

XAWARA

TRACING THE DEADLY PATH OF COVID-19 AND GOVERNMENT NEGLIGENCE IN THE YANOMAMI TERRITORY



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1st EDITION, SÃO PAULO, 2020
INSTITUTO SOCIOAMBIENTAL

HEI XAWARA A WAI KAKII,
THĚ WAI KOHIPĚ KAKURE,
GARIMPEIRO PĚN† AVIÃO PĚ
ITHOMA† XIWĀRIPRU YAROHE!
†H† GARIMPEIRO PĚN† XAWARA
A KĀE WAI WAROKEMAHE
[...]. KAMI YAMI YAMAK†
KUOTI TĚHĚ, HAPA YAMAK†
XAWARAMONIMI. HEI TĚHĚ,
†H† THĚPĚN† XAWARA WAI A
WAROKIHEN†, A KOMI PRAUKUA
MAHIRAYOMA. YAMAK† KOMI
HOXIMAPRARIOMA. YAMAK† ŨXI
TOTIHI MII! HEI TĚHĚ YAMAK†
KOMI XAWARAPĚRAYOMA,
†H† THĚ MAYŌ YAI KUO NOO,
AVIÃO PĚ WAROHO MAHI
ITHOU YARO, †H† THĚ MAYŌ
KUPRARIOMA. YAMAK† URIHIPĚ
XAWARAPĚRAYOMA.

This disease is very powerful because of the miners who always land in their airplanes. They come here with this strong disease [...]. When it was just us, we didn't get sick like this. Today, because these people arrived here with this strong disease, it has spread everywhere, all of us are deteriorating. Inside, we are not well. We are all sick. This is a trail of devastation, because many planes land here. This is what they leave. Our forest is now sick.

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MINERS OUT, COVID OUT AND IMMEDIATE REMOVAL OF THE MINERS!

YANOMAMI AND YE'KWANA LEADERSHIP FORUM

We have endured many long-standing problems here on the Yanomami Indigenous Territory, given the presence of invaders who jeopardize the lives of our people. Illegal mining has been here for more than 30 years! We have lived through the massacre of Haximu, deaths, murders and constant threats to our relatives, diseases, and the destruction of our forest. These are old problems and they continue.

Miners encroach further and further into our territory. It is a huge disruption. These invaders threaten our families, our forest, the animals and biodiversity, they pollute the air and contaminate our rivers. In the 1990s, after a great struggle, we were able to ratify the Yanomami Indigenous Territory and remove illegal miners. These were great achievements, very important. Afterwards, the population grew substantially and today there are over 26,000 Yanomami and Ye'kwana on our territory in Brazil.

But today our land has been invaded by 20,000 miners! They are bringing COVID-19 with them, and infecting our communities. This year they murdered two Yanomami! Again we see a huge mining invasion and with it come epidemics, as occurred in the past. It is illegal mining that is bringing this new *xawara* (epidemic) into the forest. Increasingly COVID-19 is infecting us, we see many people falling ill with coronavirus symptoms. But that is not all! The invaders also bring malaria, lots of malaria! Throughout the territory the communities are being infected, even where malaria had disappeared. Mining goes hand in hand with *xawara* and this is our overriding concern: COVID-19 and malaria are attacking people. This is why we are dying. If it continues like this, our population will shrink. This is very serious!

The health of the Yanomami and Ye'kwana people is not good, it is not good at all! There are not enough health professionals, not enough medicine and our relatives are dying of malaria and

COVID-19. Our children are shaking due to malaria and the cases of coronavirus continue to rise. The government won't show us the data on the health of our people, despite having asked many times! Nevertheless, we are monitoring everything and denouncing what we see. Our traditional leaders are very concerned, very upset. We see that the *xawara* is growing in every community and this should not be happening!

Our people have the right to live peaceful, healthy lives in our own homes, in the forest. The whites should not destroy our home or this will not end well. We care of the forest for everyone, not only for us. This COVID-19 *xawara* is a type of revenge wreaked by planet Earth, it is a warning to non-indigenous society that they are not caring for it. The Earth is crying for help. This is what the shamans say: mother Earth is angry and sick, she is asking non-indigenous people to stop destroying the planet.

We did not seek out this pandemic that kills people. The *xawara* came to our territory because the authorities did not bar entry to those who destroy our forest. The Brazilian government does not respect indigenous and non-indigenous populations. It is not fulfilling its responsibility to protect indigenous lands. There is no quality healthcare for us, indigenous people. The state has the responsibility to provide healthcare, but does not take its duty seriously. The forest is being destroyed, rivers are being polluted and we are dying more and more. This trail of destruction is the result of the government's blatant disregard!

To fight against all of this, we, leaders of the Yanomami Indigenous Territory came together and created the Yanomami and Ye'kwana Leadership Forum. We are demanding the removal of thousands of illegal miners. We've gone to Brasília, but have yet to receive a response. What we hear is a lot of talk from politicians encouraging the destruction of the forest and legal exploration of gold on

indigenous lands, increasing the violence against us. We have been lodging complaints with public agencies and with the authorities for a long time, but we continue to see the forest being invaded.

The people of Brazil and across the world need to know this! Today, the federal government does nothing to ensure indigenous rights, they have no plan; we only see the destruction of our rights. We denounce the government's complete negligence! The situation led us to build a public campaign, [#MinersOutCovidOut](#). We want to capture the attention of people, of non-indigenous society, to pressure the authorities to remove the invaders and take measures to protect indigenous peoples and the environment.

This is our strategy: create a national and international campaign to show the whole world the threat to the lives of indigenous peoples in Brazil, specifically the Yanomami and Ye'kwana. We want everyone to support our fight and understand that the current administration does not respect the rights of indigenous peoples. We need to pressure authorities for the immediate removal of all of the illegal miners from the Yanomami Territory, as well as monitoring our lands and caring for our health so that we stop dying!



AN OVERVIEW OF COVID-19 IN THE YANOMAMI INDIGENOUS TERRITORY

A TRAGEDY FORETOLD

The Yanomami Indigenous Territory (TIY) is inhabited by the Yanomami and Ye'kwana peoples and is located along Brazil's border with Venezuela, in the states of Roraima and Amazonas, covering an area of approximately 9.6 million hectares. The current population is over 26,785 people (SESAI/MS, 2018), distributed over more than 360 villages, interlinked by exchange networks that sustain a large flow of people between the different regions of the TIY. There are important ties between the Yanomami and Ye'kwana in Brazil and Venezuela, with communities in both countries¹.

In this vast territory, there is great sociocultural and linguistic diversity, encompassing speakers of six distinct languages that compose the Yanomami language family (Ferreira, Machado e Senra, 2019), in addition to over 700 Ye'kwana, who speak a language in the Carib language family. Added to this diversity, the territory also contains the presence of uncontacted Yanomami groups living in isolation².

The Yanomami and Ye'kwana Leadership Forum, formed by political leaders and representatives of the leading associations of these peoples, is the primary instance for decision-making in the TIY today. Well before COVID-19 arrived in Brazil, the Forum had alerted federal authorities about the precarious state of health in the indigenous communities and the invasion of their territory by 20,000 miners. In November 2019, the Forum denounced, in an official statement, the blatant disregard of the Brazilian government and demanded emergency measures for the removal of the invaders.

¹ See map [Yanomami and Ye'kwana Territories and Communities in Brazil and Venezuela](#) (ISA, 2014).

² One of the references confirmed by FUNAI refers to the "isolated people of the Serra da Estrutura" or Moxihatëtêma, situated in the watershed between the Catrimani and Mucajai rivers, surrounded by mining (Senra & Albert, 2019).

Mining is an old problem in the TIY. The peak of the first gold rush occurred at the turn of the 1990s³, when there were an estimated 40,000 miners reported in the territory (CCPY, 1989). This invasion culminated in a massacre in Haximu in 1993, one of the most emblematic cases of violence against the Yanomami people, tried by the Federal Supreme Court (STF) as a case of genocide⁴. After the ratification of the TIY in 1992, the government conducted a major operation to remove the miners and the illegal practice died down. However, with the rising price of gold in 2008, mining ramped up again. With greater or lesser oversight by public agencies, illegal mining has always been a concern for the indigenous leaders and associations of the TIY and the organizations that work to defend their rights.

³ During this period, support organizations denounced this grave situation in the publication [Yanomami: A todos os Povos da Terra](#) (1990).

⁴ [Folha de S.Paulo](#). "O massacre dos Yanomami de Haximu". 10/03/1993.



Between 2019 and 2020, in the first years of the Bolsonaro administration, illegal mining and deforestation in the TIY grew exponentially. According to the Amazon Deforestation Alert System (SAD)⁵, in the period August 2019 to July 2020, the TIY was among the 10 areas under most pressure from deforestation in the Brazilian Amazon. Between August and September 2020, the TIY retained this grim ranking. This is directly related to the pro-mining discourse of the current administration and the president's campaign promise to legalize mining in indigenous territories⁶. During this period, there was also a dismantling of indigenous agencies⁷ and environmental oversight, evident from the drastic reduction in their budgets, from the reduction in the number of environmental fines levied⁸ and from the record deforestation and fires in the Amazon and Pantanal⁹.

In the past two years, the army, in conjunction with the National Indian Foundation (FUNAI) and the Federal Police (PF), has conducted some operations to fight illegal mining in the TIY. The PF made progress in its investigations into the financiers of the gold supply chain and the Federal Highway Police conducted seizures¹⁰, but the results of the inspections and punishment of offenders

are far below what is needed for effective control of the invasions. There is also a lack of coordination between the different agencies responsible for investigating and punishing the financiers behind the illegal activity, and an absence of effective actions to protect the territory.

In June 2020, the Yanomami and Ye'kwana Leadership Forum sounded a new alert to the federal government. Although the country is facing a pandemic, the number of miners in the TIY did not stop growing and the invaders became one of the main vectors for the spread of COVID-19 in the territory. Faced with an imminent risk of genocide, the Forum launched the campaign **#MinersOutCovidOut**, to demand the immediate withdrawal from their territory. In the same month, Hutukara Yanomami Association (HAY) denounced the murder of two Yanomami by a group of armed miners in the region of Parima (in the state of Roraima), a crime still unpunished, making clear the seriousness of the situation¹¹.

Reports from the inhabitants of different regions of the TIY describe direct conflicts with miners, murders of indigenous people, corruption of young people and leaders, rape and prostitution of women, and increases in malaria and sexually transmitted diseases, in addition to the contamination of the rivers and people with mercury¹².

The Uraricoera, Mucajai, Couto Magalhães, Catrimani, Parima and Apiau Rivers continue to be the areas most impacted by illegal mining in the TIY. According to the Deforestation Radar Information System of the Instituto Socioambiental (SIRAD-Y/ISA), 2,087.46 hectares have already been degraded, an area equivalent to 1,900 football pitches. From January to September 2020, there was an increase of 20% in environmental degradation caused by mining¹³. It is important to note that, in the three regions with the most

5 **Imazon.** Ameaça e Pressão de Desmatamento em Áreas Protegidas: SAD de Agosto de 2019 a Julho de 2020. 09/08/2020.

6 In addition to being invaded by illegal wildcat miners, the TIY is the indigenous territory most coveted by mining companies, which have already expressed interest in the area and await approval of a law that authorizes mining in Indigenous Territories. There are over 534 exploration requests for mining in the TIY. **ISA** "Campeã de requerimentos minerários, Terra Indígena Yanomami sofre com explosão do garimpo". 03/21/2019.

7 FUNAI had, in the first five months of 2020, its smallest budgetary spending of the last 10 years (Hivos, 2020: 45), revealing one aspect of the dismantling of the agency. **CIMI.** "Com apenas 0,02% do orçamento da União, valor gasto pela Funai até junho é o mais baixo em dez anos". 06/23/2020.

8 **Folha de São Paulo.** "Sob Bolsonaro, multas ambientais caem 34% para menor nível em 24 anos". 03/09/2020.

9 **BBC News Brasil.** "Desmonte sob Bolsonaro pode levar desmatamento da Amazônia a ponto irreversível, diz físico que estuda floresta há 35 anos". 07/01/2019; **Notícias Uol.** "Desmatamento em alta sinaliza aumento das queimadas na Amazônia". 07/02/2020; **BBC News Brasil.** "Por que Pantanal vive 'maior tragédia ambiental' em décadas". 08/05/2020

10 **Roraima em Tempo.** "PF desarticula organização criminoso que comercializa ouro em terras indígenas Yanomami". 06/08/2020; "PRF apreende 31,5 toneladas de minério e 24 mil litros de combustível destinados ao garimpo em RR". 08/26/2020.

11 **Instituto Socioambiental.** "Yanomami temem 'ciclo de violência' após assassinato de dois indígenas por garimpeiros em Roraima". 06/26/2020. **Amazônia Real.** "PF faz operação, mas garimpeiro acusado de matar dois Yanomami continua foragido". 10/29/2020.

12 In 2014, Fundação Oswaldo Cruz (Fiocruz) conducted a study that revealed high levels of mercury contamination of residents of the regions of Papiu and Waikás. In 2019, another study conducted in the region of Maturacá found that 56.5% of the people presented mercury levels above that considered safe.

13 New areas in the regions of Uxiu, Parima, Uraricoera and Homoxi were recorded.

degradation, Waikás, Kayanau and Aracaçá, COVID-19 was brought in by miners¹⁴.

The Yanomami and Ye'kwana are still waiting for the activation of Ethno-environmental Protection Bases (BAPES) by FUNAI, and the introduction of health check points, as decided by the STF in August of this year in its decision on the Claim of Noncompliance with Fundamental Principles (ADPF) 709. Despite complaints from indigenous organizations and countless legal measures taken to force the Brazilian government to act, the government has been ineffective in curbing the entry of invaders into the TIY and absent in the fight against illegal mining, which, in addition to representing violations of territorial rights and environmental crimes, has increased the risk of transmission of the new coronavirus in these populations¹⁵.

Another big problem is the exponential increase of malaria in the last two years¹⁶ which, when combined with the arrival of COVID-19, seriously worsens health conditions in the TIY¹⁷. The new coronavirus affects the clinical condition of a population already debilitated by malaria, respiratory and other diseases. The inhabitants of the TIY have a long history of lethal epidemics directly related to the presence of non-indigenous people in their territory and there have been many deaths resulting from malaria. Since first contact, in the 1950s, there have been a succession of epidemics of infectious diseases propagated by Indian Protection Service (SPI) agents, members of missionary groups, hunters, explorers and, later, miners¹⁸.

¹⁴ A recent study shows that deforestation is an important variable to explain the transmission of COVID-19 among the indigenous people of the Brazilian Amazon, especially, in territories invaded by mining. These two causes explain at least 22% of all the cases of COVID-19 confirmed in indigenous people up to 08/31/2020 (Laudares, 2020: 35).

¹⁵ See in this report "The Brazilian government's responsibility for the impacts of COVID-19 on the Yanomami Indigenous Territory" (p. 22).

¹⁶ [Uol Noticias](#). "Malária explode na terra Yanomami; casos quadruplicaram em 5 anos. 08/02/2020.

¹⁷ During the COVID-19 pandemic, the WHO strongly recommended that control and eradication activities for malaria not be suspended or reduced, warning that the new coronavirus in combination with a possible increase in malaria cases could be devastating (WHO/UCN/GMP, 2020).

¹⁸ See in this report "The COVID-19 pandemic among the Yanomami and Ye'kwana peoples: a new expression of old inequalities," p. 17.

During the period of the military dictatorship, the construction of the Perimetral Norte Highway had a major impact on Yanomami communities, resulting in significant demographic losses (Ramos & Taylor, 1979; Ramos, 1979). The social consequences of this decimation can be felt even today in various regions of the TIY, where the number of elderly people is small and the communities face serious problems with social disruption. From mid-1987 to January 1990, the mining invasion and the spreading epidemic of malaria and respiratory diseases caused the death of around a thousand Yanomami, 14% of their population in Roraima (Ramos, 1993: 09).

Currently, the Brazilian government's inaction has allowed the demarcated and ratified Yanomami Indigenous Territory to be transformed, in the middle of a pandemic, into a place where invaders roam freely, effective transmitters of a deadly infectious disease. The situation has taken on alarming proportions, and the Yanomami and Ye'kwana people, facing a dangerous combination of mining, malaria and COVID-19, are on their own.

A GRAVE EPIDEMIOLOGICAL SCENARIO AND THE GUTTING OF HEALTHCARE

The Special District for Indigenous Health - Yanomami Territory (DSEI-Y), responsible for providing primary healthcare in the TIY, is part of the Indigenous Healthcare Subsystem (SASI/SUS), coordinated by the Special Secretariat for Indigenous Health (SESAI). In the interior of the TIY, there are 37 Health Posts and 78 Basic Indigenous Health Units (UBSIs), which are only accessible by air for the most part. The head office of the DSEI-Y is located in Boa Vista (RR) and is composed of four administrative units, the Indigenous Health Center (CASAI-Y) and the Indigenous Care Area, inaugurated belatedly to care for indigenous people with COVID-19 referred from CASAI-Y.

