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Barriers to Public Health in Latino American Indigenous Communities

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by

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Abstract

This paper focuses on barriers to public health in Latino American Indigenous communities. Indigenous people throughout the world are at a public health disadvantage due to a lack of clearly defined practices within the decision-making processes to plan, evaluate, and control finances from governmental and non-governmental entities in charge of managing health services. I argue that political, social, and institutional changes are still needed to achieve health equity in Indigenous communities and that these changes should go beyond implementing a universal health care program. I must recognize improvements made by many Latino American countries like Brazil, which prepared a plan to address Indigenous people's health through a critical approach that addresses health in a holistic perspective to increase the availability and inclusion of health services to Indigenous people. However, there is still space to improve, include, and advance health services. I found that to realize improvements to health there are five barriers to consider, and these include cultural differences, interdisciplinarity, socioeconomic disparities, laws, and linguistics. Having this in mind, the paper will be of interest to the general public and to non-profit and governmental entities that are seeking to work or currently working with Indigenous communities since it will provide some insights into challenges and the best practices to adhere to when communicating public health to Indigenous people.

Introduction

Defining Indigenous people is complicated because of the many different perspectives and regulations that there are to be classified as Indigenous in each country. Nevertheless, the definition used for this paper is "people who are descendants of a geographic territory and that were present before a new and dominant population arrived" (Babyar, 2019). In Latino American and the Caribbean regions, there are approximately 33 to 40 million Indigenous persons (Babyar,

2019). Despite the great number of Indigenous populations, Indigenous communities throughout the world are at a public health disadvantage due to a lack of clearly defined practices within the decision-making processes to plan, evaluate, and control finances from those who are in charge of medical services. In 2017, it was noticed by both the World Health Organization (WHO) and the Pan American Health Organization (PAHO), that Indigenous youth were facing health service challenges in areas like the need for intercultural health services, respect towards traditional medicine, and lack of accurate data provision regarding Indigenous youth with disabilities (PAHO 2018). Additionally, in Latino America, infant mortality among Indigenous children is 60% greater than among non-indigenous and when talking about poverty Indigenous people account for 14% of the poor in all of Latino America (Babyar 2019). With these facts presented, I argue that today, Indigenous people throughout Latino America still experience health inequalities.

To expose the problem and motive of the paper, I have chosen Langdon's article titled "Anthropological Engagement and Interdisciplinary Research: The Critical Approach to Indigenous Health in Brazil". This article supports my argument uniquely because it analyses improvements made and strategies applied to the Indigenous health system and investigates how efficient these changes were and identify barriers that remained afterward. This document emphasizes the need for Indigenous inclusion in the planning, evaluation, and implementation of health services which is what should happen when universal health coverage is the goal. It also looks at health from a holistic perspective by taking into consideration anthropological and social aspects of health such as the daily life of Indigenous people and how it influences their health (Langdon 2020, 27).

"Universal health coverage is achieved when all people, communities and social groups have access to health services they need, that these services have a high degree of quality, and that users are not vulnerable to financial hardship through the use of health services" (OECD/The World Bank 2020). Universal health care coverage should be the goal for every country; however, in many Latino American countries, it seems that the goal is just to implement a universal health care program, rather than meeting the specific health care needs of individuals. Universal health care is just a matter of providing basic health services to all the population in an equal way and not through equity, which keeps leading to health disparities. Fortunately, many initiatives of interdisciplinary work to better Indigenous people's health, like the ones exposed in Langdon's article, exist; however still today we are facing issues regarding inclusion and cultural intelligence when creating health initiatives. To better serve the Indigenous with an efficient public health system, public policy and services need to recognize the diversity of cultures and health practices. Thus, having a universal health care system is not the right solution to health inequity if the program itself is meant to serve the general public and does not contain sub-systems that serve the needs of specific populations.

