigenous healthcare professionals based on ethnological knowledge, and 3) the establishment of differentiated forms of coordination with different instances of SUS management.

Therefore, the logic that governs each of the 34 DSEIs is guided by its own ethnocultural, epidemiological, geographic and population space. This health subsystem is dynamic and complex, and

it has to be able to carry out the most varied forms of qualified technical activities of health care to guarantee each one of the indigenous people access to comprehensive health care under the global health principles and guidelines, but also contemplating social, cultural, geographic, historical diversity, always taking into account "Social Control" (CARDOSO, 2020).

Knowing that it should be noted that it was during the last 20 years that the indigenous health subsystem was designed, endowed with peculiar characteristics, and strategically divided by territorial criteria differing from the municipal or State division, as represented below:

Figure 1 - Indigenous health subsystem



Source: Cardoso (2020).

It is visible that DSEI is a specific health apparatus, protected from day-to-day control by the communities that are included in it, with the effective participation of indigenous leaders and with recognition of the effectiveness of their traditional medicine and traditional forms of care and cure for each indigenous people, guaranteed based on the diversity of indigenous peoples and the right of these people to their culture.

It was only in 2015 that the National Commission for Indigenous Policy (CNPI) was established, which can be considered a fundamental piece for the creation of the Indigenous Health Secretariat (Sesai), in addition to acting as a platform for dialogue between the various ethnicities and the Federal Government, through quarterly meetings in committees to discuss issues related to indigenous education and health, as well as territorial issues.

Parallel to the establishment of Sesai and CNPI, the “More Doctors” Program was also created and implemented (in 2013) and, effectively, it is with this program that the Indigenous Health Subsystem grows. After all, in 2016, around 510 doctors were already operating in the 34 DSEIs, with 65% of these professionals coming from the “more doctors” program, and this number has only increased, because of the 543 doctors working in indigenous health until 2018, 372 were from the program, or 68% of the total, and most of these doctors were mainly from Cuba. In fact, as reported by the Pan-American Health Organization (PAHO), the said program generated coverage for 60 million Brazilians, being considered "(...) one of the most audacious projects for equitable and universal coverage of primary health care. Health in the world and considered one of the best practices of south-south cooperation in the Region of the Americas” (PAHO, 2018).

And this was shown through the numbers: a huge increase in the number of medical consultations was noticed during the implementation period of the “More Doctors” Program working in the DSEIs: in 2014, there were 61.9 thousand consultations to indigenous people, while in 2018 this figure tripled, reaching 222.5 thousand attendances in a year (ANTUNES, 2019, p. 12).

All these factors demonstrate that the creation of the Indigenous Health Care Subsystem was accompanied by efforts in the search to consolidate the care model that enforced the guidelines established in the National Health Care Policy for Indigenous People (PNASPI) so that the health inequalities could be reverted, verifying between indigenous and non-indigenous citizens, as can be seen from the indicators: the Infant Mortality Rate (IMR) of indigenous children in the 2000s was 74.6, rising to 48.6 in 2006 and to 41, 9 in 2009, however, despite a significant reduction in the indigenous IMR, it is still much higher than the values presented for the non-indigenous population (20.7 in 2006). Tuberculosis among the indigenous population was 80.9 per 100,000 inhabitants, while in the rest of the Brazilian population, it was 37.41”.

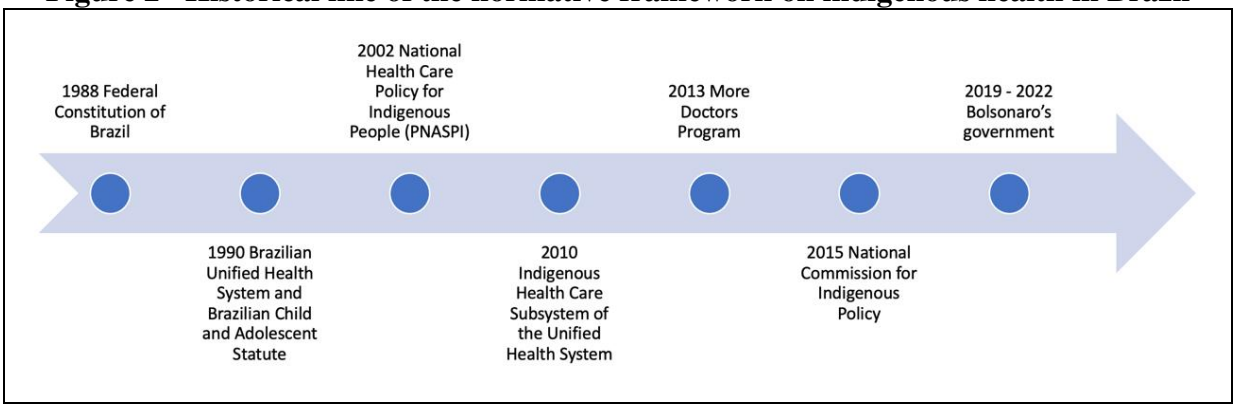
> Furthermore, in recent studies, anemia diagnosed among indigenous peoples reached 51.3% of children. The rates found among women reach 32.7%, much higher than those described in surveys for the Brazilian population in general (BRASIL, 2015).