COVID-19 has highlighted old problems in the TIY. The Yanomami and Ye'kwana have long suffered a deficient healthcare system that does not take into account the social, cultural and linguistic

specificities of the people served¹⁹. The reduction in the number of health professionals in the TIY and the consequent absence of ongoing activities for health control and prevention of diseases in the communities, above all in the most distant health posts, contributed to increasing infant mortality, malaria, respiratory diseases, and other health problems. The epidemiological indices published by DSEI-Y in recent years reveal alarming indicators: low weight becomes severe malnutrition, clinical symptoms such as diarrhea, easily treatable, give way to more severe infirmities and common colds become pneumonias.

Recurring complaints by the Yanomami and Ye'kwana show that the basic health activities of prevention and promotion are precarious in the TIY. Leaders report insufficient staff for the Multi-disciplinary Indigenous Health Teams (EMSIs), seriously impacting the coverage of communities. The reduction in service volumes in the UBSIs is accompanied by a high number of evacuations by air, with a high cost in flight hours, enormously impacting the budget for DSEI-Y. Despite having a larger budget compared to other DSEIs in Brazil, the health indicators in the TIY have only worsened.

The lack of efficiency and transparency in budget management at DSEI-Y, the million-dollar contracts with air taxi companies and the successive naming of political appointees with no technical background to management positions and other positions, has directly impacted indigenous health and the quality of the services provided by staff, who often work in precarious situations facing a routine lack of infrastructure, equipment, supplies and medicines.

In November of last year, the Yanomami and Ye'kwana Leadership Forum denounced the undermining of the work done by DSEI-Y:

"In 2019, our healthcare got a lot worse. We are more concerned now about healthcare than we have been for a long time. We are very concerned, since there is an outbreak of malaria and diarrhea

in the Yanomami Indigenous Territory and there is no treatment, no direct prevention. [...] There are fewer health professionals at the health posts. We want a complete staff of professionals with appropriate training who are really committed to the health of our people. [...] We want access to the health indicators for 2019 to be able to monitor the real data on the diseases that are spreading on our land²⁰".

The gutting of indigenous healthcare is not something new, and is not exclusive to the DSEI-Y. At the start of 2019, the federal government attempted, unsuccessfully, to dissolve SESAI and shift responsibility for indigenous health to municipalities. In addition, the Mais Médicos (More Doctors) Program was terminated, resulting in the departure of physicians that worked in almost 56% of indigenous health posts, jeopardizing the services provided in the TIY and in other indigenous lands in Brazil (INESC, 2020b: 05)²¹. A technical note from the Institute for Socioeconomic Studies (INESC) shows that, in 2020, the budget approved for indigenous health care in Brazil was lower than in any of the past eight years. Furthermore, at the height of the spread of COVID-19 in Brazil, in the months of April and May, the amount spent to provide healthcare in indigenous territories was less than that for the same period the previous year, a perverse contradiction in view of the devastating effects of the pandemic on indigenous peoples (INESC, 2020b). Another important fact were the vetoes made by President Jair Bolsonaro to Bill 1142/2020, which proposed social protection measures for the prevention of infection and spread of COVID-19 among indigenous peoples, *quilombola* communities and traditional communities.

During the first months of the pandemic, studies pointed to the TIY as one of the most vulnerable to COVID-19. A study by Oliveira et al. (2020) observed that its inhabitants, despite being predominantly young (only 4.5% are elderly), present comorbidities, especially diseases that attack the respiratory system: "For the year 2015, it was observed that, despite the vaccine coverage for influenza, around 500

¹⁹ The pioneering program *Saúde Yanomami* (Yanomami Health) provided exemplary healthcare. It was developed between 1996 and 1999 by CCPY (Pro-Yanomami Commission) and between 1999 and 2004 by Urihi Saúde Yanomami and became a model for guidelines for indigenous health and for the creation of the DSEIs in Brazil. The competent work carried out by the two organizations led to the eradication of malaria in the TIY, during the time they operated in the region.

²⁰ Extracted from the document "Posicionamento do Fórum de Lideranças Yanomami e Ye'kwana sobre a saúde na Terra Indígena Yanomami". November 23, 2019.

²¹ **BBC News Brasil.** "Após saída de médicos cubanos, mortes de bebês indígenas crescem 12% em 2019". 03/02/2020.


▼ Suspected deaths

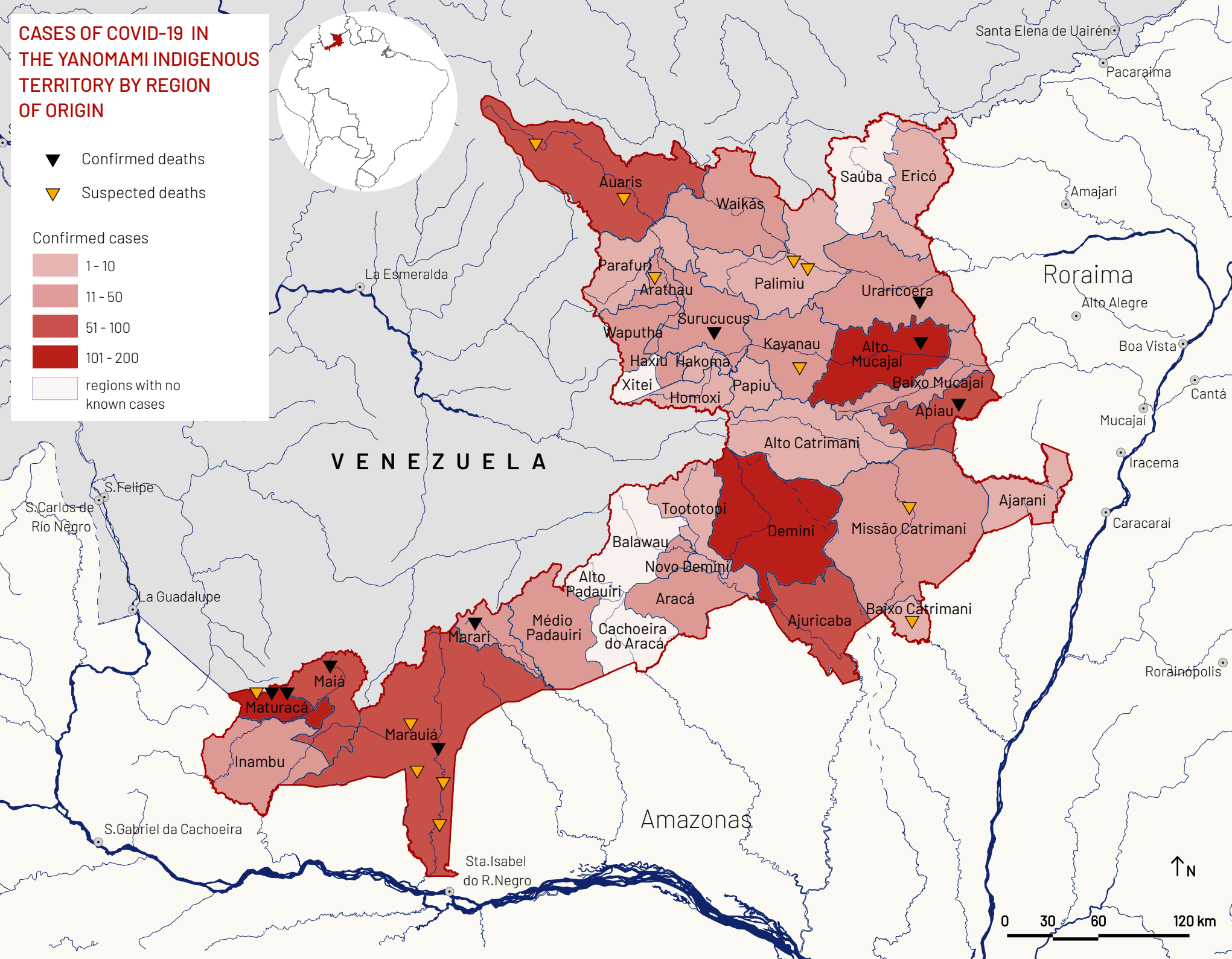
1 - 10

11 - 50

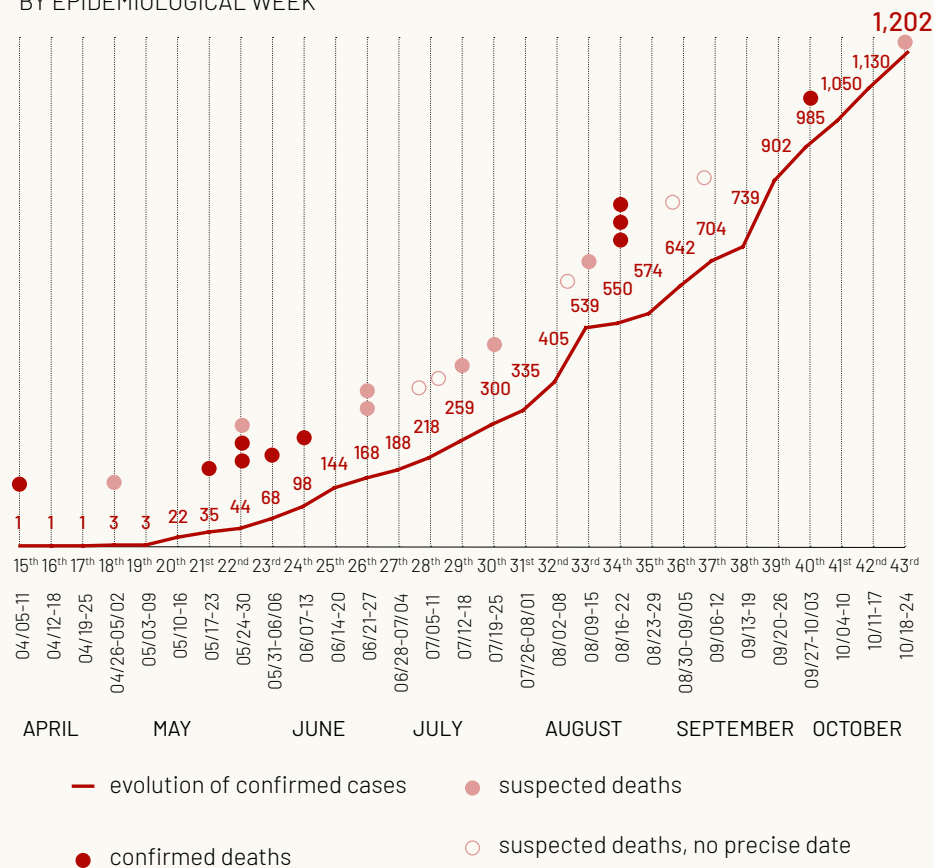
51 - 100

101 - 200

 regions with no known cases



COVID-19
WEEKLY PROGRESSION OF CONFIRMED
CASES AMONG YANOMAMI & YE'KWANA
 BY EPIDEMIOLOGICAL WEEK



Yanomami were diagnosed with respiratory diseases. There were also at least 22 deaths caused by this category of comorbidity, and 78% of the deaths were in children under 4 (SIASI/SESAI) (2020: 04). An analysis by Azevedo et al. (2020) reinforced the state of vulnerability of the TIY by pointing to DSEI-Y as the second most critical among the 34 DSEIs in Brazil. In June, a new study warned that, in addition to the fragility of the service offered by DSEI-Y, the high risk of contamination of the Yanomami and Ye'kwana communities living near illegal mining areas must be considered (ISA, 2020).

Finally, it is noteworthy that, between January and September 2020, according to data available on the Transparency Portal, DSEI-Y spent nothing on "capital equipment and material," an expense that allows for the purchase of durable goods such as medical, dental, laboratory and hospital devices, equipment and instruments, and individual protective and safety equipment. Faced with a health emergency, the government owes the people an explanation about the budgetary spending (or lack thereof) for indigenous health care.

MONITORING COVID-19 IN THE TIY

In April 2020, the first confirmed cases emerged among the Yanomami and also among the staff that work in the DSEI-Y. Faced with the new coronavirus threat and the lack of transparency of SESAI regarding the cases of infection among indigenous people, the Pro-Yanomami and Ye'kwana Network (Pro-YY Network) organized a communication network between the Yanomami and Ye'kwana associations and other organizations, to conduct independent monitoring of the spread of COVID-19 in the TIY and to publicize the denunciations.

The data presented here is the result of this collaborative effort, systematizing detailed information about cases of COVID-19 among the Yanomami and Ye'kwana, including the community and region of origin, the location and circumstances of the infection, testing, and suspected and confirmed deaths²². Despite the efforts to gather information about the dissemination of the virus in the villages, at CASAI-Y and in urban centers, we know that the information gathered here is only a fragment of a still unknown reality. The total number of cases counted by the Pro-YY Network is far from representing the total number of occurrences among the inhabitants of the TIY. The data refers to the period between epidemiological weeks 15 and 43, that is, from April 5 to October 24, 2020.

Monitoring methodology is based on the following parameters:

²² Information on positive cases was compiled based on data from SESAI, Municipal and State Health Secretariats, and hospitals.

_Confirmed cases and deaths are those proven by laboratory testing (RT-PCR) or rapid tests;

_Suspected deaths are those where no infection was proven by tests, but presented a typical clinical condition for COVID-19, close contact with a confirmed case, a stay in or contact with infection zones and/or burial under biosafety protocols.

In the past seven months of the pandemic, a total of 1,202 confirmed cases for COVID-19 were counted, among them ten deaths. Another 13 deaths were recorded as suspected cases. Since there has been no investigation of these cases by SESAI, the Pro-YY Network has no way of certifying them. However, all the cases of suspected deaths recorded by the Pro-YY Network were symptomatic and had close contact with confirmed cases of COVID-19, but were not tested in time, and some were also receiving treatment for the new coronavirus. Of the 13 suspected deaths, 10 had known comorbidities, in other words, infection by COVID-19 exacerbated the clinical condition of these people, leading to their deaths. Among these deaths that were not officially investigated, 6 had malaria and occurred in regions where COVID-19 had already arrived.

It is of concern that SESAI has not investigated these cases, which appears to be a deliberate attempt at under-reporting²³. Since April, SESAI officially recorded only nine deaths, which represents a mortality rate of 0.7%, extremely rare compared to other parts of the world. Monitoring by the Pro-YY Network shows a very different situation, with a total of 23 confirmed and suspected deaths, resulting in a more realistic mortality rate of 1.9%.

The policy of under-reporting COVID-19 deaths produced by SESAI, whether by mere lack of recording, lack of testing or hiding the deaths behind comorbidities, creates a wrong impression of low COVID-19 mortality among the Yanomami and Ye'kwana. In this way, a false scenario of control over the spread of the new coronavirus in the TIY was forged. Meanwhile, the facts show that community transmission is out of control in many villages, and the health authorities appear to be dedicated to hiding their negligence.

²³ See in this report "Yanomami: the 'disappearing' deaths of the pandemic," p. 25.

FIRST CASES AND THE PRIMARY ZONES OF INFECTION

At the start of the pandemic, the first people to be infected with the new coronavirus were indigenous people who were at the CASAI-Y to treat other diseases or accompany their family members. Prevented from returning to their communities due to delays in the contracting of air taxi companies that provide service to the DSEI-Y, the Yanomami and Ye'kwana were left unaided against the virus. Cases of COVID-19 began to skyrocket in Boa Vista (the capital of Roraima) and it did not take long for the staff at CASAI-Y to test positive. Non-compliance with the minimum period for quarantine by some of the staff, lack of testing for the control of those infected, lack of personal protective equipment and an appropriate location to isolate indigenous patients meant CASAI-Y became the first epicenter of the disease. Between April and October, 184 indigenous people were infected at the location, as well as 81% of the employees who work there²⁴.

