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HEALTH, FRONTIER AND ANTHROPOLOGY: INTERWOVEN DIALOGUES

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ABSTRACT

Background: The study of frontier regions involves several areas of action. Thus, it is necessary to study and demonstrate the importance of establishing dialogue between the two areas of knowledge, apparently theoretically and methodologically distant, but which resemble each other in terms of their object of scientific interest: man and his numerous interlocutions with the biological and socio-cultural world.

Objective: This research was carried out with the objective of delineating some aspects related to the frontier and its intersections with the areas of health and anthropology.

Methods: it is a bibliographical and documentary study. The theoretical framework that composes the text is a tributary of theoretical reflections and empirical research, both from the area of health and from anthropology, specifically the subfield called anthropology of the frontier.

Conclusion: the study demonstrated that a closer approximation between the disciplines of health and anthropology is necessary. This approach would contribute greatly to the solution of several problems of sociobiological order that are sometimes expressed in the physical body, or in the social body.

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INTRODUCTION

Access to health at the borders of Brazil with other countries has been a serious problem for Brazilian authorities. The financial resources destined to the care of Brazilians are not sufficient to attend foreigners who require medical treatments or consultations. However, care is provided for all persons, since the denied assistance according to the Brazilian Penal Code (Art. 135) is considered a crime, and penalties of imprisonment and fine are still possible (BRASIL, 1940). On the border between Brazil and Paraguay, in the Brazilian city called Ponta Porá and the Paraguayan city named Pedro Juan Caballero, people usually make use of the health services offered by Brazil through the Unified Health System (SUS). However, it is not only the Paraguayans who live in Pedro Juan Caballero who make use of the services of the SUS, but

also the Brazilians who live in Paraguay, the so-called "brasiguaios". In fact, Brazilians living within Paraguay are not accounted for when census registrations occur in Brazil, which hinders the transfer of resources to the Brazilian border cities that usually serve them. According to Brazilian Law No. 6.815 / 80, known as the Statute of the Foreigner (BRASIL, 1980), foreigners living in Brazil are guaranteed access to the health system. According to article 95 of the abovementioned Law, foreigners living in Brazil have the same rights as Brazilians, under the terms of the Constitution and the laws. For undocumented immigrants, access is provided through some conditions such as worsening health cases to a critical level, which forces professionals to care for the patient. An efficient strategy for accessing Brazilian health services is the rental of addresses by foreigners. This practice to prove residence at the Brazilian service stations consists of obtaining water and / or light tickets from people living in Brazil. In the face of such considerations, there are sometimes negative feelings - or strengthening existing ones - on the part of the Brazilians in relation to the Paraguayans and vice versa. The

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situation is paradoxical, there are Brazilians who lend or rent addresses to Paraguayans, as well as Brazilians who not only condemn the practice itself, but also the use of Paraguayan services in any way. The issues regarding the strategies adopted in the process of obtaining health services on the border between Brazil and Paraguay are emblematic in relation to the identity manifestations that exist in this region. Unveiling the dynamics that permeate these expedients is fundamental to understand not only how health care works at that particular border, but how Brazilians and Paraguayans perceive and represent themselves in this interaction. The knowledge of the dynamics of action presented in this manuscript will serve as a subsidy for the elaboration of public health care policies on the border between Brazil and Paraguay.

Border concepts (The border and its concepts)

The concepts that surround the notion of frontier is in itself a complex question, since in the process of its possible definitions it is necessary to consider the polysemic character of its nature. The notion of what constitutes a frontier is still associated with the idea of limit, of barrier, that determines territories and establishes discontinuities, preventing the free communication and contact between the peoples that inhabit these spaces (NASCIMENTO, 2013). In the following, the border can be interpreted as a political-administrative category in which the division between two nations is given by an imaginary line whose function is to separate two countries. In this manner, the frontier is a target and instrument of manipulation on the part of the Nation-States, since its existence is relegated to a kind of symbol that has the objective to communicate an ideology and a warning (RAFFESTIN, 1993). For some authors, the frontier is associated with the concept of State, in what refers to the territorial limits that it creates artificially. In this way, the boundaries appear spatially and temporally as records of the connections and multiple interrelations involving the states and local communities that they delimit (DONNAN; WILSON, 1998). This concept of boundary bounded by boundaries and barriers is attributed to the work of the German geographer Friedrich Ratzel who defined the frontier as a geographical line that had the objective of dividing distinct territories.

