

We know that the occupation of Brazil by paleoindians occurred more than 12,000 years ago. Migratory theories are known from Northeast Asia, using the strip of land called Beringia, which would have arisen as a result of glaciations that dropped sea levels by 50 m, with the migrants initially colonizing Alaska and North America and then taking the rest of the American continent.

However, the discovery of archaeological sites in the southeastern states of Piauí, Bahia, and Minas Gerais showed the evidence of human occupation in Brazil up to 25,000 years ago [7]. Thus, human presence in South America may date from the same period as in North America, suggesting that other forms of migration may have occurred in addition to ground migration through the Bering Strait and Alaska, such as crossing the Pacific in coastal waters and interisland navigation, similar to what would have occurred 50,000 years ago in the occupation of Australia.

Although numbers and migratory routes may differ, there is a consensus that the American continent became increasingly more densely populated with the arrival of Europeans. The estimated population of South America at the time of European arrival at the continent in 1492 is characterized by great variability: between 1 and 8.5 million inhabitants in the lowlands of South America. Some authors estimate between 1 and 6.8 million people lived in the Amazon, Central Brazil, and on the northeast coast, which would equate the population density of Brazil to that of the Iberian Peninsula in 1500.

Ethnologist Kurt Nimuendaju recorded about 1400 indigenous people – with major language families such as Tupi-Guarani, Jê, Aruak, Karib, Xirianá, Tukano – in the territory that corresponded to Brazil, recording an immense dispersion and diversity of peoples inhabiting Brazilian territory upon the arrival of the Portuguese.

The advance of colonization, so-called just wars,¹ enslavement, and extermination, as well as the spread of diseases

such as smallpox, influenza, measles, and tuberculosis, caused high mortality rates among indigenous peoples. In the exchange of pathogens with colonizers and, later, with Africans brought as slaves by Portuguese, natives were the biggest losers since, except for certain fungal infections like *Tokelau* or *Tinha Imbricata*, nonserious or noncontagious diseases, and *treponematose*, known as *pinta* or *bouba*, no previously known diseases were transmitted to colonizers by indigenous peoples in Brazil.

It is argued that the main reason infectious diseases have had such an impact on indigenous communities is not necessarily that indigenous people lack specific genes related to immune responses, but the fact that Amerindian populations are biologically very homogeneous from a genetic point of view and unaware of infectious disease vectors that are widespread in Europe and that came over with the colonizers.

Mortality was of such magnitude that in five centuries disease reduced the original indigenous populations to just over 100,000 people, and it got to the point where some authors, such as anthropologist Darcy Ribeiro, called attention to the risk of indigenous peoples' extinction in Brazil in the 1960s and 1970s.

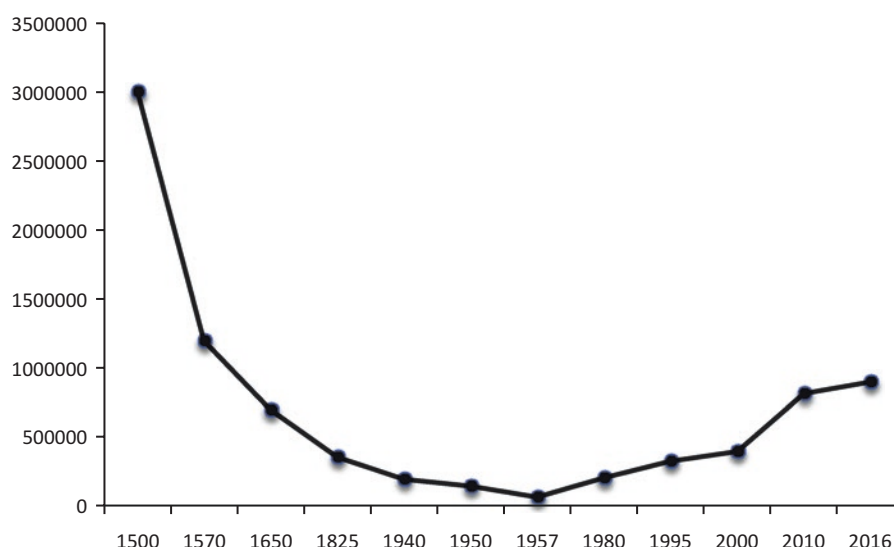
From the 1980s, contrary to expectations, a process of demographic recovery among indigenous peoples began, largely facilitated by newly acquired rights, especially as a result of the 1988 constitution, including the right to usufruct of traditional territories and access to health treatments and services.

