


PSYCHOSOCIAL CARE FOR MEMBERS OF ORIGINAL PEOPLES IN THE HOMEOPATHY SERVICE OF THE SANTA CASA HOSPITAL IN RIO DE JANEIRO, PROVE/MEPPSO/IPUB/UFRJ AND ASSOCIATED INSTITUTES

 <https://doi.org/10.56238/arev7n1-126>

Submission date: 12/14/2024

Publication date: 01/14/2025

Amanda Mara Lopes de Oliveira¹, Cristiane Gerolis de Moraes², Josiane Bentes Lopes³, Clementino Fraga Filho⁴, Fábio de Almeida Bolognani⁵, Francisco José de Freitas⁶, Alexandre dos Santos Pyrrho⁷, Marcia Cristina Braga Nunes Varricchio⁸ and Jaqueline da Silva⁹

¹/GOYTAKÁ

Degree in History from the State University of Rio de Janeiro (UERJ)

E-mail: animterapiasintegradas@gmail.com

² Specialization in Jungian Art Therapy from the Pomar Clinic.

Volunteer psychologist at the Homeopathy Service of the 7th Ward of the Santa Casa da Misericórdia Hospital in Rio de Janeiro/Brazil.

Santa Luzia Street 206, Centro, Rio de Janeiro, Brazil.

E-mail: crisgerolis@gmail.com

³ Dr in Morphological Sciences from the

Federal University of Rio de Janeiro (UFRJ).

⁴ University Hospital/UFRJ.

Professor Rodolpho Paulo Rocco Street, 255, Rio de Janeiro - RJ, Brazil.

E-mail: josiane_bentes@yahoo.com.br

⁵ Notorious Sapere in Homeopathy from the Open International University of Sri Lanka.

Physician responsible for the Homeopathy Service of the 7th Ward of the Hospital Santa Casa da Misericórdia in Rio de Janeiro/Brazil.

Santa Luzia Street 206, Centro, Rio de Janeiro, Brazil.

E-mail: fabibolognani@gmail.com

⁶ PhD in Medical Education from the Federal University of the State of Rio de Janeiro (UNIRIO).

Coordinator of the Medical Residency in Homeopathy at UNIRIO.

Mariz e Barros Street 775, Tijuca, Rio de Janeiro, Brazil.

E-mail: fjdefreitas@gmail.com

⁷ Dr in Sciences (Biophysics) from the Federal University of Rio de Janeiro (UFRJ).

Laboratory of Immunoparasitology and Toxicological Analysis of the School of Pharmacy (UFRJ).

Av Carlos Chagas Filho, 373, University Campus of the Federal University of Rio de Janeiro, Rio de Janeiro - RJ, Brazil.

E-mail: pyrrho@pharma.ufrj.br

⁸ Post-Doctorate in Intellectual Property of Traditional Brazilian Ethnic Knowledge from the Academy of Intellectual Property, Innovation and Development of the National Institute of Industrial Property (INPI).

Laboratory of Studies on Aging Processes (PROVE) – Post-Graduate Program in Psychosocial Care of the Institute of Psychiatry of the University of Brazil - IPUB/UFRJ.

Venceslau Bras Ave., 71 – Praia Vermelha Campus. Botafogo – Rio de Janeiro, RJ

E-mail: varichio2@gmail.com

⁹ Doctor in Gerontological Nursing from the University of San Francisco/USA.

Aging Process Studies Laboratory (PROVE) – Postgraduate Program in Psychosocial Care of the Institute of Psychiatry of the University of Brazil - IPUB/UFRJ.

Venceslau Bras Ave., 71 – Praia Vermelha Campus. Botafogo – Rio de Janeiro, RJ E-mail:

jaquelineasilva@ufrj.br

ABSTRACT

Together with members of indigenous Brazilian peoples living in urban areas in Rio de Janeiro, their voices were strengthened through interaction and cultural productions, to provide and ensure visibility and equity by discussing aspects of the inequities experienced in urban areas in the city of Rio de Janeiro. The recently updated IBGE registry provides the relevant information that two out of every three indigenous people live in urban areas. However, this presence is not perceived or identified, and is sometimes neglected, situations that make it difficult to effectively plan primary health care through the Family Health Strategy for this vulnerable population group. In official SUS records, the “indigenous” identification is not always filled out (SINAN and Death Certificate). This case study strengthened indigenous voices present in Rio de Janeiro, because at the local level, a network, access and, especially, bonds were built through intercultural experiences with mature and elderly indigenous adults, in urban areas at the Homeopathy Health Service of the 7th Ward of the Santa Casa da Misericórdia Hospital in Rio de Janeiro, in partnership with the Laboratory of Studies of Aging Processes of the Postgraduate Program in Psychosocial Care of the Institute of Psychiatry of the Federal University of Rio de Janeiro and other associated laboratories and institutes. In addition to the ongoing training of human resources, through the shared construction of knowledge and extension experiences, scientific initiation work was carried out for young indigenous people together with university students/professionals, in transformation. This article discussed the importance of these steps as intercultural education strategies, where indigenous cultural literacy was prioritized with a view to improving indigenous intercultural anamnesis, to be able to deal with and discern the singularities of different peoples present in Rio de Janeiro, bearers of different worldviews regarding life, body, health, illness, death, mourning, among others. Thus, to date, it has contributed to the mitigation of demands at the local level through primary actions in health and psychosocial care, carried out by university services via intersectoral and interinstitutional partnerships. The awareness of health professionals and students of these university services involved in the topic and the practice of intervention in the 7th Ward through art therapy for members of indigenous peoples was also increased, especially in the pre- and post-COVID-19 pandemic period. Indigenous leaders were identified and those teachers indicated by their leaders present in Rio de Janeiro/Brazil worked in symmetry, with respect and ethics, in this process of indigenous cultural literacy of the team in this health space. The elected representative continues the work of reflecting on the serious demands existing in psychosocial care listed (by themselves) for indigenous people in urban contexts with government agencies.

Keywords: Psychosocial Care. Indigenous Culture. Urban Context. Inequities. Strategies for Visibility.

INTRODUCTION

Historical and repeated errors have jeopardized the sustainability of the forest and its outskirts, causing the environmental displacement of members of traditional communities to urban areas, whose social determinants expose these migrants to harshness, as well as invisibility by the State. Therefore, there is true historical social suffering (Kleiman, Das, Lock, 1997) of traditional urban ethnic groups and Indigenous peoples.

According to Kleiman, Das, and Lock (1997), social suffering is the result of the power exercised over people in the collective institutional, political, and economic sphere, whose responses produced from these forms of power in people's lives directly imply their health and well-being. Or, more specifically as suffering, its absence.

Such manifestations are based on the mistaken impression of superiority, which justifies the cultivated idea that some can define the choices and path of others, whose intelligence is considered inferior or who are considered to be in a subordinate role, that is, a type of violence that occurs in the daily lives of traditional and ethnic communities, some collectives and indigenous peoples. Silent violence is, therefore, structural and symbolic (faceless), and has been trivialized and naturalized, even with our consent, such as the estrangement towards those who are different (not so different), under veiled prejudice and criminal discrimination, facts that, from the perspective of Professor Ligia Leite, in addition to needing to become visible, also need to become "invincible" (Leite, 1991; 1998, 2005). Specifically, the presence of Indigenous people from different states in larger cities in different regions needs to be understood, as they are mobile people who move wherever they want, but also because they are part of the diverse nature of the city of Rio de Janeiro, a historically Indigenous city. However, despite the city of Rio being recognized for its cultural diversity and relaxed lifestyle, indigenous people living in the city denounce prejudice and the "silencing" of their traditions and culture, which they attribute to centuries of historical erasure aimed at maintaining their invisibility (Oliveira, 2019 in Mendes, 2021).