Such a concept lasted until the advent of the Industrial Revolution and the consequent expansion of the world economy. Thus the notion of an unbreakable and fixed frontier has lost its meaning in the face of the multiplication and constant transit of multinational companies and of all apparatus associated with them. Foucher (2009) idealizes the borders as a structure within a delimited space, which has the function of geopolitical uncertainty and discontinuity, in addition to delimiting socio-spatial, symbolic and socio-cultural records. So that, Records that are expressed in the intricate exercise of power by the state, in the symbolic construct that identifies one region of the other. From the foregoing, it is necessary to recognize the fact that the definitions of the boundary category are not restricted to the geographically socially constructed landmarks to circumscribe them. The frontier oscillates between civilization and barbarism; between space and time; between diverse and divergent ways of conceiving the world. In addition to the geographical aspect, the border is, mainly, the border of the human (Martins, 2009).

From the perspective of anthropology: frontier, cultureandsociety

In the field of anthropology, for decades the border issue has attracted the attention of thinkers. However, it is from the end of the 20th century and the beginning of the 21st century, with the advent of the so-called globalization and associated processes, that the theme gains prominence and inspires a growing volume of research. Among the researchers of this period are Donnan and Wilson (1994, 1999), Alvarez Júnior (1995), Thomassen (1996), Richard W. Slatta (1997, 1998) and so on. Several researchers have begun a process of gestation of a productive subfield that became known as Border Anthropology. This new subfield addressed the ways in which national boundaries affected local populations, and how people in those areas were influenced by the direct discourse of a developing state (DONNAN; WILSON, 1994). Scientific investigations were oriented to the exploration and interpretation of micro-relations, existing economic and socio-cultural exchanges whose genesis is due to the constant transits between the borders. In this context, in addition to people and the exchange of goods, there was concern about the identification of the role of territories and peripheral populations in the construction of the State and nationality, which were previously restricted to areas considered central (BANDUCCI JÚNIOR, 2011). Anthropology thus conceived has a unique relevance in which it assumes an important role in relation to the thematic concerns of the social sciences. That is, the anthropology of borders is notable for the theoretical-methodological concern that particularizes it, such as the arrangements and negotiations in which the issues of identity in places where it is expected that identity is only manifested as a problem (DONNAN; WILSON, 1994).

According to Machado (2009), the question of the border has awakened a series of analyzes that have as object the migratory processes. According to Machado (2009) the processes that have their dynamics nuanced by meticulous examination of hybridizations and/or miscegenations. That is to say, the path consists of the evaluation of the displacements that have occurred in the analyzes that have the processes of interculturality as object, especially in border contexts nuanced by geopolitics. In this sense, what Machado proposes is the scientific investigation of the processes of hybridization and miscegenation in contexts in which the geopolitical character, although existing, does not influence and / or determine such processes. Grimson (2003) asserts that the contemporary perspective that drives and promotes such research aims to undertake an examination aimed at understanding how border identity negotiations affect the construction of new meanings of nationality, just as new policies defined from the political-economic centers transform daily life and the experience of local people. The frontier and the conceptions contribute with regard to the elaboration of explanations pertaining to contemporary cultural processes, especially those explanations that are intrinsically related to the phenomena that refer to the economic and symbolic aspects of what is conventionally termed globalization. On the part of researchers linked to the universities and institutional representatives of governments, one can see the obscure use of the frontier category. Such obscurity with respect to the concept of frontier can be easily ascertained in brief examination of the diplomatic rhetoric adopted by the states' representatives, as well as in academic essays and cultural studies (GRIMSON, 2000).

Grimson (2000) highlights in the category of duplicity one of the most striking features of the concept, constituting at the same time an object (concept) and a concept (metaphor). It fluctuates between the materiality of the constant physical boundary of maps and treaties and between the undeniable influences and cultural and symbolic exchanges that take place between the peoples who inhabit the frontiers. In this way, the frontier is divided into physical boundaries marked by cultural boundaries and territories, which in its turn rests on the domain of symbolic phenomena. This division only reinforces the understanding that the boundaries between states and, presumably, between nations, form conceptions of boundaries fixed in physical space, but which retain in their essence a diverse range of other senses that are not always verbalized and / or perceived (GRIMSON, 2000). In this context, the frontier in its historical aspects presents itself both to the geographically considered local community and to a type of anthropology that considers in its analyzes and investigations the relation between State, nation, territory and identifications. (GRIMSON, 2003, p. 20). However, it is impossible without imbrications, the efficient elaboration of diagnoses that ambition to give explanations on the innumerable situations that the borders can generate.