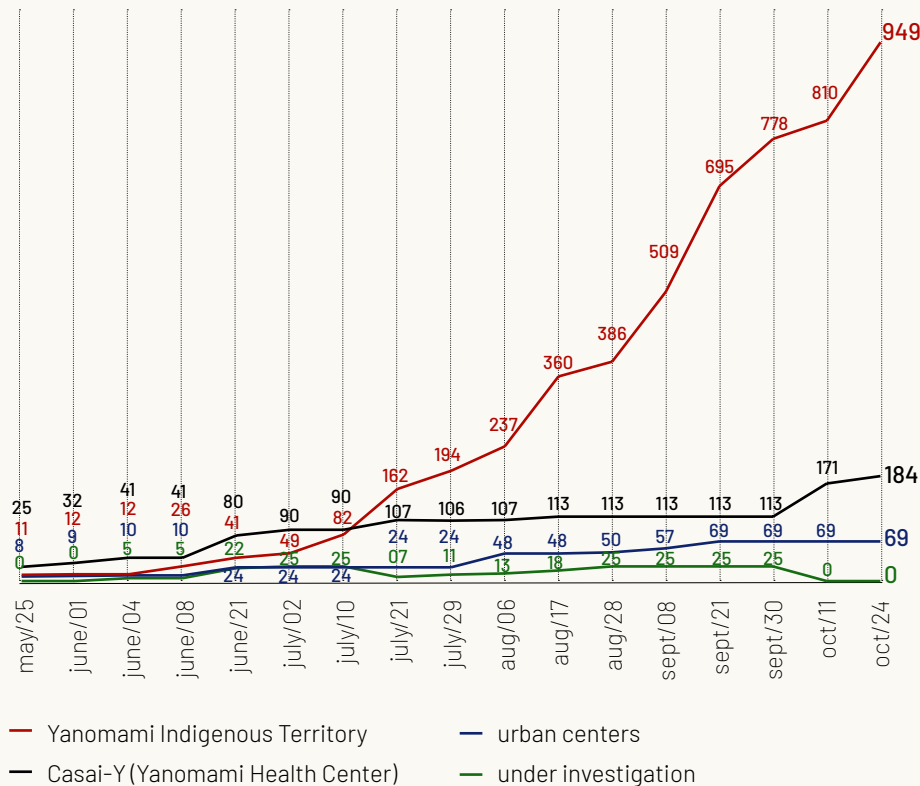
The growth of confirmed cases among staff at DSEI-Y and CASAI-Y, and their temporary removal, increase the shortage of staff in the short term. With the entry of asymptomatic health professionals in the TIY itself, without complying with the minimum quarantine and the basic protocols of protection and prevention, a rapid escalation of cases in the communities was to be expected²⁵. By the end of June, the number of health employees infected with COVID-19 continued to be higher than the total of indigenous people that tested positive for the disease. Later, the number of confirmed cases among the Yanomami and Ye'kwana surpassed the number of infected DSEI-Y staff, although of the staff in the DSEI-Y, the increase in cases among staff did not fall.

²⁴ See in this report "The Indigenous Health Center: one of the epicenters of infection," p. 73.

²⁵ In view of the fact that health staff can become vectors of propagation of COVID-19, the Ministry of Health, in an official publication on March 16 (Nº 13/2020/DASIL/SESAI/Min. Health), reinforces the need to implement quarantine measures for health professionals before entering indigenous territories with isolated or recently contacted peoples. In another technical note (Nº 4/2020 SESAI/Min. Health of 03/30/2020), SESAI ignored the importance of testing of indigenous people and staff of the DSEIs, indicating as a form of controlling the spread of COVID-19 only the use of PPE and 14-day quarantine of symptomatic individuals, who after this period, and without performing tests, could return to their activities after filling in a triage assessment form. This triage goes against all recommended protocols, putting at risk the life of the health professionals and the population they serve.

COVID-19

PROGRESSION OF CONFIRMED CASES AMONG YANOMAMI & YE'KWANA BY INFECTED AREA



The first confirmed cases in the TIY occurred in Maturacá (AM), where two confirmed cases of elderly people with the new coronavirus died in May, at the same time in which confirmed cases of COVID-19 were growing in the region²⁶. In the context of indigenous villages, COVID-19 infection rates could be very high, due

²⁶ Over the subsequent months, the situation in the region of Maturacá stabilized due to the planned and coordinated actions of indigenous and indigenist organizations and public agencies. The inter-institutional coordination between the Federação das Organizações Indígenas do Rio Negro (FOIRN - Federation of Indigenous Organizations of the Rio Negro), Instituto Socioambiental (ISA), Expedicionários da Saúde (EDS), Médicos sem Fronteiras (MSF) and others, allowed DSEI-Y to implement an Indigenous Primary Care Unit (UAPI) in the region, an installation capable of low complexity services, equipped with concentrators and cylinders of oxygen to stabilize COVID-19 patients with respiratory problems.

to the high rate of transmission and the constant interaction among residents. With a lack of control over cases and without testing of all the employees that entered the area and of the indigenous patients who traveled between town and community, in addition to the uninterrupted flow of illegal miners, COVID-19 spread rapidly through the TIY²⁷. On July 10, the number of infected people in the TIY began to get close to the number of infected indigenous people at CASAI-Y. Starting July 21, there was a significant increase in cases of COVID-19 recorded in the TIY, indicating greater transmission inside the communities.

TESTING AND UNDER-REPORTING

The recording of positive cases among the Yanomami and Ye'kwana by DSEI-Y/SESAI has been based, increasingly, on the use of rapid tests by the Multidisciplinary Indigenous Health Teams (EMSIs). The rapid test used by DSEI-Y has a proven efficacy of 55%, and is only able to detect the virus belatedly, in other words, it is useless for the control of the new coronavirus in its propagation phase, in addition to producing a high proportion of false-negatives (Santos et al., 2020). The fact that SESAI uses only serological tests makes it impossible to diagnose the positive cases in time to control infection. With the use of a completely insufficient number of rapid tests in locations with a high chance of community transmission, the real situation of the pandemic in Yanomami and Ye'kwana villages remains hidden. It is alarming that SESAI did not conduct enough tests in the TIY, especially in locations where community transmission already occurred or could be occurring. According to the Pro-YY Network, there are confirmed cases of infection in 23 of the 37 regions of the TIY and, given that social isolation among residents in the villages is impracticable, it is possible that around 10,000 Yanomami and Ye'kwana have already been exposed to the new coronavirus, out of a total population of around 27,000 people.

²⁷ See in this report "We shouldn't be dying from this' Marauia", p. 78; "Mining, malaria and COVID-19: a disastrous combination, Uraricoera", p. 83 and "When it was just us, we didn't get sick like this', Kayanau", p. 95.

In other words, more than a third of the total population may have been exposed, demonstrating that the situation is out of control.

Even considering the low sensitivity of the rapid test usually employed by the EMSIs, the number of confirmed cases among the Yanomami and Ye'kwana cases have jumped from 335 to 1,202 cases over the last three months, an increase of over 250%. These numbers show that the Contingency Plan for the DSEI-Y was ineffective in controlling the spread of the pandemic²⁸. The Contingency Plan does not clearly describe the proper protocols and procedures for the prevention and containment of COVID-19 in the TIY, nor does it provide for a scenario where the pandemic worsens, which would entail further control actions in an even more adverse situation. There is also no clarity about the procedures to be followed with regard to deaths by COVID-19 which occur in the Indigenous Territory or in urban centers²⁹, nor is there any detail about how the isolation of infected indigenous people should be handled in the TIY. Finally, the absence of information on malaria and childhood malnutrition, the main comorbidities that have worsened COVID-19 among the Yanomami and Ye'kwana, is striking.

Data from the Ministry of Health (MS) indicate that there are 11 regions within the TIY where less than 10 tests were done by the DSEI-Y, and another three regions where no tests were done. In other words, there is scant information on COVID-19 in over a third of the regions in the TIY, which reinforces statements from indigenous leaders that in fact the number of infections may be much higher than reported. This information also reveals that, until mid-September, 70.5% of the tests performed by DSEI-Y were positive³⁰. In the region of Demini, for example, one of the most tested in the TIY, over 90% of the population was infected with COVID-19. The number of tests conducted by SESAI through October 14 throughout the TIY is insignificant: 1,270 tests were positive, negative or discarded. In other words, less than 4.7% of

the total population was tested. Without an effective and systematic evaluation, it is impossible to track the disease and control its spread in the communities. The low rate of testing hides the real scenario of infection by COVID-19 among the Yanomami and Ye'kwana, in such a way that the current known scenario is far from the reality of the impact of COVID-19 in the TIY. And confirmed cases continue to rise.

The Yanomami victims of the new coronavirus have been, generally, people that are at opposite ends of life: the elderly and infants. Among the 23 confirmed and suspected deaths, six were infants under two (22%), 12 were people over 50 years (52%), four were young people aged between 12 and 20 years and one youth aged 23 years (26%). Of the six infant victims of COVID-19, three of them are from the Sanõma group, originating from the region of Auaris (RR), where the health situation is alarming, with a high rate of malnutrition and respiratory disease. With the recent arrival of COVID-19 in the region, the future of other Sanõma children could be under threat.

The Yanomami and Ye'kwana population is mostly composed of children and young people (HAY, 2019b) and a very small proportion of elderly people. With the high rates of victims of COVID-19 belonging to this group, the new coronavirus has also had a strong impact on social dynamics in the villages and to the generational handing down of knowledge. For the Yanomami and Ye'kwana, the oral tradition is the main form of passing down knowledge, and the older generation is fundamental in this process.

The negligence of the government and COVID-19 are leaving deep scars on the lives of the Yanomami and Ye'kwana. The complete removal of miners from the Yanomami Indigenous Territory and the implementation of an effective plan to fight the pandemic associated with the control of other comorbidities in collaboration with the representative organizations of these peoples are urgently needed. Children, young people and the generations to come deserve to live healthy lives in their forest home. Their futures should not be cut off by the actions of a genocidal administration.

²⁸ Access [here](#) the DSEI-Y Contingency Plan.

²⁹ See in this report "I don't want to go back alone, without the body of my son": the tribulations of Sanõma women", p. 70.

³⁰ According to data obtained through the Access to Information Act (LAI) and updated on 10/19/2020, of the 1,270 tests performed by Dsei-Y until now, 895 were positive.

COVID-19 AMONG YANOMAMI & YE'KWANA

Yanomami Indigenous Territory Health Post / Region	Population (Sesai/MS, 2018)	Total confirmed cases*	Confirmed cases in the TIY*	Confirmed deaths*	Suspected deaths*	Percentage of population with confirmed cases*	Percentage of tests in relation to population**	Tests administered**	Positive test results**
Ajarani	52	5	2	-	-	9,6%	1,9%	1	1
Ajuricaba	392	70	67	-	-	17,8%	2,5%	10	6
Alto Catrimani	258	3	-	-	-	1,2%	4,6%	12	3
Alto Mucajai	594	111	108	1	-	18,7%	19%	113	111
Alto Padauiri	202	-	-	-	-	-	-	-	-
Apiau	142	56	56	1	-	39,4%	40,1%	57	56
Aracá	357	30	30	-	-	8,4%	0,3%	1	0
Arathau	660	37	10	-	1	5,6%	11,8%	78	34
Auaris	3,944	72	9	-	2	1,8%	2,7%	106	53
Baixo Catrimani	144	2	-	-	1	1,4%	3,5%	5	2
Baixo Mucajai	308	24	24	-	-	7,8%	8,1%	25	24
Balawau	781	-	-	-	-	-	-	-	-
Cachoeira do Araçá	99	-	-	-	-	-	-	-	-
Demini	206	179	175	-	-	86,9%	71,3%	147	145
Ericó	328	2	-	-	-	0,6%	1,2%	4	1
Hakoma	647	2	-	-	-	0,3%	0,8%	5	2
Haxiu	858	13	-	-	-	1,5%	2,4%	21	13
Homoxi	237	1	1	-	-	0,4%	2,5%	6	1
Inambu	499	21	20	-	-	4,2%	4,2%	21	18
Maiá	456	100	96	1	-	21,9%	25%	114	98
Papiu (Maloca Papiu)	398	6	2	-	-	1,5%	4%	16	4
Marari	856	22	19	1	-	2,6%	0,8%	7	7
Marauíá	2,478	76	31	1	4	3%	0,9%	23	21
Maturacá	2,035	122	120	2	1	6%	9,3%	189	119
Médio Padauiri	619	47	47	-	-	7,6%	7,6%	47	47
Missão Catrimani	903	15	6	-	1	1,7%	7,5%	68	12
Novo Demini	600	49	44	-	-	8,2%	0,3%	2	0
Kayanau (Papiu Novo)	306	29	25	-	1	9,5%	11,4%	35	29
Palimiu	856	8	-	-	2	0,9%	0,8%	7	4
Parafuri	456	1	-	-	-	0,2%	0,6%	3	0
Sauba	293	-	-	-	-	0%	3,7%	11	0
Surucucus	2,105	12	2	1	-	0,6%	0,9%	19	8
Toototopi	667	6	-	-	-	0,9%	1,5%	10	6
Uraricoera	253	14	9	1	-	5,5%	8,3%	21	10
Waikás	183	49	46	-	-	26,8%	30%	55	49
Waputha	718	11	-	-	-	1,5%	4,2%	30	11
Xitei	1,895	-	-	-	-	0%	0%	1	0
Venezuela	-	4	0	1	-	-	-	-	-
No information about the origin	-	3	0	-	-	-	-	-	-
TOTAL	26,785	1,202	949***	10	13	4,5%	4,7%	1,270	895

*Pro Yanomami and Ye'kwana Network

*SESAI/Ministry of Health, last updated on 10/19/2020

*** An additional 184 cases were confirmed in the CASAI-Y and 69 in urban centers. See graph on p. 14.

THE COVID-19 PANDEMIC AMONG THE YANOMAMI AND YE'KWANA PEOPLES: A NEW EXPRESSION OF OLD INEQUALITIES

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Despite the fragmentation of historical records about the contact of indigenous peoples with expanding frontiers in Latin America, various authors (Albert & Ramos, 2002; Carneiro da Cunha, 1992; Ribeiro, 1996; Santos & Coimbra Jr., 1994) report that epidemics of measles, smallpox, influenza and tuberculosis played a central role in colonization and resulted in reduced numbers and the extermination of various indigenous groups that inhabited the territory today known as Brazil. The process of colonization was marked by violence, massacres, invasions and the expropriation of indigenous lands, the pillaging of natural resources (especially gold) and the subjugation of indigenous peoples, resulting in serious socio-demographic disruption, breakdown of traditional systems of food production, and impacts on social organization.

The history of contact of the Yanomami with outside society goes back to the opening decades of the 20th century, and the impacts on social organization and health were equally devastating. The dissemination of infectious diseases, together with the violent process of territorial expropriation resulted in corresponding reductions in population and immeasurable sociocultural impacts. The impacts of the first gold rush, in the 1980s and 1990s, can still be felt in some communities where the presence of elders is uncommon. The elderly and children were the main victims of the epidemics of malaria and pneumonia that claimed the lives of many. In a single stroke, the epidemics put at risk the guardians of memory and traditional knowledge, as well as the maintenance and reproduction of life. With the spread of COVID-19, the same threats return.

In recent years, various authors have denounced the fragile state of health on the Yanomami Indigenous Territory (TIY). There are

reports of outbreaks of malaria (Grenfell *et al.*, 2008; Robortella *et al.*, 2020), river blindness (Herzog-Neto *et al.*, 2014) and trachoma (Paula *et al.*, 2002), cases of acute diarrheic diseases (Verhagen *et al.*, 2013), and cases of viral hepatitis and sexually transmitted diseases (Duarte *et al.*, 2010; Russell *et al.*, 2019). There are also reports of the presence of tuberculosis in the communities (Sousa *et al.*, 1997), in addition to the ever-present threat of Severe Acute Respiratory Syndrome (SARS), responsible for profound impacts on the health of children under five (Caldart *et al.*, 2016) and resulting in an absolutely unequal distribution of infant mortality in the region (Lima *et al.*, 2020).

In addition to the permanent state of pandemic among the Yanomami and Ye'kwana —characterized by the propagation of one or more infectious diseases in a large number of individuals, without the existence of proper vaccines and/or public policies capable of controlling them – there are other threats in the TIY. In some regions, such as Auaris and Maturacá, food insecurity and nutritional deficits in children and women of childbearing age are alarming. A study conducted by the Oswaldo Cruz Foundation for Public Health (Fiocruz) in partnership with Unicef in 2018–2019¹ revealed that approximately 80% of the children evaluated presented short stature for their age, 50% presented low weight for their age and 70% were anemic. The authors warned that the absence of potable water in the villages was strongly associated with low weight. A regular supply of potable water would contribute not only to recovering nutritional status, but would also promote improvements in other health indicators, especially child mortality from dehydration.

¹ Read the report [here](#).

Orellana *et al.* (2019) remind us that there is evidence of intergenerational transmission of malnutrition in the TIY, since an association has been shown between short stature for age in children and the short stature of their mothers. This suggests that nutritional deficits at the start of the gestational period are the result of impacts from threats to the territory and the permanent state of pandemic in which the population lives. In summary, the nutritional situation of Yanomami children in some regions of the TIY is alarming and has remained unaltered for an extended period of time, as attested by studies conducted in Brazil (Pantoja *et al.*, 2014) and Venezuela (Verhagen *et al.*, 2013; Hidalgo *et al.*, 2014). Threats to human rights and constitutional rights also concern the population. Since he became president, Jair Bolsonaro has made repeated pronouncements against indigenous rights, which are protected in the Federal Constitution of 1988 and in the United Nations Declaration on the Rights of Indigenous Peoples of 2007. On 02/06/2020, the president sent [Bill 191](#), which allows prospecting and mining on indigenous lands, to Congress without the prior consultation of traditional peoples and their associations, violating the guidelines of Convention 169 of the International Labour Organization, to which Brazil is a signatory. In alignment with articles 231 and 232 of the Federal Constitution, Convention 169 recognizes the right of indigenous peoples to their lands and natural resources, to nondiscrimination and to their way of life and development according to their customs.

