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COVID-19 AND INDIGENOUS PEOPLES: Aspects of social security

COVID-19 E POVOS INDÍGENAS: Aspectos de seguridade social
COVID-19 Y PUEBLOS INDÍGENAS: Aspectos de seguridad social

Fernando da Cruz Souza
Bachelor of Business Administration (UNESP - Tupã). Master's student in Agribusiness and Development (UNESP - Tupã). fernando.cruz@unesp.br.

0000-0002-7346-4776

Nelson Russo de Moraes
PhD in Communication and Contemporary Culture (UFB). Permanent Professor of the Graduate Program in Agribusiness and Development / PGAD FCE / UNESP / Tupã. nelson.russo@unesp.br.

0000-0003-0159-9433

Ana Maria Quiqueto
Master in Education (UNOESTE). Professor of the Undergraduate Program at ESEFAP. prof.anaquiqueto@gmail.com.

0000-0003-1447-0858

Vitor Bini Teodoro
Master in Public Health (USP). Substitute professor at UNESP. vitor.bini@unesp.br.

0000-0003-1429-0881

Mailing address: Universidade Estadual Paulista Júlio de Mesquita Filho, Faculdade de Ciências e Engenharia de Tupã. Rua Domingos da Costa Lopes, 780 - Jardim Itaipu, 17602496 - Tupã, SP – Brazil.

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ABSTRACT:
The conditions of socioeconomic and biological vulnerability of indigenous peoples in the face of the coronavirus pandemic pose the question of what are the limitations of the protection promoted by social security policies. In order to answer this question, this research sought to conceptualize social rights in relation with indigenous cultural differentiation, as well as seeking to review the most recent trajectory of health, social assistance and social security policies for this public. To this end, a bibliographic and documentary review was carried out on the terms surrounding the objective. Thus, it was verified that, until then, only the health policy presents an alternative of institutionalized differentiation, while the policies of social assistance and social security, although they may have good coverage of the indigenous users in some aspects, are presented distant from the demands of these peoples. In view of this situation, in addition to the setbacks caused by the neoliberal advance on social policies as a whole, and with the specific attacks on indigenous rights, these peoples are in a situation of greater fragility, because, in addition to not enjoying culturally sensitive social policies, they experience a delay in the emergency response in the form of public policy against the impacts of covid-19, which can lead to a greater number of contaminations and deaths.

KEYWORDS: Social rights; Health; Social assistance; Social security; Coronavirus.

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Introduction

Since the beginning of the year 2020, the Brazilian population has been suffering from coping with the covid-19 pandemic, unfolded by the rapid spread of the new coronavirus (SARS-CoV-2) from the cities with the largest populations, especially those with international airports and/or land borders. Since the first case of this disease was registered in Brazil on February 26, 2020, updated information until June 14 of the same year, 109 days later, shows the expressive number of 867,624 confirmed cases and 43,332 deaths due to the covid-19 pandemic (National Council of Health Secretaries [CONASS], n.d.).

With the advance of the disease, added to the continental extension of the Brazilian territory, to the social disparities of its population and to the multiculturalism of the diverse population segments, the indigenous peoples are in conditions of greater vulnerability, measured in terms of access to basic needs[1], when facing the covid-19 pandemic, which results in greater chances of contamination and reduced ability to recover from the disease (Tavares & Betti, 2020). At this point, it is important to note that indigenous populations are historically more vulnerable to threats from viral infections, especially respiratory threats, which have wiped out large numbers of indigenous peoples living in the Brazilian territory (Plano de Contingência Nacional para Infecção Humana pelo novo Coronavírus (COVID-19) em Povos Indígenas, 2020).

Information from the Epidemiological Bulletin of the Special Secretariat for Indigenous Health (SESAI), updated until June 13, 2020, shows that 2,894 cases of covid-19 among indigenous people were confirmed, among which 97 deaths were recorded. (Ministério da Saúde, n.d.). However, the information in the SESAI Epidemiological Bulletin can be questioned, because, due to the Portaria do Ministério da Saúde n° 70 No. 70 (2004), the Indigenous Health Subsystem (SASI) is exclusive for indigenous villagers. This implies that cases and deaths by covid-19 of indigenous people in urban environments have not been reported according to their ethnic character. Considering such underreporting as an act of institutional racism, the Articulation of Indigenous Peoples of Brazil ([APIB], 2020) and other indigenous movements began to investigate confirmed cases and deaths by covid-19 in parallel, so that, until June 6, 2020, data from regional indigenous organizations, organized by

[1] Individuals with deprivation of at least 2 of 8 indicators are considered vulnerable, namely, access to drinking water, basic sanitation, electricity, adequate housing, non-polluting kitchen fuels, room-dwelling density and school meals (Tavares & Betti, 2020).

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APIB and Mobilização Nacional Indígena (n.d.), reported 2,390 confirmed cases and 236 deaths in the 93 indigenous peoples affected by coronavirus.

