**Inputs to the Report of the Special Rapporteur on the rights of indigenous peoples to the General Assembly: Impact of COVID-19 on indigenous peoples**

Submitted by:

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**Impact of national emergency measures on land security, land tenure and increased vulnerability to land grabbing and imposed development impacting indigenous peoples lands and waters during the COVID-19 pandemic**

Invasions on indigenous lands and the absence of enforcement measures increase the risk of infection of indigenous individuals and violate their right to maintain refuge, shelter and isolation during the Pandemic. In the Yanomami Indigenous Land (TIY), for example, a study carried out by the Instituto Socioambiental, published on June 1, 2020, demonstrated that the absence of effective territorial control can result in the infection, on average, of 40% of the population close to the mining sites[[1]](#footnote-0).

State measures regarding land rights and environmental protection taken during the pandemic represent setbacks in socio-environmental policies and consequent violations on the rights of indigenous peoples and traditional populations. As a result of these measures, an explosion of deforestation, invasions and a growing private interest in these lands of the Union are observed.

The president of the National Indian Foundation (Funai), the agency responsible for the official indigenous policy and linked to the Ministry of Justice, issued the Normative Instruction Nº 9/2020 on April 22, 2020, which profoundly changes the issuance regime of the document called “Declaration of Recognition of Limits.” Until then, the document had the purpose of providing, to the owners of rural properties, the mere certification that the limits were respected with the neighboring properties where indigenous people live. Now, Funai will certify that the limits of real estate and even of possessions (occupations without public deed) do not affect Indigenous Lands only in the case of those approved by decree of the President of the Republic. This measure puts at risk at least 237 demarcation processes for Indigenous Lands that have not yet been concluded, conferring documents on invaders and legitimizing the invasions. The measure also encourages new invasions in areas that have not yet been completely regularized due to the delay of the Brazilian State.

The Brazilian Institute of Environment and Renewable Natural Resources (Ibama), the executing agency of the National Environment System (Sisnama), aims to materialize and implement the government policies and guidelines set for the environment, including inside indigenous lands. However, the agency has been reducing inspection efforts and replacing experienced analysts and superintendents by military personnel with no experience in the environmental field. In April 2020, an operation to combat illegal mining in indigenous lands led to the dismissal of the director of Environmental Protection at Ibama in Brasília, demonstrating that enforcement actions in indigenous lands are being discouraged by the current government[[2]](#footnote-1).

Deforestation rates keep rising during the pandemic as well. From February to May 2020, official data from the Deter system[[3]](#footnote-2) for the Legal Amazon reported deforestation and forest degradation alerts in 2,142 km2. In April 2020, the Deter system detected an increase of 171% in deforestation in relation to April 2019 and the largest deforestation occurred in the last ten years in this period of the year. In May 2020, again, data from Deter showed a further increase and May was the month with the largest deforestation warning area in 2020, with 612 km2 of deforested areas. From January to May 2020, deforestation alerts increased by 32% compared to the same period in 2019. Although the smallest part occurs in Indigenous Lands (3% of the total), this has been putting great pressure on the ways of life and rights of indigenous peoples in the country.

**Incidence, mortality rates and increased risk of infection in indigenous communities**

On April 22, 2020, the Oswaldo Cruz Foundation (FIOCRUZ), a research institution linked to the Ministry of Health, was already warning the Brazilian government: “the exponential growth of confirmed cases of Covid-19 in the Brazilian population and the clear movement of viral circulation towards the hinterland, in particular in the northern states of Amazonas and Amapa, is an alert for us regarding the impact of this pandemic on indigenous peoples.” The study also warns of the greater vulnerability of indigenous peoples from an epidemiological point of view. “There are various international studies comparing the situation of indigenous peoples in different regions of the world, showing they are always at an economic, social and health-related disadvantage when compared to other groups in the same locations. This also happens in Brazil.”[[4]](#footnote-3)

A study of April 18, 2020 carried out by the Instituto Socioambiental (ISA) in partnership with the Federal University of Minas Gerais (UFMG)[[5]](#footnote-4), on the vulnerability of Indigenous Lands to Covid-19, shows that 293 Indigenous Lands in Brazil have above-average vulnerability rates. The high level of social vulnerability indicates that the indigenous population suffers limitations in health care, has the worst life expectancy at birth, has low levels of education and limitations in water supply and sanitation. A high percentage of the indigenous population can be impacted due to the high transmissibility of the disease, social vulnerability of isolated populations and limitations related to medical assistance and logistics for transporting the sick.

The territories located in the states of Amazonas, Para and Roraima concentrate more than 70% of deaths. Recent data compiled by the Coordination of Indigenous Organizations of the Brazilian Amazon (Coiab) together with the Amazon Environmental Research Institute (Ipam) indicate that the fatality rate by Covid-19 among the indigenous population in the Amazon is 150% higher than the national average, and the disease has an incidence 84% higher than in the rest of the population, and at least 30% of the health districts analyzed have a high risk of contagion due to deforestation and the actions of land grabbers and miners[[6]](#footnote-5).