To illustrate the impact of this measure, Siqueira-gay *et al.* (2020) warned that, if Bill 191 is approved, over 863,000 km² of tropical forest could be affected. The authors emphasize that the forest is not only home to traditional communities with enormous cultural diversity, but also injects around five billion dollars into the global economy annually, through the production of food, reduction of carbon emissions and regulation, of the climate for agricultural and energy production.

More recently, the government issued [Administrative Rule nº 354](#) with a view to approving the Mining and Development Program in Brazil. Item 3.4 of the Administrative Rule provides for the expansion of mining into new areas and the promotion

and normalization of mining on indigenous land, demonstrating unequivocally the intentions of the federal government.

Based on these moves taken by the government, multitudes of illegal miners have invaded indigenous lands, reliving what took place in the 1980s and 1990s and auguring what we can classify as the second gold rush in the Amazon.

The socio-environmental consequences of the gold rush during the 1980s and 1990s were terrible, and today's will be no different. It will spur the devastation of broad areas of intact forest, threats to countless species of fauna and flora, contamination of rivers, fish, people and the entire ecosystem by the mercury used in mining, in addition to bringing contagious diseases, including the new coronavirus.

One of the starkest illustrations of this tragedy is the mercury contamination reported in the regions of Papiu and Waikás in the TIY, near gold mining operations: 90% of the people in the Aracaça community on the Uraricoera River, for example, presented levels of mercury above those considered safe (Vega *et al.*, 2018). More recently, in 2019, a still unpublished study² found that 56.5% of the women and children of the region of Maturacá presented levels of mercury above the limits considered safe.

Today, it is estimated that there are around 20,000 illegal miners in the TIY, exposing the local population to various risks, including chemical and biological contaminants. Mercury contamination is only a small part of the problem, since mining on indigenous lands destroys the environment, affects species of flora and fauna, alters the availability of food (game, fish, gathering, etc.) and impacts food security, as well as exposing the population to diseases transmitted by outside vectors, notably malaria. It is important to remember that there has been an increase of 473% in cases of malaria on the TIY over the last five years, rising from 2,896 notifications in 2014 to 16,613 cases and five deaths in 2019³.

² [O Globo](#). "Estudo da Fiocruz mostra que 56% dos ianomâmis têm mercúrio acima do limite". 08/03/2019.

³ [Notícias Uol](#). "Malária explode na terra Yanomami; casos quadruplicaram em 5 anos". 08/02/2020.

To this complex situation of inequity and threats to the Yanomami and Ye'kwana, one can add the deficiencies in healthcare. In Brazil, the healthcare of these peoples is under the responsibility of the Special District for Indigenous Health - Yanomami Territory (DSEI-Y), under the auspices of the Special Secretariat for Indigenous Health of the Ministry of Health (SESAI/MS).

The organizational structure of DSEI-Y includes the Indigenous Health Center serving the Yanomami and Ye'kwana (CASAI-Y), located in Boa Vista (capital of Roraima State), which is responsible for supporting, hosting and assisting indigenous people referred to the Public Health System (SUS) network for complementary healthcare procedures when necessary⁴. In the context of the pandemic, CASAI-Y became one of the main sites of transmission of the new coronavirus⁵. As of 10/24/2020, 184 cases of COVID-19 had been detected at the facility.

There are also another 37 indigenous health posts located inside the TIY, which are responsible for providing healthcare and sanitation services in defined areas inside the territory covered by the DSEI-Y. Likewise, there are 78 Basic Indigenous Healthcare Units that present different levels of organization, depending on the size of the population served, distance from the main health centers and the availability of health professionals. Today, 26,785 indigenous people⁶ live in the 96,650 km² territory, spread across 366 villages between the states of Amazonas and Roraima.

Even when accessible to the indigenous population, healthcare services are limited to primary healthcare. In theory, primary healthcare is characterized by a set of actions that cover promotion and protection, prevention of harm, diagnosis, treatment, rehabilitation and maintenance of health. The primary healthcare model presents satisfactory results and has the potential to resolve up to 80% of the problems of citizens who live in urban and peri-urban contexts, where the population has access to other levels of

healthcare through the Public Health Service when needed (such as emergency clinics, hospitals and intensive care units).

The Indigenous Healthcare Subsystem (SASI) has been officially part of the Public Health System (SUS) since 1999, the National Policy for Indigenous Healthcare (PNASPI) has been in force since 2002, the Special Secretariat for Indigenous Health (SESAI) has been in operation since 2010, and there's a trend toward expanding the resources for indigenous health in Brazil (Saraiva & Cardoso, 2020). The coverage and quality of the services remain at low levels, however, and do not meet the needs of the indigenous population, above all in remote areas of the Amazon.

There is constant pressure to expand the services provided by SESAI and ensure access to other SUS services to indigenous people both on demarcated lands as well as those who live in reclaimed areas, on lands in the process of demarcation and in urban areas. In 2013, while the 5th National Conference on Indigenous Health debated the "**Indigenous Healthcare Subsystem and SUS: Rights, Access, Diversity and Special Care**", due to the historical lack of access to medium and high complexity services, indigenous leaders demanded changes in the direction of PNASPI. Prophetically, they predicted the catastrophe that would befall indigenous communities with the arrival of the COVID-19 epidemic.

In the current context, this problem exposes not only regional inequalities and the prejudice against ethnic minorities experienced in Brazil, but also the cruelest face of institutional racism, which officially limits the access of minority populations to the best resources available through the SUS to face COVID-19.

It is public knowledge and clear that, in COVID-19 cases in which there are clinical complications, more complex health care is needed, which includes the use of drugs (not available through the primary healthcare system), the availability of oxygen therapy through artificial respirators or hospitalization, and intensive care units.

In addition to the limitations related to the DSEI-Y's precarious infrastructure, there are insufficient diagnostic tests for COVID-19

⁴ See [Administrative Rule 1.801](#), of November 9, 2015, from Ministry of Health.

⁵ In this regard, see the text in this report "The Indigenous Health Center: one of the epicenters of infection". p. 73.

⁶ Source: [SESAI website](#).

(both rapid tests and RT-PCR). The Ministry of Health is ill prepared to deal with the pandemic and create consensus on the guidelines for facing the disease and the real problem of under-reporting of cases and deaths.

Faced with this under-reporting, the Pro Yanomami and Ye'kwana Network assembled a community-based monitoring system in conjunction with indigenous leaders and associations, to monitor the spread of the disease in the TIY. Below is a brief analysis on the numbers available for COVID-19 among the Yanomami and Ye'kwana.

According to data from SESAI⁷, as of October 24, 926 cases and nine deaths had been reported among this population, equal to a rate of 3,457.2 cases per 100,000 inhabitants and a mortality rate of 33.6 deaths/100,000. However, the data collected by the Pro-YY Network shows a higher total of 1,202 cases as of the same date. These calculations would be equal to a rate of 4,487.6 cases/100,000, and reveal an under-reporting of over 20% in the number of cases.

According to monitoring by the Pro-YY Network, of the ten confirmed deaths, two were young people, three were children under one year of age, and five aged 60 or over. In at least three deaths, the patients were being treated simultaneously for malaria. Reports of the deaths occurred between April 9 and October 23, 2020. Another 13 deaths are under investigation, of which at least six were receiving simultaneous treatment for malaria. If the presence of COVID-19 is confirmed in the 13 cases under investigation, the mortality rate will rise to 82.1 deaths/100,000 making it almost 3 times the rate officially announced by SESAI.

In a complementary analysis that included the cases reported between epidemiological weeks 15 and 43 (April 5 to October 24), we observed that although the number of cases of COVID-19 had fallen in various regions of the country, the TIY showed a clear rising trend, compared to the moving average (see graph p. 12). It is important to remember that Roraima had one of the highest rates of infection in Brazil, increasing the risk of contamination of indigenous populations that live in the state.

In the most comprehensive study of seroprevalence in Brazil, which included 133 cities covering every state, Hallal *et al.* (2020) evaluated the presence of antibodies against the new coronavirus using the Wondfo SARS-CoV-2 rapid test (Wondfo Biotech, Guangzhou, China). The authors found that the prevalence among self-declared indigenous participants was 6.4%, and 1.4% among self-declared whites. In summary, the seroprevalence was highly heterogeneous for the locations studied, with rapid spread in the North and Northeast, and a strong association with indigenous peoples and low socioeconomic status. In conclusion, these populations have had, up to the present, less access to pandemic control policies, repeating historical inequalities in health care that plague the country.

The fragile healthcare situation experienced by the Yanomami and Ye'kwana peoples is the result of the structural colonialism that gave rise to Brazilian society, in which income and public health and educational services are concentrated in urban centers while indigenous and traditional populations that inhabit the interior of the country remain on the margin of social achievements. This constructed historical process provided fertile ground for the creation of deep gaps in society, giving rise to well-known social inequalities, racism and prejudice against original peoples.

The following are proposed measures to address the problems presented:

- i) An immediate halt to mining activities and full removal of the illegal miners invading indigenous lands;
- ii) Immediate implementation of the Emergency Plan for COVID-19, following recommendations contained in the Claim of Non-compliance with Fundamental Principles (ADPF no. 709) filed by Coalition of Indigenous Peoples of Brazil (APIB), ensuring emergency action to meet the needs of the populations affected and structural actions that make certain Brazil will comply with the 2030 agenda and meet sustainable development objectives;
- iii) Implementation of an action plan to eradicate malaria in the TIY;

iv) Review and update the PNASPI to accommodate the needs to expand access to medium and high complexity services through the SUS;

v) Include monitoring of the levels of mercury in the routine activities carried out in the prenatal care program and in the program for monitoring growth and development of children within the purview of SUS;

vi) Improve, strengthen and support inter-sectoral activities to comply with current legislation and ensure the full exercise of the human rights and constitutional rights of indigenous peoples.

Finally, it is of vital importance that organized civil society supports the fight of indigenous peoples against the invasion of their traditional lands, against mining, against infringements on their rights and against the spread of the COVID-19 pandemic.

THE BRAZILIAN GOVERNMENT'S RESPONSIBILITY FOR THE IMPACTS OF COVID-19 ON THE YANOMAMI INDIGENOUS TERRITORY

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The Brazilian legal framework recognizes the collective rights of indigenous peoples, as original peoples, who also enjoy, without discrimination, other rights provided for in Brazilian legislation. In practice, however, policies tend to do the opposite. Despite the specific vulnerabilities of indigenous peoples, the public policies designed to guarantee their constitutional rights have been weakened, both in terms of territorial protection and access to proper healthcare.

These effects are felt in the communities of the Yanomami Indigenous Territory (TIY), the largest indigenous territory in Brazil. Since the start of the pandemic, local indigenous leaders have been calling attention to both their urgent health care needs and to the accelerated encroachment of mining onto their lands. In June, the indigenous associations represented by the Yanomami and Ye'kwana Leadership Forum started the campaign [#MinersOutCovidOut](#) to sound the alarm about the pressures they suffer in their territories and to demand concrete action from government authorities. Since then, the response of public officials, when they do respond, has been late and insufficient, while the new disease makes inroads into indigenous lives across the territory.

THE OBLIGATION OF THE BRAZILIAN GOVERNMENT TO PROTECT THE YANOMAMI TERRITORY AGAINST INVASIONS DURING THE PANDEMIC: WHAT THE COURTS AND INTERNATIONAL AGENCIES SAY

In view of the flagrant violation of the constitutional precepts of the dignity of human beings (Federal Constitution, art. 1º, inc. III),

rights to life (Fed. Const., art. 5º, caput) and health (Fed. Const., arts. 6º and 196), as well as the right of indigenous people to live on their land, according to their cultures and traditions (Fed. Const., art. 231), the Coalition of Indigenous Peoples of Brazil (APIB), in conjunction with six political parties, filed a Claim of [Non-compliance with Fundamental Principles \(ADPF 709\)](#) at the Federal Supreme Court.

This legal action was designed to ensure that emergency measures are taken to prevent the spread of COVID-19 among indigenous peoples. It also included requests for the removal of invaders from seven Indigenous Territories that face critical situations with a massive presence of non-indigenous people constituting a real risk of contamination, including to indigenous groups in voluntary isolation. The Yanomami Territory (TIY) is one of these seven lands. The request for the removal of outside invaders remains under analysis. However, the installation of health check points on 33 indigenous lands that include isolated or recently contacted indigenous people, including the TIY, have already been approved under the provisions of ADPF 709.

The Federal Prosecutor's Office (MPF) has also played an important role in the protection of the Yanomami Territory. In April, the MPF filed Public Civil Action (ACP) 1001973-17.2020.4.01.4200. It requires the federal government to adopt emergency measures to remove illegal miners from the TIY in view of the continued encroachment that exposes indigenous communities to the new disease. The MPF's argument is based on data and studies that show the encroachment of illegal mining on communities in the TIY and its intimate relation with the spread of epidemics through the

communities. A report published by the Instituto Socioambiental (ISA) in June estimates that up to 40% of the population living near illegal mining areas in the TIY could be affected by the virus due to their proximity to these operations (ISA, 2020).

The injunction was denied in the first instance, but granted by the Regional Federal Court of the 1st Region (TRF-1) on appeal. With this judgment, the court recognized the existence of serious risk and the obligation of the government to act to stop it, ordering the government to present, within 10 days, a plan for removal of the illegal miners, among other measures.

The decision was quickly contested by the federal government, which argued that it conflicted with the petition analyzed by the Federal Supreme Court (STF) in ADPF 709. The decisions by the STF and TRF-1, however, do not conflict, since the ADPF did not call for a suspension of lawsuits that are underway in lower courts nationally. In addition, the justice reporting on the ADPF expressly determined that the removal of invaders is a duty of the federal government.

Nevertheless, on June 22, the TRF-1 suspended the injunction previously granted, so that the presentation of the plan for removal of the miners under ACP 1001973-17.2020.4.01.4200 was put on hold. Subsequently, on September 17, it was finally determined by the Federal Court of Roraima, that the government must present a final version and complete the removal plan within 10 days. Nothing indicates, however, that the government and relevant agencies are mobilizing to comply with the judicial order. The procedural back-and-forths means that compliance with the decision has been put off to the detriment of the health and lives of the indigenous communities of the TIY.

While the two lawsuits work their way through the Brazilian justice system, Hutukara Yanomami Association (HAY) requested precautionary measures from the Inter-American Commission on Human Rights (IACHR) together with the National Council for Human Rights (CNDH). Their request was once again aimed at recognizing the obligation of the Brazilian government to adopt appropriate measures to ensure the rights of the Yanomami and Ye'kwana

peoples in Brazil, in respect of formally ratified international treaties on human rights.

In July, the IACHR issued [Resolution 35/2020](#), recognizing the serious and imminent risk of irreparable damage to the Yanomami and Ye'kwana peoples due to inaction by the Brazilian government. According to the IACHR, given the accelerated encroachment of mining into the TIY and structural failures in the provision of health services to the affected population, the adoption of urgent health and territorial protection measures to prevent the risk of harm is imperative.

Judicial decisions in different instances nationally and internationally are therefore unanimous in signaling the unequivocal duty of the Brazilian government to protect indigenous lives from the spread of COVID-19, both through emergency health measures and through the protection of indigenous lands that are continuously being invaded by non-indigenous groups. However, these decisions have not been enough to make the government correct its policies. Until now, no proper plan has been presented by the government regarding the adoption of emergency health measures and territorial protection of the TIY, except for the aforementioned plan of installing health check points under ADPF 709, which is behind schedule.

FAILURES OF THE BRAZILIAN GOVERNMENT AND NONCOMPLIANCE WITH CONSTITUTIONAL AND CONVENTIONAL OBLIGATIONS

Delays in adopting measures to contain COVID-19 on the TIY have exacerbated growing structural setbacks that have hindered policies for the progressive achievement of rights for the Yanomami and Ye'kwana. An example of this is the closing of FUNAI's Ethno-environmental Protection Bases (Bapes) in 2018, which left communities vulnerable to the brutal advance of mining operations. In addition, years of inefficiency in the management of indigenous healthcare has led to worsening health indicators on the TIY.

In the context of the pandemic, the sequence of failures in the handling of health service policies has harmed the epidemiological status of various communities. With regard to territorial protection, activities designed to fight logistical set-ups outside the TIY that enable mining inside it – and would be capable of countering mining in the territory – have not materialized¹. In this sense, data analyzed by the Institute for Socioeconomic Studies (INESC), the Brazilian Association of Investigative Journalism (ABRAJI) and Transparência Brasil show that, although budget was available, a good portion of the federal resources earmarked for indigenous health were underutilized in the context of the pandemic and, when used, were used inefficiently (Atoji, 2020; Inesc, 2020a).

