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Citation: Prates, M. ORCID: 0000-0002-9528-7512, Athila, A., Klein, T., Morais, O., Pimentel, S., Horta, A., Marques, B. and Olivar, J. M. (2021). Rapid Appraisal PARI-c. *Pari-c*, 1(Feb),

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Rapid Appraisal PARI-c

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By end of the 2020 at least 161 out of the 305 indigenous peoples' communities in Brazil had been infected by COVID-19. Data gathered by Articulação dos Povos Indígenas do Brasil (APIB) [Articulation of Indigenous Peoples in Brazil] show that at least 45 thousand indigenous people had been infected by January 13, 2021 and 920 deaths had occurred. COVID-19 cases take place all across the country, amongst a range of social and territorial situations. They range from hard-to-reach lands in the Amazon - where some communities are in voluntary isolation - to precarious settlements by the road in the south region - those which have been waiting for land regularization. In a general perspective, the course of the pandemic amongst indigenous peoples have resulted in heterogeneous articulations which take place both amongst governmental and civil agencies. The latter occur amongst different categories of national, regional or local indigenous movements within communities and peoples adopting different political strategies, which range from the formal presence in locations of public participation or constituted powers of community associations or in land struggle movements, some of which are the target of criminalised efforts against them.

This document aims to build an overview of situations and movements within this myriad of indigenous and non-indigenous characters. This rapid appraisal was based on inventory, systematisation and analysis of material from different sources divided in four axes. Data allow us to observe distinct types of response to the pandemic and how they are differently built amongst each community, people and area as well as to identify common challenges and reoccurrences. Therefore, the following text is structured around the efforts taken by indigenous and indigenist organisations; by investigators and institutions of higher education as well as those by state organs which are responsible for the accomplishment of official indigenist policies.



Efforts developed by indigenous and indigenous organisations facing the COVID-19 pandemic

Several efforts have been promoted since the beginning of the COVID-19 pandemic, which was declared by the World Health Organisation on March 11, 2020 and by the Brazilian government on March 20. National, regional, local and community indigenous organisations as well as civil society organisations associated with indigenous peoples and movements have developed action fronts to face COVID-19 in Brazil.

Coordinated by the Articulação dos Povos Indígenas do Brasil [Articulation of Indigenous Peoples in Brazil - APIB], one of the main efforts developed within the national or regional indigenous organisation realm was the creation of emergency action plans in order to face the escalation of COVID-19. Regional organisations such as Coordenação das Organizações Indígenas da Amazônia Brasileira [Coordination of the Indigenous Organisations of the Brazilian Amazon - COIAB], Articulação dos Povos Indígenas do Nordeste, Minas Gerais e Espírito Santo [Articulation of Indigenous Peoples of the Brazilian Northeast, Minas Gerais and Espírito Santo - APOINME], Aty Guasu [Great Assembly of Kaiowá and Guarani people] and Articulação dos Povos Indígenas da Região Sul [Articulation of Indigenous Peoples of the Southern Region - ARPINSUL] elaborated their own monitoring and emergency action plans to monitor the escalation of suspected and confirmed cases as well as deaths caused by the pandemic ([access the documents on APIB's website](#)).

In May 2020, soon after the 16th edition of Acampamento Terra Livre [Terra Livre Camp - ATL]¹, APIB organised Assembleia Nacional de Resistência Indígena [National Assembly of Indigenous Resistance], an online assembly which aimed to spread emergency action plans and create a digital platform. Entitled Comitê Nacional pela Vida e Memória Indígena [National Committee for Indigenous Life and Memory], the platform was created for registering COVID-19 contamination cases and deaths amongst indigenous peoples concomitantly with official health agencies' monitoring efforts.

In August 2020, an online event entitled Maracá - Emergência Indígena² [Maracá - Indigenous Emergency] announced indigenous plans for coping with the pandemic through international mobilisation. In November 2020, APIB and their prime organisations published the report and manifesto Nossa Luta é Pela Vida [Our Fight Is For Life]. The main arrangements against the pandemic which had been developed by such organisations throughout 2020 are enlisted there. The document holds the Federal Executive Power accountable for the escalation of the sanitary and humanitarian crisis provoked by the pandemic and considers the existence of a genocide policy. The text reports the intensification of problems such as "racism, illegal deforestation, agribusiness, the criminal action of land grabbers, loggers, wildcat miners and so many other crimes

ATL is part of the annual calendar of the indigenous movement and fosters national mobilisations. It takes place in the federal capital, Brasília (DF). The event had its first exclusively virtual edition in 2020, from April 27 to April 30, before the National Assembly of Indigenous Resistance.