Collaborative efforts have been made to better detail the dimension of the epidemic among indigenous people, such as the Articulation of Indigenous Peoples of Brazil (APIB) monitoring, and inconsistencies in relation to official data have been identified. As an example, on June 18, 2020, the data from the Special Secretariat for Indigenous Health (Sesai) totaled 4,185 confirmed cases and 117 fatalities[[7]](#footnote-6), while the APIB monitoring presented a more intense scenario of 7,208 confirmed cases and 332 cases[[8]](#footnote-7). The numbers registered by Sesai considered only the cases in homologated indigenous lands, and the APIB data has been collected based on information from indigenous organizations, Sesai itself, Health Secretariats of municipalities and states, and the Federal Prosecution Service.

In addition, the lack of data disaggregation makes it difficult to recognize the regions and peoples most affected by the pandemic. The Secretary of Indigenous Health, Robson Santos da Silva, in an interview with ISA[[9]](#footnote-8), informed that Sesai is considering suspected and confirmed cases and deaths from the new coronavirus only among indigenous people living in the countryside and that those living in cities will be assisted by the conventional services of the Brazilian Unified Health System (SUS). This measure does not consider that these collectives have the right to receive health care adequate to their cultural identity, and it prevents the effective monitoring of epidemiology and dissemination of Covid-19 among indigenous peoples, as well as the implementation of control and prevention measures.

In São Gabriel da Cachoeira, a city in the countryside of the State of Amazonas, although it holds 7 indigenous lands where 23 ethnic groups live, 50% of the population lives in the urban area of ​​the municipality. Public data make no distinction of city dwellers between indigenous and non-indigenous. As a result, considering that São Gabriel da Cachoeira has an 85% indigenous population, more than 2,000 confirmed cases in São Gabriel da Cachoeira are not listed as indigenous cases in the official statistical data of the Federal Government. The same reality extends to the state of Amazonas, a region that brings together the largest number of cases of Covid-19 in indigenous population in Brazil. In the capital alone, in the city of Manaus, the indigenous population is about 30,000 indigenous, according to the Coordination of the Indigenous Peoples of Manaus and Surroundings (COPIME)[[10]](#footnote-9).

Thus, a significant part of the indigenous population is invisible in the statistics of infection data, commonly identified as “pardos” instead of indigenous, omitting the record of the real number of indigenous people infected and victimized by Covid-19.

The report of indigenous deaths has also been affecting the rights of indigenous peoples. The underreporting of death data due to Covid-19 has been frequent. Indigenous people living in an urban context are not being identified as indigenous on the death certificate, in the same way that some confirmed cases of Covid-19 are being certified with another cause of death. In the death certificate, the cause of death mentioned is usually respiratory failure, acute respiratory crisis or viral pneumonia even for confirmed cases of Covid-19. This type of conduct by the State hides the real data on the deaths of indigenous people by Covid-19 and violates the right to memory and truth of indigenous peoples.

The way in which the burial of bodies has been carried out has also generated violations of rights in relation to their traditions, rites and religious beliefs, as it prevents the funerary rites, fundamental for many indigenous cultures, to be performed. Since the beginning of the pandemic, DSEIs have followed the general protocol for the treatment of bodies of people who died of Covid-19, that is, summary burial. It turns out that the protocol does not include indigenous particularities, compromising the practice of funerary rituals according to the traditions of the different indigenous peoples of the country.

On April 15, the first death of an indigenous person by Covid-19 in the country was confirmed, a young Yanomami who was undergoing treatment at the General Hospital of Roraima. The young man was buried in the cemetery of the city of Boa Vista without his family even being informed of his death, location and burial, nor clarified about the need to follow the referred protocol.

In the Yanomami culture, funerary rites follow the Reahu ceremony, which consists of the ritual cremation of the deceased and the consumption of his ashes, in a process that allows the end of mourning for family members and close ones. The impossibility of carrying out the Reahu therefore imposes the permanence of great suffering for the Yanomami, while the burial represents an unworthy situation for the deceased, equivalent to abandoning a body in a public square.

The situation of the deceased young man Yanomami gave rise to the search for solutions negotiated with local agencies to adapt the burial protocol to the indigenous particularities to the same extent that it guarantees health security for handling the body. Since then, recommendations have been made by the Federal Prosecution Service in the states of Rondônia[[11]](#footnote-10) and Para[[12]](#footnote-11) based on concrete cases. However, there is still no adequate solution in most of the national territory, nor an effective response or compromise of the indigenous health system for the preservation of the funeral rites of the indigenous people.

