

Aboriginal Telehealth in Brazil



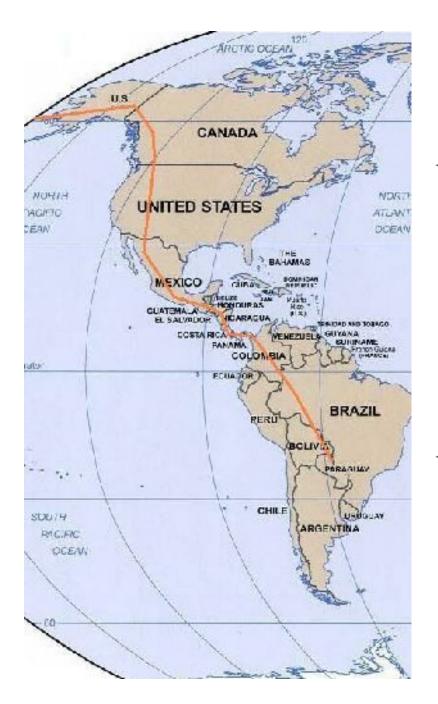
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- President and Chairman of the Board, The Edumed Institute or Education in Medicine and Health



- Satellite and videoconferencing national network for distance education in health and telehealth
- Consortium of 27 universitties, research centres and medical associations for generating certified quality content and services
- Started on June 2000, led by the Edumed Institute, a not-for-profit institution
- Targets the non-academic health sector (hospitals, government, etc.)





Origins

- Ancient South Americans came more than 20,000 years ago from North America through the Panama isthmus
- Genetically related to North American indians (Clovis Culture) and Inuit, Mayas, Aztec, Quichua, etc.

Origins





- Diversified with time into morethan 300 different cultures, more than 1,000 nations and 1,300 languages
- Came in contact with Europeans for the first time in 1500
- Largely reduced to slavery and extermination by disease and genocide in subsequent centuries
- Around 55 isolated tribes are believed to exist

21th April 1500 First contact with the Portuguese

Indian Nations of Amazonia

Aikanã, Amawára, Apalaí, Apiaká, Apurinã, Arapáso, Arara, Ashaninka, Atroari, Avá-Canoeiro, Bakairi, Banawá-Yafí, Baníwa, Barasána, Baré, Borôro, Cinta-larga, Deni, Desána, Diahói, Enawenê-Nawê, Erikbaktsá, Galibi, Guarani-Kaiwá, Guarani-Nhandéva, Hi-Merimã, Hixkaryána, Irantxe, Itogapúk, Jarawára, Juma, Juriti, Juruna, Kadiwéu, Kalapálo, Kamayurá, Kamba, Kambéba, Kanamari, Karafawyána, Karajá, Karapanã, Karipuna, Katawixí, Katukina, Kawahíb, Kaxináwa, Kayabi, Kayxána, Kinikináo, Kokáma, Korubo, Kubéwa, Kuikúru, Kulina, Kwazá, Maku, Makuráp, Manitenéri, Marimã, Marubo, Matipú, Matis, Maxinéri, Mayorúna, Mehináku, Menkü, Miranha, Miriti, Mundukuru, Múra, Nafuwá, Nambikwára, Naruwotó, Nukini, Ofayé, Palikúr, Panará, Paresi, Parintintín, Paumari, Pirahã, Piratapúya, Poyanáwa, Saterá-Mawé, Suriána, Suruí, Suyá, Tapayúna, Tapirapé, Tapúya, Tariána, Tenharin, Terena, Tiriyó, Torá, Trumaí, Tukano, Tükuna, Tuyúka, Txikão, Umutína, Waiãpi, Waikána, Waimiri, Waiwai, Wanináwa, Warekéna, Waurá, Wayána, Xavante, Xiquitano, Yabaána, Yamamadi, Yamináwa, Yanomami, Yawalapití, Yebá-Masã, Zoró.