This daily lack of recognition of identity present at the urban level greatly compromises and impacts, above all, the life of indigenous families - but it also compromises the contribution that epidemiological data should make to the institution of public policies proportional to social demands - in addition to the particular and unique needs of those in urban situations. Therefore, self-declaration among them has been encouraged (Machado/Doethyró-Tukano et al., 2023; 2023 a).

Since the 2022 Census, the institute has expanded its methodology, involving community leaders in the data collection process, including other indigenous territories in addition to officially demarcated lands, considering indigenous people in an urban context and respecting the right to self-determination of indigenous peoples, one of the fundamental principles of ILO Convention 169 (1989) to which Brazil has been a signatory since 2002 (Oliveira, 2024).

OBJECTIVE

To describe the contribution of urban indigenous people to the perception of their presence in the city of Rio de Janeiro, which provides potential development in studies on health intervention and psychosocial care in the Homeopathy Service.

METHOD

Case study (Ventura, 2007) through a bibliographic review whose qualitative analysis of the highlighted phenomenon is descriptive.

RESULTS

Historically, the option to self-declare as indigenous only appeared in the 1991 and 2000 censuses, but was restricted to a small sample of the population; it was only in the 2010 census that it was extended to all Brazilian citizens (Mendes, 2021). When they become ill or die, they are often classified as brown, and it is often necessary for them or their family members to request to be identified as indigenous in their medical records, in demands for receiving conventional health care, despite the option for indigenous identification being included in item 13 of the registry of the National System of Notifiable Diseases and Injuries, however, its completion is rarely observed in daily professional practice (Figure 1: SINAN – SUS In Vacite, 2023).

Figura 1: SINAN – SUS (In Vacite, 2023).

Código (CID10) A 3 0. 9	3 Data da Notificação
Código (IBGE)	
7 Data do Diagnóstico	
9 Data de Nascimento	
3º Trimestre ão 6- Não se aplica	13 Raça/Cor 1-Branca 2-Preta 3-Amarela 4-Parda 5-Indígena 9- Ignorado
<input type="checkbox"/> 1º grau ou 1º grau) 5-Ensino médio incompleto (antigo colegial ou 2º grau) <input type="checkbox"/> 9- Ignorado 10- Não se aplica	
IBGE)	19 Distrito
Código	
24 Geo campo 1	
27 CEP	
0 País (se residente fora do Brasil)	
Caso	
Não Seguro — silancia.saude.mg.gov.br	

Given the problem of the invisibility of these representatives of Indigenous peoples present in Rio de Janeiro, whose citizen rights to health cannot be properly planned without official information, we used information about the historical context, evidence of social markers of difference, and social determinants, due to the urgent demand for health from Indigenous people in an urban context, during and after the Covid19 pandemic period (BRASIL, MS, 2020). While in the 2010 Census, the IBGE identified approximately 896,917 thousand Indigenous people in Brazil, that is, 0.47% of the population¹⁶, due to the change in IBGE's methodology, already explained in the introduction to this article, partial data from the 2022 Demographic Census released by the Brazilian Institute of Geography and Statistics recorded a much higher number: there are currently approximately 1.7 million

Indigenous people in Brazil, which represents 0.83% of the country's total population and for every three self-declared indigenous people, two are in an urban context (IBGE, Census 2022 In Oliveira, 2024). In the city of Rio de Janeiro alone, there are 6,939 self-declared indigenous people in the 2022 Census, in São Gonçalo the number is 661 indigenous people. These data were not disclosed in full and, although underreported for various reasons, they are quite representative, as they express the continuity of the panorama of increased indigenous self-affirmation, especially in cities (Oliveira, 2024).

Since 2008, we have been working affirmatively with indigenous people in urban situations. Since 2018, those who came to us spontaneously for clinical care at the Homeopathy Service of the Santa Casa da Misericórdia Hospital – RJ, a territorialized and intersectoral service, located in the central region of the city, where different intervention actions in primary health care were developed together under their guidance (Varricchio, Lage, 2020).

In primary health care, through the task of health promotion, educational materials were developed to meet specific local and temporal needs (also during the pandemic). Over time, they were communicated and disseminated to other teams that aim to work on the cultural competence of their health professionals, as shown in Table 1:

Table 1: Educational Products for Primary Health Care for Urban Indigenous Peoples

Author/Year	Title/Theme of the Product	Publication	Link
Nunes/GUARANY Mbyá Tekoi et al., 2010	Dance for Nhanderú. Self-Care Booklet.	SAPB-LIPAT/FF/UFRJ Project.	Link
OLIVEIRA et al., 2019	Pharmacobotany and Biotechnological Research for Sustainability: Awareness, Printing, Question, Solution, Production.	E-Book. ISBN 978-85-923119-8-8, 1st ed. Petrópolis, RJ, 2019.	Link
MACHADO/DUIGÓ – TUKANO et al., 2019	Quantum Philosophical Café as a Sensitizer for Bioethics, Diversity, Sustainability, Environmental Health, and Spiritual Health: Cultural Center of FMP FASE.	Brazilian Association of Medical Education ABEM/RJ: ABEM/ES, 2019.	Link
MACHADO/DUIGÓ – TUKANO et al., 2019a	Audiovisual Booklet: Economic Aspects of Culture and Ethnknowledge of Traditional Brazilian Groups.	[Rio de Janeiro]: SAPB-LIPAT/FF/UFRJ Project, 1 video (1:02:12 min.), published on the LIPAT-FF-UFRJ channel.	Link
MACHADO, C. V. S./DUIGÓ-TUKANO et al.	Booklet: Impacts of the COVID-19 Pandemic on the Indigenous Community.	History and Perspectives on Environmental Health Actions for the Periphery Population of Manaus. Contemporânea Journal, v.3, n.12, p. 26618–26639, 2023.	DOI
VARRICCHIO, M.C.B.N.	Educational Folder - Dissertation Product for the Master's Degree	Indigenous and Roma Leaderships in Urban Territories,	Link

	in Psychosocial Care - Institute of Psychiatry, Federal University of Rio de Janeiro, 2023. Supervisor: Prof. Dr. Jaqueline da Silva.	Care Demands, and Psychosocial Attention in Pandemic Times: Challenges, Possibilities, and Expectations.	
Machado/TUKANO De Almeida/ TUKANO; Machado/TUKANO† et al., 2024	Indigenous Knowledge and Amazonian Forest Medicine in Brazil: Urucum (Bixa orellana L.) and Jenipapo (Genipa americana L.).	SEIVA/SAPB-LIPAT/UFRJ Support Magazine to SAPB-LIPAT Project - v.8 n.2.	Link
De Almeida/TUKANO et al., 2024	Informal Work in an Urban Context as a Theme of Attention, Strategy, and Intervention in Psychosocial Care.	Social Technology and People's Mental Health: Informal Work in an Urban Context. Observatorio de La Economía Latinoamericana Journal, v.22, n.9, p.01-17. ISSN1696-8352.	DOI
Amanda M. L. De Oliveira/GOYTAKÁ	Matrilinear Forest Medicine: The Technology of the Ancestral Future.	SAPB Project: XVII Event 09/2024 - BIOETHICS, TRADITIONAL KNOWLEDGE, INTERCULTURAL HEALTH, AND SOCIAL TECHNOLOGY.	Link
Amanda M. L. De Oliveira/GOYTAKÁ	Matrilinear Forest Medicine: The Technology of the Ancestral Future.	World Meeting of Traditional Medicine by the Traditional Medicine Department of the Brazilian Homeopathy Federation & HUGG & PROVE – IPUB & LIC – HUCFF & SAPB-LIPAT/UFRJ.	Closed Event.

Source: Compiled by the authors.

Through this voluntary commitment to transdisciplinary and countercolonial work, the richness and breadth of intercultural education were experienced, an experience presented to the World Intellectual Property Organization (Varricchio et al., 2022) and the Postgraduate Program in Psychosocial Care at the Institute of Psychiatry of the Federal University of Rio de Janeiro (Varricchio, 2023).