Besides population growth, which can reach 4.5% per year in some groups owing to reductions in infant mortality and maintenance of high fertility rates, there is an emergency among groups considered extinct, especially in the Northeast, where they survived camouflaged among *cablocos* and *cafuzos*² because of persecution and prejudice.

those authorized by the Crown and the colonial governors or those waged in self-defense against anthropophagous tribes' attacks. In Gorender [5].

²*Cafuzo* and *caboclo* refer to mixed races, the former between Africans and indigenous people, the latter between Europeans and indigenous people.

¹The Just Wars (Guerras Justas) were defined by 1570 Royal Charter, written by D. Sebastian, as legitimate procedures for the enslavement of indigenous peoples. According to Jacob Gorender, "just wars" were



Death and demographic recovery of Indigenous peoples in Brazil, 1500–2016 (Source: Azevedo 2013; Brazilian Institute of Geography and Statistics, IBGE, 2010; Secretary of Special Indigenous Health, Ministry of Health – <http://portalsaude.saude.gov.br/index.php/o-ministerio/principal/secretarias/secretaria-sesai/mais-sobre-sesai/9518-destaques>. Accessed August 24, 2016)

Out of 817,963 people who identified themselves as indigenous in the last census, conducted in 2010, more than half lived in regularized indigenous lands (61.5%). Others lived in urban areas, in cities surrounding their traditional territories or state capitals, mostly in social exclusion in suburbs. The census also found 79,000 people who, though they considered themselves natives, chose not to identify themselves as such for various reasons, including prejudice, which remains intense in Brazil [9].

The distribution of indigenous lands in Brazil is very irregular and is related to the process that plays out following the discovery of wealth in different regions of the country. Thus, in the Northeast and Southeast, the first ones to be exploited, only 2% of lands are demarcated, and about 40% of the indigenous population lives in these regions. In the North and Midwest, especially in the Amazon, where exploitation began more recently, 98% of the land is demarcated, and 60% of the indigenous population lives in these areas.

There is wide dispersion in the 40% of indigenous population living in cities, as shown in the following table.

2.1 Sociocultural Diversity

Out of 1400 people registered as *Nimuendaju* in the early part of the last century, only 305 ethnic groups remain, and these groups speak 274 languages from various linguistic families. Also, according to the 2010 census, about 17.5% of the indigenous population does not speak Portuguese.