As noted by Leach in 1960 in his study entitled *Essay on Burma*, where he analyzed the intense flows between cultures by problematizing the traditional conception of political boundaries; "political boundaries have varied meanings built by local people who experience the experience of crossings and state controls." In his work he analyzed the dynamic interpenetration of cultures through various prisms, such as the political, ecological, economic, and kinship nature (HANNERZ, 1997). Other authors such as Vila (2003) also support this holistic approach that intends to understand the multiple and multifaceted frontier faces. He does not believe that the analysis of the problems of an economic and social order can be removed from the efforts made to construct knowledge that offers diagnoses, and perhaps prognoses, about contradictions, conflicts, and dislocations of identity in the context of frontier populations. According to the author, many of the problems mentioned are generated from this context, where all the listed elements are embedded: the social, the economic, the political and the cultural. According to Rosaldo (1993), the literal interpretation of sociocultural phenomena involving boundaries also implies an analysis of the social theater and the symbolic dimensions associated with it.

Access to the SUS at the border of Pedro Juan Caballero (PY) and Ponta Porã (BR)

In the frontier region of Pedro Juan Caballero and Ponta Porã there are disagreements between Brazilians and Paraguayans, especially in questions related to ethnic identity and national identity (NASCIMENTO, 2012). In health care, such disagreements are also present. It generates discomfort among Brazilians in Paraguayans' demand for health services in Brazil, since they erroneously believe that this search irreparably damages the health system at the border. Brazil has borders with ten different countries, totalling 15.719 kilometres, which is equivalent to 27% of the national territory. It has an extension of 150 kilometers of height equidistant to the terrestrial boundary of the country. In this border region are contained 588 municipalities, eleven states bordering ten countries in South America, where approximately 10 million people live (GADELHA; COSTA,

2007). The health area is the target of interest with regard to the services and actions developed in the municipalities participating in the Common Market of the South (MERCOSUL), since, apart from the economic intentions of the Block, there is a relevant increase in the number of individuals of foreign nationality who seek to use the health services and actions offered in Brazil (NOGUEIRA *et al.*, 2016). However, foreign citizens residing in Brazil do not have national rights regarding citizenship and access to services provided in the health area in Brazil. Such circumstances bring some discomfort to those responsible for regional systems. Faced with such facts, administrators are pressured to provide medical care to the allochthonous population, even though they do not have technical capacity and pecuniary income in their structure of action. On the other hand, the demand from foreigners for the services offered by the health area in the Brazilian borders is not as expressive as some managers and authorities in the borders affirm. According to Tamaki *et al.* (2008), although the managers 'and authorities' discourses emphasize that 40% of the healthcare budget allocated to the region is spent on care of foreigners, such information is not confirmed. In fact, the data collected for the preparation of a health diagnosis in the border municipalities of Mato Grosso do Sul point to the inexpressiveness of this demand.

According to Dal Prá (2006) and Tamaki *et al.* (2008), a large problem for border municipalities is the demand for health services in Brazil by Brazilians who are not resident in the country. Brazilians residing outside the Brazilian borders are not measured by the censuses carried out in the country. Therefore, the transfer of funds to municipalities are not statistically estimated in the computation that considers the demand, allocation and distribution of the resources of the network of health care provision service (TAMAKI *et al.*, 2008). According to Tamaki *et al.* (2008), the demand is not so expressive to overburden the costs directed to health in the Brazilian municipalities. In fact, it exists and must be considered when allocating resources or elaborating public policies aimed at access to health in border regions. From these cited circumstances, obstacles are identified in order to provide decent access to health prescribed by the Brazilian Federal Constitution of 1988, that is, access in a universal and integral way. The main existing reasons that may contribute to and influence the search for health services in the Brazilian borders by the paraguayan and brasiguaios, is a lack of hospitals and an easy access, since they are economically more vulnerable populations. According to Peiter (2005), access to health in the conurbated border spaces, also called twin cities, the interaction is more accentuated. Peiter (2005) states that the search for health services in the border regions is due to the reputed service, that is, of better quality and / or free.