The sequence of actions for returning academic contributions to this population we had access to occurred through health promotion (via health education) and social technology, both aimed at development at an urban level, respecting their worldviews (WHO, Ottawa, 1986; Patel et al., 2018; Winter, 2021), as listed in Table 2 below:

Table 2: Cultural products for indigenous health education and the development of cultural competence for health professionals and students.

Author/Year	Title/Type of Product	Publication	Link
Nunes/GUARANY Mbyá Tekoi et al., 2010	Dance for Nhanderú. Self-Care Manual.	Educational booklet. SAPB-LIPAT/FF/UFRJ Project.	Link
SIMÕES et al., 2021	Active methodology in teaching Indigenous people in an urban context in RJ: A local experience.	Technical article. SEIVA - Journal supporting the SAPB-LIPAT/FF/UFRJ Project. v.5 n.2.	Link
De Souza/ XAVANTE, 2024	Didactic presentation for literacy of the health team at the 7th Ward of HGSCM-RJ: Mother Tongue.	SAPB Project Event - LIPAT-FF/UFRJ & PROVE-MEPPSO-IPUB/UFRJ & UIPAM & Café (Inter)Cultural Homeopathy Service.	Link
De Souza/ XAVANTE et al., 2024a	Diversity and Intercultural Education: Urban Indigenous Cooperation at Homeopathy Service in Rio de Janeiro/Brazil	Chapter in E-book: Perspectives in contemporary education - 1st edition. ISBN: 978-65-982396-6-4.	Link
De Almeida/ TUKANO et al., 2024	Social technology and people's mental health: informal work in an urban context.	Academic article. Revista Observatorio de La Economía Latinoamericana. v.22, n.9, p.01-17. ISSN1696-8352.	Link
De Oliveira/GOYTAKA; Da Silva/TUPINAMBÁ De Souza/ XAVANTE et al., 2024a	CONTRIBUTIONS FROM THE DEPARTMENT OF TRADITIONAL MEDICINE OF THE BRAZILIAN HOMEOPATHY FEDERATION: Attention to the historical rescue of Traditional Medicine and Ethnomedicine in an urban context in Rio de Janeiro.	Technical article. SEIVA – Magazine supporting the SAPB-LIPAT/FF/UFRJ Project. Volume 8-2	Link
De Souza/ XAVANTE et al., 2024b	Intercultural education: urban indigenous people protagonism in Rio de Janeiro/Brazil.	Academic article. Caderno Pedagógico Journal, v.21, n.7, p. 01-22. ISSN 1983-0882.	Link
Machado/TUKANO De Almeida/TUKANO; Machado/TUKANO et al., 2024	Originating people's knowledge and Amazonian forest medicine in Brazil: Urucum (Bixa orellana L.) and Jenipapo (Genipa americana L.).	Technical article. SEIVA/SAPB-LIPAT/UFRJ Support Magazine to SAPB-LIPAT Project - v.8 n.2.	Link
Bentes Lopes; Da Silva/TUPINAMBÁ, 2024	Historical rescue of Tupinambá – Inter-epistemological Knowledge Exchange in primary care, aiming at differentiated clinical care for urban Indigenous people in Rio de Janeiro.	Technical article. VITAE - Journal supporting the Homeopathy Service at HGSCM – RJ. 7th WARD.	Link
Cler, De Souza/ XAVANTE De Oliveira/GOYTAKÁ et al., 2025	THE RICHNESS OF INTER-EPISTEMOLOGICAL DIALOGUE FOR COMPREHENSIVE CARE: Humanities and Social Medicine through the Environmental Health, Parasitology, Bioethics Project.	Academic article. Aracê Journal, V.7, N.1, Pg 241-259. ISSN: 2358-2472.	Link

Source: Prepared by the authors.

It is worth noting that the leading role of Indigenous women, respectful of the ethnic social system to which they belong, is determined to leave their culture and tradition imprinted on their young people to the point of standing out at an urban level, going beyond their homes and villages, culminating in active female participation as interlocutors in non-indigenous society, also including younger Indigenous people reaching university level studies and developing entrepreneurship in various fields such as arts, crafts, fashion, among others (Mendes, 2021; De Almeida/TUKANO et al., 2024).

DISCUSSION

According to the World Health Organization (WHO), the Social Determinants of Health (SDH) “are the circumstances in which people are born, grow, live, work and age, as well as the systems established to combat diseases”. Circumstances that “are shaped by a broader set of forces: economic, social, normative and political”. Despite the precariousness of the available statistics, studies converge on the estimate that Latin America is the most violent region on the planet and point to the conjunctural factors that produce and/or worsen it: poverty, social inequality, unemployment, and the inefficiency of some basic institutions, such as the family. The result of historical and social processes of inequality and social exclusion (Hoefel et al., 2015). The erosion of so-called “social capital”, the relationships of solidarity and trust between people and groups, is an important mechanism through which income inequalities negatively impact the health situation of individuals. Studies also indicate that countries with weak social cohesion ties, caused by income inequalities, are those that invest the least in human capital and social support networks, for the promotion and protection of individual and collective health (Buss; Pellegrini Filho, 2007).

The expanded concept of health presupposes the involvement of individuals in the construction of better living conditions. In actions that prioritize the promotion of health to the population, the choices of individuals are related, such as affirmations of autonomy, whose spaces for exchanging knowledge and daily life become powerful for the coproduction of other modes, other attitudes, and other ways of doing health. The economic and social determinants highlight social position and class, employment, poverty, social exclusion, and access to services; environmental determinants, such as air and water quality, and social environment; while lifestyle determinants include diet, physical activity, smoking, alcohol, and sexual behavior. The philosophical understanding in the light

of Spinoza (Deleuze, 2002) about this powerful relationship with the outside world opens up the possibility of deconstructing a verticalization of relationships, opening up the possibility of a horizontalization and transversalization that exists in relationships, something very evident in the exchange of knowledge. It also helps us to understand, for example, the singular, non-linear thinking of Indigenous peoples whose social organization is built in tune with the laws of nature and its phenomena, such as thunder, rain, night and day; without, however, losing contact with the supreme (Machado/Doethyró-TUKANO, 2003 In Varricchio, Pyrrho, Da Silva, 2024). According to Professor Sandra Benites Guarani Nhandeva, a native of Mato Grosso do Sul, a history and philosophy teacher for elementary and high school education, with a master's degree in social anthropology from the National Museum of UFRJ, indigenous people face prejudice daily (Nhandeva-Guarani apud Mendes, 2021).

According to Professor Bessa (2021), in addition to having suffered a “civil death”, when it was verified in records that the registry office “killed them civilly”, listing them under their baptismal names on death certificates and omitting any mention that they were Indigenous (Mendes, 2021), it also presupposes the “Denial of the very presence of Indigenous people in cities. It demonstrates, in terms of urban policies, the reason for the lack of formulation of policies related to Indigenous people” (Matos apud Mendes, 2021).

“In most master plans,
and in municipal policies that guide urban policies,
we will have few references to Indigenous people”
(Matos apud Mendes, 2021).

Invisibility and the lack of territoriality (due to unofficial occupations) generate a lack of citizen inclusion in the programs of the Unified Health System (SUS), that is, inequity, which is exactly the opposite of what is established by the adopted health model that has special health programs for diverse populations in our society (elderly people, albinos, gypsy people, black population, among others).

Therefore, visibility is the beginning of access to other citizen rights and duties, advocated by the Magna Carta, and it is this that favors the elaboration of public policies aimed at indigenous people who live in urban contexts (Varricchio, Pyrrho, Da Silva, 2024).