Still, in this sense, although advances have been verified regarding the attention promoted to the health of the indigenous population, the participation of this population in health policies, and the formulation of strategies to improve the health conditions of these people, there is much to be done, mainly because it is difficult to carry out a proper balance of what the configuration of the Subsystem represented in terms of health indicators for these populations. There is an incomplete picture of

indigenous health, and one of the reasons "is due to the relative scarcity of research at the national level on the health conditions of indigenous peoples in Brazil that allow the construction of historical series."

For a visual perception of what has been commented on so far, a historical line of the normative framework is drawn, with the main questions about the configuration of indigenous health, in Brazil:

Figure 2 - Historical line of the normative framework on indigenous health in Brazil



Fonte: Authors´ elaboration.

As you can see, necessary actions were taken between 1999 and 2019, in twenty years of continuous implementation and increment of the National Policy for Attention to Indigenous Populations (PNASPI). However, there are still many areas for improvement in the conception and production capacity of the necessary conditions to ensure the effectiveness of this system. And this has several consequences, which will be worked on in the next topic of this chapter.

In addition to the issues of the system's effectiveness, there is still an important analysis to be made: there is a chronic problem of turnover of doctors and the team of health professionals in the DSEIs. This was reasonably remedied with the agreement established in the "More Doctors" Program, with the arrival of Cuban doctors, who were responsible for bringing:

> not only the presence of the professional in the teams but also a qualitatively different work. The PMM contributed to implementing the PNASPI, strengthening primary care in indigenous territories, structuring, and expanding the teams' work and improving the indicators of procedures and maternal and child health of the populations served. (...) In addition to political efforts to supply professionals in these areas, it is important to develop professional training and permanent education strategies to allow greater dialogue with the country's indigenous populations, their culture and singularities in the production of health as a recognition of their condition of traditional populations in the territory, but also as a way of qualifying the health system and care as a whole (SCHWEICKARDT *et al.*, 2020).

According to a survey by the Pan American Health Organization (PAHO), a federal government partner in the "More Doctors" Program, in 2017, 289 Cuban doctors were working in indigenous health. In 2018, there were 301 (FELLET, 2020). However, after the election of the current President of the Republic and because of his government program, Cuban doctors would only be able to stay here if they obtained the “Revalida”, the system for revalidating higher education diplomas. Thus, even before taking office, most of the physicians included in the program had already left the Brazilian territory, leaving several positions vacant.

And this is already being felt in traditional communities: there has been an extraordinary increase in the mortality of indigenous children under one year of age.

In addition, Decree 9,759 (of April 11, 2019) was edited, in commemoration of the first 100 days of government, whose main objective of said regulation was the extinction of all collegiate bodies created within the scope of the federal Public Administration (direct, autarchic and foundational), among them, for the content of this study, four are important: the National Commission for the Sustainable Development of Traditional People and Communities – CNPCT, the National Commission for Indigenous Policy (CNPI) and the National Commission for Indigenous School Education, as well as the National Council for Children and Adolescents.

Thus, with the enactment of Decree 9795/2019, as was foreseen, the SESAI Management Department would be extinguished and, therefore, a reversal of the specific designs for which the indigenous Health Policy had been created - since it advocated the "gradual integration with SUS" to the municipalities where the DSEIs were inserted. With this, the changes would take place in several points within the competence of the Secretariat (SESAI), which would suffer the direct influence of the local public network - leaving aside all the focal demands of the indigenous communities and the practices of social control adopted in the last twenty years, with several of the achieved achievements falling to the ground.

However, two months after the issuance of said Decree 9795/2019, a Precautionary Measure was granted in ADI 6121/DF to suspend the effectiveness of said Decree until the definitive examination of the direct action of unconstitutionality, thus prohibiting:

> REGULATORY COMPETENCE – PUBLIC ADMINISTRATION – COLLEGIATE BODIES – LEGAL FORECAST – EXTINCTION – PARLIAMENTARY STRICT. Considering the principle of separation of powers, the extinction, by act unilaterally edited by the Chief Executive, of collegiate organs that, with a mention in the law in a formal sense, make possible popular participation in the conduct of public policies – even when absent, it expresses "indication of its competences or of the members that compose it (STF, 2016)

As a result, although the various Commissions are still in check (especially for the subject under study: the National Commission for Indigenous Policy and the National Council for Children and Adolescents), the DSEIs continue to operate – albeit with their capacity and efficiency entirely compromised, taking into account given the downfall of several Cuban doctors, linked to the More Doctors Program.

INDIGENOUS CHILDREN AND HISTORICAL VULNERABILITY: UNVEILING THE PAST, ENABLING THE FUTURE

In a recent article published by the newspaper "A Folha de São Paulo," the young author, lawyer and activist for the rights of indigenous peoples, Eloy Terena (2020), representative of the Terena tribe, registered that:

> [...] The first indigenous person to die from Covid-19 was Alvanei Xirixana, a 15-year-old Yanomami — therefore, outside the risk group. More than 20,000 miners have already invaded Yanomami land. It can be said, without exaggeration, that this person and the isolated indigenous people who live there are threatened with extinction. However, we are all extremely vulnerable, even those living in cities. According to Apib's National Committee for Indigenous Life and Memory, as of June 27, the country had registered 378 dead indigenous people, 9,166 infected and 112 affected by the virus. Based on these data, the lethality rate among indigenous people is 9.6%, against 5.6% for the Brazilian population in general. A survey by the Oswaldo Cruz Foundation (Fiocruz) shows that 48% of dying hospitalized patients are indigenous. It has the highest mortality rate in the country, surpassing the brown (40%), black (36%), yellow (34%) and white (28%) populations[...]