Maracá was also broadcasted live, as the other events. It originated an audio-visual series and a special section on APIB's website.



that continue advancing into our own territories” as well as the slow pace for the application of budgetary resources which should have been destined to combat the pandemic, a situation that had been maintained until December 2020 (INESC, 2020). Such efforts were followed by legal actions and reports, some of which had international support from organisations such as Comissão Interamericana de Direitos Humanos [Inter-American Commission of Human Rights], associated with Organização dos Estados Americanos [Organisation of American States - OEA], or Conselho de Direitos Humanos das Nações Unidas [United Nations Human Rights Council].

One of the legal actions filed by APIB, Arguição de Descumprimento de Preceito Fundamental (ADPF) 709 [Claim for Failure to Comply with Fundamental Precept (ADPF) 709] had its merits considered by the Brazilian Federal Supreme Court (STF) by the Minister Luís Roberto Barroso who granted a preliminary injunction in July 2020 and forced the federal government to elaborate a new emergency plan regarding indigenous peoples during the pandemic. That was due to the plan adopted by Secretaria Especial de Saúde Indígena [Special Secretariat for Indigenous Health - SESAI] from March 2020 onward, which was not effective. ADPF 709 was considered an unprecedented legal fact for the indigenous movement in Brazil because the Brazilian Federal Supreme Court recognised what is written on article 232 of the 1988 Federal Constitution: the guarantee of the right of representation to indigenous organisations as legitimate parts when taking a legal action. Other efforts were organised through local and/or community campaigns. Several of those were linked to national and regional indigenous movements. Several others mobilised non-governmental indigenist agencies, international and/or transnational civil organisations to develop fundraising campaigns through social networks and digital platforms. In a preliminary evaluation, the team of investigators of PARI-c have listed almost a hundred efforts of such nature within all regions in Brazil. Food, hygiene products, personal protective equipment (PPE), mechanical ventilators, masks, informative material, amongst others, travelled broadly and intensively throughout local communities all across the country³. Indigenist agencies and investigators from several higher education institutions also associated with the indigenous movement as to collect and distribute donations or to assist them in social-based monitoring efforts, community communication, maintenance of autonomous sanitary barriers and the creation of exclusive sites for sheltering indigenous patients undergoing COVID-19 treatment.

3 At least 98 efforts have been mapped out so far.

Research on the impact of COVID-19 amongst indigenous peoples

Due to the emergency caused by the pandemic, research centres, scientific associations and other academic institutions from different fields engaged with the efforts developed by indigenous peoples and their



associations through an array of possibilities, which range from studies related to potential impacts of the pandemic up to the mobilisation of public opinion. It occurred through academic papers or communication efforts. Building networks of research and monitoring of COVID-19 cases and deaths were also part of the efforts. In our preliminary inventory, we found over 60 research efforts⁴.

Public communications by academic investigators often warned society about the dangers threatening the indigenous population during the pandemic. Those frequently took place before official statements from public agencies. In March 2020, Associação Brasileira de Saúde Coletiva [Brazilian Association of Collective Health] and Associação Brasileira de Antropologia [Brazilian Anthropology Association] published a pioneer note which indicated “multiple vulnerabilities” amongst indigenous peoples facing COVID-19. They also presented “prevention and care proposals”. Investigators from different fields of research collaborated directly with indigenous movements and indigenist efforts throughout 2020. They also produced studies and technical notes which raised questions about how COVID-19 coping strategies had been conducted by official indigenist agencies. We highlight four other studies based on methodologies and approaches from different disciplinary backgrounds where investigators built predictive analyses with national coverage and which were based on the epidemiological and sociodemographic profiles of indigenous peoples and, thus, evaluate the “risk of spread” of COVID-19 among these populations (PROCC/FIOCRUZ, 2020); specific vulnerability of peoples and Indigenous Lands (CSR/UFMG e ISA, 2020; Azevedo et al., 2020a); strategic towns where emergency care facilities for indigenous peoples should be set up (Azevedo et al., 2020b).