The first initiative when we came into contact with such complex issues told to us by the Indigenous voices with which we began to develop work in citizenship, through primary health care actions at a local, territorialized, and intersectoral level, by joining efforts

between university institutions through the Environmental Health, Parasitology, Bioethics Project of the Immunoparasitology and Toxicological Analysis Laboratory of the Faculty of Pharmacy (SAPB-LIPAT/FF/UFRJ) together with the Traditional Knowledge discipline. I and Associated Rights (INPI - Varricchio, Lage, 2020) which resulted in several technical audio and visual products, some bilingual and written products (Machado/Doethyró-TUKANO et al., 2019; Machado/Duigó-TUKANO et al., 2019, a, b; 2022; De Almeida/TUKANO et al., 2024). Through the partnership between the Project (SAPB-LIPAT/FF/UFRJ) and the Laboratory for Studies on Aging Processes of the Postgraduate Program in Psychosocial Care of the Institute of Psychiatry (PROVE-MEPPSO-IPUB), both from the Federal University of Rio de Janeiro, these urban Indigenous people were brought by members of the Gypsy Union of Brazil, after identifying the vulnerability of the Indigenous population in an urban context (Varricchio, Lage, 2020; Varricchio, 2023; Varricchio, Pyrrho, Da Silva, 2024).

There are indigenous people spread throughout Rio de Janeiro, and the indigenous ethnic diversity present is considered to be very rich. The 2010 census listed 127 ethnic groups in Rio de Janeiro that speak 26 languages. The Guarani people top the list with 261 of the total, followed by the Tupiniquim (171), Guarani Kaiowá (144), and Tupinambá (136) ethnic groups. The presence of indigenous people from other countries is also significant (152) (Oliveira, 2019 apud Mendes, 2021). However, according to an indigenous person, declaring oneself indigenous is still “painful” (Mendes, 2021).

Based on a careful look at emerging demands in an urban context, strategies and products have already been created in the professional circle since 2008 to value their cultures and knowledge (Nunes/Darci Tupã - Guarany Mbyá Tekoi et al., 2010). Furthermore, it also seeks to develop the cultural competence of graduate and undergraduate professionals in favor of ethical care, closer to comprehensiveness and our intercultural reality in the state of Rio de Janeiro (Oliveira et al., 2019).

It is known that prejudice and rejection are blatant social events, which, when naturalized, hurt people daily and, in this continuity, make many sick. However, they do not only make those who suffer from them sick, but mainly those who become accustomed and take pleasure in the practice of causing suffering, something close to anomie and sociopathy. Although such manifestations occur in neighborhoods, at work, on public transport, apparently isolated situations, the fact is that such actions are widespread throughout society, becoming recurrent. The COVID-19 pandemic has highlighted and

made this clear to society (Varricchio, Lage, 2020). Therefore, such socio-cultural distortions act as macro social determinants, which reduce the quality of life of this population, since they have already been epidemiologically related to the onset of depression, and systemic arterial hypertension, in addition to other examples of disorders and health problems (Patel et al., 2018).

They also correspond to the social markers of ethnic, class, and sociocultural differences. The International Society of Psychiatry (Patel et al., 2018), upon identifying such a problem, which exists in several countries around the world, advocated strategies for primary healthcare actions in ethnopsychiatry for the recovery and promotion of mental health for indigenous peoples on the planet. Therefore, among the different existing and indicated strategies, the choice was made to promote health through the valorization of the knowledge of indigenous peoples and affirmative actions to achieve equal access to a health system whose cultural competence is developed, as recommended by the Unified Health System (Varricchio, Lage, 2020).

The basic principle of the project has become to work in a science-based, peaceful and respectful manner, valuing the dignity of members of these peoples and their families, promoting equity and autonomy (Varricchio, Lage, 2020).

With seasonal visibility in the mass media, urban ethnic groups live in contradictory conditions, oscillating between promotions and exclusions, sometimes directly implicated in serious issues related to human rights violations (Brasil, 2021; Cerqueira et al., 2021).

Although the historical context of violence against indigenous people is partially recounted, the current developments are still very little discussed (De Oliveira, 2023). Indigenous people understand that although they belong to a certain ethnic subgroup, their ethnic representation is nationwide and, for this reason, can be carried out in any unit of the Federation. In this way, they move around, invisible (Brazil, 2021; 2022; Machado-Duigó/Tukano et al., 2023).

DEMANDS-CHALLENGES, STRATEGIES AND COUNTERPARTS

To take care of health in urban areas, cultural collectives, ethnic groups and indigenous peoples with their specific care singularities demanded regulations and public policies, such as special SUS programs for ethnic populations (Brazil, 2010, 2016). However, these traditional ethnic communities also face challenges due to income and class differences. social (Mello; Gonçalves, 2010), factors that can result in deprivation in a

developing country (Buss; Pellegrini, 2007) and reduced autonomy (Varricchio, 2020; Borsato et al., 2021).

Actions aimed at physical health care, taking into account the Indigenous reality in an urban context, must meet demands such as respect for the principles of autonomy and self-determination, still insufficiently observed in the context of the existing macro and micro social determinants (Brazil, 2017, 2021) that (i) prevented access to conditions of human dignity and (ii) hindered equity in health.

Since December 2016, the insertion of free products into the network for cultural promotion, respecting their worldviews and promoting health through health education, has been provided by the Environmental Health, Parasitology, Bioethics Project - SAPB-LIPAT/FF/UFRJ (Varricchio, Lage, 2020). Actions in Bioethics have provided Visibility, Autonomy, Symmetry and Equity through multicultural valorization products, circulated free of charge (Duigó and Deothyro-TUKANO et al., 2020; Duigó-TUKANO et al., 2022; De Almeida/TUKANO et al., 2024).

The generating effects of the transformation contributed to the reduction of harm and, in part, to the promotion of health, as pointed out in an official report to the National Institute of Industrial Property (INPI). In light of this report, the evaluation process of this path ended up being configured as an inducer in the formation of more competent human resources that are sensitive to diversity as well as, on the other hand, to collective intellectual and cultural production (Varricchio, Lage, 2020; Varricchio et al., 2022).

In line with the recommendations of the official report of the INPI and the Coordination for the Improvement of Higher Education Personnel (CAPES) and in order to contribute to better social, economic, political and technological development (Winter, 2021), technical/technological production focused on social innovation was organized under a local proposal for coordinated actions in ethno-development adjusted to their worldviews, needs and interests (Varricchio et al., 2022).

Thus, based on the demands of the participants as indigenous groups and of the professionals in training, technical products were operationalized and dedicated to the exchange of knowledge and expanded interaction with society, as shown in Tables 1 and 2.

ORIGINAL PEOPLES, TERRITORY, AND PSYCHOSOCIAL CARE

Such socio-economic-cultural issues became evident throughout the planet during the pandemic period of social isolation. In view of the current public policies, urban groups

in the territory are included in family health strategies and feel well served. However, regarding the understanding of their worldview, where their concepts of body, health, illness, and death are embedded, indigenous people do not feel included. Thus, it is necessary to develop cultural competence in sensitive, attentive, and supportive listening capable of carrying out effective matrixing (Leal et al., 2022).

After all, their traditions are their essence, the core that underpins their ethnic identity; they are the connecting bridge to their original group, sometimes so far from what gives them historical and psychic continuity (Varricchio, Lage, 2020; Bentes Lopes et al., 2023). In approaching significant content for the indigenous population in an urban context, the one with which we had contact through spontaneous demand at the outpatient clinic, in addition to the challenges and perspectives, a proposal was presented in psychosocial care (Amarante, 2010) whose interface with ethnopsychiatry, based on intercultural dialogue addressing singular subjectivities and the bioethics of the interethnic and intercultural clinic was carried out at the Santa Casa teaching outpatient clinic, also by the SAPB-LIPAT Project of UFRJ and by the PROVE Laboratory of MEPPSO-IPUB/UFRJ (Silva, 2017; Gerolis de Moraes; Tavares da Silva, 2019; Tavares da Silva & Gerolis de Moraes, 2019; Gaspar et al., 2021; PROVE, 2021; Simões et al., 2021; 2022; Gerolis de Moraes, 2021, 2022; Bellizzi et al., 2022; Varricchio, 2023).