The question proposed presents, from a perspective with different meanings, different and related aspects: (i) it deals with the vulnerability that marks the indigenous peoples of Brazil as the group most susceptible to lethality of the coronavirus; (ii) presents the first death of an indigenous person in Brazil as that of a teenager, therefore, a young indigenous person, healthy and outside the risk groups (elderly, diabetic, obese, etc.); (iii) the overwhelming aspect of contagion by COVID-19 among indigenous nations, with 112 people affected and a lethality rate of 9.6%, against 5.6% of the Brazilian population in general, thus reaching the highest percentage of deaths in the ICUs in the country, compared to other Brazilian ethnic groups; and, finally, (iv) points to the absolute lack of control over the disease and administrative inability to combat the pandemic among indigenous peoples, primarily due to the failure to implement timely and adequate public policies for health and for children and youth under consideration to the cosmological and cultural specificities of indigenous nations, as recognized by articles 215 and 231 of the Constitution of the Federative Republic of Brazil.

In the particular case of indigenous children, the lack of compliance with the Federal Constitution can be gauged and measured by the lack of necessary structuring of an indigenous child and youth health subsystem under the guidelines of SUS - even though the existence of 34 Health Districts can be verified Special Indigenous People (DSEIs), of the Indigenous Health Care Subsystem (SasiSUS), as previously mentioned.

The reflection of the lack of visibility of indigenous children and adolescents in Brazil in the face of successive Brazilian governments, but in particular the government invested in its functions from January 1, 2019, can also be gauged by the dismantling of administrative structures previously focused on their guardianship, such as FUNAI, for example, which naturally implies the reduction or complete elimination of operational staff qualified to deal with ancestral people. In this sense, the ignorance and lack of training/knowledge on the part of city workers and professionals about the customs and beliefs of said people who constitute, like any other segment of citizens, human groups composed of individuals who hold constitutional-fundamental guarantees and prerogatives, they aggravate the problems that affect them and generate irremediable traumas that indicate an authentic disregard for their cultures, and that seems to indicate a propitious scenario for ethnocide, referring to it as "a coordinated plan of different actions whose goal is the destruction of the essential foundations of the life of citizen groups, with the aim of annihilating the groups themselves"(LEMKIN, 2009, p. 153).

Therefore, in the face of a pandemic, if the Brazilian State proves to be ineffective in containing the epidemic, which is due to different historical, political, social and economic causes, in the case of the people most affected by the virus – the indigenous people – the problem gets worse, especially regard their children and youth, which, in addition to the vulnerabilities typical of their young age, suffer from the biological and immunological risks that fall on ancestral people. We envision, in this situation, a specific context of overlapping hypervulnerability. Not without reason, it was recently reported how the bodies of three newborns belonging to the Sanöma ethnic group - a Yanomami ethnic group from the town and community of Auaris – remained missing after being buried without knowing their Yanomami Sanöma mothers and in a municipal cemetery with suspicion of coronavirus, with total disregard for Yanomami traditions. Now, the issue of mourning the families of COVID-19 victims has been gaining ground among specialists from different areas of knowledge throughout the spread of the pandemic. When dealing with the right of families to mourn for their relatives who died during the pandemic, Soares and Carneiro (2020) detail in a unique way how the right to find the bodies of family members so that mourning can be experienced, must be ensured especially during times of disasters, a situation that in Brazil has current disciplinary norms:

> [...] the bodies of unidentified people sheltered in cemeteries could never be discarded since their preservation would allow the future meeting by families, the exercise of the right to mourn and the experience of the farewell ritual [...]

The context mentioned above constitutes one of several aspects related to the issue of indigenous health: the right of indigenous mothers to receive the bodies of their children who died due to the pandemic so that they can carry out their funeral ceremonies; so that they have the right to experience mourning and carry out traditional funeral rituals due to their irremediable losses. If, as is the case, the pandemic, combined with the inefficiency of the Brazilian State, has been causing disappearances and making it impossible for thousands of citizens to experience mourning since those killed by the pandemic lose their lives far from loved ones, how much more Indigenous peoples are directly affected by the epidemic crisis, however, with an aggravating factor: disrespect for their traditions and funeral ceremonies. They are violated in their identity their dignity and because of their ethnic-cultural invisibility.

According to the *Platform for monitoring the indigenous situation in the new coronavirus (Covid-19) pandemic in Brazil*, as of July 10, 2020, the pandemic had reached 13,241 indigenous individuals, with 127 different people affected and 461 indigenous people killed by COVID-19.

Faced with a confirmed pandemic reality in which indigenous people are the most susceptible to contagion and with a high lethality rate in the face of the new coronavirus, we must seek to interpret the constitutional guidelines that protect indigenous children and adolescents, as well as establish the causes for the greatest vulnerability of such people to COVID-19.

Thus, for example, the efficiency of actions and public policies regarding the health of indigenous children and adolescents can be gauged by the death rates of their children and adolescents, including suicide, if the scenario described above is considered, that is, the absence of adequate structures for indigenous health care and, concomitantly, disregard for the cultural references of each indigenous person existing in Brazil, a mosaic of problems that persists in the history of these populations. The challenges and neglect they suffer have been happening for a long time.

