

Toward an Intercultural Praxis in Colombia: Health Experiences among Internally Displaced Indigenous and Afro-descendant People Living in Bogotá

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Olivia Charicha. Emberá woman who interrupted a Senate meeting on August 2018 to speak on the humanitarian crisis the Emberá are facing in Bogotá.

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Indigenous and Afro-descendants in Latin America and the Caribbean have been discriminated and marginalised during the colonial period and after the creation of the new republics. In Colombia, they are among the poorest populations and have some of the worst health indicators in comparison to the *mestizos*. Even more, Colombia has experienced internal armed conflict for more than 50 years and it has the largest number, Syria second, of internally displaced persons (IDP) worldwide, with 7.7 million IDP as of 2016. In addition to the historical discrimination faced by indigenous and Afro-descendants, they have also been disproportionately affected by the armed conflict and forced displacement.

The Paula-Ann award supported my fieldwork in Bogotá, Colombia for the completion of the dissertation towards my MSc studies in Practising Sustainable Development. With this award I covered the transportation and food expenses of participants and myself throughout the three weeks of the execution of the research project. I used qualitative data (individual and group semi-structured interviews, and participant observation) to understand the health experiences of the indigenous Misak, the Emberá, and Afro-descendants in Bogotá. I analysed their experiences through the lens of interculturality to examine the intersection between ethnicity, displacement, health, and right to health.

I used the notion of interculturality presented by Catherine E. Walsh who states that the acceptance of a multicultural society should go beyond concepts of respect, tolerance, and recognition of diversity. Instead, it should advocate for new forms of societies in which there are not only economic and political changes, but also the inclusion of other cosmologies including the relationship with nature, with ancestral memory and practices, and with spirituality. These changes should therefore include the experiences and inputs of indigenous and afro-descendants in Latin America.

The findings from the research note that when arriving in Bogotá, health problems are exacerbated especially among those groups with strong relationships with their natural environment, sense of collectivity, and use of traditional and cultural practices. Access to other basic needs that are interrelated with health is also challenging; this is exacerbated due to their lack of skills for urban settings and the discrimination they experience. There seems to be a governmental commitment toward the implementation of ethnically-differentiated programs; however, such implementation is slower than ideal. The Program for Psychosocial and Integrated Health Care for Victims (PAPSIVI) is a clear evidence of this issue.

It is my suggestion that for Colombia to move toward an intercultural praxis and to better guarantee the right to health to internally displaced indigenous and Afro-descendants, it is essential to provide the necessary support these communities need to obtain equal treatment and access to socio-cultural relevant services.