The 2022 IBGE Census showed that, of the almost 17,000 indigenous people living in the state of Rio de Janeiro, 96.82% live in cities. They are located in 87 of the 92 cities, with the highest concentration in the Metropolitan Region, especially in the Capital, Duque de Caxias, São Gonçalo, Niterói and Nova Iguaçu. However, even with such diversity, the presence of indigenous people in the cities of Rio de Janeiro still generates a lot of strangeness, racism and prejudice on the part of the population, due to people's historical ignorance and the reproduction of stereotypes in the media, literature and even in schools (INSTITUTO TERRA VERDE, 2025).

Many people still believe that indigenous people live only in the forests. This is reinforced by the fact that many cities were formed on indigenous territories, erasing the physical boundaries between village and city and reinforcing the idea that these peoples' place is outside urban areas. (INSTITUTO TERRA VERDE, 2025).

The deliberate historical erasure, the invisibility as a strategy to remove indigenous territories and rights, and the idea of acculturation, which assumes that a supposedly inferior people is assimilated by another supposedly superior, also reinforce the difficulty on

the part of a segment of the urban population in understanding the presence of indigenous people living in cities, coexisting with the rest of Brazilian society and resisting to maintain their cultural and ethnic identities (INSTITUTO TERRA VERDE, 2025).

The majority of indigenous people who arrive in cities are in a situation of economic and social vulnerability, a situation that ends up being aggravated by the absence of public policies directed at the specificities of this segment of the population (INSTITUTO TERRA VERDE, 2025).

Chief José Urutau Guajajara created the “Aldeia Marakanã Resiste” movement, which advocates the demarcation of the 14,300 square meters of the area, the creation and formalization of the Aldeia Maracanã Multi-Ethnic Indigenous University and the restoration of the old space for the creation of a Living Museum, which would also function as an Indigenous Reception Center (INSTITUTO TERRA VERDE, 2025).

Over the years, this group established the Tekohaw Marakà'nã in the space, a Multi-Ethnic Village in an urban context, headquarters of the Aldeia Maracanã Multi-Ethnic Indigenous University - UIPAM, which represents the resistance of indigenous ancestry: a center for the production, confluence and sharing of knowledge, science, technologies and traditional knowledge of various native peoples (INSTITUTO TERRA VERDE, 2025).

Law 11.645/08 made teaching the theme “Indigenous History and Culture” mandatory at elementary and secondary levels in public and private schools throughout the country. After working with urban indigenous people from Aldeia Vertical, we got in touch with indigenous people in urban contexts organized with common projects through Aldeia Maraka'nã, under the leadership of Chief Urutau/GUAJAJARA. In this way, we had access to some of the indigenous teachers from the group that makes up the Maraka'nã Aldeia Multiethnic Indigenous University, who came to teach us indigenous literacy and, in this way, collaborated with the improvement of our homeopathic clinical care, in art therapy activities, in feedback tasks in psychosocial care and for the ethnopsychiatry anamnesis, explaining to us aspects and variations of their worldviews regarding their notions of body, health, illness, life, death, mourning, whose records are shown in Table 2.

For the History teacher, Amanda Mara Lopes de Oliveira, from the Goytaká ethnic group from the coast of Rio de Janeiro, the indigenous vision of health and well-being encompasses everything. There is no good life without dignity, without territory, without food, without guarantee of basic rights:

“Structural/institutional racism combined with the lack of guarantee of access to basic rights such as health, land and life is the greatest cause of illness among indigenous, black, gypsy and quilombola populations in the territory of Pindorama.

Structural racism is one of the greatest causes of our illness.” Amanda de Oliveira/GOYTAKÁ, 2024.

Continuing in this sense, after completing a qualitative investigation into the challenges faced and the demands perceived during the pandemic (Varricchio, 2023) during the period of feedback to the academic community, the space was shared with urban indigenous teachers (PROJECT SAPB & PROVE & UIAM & CIC, 2024) to take advantage of the moment of interest in the topic and carry out indigenous “literacy” for the team of this health space existing in the Health Service of Rio de Janeiro, completing this stage and period of work from 2008 to 2024 in a decentralized manner (De Souza/Otomorinhori’õ – XAVANTE et al., 2024).

Indigenous people are members of diverse native peoples, rich in symbolism, capable of transforming their experiences and internalizing them, of elaborating and re-signifying them, through body movement through their songs, dances and the interpretation of their stories (Krenak, 2020).

We talk about the steps we have taken so far towards understanding the situation of indigenous people in the urban context of Rio de Janeiro who spontaneously agreed to seek us out. Faced with such demands, it was necessary to get closer and get in touch with their local realities.

This article reflects on the empirical identification of social suffering, cultural appreciation as a strategy and counterpart carried out in primary health care at the local level, in addition to actions in psychosocial care in feedback to teams developed in transdisciplinary cooperation with indigenous university professors to their “relatives” and, on the other hand, the development of cultural competence for health professionals, health teams and undergraduate students in our professional practice spaces (Silva, 2017; Machado/Duigó-TUKANO et al., 2019; Simões et al., 2021; Mendes, 2022; Hans el-Martins et al., 2021; 2024; Cler et al., 2024).

Through the leadership of Chief Urutau/GUAJAJARA of the territory known as Aldeia Maraka’nã and indigenous representatives authorized and recognized by him, primary care and mental health strategies were structured with a view to the well-being of indigenous people in an urban context. Our current post-pandemic work consisted, therefore, of

understanding how the indigenous people who make up Aldeia Maraka'nã understand their situation in an urban context and enhancing their voice in our professional work spaces in the health area.

In this sense, the indigenous woman Amanda Mara/GOYTAKÁ, who has a degree in History from the State University of Rio de Janeiro, argues that in order to think about public policies for basic health care for indigenous populations in an urban context in Rio de Janeiro, it is necessary to respect the principle of autonomy of these peoples (GOYTAKÁ - Oliveira, 2024).

It is extremely important to consider the results of the First Free Conference on Mental Health for Indigenous Peoples, held in the Maraka'nã Village, in the Maracanã neighborhood of Rio de Janeiro, in March 2022, where a document containing guidelines for psychosocial care for indigenous people in urban contexts was collectively drafted. Oliveira was also legitimately elected by the members of the Village to work as a representative on this specific topic (GOYTAKÁ - Oliveira, 2024).

These collectively drafted guidelines were submitted for approval at the National Mental Health Conference of the Unified Health System (SUS) Domingos Sávio, in December 2023, in the Federal District. They were all approved in full, which represents an important and historic victory for the indigenous movement in Brazil, especially for indigenous people living in cities, since there are no public policies that guarantee these populations access to differentiated basic health care. It is now up to the government and responsible institutions to effectively implement these guidelines in basic care (GOYTAKÁ - Oliveira, 2024).

LIMITS

The limitation of this case study is the still small number of indigenous people in urban contexts who participated in discussing this topic during and after the pandemic period.

CONTRIBUTIONS

Thus, to date, it has contributed to mitigating demands at the local level through primary health and psychosocial care actions, carried out by university services via intersectoral and interinstitutional partnerships. The awareness of health professionals and students from these university services involved in the topic and the practice of intervention

in the 7th Ward through art therapy for members of indigenous peoples was also increased, especially in the pre- and post-COVID-19 pandemic period.

Indigenous leaders were identified and those teachers indicated by their leaders present in Rio de Janeiro/Brazil worked in symmetry, with respect and ethics, in this process of indigenous cultural literacy of the team in this health space. The elected representative continues the work of reflecting on the serious demands existing in psychosocial care listed (by them) for indigenous people in urban contexts with government agencies.