With the validity of the so-called Arouca Law (nº 9.836/1999), the Indigenous Health Care Subsystem (SASI) was instituted to implement the bases and actions for the implementation of primary health care, thus enabling the SUS subsystem for indigenous health care, under the context of the National Health Care Policy for Indigenous People (PNASPI), which came into force in 2002. Although the expectations generated have been high, little progress has been made. This is how Coimbra Jr., Pontes and Santos explained:

> [...] Deficiencies in indigenous health are expressed in disturbing statistics and indicators. Indignation and revolt by users and indigenous leaders also reverberated throughout the country, as well as the reports of frustration at being unable to make themselves heard, from their villages, in the remote offices of Brasília. About a decade ago, we published, in the collection Povos Indígenas no Brasil 2001-2005, a text entitled "System in transition," in which we stated that "from 1999 onwards, important changes took place in the health system aimed at indigenous people, with the implementation of the Special Indigenous Health Districts (Dsei)", and that "one of the great challenges in implementing the model is to structure it – involving hundreds of thousands of users and governmental and non-governmental agencies – without losing sight of the immense socio-diversity." After so many years, the impression is that little progress has been made. Regarding the health profile, not only do the so-called "old" infectious and parasitic diseases persist as causes of illness and death at significantly higher levels than for the general Brazilian population, but they have also been expanding, worryingly, the frequency of non-infectious chronic diseases such as obesity, high blood pressure and diabetes mellitus. Added to these are the high rates of invasions of Indigenous Lands and murders, suicides among teenagers, involvement in car accidents, as well as poisoning by pesticides or mercury from illegal mining, among other threats [...].

The mention of the suicide of indigenous adolescents is not casual or punctual; The problem of land dispossession and, therefore, of the fundamental base for the survival of such human communities leads to several irremediable damages and the destruction of the physical and mental health of children and adolescents. It is worth mentioning that an overlapping situation involves injury to health aggravated by the collapse of its cosmological-cultural references. Not without reason, Yanomami teenagers, when they commit suicide, do so through their rituals, thus demonstrating the search for a reunion with their roots. Under a pandemic scenario, the situation certainly gets worse:

> [...] Many suicides have been committed by rese individuals who are members of the Guarani-Kaiowá people, not as a sudden act of despair but as a last resort to maintain the individual's connection with their anthropological references. Anastácio F. Morgado's narrative, while analyzing the epidemic of suicides among the Guarani-Kaiowá, is dramatic and enlightening about the bond sought to be maintained with cosmological references. The fact that six rese Kaiwá hanged themselves in a very short period (two weeks) is enough to meet any criteria for na epidemic. In a population of approximately 7,500 indigenous people, De Paula reports that from 1987 until August 1991, 52 suicides were recorded. However, the number that occurred each year is unknown, so that the annual mortality rate can be calculated. The above number must be underestimated because the indigenous person avoids talking about suicide, which Ogden et al.'s (1970) study documented. It is known that the epidemic in question is more dramatic among the Kaiwá subgroup: 14 of its members committed suicide in the year 1990, and several rese suicides have already occurred in the 1st res of 1991. The epidemic predominates in rese people aged 12 to 20, affecting both boys and girls. The way of committing suicide is "sui generis": with a short loop, the neck is garroted, without the body hanging (sometimes the feet are dragging on the ground). It is not a blind, impulsive, and sudden gesture, as res try to resente, but a rite with traces in indigenous mythology staged in agonizing circumstances [...] (PEREIRA, 2018, p. 120-212).

What is being addressed at this point is the relationship between the constant historical disrespect for the Brazilian Federal Constitution of 1988 and the Child and Adolescent Statute, as well as the ignorance and/or outright disregard for the applicable international norms regarding the rights of

indigenous children and adolescents (either regarding their culture or the health of their communities) and the pandemic that hit Brazil in 2020, which has its primary target in these people.

There is a favorable scenario for the killing of indigenous peoples in Brazil affected by COVID-19 that finds its roots in the history of neglect by the Brazilian State. We can thus specifically mention some facts that will mark this history that currently leaves the country at high risk of exterminating indigenous children and youth due to the pandemic caused by the new coronavirus. Not without reason, we had the opportunity to warn, already in 2020, about the prelude to a severe genocidal scenario in relation, for example, to the Yanomami people, which was unfortunately confirmed by the scenes that have been circulating the world and which prove how the abandonment of public health services in indigenous communities by the Brazilian State is highly effective as a technology of death for the extermination of a people and its culture. In this sense, still focusing on one of the deadliest periods of the COVID-19 pandemic, it was told:

> Mistakes such as centralizing hospital beds in Manaus, a state of significant dimensions like Amazonas, and the absence of transportation routes to indigenous communities, such as the Yanomami, where only air transportation can be used, presage a genocidal scenario. Therefore, the State and society must act quickly, under penalty of marking our history with another extermination of indigenous peoples (PEREIRA, 2020).

Therefore, on November 23, 2016, the Ministry of Health and SESAI launched a campaign to reduce indigenous infant mortality by up to 20%, a target that was supposed to have been achieved in 2019 and, as we know, was not reached. In that same year, according to data from the Ministry of Health, indigenous infant mortality, at 31.28 per thousand live births, was already more than double the national average of 13.8. The same data revealed that 65% of indigenous children die before completing one year, and, in most cases, respiratory, nutritional, and parasitic problems are proven to be easily preventable causes through adequately performed prenatal care and follow-ups, which can be achieved through relatively simple public health policies. As mentioned earlier, in 2016, the DSEIs had 510 doctors, of which 65% were from the Mais Médicos program, and about 300 were from Cuba (LEAL, 2020).

