Transplantation and native peoples: latin american perspectives from the brazilian Amazon

Transplantes e povos nativos: perspectivas latino-americanas da Amazônia brasileira

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ABSTRACT
This article aims to investigate the reasons behind the absence of literature on organ transplantation among native peoples in Latin America, in contrast to the extensive literature on the subject in English-speaking countries. Given the increasing incidence of chronic diseases observed among Latin American indigenous peoples, a demand for organ transplantation among indigenous peoples is anticipated compared to other national contexts. However, meeting this demand is hindered by the need for a culturally sensitive vision on the part of public managers and the need for high-complexity planning and infrastructure in these countries. Therefore, the creation of a research network in the region is proposed to monitor the problem and generate data that can pressure these countries to provide transplant services to native peoples, with protocols that respect indigenous forms of consent, maintenance of fluids and organs, traditional knowledge, eschatology, and cosmology.

Keywords: transplantation, health of indigenous peoples, comparative study, Latin America, public policy.

RESUMO
Este artigo visa investigar as razões por trás da ausência de literatura sobre transplante de órgãos entre povos nativos na América Latina, em contraste com a extensa literatura sobre o assunto em países de língua inglesa. Dada a incidência crescente de doenças crônicas observadas entre os povos indígenas da América Latina, a demanda por transplante de órgãos entre os povos indígenas é antecipada em comparação com outros contextos nacionais. No
entanto, a resposta a esta exigência é dificultada pela necessidade de uma visão culturalmente sensível por parte dos gestores públicos e pela necessidade de planeamento e infraestruturas de elevada complexidade nesses países. Propõe-se, portanto, a criação de uma rede de pesquisa na região para monitorar o problema e gerar dados que possam pressionar esses países a prestar serviços de transplante a povos nativos, com protocolos que respeitem as formas indígenas de consentimento, a manutenção de fluidos e órgãos, os conhecimentos tradicionais, a escatologia e a cosmologia.


1 INTRODUCTION

The authors of this text, an anthropologist and a nephrologist specialized in transplantation, are probably the only people in Brazil who research transplants in indigenous people in Brazilian territory. For the first time, a systematic effort is made to understand the consequences of transplantation involving indigenous people.

Given the absence of Brazilian literature on this theme, our first move was to search for texts reflecting on Native American peoples in Latin America [1]. To our surprise, we found a need for published systematic studies on transplants in indigenous peoples in Latin America, in contrast to the vast literature available in Anglophone countries. This text seeks to reflect on this contrast, raising some hypotheses and tracing some possibilities, starting from Brazilian specificities to the Latin American context, in light of the available references and from an interdisciplinary perspective.

Speaking of Brazil, a country known worldwide for its ethnic diversity, especially in the Amazon, some findings are shocking. There are no systematic data on how many or which indigenous people have been involved in transplants, even with a particular indigenous health subsystem. The ethnic component is ignored by transplantation systems, with natives treated as "pardos" (a Brazilian expression that characterizes mixed-race people, literally "brown people").

This causes their cultural specificities to be lost throughout treatment, compromising conduct adherence and its success. There are no specific health
education and communication actions for the natives who use the service or the health teams that provide this assistance. Likewise, there are no protocols regarding consent, manipulation of fluids, tissues, or images, or providing interpreters or dialogue with traditional knowledge. Everything happens as if more than one million Brazilian indigenous people, distributed in almost 300 ethnic groups, had no culture or therapeutic paths of their own.

Brazil’s lack of systematic reflection has led to a focus on other countries, where literary production is more consolidated [2,3]. The comparative method is relatively common in the Social Sciences, and such topics are necessarily interdisciplinary [4]. The comparison allows us to merge horizons with other social realities and cultural and political configurations, isolating elements and starting from somewhere. The perspective that knowledge comes from accumulating inside and dialogue with peers is commonplace in the Sciences. In this sense, the extensive production in other countries can illuminate the lack of more systematic reflections on Brazilian reality - and this is where something interesting arises, on which this text will focus.

Throughout the research [5], mainly using various online databases, there were several references to cultural aspects related to transplants in native peoples, whether in health communication and education, information, or public policies. New Zealand and Australia have the most, followed by Canada and the United States, with hundreds of texts on the subject produced by professionals from various fields and based on multiple approaches and themes.

However, when following the same path in the databases, surprisingly, there is a lack of articles written by Latin American researchers on native peoples in Latin America. Articles in Spanish and Portuguese that raise issues related to transplants involving native people, their anthropological and health implications, analysis of specific policies or protocols, or health education actions: none of this exists systematically when considering native peoples in Latin America.
2 THERE ARE SOME HYPOTHESES FOR THIS ABSENCE

First, health services are only sometimes effectively structured to consider the cultural aspects of services offered to indigenous peoples. Even though there is often a bureaucratic-administrative structure in this regard, there is a lack of practical awareness-raising actions for teams that attend to native people in medium and high-complexity services. Even if the groups that provide first aid in the villages have this sensitivity, alterity is lost along the way, with the Western biomedical model prevailing over traditional care and reception paths [6].