It is important to emphasize that the Federal Constitution of 1988 (CF/88), in its chapter VIII, art. 231, determines that "Indians are recognized for their social organization, customs, languages, beliefs and traditions, and the original rights over the lands they traditionally occupy, the Union is responsible for demarcating, protecting and ensuring respect for all its assets", and that such recognition establishes the bases for the development of differentiated public policies, as is the case of SASI and the National Policy for the Attention to Health of Indigenous Peoples (PNASPI), 1999 ([CF], 1988, Ferreira, 2013). However, the differentiation of indigenous public health policy is limited, as evidenced by the underreporting of cases and deaths by SESAI.

The term differentiated public policies is key to understanding the internal conflict of social policies for indigenous peoples, because if on the one hand social citizenship emerges from the sharing of rights and duties for all, on the other hand, for ethnic minorities, this can mean the homogenization of the indigenous world to the national society (Garnelo, 2014). It is for this reason that a specific health subsystem for indigenous peoples implements positive discrimination, the so-called targeting, instituting a complex concept of equality in which ethnic differences are treated as singular traits to be considered by universal policies (Fleury & Ouverney, 2012).

It must be borne in mind that health policy is part of a larger set of social policies called social security. Social security is also composed of entitlement programs and social assistance, which do not have an operational link among them, although there has been a progressive link of revenue in the three areas and the disintegration of the concept of solidarity financing among them (Menicucci & Gomes, 2018).

The role of social assistance is related to three fields of action: 1. Income guarantee, operating income benefits of national scale such as the Benefit of Continued Provision (BPC) and the Bolsa Família Program (PBF), in order to face poverty and income inequality and to expand the consumption capacity of the poorest populations; 2. Social assistance services, operated through the Social Assistance Reference Centers (CRAS) and the Specialized Social Assistance Reference Centers (CREAS), which accompany and refer families to assistance services and to advocacy bodies , in order to determine vulnerabilities, needs and offer prevention and protection services; 3. Integration of benefits and services, managing strategic programs linked to the eradication of child labor, the inclusion and permanence in the

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school of beneficiaries of other programs and the promotion of access to the world of work (Colin, Jaccoud, 2013).

Entitlement programs, in turn, corresponds to the guarantee of income for workers and their families in the following situations: temporary or permanent incapacity for work and old age; maternity protection, especially for pregnant women; protection of workers in situations of involuntary unemployment; family allowance and prison allowance for dependents of low-income policyholders; pension for the death of the insured, male or female, to the spouse or partner and dependents (CF, 1988). The social security systems have as compulsory contributors the formal workers, above 16 years old, who carry out paid activity, being this category linked to the General Social Security Regime (RGPS) or the Public Social Security Regime (RPPS), aimed at public servants (Ministério da Economia, 2013). However, there are exceptions to the social security contribution applied to groups that live in a family economy (subsistence) (CF, 1998, Lei n° 8,213, 1991), category in which indigenous people fit.

In front of this broad and complex social security system, it is necessary for us to understand how the assistance to specific groups, such as indigenous people, works, since they have particular forms of social organization and worldview. In view of the tension between universalization versus targeting on security policies for Brazilian indigenous peoples, and the potential that such policies have to resolve the vulnerability experienced by these peoples, this article seeks to discuss the effects of covid-19 on such populations in interface with the social policies and anthropology theories on aspects of social security. Such discussion is carried out by means of a conventional bibliographic and documentary review on the overlap of these themes. The importance of this review is underlined by the need to understand the operational concepts of social security in its translation in indigenous communities, as the specific cultural and economic situation of this population segment makes terms such as family arrangements, productive systems, sexual division of labor, values morals, discrimination, vulnerability, social risk, autonomy, poverty, protagonism (Borges, 2016), etc. have different meanings for the population in question, which imposes the need to adapt public policies.

Covid-19 pandemic and indigenous peoples

The first cases of human coronavirus were first detected in 1937, but only in 1965, with the advances in microscopy, scientists were able to describe this type of virus, which received its name because it looks like a crown (Ministério da Saúde, n.d.a).

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These viruses are enveloped with a positive strand RNA genome and belong to the *Coronaviridae* family and *the Coronavirinae* subfamily (Hoek, Pyrc & Jebbink, 2004, Chaves & Bellei, 2020).

Until the beginning of 2019, it was known that within the *Coronaviridae* family there were four genera - alpha-choronavirus, beta-choronavirus, gamma-choronavirus and deltacoronavirus - and six species of coronavirus that cause human diseases, 229E, OC43, NL63 and HKU1, which cause common cold symptoms. In addition, there are also SARS-CoV and MERS-CoV, which are strains of zoonotic origin associated with diseases with sometimes fatal respiratory syndromes (Chaves & Bellei, 2020, Zhu et al., 2020).

In March 2019, Revista Viruses published an article written by the researchers Yi Fan, Kai Zhao, Zheng-Li Shi e Peng Zhou on bat coronavirus in China. In this article, Fan et al. (2019) indicated that three species of coronavirus had already caused thousands of animal deaths in 2003, 2012 and 2017 - these three species having as characteristics their high pathogenic power for humans or animals and had bats as their original agents - two of which were pandemics started in China. In mid-November 2019, Chinese authorities identified a "leap" (transmission from animals to humans) that would have started a serious respiratory infection, called covid-19, caused by SARS-CoV-2 (New Coronavirus). According to an investigation by the government of Wuhan, capital of Hubei (China), the beginning of the zoonosis occurred in a fish and seafood market (Bai et al., 2020).