My main argument is that political, social, and institutional changes are still needed to achieve health equity in Indigenous communities and that these changes are to go beyond implementing a universal health care program. To make these improvements possible it is essential to look at five barriers to public health in Latino American Indigenous communities. These five barriers are cultural differences, lack of sufficient interdisciplinary approaches, uniqueness of linguistics, socioeconomic disparities between Indigenous and non-indigenous people, and laws and regulations. Out of these five barriers to public health, I will be exploring four: cultural differences, lack of sufficient interdisciplinary approaches, socioeconomic

differences, and the uniqueness of linguistics. By identifying these four barriers to public health, the objective is to clearly define these barriers that Indigenous communities within Latino America are currently experiencing. As a secondary objective, I am going to explore two strategies and ideas through which each of these barriers could be overcome to achieve a more effective health system for Indigenous communities in Latino America.

Cultural Differences

Did you know that state and nation, although used in many cases interchangeably, are not the same? A state is defined as having sovereignty over a specific territory and is more related to the political status of the territory rather than culture and union. On the other hand, a nation is a term used to describe a group of people that are united in either a cultural or historical aspect. The term nation does take into consideration the culture and union of the people living in a specific geographical location (Rock 2016). Having mentioned this, one state can have multiple nations within, and this is the case in many countries within Latino America because of the variety of Indigenous communities that could live within one state. Each of these Indigenous communities has a common history and shared values, beliefs systems, and culture; therefore, they are nations. The difference between the terms state and nation is important because it helps us better understand the problem that there is when the health system of a state does not take into consideration cultural differences.

Cultural differences are a barrier to public health when the anthropological perspective is not taken into consideration to planning, evaluating, and distributing health services to different nations. Taking into account Indigenous conceptualization and perspective on health is essential when trying to improve the health services for these communities. In 1986, the First National Conference for the Protection of Indian Health was held in Brazil and this

marked the beginning of teamwork between "anthropologists and health professionals united in an effort to contribute to Indigenous health policy and the provision of primary care within a democratic and multicultural perspective" (Langdon 2020, 20). Additionally, Brazil's national health system, The Sistema Único de Saúde (SUS), which according to a Columbia University research, reaches universal health coverage, and implements health subsystems that have been used to address Indigenous health in unique ways (Columbia University 2021).

One cannot enter a community and just erase all that they know and mandate something new. Therefore, recognizing Indigenous wisdom and the vitality and importance of traditional practices is required for improvement. "It is estimated that 80% of the population in developing countries practice traditional medicine, though Indigenous incorporate Western and new medicine into these practices" (Babyar 2019). When PAHO interviewed Indigenous youth regarding health, they reaffirmed the value of traditional medicine and stated that the exclusion of traditional medicine is not going to improve the healthcare system (PAHO 2018). Therefore, denying the role that traditional medicine has in the life of Indigenous communities and trying to implement something completely new will not address health inequalities but instead create tensions. This is why medical anthropology is so important. Medical anthropology is the field of anthropology that "uses ethnographic and comparative methods to show how cultural influences determine how health, disease, and illness are conceived in different places, and it studies the role of physicians and other healers and their relationship to one another" (Coreil 2008). It is certain that until medical anthropology does not become essential in every aspect of health system planning, our health systems are not going to completely address the needs of the people it is meant to serve. This is because before mandating something new in a community one must understand their points of view and create opportunities to communicate values and ideas

regarding health services. Even though many will argue that universal health care is the beginning of universal coverage, I argue that this will not be effective unless it is meant to address health beyond biomedical aspects to provide universal health coverage by taking everyone in the population and their traditional medicine into account.

"A white man's medicine cannot help an Indian just as an Indian medicine is of no use to a white man" (Mooney 1970, 110). We must recognize that the Indigenous distrust of western medicine and western practices, in general, is a valid one because of the evil and racist history that there is. In the United States, from the location in which the manuscript has been written, it is noted that "historical trauma has been linked to substance use among American Indian/Alaska Native", which demonstrates how deep the racism and discrimination have impacted these communities (Skewes and Blume 2019). However, I disagree with the quote in the manuscript because I have noticed through my research that to improve the Indigenous health system, we do not need separation but integration. James Mooney the author of "The Swimmer Manuscript: Cherokee Sacred Formulas and Medicinal Prescriptions" mentioned that for Indigenous people the only medicine that works effectively is the Indigenous traditional medicine and that for the "white" men the western medicine is the only effective method. Contrary to this manuscript, I have found that the anthropological perspective of health that should be taken is one in which traditional wisdom is respected and communication is welcome for the creation of an integrated health system.