In addition, analysis on pandemic escalation based on data from the 34 Special Indigenous Sanitary Districts (DSEIs) also approached case sub-notification (Rosalen e De Paula, 2020). Building multidisciplinary and inter-institutional research networks was also strengthened within the current context. In the Northern region, Rede Pró-Yanomami e Ye'kwana⁵ [Pro-Yanomami and Ye'kwana Network] linked to Hutukara Associação Yanomami [Hutukara Yanomami Association - HAY] is an emblematic case where a group of investigators established independent monitoring of COVID-19 cases among the Yanomami Indigenous Land and also a network for reporting violation of rights against these peoples. Such effort was engendered through the movement of preparing reports collectively. There are similar examples in other states such as in Maranhão, with Projeto Rede (CO)Vida⁶ [(CO)Life Network Project] and in the Southern region, with Frente Indígena e Indigenista de Prevenção e Combate à COVID-19 em Terras Indígenas da Região Sul⁷ [Indigenous and Indigenist Front to the Prevention and Combat of COVID-19 within Indigenous Lands in the Southern Region]. The Platform Alerta Povos Indígenas Isolados COVID-19⁸ [Isolated Indigenous Peoples Covid-19 Alert] also

4 In a preliminary inventory, finished on January 15, 2021, we had found 65 research studies. Some of them will be featured throughout this rapid appraisal.

5 Notes, reports and bulletins are broadcasted on their social network profiles such as Facebook, Twitter and Instagram.

6 (CO)Life Network Project is organised by the Mururu Collective. It is formed by investigators who are experienced in developing campaigns with indigenous peoples in Maranhão. It shall not be confused with its homonymous, Rede CoVida - Ciência, Informação e Solidariedade [CoLife Network - Science, Information and Solidarity], from Universidade Federal da Bahia (UFBA). CoLife Network carries out real time monitoring of COVID-19 all across the country, among other efforts.

7 The Indigenous and Indigenist Front to the Prevention and Combat of COVID-19 within Indigenous Lands in the Southern Region works in association with ARPINSUL and other organisations from the Brazilian South. It develops fundraising campaigns as well as independent COVID-19 monitoring.

8 Isolated Indigenous Peoples Covid-19 Alert is managed by the network of investigators Observatório dos Direitos Humanos dos Povos Isolados e de Recente Contato [Observatory of Human Rights of Isolated Indigenous Peoples and Recent Contact - OPI].



developed a specific monitoring effort regarding indigenous peoples in voluntary isolation. Rapid response efforts developed by investigators associated with indigenous peoples were followed by efforts from research centres, which focus on calling attention to indigenous responses and narratives facing the pandemic. In addition, there are online platforms with local reports and other reference materials developed and maintained for such purpose as well. There are examples all across the country, such as platforms created by universities in Brazil (Universidade de São Paulo (USP), Universidade Federal do Amazonas (UFAM), UnB, etc.) and abroad (such as Salsa – Sociedade para a Antropologia das Terras Baixas da América do Sul [Society for Anthropology of the Lowlands of South America]). Moreover, there is a specific section about COVID-19 at Biblioteca Virtual em Saúde [Virtual Health Library] (ENSP/Fiocruz/Abrasco/Bireme/OPAS/OMS), as well as efforts which aim to enhance and broadcast audio-visual content produced by indigenous groups within this context, such as the Project “Mirando mundos possíveis: (re)xistir e curar” [A glance over possible worlds: (re)exist and heal] by Rede Cineflecha / Ascuri [Cineflecha / Ascuri Network], among others. Digital platforms have not only become repositories of material but also means of enhancing collective efforts. They are interactive, allow management and monitoring as well as include informative links for data from official agencies and from efforts developed by the indigenous movement. In addition, they also promote collective efforts such as meetings and fundraising campaigns. One example is Rede Xingu+, a COVID-19 platform from Xingu, which gathers data about the indigenous peoples from the 53 towns around Áreas Protegidas do Xingu [Xingu Protected Areas] and comprise the states of Pará e Mato Grosso. There are other efforts developed through mixed networks such as the one that originated Boletim Leste Nordeste – Indígenas contra a COVID-19 [Bulletin East Northeast – Indigenous Peoples against COVID-19], which included a list of 25 agencies on its website.