According to Bai et al. (2020), patient 1 would have been a 20-year-old woman living in Wuhan (possibly asymptomatic). When traveling to the city of Anyang, on January 10, 2020, the woman would have had contact with patients 2 and 3, on the same date, as shown by the scientific article. Thus, the epidemic (later pandemic) cycle of covid-19 began.

In view of the widespread infection installed in Brazil, considering the cultural and human geographic particularities, expressed by an immense territory, the challenges to public social security policies, in general, and in periods of pandemic, in particular, are gigantic to researchers and professionals from different areas. These need to reach 7,103 indigenous locations, in 827 Brazilian municipalities where they are present. Of these locations, 632 are officially delimited indigenous lands and the rest constitute 5,494 indigenous groups, among which 4,648 are within indigenous lands, 846 outside these territories and 977 are called other indigenous locations - when there is a minimum distance of 50 meters between the households (Barros, 2020). In these

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locations, data from the Brazilian Institute of Statistical Geography ([IBGE], 2013) of the 2010 census reveal the distribution of an indigenous population of 896,917 people, whose household situation was then primarily rural, 63.8%, and installed on indigenous lands, 57.7%.

Socio-anthropological nuances in the discussion of indigenous public policies

There is a clear need for dialogue for the human promotion of cultural diversity existing in Brazil as a framework for the success of indigenous public policies, a situation verified in the urgent proposals resulting from the I Conferência Nacional de Política Indigenista (2016), in which the entitlement programs and social assistance are defended under the axis of indigenous individual and collective rights, so that they are, in fact, effective and suitable for these peoples, and in which the health guidelines occupy a specific space, in order to improve the PNASPI.

In this sense, one of the great challenges to Brazilian indigenous public policies is the extinction of evolutionary traits that they carry, traits that are materialized in an ethnocentric stance in which rural, quilombola and indigenous cultures are taken as backward. The evolutionist-ethnocentric trait still identified today in Brazilian indigenous policies is heir to indigenous policies prior to CF/88, when the care model adopted was governed by the principle of charity to the indigenous people. In this assistance model, in order for indigenous peoples to enjoy their rights, they should first prove their ethnicity, under the tutelage of the National Indian Foundation (FUNAI), a situation that occurred in the so-called inverted citizenship, which stigmatizes beneficiaries as incapable, which is why they would need specific protection (Garnelo, 2014).

In order to criticize inverted citizenship, to think about citizenship in multisocietal states, an important concept is the self-determination of peoples. According to the United Nations Declaration on the Rights of Indigenous Peoples (2007), these "are entitled to self-determination. By virtue of this right, they freely determine their political condition and freely pursue their economic, social and cultural development". This right is important because, in the face of the deprivations suffered by these peoples, self-determination establishes the possibility of the coexistence of cultures, not the integration of the indigenous. In practical terms, self-determination has meant not separating the States into which indigenous peoples were absorbed, but their ability to maintain territorial and legal autonomy (Figueroa, Silva, 2019).

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Self-determination presupposes resistance to colonial processes of historical latency, functioning as a way of seeking ethnic preservation.

> The concept of cultural genocide (or ethnocide) does not refer simply to mass murder, but, above all, to the act of eliminating the existence of a people and silencing their interpretation of the world. This is done by suppressing the symbolic chain of transmission of their genealogies (Piralian, 2000). The symbolic dimension of violence has long-term effects, because it models behaviors and ways of seeing reality and conceiving difference (Scheper-Hughes and Bourgois, 2004). Genocide involves different physical strategies, such as massacre, mutilation, deprivation of livelihoods, territorial invasion and slavery; biological strategies that include family separation, sterilization, displacement and forced marches, exposure to disease, murder of children and pregnant women; and, finally, cultural strategies, such as the squandering of historical heritage, the chain of leadership and authority, denial of legal rights, language prohibition, oppression and demoralization (Espinosa, 2007, p. 274).

What self-determination allows against colonialism is the counterpoint to cultural relativism. As an anthropological contribution from the work of Franz Boas, cultural relativism highlights the need to value each culture in its relationship with life. In the field of public policies, this show the need that rules take into consideration cultural relativism as an essential aspect for the effectiveness of policies (Laplantine, 2006), including in preventive and interventional health promotion and in other areas of social security. Therefore, respecting diversity in all possible areas, it is possible to include the differentiation of Brazilian peoples, in the most different regions, in the different stages of the cycles of policies.

However, to relativize indigenous cultures, it is also necessary to understand them. Souza et al. (2020), citing the proposal for autonomous and sustainable development issued by the Coordination of Indigenous Organizations of the Amazon Basin (COICA), highlights the great differentiation between the notions of Western capitalist development and autonomous development. Ikanán (1994, p. 202) shows this difference as follows:

> Our [indigenous] development is the development of an entire people, with consideration for our future, not a five-year future that lasts for a government or a project, but a future for the peoples that have existed since the early days. Our development is to share and not to dominate. It is maintaining our world and not exchanging it for urban atrocities.

