

## SUBMISSION OF THE GOVERNMENT OF BRAZIL

QUESTION 7 - Due to the transversality and complexity of the theme, specific governmental actions focused on artisanal and small-scale gold mining (MAPE) will be the scope of the National Action Plan (PAN), which is currently in the process of being structured in Brazil, under the coordination of the Ministry of Mines and Energy (MME). The PAN aims to develop and establish a plan to reduce and, if possible, eliminate the use of mercury in MAPE and, consequently, the emissions and releases of mercury to the environment, in accordance with the guidelines of the Minamata Convention.

The Unified Health System (SUS) is supported by the fundamental principles of universality, integrality and equity in access to health, guaranteeing any citizen access to its wide network of services, from primary care to medium and high complexity services.

The Ministry of Health is responsible for promoting the implementation of intersectoral policies and actions to promote equity in health, in order to welcome and articulate the demands of groups in situations of inequity so as to have access to health care with an aim to overcoming social inequalities and vulnerabilities.

In this sense, we highlight the elaboration of the Clinical Protocol and Therapeutic Guidelines for Mercury Poisoning Mercury, within the scope of the Sectoral Plan of Implementation of the Minamata Convention, which aims to guide the SUS health teams regarding the identification, diagnosis, treatment, monitoring and health surveillance of individuals and populations exposed to mercury. This one is in its preparation phase by the General Coordination of Environmental Health Surveillance (CGVAM) and has its conclusion planned for the year 2022.

The notification of suspected and confirmed cases of mercury poisoning is compulsory and done on a weekly basis, and these data must be entered in the Information System of Notification Grievances (Sinan), through the investigation file for exogenous intoxication. Specific guidelines regarding the notification flow and the responsible parties for it can be consulted at the publication "Guidelines for the notification of mercury poisoning", available at <[https://www.gov.br/saude/pt-br/centraisde-conteudo/publicacoes/publicações-svs/vigilanciaambiental/cartilha\\_notificacao\\_mercurio\\_11\\_2021-subir.pdf](https://www.gov.br/saude/pt-br/centraisde-conteudo/publicacoes/publicações-svs/vigilanciaambiental/cartilha_notificacao_mercurio_11_2021-subir.pdf)>

QUESTION 8 – With the objective to help the actions of agents involved in the inspection of activities in which metallic mercury residues can be seized, the Brazilian Institute of the Environment and of Renewable Natural Resources (Ibama) prepared the "Practical Guide to Waste Management of Seized Metallic Mercury", promoting the environmentally sound disposal of these wastes and eliminating environmental liabilities generated in these operations. This Guide had the collaboration of the Ministry of Health, within the scope of the Project "Development of Initial Evaluation of the Minamata Convention on Mercury in Brazil" ("MIA - Brazil Project").

QUESTION 13 - The aforementioned Convention was signed by Brazil in 2013, ratified by Legislative Decree no. 99, on July 6, 2017, and enacted by Presidential Decree 9,470, on August 14, 2018. Also, in July 2016, a Working Group (GT) was created so as to elaborate strategies for its implementation within the health sector, formalized in 2018 through the Ordinance No. 2,197, of July 20, 2018.

In addition to the above, it is important to reiterate that, in Brazil, mercury is one of the substances considered as a priority regarding the performance of environmental health surveillance, according to Ordinance No. 1, of March 7, 2005.

At the federal level, health surveillance of populations exposed to mercury has been developed with the aim of complying with the recommendations of the Minamata Convention and of the World Health Organization (WHO), in the light of local specificities and guidelines of the National Health Surveillance Policy (PNVS), established by Resolution No. 588/2018.

In the context of the health sector, the publication of the Resolution of Collegiate Board No. 143, on September 15, 2017, aims to prohibit throughout the national territory the manufacturing, importing and marketing, as well as of the use in health services, of mercury and its dust for non-encapsulated amalgam alloys suitable for use in dentistry. The measure meets the recommendation of the Minamata Convention for the "phase down" stage of the dental amalgam and contributes not only to occupational safety, but also curbs the deviation of the use of mercury from dental amalgams to MAPE.

QUESTION 15 - Regarding the role of the Ministry of Health in guaranteeing indigenous health, it is reported that the Subsystem of Indigenous Health Care (SASISUS) was created in 1999, by the Law No. 9,836/1999, which added articles 19-A to 19-H to Law no. 8.080/1990. The actions of primary health care are carried out by the Special Secretariat for Indigenous Health (SESAI), through the Special Health Districts for

Indigenous Peoples (DSEI) ,and are in line with the National Policy for Indigenous People's Health Care (PNASPI), which is part of the National Policy of Health, matching the determinations of the Organic Health Laws and those of the 1988 Federal Constitution, which recognize the ethnic and cultural specificities of indigenous peoples and their territorial rights.