**Disparities and obstacles to adequate healthcare, water, sanitation and information, and lack of culturally appropriate and accessible services.**

The lack of medical structure to mitigate the impacts of Covid-19 and the high underreporting of cases is a reality across the country. However, these failures can have particularly damaging effects on indigenous peoples. Indigenous health care is the responsibility of SESAI, a federal government agency that is divided into Special Indigenous Health Districts (DSEIs), located in rural areas. The lack of tests and structure for care in the 34 Special Indigenous Health Districts in Brazil is a constant.

In São Gabriel da Cachoeira, SESAI sent 3,000 tests to the Alto do Rio Negro Indigenous Special Health District (DSEI/ARN) only on June 17, 2020, after almost two months of the first positive case in the municipality, on April 26, 2020, and has only 18 doctors to serve three municipalities. In the Yanomami Indigenous Special Health District (DSEI-Y), despite having the largest budget among the districts, tests and personal protective equipment (PPE) were systematically lacking.

In order to alleviate the problem, different civil society organizations offered emergency material support directly to the District, without any response from management. On May 18, 2020, the Special Secretariat for Indigenous Health issued a letter centralizing the donation requests made by civil society, **preventing them from being made directly to the districts, hindering their distribution directly to the beneficiaries**. As a result of the government's inertia and ineptitude, dozens of Yanomami individuals were infected at the Casa de Saúde Indígena itself, a facility intended for their health care, including individuals who have been discharged due to other illnesses and who were awaiting to return to their community[[13]](#footnote-12).

**Discrimination and disproportionate impacts of State restriction, confinement measures and other pandemic-related policies on indigenous peoples**

In the first weeks of the pandemic, the Brazilian government passed specific legislation that created an emergency financial benefit in the amount of 600 Brazilian Reais per month, for 3 months. There was no cross-cutting of rights, to consistently adapt the universal policy to indigenous contexts. The request for assistance required access to the internet and telephone signal to be registered, resources rarely available in villages in rural areas, so that many indigenous individuals had to move to the city, exposing themselves to the risk of infection.

Due to the Government's failure to adopt appropriate measures to allow indigenous peoples to receive the emergency assistance, a Public Civil Action was filed by the Federal Prosecution Service of Amazonas, requiring adjustments such as the extension of the benefit withdrawal period and immediate delivery of basic food supplies to guarantee food security for indigenous people living in the region, avoiding them to be dependent on the emergency assistance. Urgent relief was granted at the second instance on May 8, 2020, but it has not been enforced to date.

In order to improve the availability of assistance and other emergency actions to combat Covid-19, a bill is under analysis in the National Congress that seeks to approve a specific Emergency Plan for indigenous peoples, quilombolas, traditional peoples and communities. When the bill was about to be approved in the Senate, the current secretary of SESAI started to use the structure of the agency to start a campaign of disinformation and dissemination of fake news about the referred bill[[14]](#footnote-13). This fact, in addition to encouraging the rejection of the population, also resulted in fights and divisionism among the indigenous people.

**Indigenous communities living in voluntary isolation**

Unlike peoples with a history of contact with the general population, groups in voluntary isolation have no immune defense against diseases brought by non-indigenous people. The isolated peoples also have no access to the public health system.

In the Yanomami Indigenous Land, there are records of 8 indigenous groups in voluntary isolation, with the imminent risk of contact with miners. The confirmed group, known as Moxihatëtëma, lives in a region very close to mining sites located a few kilometers from their village[[15]](#footnote-14). An accidental forced contact with the Moxihatëtëma can lead to a tragic scenario of conflicts and diseases to which the spread of Covid-19 would be added, with an unprecedented risk of a genocide in the recent history of Brazil.

In turn, the Vale do Javari Indigenous Land has the largest number of confirmed records of groups in voluntary isolation. On June 5, the Federal Prosecution Service noted the lack of transparency and the health emergency in the Vale do Javari Indigenous Special Health District[[16]](#footnote-15). Health professionals infected by the new coronavirus were removed from the indigenous land. The persistent invasion of the boundaries of the Vale do Javari Indigenous Land by hunters, fishermen and miners, along with the deterioration of the inspection and surveillance capacity of public agencies, keep indigenous groups in voluntary isolation under high pressure.

Other indigenous lands with the presence of isolated groups have also experienced high rates of deforestation during the past few months, demonstrating the continuation of invasions even during a pandemic period. According to ISA's deforestation monitoring system[[17]](#footnote-16), Indigenous Lands with the presence of isolated peoples lost their forests due to illegal deforestation in April 2020: Pirititi (30 hectares), Uru-Eu-Wau-Wau (87 hectares), Araribóia (18.2 hectares) and Kaxinawá do Rio Humaitá (17.5 hectares)[[18]](#footnote-17). The Caru Indigenous Land presented 43 hectares of illegal deforestation in April. The deforestation of these lands denotes the presence of invaders and the real risk of contact and infection of the isolated indigenous peoples who live there.

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