On June 30, 2020, the government conducted an interministerial visit to the TIY². During the visit, as the virus spread quickly through the communities, members of the delegation painted the nails of Yanomami women³ and distributed boxes of chloroquine, all the while basic resources were lacking for the normal operation of public agencies in the territory⁴. The succession of mistakes in the handling of the visit resulted in the opening of an inquiry by the MPF to determine administrative regularities (Preparatory Procedure of Administrative Inquiry 1.32.000.000596/2020-31). The investigation conducted by the MPF found, among other things, that the amount spent on the operation totaled R\$ 4,905,868.73, almost four times as much as the entire amount received by the National Indian Foundation (FUNAI) in Roraima through August 2020.

In sum, little or nothing has been done to implement structural measures capable of effectively countering the spread of COVID-19 in the indigenous lands of Brazil, and the Yanomami Territory is no exception. The effects of the inertia of the government are

measurable. The cross-referencing of information available on mining operations and data on COVID-19 contamination, along with reports from local indigenous leaders, indicates that in regions like Waikás, Alto Mucajaí, Kayanau, Papiu, COVID-19 spread out from the mining operations installed near communities. Concerns remain regarding the state of health of the Moxihatëtêma, a group in voluntary isolation in the TIY, given that there are mining operations within a few kilometers of their collective house.

CONCLUSION

The Brazilian government was alerted to the disproportional impact of the pandemic on indigenous peoples. As we have seen, various measures have been taken to obligate the Brazilian government to act to prevent these effects. The government seems to have limited itself to diversionary measures, resulting in leaving indigenous lands throughout Brazil largely unprepared for the arrival of the virus. As a result, the epidemic spread rapidly within the Yanomami Territory, where transmission became community-based. There is still no word on the installation of health check points and the presentation and implementation of an effective plan for the removal of illegal miners. Meanwhile, the damage resulting from failures in government policies and the lack of action continues to mount.

1 The encroachment measured as degraded area through the use of a system georeferenced by satellite, developed by Instituto Socioambiental for the TIY, called SIRAD-Y.

2 ISA. “Cloroquina, ausência de consulta e outras irregularidades marcaram visita ‘surpresa’ do governo à Terra Indígena Yanomami”. 08/03/2020.

3 Uol Notícias. “Mulheres de militares maquiagem, dão roupas e causam aglomeração de ianomâmis”. 07/17/2020.

4 See the chapter “The pandemic is under control: inter-ministerial visit to Auaris, Waikás and Surucucus” in this report. p.90.

YANOMAMI: THE “DISAPPEARING” DEATHS OF THE PANDEMIC

BRUCE ALBERT

anthropologist who has worked with the Yanomami in Brazil since 1975.

“If he is victorious, not even the dead will be safe from the enemy¹.”

Walter Benjamin, 1940

COVERED UP DEATHS

For seven months, the Special Secretariat for Indigenous Health (SESAI) has been chasing after the pandemic in the Yanomami Indigenous Territory (TIY), and elsewhere, frequently placing its employees and staff in danger², without being able to contain, or even slow down, the exponential propagation of the Sars-CoV-2 virus. Incapable of flattening the contagion curve, SESAI, the Ministry of Health and the Ministry of Defense began to stage a noisy journalistic fiction, by highlighting the supposed efficiency of the official management of the pandemic. To this end, over the intervening months, they spared no effort to publish glorifying pronouncements and organize “special operations” of social communication³.

In contrast to the dubious official count, 1,202 confirmed cases of COVID-19 and 23 deaths were found after investigation by the Yanomami and Ye'kwana through the Pro-Yanomami and Ye'kwana

Network (Pró-YY Network) between April 5 and October 24, 2020.

This failure to control the growth of the pandemic in the TIY is best explained by the logistical inability of SESAI to ensure the diagnosis of COVID-19-19 by RT-PCR tests, which would allow positive cases to be isolated while they are still symptomatic and highly contagious and, in this way, trace and control their contacts to prevent the unbridled spread of the disease (the WHO's *Test, Trace, Isolate/* TTI strategy). In fact, SESAI, lacking means and proper laboratory facilities in the states of Amazonas and Roraima, increasingly ended up using serological tests, popularly known as “rapid tests,” generally in small numbers, to diagnose cases recorded as positive.

However, the “rapid tests,” in addition to being generally unreliable, only indicate the presence of antibodies (positivity in this case) around 10 days after infection, when the patient has already had time to spread the virus to their community, making any type of effective intervention to contain the pandemic in the Indigenous Territory (TI) impossible⁴. In addition, the supposedly curative treatments, regularly administered by SESAI to Yanomami and Ye'kwana patients with COVID-19-19 (Hydroxycyclochloroquine, Azithromycin, Amoxicillin or Ivermectin), have been proven ineffective or even toxic, as already shown in various international scientific studies⁵.

1 Quote taken from “Sur le concept d'histoire.” Walter Benjamin *Oeuvres*, III. Paris, Gallimard “Folio”, p. 431.

2 See in this report “The Indigenous Health Center: one of the epicenters of infection,” p. 73.

3 For example, the “special operations” in the TIY in July and October of 2020 were followed by numerous media outlets. See: [Agência Brasil](#) “Operação conjunta de saúde realiza testagem em comunidades yanomami”, 07/02/2020 and [Agência Saúde](#) “Segunda missão de reforço no combate à Covid-19 chega às aldeias dos DSEIs Yanomami e Leste de Roraima”, 10/20/2020. For a critical analysis, see in this report “The pandemic is under control: inter-ministerial mission in Auaris, Waikás and Surucucus”, p. 90.

4 See Pro-Yanomami and Ye'kwana Network (2020c).

5 See Pro-Yanomami and Ye'kwana Network (2020e).

Faced with the inoperability of its militarized health theater, SESAI appears to have made use of a new resource, this time more surreptitious: a deliberate policy of under-reporting of cases and, above all, of the deaths caused by the disease in the TIY. In this way, the health agency published much lower figures than the Pro-YY Network for the same period: almost 20% lower in the case of confirmed patients and 60% lower in the case of recorded deaths⁶! The absence of proper diagnostic control in place make this reduced death toll over seven months of the pandemic appear very unlikely. In fact, the case fatality rate in the TIY would be less than 0.92% in this context, an exceedingly low rate anywhere in the world, except, for example, for countries with reliable statistics, such as Luxembourg (0.9) or Israel (0.8), while in Brazil this rate is around 3%⁷.

This chronic under-reporting of deaths from COVID-19 among the Yanomami is systematically produced by SESAI either through negligence in the recording of cases (or in the administration of the tests), or through the hiding of deaths by COVID-19 behind diagnoses of comorbidities⁸, which include malaria, which has been spreading exponentially in the TIY due to the illegal mining since 2015. In this way, according to data from the Ministry of Health, in 2014, there were 2,896 cases of malaria in the TIY and, five years later, in 2019, 16,613—a shocking increase of 473%. Of the 23 deaths from COVID-19 recorded by the Pro-YY Network, nine (39%) had malaria and 17% had a history of heart conditions.

UNBURIED DEAD

In addition to this process of statistical erasure of their deaths in the pandemic, the Yanomami were (and still are) subjected to another discriminatory practice: biosafety burial of the victims of Covid-19 against the wishes of their families and communities.

⁶ The official data released by *Sesai* to epidemiological week 43 (10/24/2020) totaled 926 positive cases and 9 confirmed deaths.

⁷ Source: <https://coronavirus.jhu.edu/data/mortality>.

⁸ Of the 13 suspected deaths recorded by Pro-YY Network between 04/09/2020 and 10/23/2020, six of the patients had malaria and three had pre-existing heart conditions.



This time, in addition to seeing their deaths covered up by health bureaucracy, the Yanomami have to suffer the terrible experience of seeing the bodies of their dead relatives confiscated by the State. This practice was implemented without any dialogue or warning since the first death of a Yanomami from COVID-19: the death of a 15-year-old boy from the community of Helepe in the Uraricoera region⁹.

⁹ See in this report "Mining, malaria and Covid-19: a disastrous combination, Uraricoera", p. 83.

The authoritarianism of this measure sparked protests from Yanomami leaders¹⁰ and became a national and international scandal based on the disappearance of various Sanõma infants¹¹. The undignified treatment of the dead during epidemics, far from being unique to the Yanomami or other Amerindian peoples¹², is common throughout the world and throughout history, especially for populations submitted to some form of external domination¹³.

Burying Yanomami victims without the consent of their family members shows, at a minimum, a disturbing lack of empathy from the health authorities with the abandonment of these people in the grip of the Covid-19 pandemic. Moreover, it is a clear manifestation of social and cultural contempt characteristic of colonial situations.

For the Yanomami, disposing of the dead without traditional funeral rituals is an inhuman act and, therefore, disgraceful. After fights between villages, the Yanomami of old believed that hiding or letting the bodies of their dead enemies, killed by arrow, disappear into the forest would be an expression of excessive hostility akin to the behavior of ferocious animals or evil spirits. In this case, the warriors would offer a truce so that the mothers, wives and sisters of their victims could recover the bodies of their dead in order to perform the appropriate funeral rituals, allowing them to be grieved over. It is also important to note that the Yanomami would rather die than leave their dead without funeral rites. An example of this was the case of the survivors of the massacre of Haximu (1993) who, despite being pursued by miners who had cruelly massacred a part of their community, did not hesitate to risk their lives to recover and burn the bodies of their dead along the trail as they fled¹⁴.

According to Yanomami rituals, the dead must be cremated, and the ashes of their bones kept in a gourd to be buried during various festivals held between allied communities (*reahu*). The purpose of these rituals is to “forget” the ashes of the deceased and, in this way, ensure a one-way journey for their spirit (*pore*) to the “shores of the sky,” where they will live a new life of festivals and plenty among their peers. Without this ritual treatment of the funeral ashes, it is believed that the souls of the dead will return again and again, calling out to the living in their dreams and bringing about an unending longing and melancholy that could even lead to death.

Conducting the mourning of their dead in a culturally appropriate manner is, therefore, in Yanomami society as in any other, a basic need and human right. If this fundamental right is not respected, the relatives of the Yanomami victims of Covid-19, in addition to losing their loved ones¹⁵, will suffer a never-ending period of mourning. We can get an idea of the suffering through the words of Davi Kopenawa, who experienced this painful situation when his mother, who died in a measles epidemic spread by the missionaries of the New Tribes Mission, Brazil, was buried by the pastors in the absence of his stepfather and himself in a place still unknown today:

“Because of them, we will never be able to grieve my mother as we did our ancestors. This is a very bad thing. It has caused me profound suffering, and the anger of this death has remained within me since then. It has hardened over time, and will only end when I end.” (Kopenawa & Albert, 2015: 267-268)

ERASING THE DEATH OF THE OTHER

The “theft” of the death of his mother by religious fanatics described by Davi Kopenawa points to an act of colonial arbitrariness: the erasure of memory and, therefore, the identity of dominated peoples. This denial of a memorial, making any form of mourning or treatment of the past on their own social and cultural terms impossible, is designed to transform the victims into *tabulas rasas*

10 See [Amazônia Real](#) “Coronavírus: enterro de indígena sem ritual requer diálogo entre lideranças e o Ministério da Saúde, dizem especialistas”. 04/13/2020.

11 See in this report “I don’t want to go back alone, without the body of my son”: the tribulations of Sanõma women, p. 70.

12 See also the backlash from the Waiwai: [Amazônia Real](#) “É nosso direito enterrá-los’ diz o povo Wai Wai sobre corpos de lideranças vítimas de Covid-19”. 08/10/2020.

13 See Lynteris & Evans (2018).

14 See [Folha de S. Paulo](#). “O massacre dos Yanomami de Haximu”. 10/03/1993.

15 Of the 23 deaths recorded by Pro-YY Network, nine are elderly, six infants, four young people and four adults.

subject to the inscription of the dominant religious and political discourse, breaking off ties with their own tradition.

Not allowing the deceased to be duly “forgotten,” as expressed in Yanomami, means preventing the living from exorcising the death, from peacefully disconnecting from the pain of the absence of those lost, building dense symbolic ties with the individual and collective past. The forgetting done according to their own rules lifts the weight of the past and allows for the occupation of an open space in the present. However, the process of forgetting, confiscated through political domination makes this liberating process impossible, perpetuating the weight of the old pains and the stigma of oppression forever.

The State’s negation of the Yanomami deaths and their dead from Covid-19, both in the epidemiological statistics and the secret biosafety burials, not only alludes to a sinister colonial experience, but also other more recent official strategies of collective amnesia in Brazil’s recent history, such as the “disappearance” of bodies and the names of victims during the military dictatorship¹⁶. In fact, seizing the dead of others to erase them from collective memory and negate the process of mourning by their family members has always been a mark of a supreme stage of barbarity based on contempt and the ethnic and/or political negation of the Other.

DEATHS OF YANOMAMI FROM COVID-19



23

10 deaths confirmed
13 deaths suspected

Cases of known comorbidities: 17
Cases of COVID-19 + Malaria: 09

Pro-YY Network, updated: 10/24/2020

CONFIRMED DEATHS

*death recognized by SESAI/Ministry of Health

1 Helepe community, Uraricoera (RR). Yanomami boy, 15 years.*

Died on 04/09/2020, Hospital Geral de Roraima, Boa Vista.

Known comorbidity: *falciparum malaria*.

Buried under biosafety protocols in the Campo da Saudade Cemetery, Boa Vista.

2 Ariabu community, Maturacá (AM). Elderly Yanomami man, 68 years.*

Died on 05/23/2020, Ariabu.

Known comorbidity: *falciparum malaria*.

3 Silipa community, Venezuela Yanomami infant, 15 months.

Died on 05/25/2020, Hospital da Criança, Boa Vista.

No known comorbidities.

Buried under biosafety protocols in the Campo da Saudade Cemetery, Boa Vista.

4 Maturacá community, Maturacá (AM). Elderly Yanomami woman, 80 years.*

Died on 05/30/2020, Maturacá.

No known comorbidities.

5 Wathou community, Surucucus (RR). Yanomami youth, exact age unknown.*

Died on 06/02/2020, CASAI-Y, Boa Vista.

Known comorbidity: heart condition

Buried under biosafety protocols in Boa Vista.

6 Maiá (AM) Elderly Yanomami man, exact age unknown.

Died on 06/13/2020, in the community.

Known comorbidities: high blood pressure and recent stroke.

7 Komixiwë community, Marauíá (AM). Yanomami infant, 5 months.*

Died on 08/17/2020, Komixiwë.

Known comorbidity: *vivax malaria*.

8 Monopi community, Marari (AM). Yanomami infant, 9 months.*

Died on 08/18/2020, Boa Vista.

Known comorbidity: malnutrition.

Buried under biosafety protocols in the Campo da Saudade Cemetery, Boa Vista.

9 Apiáu (RR) Elderly Yanomami woman, 88 years.*

Died on 08/22/2020, Hospital Geral de Roraima, Boa Vista.

No known comorbidities.

Buried under biosafety protocols in Boa Vista.

10 Alto Mucajá (RR). Elderly Ninam man, 76 years.*

Died on 09/30/2020, Field Hospital, Boa Vista.

Known comorbidity: pneumonia.

Buried under biosafety protocols in Boa Vista.

SUSPECTED DEATHS

1 Nara Uhi community, Catrimani Mission (RR). Newborn Yanomami.

Died on 04/28/2020, Boa Vista Maternity Hospital.

Buried under biosafety protocols in the Campo da Saudade Cemetery, Boa Vista.

**2 Katonau community, Auaris (RR).
Newborn Yanomami.**

Died on 05/25/2020, Boa Vista Maternity Hospital
Mother of the child tested positive for COVID-19.
No known comorbidities.
Buried under biosafety protocols in the Campo da Saudade Cemetery,
Boa Vista.

**3 Toritha community, Kayanau (RR).
Yanomami girl, 13 years.**

Died on 06/23/2020, Toritha.
She was experiencing chest pains and difficulty breathing. Her family
members were taken to Boa Vista and tested positive for COVID-19.
Known comorbidity: **malaria**.

**4 Arathau (RR)
Yanomami woman, 23 years.**

Died on 06/27/2020, Hospital Geral de Roraima, Boa Vista.
Symptomatic, was admitted to hospital in serious condition.
Known comorbidity: cardiovascular condition.
Buried under biosafety protocols in Boa Vista.

**5 Balaio community, Marauíá (AM).
Yanomami woman, 53 years.**

Died in July, Balaio.
Received treatment for COVID-19 before death.
Known comorbidities: diabetes, hepatic steatosis and **falciparum malaria**.

**6 Tabuleiro community, Marauíá (AM).
Elderly Yanomami man, 78 years.**

Died in July, Tabuleiro.
Received treatment for COVID-19 before death.
Known comorbidities: malnutrition and **malaria**

**7 Baixo Catrimani (RR)
Yanomami man, 50 years.**

Died on 07/18/2020, Boa Vista.
He was moved from the Catrimani Mission to Boa Vista, where he was
admitted to Hospital Geral de Roraima and subsequently died. Received
treatment for COVID-19.
No known comorbidities.
Buried under biosafety protocols in Boa Vista.