Communication, integration, and taking an anthropological approach to health are specifically how the barrier to cultural differences can be broken. A great example of cultural inclusion and intelligence when dealing with health services is that of Colombian Indigenous communities in which there was a clear decrease in infant mortality and acute malnutrition

among children. Infant mortality in Colombia is currently 11.676 deaths per 1000 live births which declined 2.67% from 2020 (Macrotrends LLC. 2021). Actually, in 2010 the infant mortality rate was about 15.943 deaths per 1000 live births meaning that the infant mortality in Colombia has decreased in a very impactful way, demonstrating clear improvements (Macrotrends LLC. 2021). Part of this was achieved due to the integration of the native language in educational sessions, permanent resource support, and ongoing community efforts. Thanks to the integration of the native language in education sessions, and direct support from the health authority, the community was able to take a more active role in caring for the health of its infants, thereby decreasing infant mortality.

Lack of Sufficient Interdisciplinary Approaches

Lack of sufficient interdisciplinary approaches when planning, analyzing, and formulating health services is not going to create any improvements. I value the importance of including different fields and believe that to achieve a better understanding of the technical and cultural aspects of an issue and formulate a more complete resolution, an interdisciplinary perspective is required. Looking at health only through a scientific lens could lead to believing that the biomedical domain of health is the only one needed to maintain to improve health statistics. However, this is not the case because maintaining the public health of a community encompasses areas that go beyond the biomedical and sickness aspects of health. Public health includes "not only care and prevention of sickness, but also notions of corporality; alimentary and hygienic norms; social organization; rituals; subsistence practices; environmental resources; and all other activities that maintain the wellbeing of the group" (Langdon 2020, 27). All these areas are impossible to look at only from one perspective.

According to research performed by the Nucleus for the Study of Indigenous Knowledge and Health (NESSI), much of the qualitative research that has been conducted by biomedical researchers only recognizes science and technical aspects of health while ignoring social and cultural processes that are central to integral health within a community (Langdon 2020, 27). Health information needs to be tailored to the individual needs, circumstances, and life experiences of the one who is on the receiving end. Additionally, maintaining integral health is only possible when health is looked at through a holistic view that encompasses the usage of interdisciplinarity to understand health beyond science. According to the PAHO, "a holistic concept of health from an Indigenous perspective dates back centuries and includes conceptions of life; the right to self-determination; the right to health; and the systematic participation within the legal, political and social framework of the international community" (PAHO.org 2008, pg.8). Thus, the ideal health system for Indigenous communities will have people with a legal background, political leaders, anthropologists, Indigenous leaders, and health professionals present to formulate, research, evaluate, fund, and plan health services together.

While talking to Alan Foster, the leader of Solea Water a non-profit organization working in the region of Darién, Panamá about public health and COVID-19, an idea to communicate public health to the Indigenous communities was shared. This idea was to use microbiology as a tool to demonstrate how microbes and bacteria are spread and present in natural resources and people within the community. This was so that while respecting cultural practices and traditional medicine, facts about COVID-19 could be shown through a microscope and provide another perspective in the community about how diseases work. This is just an example of the many ways in which interdisciplinary approaches could help in public health education and outreach. Science is not better than any other discipline, nor are other disciplines better than science.

Rather all the disciplines are needed to research better practices, create new laws and regulations to improve health and create communication channels among health professionals and Indigenous people.

Socioeconomic Disparities

Socioeconomic disparities between Indigenous and non-indigenous communities are one of the most well-known barriers to public health. The areas of socioeconomic disparities that I will be writing on are poverty, lack of education, and discrimination. All these three areas affect access to public health in that it inhibits the ability to access, pay for, and understand technical concepts of health. According to an article titled "In Search of Pan-American Indigenous Health and Harmony", Indigenous people of Latino America make up 8% of the population but 14% of the poor (Babyar 2019). Thus, demonstrating that to address health inequities, poverty needs to also be addressed because a large population of Indigenous communities is considered poor. An example of the gap in socioeconomic status between Indigenous and non-indigenous people is that of Ecuador. According to the World Bank, if we compare two similar households in Ecuador, the probability of living in poverty increases by 15% if the head of the house is an Indigenous person (World Bank Group 2020).