CONCLUSION

Together with indigenous peoples (migrants or of local origin) located in an urban context in Rio de Janeiro, through coexistence and with the help of ethical information provided by indigenous teachers and their leader, as a strategy to achieve their visibility, in urban territory of Rio de Janeiro in the Homeopathy Service in partnership with the SAPB-LIPAT/UFRJ Project, the LIC/HUCFF Laboratory and the PROVE Laboratory of the Postgraduate Program in Psychosocial Care of the Institute of Psychiatry of the University of Brazil (IPUB/UFRJ) and the Homeopathy Service of the Gafrée Guinle Hospital, a network, access and, especially, bonds were built, through intercultural experience with mature and elderly indigenous adults.

In addition to the ongoing training of human resources, through the shared construction of knowledge, extension experiences and scientific initiation for young ethnic people and university students/professionals, in transformation.

REFERENCES

1. Amarante, P. (2010). Saúde mental e atenção psicossocial. Editora Fiocruz.
2. Beauchamp, T. L., & Childress, J. F. (2002). Principles of biomedical ethics. Loyola Ed.
3. Bellizi, G. M., et al. (2022). Produtos naturais e sud para sustentabilidade, diversidade cultural, saúde ambiental: Ensino de ética ambiental. Artigo de divulgação. Disponível em: <https://sites.google.com/view/lipat/sapb-artigos#h.xogshbgntxfrb>
4. Bentes Lopes, J., Varricchio, M. C. B. N., Pyrrho, A. dos S., & Lage, C. L. S. (2023). Ecoperception in narratives of subjects of ethnic origin in the face of Covid-19: Primary mental health care. SEIVA/SAPB-LIPAT/UFRJ Support Magazine to SAPB-LIPAT Project - Technical Article, 7(2). Disponível em: https://sites.google.com/view/lipat/sapb-revista_seiva#h.4ovacivznsar
5. Borsato, C. Z., Cortasio, A., Gorini, C., Pyrrho, A. S., Lage, C. L. S., & Varricchio, M. C. B. N. (2021). Vulnerabilidade social e cuidado no Brasil: Migrantes ambientais, étnicos e políticos. Revista SEIVA, 4(2), 1-14. Disponível em: https://sites.google.com/view/lipat/sapb-revista_seiva. Acesso em: 7 set. 2021.
6. Brasil. (1988). Constituição da República Federativa do Brasil, de 5 de outubro de 1988. Diário Oficial da União, seção 1, Brasília/DF, Ano CXXVI, n. 191-A, p. 1-32, 05 out. 1988. Disponível em: http://www.planalto.gov.br/ccivil_03/Constituicao/DOUconstituicao88.pdf.
7. Brasil. (2008). Decreto nº 6.040, de 7 de fevereiro de 2007: Institui a Política Nacional de Desenvolvimento Sustentável dos Povos e Comunidades Tradicionais. Diário Oficial da União, seção 1, Brasília, DF, n. 28, p. 316-317, 08 fev. 2008. Disponível em: <http://pesquisa.in.gov.br/imprensa/jsp/visualiza/index.jsp?jornal=1&pagina=316&data=08/02/2007>.
8. Brasil. (2016). Resolução nº 510, de 7 de abril de 2016: Normas aplicáveis a pesquisas em Ciências Humanas e Sociais. Diário Oficial da União, Seção 1, Brasília, DF, n. 98, p. 44-46, 24 maio 2016. Disponível em: <https://pesquisa.in.gov.br/imprensa/jsp/visualiza/index.jsp?data=24/05/2016&jornal=1&pagina=44&totalArquivos=80>.
9. Brasil. (2019). Atenção psicossocial aos povos indígenas: Tecendo redes para promoção do bem viver. Ministério da Saúde, Secretaria Especial de Saúde Indígena, Departamento de Atenção à Saúde Indígena.
10. Brasil. (2020a). Saúde mental e atenção psicossocial na COVID-19: Um guia para gestores. FIOCRUZ. Disponível em: <http://www.fiocruzbrasil.fiocruz.br/wp-content/uploads/2020/04/Sa%C3%BAd-Mental-e-Aten%C3%A7%C3%A3o-Psicossocial-na-Pandemia-Covid-19-recomenda%C3%A7%C3%B5es-para-gestores.pdf>.

11. Buss, P. M., & Pellegrini Filho, A. (2007). A saúde e seus determinantes sociais. *PHYSIS: Revista Saúde Coletiva*, 17(1), 77-93. Disponível em: <https://www.scielo.br/j/physis/a/msNmGf74RqZsbpKYXxNKhm/?format=pdf&lang=pt>.
12. Cerqueira, D., et al. (coord.). (2021). Atlas da violência 2021. FBSP/ IPEA. Disponível em: <https://forumseguranca.org.br/wp-content/uploads/2021/12/atlas-violencia-2021-v7.pdf>.
13. Cler, J. da S., de Almeida, D. da S., Yeparió – Tukano, Cavalcanti, L. C., Gaspar, S. A., Malfacini, S. da S., Bolognani, F. de A., Varricchio, M. C. B. N., & Pyrrho, A. dos S. (2024). Traditional Knowledge approach at SAPB/LIPAT/FF/UFRJ intersectorial project. *Revista Aracê*, 6(2), 1183-1194. <https://doi.org/10.56238/arev6n2-042>. Disponível em: <https://periodicos.newsciencepubl.com/arace/article/view/695>
14. Coordenadoria de Aperfeiçoamento de Pessoal de Nível Superior (CAPES). (2020). Ações e Programas. [Brasília, DF: CAPES]. Disponível em: <https://www.gov.br/capes/pt-br>.
15. De Almeida, D. da S., Tukano et al. (2024). Social technology and people's mental health: Informal work in an urban context. *Revista Observatorio de La Economía Latinoamericana*, 22(9), 01-17. <https://doi.org/10.55905/oelv22n9-112>. Link at: <https://ojs.observatoriolatinoamericano.com/ojs/index.php/olel/issue/view/43>.
16. De Souza, J. M., Otomorinhori'õ – Xavante, de Almeida, D. da S. – Yeparió – Tukano, Gerolis de Moraes, C., Ramos, L. H., Bentes Lopes, J., Bolognani, F. de A., Varricchio, M. C. B. N., & da Silva, J. (2024). Diversity and Intercultural Education: Urban Indigenous Cooperation at Homeopathy Service in Rio de Janeiro/Brazil. In *Perspectives in contemporary education* (1st ed.). Disponível em: <https://revistacontemporanea.com/e-books/perspectives-incontemporary-education-vol-01/>
17. Deleuze, G. (2002). *Espinosa: Filosofia prática*. Escuta.
18. Gerolis de Moraes, C., & Tavares da Silva, F. (2019). Arteterapia Junguiana e Ressignificação. Video-aula. Curso de Extensão do Centro Cultural FMPFase. Semiologia da 7ª Enfermaria do Hospital Santa Casa da Misericórdia do Rio de Janeiro. Disponível em: https://youtu.be/P5jXBni_Esc.
19. Gerolis de Moraes, C. (2021). O despertar da consciência. Mulheres na Santa Casa. Artigo de divulgação. Disponível em: <https://drive.google.com/file/d/19lGf5BnOdqvJlcoHV-Fjh3lQNiE0uSsj/view?usp=sharing>
20. Gerolis de Moraes, C. (2022). Práticas criativas transculturais e saúde mental. Apresentação oral. Mesa Redonda In CONAPICS. Disponível em: https://drive.google.com/file/d/1VfsMyHQCKpLG8B7_77l8xqPVRTdSwlYh/view
21. Goytaká, A. M. L. de O. (2024). Muká Mukaú: os desafios da retomada identitária de indígenas (Trabalho de Conclusão de Curso, Licenciatura em História). Universidade do Estado do Rio de Janeiro, São Gonçalo.