Research projects or components of projects directly linked to indigenous peoples and COVID-19 were also identified: “Projeto Saúde dos Povos Indígenas no Brasil: Perspectivas Históricas, Socioculturais e Políticas” [Project Indigenous Peoples Health in Brazil: Historical, sociocultural and political perspectives] from Escola Nacional de Saúde Pública Sérgio Arouca [Sérgio Arouca School of National Public Health] from Fundação Oswaldo Cruz (ENPS-FIOCRUZ) and the Postgraduate Program on Social Anthropology from Museu Nacional da Universidade Federal do Rio de Janeiro [PPGAS - Museu Nacional da UFRJ]; “Narrativas de povos e comunidades tradicionais e de periferias urbanas sobre a pandemia SARS-CoV2” [Narratives from traditional peoples and communities and urban outskirts regarding SARS-CoV2 pandemic], from Universidade Nacional de Brasília (UnB); and, the platform “Um Outro Céu – mapeamento de violências contra povos indígenas”¹⁰ [Another Sky – mapping out violence against indigenous peoples], from Universidade

9 “Narratives from traditional peoples and communities and urban outskirts over SARS-CoV2 pandemic” is developed by Laboratório Matula – Sociabilidades, Diferenças e Desigualdades [Matula Lab – Sociabilities, Differences and Inequalities], from UnB. It is coordinated by Anthropology professors and relies on indigenous investigators from the Baniwa (Amazonas) and Kaiowa (Mato Grosso do Sul) peoples.

10 Another Sky is an ongoing project associated with Mapeamento de Violações aos Direitos Indígenas no Nordeste do Brasil [Mapping of Violations of Indigenous Rights in the Northeast of Brazil], in the South and Southeast of Pará. It has a segment with testimonials on how indigenous peoples experience the pandemic.



Federal da Bahia (UFBA) associated with Universidade Federal do Recôncavo Baiano (UFRB), Universidade do Estado da Bahia (Uneb) and the University of Sussex. Even though it is not specifically linked to the indigenous theme, it is worth mentioning Rede COVID-19 Humanidades¹¹ [Humanities COVID-19 Network] which is one of the projects about the pandemic supported by Rede Vírus do Ministério da Ciência, Tecnologia e Inovações [Virus Network from the Ministry of Science, Technology and Innovation – MCTI] and led by the Postgraduate Program of Anthropology from Universidade Federal do Rio Grande do Sul (PPGAS-UFRGS) and encompasses some of the most important research centres in Social Sciences around the country.

The present inventory also allowed us to identify several efforts which originated from adaptation of ongoing research and extension projects such as the ones aiming to support indigenous students from higher education institutions. That was possible due to efforts which linked these students to support remote monitoring of the pandemic within their communities or linked them to projects which were developed within programs of Affirmative Actions and focused on coping with the pandemic, as in Universidade Federal do Tocantins or Universidade Federal de Minas Gerais, among other. Teams from extension programs collaborated with the production of informative material and the implementation of health-oriented efforts such as Project Xingu – Unifesp¹². There were also efforts which approached the pandemic through courses and online events developed by research institutions and focused on teaching and extension. At last, the inventory also approached some of the academic publications regarding the theme in 2020. It includes special numbers and dossiers on journals. The discussion over the impact of the pandemic amongst indigenous communities was present in broader publications. However, it originated at least two editions exclusively dedicated to the theme: Revista Maloca [Maloca Journal] da Universidade Estadual de Campinas (UNICAMP)¹³ and Mundo Amazônico [Amazon World - UFAM and Universidad Nacional de Colômbia (UNC)]¹⁴. A book was organised by Centro de Estudos Ameríndios [Centre for Amerindian Studies - CEstA-USP] (Pacheco, 2020) as well.