The SASISUS has 34 DSEI, which are the units responsible for the execution of primary care actions regarding the health of indigenous peoples on lands and indigenous territories. As for the indigenous people in an "urban context", health care is the responsibility of states and municipalities, according to the principles and guidelines of the Unified Health System. At medium and high complexity level, actions are developed by the SUS health care network.

It is also worth noting that SESAI assists more than 750,000 indigenous people, distributed in more than 6,000 villages (SIASI, 2022). Health actions are developed by Multidisciplinary Health Teams (EMSI) composed of at least one doctor, nurse, nursing technician, dentist, oral health assistant or technician (ASB/TSB) and Indigenous Health Agents (AIS), and may include other categories such as nutritionist, psychologist, anthropologist, among others. More than 15,000 people work at SESAI workers. More information about the performance of SESAI within the health of indigenous peoples are summarized in the publication "Indigenous health: a constitutional right", sent to the electronic address of the Post.

Aware of the dangers of mercury contamination, which affect indigenous peoples, on January 7, 2022, SESAI began to deal with, in partnerships with the state management and the state of Pará, with the Oswaldo Cruz Foundation, and other partners, create a Reference Center for Treatment of Diseases Caused by Exposure to Mercury.

In addition to the health care already provided to the indigenous peoples, in this Center, it will be possible to study and directly address specific cases that affect the indigenous peoples.

More information about the action was released on the SESAI institutional video available at: <https://www.youtube.com/watch?v=mGaXWFWn6Kk>.

QUESTION 16 - With regard to the establishment of a governmental forum or public consultation with the indigenous peoples about mercury contamination by MAPE, it is worth mentioning that the National Policy for Attention to Indigenous Health guarantees the right to participation and effective action by indigenous communities on the health agenda, through social control.. In this sense, it is defined, in its article 4.9, the manner in which such participation will occur:

"Art. 4.9 - Social control (...)

Indigenous participation must occur in all stages of planning, implementation and operation

of the Special Indigenous Health Districts, contemplating formal and informal expressions.

This participation will take place in particular through the constitution of Local Councils and Indigenous Health Districts; by Macroregional Meetings; by the National Conferences of Health Care for Indigenous Peoples and National Forum on the Indigenous Health Policy and the presence of indigenous representatives on the National, State and Municipal Health Councils".

The Brazilian State, whenever necessary to approve a regulatory framework, an environmental enterprise or an initiative aimed at indigenous peoples, establishes a procedure for consulting these peoples, as well as establishes the ILO Convention 169, currently in effect by Decree No. 10,088, of November 5, 2019. In this sense, the Brazilian State has acted and oriented project managers, for example, according to the content on the portal of National Land Transport Agency on the ILO Convention 169:

<https://portal.antt.gov.br/conven%C3%A7ao-n-169-da-oit-indigenous-and-tribal-peoples>.

QUESTION 17 - Regarding the evaluation of studies on the health of indigenous peoples linked to exposure to mercury, there are studies developed by institutions of teaching and research, carried out in priority regions due to the presence of illegal mining.

By way of information, we present the reports carried out in the areas assisted by the Special Sanitary Districts for Indigenous Peoples of the Yanomami and Tapajós River:

a) "Impact of mercury on protected areas and peoples of the forest in the eastern Amazon: an integrated approach combining health-environment methodological aspects and preliminary results", sent to the electronic address of the Post, and

b) "Assessment of environmental exposure to mercury from gold mining activity on indigenous Yanomami land, Roraima, Amazon, Brazil", sent to the Post's electronic address.

Notwithstanding SESAI's performance in the prevention and treatment of diseases that affect indigenous peoples, other organs of the Brazilian state have been dedicated to the theme, such as the Public Ministry, a specific and

singular body of the Brazilian state, foreseen in the article 127 of the Federal Constitution, and the Foundation Osvaldo Cruz, a specific body linked to the Ministry of Health, which aims to promote health and social development, generate and disseminate scientific and technological knowledge, and to be an agent of citizenship.

In joint action by public authorities, in November 2020, were presented the preliminary results of a research carried out by a multidisciplinary team approach on the impact of mercury in protected areas and the forest peoples in the eastern Amazon.

At the end of the event, some recommendations for the protection of indigenous peoples in the region were presented. More information about the initiative can be checked at:

<https://www2.mppa.mp.br/noticias/pesquisa-sobre-exposicao-ao-mercuro-em-areas-indigenas-e-apresentada-no-mppa.htm>, or at <https://portal.fiocruz.br/noticia/estudo-analisa-contaminacao-por-mercuro-entre-o-povo-indigena-munduruku>.