22. Hansel-Martins, C., Couto, B. C. de F., Mendes, M. G., Gonçalves, N. dos S., Gomes, N. B. N., Gorini, C., Pyrrho, A. dos S., & Varricchio, M. C. B. N. (2021). Anamnesis, psychosocial care, environmental health promotion. SEIVA – Magazine supporting the SAPB-LIPAT/FF/UFRJ Project, 5(1). Disponível em: https://sites.google.com/view/lipat/sapb-revista_seiva?authuser=0#h.ecbe6ys28z5o
23. Hansel-Martins, C., et al. (2024). Medicinal intercultural plant garden homeopathy and phyto nutritional care. Revista Contribuciones a las Ciencias Sociales, 17(1), 6173–6188. <https://doi.org/10.55905/revconv.17n.1>
24. Hoefel, M. G. L., Amate, E. M., Loiola, A. A., & Carneiro, F. F. (2015). Determinantes sociais da violência na saúde de populações da América Latina. Revista Eletrônica Gestão & Saúde, 6(2), 1786–1804.
25. Instituto Brasileiro de Geografia e Estatística. (2012). Censo Demográfico 2010: Características gerais dos indígenas. Resultados do universo. Rio de Janeiro: IBGE. Disponível em: https://www.ibge.gov.br/indigenas/indigena_censo2010.pdf
26. Instituto Brasileiro de Geografia e Estatística. (2020). Síntese de indicadores sociais: uma análise das condições de vida da população brasileira – 2020. Rio de Janeiro: IBGE. Disponível em: <https://biblioteca.ibge.gov.br/visualizacao/livros/liv101760.pdf>
27. Kleinman, A., Das, V., & Lock, M. (1997). Social suffering. Berkeley: University of California Press.
28. Kottow, M. (2011). Didactic aspects in intercultural bioethics. Revista Brasileira de Educação Médica (RBEM), 35(2). <https://doi.org/10.1590/S0100-55022011000200017>
29. Krenak, A. (2020). A vida não é útil. São Paulo: Companhia das Letras.
30. Instituto Terra Verde. (2025). O Rio de Janeiro de Cocar: Mapeamento cultural das aldeias e dos povos indígenas que habitam as terras fluminenses. Secretaria de Estado de Cultura e Economia Criativa / Governo do Estado do Rio de Janeiro / Lei Paulo Gustavo. Ministério da Cultura / Governo Federal / Lei Paulo Gustavo. Apoio do Conselho Estadual dos Direitos Indígenas do Rio de Janeiro – CEDIND-RJ.
31. Leal, B. M. P. da S., Tavares, F., Gaspar, S. A., Bolognani, F. de A., Varricchio, M. C. B. N., & da Silva, J. (2022). Ações de grupamentos tradicionais urbanos no RJ: Diversidade e sustentabilidade. Apresentação oral. Práticas educativas inovadoras. XXVIII Semana Científica UNIFASE/FMP. Petrópolis, RJ. Disponível em: https://sites.google.com/view/lipat/sapb-eventos_sapb#h.uyvz7jz2xp1q
32. Leite, L. C. (1991). A magia dos invencíveis. Petrópolis, RJ: Vozes.
33. Leite, L. C. (1998). A razão dos invencíveis. Rio de Janeiro: Editora da UFRJ.
34. Leite, L. C. (2005). Meninos de rua: a infância excluída do Brasil (4ª ed.). São Paulo: Editora Saraiva/Atual.

35. Machado, C. A. F., & Doethyró-Tukano. (2003). Como surgiram o mundo e a cobra-grande. In D. Guimaraens (Org.), Museu de arte e origens: mapa das culturas vivas guaranis (pp. 208–243). Rio de Janeiro: Contra Capa.
36. Machado, C. A. F. - Doethyró - Tukano. (2019). Necessidades em saúde indígena urbana [Apresentação oral]. Evento de Extensão 7ª Enfermaria HGSCMRJ: Semiologia: 37. Cuidado, Inter/Transdisciplinaridade, Bioética e Espiritualidade. Rio de Janeiro: HGSCMRJ. 1 vídeo (38:15 min.). Publicado pelo canal LIPAT-FF-UFRJ. Disponível em: https://sites.google.com/view/lipat/sapb-nossos_videos/sapb-nossos_videos_2
38. Machado, C. V. S. - Duigó - Tukano, Pinto, M. D. D. C. A., Lage, C. L. S., Pyrrho, A. S., Amaral, M., & Varricchio, M. C. B. N. (2019). Café filosófico quântico como sensibilizador à bioética, diversidade, sustentabilidade, saúde ambiental e saúde espiritual [Apresentação oral]. Centro Cultural da FMP FASE: Associação Brasileira de Ensino Médico ABEM/RJ: ABEM/ES. Petrópolis, RJ.
39. Machado, C. V. S. / Duigó–Tukano, Machado, C. A. F. /Doethyró–Tukano, Vacite, M., Oliveira, L. L., Gonçalves, N. S., Wasim, N., Musmann, P., Pyrrho, A. S., Varricchio, M. C. B. N., & Lage, C. L. S. P. (2019). Cartilha audiovisual: Aspectos econômicos da cultura e dos etnosaberes de grupos tradicionais brasileiros [Apresentação oral]. SAPB-LIPAT/FF/UFRJ. Rio de Janeiro. 1 vídeo (1:02:12 min.) Publicado pelo canal LIPAT-FF-UFRJ.
40. Machado, C. V. S. / Duigó-Tukano, Almeida, D. S. / Yeparió-Tukano, Da Costa, P. A. S. / Tukano, Machado, C. A. F. / Doethyró-Tukano, Borsato, C. Z., Varricchio, M. C. B. N., Pyrrho, A. S., & Lage, C. L. S. (2022). Contribuições interculturais de indígenas em situação urbana à saúde ambiental: Consciência e assertividade dos Tukanos. Evento SAPB-LIPAT, 12. Resumo. Rio de Janeiro. Disponível em: https://drive.google.com/file/d/1ieVronYKOYoG_kynXW-j9MtJagUZrJkr/view
41. Machado, C. V. S. / Duigó-Tukano, Machado, C. A. F. / Doethyró-Tukano, Almeida, D. S. / Yepário-Tukano, Alves, E. / Saterê-Mawe, Dias, R. N. / Caeté, Schirmer, E. S. H., Bolognani, F. A., Bentes Lopes, J., Lage, C. L. S., Pyrrho, A. S., & Varricchio, M. C. B. N. (2023a). Presença indígena no RJ: Contribuições do Cacique Doethyró-Tukano. SEIVA – Revista de Apoio ao Projeto SAPB-LIPAT/FF/UFRJ, 7(2), 1–26. Disponível em: <https://drive.google.com/file/d/1I72hAtVED9081cSAY-LoFq5jsvrVulAh/view>
42. Mello, L., & Gonçalves, E. (2010). Diferença e interseccionalidade: Notas para pensar práticas em saúde. Revista Cronos, 11(2), 1–11. Disponível em: <https://periodicos.ufrn.br/cronos/article/view/2157/pdf>
43. Mendes, K. (2021, junho 30). Indígenas no Rio lutam para reverter séculos da ‘apagamento’. Mongabay Series: Conservação na Amazônia, desmatamento ilegal na Amazônia, indígenas nas cidades. Disponível em: <https://brasil.mongabay.com/2021/06/indigenas-no-rio-lutam-para-reverter-seculos-de-apagamento/>
44. Mendes, M. G. (2022). HGSCMRJ Homeopathy Ward: Historical Report - Innovative Ethnocentric Educational Practice. Áudio Maryana Gomes Mendes. In 10th EVENT

PROJECT SAPB-LIPAT & AIAM & UCB & INPI INVITE: LAFFH/UNIFASE, UESA & 7th Ward HGSCMRJ & ITEGAM – CBA. Evento online. Disponível em: https://sites.google.com/view/lipat/sapb-aulas_e_apres#h.25b60tzodmk; https://sites.google.com/view/lipat/sapb-eventos_sapb#h.58blh7xzafct