Secondly, in some of these countries, indigenous peoples are in the midst of an epidemiological transition, with health services failing to anticipate the increase of diseases such as hypertension, obesity, and diabetes in native populations as a future demand in the field of transplantation. The increase in chronic diseases is often viewed as a result of an eventual "loss of culture," generating prejudices and blaming the victims, causing the service to not adapt to these demands and focus on acute or endemic diseases.

It is important to remember that in several regions of Latin America, contacts with indigenous peoples have intensified, especially in the last 80 years, given the developmental agenda in the area after the Second World War. This means that only recently, there has been an adult population whose effects of prolonged contact, sedentarism, changes in diet, and sanitary conditions are felt more intensely. In practice, indigenous movements seek to address more immediate demands in their struggle for territories, education, sustainability (environmental and economic), and health [7]. However, needs in the health field often seek solutions to more immediate problems, such as epidemics, vaccines, nutrition, or water and soil pollution caused by invasions.

Furthermore, unlike Anglophone countries, most native peoples in Latin America are not in large urban centers but in small towns in rural or isolated areas where more complex health services, such as transplants, are non-existent or practically inaccessible.

Finally, even though Latin American countries are cultural melting pots, their Constitutions, and legislation need to understand intercultural perspectives.
Thus, external institutional actors design and manage public policies, often unaware of indigenous demands or with little dialogue with these communities. Moreover, with the rise of the extreme right in some of these countries, part of the budget for assistance to indigenous peoples has been withdrawn [8], favoring the interests of logging companies, farmers, miners, or missionaries - the recent crisis among the Yanomami in Brazil is a clear example of this policy taken to its ultimate consequences.

In other words, the lack of a more systematic analysis in the literature regarding transplants among indigenous peoples in Latin America should be viewed in a broader context. It is not a matter of lack of interest but of a series of structural and historical reasons that lead to a neglect of these demands both within the indigenous movement, which struggles for primary conditions of sustenance and survival, and by the National States of the region, in which more immediate demands such as acute diseases are prioritized and health is seen, almost always, apart from issues such as territory and education.

In addition, public health services in these countries also face financial difficulties and suffer from poor management [9]. The problem of the need for a specific public policy for transplants for indigenous peoples encounters the same issues that affect the lack of these services for poor or rural populations. The lack of equity in health care is not only a problem for native peoples but for the poor population and minorities in general. The ethnic issue becomes just one more element in the field of the social determinants of health, in general.

3 THE QUESTION THEN BECOMES: HOW TO BREAK THIS CYCLE?

One possible alternative is to highlight its existence. Since no robust data demonstrate the need for these policies, managers do not see it as a demand. In this sense, the role of researchers is fundamental as a way of unveiling the often exclusionary nuances of national health systems in these countries. The creation of multidisciplinary research networks with the international collaboration of these researchers is also an exciting alternative, including as a way of seeking funding for the research.
Another element is the formulation, together with health managers, of projects in the field of health education with indigenous organizations, health councils, and institutions and actors responsible for health social control. Often, indigenous people do not know that they have access to transplantation as a form of treatment, so how this information reaches the villages, considering native cultures, can be a differential in the medium term.

Finally, including disciplines with a multicultural perspective in schools and medical faculties in these countries is an urgent task. Medicine is a course geared toward economic elites in several Latin American countries. These students come from urban centers, and many unintentionally reproduce a lack of knowledge about topics related to cultural diversity. They are white, upper-middle-class individuals who have never had contact with alterity, either in their trajectories or in their formative paths. This cycle of invisibility of topics such as race, gender, and ethnicity in medical courses must be responsibly addressed as an essential part of this formative journey rather than just a curricular requirement.

The regional disparities affecting medical education and healthcare for underprivileged populations reflect how these states deal with their indigenous and poor or rural people in general. As this cultural sensitivity towards complex health topics is gradually addressed, there is a tendency for the production on the subject to gain ground in Latin American countries. Interdisciplinary barriers will be overcome, and in the process, much of the institutional racism in these countries will be addressed, as the structural methods upon which this racism is based will be revealed. This text is a first effort in this direction. It is also an invitation to form a Latin American collaboration network on transplant among native peoples on the continent, if possible with the participation of indigenous professionals, and a challenge to think about how to offer these services from a dialogue that is genuinely welcoming from the standpoint of Latin American cultural diversity.
REFERENCES