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In addition to the notion of development, the very sociability of indigenous peoples differentiates them from the rest of society. In the sociological field, Ferdinand Tönnies (1957) shows that human wills can differentiate community and society, which can be observed through the sociability existing in these, since each of them has their own structures of values. A similar statement is found in Durkheim (2010), for whom community and society show, respectively, mechanical and organic solidarity.

In addition to theoretical contributions, it is possible to list the understanding of community groups according to Brazilian legislation. Traditional Peoples and Communities, groups in which indigenous populations are inserted, are defined by the National Policy for Sustainable Development of Traditional Peoples and Communities (Decreto n° 6,040, 2007) as:

> culturally differentiated groups that recognize themselves as such, that have their own forms of social organization, that occupy and use territories and natural resources as a condition for their cultural, social, religious, ancestral and economic reproduction, using knowledge, innovations and practices generated and transmitted by tradition.

From the theoretical and legal[2] contributions, it is possible to observe that traditional peoples are able to maintain intimate relations with the space they occupy and with everything that is inserted in it, such as nature, culture and with the human being, in addition to maintaining close connection with what they consider divine (Moraes et al., 2017).

Social rights and public policies

In order to ensure fundamental rights and guarantees for all Brazilians, CF/88 supports in its text the recognition and the need for the Welfare State (Draibe & Riesco, 2011), understanding that this would reduce the great inequality in the country, guaranteeing access to basic services for all citizens - namely, income, food, health, education, social security, housing, among others (Bobbio, Matteucci & Pasquino, 1998). From these basic services, national public policies would be redesigned.

Couto e Lima (2016) point out that the end of the military regime and the process of redemocratization brought a peculiar character to the constitutional text: the constitutionalization of public policies. That is, the text sought to ensure the citizen's

[2] The Decreto n° 8,750 (2016) nominally lists some peoples who have a guaranteed seat in the National Council of Traditional Peoples and Communities.

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social rights in the text, attributing the responsibilities of these rights to the State without, however, stipulating the delineations for the full functioning of this attribution.

Taking into account the absence of the outline of actions that lead to the realization of constitutionalized public policies, their regulation becomes a space for many conflicts. This occurs because Brazil is a society of great social differentiation, which comprises not only the different attributes of its members (age, gender, religion, marital status, education, income, sector of professional activity), but also the differentiation of ideas, values, interests and aspirations. Therefore, there is a complex and conflicting reality regarding opinions, interests, values, etc. (Rua, 1998), which, in turn, will be part of the ingredients of dispute in public policy arenas, especially in social security policies, given their redistributive character.

The redistributive policy arena, the category to which welfare policies belong, is largely conflictive, as it involves different social strata whose interests are, in general, antagonistic. Through the analysis of the policy regarding the expected impact on society, it is possible to recognize which of these strata concentrate the benefits and which concentrate the burden of public policy. The following points play an important part in recognizing these conditions: 1. The actors have reciprocal expectations of what they can achieve in their relationships with each other; 2. Such expectations are determined by public policies; 3. Public policies have power relations that are discernible in terms of focus and scope. In other words, public policy determines politics (Calise, Lowi, 2010, Lowi, 1964, Rodrigues, 2010, Secchi, 2010, Souza et al., 2017).

In the case of social security policies, public policy is permeated by conflicts of different dimensions. First, in regard to social assistance policies specifically, there are various prejudices and misconceptions that still surround this content. Although this type of assistance is a phenomenon as old as humanity and is present in all socio-cultural contexts, there are few theoretical contributions that help to better it from a conceptual and political-strategic point of view. This means that social assistance has been systematically neglected, not only as an object of scientific interest, but as an integral component of public social protection schemes that, since the late 19th century and, more specifically, since the 1940s , institutionally express the articulation (not always peaceful) between State and society, aiming to defining social content rights and policies (Pereira, 2002).

Second, there are the harmful consequences of the constitutional counter-reforms adopted. Brazil's current social protection system, which has been established

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as a universal system, with social participation and social control, has suffered from changes in labor legislation, such as the approval of the outsourcing and labor reform law in 2017; in social entitlement programs legislation, which was reformed in 2019; and the decrease in public resources destined to social policies, signed by Constitutional Amendment 95, of 2016. Such counter-reforms, called ultraneoliberal, directly and negatively impact the offer of social assistance, health and entitlement programs policies and increasingly penalize the population living in conditions of extreme vulnerability, further deepening the situation of social inequality (Sposati, 2009).

The phenomenon of decreased Social Welfare State is experienced by countless countries with different contexts. With the ultraneoliberal advance, what equates these countries is the challenge of overcoming inequality, social injustice and the uncompromising defense of life. For this purpose, Silva et al. (2016) suggests to Latin American countries to strengthen exchanges of experiences, technologies, and to establish political, social and economic alliances, which help to overcome the history of exploitation and coloniality that circumscribed them and has been robbing the dignity of their peoples.

Sposati (2009) affirms that in a country like Brazil, in which the social protection system was already in an accelerated consolidation process, the drastic reduction of public rights and investments is stark and has prevented the proper functioning of public systems. Therefore, in the current situation, it becomes even more dramatic and requires swift and forceful responses, both in strengthening the State and in the management of the respective social policies.

