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Indigenous Organizations and Health District Apportionment: The Gap Between Seeing and Believing in Health Policies

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Objectives: This study proposes to analyze the ethno-political, ethical, and health repercussions of practices in indigenous organizations involved in agreements with the Ministry of Health resulting from implementation of Special Indigenous Health Districts (DSEI) in the State of Amazonas, Brazil.

Methodology: Documentary analysis of reports from joint meetings, indigenous organizations’ planning and administration meetings, participatory observation, and interviews with indigenous and non-indigenous DSEI managers.

Results: The authors briefly describe the implementation of Special Indigenous Health Districts. These were created in 1991 as a government initiative towards a political-administrative model of partial or total transfer of government functions to the social sector for the direct administration of health services; in this case, in the indigenous regions. The article discusses the paradox of indigenous peoples’ organizations having to exercise their own political role while implementing government policy as a way to overcome the stigma of their presumed inability to put a DSEI into operation. In the indigenous peoples’ discourse, the authors found a clear resolve to intensify and develop political action in the indigenous movement through the field of health.

Conclusions: To the authors, health district apportionment has undeniably promoted a more respectful relationship between the Brazilian government and ethnic minorities. New fields of learning were observed, new terms of struggle and consensus for the political legitimation of the indigenous movement. The study makes clear that the indigenous organizations’ principal objective for participating in the DSEI is to overcome the stigma of paternalism and historical exclusion of which they have been victims.