**8 Serrinho community, Marauíá (AM).
Yanomami youth, 19 years.**

Died on 07/20/2020, Serrinho.
He was in Manaus and Santa Isabel do Rio Negro, died four days after
returning to the community. Received treatment for COVID-19.
Known comorbidity: pemphigus.

**9 Pohoroa community, Marauíá (AM).
Elderly Yanomami man, 70 years.**

Died in August, Pohoroa.
Received treatment for COVID-19, condition worsened, with body aches,
difficulty breathing and hoarseness.
Known comorbidity: **malaria**.

**10 Maturacá (AM)
Elderly Yanomami woman, 78 years.**

Died on 08/12/2020, Maturacá.
Contact with a confirmed case in the community.
Known comorbidity: hypertension.

**11 Yakeplaopi community, Palimiu (RR).
Elderly Yanomami woman, 78 years.**

Died in September, Palimiu.
Difficulty breathing and sore throat.
Known comorbidity: **malaria**.

**12 Walomapi community, Palimiu (RR).
Yanomami woman, approx. 60 years.**

Died in September, Palimiu.
Symptomatic, with difficulty breathing and sore throat.
Known comorbidity: **malaria**.

**13 Polapi community, Auaris (RR).
Yanomami infant, 11 months.**

Died on 10/23/2020, Children's Hospital, Boa Vista.
Symptomatic, was admitted to hospital in serious condition.
Known comorbidity: pneumonia.
Buried under biosafety protocols in Boa Vista.



CHRONOLOGY OF A TRAGEDY FORETOLD

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03/02

Davi Kopenawa denounces the failure of the Bolsonaro government regarding indigenous peoples to the UN Human Rights Council.



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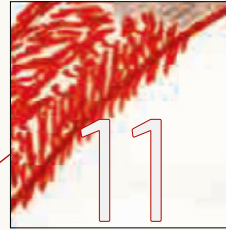
MARCH

03/02

“They are the ones who truly care for the forest. It is the Moxihatëtëa and all the other uncontacted peoples of the Amazon who still look after the last forest. But the Whites don’t know this, because they don’t understand the language of these people. White people just think, “What are they doing here?”. And when the Whites arrive, they bring their epidemics with them. Perhaps they will soon be exterminated. This is what I think. The miners will undoubtedly destroy them all by killing them with their shotguns and their illnesses, their malaria, their pneumonia [...] The UN needs to speak to the authorities in Brazil so that they remove - immediately - the prospectors from our forest who are encircling the uncontacted peoples and everyone else.” Davi Kopenawa, UN Human Rights Council.

03/11

COVID-19 is declared a pandemic by the WHO.



03/11

MPF-RR (Public Prosecutors Office in Roraima state) recommends the immediate suspension of the Yanomami Health District's plan to approach the uncontacted Yanomami, to guarantee their security and right to choose to live in isolation without contact.



Moxihatëtëma collective house.

03/16

SESAI releases the "National Contingency Plan for Human Infection with the new Coronavirus in Indigenous Peoples", but does not give details specific to indigenous contexts.

03/17

FUNAI (National Indian Foundation) decree (nº 419/PRES) restricts entry into indigenous territories, but does not guarantee the protection of dozens of indigenous territories suffering from invasions.



03/16

Indigenous advisers in Condisi (District Council for Indigenous Health) meet and denounce the high rates of malaria and lack of medicines and health equipment in the Yanomami Territory (TIY).

03/16

1st SESAI (Special Secretariat for Indigenous Health) report on the pandemic recommends adopting measures to restrict entry into indigenous territories, with the exception of health professionals in the Indigenous Health Districts. (Ofício nº 13/2020/Dasi/Sesai/MS).

03/18

Letter from Condisi advisers requests the Yanomami Special Health District (DSEI-Y) to submit a contingency plan for COVID-19 in the Yanomami Territory and in the Yanomami Indigenous Health Center (CASAI-Y)



03/19

Hutukara Yanomami Association (HAY) alerts in a press release:

"We want to send a message to the responsible authorities in the Ministry of Health, the Ministry of Justice and FUNAI. You must take care that this epidemic does not reach the Yanomami Territory. Our shamans are working and protecting all of us. You must do your work to prevent the epidemic from entering our land along the trails opened up by the non-indigenous peoples to invade our homes."



Shamanism during the District Council for Indigenous Health meeting, 2020.

03/29

"The virus is there, we are going to have to confront it [...]. That's life, all of us will die one day".

Jair Bolsonaro

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03/20

APIB (Coalition of Indigenous Peoples of Brazil) press release demands the government draw up an emergency action plan to deal with the vulnerability of indigenous peoples in the pandemic.

03/20

Release of the first version of the Contingency Plan for the DSEI-Y.

03/27

"I wish to draw non-indigenous peoples' attention to the fact that the number of illegal goldminers is increasing in our Yanomami indigenous territory; these illegal miners are entering our communities, are not checked for coronavirus by doctors and will infect us with the new coronavirus disease!" HAY press release

03/21

Portal G1:
"Government confirms first two case of coronavirus in Roraima state (RR).

Porto do Arame from where the goldminers leave to go up the Uraricoera River in the TIY.



04/01

Amazônia Real: "SESAI confirms first case of coronavirus in a Brazilian indigenous person."



Mining barge on the Uraricoera River, 2020.

04/06

Mining Observatory: "Biggest indigenous territory in Brazil, the Yanomami Territory, suffers from 25,000 illegal goldminers. Rise in gold prices worries indigenous leaders trying to prevent the spread of COVID-19".

04/07

Roraima em Tempo: "Complaint indicates influence of senator from RR in air transport contract for DSEI-Y. Formal complaint shows interference in contract with Piquiatuba Air Taxi company."



04/04

Launch of the All Party Parliamentary Front in Defense of Indigenous Peoples' Rights.



04/10

Inter-American Commission on Human Rights makes recommendations to States regarding impacts of the pandemic on human rights, with specific points regarding indigenous rights (Resolution 01/2020).

04/08

[Amazônia Real](#): "Ministry of Health records first case of COVID-19 among the Yanomami".

04/10

HAY says in a press release: "The virus can invade our land, along with the invaders looking for gold. We Yanomami are very worried and concerned about the possibility of COVID-19 spreading through our communities. The death of our relative is a warning. We demand that the public health bodies, SESAI and DSEI-Y redouble efforts to prevent the infection of the Yanomami with this new disease which even non-indigenous people do not know how to cure."

04/12

"Forty days later, it seems that this issue of the virus is beginning to go away." Jair Bolsonaro

04/13

[Amazônia Real](#): "Coronavirus: burial of indigenous person without ritual requires dialogue between indigenous leaders and Ministry of Health, experts say".

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04/08

1st case of COVID-19 among the Yanomami confirmed.

09/04

1st Yanomami death from COVID-19 confirmed. A young man from Helepe community in the Uraricoera region in Roraima, who also had malaria, spent weeks seeking medical help, returned to his community from where he was evacuated in a serious condition. He died in Boa Vista.



Grave of A. Xirixana.

04/09

[BBC News Brasil](#): "In the midst of COVID-19, goldmining advances and nears uncontacted Indians in Roraima".

04/09

[Amazônia Real](#): "Young Yanomami dies from COVID-19, in Roraima, says SESAI".

04/15

Bruce Albert, [Amazônia Real](#): "Burial of Yanomami victim of COVID-19".

04/17

Rubens Valente, [Uol Notícias](#): "Study shows indigenous lands most vulnerable to COVID-19 are in São Paulo, RR and AM states." This includes the TIY.

04/16

Jair Bolsonaro sacks Minister of Health, Luiz Henrique Mandetta.

04/17

HAY denounces signs of mismanagement and dishonesty in the public health bodies responsible for indigenous health working on the case of the first Yanomami victim of COVID-19.

04/17

Nelson Teich becomes Minister of Health.

04/17

In a report, HAY recommends measures to be taken to prevent the spread of COVID-19 in the Yanomami territory and in Casai-Y.

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Illegal mining camp, Yanomami Territory, 2020.

04/14

HAY report describes new goldminers' camp: "Korekorema community on the banks of the Uraricoera river, says that since the beginning of April a group of about 60 goldminers has set up a camp, building shacks and preparing their earth moving machinery upstream, near the community [...]. The establishment of this new mining camp in Korekorema must be investigated urgently before it brings irreversible impacts to the community."

04/20

"Hey dude. I'm not a grave digger, ok?" Jair Bolsonaro

04/24

Amazônia Real:

Coronavirus: indigenous people are infected in CASAls in Amazonas and Roraima”.

04/23

Following complaints, DSEI-Y clears 40 indigenous people of the Xexena Yanomami group from the streets of Boa Vista: 21 are taken back to their communities without quarantining and a further 19 suspected of having COVID-19 are sent to CASAI-Y.

04/28

“So what? I am sorry. What do you want me to do?”

Jair Bolsonaro

04/28

MPF-RR files action against the Union (federal government), FUNAI, IBAMA (Brazilian Institute of the Environment and Renewable Natural Resources) and ICMBio (Chico Mendes Institute for Biodiversity Conservation) to compel them to take action against the increase in illegal mining in recent months and to contain the spread of COVID-19 among indigenous peoples.

04/29

In a report HAY asks for data on infection rates and emergency actions regarding the pandemic. “It is the duty of public agencies to provide reliable data and act with transparency in these situations”.

04/26

In a letter, Kurikama Yanomami Association asks DSEI-Y to remove all health professionals from the area, prohibiting future entry until the end of the pandemic.

04/28

Amazônia Real:

“Yanomami take refuge in the depths of the forest to escape from coronavirus”.

04/28

1st Yanomami dies from suspected COVID-19. A baby who was born in Boa Vista after his mother was evacuated from Catrimani Mission (Roraima) and tested positive for COVID-19, dies in the maternity hospital.

We were in our community, Nara Uhi, when Rosinete [my wife] started to feel bad. She had a cough, diarrhea, fever, a headache, chest pain and a lot of stomach pain. [...] On the 27th we were evacuated to Boa Vista in the afternoon. When we arrived in Boa Vista almost at night-time, she was having a hard time breathing, she was very weak and she almost died! [...] My son died in the maternity ward. On the 28th, the day he was born. He was born in the morning and died at night. [...] The doctor did not say why he died. He just asked me, “Hey, are you the Dad?” “Yes, I’m the Dad.” “I’m sorry, your son died. He was having a hard time breathing and so he died.” Remo Yanomami, Catrimani Mission

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05/02

"A [non-indigenous] nursing technician was evacuated from Catrimani to Boa Vista with coronavirus. I am very sad about the situation of the Yanomami now. [...] A leader started to get sick. Afterwards, his son also went to the shaman. On Friday (April 24) the father and son went down to the Catrimani Mission health post. A woman arrived in a very serious state yesterday at the post [...]. It is necessary to urgently send a doctor with experience of COVID-19 to examine the Yanomami in Kroumapi community." Dário Vitório Kopenawa Yanomami, [Amazônia Real](#)



01

MAY

02

03

04

05

05/02

[Amazônia Real](#): "New COVID-19 cases among indigenous officials leads to alert in Yanomami Territory."

05/02

HAY, in a press release, denounces infection among SESAI fieldworkers and those in the CASAI-Y and the lack of testing: "We cannot pretend that the problem is small just because it does not appear in government data. These confirmed cases show that the problem is much bigger, and it means that many other relatives are also infected".

05/04

Chamber of Deputies approves urgent request from the All Party Parliamentary Group in Defense of Indigenous Peoples to vote on an emergency health plan for indigenous peoples, quilombolas [communities of descendants of former Afro-Brazilian slaves] and traditional communities (PL 1142/20).

05/05

In a letter, HAY demands emergency actions in the face of the pandemic: "What procedures and care are health teams taking in the case of infected employees and people who have had contact with them in their workplaces? What is the expectation that patients who are discharged will return to their communities? What actions are being taken by DSEI-Y to make it possible for discharged patients to comply with a mandatory quarantine before having contact with other indigenous people?"



05/06

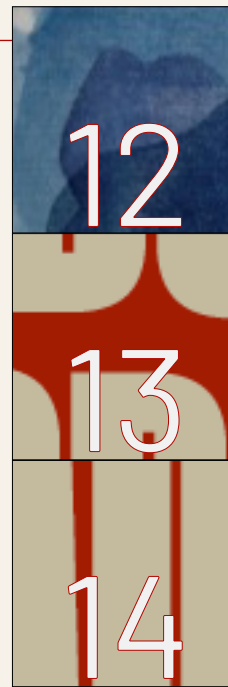
In a statement, the Inter-American Commission on Human Rights calls on States to take specific measures tailored to indigenous peoples regarding COVID-19.

05/07

"I am still here in Boa Vista, even though my daughter has been cured for a long time. My grandson was discharged on April 3rd, on April 14th they started the quarantine and I waited until April 28th, when it ended, I was hanging around, waiting to go home. We completed the quarantine, took the test and it was negative. So, we could have returned on the 21st, but the whites forbade us from going home." Gerson Blene, Toototopi

05/12

In a note, HAY questions the authorities: "What measures are being taken to guarantee indigenous health care in the Field Hospital bearing in mind the limitations of the respective DSEIs [..]?"



05/14

Pro-Yanomami and Ye'kwana Network (Pro-YY Network) sends statement to 6CCR/MPF [6th chamber of Public Prosecutors Office dealing with indigenous peoples and traditional communities] "Technical note to contribute to combating COVID-19 in the Yanomami Territory".

05/15

Teich leaves the Ministry of Health after less than a month in office.

05/20

"Whoever is on the right takes chloroquine, whoever is on the left, Tubaína [make of soda]." Jair Bolsonaro

05/17

Rubens Valente, [Uol Notícias](#): "Yanomami face 'imminent serious crisis' with COVID-19 warns technical note.".

05/21

Emergency Plan for indigenous peoples, quilombolas and traditional communities is approved by the Chamber of Deputies (PL 1142/2020).

05/15

"We know that there are many of us on the discharge list and we wish to remain isolated in our communities before this Xawara [epidemic disease] reaches the Yanomami CASAI. This is what we Yanomami want". Letter from patients discharged from CASAI-Y:

05/18

Monitoring data from Imazon shows that the TIY is the second most deforested territory in April.

Illegal mining area near Couto Magalhães River, may 2020.



05/22

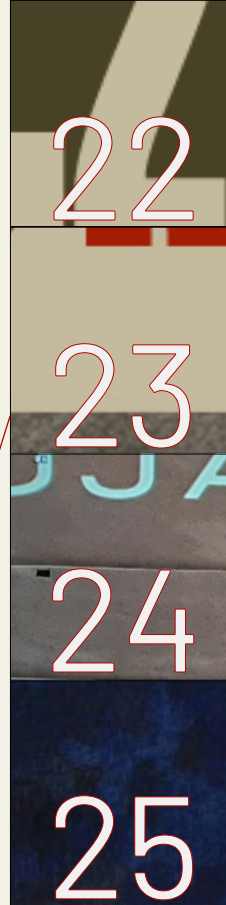
Instituto Escolhas releases study: "The new gold rush in Amazonia. Stimulated by the price of gold in the international market, from January to May, Brazil exported 29 tons of gold".

05/23

2nd Yanomami dies with confirmed COVID-19. The elderly man from Maturacá (AM) also had malaria and died in his village.

05/25

3rd Yanomami confirmed with COVID-19. A baby from the Sanõma group, from the community of Silipa (Venezuela), was with his family in the Auaris region (RR) when he was evacuated to Boa Vista in a serious condition and taken straight to the ICU (Intensive Care Unit) where he died.



05/22

"I don't know if this is the symptom of COVID, because here in Maturacá, there is a nasty virus. It produces a malaria-like fever, shortness of breath and the nose gets all blocked up, [...] we suspect that this disease is **already here.**" Resident of the Maturacá

05/25

28 years after the ratification of the TIY and in the face of advancing COVID-19, the Pro-YY Network formalizes its action on social networks disseminating bulletins monitoring the new coronavirus and publicizing pertinent information about the Yanomami and Ye'kwana.

05/25

2nd Yanomami dies of suspected COVID-19.

The baby, from the Sanõma group and community of Katonau in Auaris (RR), died in the maternity hospital in Boa Vista.



05/27

Health expeditions present DSEI-Y with plan to install UAPIs (Primary Indigenous Healthcare Units) in strategic points in the TIY.

05/28

The Pro-YY Network releases first bulletin monitoring the advance of COVID-19 in the TIY.
Confirmed cases: **44**.

05/30

MPF: "MPF goes to court (TRF1) to guarantee emergency plan to combat COVID-19 on the TIY"

05/30

4th Yanomami dies from confirmed COVID-19. An elderly woman from Maturucá, she died in her community.



05/31

HAY and TANER (Ninam Association of RR) denounce the serious health situation in TIY: "It is not true that the health of the Yanomami and Ye'kwana peoples in the Yanomami Indigenous Territory is improving. Malaria is increasing in several regions, where communities are informing the associations in the city of Boa Vista asking for help regarding their care. Many Yanomami are being infected with COVID-19 in Casai itself, because the number of infected employees working there is very high. This is why the Yanomami are also afraid of health teams entering their communities: many were evacuated with symptoms of COVID-19 a few days after arriving at the health posts. All of this shows that the Contingency Plan against COVID-19 is not working".