Official policies and public health efforts developed amongst indigenous peoples during the pandemic

Specific policies and health programs for indigenous peoples first appeared after the 1988 Federal Constitution due to extensive public discussion led by the pressure of the indigenous movement (Pontes & Santos, 2020; Stephens et al., 2006). The 9836 Law, from 1999, created Subsistema de Atenção à Saúde Indígena [Subsystem of Attention to Indigenous Health – SASISUS], associated to Sistema Único de Saúde [Unified Health System – SUS], a national system which is free of charge and public, similarly to the British National Health System. SUS provides

11 [The project entitled “A COVID-19 no Brasil: análise e resposta aos impactos sociais da pandemia entre profissionais de saúde e população em isolamento” [COVID-19 in Brazil: analysis and response to the social impacts of the pandemic amongst health professionals and the isolated population] is part of the research theme: Impacto Corona [Corona Impact] and has its own platform.

12 Project Xingu is an extension project within the Health Sciences. After the outbreak of the COVID-19 pandemic, it pioneered in the production of informative material related to the disease concerning indigenous peoples. It has also created a formative program for health professionals working in the context of the pandemic.

13 The call for papers was made public in May 2020, but the publication of the dossier is expected for 2021.

14 Volume 11 of Amazon World was published in October 2020. It presents a primary collection of papers. Six of them focus on COVID-19 amongst indigenous peoples in Brazil, some of which have been written by investigators who are part of PARI-c.



universal coverage to the Brazilian population. As part of SUS, SASISUS is organised through 34 Special Indigenous Sanitary Districts (DSEIs). However, its management and specificities are handled separately. Formally, SASISUS should consider sociocultural differences amongst different indigenous peoples when organizing attention efforts and mechanisms of social control. There is some agreement between district design, territorial and ethno-cultural characteristics of the peoples assisted by each district. Each of them is responsible for primary care within indigenous communities as well as for articulating with SUS for higher level patient care.

Linked to the Ministry of Health, the Special Secretariat for Indigenous Health (SESAI) has been responsible for developing appropriate efforts regarding Política Nacional de Atenção à Saúde de Povos Indígenas [National Policy of Healthcare for Indigenous Peoples – PNASPI] (BRASIL, 2002) within the federal realm since 2010. SESAI¹⁵ provides limited assistance. It only assists those indigenous people who live on Indigenous Lands – state-acknowledged territories or territories under the acknowledgement process¹⁶. A significant number of indigenous peoples who have been settled or in motion through irregular, urban or peri-urban areas, with different characteristics and dependent on their access possibilities is assisted by SUS. However, such assistance does not leave any specific record regarding colour/ethnicity within the systems of public information and monitoring (IBGE, 2012; APIB, 2020).

According to critical analysis endorsed by APIB (2020: 14), SESAI and other federal indigenist operations have undergone restructuring processes over the past five years, since 2015. The current situation includes severe staff reduction and budgetary constraints; decline on formal social control processes regarding indigenous people; militarization of several levels of institutional management (INESC, 2019; APIB, 2020). In 2019, the possibility of extinguishing SESAI and subordinating it to a Secretariat of Primary Care intensified the situation. Intense indigenous mobilisation all across the country caused the federal government to push back on this decision, as broadcasted by national press. During the same year, the federal government postponed the 6th National Conference of Indigenous Health several times. The conference represents the greatest level of formal participation of indigenous peoples in national health policies and has not yet taken place – now, under the argument that the pandemic has hindered it. On April 1, a Recommendation by Ministério Público Federal [Federal Prosecution Service – MPF] indicated a list of aggravating elements amongst indigenous peoples which cause the possibility of their “genocide” during the pandemic: immunological and epidemiological vulnerabilities as well as social and economic vulnerabilities; difficulties in accessibility and communication (MPF, 2020: 2, 4). The document is one of the first to emphasise a non-discriminatory policy towards the assistance of indigenous people whether they live on homologated lands, non-homologated lands or within urban areas. It also

15 The particularly vulnerable health situation of the Brazilian indigenous peoples living on Indigenous Lands can be examined in Primeiro Inquérito de Nacional de Saúde e Nutrição de Povos Indígenas [First National Inquiry of Health and Nutrition of Indigenous Peoples], which has been developed by the Ministry of Health and ABRASCO (Coimbra Jr et al, 2013).