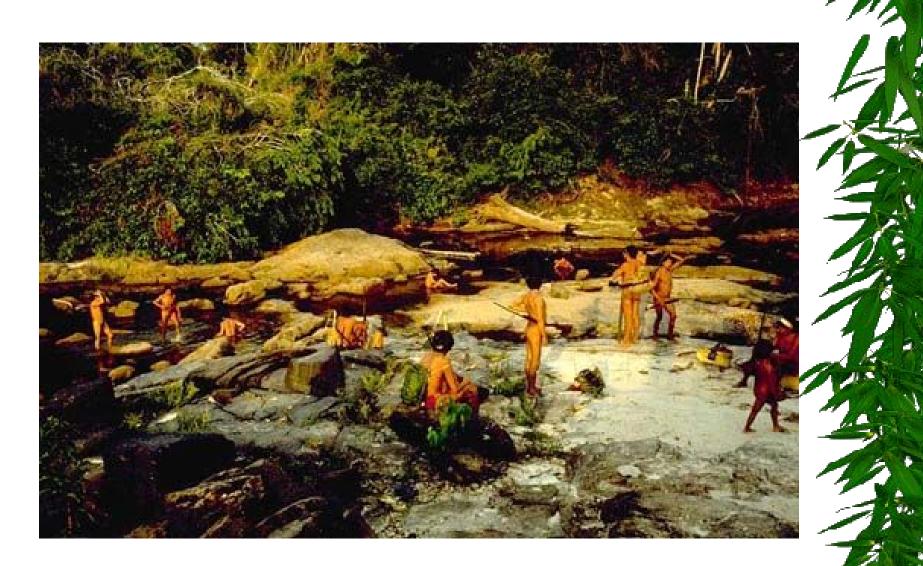
Indian Nations in Brazil

- * 218 nations exist today
- * 12 nations have less than 40 individuals, 148 nations have less than 1,000 individuals remaining
- Total of less than 370,000
- Were 2 to 4 million in the 16th century in more than 1,000 nations
- * 800,000 individuals were exterminated and more than 80 nations became extinct in the 20th century alone

Indian Culture



- Adapted to tropical and subtropical environment
- Primarily huntergatherers and burnand-slash restricted agriculture
- Neolithic culture, warrior society
- Rich religion, arts, artifacts, social life
- * Oral culture, no writing



After hunting and fishing





















Accultura tion

Religion Clothing Culture Education Urbanization



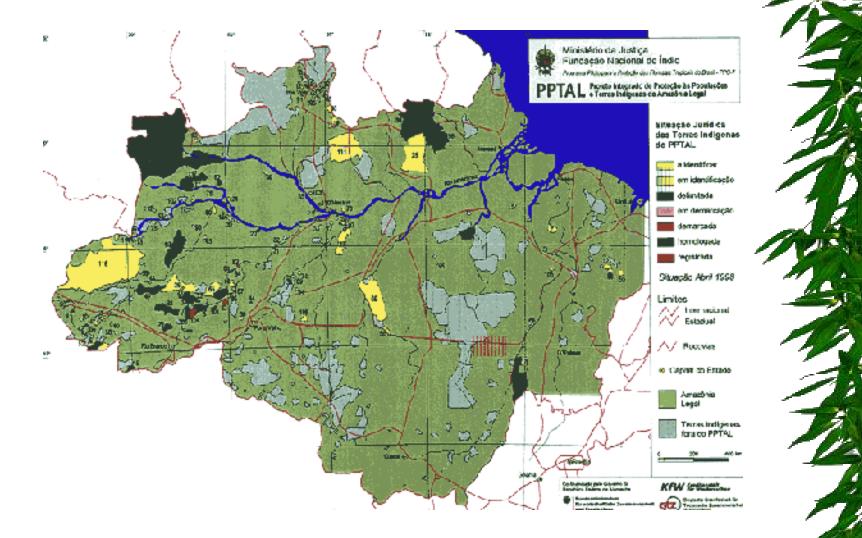
Indian Reserves

- * 12,33% of the Brazilian territory belongs legally to Indian nations, in 625 areas
- * 1,048,393 km² (twice the area of France)
- Amazon region detains 1,034,381 km², in 405 areas (20,7% of the territory) for 86,500 inhabitants
- Very rich in natural resources (wood, minerals, water), largely unexploited