When considering education, Indigenous communities are found to be less likely to complete primary or tertiary education and are more likely to experience poverty than non-indigenous people (Babyar 2019). Lack of education means that the chance of gaining enough money to support a community is less likely, thus, there is a direct correlation between education and poverty. Having this in mind, the reality is that many of the Indigenous health programs lack funds and if the Indigenous people are not able to pay for their services because of socioeconomic disparities, they will not be able to receive the same quality of health care as

other people within the same state. Therefore, improving funding for health services and addressing poverty with job opportunities or fair-trade initiatives that support Indigenous products are essential to increase health equity.

An ethical issue when considering socioeconomic disparities is that of anthropology, which includes recognizing the Indigenous perspectives on health, richness, and education. Most Indigenous communities all over the world are indeed facing socioeconomic disparities somehow. However, most of these statistics and research on Indigenous health have been done without reflecting on the Indigenous perspective of health. Having this in mind, many Indigenous communities do wonder if the purpose of different research is to improve the community that they are working with since its perspective is not being considered (Jones et al. 2018). Additionally, Indigenous communities who have experience exploitation from outsiders in the past, have every reason to be distressful of outside researchers. An example that reflects the importance of including the Indigenous communities' perspectives on these statistics is that of poverty and how richness is seen through different cultural views. For example, the Western culture sees richness as the possession of huge amounts of money, but an Indigenous community at another location might see richness as the number of natural resources they have access to.

In addition to the lack of education and poverty, discrimination in different institutions and departments of the Ministry of Health in a variety of Latino American countries is a clear barrier to adequate health services provision. "A recent systematic literature review of 60 publications highlighted significant qualitative data that demonstrates major discrimination of Latino Americans Indigenous in the health care" (Babyar 2019). This barrier could be expressed through a lack of health care providers that want to serve Indigenous or through an Indigenous person who is the victim of discrimination feeling intimidated and not assisting in primary health

care facilities because of the discrimination. It is noticed in many studies that prejudice against Indigenous communities has affected access to health services. Thus, cultural diversity in each of the states in Latino America should be recognized and cherished to promote inclusion and the real universal right of access to health. The right to public health and medical care regardless of ethnic origin is guaranteed by The International Convention on Elimination of All Forms of Racial Discrimination (PAHO 2018). This international regulation must not be taken lightly because when there are health issues in some geographical location without medical attention, it could result in a global health issue like we have been experiencing with COVID-19.

Uniqueness of Linguistics

Most of the time we relate Latino America directly with the Spanish language and even though it is true that Spanish is widely and mostly spoken throughout Latino America, there are about 560 Indigenous languages that are spoken (World Bank Group 2019). Unfortunately, 1 out of 5 Indigenous populations have lost their native language and 26% of Indigenous languages are at risk of vanishing (World Bank Group 2019). Nevertheless, this does not affect the fact that the languages that were and are being spoken in Indigenous communities affect directly their daily life and understanding of communication. Additionally, even if the Indigenous group does speak Spanish, there are around 10 main Spanish dialects in Latino American and I will argue that the count is even more if the mixture between Indigenous languages and Spanish is also counted (Doctors 2021). The word dialect is defined as a "regional variety of language distinguished by features of vocabulary, grammar, and pronunciation from other regional varieties and constituting together with them a single language" (Merriam-Western Dictionary). A clear example of a dialect is my language; Puerto Rican Spanish, which is a dialect because even

though Puerto Rico and Mexico both speak Spanish, there are many variations and different definitions among these two Spanish languages.

Another important part of linguistics to take into consideration when building an Indigenous health system or modifying it is the pragmatics of the language that the Indigenous community practice. Pragmatics is defined by the Sandford Encyclopedia of Philosophy as the part of linguistics that works with the "utterances, by which we will mean specific events, the intentional acts of speakers at times and places, typically involving language" (Korta 2019). In other words, pragmatics is the study of how words, signs, and symbols are used within a community according to its unique cultural context. Although many countries speak Spanish, each of these has different cultural rules that everyone indirectly or directly knows, which lead to how words, phrases, and actions are utilized. This is not different with public health education and intercultural, interfaith, and interdisciplinary communication. Thus, when exploring techniques to improve health within the Indigenous communities one must consider the linguistics of the community and how it affects the communication of public health information. When entering into a community, health educators must be mindful to communicate in a culturally sensitive way because that first interaction might open doors for future interventions or might close the opportunities for a long time.