06/01

Monitoring by Pro-YY Network

Confirmed cases: **55**

01

JUNE

06/02

5th Yanomami dies from confirmed COVID-19.

The young boy had been evacuated from his community, Wathou in the Surucucus region (RR), and was in isolation in CASAI-Y where he died.

02

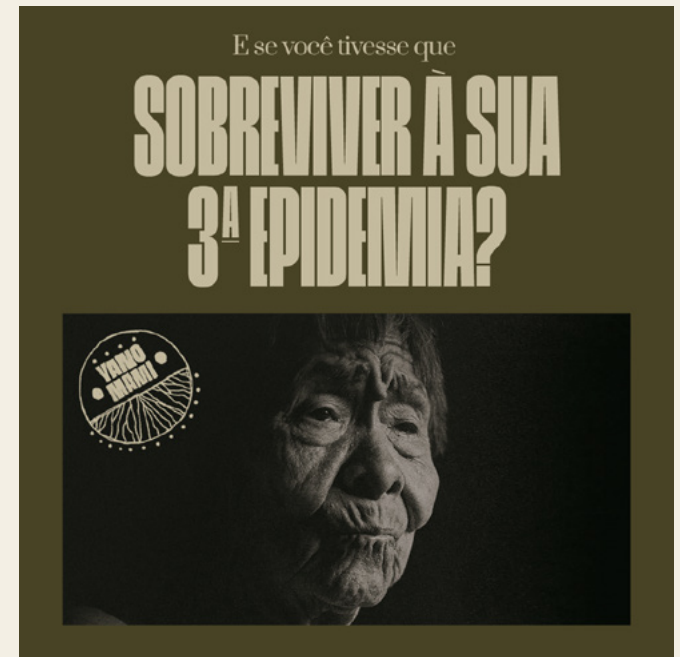
06/02

Launch of [#MinersOutCovidOut](#) campaign gets 200,000 signatures in 24hrs

"He had heart problems which is why he was evacuated to the city where there is a lot of COVID. As this COVID is very strong and as he had heart problems, he died! He got infected here in CASAI." Arthur, Wathou, Surucucus

06/02

Report "The impact of the pandemic in the Yanomami Indigenous Territory: [#MinersOutCovidOut](#)", by [ISA/UFMG/Fiocruz](#), suggests the likely explosion of COVID-19 in the villages.



06/02

"We mourn all the dead, but it's everybody's destiny" Jair Bolsonaro

06/02

[BBC News Brasil](#).

"COVID-19 threatens Yanomami villages next to mining camps".



06/03

General Eduardo Pazuello is confirmed as interim Minister of Health.

06/04

Monitoring by Pro-YY Network

Confirmed cases: **68**

06/05

Amazônia Real: "Deaths from COVID-19 rises to 4 among the Yanomami says indigenous organization". Report denounces the chaotic situation in the CASAI-Y.

06/06

Installation of Primary Indigenous Health Care Unit in Maturacá/AM.

06/07

Under pressure, Coordinator of the DSEI-Y, Francisco Dias, submits resignation after less than a year in office.

06/07 and 06/08

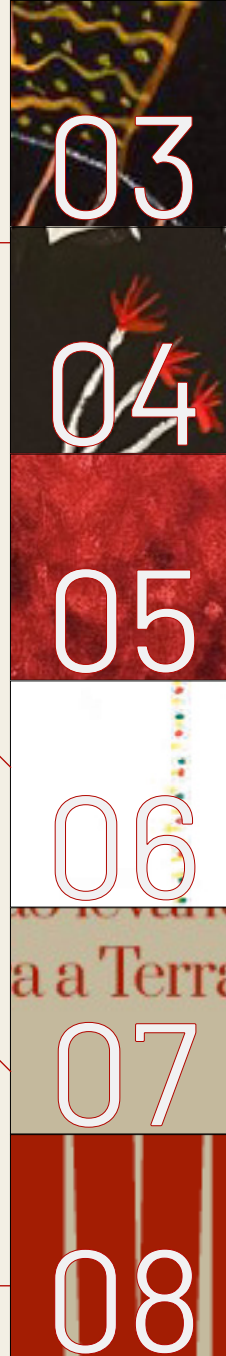
Inter-ministerial action in Maturacá (AM).



06/08

Monitoring by Pro-YY Network

Confirmed cases: **82**



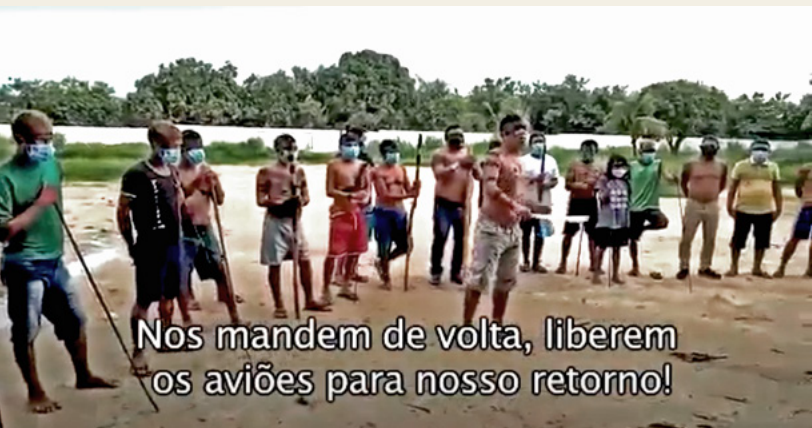
06/03

"We Yanomami people have already held a large Leadership Forum meeting, we decided, we took the initiative, on how we leaders are going to protect our territory. In what way we can remove the illegal miners, what way we can put pressure on public bodies? [...] That is why we are doing this campaign, Miners Out Covid Out to draw the attention of non-indigenous people, of public bodies and other authorities as well, to be concerned and to help the Yanomami population."

Dário Vitório Kopenawa Yanomami,
Live #MinersOutCovidOut

06/09

"When we are in our lands, when there is a strong disease, when one of us dies, we raise the body high up there – so we just want it to be done like this! Here in this land, you mess things up with us. We don't want you to bury us! We don't want to get infected!" Okomu Leader



06/13

Congresswoman Joenia Wapichana sends formal letter nº 28 to the Ministry of Health and SESAI, describing the serious health situation in Roraima and reinforcing the urgency in opening the Field Hospital

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06/13

6th Yanomami dies from confirmed COVID-19.

The elderly man from the Maiá region died in his village.

06/09

In the CASAI-Y, Yanomami leaders protest and demand that discharged patients who have already completed quarantine return immediately to the Yanomami Territory.

06/09

Época: "Indians decree lockdown against coronavirus in villages"
Denounces the serious situation in Maturacá (AM) with many cases of malaria and COVID-19.

06/10

Letter from leaders of Auaris denouncing the increase in malaria in the region and the reduction in human resources for treating the communities.

06/13

Monitoring by Pro-YY Network
Confirmed cases: **98**



06/14

Two Yanomami are murdered by goldminers in Xaruna community in the Parima region (RR).

06/14

"You destroy the earth and the forests, kill the indigenous peoples, cause climate change throughout the entire world. What's happening is the result of the white man who cannot leave mother earth in peace. When the disease goes back beneath the earth, it will have eaten up all the non-indigenous and indigenous peoples and we will live like leftover food. For you, this will be a new life. But we already know that all this is the result of mother earth's revenge. We already understand this. The pandemic will leave a message for you to understand that this vengeance is universal. You, the white people, are going to learn that you are in our house."

Dário Vitório Kopenawa Yanomami, Ecoa/Uoi

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06/19

Field Hospital in Boa Vista inaugurated three months late.

06/15

Hand-in of report "Impact of COVID-19 on the Yanomami and Ye'kwana peoples" by the Pro-YY Network to the UN.

06/15

Congresswoman Joenia Wapichana, in official letter, denounces the lack of beds in the ICUs in Roraima General Hospital, the lack of appropriate medicines and other materials in sufficient quantities for the treatment of those infected with COVID-19, as well as the delay in opening the Field Hospital.

06/16

HAY e CNDH (National Human Rights Council) request precautionary measures from the OAS Inter-American Commission on Human Rights with the aim of recognizing the Brazilian State's obligation to take concrete measures to protect indigenous rights in the TIY during the pandemic, including removing the illegal goldminers.

06/17

Monitoring by Pro-YY Network
Confirmed cases: 144

06/17

Portal G1: "Federal Justice determines the re-opening of the protection posts in the Yanomami Territory".

06/16

Senate approves bill, PL 1142/2020, and creates Emergency Plan to Tackle COVID-19 in Indigenous Territories.

06/19

Rubens Valente, Uoi Notícias: "COVID: following protest against Health Ministry, the Yanomami manage to return to their villages"

06/21

Monitoring by Pro-YY Network

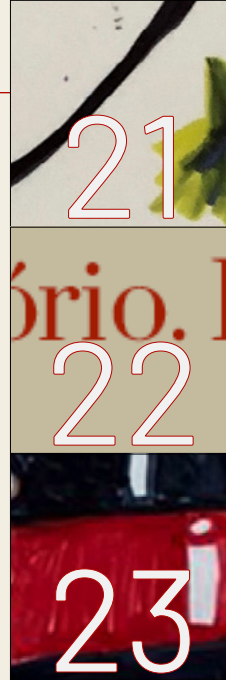
Confirmed cases: 168

06/23

"Two have already died, it is really true that two have already died. I'm not lying, I'm telling the truth. Two bodies are hanging in from a jirau (a suspended wooden structure which the Yanomami build in the forest to allow the body of a dead person to rest until it is ready for cremation), in the forest. [...] I am a resident of Parima and I arrived here. I arrived yesterday and I want to send you my words about the dead Yanomami. The goldminers are there. In my forest there are a lot of miners, they are gathering in groups and that is why the miners are aggressive towards us. They searched endlessly upstream, and after the gold ran out, they went down the river to our forest. After they arrived in our forest, they grew in number and are spreading to various places. When they got there, they killed two Yanomami residents of my community, Xaruna. [...]. We are thinking, if this continues to happen, they will finish us off. They want to kill us all, that's what we're thinking!"

T. Yanomami*, Arathau

* Names have been changed to protect the identity of individuals.



06/22

Transparência Brasil: "Only 39% of federal funds spent on combating pandemic among indigenous peoples".

06/23

Amazônia Real: "Yanomami Health denounces conflict between indigenous people and goldminers in Roraima to public prosecutor".

06/23

3rd Yanomami dies from suspected COVID-19.

The young woman, from Toritha in the Kayanau region (RR), has strong chest pains, lack of air and malaria and dies in the community days after her family members are evacuated to Boa Vista, where they test positive for the new coronavirus.



06/24

Eliane Brum, [El País Brasil](#):

"Yanomami mothers plead for the bodies of their babies". Complaint about the disappearance of the bodies of Yanomami children who died in Boa Vista.

06/26

Repercussion from Eliane Brum's article, the hashtag [#CriançasYanomami](#) trends on Twitter.

06/27

Boa Vista town council press release alleges that 2 of the 3 children's bodies which disappeared were Macuxi and not Yanomami.

06/28 [Amazônia Real](#):

"Yanomami children: Three babies' corpses are in a cemetery and one is in the IML (Institute for Forensic Medicine) in Boa Vista, RR."

Sanõma baby's grave in Boa Vista.



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06/25

HAY press release on the two murdered Yanomami: "It was a situation like this that led to the Haximu massacre in 1993, the first case of genocide recognized by the Brazilian judiciary. 27 years after the massacre, we've received news that the miners are back in Haximu."



Survivors of the Haximu massacre of 1993.

06/27

4th Yanomami dies from suspected COVID-19. A woman from Arathau (RR) was in CASAI-Y in Boa Vista and admitted to Roraima's General Hospital where she dies.

06/28

Rubens Valente, [Uol Noticias](#): "Indigenous people warn of possible center of COVID-19 among the Yanomami caused by goldminers". "We have news that at least 15 people are ill and 4 elderly people are very weak and with very bad respiratory problems, one of them is my father. This worries us a lot! In the health post we only have one cylinder of oxygen and there are no antipyretic medicines." (Letter from Waikás community).

06/29

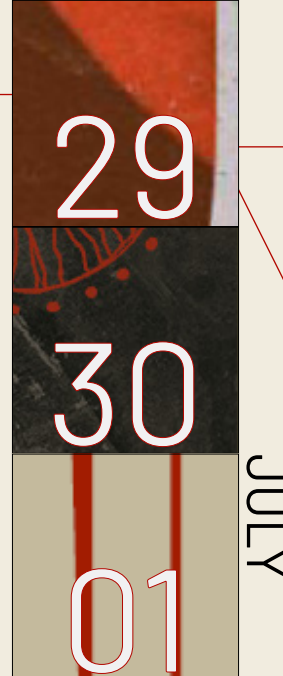
HAY, in an official note, requests copies of the death certificates of the five bodies buried in Boa Vista, since copies were not given to their families according to their right enshrined in law.

5th Yanomami suspected COVID-19 death.

The woman from Balaio community in the Marauíá region in Amazonas state, who also had malaria, died in her village.

6th Yanomami suspected COVID-19 death.

The elderly man, a respected shaman from Tabuleiro community in Marauíá (Amazonas state), who also had malaria, died in his village.



06/29

In a press release, the Pro-YY Network responds to the City Hall's mistaken comments about the corpses of the Yanomami children #CriançasYanomami.

06/29

APIB in partnership with the All Party Parliamentary Group in Defense of Indigenous Rights launches a plan to deal with COVID-19: "Indigenous Emergency", compiling guidelines on comprehensive and appropriate care, lawsuits on political actions, communication and information strategies on preventative measures against the new coronavirus.

06/29

"When I left, the rapid testing system was arriving. But anyway, it seemed from the symptoms that it was COVID. In the neighboring region, Waikás, there are many cases! "

Y Xirixana*, Ericó

07/01

Portal G1: "Defense Minister downplays tensions between indigenous people and illegal goldminers in the Yanomami territory, says conflicts 'uncommon'".

07/01

AFP, Uol Noticias: "Defense Minister says pandemic in indigenous territories is 'under control'".

06/29 to 07/01

Inter-ministerial mission to Waikás, Auaris and Surucucus (RR).



07/02

The Pro-YY Network publishes a release: "Rapid tests in the Yanomami indigenous territory: simply a smokescreen?"

02

07/02

Monitoring by Pro-YY Network

Confirmed cases: 188

07/02

HAY publishes a statement rejecting the Defense Minister's statements.

07/02

In a formal letter, HAY demands that it be "formally informed of all deaths and that the families be properly informed, in their indigenous language, of all stages of the process of handling the bodies; and that the places of burial in the city be clearly identified, so as to guarantee that the exhumation of the bodies can happen as soon as possible."

07/02

The Public Prosecutor's Office investigates complaints about the inter-ministerial mission to combat the COVID-19 pandemic in indigenous territories in RR.

07/02

Amazônia Real: "Body of baby, held for two months in the Medical Institute in Roraima, returned to Yanomami mother".



07/03

Portal G1: "Owner of illegal goldmine in the Yanomami indigenous territory, convicted of genocide of indigenous people, is caught with gold and arrested in Roraima". Pedro Emiliano Garcia was in possession of 2kg of gold. He is the only living Brazilian convicted for the Haximu genocide.

07/03

"That's what the illegal gold miners do: There in my home, in my village, they come in and bring really strong alcoholic drinks! They want to make friends with us. They call over the women. They say: "Hey, my woman!". They sleep with them. That's what they do! And because they've started to do this, we've caught the disease."

T. Yanomami*, Kayanau

07/03

The Regional Federal Court of the First Region (TRF-1) orders the State, FUNAI, IBAMA and ICMBio to enact an emergency plan to contain the advance of the disease in the Yanomami indigenous territory, including, among other points, a crackdown on illegal gold mining.

07/03

Dário Vitório Kopenawa Yanomami meets Vice-President Mourão and **asks him to put an end** to the illegal gold mining. Mourão commits to reopening the four BAPes which serve as protection and control posts for the Yanomami Indigenous Territory.

07/03

Following the meeting with Dário Vitório Kopenawa Yanomami, Mourão denies, on Twitter, the presence of 20,000 illegal gold miners in the TIY, and states that there are only 3,500.