16 According to the 1988 Federal Constitution, the process of land acknowledgement which was originally occupied by indigenous peoples should have been concluded five years after its promulgation, in 1993. However, in practical terms, it has been following a slow pace up until today. That is due to the inaction of the Executive Power and the opposition coming from the economic sectors such as agribusiness, especially. Even though these indigenous peoples face legal insecurity and may be evicted at any time, hundreds of communities, all across the country, stand on lands pled by their peoples through injunctions due to such situation.



highlights the responsibility of SESAI in integrating primary care for indigenous people with moderate and high complexity assistance so as to promote primary support in municipal and state hospital networks within SUS.

On March 19, 2020, SESAI published a preliminary version of Plano de Contingência Nacional para a COVID-19 em Povos Indígenas [National Contingency Plan for COVID-19 amongst Indigenous Peoples], making it available to each DSEI (OPAN, 2020). By late March, four versions of the Technical Report, which aimed to guide DSEIs through the identification, notification and management of suspected cases of the pandemic, had been developed (MS/SESAI, 2020). At the time, several investigators published papers considering its contents, including: misinformation about the potential pandemic severity index, which had already been declared as community transmission amongst aldeias [indigenous villages] and communities in Brazil; inappropriate and non-effective monitoring efforts which disregard indigenous peoples' trans-local modes of living, both in villages or in the city (OPAN, 2020; PROCC/FIOCRUZ, 2020; Hallal et al., 2020)¹⁷. Until this moment, federal health efforts amongst indigenous peoples facing COVID-19 are only publicly available through a compilation of news stories from MS/SESAI and the Ministry of Defense, which cover a minor number among the 34 DSEI, allowing only a general comprehension of the features regarding the efforts. The news stories mention educational measures and, on their own terms, "awareness" measures amongst communities; inputs or medicine distribution; healthcare appointment description; test taking rates; inauguration events; new hospital beds specific for indigenous peoples.

In both sources, health-oriented efforts are mostly described through "missions" which indicate their emergency principle rather than a systematic approach. Moreover, Missões Interministeriais [Interministerial Missions - MI] regarding indigenous people, which were developed by the Ministry of Defence and the Ministry of Health, occurred from May 2020 onwards. The first one transferred support equipment, PPE (Personal Protective Equipment) and ten health professionals from the Military Hospital in Brasília to two military hospitals associated with SUS in São Gabriel da Cachoeira (AM) and in Tabatinga (AM). The latter are the only two reference hospitals for over fifty indigenous peoples assisted by DSEIs Alto Rio Negro and Alto Rio Solimões. News stories about the Missions focus on health care appointment rates, the number of professionals involved in these appointments and the weight of inputs provided. "Over 54,5 tons of healthcare inputs were transported", "63.000 healthcare appointments" were made". The fact that such efforts were often triggered by court orders - by MPF or the indigenous movement - is not mentioned. Participation of indigenous movements in health-oriented efforts is nearly obliterated. Articulations with public universities and NGOs are hardly ever mentioned too. The only institution which is mentioned is Fundação Nacional do Índio [National Indigenous

17 The first Contingency Plan and the District Plans, Ordinances from the Ministry of Health and Interministerial Ordinances, Notes, Technical Reports, Bulletins and Epidemiological Reports on COVID-19 can be accessed on a link provided by SESAI.



Foundation – FUNAI], especially concerning the distribution of cestas básicas [a kit of non-perishable items common in the Brazilian diet, such as rice, beans, flour, coffee, etc.].

Below, we highlight some of the efforts from [a list of general efforts accomplished by SESAI](#), where coping strategies regarding COVID-19 which have occurred until January 2021 are described:

Unidades de Atenção Primária Indígena para COVID-19 [Units of Indigenous COVID-19 Primary Care – UAPIs]. They are considered a new strategy for facing the pandemic and aim to strengthen assistance for the population covered by each DSEI. They also respect cultural specificities. [News stories from January 2021](#) mention that 208 UAPIs have been set up in indigenous areas;

Equipes de Resposta Rápida [Rapid Response Teams – ERRs]. The document indicates that Rapid Response Teams were created to assist each DSEI but does not provide much detail. ERRs should uphold home isolation within each DSEI hometowns. They should assist pandemic-related emergency situations as well as those related to Flu Syndrome or Severe Acute Syndrome (SARS) outbreaks. Each team relies on kits which gather inputs, medicine, PPEs and health equipment as well as the logistic structure for immediately entering indigenous areas. [News stories from August 2020](#) report that 34 ERRs had been mobilised.