Political and ideological reasons considered by the federal government since 2019 led to the extinction of this program, creating a similar program called Programa Mais Médicos pelo Brasil (PMMB). Despite this reformulation having caused the departure of Cuban professionals who had served the agenda for some years, the new project reincorporated a small portion of Cuban doctors. Political and ideological situations like this, as well as other structural problems such as political influence, corruption, invasion of indigenous lands by gold miners and land grabbers, and the

government's own ineptitude in implementing human rights policies, have greatly hindered the goals set by the 2016 campaign and the National Plan to Reduce Indigenous Infant Mortality, even though there have been cases of reduction in some regions. However, as mentioned, the desired goals for effectively reducing indigenous infant mortality were not achieved until 2019.

The factors mentioned above, combined with political, ethical, and economic contingencies, among others, as well as the disregard for protective norms for hyper-vulnerable segments of the Brazilian population, such as indigenous children and adolescents, constitute causes that prevent compliance with the Statute of the Child and Adolescent, even though such law contains only generic provisions related to indigenous childhood, even when considering Resolution No. 91 of the National Council for the Rights of Children and Adolescents (CONANDA), which determines that the provisions of Law No. 8,069, of July 13, 1990, which deals with the Statute of the Child and Adolescent, apply to the family, community, society, and especially to indigenous children and adolescents, taking into account the socio-cultural peculiarities of indigenous communities, a regulation derived from the provision contained in Article 231 of the Federal Constitution of 1988.

The hyper-vulnerability of indigenous children and adolescents involves profound cultural-cosmological considerations. For example, certain habits that may be considered violations of the rights of children and adolescent inhabitants of surrounding societies are not necessarily so in the context of certain cultures. In this sense:

> [...] Buzzatto gives as an example the traditional practice of the Caiangangues people of taking children on trips to sell handicrafts, which could be considered, according to the ECA, as removing children from schools. According to the CIMI secretary, such a custom is part of children's learning and represents an immersion in the cultural specificities of their people. "We understand that indigenous peoples have the right to educate children according to their traditions. They have the right to have their education within the culture of the people to which they belong," he elucidates [...] (BRAZIL, CTS, 2020).

In the same vein, Verdum explains how the inability of the public system, coupled with social, economic, and cultural contingencies, drives indigenous youth to the outskirts of major cities, which directly impacts their physical and mental health:

> [...] At around 15 years old, there is already a mastery of codes. In case of women, from menstruation onwards. From then on, the individual is already considered capable of leaving their family sphere and assuming the responsibility of creating their own family... Young people enter a market relationship outside their traditional territory; they need money. They go to the outskirts, where they face low living conditions, adopt other values, and the traditional way of life is no longer adequate. The public systems are not prepared to serve them or for a service with a more progressive vision that considers cultural diversity (VERDUM, 2020)

In identifying the causes that lead to the weakening of the health of indigenous children and adolescents, as well as the lack of efficiency in the public health subsystem for their proper care, the following can be mentioned:

> I. Difficulties of legal, operational, and logistical nature for the implementation of necessary infrastructure, team movements, supply of inputs and medicines, as well as the unpreparedness of professionals to deal with intercultural contexts.
>
> II. Corruption.
>
> III. Political influences interfere with the selection of healthcare professionals and the investment in administrative positions related to the formulation and operationalization of public policies for indigenous health.
>
> IV. Obstacles imposed on healthcare professionals from the indigenous peoples themselves to work with communities in a way that favors the provision of health services that are consistent and harmonious with their respective cultures and traditional knowledge.

In the case of item "d" above, for example, there are various reports of the obligation imposed on indigenous pregnant women to have their deliveries performed through cesarean sections when such dynamics are unnecessary in most cases and violate these women in their cultures and beliefs. It is also possible to identify reports indicating that this imposition is related to higher financial incentives for each cesarean section performed. This situation also points to a lack of standardization in implementing public policies for indigenous health. For example, read in this regard:

> [...] Silvana Moreira Claudino is from the Kaingang people, north of Rio Grande do Sul and the Monte Caseros village. Divided between the municipalities of Ibiraiaras and Muliterno, women in each location receive very different care depending on the obstetrician who attends them. In Muliterno, the cesarean section rate is low, as they are only performed when necessary. In Ibiraiaras, according to Silvana Kaingang, the only doctor in the region refers all women to cesarean section, disregarding their right to choose and causing a situation of violence that is being brought to the attention of the Federal Public Ministry (MPF). "He doesn't respect their wishes. Some women have already had three cesarean sections and can no longer have children. Recently, a woman refused to have a cesarean section, and he refused to attend to her, referring her to another city. The delivery had to be done in the ambulance in the middle of the journey, and the child died. It is because of severe cases like these that the leaders are bringing this to the attention of the Federal Public Ministry," she says. Every extra week of pregnancy increases the baby's chances of being born healthy, allowing for greater weight gain and brain and lung maturity. For Silvana, the medical imposition in Ibiraiaras happens because of profit. "The more cesarean sections, the more he earns from the municipality. There is no dialogue between the team that works within the community and the team from outside. There is a lack of integration between traditional and Western medicine. There is too much imposition, and women suffer a lot. Most want to have more than one child but end up being restricted because they have already had several cesarean sections," she says. Rayanne agrees and says that one of the demands is an increase in the number of establishments that offer humanized childbirth for indigenous women, spaces with facilities suitable for a delivery that respects their traditional practices and where the husband can be present, for example, in addition to the presence of a midwife [...] (VERDUM, 2020).