Health policies for indigenous peoples

Public policies must be guided by a set of actions, procedures and goals that are, in its turn, guided by State policy, in addition to guiding the actions of governments in applying this policy (Bobbio et al., 1998). Based on this understanding, CF/88 can be understood as the originator of health policy, since it starts to be understood as a right guaranteed to the entire population and a duty of the State, in a universal and equal way, therefore covering all citizens without distinction (CF, 1988, Paulus Junior, 2006).

Despite the guiding and also innovative factor proposed by the constitutional text, meeting the guidelines for reaching and financing a broad and complex health service, in which 80% of users are exclusively dependent on the public health system

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(Stopa et al., 2017), requires other policies to achieve the fullness of the system, such as financing and accountability for actions within the federative pact (Lucchese, 2014).

However, how can we think, for example, of the action of public policies for socio-historical and biologically vulnerable populations, whose ways of life are not completely supported by federal entities, such as indigenous communities? In order to answer this question, the Constitution guarantees universal health care and also the principle of equity, which goes beyond the equal offer to all users, but recognizes the indispensability of services aimed at citizens according to their needs, once it recognizes the discrepant differences in living and health conditions of the various segments of the population (CF, 1988).

Thus, we can understand that in public policies supported by the Unified Health System (SUS) there must be a recognition of specific needs of specific groups, aiming to reduce the impact of social determinants to which these groups are submitted, something that also runs through the principle of integrality [3]in care, prioritizing preventive care. In other words, the principles of equity and integrality, fruit of CF/88, give a specific panorama regarding the service to the indigenous population.

However, it was not always like this. Until 1991, FUNAI was the competent body for indigenous health in the country and, in the management of that time, it was expected that most of the health problems would be solved in existing Health Posts in the indigenous areas, which had mobile health teams and nursing assistants. More difficult cases in terms of diagnosis or treatment were referred either to local hospitals or to services contracted by the National Department of Health. In more serious cases, indigenous patients were referred to Casas do Índio, located in the FUNAI Regional Center. This arrangement for indigenous health was characterized by several needs, such as the lacks of an efficient service network, adequate infrastructure, professionals prepared to deal with indigenous cultural aspects, sufficient financial resources, and an epidemiological characterization of indigenous peoples, centralizing data and information and attending indigenous areas regularly (Langdon, 2004).

The break with this model resulted in the progressive transfer of responsibilities of health policy for indigenous peoples from FUNAI to FUNASA. In addition, the principles and guidelines aimed at creating SUS were drafted, which initiated by CF/88,

[3] Integrality "considers people as a whole, meeting all their needs. For this, it is important to integrate actions, including health promotion, disease prevention, treatment and rehabilitation [...] the principle of integrality presupposes the articulation of health with other public policies, to ensure intersectoral action between the different areas that have an impact on the health and quality of life of individuals "(Princípios do SUS, n.d.).

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with theses principles the Organic Health Law was approved (Lei n° 8,080, 1990). However, the implementation of a new model of care exclusively aimed at indigenous peoples appeared only with the Indigenous Health Care Subsystem, added to the SUS Organic Law by the Law n° 9,836 (1999), system that became FUNASA's full responsibility. The SASI is the result of two National Health Conferences for Indigenous Peoples, from which a differentiated care model was proposed, which uses the strategy of Special Indigenous Sanitary Districts (DSEIs) as a means of meeting the right of universal, integral access to health, taking into account the needs of indigenous communities in the stages of planning, execution and evaluation of health policy actions (Portaria do Ministério da Saúde n° 254, 2002).

The decision on the location of DSEIs was organized around several social, anthropological, health and administrative criteria, among which the following stand out: population; geographical area; epidemiological profile; availability of services; human resources; infrastructure; access routes to services installed at the local level and to the SUS regional network; social relations between the different indigenous peoples of the territory and regional society and traditional demographic distribution of indigenous peoples, which does not necessarily coincide with the limits of states and municipalities where indigenous lands are located (Aith, 2009, p. 124).

DSEIs are now under the direct responsibility of the National Department of Health, which has been managing them through the Special Secretariat for Indigenous Health (SESAI) since 2010. In the created DSEIs, the Portaria do Ministério da Saúde n° 254 (2002) it establishes the presence of doctors, dentists, nurses, nursing assistants, in addition to the systematic participation of anthropologists, educators, sanitary engineers, among other technicians and specialists considered important. In this decentralized and hierarchical model of the DSEIS, there are health posts in indigenous communities, which must be able to support Multidisciplinary Indigenous Health Teams (EMSIs). There are also Casas de Saúde Indígena (CASAIs), located in strategically within the districts, which receive indigenous people referred for exams and treatments of medium and high complexity (Cardoso, 2015). Apart from it, SUS acts behind the SASI when health problems of primary, secondary or tertiary care cannot be resolved within the scope of CASAIs (Aith, 2009).