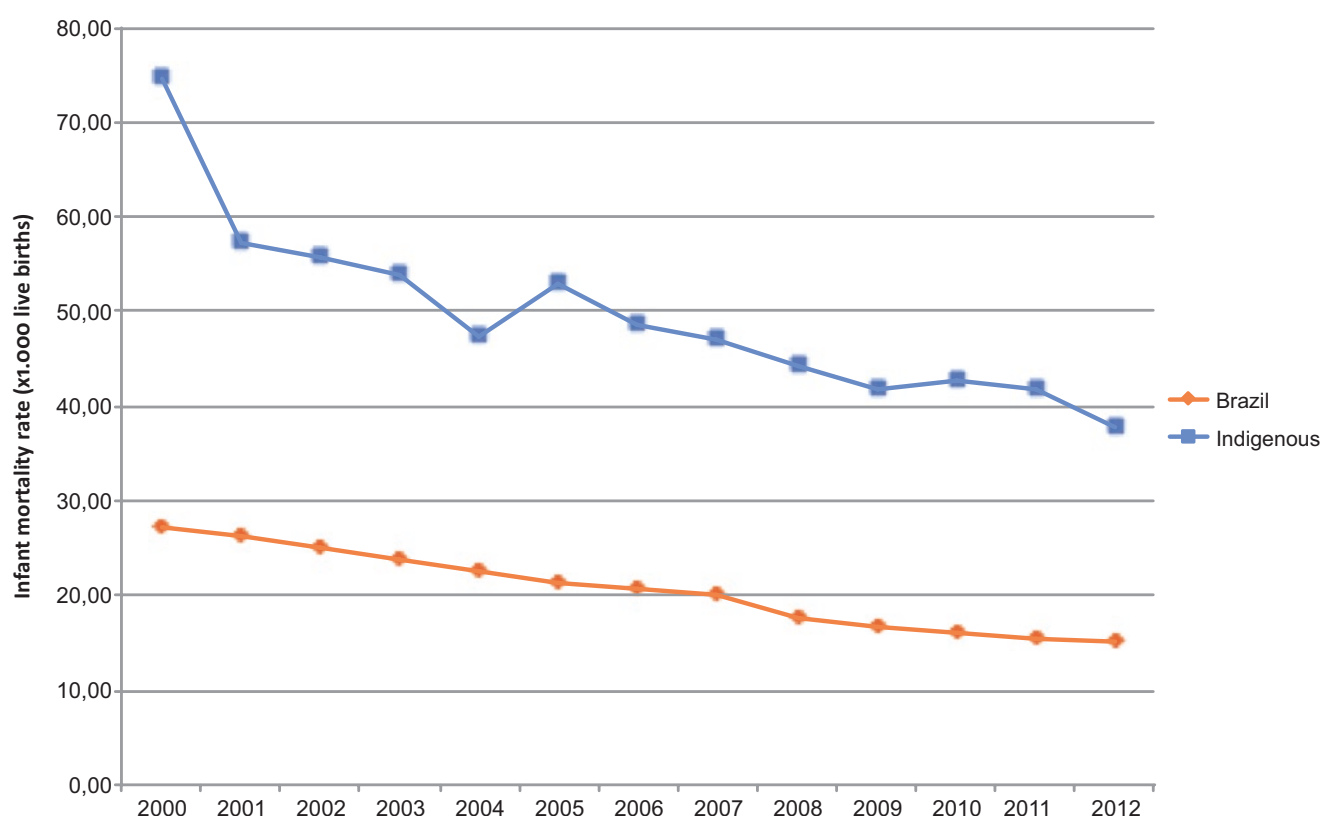
Despite all the tragedy that permeates relations between colonizers and indigenous societies, Brazil currently has the highest sociodiversity on the planet (Table 2.1).

Table 2.1 Distribution of indigenous populations living in urban areas, according to the Region and Federation Unit, Brazil, 2010

Region and federative unit	Population
North	177,464
Rondônia	6,707
Acre	8,976
Amazonas	95,215
Roraima	28,763
Pará	26,789
Amapá	3,770
Tocantins	7,244
Northeast	115,215
Maranhão	19,594
Piauí	1,366
Ceará	10,239
Rio Grande do Norte	1,272
Paraíba	12,489
Pernambuco	29,866
Alagoas	8,146
Sergipe	2,498
Bahia	29,745
Southeast	47,704
Minas Gerais	15,444
Espírito Santo	4,739
Rio de Janeiro	7,319
São Paulo	20,202
South	39,499
Paraná	13,251
Santa Catarina	9,241
Rio Grande do Sul	17,007
Midwest	72,288
Mato Grosso do Sul	38,971
Mato Grosso	26,513
Goiás	4,065
Distrito Federal	2,739

Source: Census 2010. IBGE

Infant mortality rates among indigenous population and Brazilian population, 2000-2012



Source: Brazil Health Ministry, Mortality Information System (SIM)

Infant mortality rates among indigenous population and Brazilian population, 2000–2012

2.2 Epidemiological Profile of Indigenous Peoples in Brazil

The socioeconomic status and epidemiological profile of indigenous peoples reflect their relationship with the larger national society. In general, infectious and parasitic diseases prevail, such as acute respiratory infections and gastroenteritis. In certain Amazon regions, endemic diseases like malaria and leishmaniasis have a high incidence among indigenous peoples, as is the case of the Yanomami in Roraima. In groups with more intense contact, rapid changes in lifestyle, especially the replacement of traditional food by processed products that are high in fat, sugar, and salt, and sedentari-

ness, have been associated with chronic diseases, in particular metabolic syndrome, hypertension, and diabetes mellitus.