The above report also presents other violations of international and national protective norms of indigenous rights, such as the prohibition of parents accompanying their women during childbirth and the lack of understanding, sensitivity and adequate training to enable respect for their respective cultures.

INDIGENOUS CHILDREN AND ADOLESCENTS' VULNERABILITY: HISTORICAL MEMORY OF THE DELIBERATE BACTERIOLOGICAL EXTERMINATION AND NEGLECT

> The history of relations between Indians and whites in Brazil teaches that the weapons of conquest were some appetites and ideas, a more efficient equipment of action on nature, bacilli and viruses - especially viruses [...] (RIBEIRO, 2017, p. 24).

In a news story published on October 28, 2001, Folha de São Paulo reported that (...) Brazil used biological weapons against Indians (...). The practice is not new and has always been applied to indigenous peoples throughout the Americas. For example, Silva (2022) reports that:

> [...] In 1763, the British army in America, at war with the French, sent blankets and handkerchiefs previously used in a hospital for smallpox patients to the Delaware Indians, allies of the French (CHRISTOPHER *et al*., 1997).

The use of bacteriological warfare against indigenous people, especially their children and young people, was also practiced by individuals under the omission of the Brazilian State by introducing viruses such as smallpox, flu, tuberculosis and measles among these peoples, as demonstrated by the Figueiredo Report produced during the military regime (1967) and the report of the National Truth Commission, as follows:

> In order to take possession of these areas and make the extinction of indigenous peoples a reality on paper, companies and individuals attempted to physically extinguish entire indigenous populations - which constitutes a form of outsourced genocide - resorting to tactics such as offering poisoned food, deliberate contagions, kidnappings of children, as well as massacres with firearms. In 1967, the Figueiredo Report, commissioned by the Ministry of the Interior and comprising more than 7,000 pages and 30 volumes, which was rediscovered in November 2012, denounced the deliberate introduction of smallpox, flu, tuberculosis, and measles among the indigenous peoples (TRUTH COMISSION, 2014, p. 207).

Similarly, the well-known Massacre of Parallel 11, currently recorded by historians, demonstrates how indigenous children fell victim to the use of biological warfare, as reported by the Socioenvironmental Institute (ISA, 2006):

> [...] According to Capozzoli, with SPI officials' help, farmers gave the Indians food mixed with arsenic, a lethal poison**. "In some villages, planes dropped toys contaminated with viruses of the flu, measles, and smallpox,"** recalls the indigenous rights activist, who considers the Massacre of Parallel 11 one of the bloodiest confrontations that took place in the Brazilian Amazon rainforest [...]

The above incident demonstrates the intention to exterminate native children by introducing lethal viruses through deliberately contaminated food and by delivering toys to child victims. The historical and collective memory relating to the history of indigenous peoples in Brazil demonstrates not only a scenario of blatant genocide but also the bacteriological and viral route as perhaps the main instrument of extermination of the aforementioned ancestral peoples, particularly indigenous children and adolescents, considered as the distinct native nations existing in Brazil. The debate of these aspects was already taken, when addressing the genocide of indigenous peoples in Brazil, as follows:

> [...] The process for the realization of their genocide finds resonance in the murder of indigenous peoples or the transmission of diseases, or even in the poisoning of their sources of running water, or also in the delivery of clothes and toys impregnated with smallpox viruses, as evidenced in the Figueiredo Report. In all cases, we find the possibility of subsumption to the parameters of the United Nations Convention on the Prevention and Punishment of the Crime of Genocide of 1948, despite its gaps, which have been previously pointed out. [...] (PEREIRA, 2018, p. 171).

In addition to the deliberate actions of private groups that relied on the Brazilian State's omission and sometimes active cooperation in carrying out activities that led to the extermination of children and adolescents belonging to indigenous nations in Brazil, the disregard for these peoples' health is quickly apparent. The omission of Brazilian State agents in the extermination of the country's indigenous people through the use of viruses and other bacteriological actions was also analyzed by John Hemming (2003, p. 229-230):

> [...] Another crime was committed against the Tapayuna or Beiço de Pau...(a tribe later moved into the Xingu park to be alongside their relatives, the Suyá) of the Arinos headwater of the Tapajós. In 1957 an expedition of rubber tappers went up the river to contact the Tapayuna but used up most of the supplies intended for the Indians. All that was left was a sack of sugar. The "seringueiros" added arsenic and ant-killer to this sugar and distributed it to the Indians. By the following morning, many Indians were dead, and the "seringueiros" spread the news that a great epidemic was raging in the area. The Figueiredo Commission also reported massacres of Indians on the Tocantins-Maranhão frontier: the Killing of Canela and burning of their village in July 1963, in retaliation for their taking cattle; and the slaughter of twenty-six Krahó by ranchers' gunmen in 1940. Local SPI agents had acted reasonably effectively over both those atrocities...Corrupt SPI agents had stolen the Maxacalis' cattle and land; the Indians retaliated by attacking nearby countries, and the farmers responded by plying the tribe with alcohol and then hiring gunmen to shoot them down. In the case of the Maxacali, a local police officer had by 1967 restored much of the tribe's property and had cracked down on its oppressors. The nearby Pataxó, living northeast of the Maxacali near the Atlantic seaboard, had two villages exterminated by being given smallpox injections or presents of contaminated clothing. Jader

> Figueiredo said the SPI officials watched Pataxó die one by one and did it so that 'big-shots in Bahia State government could acquire coveted Indian lands […].