45. Nunes, D. / Tupã - Guarany Mbyá Tekoi, Palma, A., & Varricchio, M. C. N. (2010). Dança pra Nhanderú: [Cartilha para auto-cuidado]. Rio de Janeiro: [s. n.]. 12 p. Mídia Digital: E-book. Edição dos autores. Disponível em: https://sites.google.com/view/lipat/sapb/livros#h.p_oCfADaDRQpNd; https://drive.google.com/file/d/1mljber_1tufx_rfbbp7_epawvzjygtgm/view
46. Oliveira, L. L., Machado, C. V. S., Musman, P., Pinto, M. D. D. C. A., Varricchio, M. T., & Varricchio, M. C. B. N. (2019). Farmacobotânica e pesquisa biotecnológica para sustentabilidade: Sensibilização, impressão, questão, solução, produção. 1ª ed. Petrópolis, RJ: [FASE]. ISBN 978-85-923119-8-8, E-Book.
47. Organização Mundial da Saúde (OMS). (1986). Carta de Ottawa para a Promoção da Saúde. Disponível em: http://bvsms.saude.gov.br/bvs/publicacoes/carta_ottawa.pdf
48. Patel, V., Saxena, S., Lund, C., et al. (2018). The Lancet Commission on global mental health and sustainable development. The Lancet Commission, 392(10157), 1553–1598. [https://doi.org/10.1016/S0140-6736\(18\)31612-X](https://doi.org/10.1016/S0140-6736(18)31612-X)
49. Prove - MEPPSO/IPUB/UFRJ & LIPAT - SAPB - FF/UFRJ & LAFFH/UNIFASE. (n.d.). Avaliação dos Desafios e Possibilidades de um Projeto Étnico Cultural em Tempos de COVID-19: Perspectivas de seus Coautores. Evento Avaliação dos Serviços de Saúde Mental (ASSM) no Serviço de Homeopatia da 7ª Enfermaria do HSCM-RJ. 3 vídeos. Disponível em: https://sites.google.com/view/lipat/sapb-nossos_videos#h.hax36ot9npe8
50. Projeto SAPB-LIPAT-FF & Prove-MEPPSO-IPUB/UFRJ & UIAM & Café Serviço de Homeopatia (Inter)Cultural. (2024). Julia M. de Souza/ Otomorinhori'õ – Xavante. “Produto-Convite Técnico” & ascendência ameríndia: Língua Materna. Disponível em: <https://sites.google.com/view/lipat/sapb?authuser=0#h.8vvlao7wwb04>
51. Silva, F. T. da. (2017). TCC. Nosso cérebro, nossa rede de Indra, um olhar poético e fisiológico em arteterapia. POMAR-FAVI. Disponível em: <https://www.arteterapia.org.br/biblioteca-virtual/>
52. Simões, G., Cler, J. D. S., de Oliveira, L. L., Machado, C. V. D. S./Duigó-Tukano, Machado, C. A. F./Doethyró-Tukano, Vacite, M., Cavalcanti, L. C., Varricchio, M. C. B. N., & Pyrrho, A. D. S. (2021). Metodologia ativa em ensino a indígenas em contexto urbano no RJ: Uma experiência local. SEIVA - Revista de apoio ao Projeto SAPB-LIPAT/FF/UFRJ, 5(2). Disponível em: https://sites.google.com/view/lipat/sapb-revista_seiva#h.jri8o7p4opc1
53. Simões, G. (2022). História da Sexualidade. Evento HSCM-RJ: Desafios e Possibilidades da Atenção Psicossocial e Homeopatia no Cuidado de Enfermagem a LGBTQIA+. Saúde Ambiental, Parasitologia e Bioética: Eventos SAPB & Institutos

Associados.

Disponível

em:

https://drive.google.com/file/d/1mfYenJLarZA_rYd2FI7ZtweGyGzxPTOO/view?usp=sharing

54. Tavares da Silva, F., & Gerolis de Moraes, C. (2019). Arteterapia e Geofarmacobotânica no Ambulatório de Clínica Intercultural e Interétnica da 7ª Enfermaria do HGSCMRJ: Relato Histórico do Projeto Girassol. [Rio de Janeiro]: HGSCMRJ. Evento de Extensão 7ª Enfermaria do HGSCMRJ: Semiótica: Cuidado, Inter/Transdisciplinaridade, Bioética e Espiritualidade.
55. Tavares da Silva, F. (2022). Contribuição ao socorro em acidente climático: Meditação. Evento online UNIFASE. Disponível em: <https://drive.google.com/file/d/10rJ2ShunY0gJyJcE7FNwQvqsYmkk7bPy/view?usp=sharing>
56. UIAM. (n.d.). Multi-Ethnic Indigenous University Aldeia Maraka'nã. Disponível em: https://www.uerj.br/uerj_tags/universidade-plurietnica-indigena-aldeia-maracana/
57. Varricchio, M. C. B. N. (2020). Análise quanto à efetividade da legislação sobre o acesso ao patrimônio genético brasileiro, a proteção e o acesso ao conhecimento tradicional associado, enquanto uso sustentável da biodiversidade. Relatório de Estágio Pós Doutoral. Rio de Janeiro: INPI. Disponível em: https://drive.google.com/file/d/1-PzXHuo01xSpXLy5_uSwyKcWnUI-5_2A/view
58. Varricchio, M. C. B. N., Gorini, C., & Machado, C. V. S. / Duigó-Tukano, et al. (2022). Educação intercultural para integração cidadã e inovação social a grupamentos étnicos em situação urbana no Rio de Janeiro. Exposição oral por Marcia C.B.N. Varricchio. XIV ENAPID Encontro Acadêmico de Propriedade Intelectual, Inovação e Desenvolvimento. Evento da Academia de Propriedade Intelectual, Inovação, Desenvolvimento do Instituto Nacional de Propriedade Industrial. Ministério da Economia. Organizado por WIPO & Parque Tecnológico UFRJ & INPI. BR, RJ: 14–16 de setembro de 2022.
59. Varricchio, M. C. B. N. (2023). Lideranças indígenas e ciganas em territórios urbanos, demandas de cuidado e atenção psicossocial em tempos de pandemia: Desafios, possibilidades e expectativas. (Dissertação de Mestrado, Instituto de Psiquiatria, Universidade Federal do Rio de Janeiro). Disponível em: <https://minerva.ufrj.br/F/N1HTJQJBIGJLBGF9LK8LJFLR5IVUM3I4XC4VF4V4U7VL3A7E8D-08353?func=short-rank&action=RANK&W01=M%C3%A1rcia&W02=Cristina&W03=Braga&W04=Nunes&W05=ADJ>
60. Varricchio, M. C. B. N., Pyrrho, A. D. S., & da Silva, J. (2024). Contribuições da mídia para visibilidade de indígenas em contexto urbano no Rio de Janeiro/Brasil. O quê uma comunicação ética pôde fazer? Revista Contemporânea, 4(7), 1–28. <https://doi.org/10.56083/RCV4N7-095>

61. Ventura, M. M. (2007). O Estudo de Caso como Modalidade de Pesquisa. Revista SOCERJ, 20(5), 383–386. Disponível em: http://sociedades.cardiol.br/socerj/revista/2007_05/a2007_v20_n05_art10.pdf
62. Winter, E. (2018). Avaliação de produção técnica e tecnologia social: Da concepção a uma futura proposta de avaliação. In Seminário de Avaliação da Produção Intelectual de Programas de Pós-Graduação, 2 (pp. 1–13). Brasília, DF: CAPES. Disponível em: https://www.gov.br/capes/pt-br/centrais-de-conteudo/20180821_SeminarioRepensandoaAvaliacao_EduardoWinter_INPI.pdf