The uniqueness of linguistics in each Indigenous community is beautiful but can become a barrier to public health if it is not taken into serious consideration when discussing, planning, and evaluating Indigenous health. Previously in the paper, I mentioned how the infant mortality rate in Colombia has decreased significantly and how part of this significant change was due to the integration of the native language in educational sessions. This same improvement should be done in every Latino American state to increase not only understanding of health but the

integration of Indigenous communities into interdisciplinary forums of communications. If the health system we want to have for the Indigenous communities is one that truly addresses their needs then, we need to listen to them. It will be only through linguistics that we would know if clear communication is happening and only through truthful and intentional communication the health system will serve those to who it is meant to. A solution that I propose for this specific barrier is to first, recognize the uniqueness of linguistics in every location, and second, truly intend to create an environment of respect and understanding by studying those linguistic differences. Only then, will public health education be efficient.

Conclusion

To conclude, the general public should care about these health inequalities among Indigenous people, especially with COVID-19, where nature has shown us that when one person lacks health services, all those around are at risk. This paper should also be of unique value to many non-profits and governmental entities that seek to work or are currently working with Indigenous health. Throughout this research paper, I have argued that still in the present-day, Indigenous people throughout Latino America experience health inequalities, and even though good initiatives have been implemented, these inequalities are still present. Not only this but political, social, and institutional changes are still needed to achieve health equity. After analyzing a couple of articles on the topic of Indigenous health I have identified five barriers to public health in Latino American Indigenous communities and these are cultural differences, lack of sufficient interdisciplinary approaches, uniqueness of linguistics, and socioeconomic disparities between Indigenous and non-indigenous people, and laws and regulations. Out of these five barriers that I have identified, I wrote in detail about cultural differences, lack of

sufficient interdisciplinary approaches, socioeconomic differences, and the uniqueness of linguistics.

Cultural differences are a barrier to public health because if these are not taken into consideration to planning, evaluating, and distributing health services, then the services are not adequate to meet the needs of the communities intended to serve. Taking into account Indigenous conceptualization and perspective on health is essential when trying to improve the health services for these communities because it will shape how the health care is prepared and given. When analyzing the lack of interdisciplinary approaches, we must understand that including different fields enhance the way to achieve a better understanding of the technical and cultural aspects of an issue and formulate a more complete resolution. Not only this, but the general public health of a community does not only depend on biomedical and sickness domain, rather it is important to recognize that integral health considers sociocultural aspects of a community that are essential for personal care and reproduction. Maintaining the public health of a community encompasses areas that go beyond the biomedical and sickness aspects of health. When looking at the socioeconomic disparities between Indigenous and non-indigenous people poverty, lack of education and discrimination are clear barriers to health care access. Unfortunately, lack of education leads in many cases to poverty and throughout our world history, there has been discrimination against cultural diversity. Lastly, the uniqueness of linguistics is essential to public health education and to establishing communication channels among Indigenous communities and the entities in charge of planning, evaluating, and funding Indigenous health.

Throughout my research, I explored four of the five barriers that have an impact on Indigenous public health. I was unable to explore one of these barriers, which is laws and

regulations, therefore, it will be important for someone else to research this barrier to find more answers to the lack of equity in health access and respond to the challenges. Not only this but find out effective ways to implement international laws that required entities in charge of Indigenous health to directly address all these five barriers. A starting point to this could be interviewing different people of power in various Latino American countries to investigate their perspective of Indigenous public health services and compare this to interviews done with Indigenous communities. These interviews must be culturally sensitive and mindful of the possible biases that elites may introduce into their questions and information gathering methods. On the whole, this article points to the need for public health interventions in Indigenous communities in Latin America that respect and integrate their unique cultural understandings of medicine and healing. These approaches have the potential to elicit greater community support for vaccinations and other initiatives to promote the health and well-being of members of Indigenous communities.

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