The history of the State neglecting the health of natives, and the numerous episodes of extermination through bacteriological attacks and the introduction of lethal viruses to their communities, demonstrate the dire situation that the indigenous Brazilian groups face due to the new coronavirus, that brings further structural inefficiencies that are unsolved, imposed by their lack of political representation; interference of political interests in the operationality and implementation of the Subsystem of indigenous health; generic provisions in force due to Law No. 8,069/90 demonstrate the invisibility of indigenous children and adolescents from a legislative perspective and do not prove sufficient for achieving the objectives set forth in Articles 3 and 225 of the Federal Constitution. Additionally, the State disregards interculturality, which should also guide the provision of health services to the diverse indigenous peoples inhabiting Brazil.

Adding to this context is the fundamental issue that directly impacts the health and lives of children and adolescents from ancestral peoples: the invasion and exploitation of indigenous lands, with the spread of various lethal viruses to such communities, including the coronavirus and with real incentives from the Brazilian government, as evidenced by the proposal of legislative measures that encourage such invasions, such as the Law Proposed n. 2.633/2020 for the regularization of Union land invasions that will stimulate the mentioned invasions, among others.

The suppression of the fundamental bases for the existence of indigenous peoples, as noted above, directly impacts the chances of survival of indigenous children and adolescents, as once again demonstrated by the lethal consequences that, once again in Brazil's history, led the Yanomami people to genocide with the invasion of their already demarcated lands by over 30,000 gold miners.

The Yanomami land is not the only Indigenous Land (TI) invaded by gold miners. Recent data shows that the TI of the Kayapó people (Mebêngôkre people) now has an area of gold mining equivalent to 7,602 hectares, followed by the TI of the Munduruku people, with 1,592 acres of land, and then the Yanomami TI, with 414 hectares, as reported by MapBiomas (MAPBIOMAS BRAZIL, 2020).

However, the humanitarian situation in which the Yanomami people find themselves is extremely serious regarding their children's health and other members of that indigenous culture. The invasion of their Indigenous Territories by illegal miners and other criminal networks has imposed a genocidal scenario marked by children dying suffocated by worms (whose preventive treatment would not be expensive, based on deworming medication), a situation already denounced in previous years, starvation caused by the removal of hunting and the disappearance of fishing, due to machinery and water poisoning by mercury; the spread of malaria, since the stagnant water in the craters with mercury,

are factors that facilitate the multiplication of the disease-causing agent, among other factors. Despite over a hundred requests for help presented to the government of Jair Bolsonaro, none have ever been answered. Thus, the miners were prevented access by medical teams who ventured to provide care for the Yanomami people (DW BRASIL, 2023).

THE YANOMAMI CULTURE UNDER THREAT: A TIMELINE OF LETHAL TECHNIQUES

At the root of the genocide and lethal techniques employed against the Yanomami culture is the invasion of their traditional lands, the main driver and fundamental basis for the continuity of indigenous cultures in Brazil and the Americas.

The timeline below clearly demonstrates the omission and actions of the Bolsonaro government aimed at making those people more vulnerable (STEINER; PEREIRA, 2023):

> October 4, 2019: Career server of Funai, Bruno Pereira, is dismissed after combating illegal mining and mining companies that intended to operate in the Yanomami Indigenous Territory in Roraima. At the same time, Jair Bolsonaro presented a bill to Congress to legalize mining, exploratory activities, and the legalization of existing mines in these regions.
>
> March 2020: The World Health Organization declares a pandemic due to the spread of Covid-19.
>
> June 2020: The Brazilian Army begins the distribution of chloroquine without scientific evidence of efficacy in combating the virus and with expenses that were then under investigation by the Federal Court of Accounts (TCU).
>
> July 3, 2020: Judge Jirair Aram Meguerian (Federal Regional Court of the 1st Region) grants the Union five days to present a plan for removing illegal miners from Yanomami lands and addressing the identified environmental crimes.
>
> July 6, 2020: then Minister Damares Alves requests President Jair Bolsonaro to veto articles of Law 14.021/20, which recognize the extreme vulnerability of these people and establish special measures to support their health, such as reserving ICU beds, access to medication and drinking water during the pandemic. The President vetoed the articles of the law, but the judiciary overturned the vetoes.
>
> July 8, 2020: Justice Luís Roberto Barroso (STF) ordered the Bolsonaro government to adopt measures to combat Covid-19 among indigenous peoples, including installing sanitary barriers to protect indigenous populations. The precautionary measures requested by the Justice were repeatedly disregarded by the agencies responsible for carrying them out.
>
> July 17, 2020: The Inter-American Commission on Human Rights (IACHR) granted a precautionary measure requested by the Hutukara Yanomami Association and the National Human Rights Council (CNDH) in favor of the Yanomami and Ye'kwana Peoples due to serious and imminent risks of irreparable harm caused by the invasion of illegal miners and the spread of diseases. Thus, through Resolution 35/2020, the IACHR requested that Brazil take the necessary measures to protect the rights to health, life, and personal integrity of the Yanomami and Ye'kwana Indigenous Peoples members.
>
> December 2020: The Anomalies Letter is published, produced by the Brazilian Geological Service, linked to the Ministry of Mines and Energy, encouraging mineral prospecting and promoting private investments, showing probable locations of rich mineral deposits, including in indigenous lands. After this publication, and immediately thereafter, 63 new mining requests were submitted and granted.