Indian Reserves



Brazilian Indian Health System



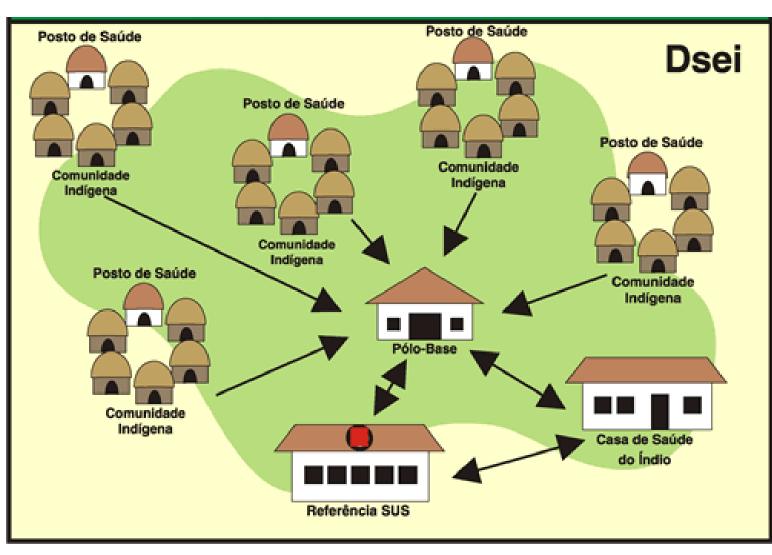
- Public health system coordinated by the National Health Foundation
- Organized into Indian Health Districts, Indian Health Houses and Aboriginal Health Community Agents

Indian Health Districts





Indian Health System



Health Care Problems

- Isolated Indians have no resistance to infectious diseases (tuberculosis, malaria, influenza, intestinal infections)
- Acculturated Indians have acquired all diseases of the civilization, including the degenerative (obesity, diabetes, etc.)
- Undernutrition, HIV and STD, alcoholism, are current severe problems
- They are the poorest among the poor, health care is difficult and insufficient

Environmental Degradation



Deforestation and logging, cattle raising and intensive agrobusiness, spread of urbanization and air and water pollution are affecting more and more the protected nations

Technological Solutions



- Indians are Brazilian citizens with special needs and with special protection and status under the law
- Their demography and socio-economical situation require technological help
- No telehealth programmes are in effect so far

Conclusions

- Native South Americans in the Amazonia are critical for the preservation of the original environment and for the continuity of ancient, ethnic knowledge about Nature
- Their culture should be respected and preserved, as well as their dignity and welfare as human beings
- * Ultimately, their existence will affect ours
- International know-how, solidarity and help are sorely needed



This project might give a unprecedented opportunity for Native North Americans to connect to and help out their blood relatives in South America