The epidemiological profile of indigenous peoples in Brazil is characterized by an epidemiological transition process. In this process, high rates of infectious and parasitic diseases coexist with a progressive increase in chronic diseases, including mental illness and suicide, and with abusive use of alcohol and illicit drugs in several communities. In general, the indicators of indigenous peoples' mortality are two to three times higher than among the Brazilian population as a whole. The following diagram illustrates the historical trend of infant mortality among indigenous peoples and Brazilians.

2.3 Uncontacted Indigenous Peoples or Groups in Brazil

Besides recognized indigenous peoples that also have regular contact with the national society, according to the *Fundação Nacional do Índio*, or National Indian Foundation (FUNAI), the agency responsible for indigenous policy, in 2013 there were 104 references to uncontacted indigenous groups in Brazil. Of these, 27 groups were confirmed by flyovers and incursions of FUNAI teams into their territory. The map below presents the locations of these references (*black* = not yet confirmed, *red* = confirmed) (Table 2.2).

A key measure of the protection of uncontacted Indians is to ensure their right to isolation, which is threatened by infrastructure projects in the Brazilian Amazon, especially the Initiative for Infrastructure Integration in South America (IIRSA).³ Also in the South American macro context, another threat is represented by the Growth Acceleration Program (PAC), which aims to develop and integrate transport, energy, and communication infrastructure in Brazil. These projects aim to establish corridors (air, roads, rails, and waterways) to increase trade and establish supply chains directly related to the exploitation of natural renewable and nonrenewable resources. The supply chains are connected to global markets, mainly in North America, Europe, and Asia. In addition to these governmental projects, another threat to uncontacted groups are illegal activities, such as logging and gold and drug trafficking, that happen in border and gap areas in national South American territories.

It is important to emphasize that indigenous groups living in isolation achieve, over generations, a stable relationship with infectious disease agents present in their natural habitat, in a state of reasonable balance, allowing popula-

Table 2.2 Information, from confirmed and unconfirmed sources, on uncontacted indigenous peoples in Brazil, 2013

Uncontacted indigenous records	Inside indigenous lands	Outside indigenous lands
Information	54	16
Unconfirmed sources	24	10
Confirmed sources	26	1

Source: CGIIRC/FUNAI, presentation at National Workshop on Health Protection and Promotion of Rights to Uncontacted and Recently Contacted Indigenous Peoples. Brasília, November 2013

tion growth. Contact with the surrounding society invariably introduces new disease agents, especially viral, which in the recent past have caused massive mortality (65, 66). Therefore, the advance of a market economy represents the biggest threat to the integrity of indigenous communities, which are seen as impediments to national economic growth.

Mistaken notions about of so-called primitive and obsolete societies contribute to this image and also reinforce integrationist proposals rejected by the Brazilian constitution, which guarantees indigenous peoples the right to live according to their customs and traditions, once cultural difference is permanent.

More recently, government income distribution, health, and education policies have reached the majority of indigenous communities in the country. However, although in some sectors, such as health care and education, indigenous peoples have excellent legal resources at their disposal, the incorporation of the right to be different is slow and difficult, as differentiated public policies must meet the real needs of indigenous peoples taking into consideration their enormous diversity.

The following figures show some aspects of indigenous life among different peoples (Figs. 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 2.12, 2.13, 2.14, 2.15, 2.16, 2.17, 2.18, 2.19, 2.20, 2.21, 2.22, 2.23, 2.24, 2.25, 2.26, 2.27, 2.28, 2.29, 2.30, 2.31, 2.32, 2.33, 2.34, 2.35, and 2.36).