March 16, 2021: following a new request from the Federal Public Ministry (MPF), the 2nd Court of the Federal Justice of Roraima ordered the Union to present a schedule for the removal of illegal miners from the Yanomami Indigenous Land within ten days, under penalty of paying a daily fine of R$ 1 million.

May 2021: The Articulation of Indigenous Peoples of Brazil (Apib) asked the Brazilian Supreme Court to immediately remove illegal miners from Indigenous Lands, including the Yanomami Indigenous Lands. On May 24, 2021, Justice Luís Roberto Barroso ordered the federal government to remove invaders from the Yanomami (in Roraima) and Munduruku (in Pará) Indigenous Lands.

September 2021: The United Nations High Commissioner for Human Rights, Michelle Bachelet, expressed concern about reports of attacks by gold miners on indigenous people in their territories, and government attempts to legalize projects on indigenous lands, as well as government proposals aimed at limiting the concept of "demarcated lands". She also called on Brazilian authorities not to withdraw Brazil from Convention 169 of the International Labour Organization (ILO), which deals with the protection of indigenous populations, as proposed in Legislative Decree Project 177/2021 (currently under consideration in Congress).

November 2021: Funai, at the time presided by Marcelo Augusto Xavier da Silva, prohibits a team from Fundação Oswaldo Cruz (Fiocruz) from providing medical assistance to the Yanomami people, already suffering from a malaria outbreak, malnutrition, and complete abandonment by the Bolsonaro government.

November 14, 2021: The media reports that Yanomami children were already suffering from malnutrition and lack of medical care; furthermore, the reduction of hunting and fishing is essential for the sustenance of the Yanomami people due to illegal mining.

May 2022: The Army refused logistical support for a group of parliamentarians (federal deputies and senators) who were in Roraima at the time to visit the Yanomami Indigenous Territories, even after Senator Humberto Costa (PT-PE) sent a letter to General Marco Antônio Freire Gomes on May 5, 2022.

May 5, 2022: The Articulation of Indigenous Peoples of Brazil (APIB) again appeals to the Brazilian Supreme Court (STF) to protect the Yanomami people and denounce the federal government's encouragement of illegal mining.

July 1, 2022: The Inter-American Court of Human Rights (IACHR) publishes a resolution with provisional measures to be complied with by Brazil after the granting of precautionary measures by the Inter-American Commission on Human Rights (IACHR) in the request presented by the Hutukara Yanomami Association and the National Council for Human Rights (CNDH) for the protection of the Yanomami and Ye'kwana indigenous peoples.

November 2022: The Federal Police launches Operation Yoasi to combat fraud in purchasing medicines destined for the Yanomami Indigenous Special Sanitary District (DSEI-Y) in Boa Vista. According to initial data, around 10,000 Yanomami children were left without medication.

The hunger caused by the lack of healthcare assistance policies during the federal government's administration from 2019-2022 (Jair Bolsonaro's government) also contributed to another typical scenario of genocide: the sexual abuse of young Yanomami girls in exchange for food (CORREIO BRAZILIENSE, 2023).

FINAL REMARKS

As stated, attention to the health of indigenous peoples in Brazil is integrated into the Unified Health System (SUS) as the Indigenous Health Care Subsystem (SASI). The SASI is composed of 34

Indigenous Special Sanitary Districts (DSEI), which are the local management units distributed throughout the Brazilian territory and composed of Base-Poles, where Indigenous Health Houses are located, points of integration with the SUS care network, health posts and where Indigenous Health Multidisciplinary Teams (EMSI) are headquartered, which includes Indigenous Health Agents (AIS) and Indigenous Sanitation Agents (AISAN).

The entire Subsystem constitutes necessary health actions, which are guided by the National Policy on Indigenous Peoples' Health Care (PNASPI) and take into account the ethnic-cultural particularities and territorial rights of indigenous peoples in the promotion, prevention methods, and recovery of the health of traditional populations.

The survival of traditional indigenous populations depends on public policies prioritizing their needs and the daily work of contact agents, who act as intermediaries and facilitators in the process. It is also important to consider that indigenous peoples' health-disease process has specific determinants linked to the practical availability of use and enjoyment of their traditional lands and territories.

Indeed, there is a lack of data and indicators regarding indigenous children and adolescents in Brazil. However, even the limited data demonstrates the urgent need for analytical treatment of this complex and emerging issue. It requires constant and careful updating of the numbers and continuous monitoring and systematic interpretation that considers the multiple aspects involved in the negotiation and survival processes of these communities and children and adolescents in particular.

In conclusion, political implications and interference; insufficient legislation that did not adequately consider indigenous cosmologies; corruption; obstacles to the leadership of healthcare professionals from the communities themselves, such as obstetricians and pediatricians; pressure from political groups interested in seizing indigenous lands with serious damage to the environment, among others, constitute severe threats to the rights of indigenous children and adolescents in Brazil.

The reformulation of the political dynamics and representation of the Brazilian political system and the visibility of indigenous cultures constitute essential measures to be adopted so that these peoples, who represent the most authentic Brazilian roots, have their childhood and youth adequately protected.

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