The Amazon First Nations Telehealth Project

The Edumed Institute Brazil

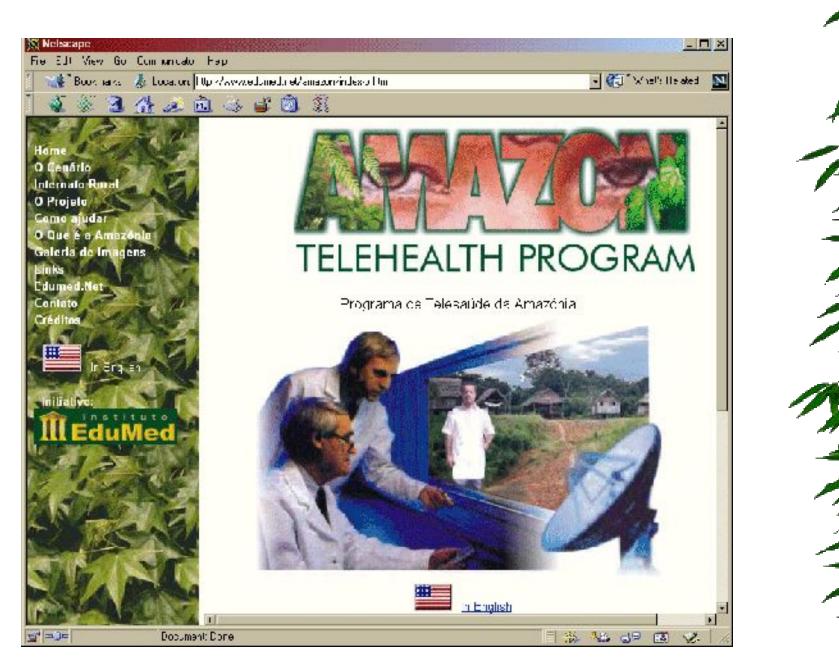


Brazilian Amazonia









http://www.edumed.net/amazon

Project Coordination



Silvia Helena Cardoso, RN, MSc, PhD

- Vice-president, Edumed
 Institute
- Director for Distance
 Education



Aims of the Project

- To develop a pilot project with 5 Indian communities in the state of Amazonas, Brazil and two telehealth centers, one in Manaus and another in Campinas
- Establish a model and guidelines for providing telehealth services to the aboriginal health programme
- Integrate, test and refine a host of existing technologies for satellite-based videoconferencing, IP connectivity, store & forward and real time telehealth

Main Applications

- * Patient triage and advice
- * Teleconsultation
- * Telediagnosis
- * Teleproctoring
- * Second opinion
- * Follow-up



Additional Applications

- Continued education of health care personnel
- * Training of aboriginal health workers
- Patient health education and information
- Electronic health record and aboriginal census information
- Monitoring of diseases, early detection of outbreaks and public health programs
- * Management of aboriginal health network

Additional Applications

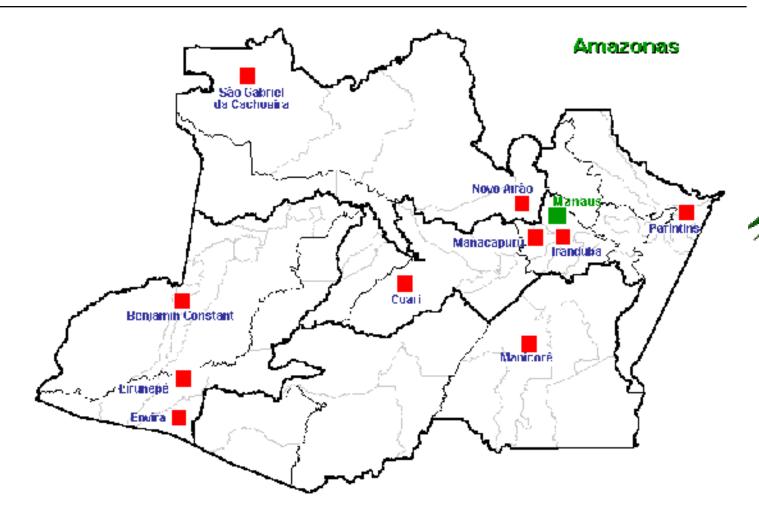
- IP Radio and TV with cultural, health and educational programs
- E-democracy: interactive debating, plebiscites and e-voting in health and education issues
- * Access to networked health information
- User support groups and virtual communities



Leveraging Factors

- To increase viability, the aboriginal telehealth programme will be developed as a support tool for the rural internship programme of the Federal University of Amazonas
- Two-month rotations of two last-semester students of each course (medicine, pharmacy, nursing and dentistry)

Rural Health Internship Federal University of Amazonas



Portable Telehealth



Simulated product

Biosignal telemonitoring devices (ECG, spirometry, stethoscope, etc.)

Glucometer, thermometer, pulse oxymeter

PDA

Teleconference software

Internet-enabled mobile or satellite phone

Wireless network enabled

Satellite VSAT modem



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1st Brazil-Canada Symposium on Aboriginal Telehealth

Manaus, Amazonas July 2005



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Thank you for your attention!