³Launched in September 2000, during the meeting of the 12 South American presidents and 350 Latin American business people held in Brasília, the Inter-American Development Bank (IDB) presented an action plan on the integration of South American infrastructure; available at <http://www.oei.es/oeivirt/cimeira2.htm>.



Fig. 2.1 Houses



Fig. 2.2 Village environment



Fig. 2.3 Indigenous people in a canoe on the Xingu River



Fig. 2.4 Aspects of indigenous life

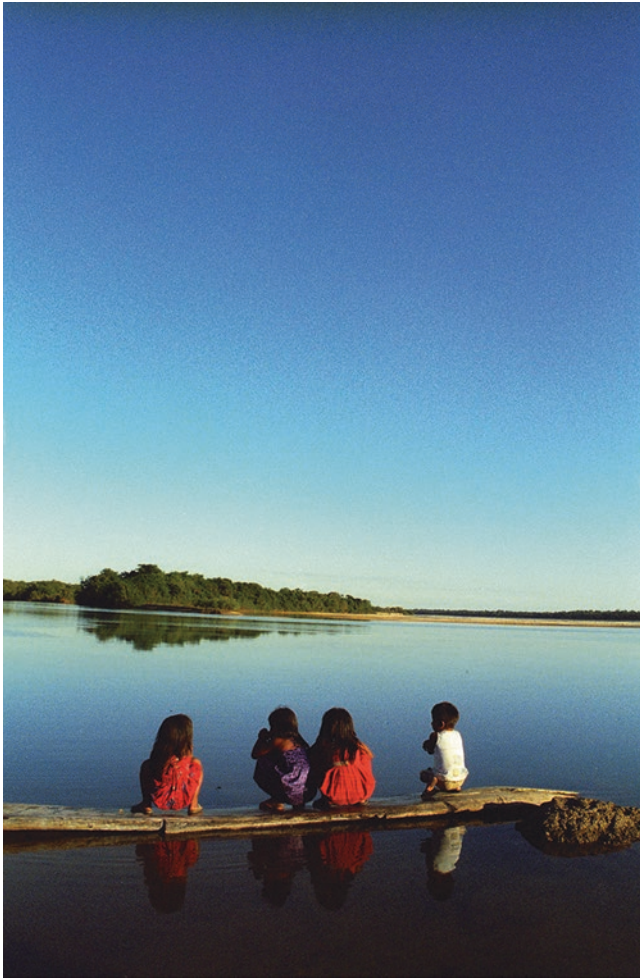


Fig. 2.5 Indigenous children on a river



Fig. 2.6 Preparation of *beiju*, a flour extracted from cassava root

Fig. 2.7 Preparation of *beiju*, a flour extracted from cassava root



Fig. 2.8 Preparation of *beiju*, a flour extracted from cassava root



Fig. 2.9 Indigenous food



Fig. 2.11 Aspects of indigenous life



Fig. 2.10 Indigenous food



Fig. 2.12 Indigenous people

Fig. 2.13 Indigenous children on river



Fig. 2.14 Indigenous children on river



Fig. 2.15 Indigenous children on river



Fig. 2.16 Indigenous games



Fig. 2.17 Indigenous people



Fig. 2.18 Indigenous people

Fig. 2.19 Indigenous people





Fig. 2.20 Village environment

Fig. 2.21 Indigenous crafts



Fig. 2.22 Aspects of indigenous life



Fig. 2.23 Village environment



Fig. 2.24 Aspects of indigenous life



Fig. 2.25 Village environment

Fig. 2.26 Aspects of indigenous life



Fig. 2.27 Houses



Fig. 2.28 Indigenous people

Fig. 2.29 Indigenous people in a canoe on the Xingu River



Fig. 2.30 Village environment



Fig. 2.31 Village environment



Fig. 2.32 Village environment



Fig. 2.33 Indigenous people

Fig. 2.34 Village environment



Fig. 2.35 Aspects of indigenous life



Fig. 2.36 Village environment



Suggested Reading

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