Although progress has been made with the implementation of SASI, the structure of DSEIs presents several problems (Cardoso, 2015), among which we mention some:

- DSEIs are conceived as an organizational model and not as an assistance model, in which the bureaucratic character (geographic, population and

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administrative) prevails at the expense of health needs and problems (Pellegrini et al., 2009);

- The model's effectiveness can be questioned through health indicators, such as the high rates of overweight, obesity, anemia and hypertension among non-pregnant indigenous women; and high deficit rates in the indicators of height for age, anemia, hospitalizations in the last 12 months and diarrhea in the previous week among indigenous children. In both groups, health indicators were worse than those found in non-indigenous populations (Coimbra et al., 2013);
- Outsourcing of the management and execution of indigenous health actions, more intense at the beginning of the implementation of SASI, creates problems of social control in its political dimension, since resources and program management are under the responsibility of non- governmental agencies (Garnelo, Sampaio, 2003);
- On the other hand, the reversal of outsourcing by the municipalization of indigenous health services creates concerns about the management autonomy and the specificity of the assistance achieved with SASI (Araújo, 2012);
- The historical, social and cultural dimensions of the health-disease-care process are often excluded by biologicist biomedicine, which considers these dimensions to be unfounded or obstacles to biomedical intervention, therefore, it understands them as popular knowledge that needs modernization (Pontes, Garnelo, 2015, Menéndez, 2003).

The problems pointed out serve as important topics of discussion about differentiated care as a mechanism for achieving the principle of integrality. By highlighting the need for articulation between the conventional and the differentiated therapeutic system, through responses to policy evaluation, epidemiological, organizational and assistance indicators, there is a lot of information on how to improve SASI in different areas, so that it could fulfill the function for which it was established, which contemplates "take into consideration the local reality and the specificities of the culture of indigenous peoples and the model to be adopted for indigenous health care, which must be guided by a differentiated and global approach " (Lei n° 9,836, 1999).

Public social assistance policies for indigenous peoples

Social assistance in Brazil became regulated with the Organic Law on Social Assistance (LOAS) (Lei n° 8,742, 1993). However, the organization and management of

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the law occurred with the approval of the National Social Assistance Policy (PNAS) (Resolução do Conselho Nacional de Assistência Social n° 145, 2004) and with the approval of the Basic Operating Standard of the Unified Social Assistance System (Resolução do Conselho Nacional de Assistência Social n° 130, 2005).

With the objective of providing social assistance to those who need it, regardless of their contribution to social security (CF, 1988), this policy guarantees social minimums for various population segments, among which indigenous people are mentioned in PNAS. According to PNAS, indigenous people are considered "segments subject to greater degrees of social risk" (Resolução n° 145 do Conselho Nacional de Assistência Social, 2004, p. 24).

In order to promote some kind of differentiation in social assistance in addressing the risks experienced by indigenous peoples it was launched the booklet on Social Work with Indigenous Families in Basic Social Protection, in 2016, which aims to draw attention to the importance of differentiated and respectful preventive and protective actions for indigenous cultural specificities. The booklet provides theoretical and technical support to SUAS teams in the development of PAIF with indigenous families and communities (FUNAI, 2017). In this sense, the booklet guides the teams regarding the relativization of the social assistance categories, that is

> Social work, autonomy and protagonism, family and community life, vulnerability and social risk, when understood through the indigenous reality, do not have the same connotation stipulated in the existing rules and guidelines of SUAS. Its correct application to indigenous peoples demands a sensitive and respectful reading of cultural contexts, as well as a political commitment to overcoming colonial situations that still prevail in the relationship of national society with indigenous communities (Trabalho Social com Famílias Indígenas na Proteção Social Básica, 2016, p. 11).

In addition to advances in the understanding of the differentiation of social assistance policies for indigenous peoples, advances in the coverage of some of them can be seen Cadastro Único (CADÚnico). CADÚnico is an "instrument for the identification and socio-economic characterization of low-income Brazilian families, which must be used to select beneficiaries and integrate social programs of the Federal Government aimed at serving this public" (Decreto n° 6.135, 2007).

In April 2020, 162,706 indigenous families were registered in CADÚnico, corresponding to 626,536 people. This number is equivalent to approximately 70% of the indigenous population measured by the census in 2010. Among the indigenous

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families present in CADÚnico, 121,739 are in extreme poverty and 12,305 in poverty. 126,431 families are beneficiaries of the PBF, that is, 77.7% of the families registered in the database. In addition, 5,660 food baskets were delivered to indigenous families in January 2020 (Secretariat for Evaluation and Information Management [SAGI], n.d.). In addition, data from the 2017 SUAS Census show that 658 CRAS (7.9%) and 344 CREAS (11%) attended indigenous peoples in the year surveyed. The 2016 SUAS Census, on the other hand, shows that 335 indigenous people were in Reception Units, 180 out of which were children and adolescents (Abril Indígena, 2018).

From these data, it appears that, in the context of income security, PBF has had a considerable expansion in serving the indigenous population segment. In the socio-assistance scope, there have also been some advances with the implantation of indigenous CRAS, or CRAS in indigenous land (Quermes & Carvalho, 2013). However, it remains a demand of indigenous peoples the renovation of the social assistance legislation aiming at the creation of specific mechanisms for their way of life. (I Conferência Nacional de Política Indigenista, 2016).