QUESTION 18 - In order to expand the access to health of traditional peoples and communities the following ordinances were published:

- a) Ordinance GM/MS No. 3,396, of December 11, 2020, which provides for the transfer of federal funding for the strengthening of equity actions in Primary Health Care, according to the 2020 Budget Action, considering the registration of traditional peoples and communities; and
- b) Ordinance GM/MS No. 4036, of December 29, 2021, which provides for the transfer of federal funding for the strengthening of equity actions in Primary Health Care, considering the registration of quilombola populations.

In addition, it is worth mentioning that SESAI also performs sanitation actions in the villages, such as the treatment and distribution of drinking water for human consumption and solid waste management.

Prevention actions are carried out by SESAI, such as the training of health managers so as to face that challenge. As an example, we have the training for risk situations and manifestations of intoxication carried out by SESAI, focusing on mercury contamination. More information can be obtained at: [https://www.gov.br/saude/pt-br/assuntos/sesai\\_noticias/sesai-promove-i-oficina-sobre-contaminacao-por-mercuro](https://www.gov.br/saude/pt-br/assuntos/sesai_noticias/sesai-promove-i-oficina-sobre-contaminacao-por-mercuro).

In addition to awareness-raising actions by indigenous health agents, we can report that the Brazilian state has acted to advise indigenous peoples regarding mercury contamination. As an example, we have an action taken

by the Federal Public Ministry, carried out in October 2021, including a debate with indigenous people about mercury contamination. The information can be checked at:

<http://www.mpf.mp.br/pa/sala-de-imprensa/noticias-pa/em-itaituba-pa-mpf-debate-com-indigenas-sobre-contaminacao-por-mercurio-e-vistoria-unidade-gestora-de-saude>.

It is also reported that, through the DSEI, indigenous health actions are carried out, including the peoples who are in areas and regions impacted by the presence of artisanal gold mining, among which we can highlight the monitoring of the health of this population, and the development of health education actions, mainly related to dietary practices, specially regarding the consumption of fish and turtles.

Question 19 - Among laws that deal with mercury in Brazil, we can highlight the promulgation of the Decree No. 9,470, of August 14, 2018, from the Minamata Convention on Mercury.

The Brazilian Federal Constitution itself, published in 1988, in its article 231, deals with the protection of indigenous peoples and their territories. In that regard, paragraph 6 of the aforementioned article highlights that "They are null and void, not producing legal effects, the acts that have as their object the occupation, dominion and possession of the land referred to in this article, or the exploitation of the natural riches of the soil, rivers and of the lakes pertaining to those lands."

These are some examples of Brazilian legal regulations regarding mercury and the mining operations in indigenous territories.

Finally, we can recall that - activities that cause environmental damage and the contamination of indigenous lands are liable to inspection and punishment by the Brazilian State.

In this sense we can quote, for example, some articles that disclose operations carried out eyeing the inspection and protection of indigenous lands:

Federal Police Operations:

In January 2021:

<https://www.gov.br/pf/pt-br/assuntos/noticias/2021/01/policia-federal-combate-garimpo-na-terra-indigena-yanomami>;

In August 2021:

<https://www.gov.br/pt-br/noticias/justica-e-seguranca/2021/08/pf-deflagra-operacao-para-combater-garimpos-ilegais-em-terras-indigenas-do-para>;

In december 2021:

<https://www.gov.br/anac/pt-br/noticias/2021/operacao-yanomami-interdita-111-aeronaves-utilizadas-em-crimes-ambientais>.

Operations of the Brazilian Institute of Environment and Renewable Resources:

In August 2021:

<https://www.gov.br/ibama/pt-br/assuntos/noticias/2021/ibama-desarticula-rede-de-desmatamento-ilegal-que-atuava-na-terra-indigena-apyterewa>;

In December 2021:

<https://www.gov.br/ibama/pt-br/assuntos/noticias/2021/ibama-desarticula-pista-de-pouso-clandestina-em-terras-indigenas-yanomami-em-roraima>.

National Indian Foundation:

Actions in the year of 2021:

<https://www.gov.br/funai/pt-br/assuntos/noticias/2022/balanco-2021-funai-investe-r-34-milhoes-em-acoes-de-fiscalizacao-em-terras-indigenas>;

In January 2022:

<https://www.gov.br/funai/pt-br/assuntos/noticias/2022/com-apoio-da-funai-policia-federal-deflagra-operacao-caribe-amazonico-de-combate-ao-garimpo-ilegal-no-rio-tapajos>.