Paraguayans and brasiguaios who live in precarious and financial conditions, resort to SUS do Brasil in search of care. Thus, this fact reflects in the organizational and structuring process of the health system of the frontier municipalities and, consequently, in the socio-cultural and economic life of its populations. In border towns, health services offered acquire an unparalleled relevance and dimension in the daily life of individuals living and traveling in these spaces, that is, in relation to the possibility of providing or restricting their access, collaborating or not in order to guarantee health rights. According to data collected from the Municipal Health Secretaries on Brazil's borders, there is a disparity on the part of foreigners regarding the search for health services offered

by SUS at the border. According to this information, there is a demand for care in the SUS in 75% of the municipalities, and this demand intensifies considerably in 36% of the regions (Giovanella *et al.*, 2007). The demands with greater incidence occur in regions whose limits reach Paraguay. For 70% of the municipal secretaries, these demands of foreigners reach nine of the 12 services listed by foreigners in relation to the form of service frequently sought in the SUS of the municipality by border country. In this case, the most prominent are the Brazilian municipalities bordering Argentina, Paraguay and Uruguay, 2005 (Giovanella *et al.*, 2007). The authors Travassos and Martins (2004) in relation to accessibility classifies it in two dimensions: the socio-organizational (in which are present the offer of services and its main characteristics); and geographic (related to the notion of space, in which there is the possibility of measuring the variables related to distances, linear, time and locomotion, cost of travel, among others). According to Pereira (2000), access to health brings in its dynamics multifaceted characteristics, among them those of an economic, social and cultural character that go beyond the spheres of health care. Regarding the use of health services, it is undeniable to recognize the determining influence of socioeconomic and cultural conditions, which interpenetrate the intersect oral aspects rooted in the political structure of each country, as well as the spaces of power that characterize them. However, the realization of a project in which equity is the theme cannot fail to take into account that the emphasis on the accessibility of health services is an extremely important element (Nogueira; Silva, 2007). The main inconvenience caused by foreigners and brasiguaios when searching for the SUS in Brazil, as well as in other countries, is the burden caused to the service networks destined and designed to accommodate only their nationals. Therefore, although there is the service to foreigners, it is always based on the difficulty in access and the poor quality of the service demanded Albuquerque (2012).

Conclusion

The border is not limited to national landmarks erected to separate strips of legally divided territories. As Goettert (2013) observes, a frontier of greater expansion and more perceptible to the senses, can obscure those smaller borders, less visible and tangible. The small borders express themselves in relation to access to health through representations verbalized daily by both Brazilians and Paraguayans. Regarding the references to representations originating from the border population, notably that portion that makes effective use of the health services offered by SUS in Brazil, there is no knowledge produced in this respect, specifically on the frontier of Pedro Juan Caballero (PY) and Ponta Porã (BR). Currently, the research carried out only privileges the testimonies and representations coming from those who have ties with the State in its most diverse forms, as can be observed in the works of Peiter (2005), Giovanella *et al.* (2007), Tamaki *et al.* (2008). Regarding the difficulties of access due to the documentation required to be taken care of by the SUS, the strategies used are sometimes risky, that is, the use of borrowing documents that prove residence in Brazilian territory may sometimes not work. Most used documents are those that do not have photographs accompanying the anthropology, such as extracts of electricity tariffs, water bills and the certificate of contribution of the individual (SILVA; NOGUEIRA; SIMIONATTO, 2003).

Assistance to foreigners in Brazil may occur when the patient's health condition worsens until the risk of death is imminent. In face of this situation the service in Brazilian stations can be requested. In fact, if there is a refusal to attend to health professionals, these would result in a very serious ethical lack, being penalized by the annulment of the medical record; and may still be liable for the crime of omission of distress. The results presented in this manuscript show the intricate socio-cultural universe that the frontier delineates, revealing the various difficulties that exist with regard to the apprehension and interpretation of the phenomena brought about by the peculiar dynamics of these frontier spaces. Given this context, the possible dialogues between disciplinary and theoretical-methodological fields from the areas of health and anthropology are extremely important, specifically in relation to the efforts made and to be carried out in the elaboration of solutions to the demands of the populations that inhabit, or in the border areas of countries bordering Brazil.

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