Other important arguments regarding the adequacy of the assistance policy with the ethnic reality are brought by Teixeira (2013), who draws attention to the ethnic stigmatization that can occur when distributing basic food baskets or income security benefits, such as the PBF, because , there is a risk that indigenous peoples will be falsely identified with the attributes poor or vulnerable, so that the fact of being indigenous will be seen as a type of exclusion aggravation. In the same sense, the author points out that the indigenous people express an interest in the existence of a PBF for the entire village, not only for family unities of the village, because this would respect the values and practices of collectivity and socialization of production, characteristic of these peoples.

Public social entitlement programs for indigenous peoples

According to Instrução Normativa (IN) from Instituto Nacional do Seguro Social (INSS) n° 61 (2012)

> fits as special insured the indigenous person who is recognized by the National Indian Foundation - FUNAI, including the craftsman who uses raw material from plant extraction, provided that the other requirements contained in item V of § 4 of this article are met, regardless of the place where they reside or carry out his activities, being irrelevant the definition of village indigenous person, non-village indigenous person, indigenous person in the process of integration, isolated indigenous person or integrated indigenous

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> person, as long as they perform rural activity individually or in a family economy regime and have these activity as the main livelihood.

The proof of ethnic origin occurs by registering the indigenous person in the FUNAI system and by annual declarations made by that foundation. In case of irregularities or the need for more information, FUNAI may be asked to issue supporting documents or conduct an interview with the insured. However, given that FUNAI keeps information about indigenous people up to date and that access to interview locations would be a barrier to the indigenous peoples, these are the only ones exempted from interviews in the category of special insured (Malucelli, Neto, 2018).

São garantidos aos segurados especiais, segundo a FUNAI (n.d.): salário maternidade; aposentadoria por idade; pensão por morte; auxílio doença; auxílio acidente e auxílio reclusão. However, the implementation of entitlement programs rights to indigenous people is not without conflict. An example brought up by Coelho (2016) it is the non-provision of maternity wages for indigenous women under the age of 16, which is denied by INSS on the grounds that there is no legal provision for this. In this case, beneficiaries have been suggested to go to court to guarantee the right, something that clearly demonstrates a position of non-assimilation by the public policy of indigenous customs and traditions, which may involve marriage and pregnancy at a younger age for some peoples. This situation is in line with what was exposed in the proposals originating in I Conferência Nacional de Política Indigenista (2016): the reformulation of social security programs specifically for indigenous peoples, which guarantee their individual rights, autonomy and development.

Final considerations

Considering first the situation of greater socioeconomic vulnerability of indigenous peoples - due to the history of expropriation and ethnocide suffered by them over the centuries - together with their biological vulnerability in the face of the pandemic of covid-19; and considering, secondly, the role of public social security policies - health, social assistance and entitlement programs - as promoting a minimum standard of well-being and security for citizens, this research examined the adequacy, in its aspect of ethnicity sensitivity, of public social security policies.

To this end, the following were contextualized: the current impact of the covid-19 pandemic on indigenous peoples, the role of social security in mitigating social vulnerability, the tension between universalization versus targeting and the emergence

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and spread of coronavirus disease. From this point, conceptual reviews of two orders were carried out. The first is about the socio-anthropological aspects relevant to the discussion of indigenous public policies, listing the ethnic elements in the achievement of social rights, which must consider the perverse colonial mark on indigenous peoples, as well as the most recent legal and theoretical developments on the autonomy of these peoples. The second conceptual review contemplated the recent processes of institutionalization of social rights in general in Brazil, which is crystallized in CF/88 and becomes the object of dispute in the redistributive arena, resulting in several recent defeats for the expansion of well-being because of the advancement of ultraneoliberal policies.

In the following sections, the reformulations of the security system were explored in order to reach indigenous populations, considering their peculiarities.

With this, it was understood that PNASPI stems from the principle of equity of SUS, which, when implementing universal health, seeks to do so under the auspices of differentiated care. However, this does not prevent inertial forces of tutelage and assistance, characteristics of indigenous policies prior to CF/88, still permeating the current policy. These forces are manifested mainly in the ineffectiveness shown in the health indicators for indigenous peoples and in the primarily organizational structure of the SASI to the detriment of the assistance character that is expected from it.

With regard to social assistance policies, although there is good coverage of indigenous peoples as beneficiaries of income security programs, in the social assistance area, coverage is still small and little adjusted to the specific needs of its users.

In the case of entitlement programs, indigenous people are considered special insured and enjoy simpler conditions to achieve benefits, although in the case of maternity wages this has proved to be untrue.

Due to these characteristics, indigenous peoples have demanded that reforms be made to social assistance and social security policies, especially so that, similarly to PNASPI, they become independent from the general policy regimes to which they belong.

Although advances in social security for indigenous peoples are observed - even with the existence of numerous inadequacies in their design and implementation - in State policy since the promulgation of CF / 88, one cannot fail to consider that different governments, when occupying the framework government, can provide both advances in indigenous policy and setbacks. In this sense, it is important to analyze the objective

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and discursive political processes in the field of social security, in order to understand the expansions and retractions in social rights.