High and moderate complexity care. Due to the “possibility of public health system collapse” and fragility of the assistance network in small towns, SESAI indicates official partnerships with states and cities as to assist indigenous patients but it does not provide much detail. News stories from January 2021 available on their website, show that such partnerships provided 154 COVID-19 beds in reference hospitals of four states (AM, AP, PA, RR), intended to indigenous peoples and respectful of the “culture and indigenous traditions”. Such hospital beds have hammocks and allow the access of pajés [spiritual leaders and healers] to those who are ill.

Personal Protective Equipment, inputs and Rapid Tests. SESAI presents a table chart with the items sent to each DSEI, listing the total amount of items (5.012.269 items). However, dates or specificity of peoples assisted are not informed. Medicine such as dipyron and paracetamol are part of the total amount of inputs and represent 60.7% of provided items.

Assistance Reports. The document provided by SESAI reports 11,064,770 indigenous appointments during 2020 on the aforementioned table chart. However, it does not specify their nature or the total amount of people assisted, which may indicate major differences.



Indigenous Peoples' Food Security and Nutrition. Food Security and Nutrition, considered as the supply of *cestas básicas*, is only mentioned as not being part of SESAI's responsibilities. Despite the fact that several investigators and documents from the indigenous movement focus on Food Security and Nutrition, the Brazilian government does not provide official information regarding nutrition within indigenous communities.

Plano Nacional de Operacionalização da Vacinação contra a COVID-19 [National COVID-19 Vaccination Plan]. This plan was elaborated in mid-December 2020 by the Ministry of Health and relied on SESAI's participation. The federal government presents the immunisation plan for the Brazilian population, which includes indigenous people as part of priority groups. Despite judicial determinations presented by STF as well as notes from investigators, indigenous and indigenist organisations, the document considers "socially vulnerable groups of higher risk" as being exclusively those of "indigenous peoples settled in demarcated indigenous lands" (MS, 2020: 6) and aged 18 or over. Even though they represent an important and especially vulnerable number of indigenous people, the plan excludes indigenous people who are in motion or those who live in urban areas (IBGE, 2012; PROCC/FIOCRUZ, 2020; Hallal et al, 2020). The guidelines followed by this plan contrast with data from the 2010 census from Instituto Brasileiro de Geografia e Estatística [Brazilian Institute of Geography and Statistics - IBGE] and discriminates this population according to their housing status. It also does not specify calendars or details regarding vaccination logistics, which is attributed to DSEIs (MS, 2020: 96). An article published on December 14, 2020 shows that over 50% of the indigenous population who could be vaccinated would be excluded from the plan. A Recommendation from Conselho Nacional de Saúde [National Health Council - CNS] from December 22, 2020, considers the expansion of vaccination to indigenous people who live in cities or in settlements located near cities.

Contributions of PARI-c

The present document aimed to develop a broad and non-definitive mapping of a heterogeneous network. Such network is formed by indigenous collectives and their plural forms of organisation throughout Brazil, public institutions, civil society organisations as well as partners from the different fields and areas of society.

As it has been mentioned, the current situation has generated persistent court decisions because of the difficulty in finding substantial and feasible plans developed by the federal government. The aforementioned ADPF 709 triggered a Protective Order by late August, 2020, when another Plan for Coping and Monitoring COVID-19 among other efforts should be developed. Such Plan should be prepared according to the recommendations summarised on ADPF and Technical



Notes, which had been commissioned by STF to investigators and indigenous representatives. Notes and other documents produced with Grupo de Trabalho de Saúde Indígena [Working Group on Indigenous Health] from ABRASCO can be accessed through [their website](#).

The so-called Plano de Enfrentamento da União [Union Coping Plan – PU] has undergone three adjustments so far. Its third version was rejected by a court decision in early December, 2020. The Plan was considered “nonspecific”, deprived of “essential elements”, persistent in “deficiencies” and in exposing “the life and health of indigenous peoples to life threatening situations”¹⁸. On January 8, 2021, [a fourth version of PU](#) was presented and it had been under assessment by the STF until the conclusion of this rapid appraisal. The latest version provides data related to EMSIs according to DSEI, non-homologated indigenous lands and a budgetary spreadsheet for potable water access, number and location of established UAPIs, DSEIs and a proposal for data access of Sistema de Informação da Atenção à Saúde Indígena [Information System of Indigenous Healthcare – SIASI], amongst other data. Vaccine criteria remains unaltered, as mentioned in the national vaccination plan of December, 2020: “indigenous people assisted by SASISUS” will be vaccinated, without any further specification. The plan does not address issues related to sanitary barriers nor eviction and isolation of land invaders. The latter are diverted to other institutional discussion and decision forums.