In view of this, we can understand the approval of Constitutional Amendment 95, 2016, as a retraction of the State in the fight against inequality and poverty, retraction that, with fallacious arguments and fragile empirical evidence, resumes the idea of austerity, that is, the decrease of investment in basic social rights, prioritizing fiscal responsibility over social responsibility, especially in social security and education, key points of human development. This retraction of the State, although affects all of those who benefit from social policies, has more intense effects among the most vulnerable, a group in which indigenous people are inserted.

Also in the sense of decreasing the State's participation in the promotion of social well-being, pension reform was approved in 2019. During this process, there was an attempt to introduce requirements impossible to be reached by indigenous peoples in obtaining retirement, given their condition as special insured. Such an attempt was thwarted by demands made by various sectors of society, including indigenous people organized in social movements.

Another very important fact, indicative of the government's attitude towards social rights for traditional communities, was the edition of Provisional Measure (MP) 910, in 2019, that lost its validity in early June 2020, which instituted the legalization of land grabbers and squatters on state lands occupied by traditional communities. Such MP, in addition to fomenting invasion and conflict in indigenous lands, stimulated the approach of land grabbers and squatters to these peoples, disseminating among them the new coronavirus.

Due to the various vulnerabilities still experienced by indigenous peoples, which, as reported in the text, are only partially covered by social policies, especially by social security, the Bill of Law (PL) 1,142 of 2020 is being processed in the Federal Senate and was already approved by the Chamber of Deputies. The objectives of the PL read as follows:

> Provides for social protection measures to prevent contagion and dissemination of Covid-19 in indigenous territories; creates the Emergency Plan to Confront Covid-19 in Indigenous Territories; stipulates measures to support quilombolas communities and the other traditional peoples and communities to face the Covid-19; and amends Law No. 8,080, of September 19, 1990, in order to ensure additional resources in emergency and public calamity situations (Almeida et al., 2020).

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This PL is an attempt to fill the various gaps that still exist in the promotion of social rights to indigenous peoples, functioning as a merely emergency complement to the permanent risk situation experienced by them. Although the possible approval of the PL can promote better conditions to face the pandemic, it is something that will be occurring more than 3 months late and only brings only a limited and specific advance. For this reason, alternatives must be devised that produce a counterpoint to the unfinancing of social policies, in general, and that meets the urgent needs reported at the First National Conference on Indigenous Policy. This would mean the real autonomy of indigenous peoples, who could privilege their own development alternative, in addition to making them more equipped to face globalization and its consequences, such as the covid-19 pandemic.

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RESUMO:
As condições de vulnerabilidade socioeconômica e biológica dos povos indígenas frente à pandemia de coronavírus impõem a questão sobre quais são as limitações do amparo promovido pelas políticas de seguridade social. A fim de responder a esse questionamento, esta pesquisa buscou conceituar os direitos sociais na imbricação com a diferenciação cultural indígena, assim como buscou revisar a mais recente trajetória das políticas de saúde, assistência social e previdência social para esse público. Para tanto, foi realizada uma revisão bibliográfica e documental sobre os termos envolventes ao objetivo. Com isso, verificou-se que, até então, somente a política de saúde apresenta uma alternativa de diferenciação institucionalizada, enquanto as políticas de assistência social e de previdência social, embora possam ter boa cobertura dos usuários indígenas em alguns aspectos, se apresentam distantes das demandas desses povos. Diante dessa situação, a qual se somam os retrocessos imprimidos pelo avanço neoliberal sobre as políticas sociais como um todo, e com as investidas específicas sobre os direitos indígenas, estes se encontram numa situação de maior fragilidade, pois, além de não fruírem de políticas sociais culturalmente sensíveis, vivenciam um atraso na resposta emergencial em forma de política pública contra os impactos da covid-19, o que pode levar ao maior número de contaminações e de mortes entre os povos indígenas.

PALAVRAS-CHAVE: Direitos sociais; Saúde; Assistência social; Previdência social; Coronavírus.

RESUMEN:
Las condiciones de vulnerabilidad socioeconómica y biológica de los pueblos indígenas frente a la pandemia de coronavirus plantean la cuestión de cuáles son las limitaciones de la protección promovida por las políticas de seguridad social. Para responder a esta pregunta, esta investigación buscó conceptualizar los derechos sociales en la superposición con la diferenciación cultural indígena, así como tratar de revisar la trayectoria más reciente de las políticas de salud, asistencia social y seguridad social para este público. Con este fin, se realizó una revisión bibliográfica y documental sobre los términos que rodean el objetivo. Con esto, se verificó que, hasta entonces, solo la política de salud presenta una alternativa de diferenciación institucionalizada, mientras que las políticas de asistencia social y seguridad social, aunque pueden tener una buena cobertura de los usuarios indígenas en algunos aspectos, se presentan distante de las demandas de estos pueblos. En vista de esta situación, además de los reveses causados por el avance neoliberal en las políticas sociales en su conjunto, y con los ataques específicos a los derechos indígenas, se encuentran en una situación de mayor fragilidad, porque, además de no disfrutar las políticas sociales culturalmente sensibles experimentan un retraso en la respuesta de emergencia en forma de política pública contra los impactos de covid-19, lo que puede conducir a un mayor número de contaminaciones y muertes entre los pueblos indígenas.

PALABRAS-CLAVES: Derechos sociales; Salud; Asistencia social, Seguridad social; Coronavirus.

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