Each PU presented so far has been reluctant in considering the determination of STF in assisting and counting infected cases and deaths of indigenous peoples outside regularized indigenous lands or prioritising their vaccination. Efforts proposed by each plan seem to disregard efficient manners of management and monitoring. In addition, the plan is based on information from sources which are unknown for investigators, indigenous collectives and their organisations since they are not available for public inquiry.

The effects of COVID-19 have remained violently unequal. Death tolls are higher and there have been multiple violations of indigenous peoples’ rights regarding those living in cities or on indigenous lands, demarcated or not, isolated or recent contact. And, analogous situations can be seen worldwide (Curtise & Choo, 2020).

Regarding the complex and heterogeneous processes of indigenous responses to COVID-19 in Brazil and the Union Coping Plan, PARI-c has the potential of giving its contribution through the technical expertise in anthropology. Such expertise is materialized through the mobilisation and intertwinement of indigenous networks across the country. Within the methodological realm, the project is based on research networks and networks of long-lasting collaboration, which consider the full participation of indigenous individuals. These networks are nurtured by the ethnographic history of the investigators in the team and capillary extensions to communication and information flows for and from

The aforementioned phrases were part of [the decision of December 18, 2020](#), in which
18 Federal Supreme Court Minister Luís Roberto Barroso rejects – once again – the Plan presented by the Union.



indigenous communities and organisations. On one hand, it will be possible to collaborate with the different aspects of development and monitoring efforts which are under the responsibility of SESAI, especially local ones (PU, November, 2020: 5). On the other hand, it will be possible to collaborate with the social process of the pandemic history as well as with production of anthropological knowledge.

PARI-c as one of the tools of the research entitled Indigenous Peoples responding to COVID-19: social arrangements in a Global Health emergency aims to contribute to the current movement of articulations amongst leaderships, indigenous associations and health agencies, whether they are state-owned or not. The participation of indigenous investigators and collaborators within all levels of PARI-c grounds the understanding that only efforts which acknowledge the efficiency and safety through and amongst different indigenous collectives will foster effective responses to COVID-19. Community responses to the pandemic in Brazil, such as in other places around the world, have mobilised complex networks of human and non-human agents, sophisticated knowledge systems as well as systems of information production and, have shown high relevance on the forms of care, prevention and preparation for the possibility of similar events in the future. As for indigenous peoples in Brazil, PARI-c understands that community responses have been fundamental for the protection of their lives and their relation to the historical struggles for collective rights.

This appraisal highlights the importance of research conducted through dialogue with formal structures related to indigenous healthcare in Brazil, especially to DSEIs, their current responsibilities and characteristics. Contributing with SASISUS in a structural manner, through the full implementation of PNASPI is also one of our goals. Nonetheless, our primary and guiding pathway concerns the different indigenous modalities of significance, thought, association and health promotion amidst the crisis caused by COVID-19. Study cases, which are in their early stages, cover five Brazilian regions and will approach transversal themes. They are structured around the following axes: 1. Health, Care and Death; 2. Mobility and Circulation; 3. Gender. The research which led to the elaboration of this report will be used as a prime document for PARI-c. It will be constantly accessed and reformulated as we advance in the production of anthropological knowledge related to the COVID-19 pandemic and its implications within indigenous modes of existence.



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How to cite and reference: Athila, Adriana; Klein, Tatiane; Morais, Odilon; Pimentel, Spensy; Horta, Amanda; Marques, Bruno; Olivar, José Miguel; Prates, Maria Paula. 2021. Rapid Appraisal PARI-c. *Platform for Anthropology and Indigenous Responses to Covid-19 - PARI-c*, vol. 1, special issue, feb. 2021. Available at www.pari-c.uk. Access on mm/dd/yyyy.