07/03

"We calculate that there are 20,000 illegal gold miners on our land. The government says there are 3,500. Well, then, it's easier to evict them, isn't it? The important thing is to put a stop to the illegal mining and remove the #Covid19 disease from our homes. Awei! Yes! [...] General Mourão said that he would solve the problem. He promised me that. But he didn't really explain how he would solve it. Ask him how he will evict the invaders from the Yanomami indigenous territory. Ask him: #EaíMourão? (#NowWhatMourão?)" Dário Kopenawa, Twitter



07/03

In a formal letter to Vice-President Hamilton Mourão, HAY demands:

1. The eviction of all invaders from the Yanomami Indigenous Territory;
2. The destruction of all equipment used for criminal purposes and the destruction of illegal landing strips;
3. The imprisonment of the invaders and progress in in-depth investigations about the illegal gold supply chain;
4. The re-opening of the Ethno-environmental Protection Bases (BAPes) in the Serra da Estrutura and Korekorema and maintenance of the Mucajai River Base;
5. Strengthening of policing the airspace in Roraima and Amazonas states;
6. An early warning and quick response plan, ready to be implemented quickly, to evict new invaders;
7. The creation and enacting of a Protection Plan for the Yanomami Indigenous Territory, by an inter-institutional commission including the Army, FUNAI, IBAMA, ICMBio, Federal Revenue Agency, MPF, Ministry of Justice and indigenous representatives."



07/08

Minister of the Supreme Court accepts some of the demands made by APIB in ADPF (Claim of Non-compliance) 709 to implement measures .



"Tatuzão do Mutum" mining area in the region of Uraricoera River, 2018.

07/10

Monitoring by Pro-YY Network
Confirmed cases: **218**.

07/13

Letter from the Parliamentary Group for the Defense of Indigenous Peoples' Rights to the President of the National Congress and the President of the Chamber of Deputies, calling for the presidential vetoes to draft bill PL 1142/2020 to be overturned.

07

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07/07

With vetoes, Bolsonaro sanctions Law number 14.021, [Lei nº 14.021](#), which sets out measures against COVID-19 among indigenous communities, quilombolas and other "traditional" peoples during the pandemic.

07/07

[O Globo](#): "Document contradicts government and suggests distributing chloroquine in indigenous territories to combat COVID-19".

07/09

[O Globo](#): "Mourão downplays the vetoes: 'indigenous people drink from rivers', he says about the guarantee of drinking water.

07/13

[O Globo](#): "Health Ministry employs company suspected of involvement with illegal gold mining on indigenous land".

07/08

[El País Brasil](#): "Bolsonaro vetoes government's obligation to guarantee access to drinking water and hospital beds for indigenous people during the pandemic".

07/13

[Revista Época](#): "Indigenous Health Secretary threatens to prosecute indigenous people who denounced the distribution of chloroquine in communities".

07/13

[O Globo](#): "ANAC (National Civil Aviation Agency) opens a case to investigate 'possible irregularities' in an air taxi company suspected of involvement with illegal gold mining".

07/14

Portal Roraima 1:

"Public Prosecutors ask TCU (Federal Accountability Office) to investigate Health Ministry contracts with the company suspected of involvement in illegal gold mining in Roraima".

07/14

Indigenous Health Care Area opened in Boa Vista to look after indigenous COVID-19 patients referred from the CASAI-Y indigenous health care center.

07/15

Pro-YY Network denounces under-reporting and publishes its statistics for COVID-19 deaths in the Yanomami Indigenous Territory.

07/15

Monitoring by Pro-YY Network
Confirmed cases: **259**

07/16

**"Until now, the Federal Government hasn't taken any measures to ensure the safety of the lives of the Yanomami peoples. The negligence of those in power is inadmissible!!!
#ForaGarimpo
#SOSYanomami"**
Junior Hekurari, Twitter

07/17

The Inter-American Commission on Human Rights calls on the Bolsonaro government to take action, within 15 days, to safeguard the health of the Yanomami and the Ye'kwana during the pandemic.

07/18

7th Yanomami suspected COVID-19 death. The man from Baixo Catrimani (RR) was transported from his village in a serious condition and taken to Roraima General Hospital, where he died.

07/14

"Today other people said this: 'Coronavirus is making us really sick.' [...] Today, my brother said this: 'Don't think that we are well! We are all sick here! Coronavirus has struck us all, and malaria too!'" T. Yanomami*, Kayanau

07/17

Pro-YY Network sends to the sixth chamber of the Public Prosecutor's Office a [document](#) entitled "Considerations about the recent inter-ministerial mission and its actions to contain the pandemic in the Yanomami indigenous territory".

07/16

Portal G1: "Public Prosecutors demand the federal government be fined for failing to evict illegal gold miners from the Yanomami indigenous territory".

07/17

Uol Noticias: "Soldiers' wives give make-overs and hand out clothes, bringing together crowds of Yanomami".



07/19

New York Times: "Brazil Health Workers May Have Spread Coronavirus to Indigenous People". The report denounces the high rate of health agents in the DSEI indigenous health centers infected with Covid-19.

07/20

Monitoring by Pro-YY Network
Confirmed cases: 300



07/24

ISA: "At least 1,337 professionals working with indigenous health have been diagnosed with COVID-19".

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Community in the Marauíá region

07/20

8th Yanomami suspected COVID-19 death. The young man from Serrinho no Marauíá (Amazonas state), who had traveled from Manaus, died a few days after arriving in his village.

07/20

"The speed with which we are registering an increase of positive cases among the Yanomami is frightening. COVID-19 is killing our relatives, relatives who live in communities. How can we not say this was omission?" Junior Hekurari, Facebook

07/28

Monitoring by Pro-YY Network

Confirmed cases: 335

07/29

Amazônia Real:

"Yanomami take risks during the pandemic seeking emergency payments"

07/30

Portal G1: "Army confiscates six small planes and a helicopter in a region of illegal goldmining in RR".

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07/31

"On the river Marauaiá, down here, there's a lot of viruses which are very strong and up till today there's also this COVID-19 thing. I am very worried, because three people have already died, in three communities." Francisco Pukimapiwëteri Yanomami, Marauaiá

07/31

Yanomami leaders from Marauaiá (AM) denounce the serious malaria situation, and the infection and deaths from COVID-19 in the region.

56



07/31

"I'm sorry. I'm sorry about the deaths. People die every day from all sorts of causes. It's life, it's life."

Jair Bolsonaro



The 9th Yanomami with suspected COVID-19 dies. An elder from the Pohoroá community in Marauíá (AM), who also had malaria, died in his village.



08/02

Rubens Valente,
[Uol Notícias](#):
"Malaria explodes
in the Yanomami
area; cases have
quadrupled in 5
years".

08/04

Monitoring by Pro-YY Network
Confirmed cases: **405**

08/05

In a unanimous decision, the Supreme Court maintained the measures of protection for indigenous peoples during the pandemic and determined that health barriers should be installed in areas where uncontacted isolated peoples live, and that a COVID-19 Plan should be drawn up, among other measures.

01

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AUGUST

08/06

"Sorry about all the deaths, we'll get to 100,000, but we have to get on with life and get over this problem."

Jair Bolsonaro



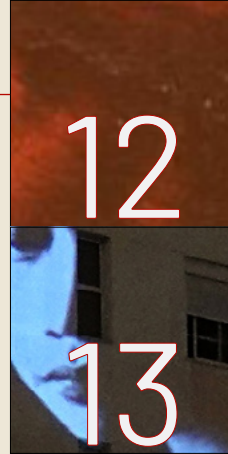
08/13

"There is no medicine for *falciparum* (malaria). The situation is very sad. I ask for medicines but they don't come. If she dies it's SESAI's fault because they are not sending the medicines."

Leader from Parima, in the Jornal de Roraima G2

08/12

The 10th Yanomami dies with suspected COVID-19. An elderly woman from Maturacá (AM), died in her village a few days after her symptoms got worse.



08/17

"At the same time that we are fighting the coronavirus pandemic, we should also be increasing our commitment to prevent and cure malaria. The last report from DSEI-Yanomami in July, shows that 12,000 cases were registered, a slight increase on the year before. Malaria is a disease that can be fatal, but it is avoidable and treatable." Junior Hekurari, Twitter

08/16

Monitoring by Pro-YY Network
Confirmed cases: 539



08/17

7th death of a Yanomami confirmed to have COVID-19. A 5 month-old child from the Komixiwë (Marauiá Mission) community, in Marauiá (AM), who also had malaria, died in their village.

08/18

8th death of a Yanomami confirmed to have COVID-19. A 9 month-old child from Monopi community, in Marari (AM), was taken to Boa Vista, in a serious condition, where they died.

08/19

El País Brasil: "Congress overturns Bolsonaro's veto and obliges the government to guarantee intensive care units for indigenous people in the pandemic."

08/19

Inesc publishes "Technical note: how the budget for indigenous health was spent during the new coronavirus pandemic."

08/22

9th death of a Yanomami confirmed to have COVID-19.

An elderly woman from Apiau (RR) was taken to Boa Vista and admitted to the General Hospital in Roraima, where she died.

08/23

"All the children, my family, are infected, my son is sick. When I was brought here, I got very ill, there were over 100 people there, infected in the community. What people are saying, it's the pure truth, not false news. Everyone in the community is sick."

Y Xirixana*, Alto Mucajaí

08/24

Inesc: "Even with the pandemic, the government has spent less on indigenous health when compared to the same period in 2019".

08/28

Monitoring by Pro-YY Network
Confirmed cases: **574**

08/31

With a provisional ruling in answer to ADPF 709 (NB: a legal process questioning the government's failure to obey the Constitution), the Supreme Court partially ratifies the Plan for Health Check Points in Indigenous Areas which are extremely vulnerable and includes the TIY.

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08/24

"While President Jair Messias Bolsonaro wastes time threatening journalists, my people are dying from COVID-19 and malaria. SESAI/MS hasn't hired planes to take proper health care to the people, we are in a state of calamity."Junior Hekurari, Twitter



SEPTEMBER

11th death of a Yanomami with suspected COVID-19.

She was an elderly woman of the Yakeplaopi community in Palimiu (RR). She also had malaria and died in her village.

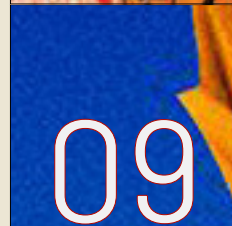
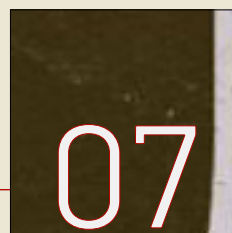
12th death of a Yanomami with suspected COVID-19. A woman of Walomapi Community in Palimiu (RR), she also had malaria and died in her village.

09/08

Amazônia Real: "Malaria increases risk of death from COVID-19 among the Yanomami".

09/07

Monitoring by Pro-YY Network
Confirmed cases: 704



09/04

Portal G1: Army confiscates four planes used in illegal mining activities in the Yanomami Indigenous Territory in Roraima".



09/10

Pro-YY Network publishes a note "Invisible deaths: the Yanomami in times of COVID-19".

09/10

Pro-YY Network publishes a new survey of COVID-19 deaths in the Yanomami Indigenous Territory.



09/16

Uol Notícias: "After 4 months as interim minister, Pazuello becomes Minister of Health and plays down living with COVID"

09/18

The campaign #MinersOutCovidOut reaches 400,000 signatures and the government has not yet presented any plan to remove the 20,000 miners from inside the TIY.



09/21

Monitoring by Pro-YY Network

Confirmed cases: 902

09/23

Portal G1 "Coronavirus affects over 700 indigenous Yanomami: 'We have been abandoned'" says leader in RR.

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09/23

"When a health professional sees that someone has got COVID-19, the patient is isolated. However, we have not got food for the patients who are at the health posts where the Yanomami are being isolated. Yanomami Health is not managing to isolate these patients, so the virus is spreading rapidly." Junior Hekurari, Portal G1

09/23

In an official note, HAY repeats its alert about a new mining area: "We have received news that miners are installing themselves on the banks of the Uraricoera river, near Korekorema community. The denunciation says that the miners are opening up a large area, cutting down the local forest".

61

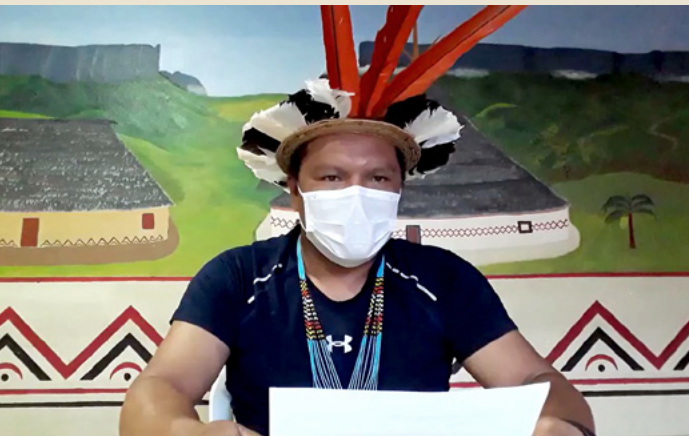
Mining area on the Uraricoera river, 2018.



09/25

Speech by HAY at 45th regular session of the UN Human Rights Council, focused on indigenous peoples:

"I am here representing the Leadership Forum of the Yanomami Indigenous Territory. Our territory is being invaded by over 20,000 miners who bring diseases like malaria, and alcohol, drugs and violence into the communities, and pollute our rivers with mercury. In 2020, two Yanomami were murdered by miners. Also, in the middle of the pandemic, they have brought COVID-19, infecting the communities near the mining operations. We, the leaders, have asked the Brazilian government to fulfil its obligation to remove the illegal miners, but there has been no adequate reply to the problem." Maurício Ye'kwana, Conselho de Direitos Humanos da ONU.



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09/29

Ecoamazônia:

"Federal police tackle illegal mining exploration in Yanomami Indigenous Territory".

09/30

Monitoring by Pro-YY Network

Confirmed cases: 985

09/30

10th death of Yanomami confirmed to have COVID-19.

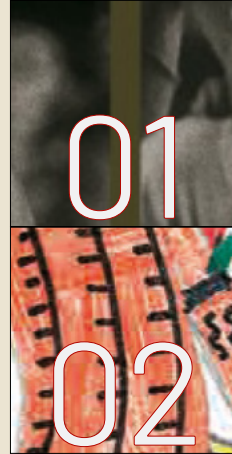
The elderly man from the Alto Mucajai in Roraima (RR) died in the Field Hospital in Boa Vista.



10/02

“The miners are working in the middle there and because their drilling machine is near Palimiu, they have passed COVID-19 on to us. We were alright, but now with the mining operation nearby, two women have died. This made us very sad! The miners got sick there where they are mining and it became an epidemic. This made us angry!”

X. Yanomami*, Palimiu



OUTUBRO

10/02

ISA: “Invasions and expropriations of indigenous areas doubled in the first year of the Bolsonaro government”.

10/02

“There at Palimiu malaria has spread through all the communities! There in Korekorema it’s the same! We are not healthy anymore, our children are suffering, they are sick. It wasn’t like this before. In 2011, in 2013 we were healthy but today the water is bad, the children are getting ill, the water is very contaminated. The miners contaminate everything and malaria is spreading a lot!”

K. Yanomami*, Palimiu

10/02

“Why are they invading our land like this? They have no respect, they don’t respect us! There are lots of miners there! They brought this illness, there is a lot of malaria, everyone there in Korekorema is ill!”

T. Sanöma*, Uraricoera

Area devastated by illegal mining near the Uraricoera River, 2017.





Big drilling machine at Mutum, Uraricoera region

10/05

“Near the community there are two big drilling machines, they leave a huge hole and it seems that it is from this hole that the mosquitoes are coming out. This is why there are so many mosquitoes [...]. There is no way of putting an end to the malaria. Malaria is all over the place! If it were only Korekorema I would be sad, but it’s everywhere!”

T. Sanöma*, Uraricoera

05

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10/12

Monitoring by Pro-YY Network

Confirmed cases: **1050**

10/14

Folha de Boa Vista:

“Folha de Boa Vista: Operation aims to dismantle criminal scheme aimed at embezzling public funds resulting from parliamentary amendments on COVID-19.”

10/16

ISA “Careful, relatives! Hutukara reinforces information about COVID-19 in the Yanomami Indigenous Territory”.

10/08

Folha de Boa Vista.

“Company denies delay in assisting Yanomami baby who died during flight”.

10/23

13th death of a Yanomami with suspected COVID-19.

The baby, from the Sanöma group, was evacuated in a serious condition from her community of Polapi in the Auaris region (RR) to Boa Vista Children’s Hospital, where she died.

10/24

Monitoring by Pro-YY Network

Confirmed cases: **1202**



STRATEGIES AND RESISTANCE OF THE YANOMAMI AND YE'KWANA TO COVID-19

The experience of an epidemic caused by an unknown virus to which we have no immunity or treatments has left us as helpless against COVID-19 as the Yanomami and Ye'kwana against the lethal and mysterious epidemics that our world has inflicted on them for decades. However, unlike us, the memory of devastating epidemics experienced over the last century remains alive among the people of the Yanomami Indigenous Territory (TIY). These frightening memories have led them to employ strategies used in the past to take refuge from the new epidemic, in a display of their strength to continue holding up the sky and protecting the forest. The Yanomami and Ye'kwana have taken important measures to avoid the spread of the disease: avoiding the movement of people between communities and outside them; seeking refuge and isolating themselves in encampments in the forest divided into small groups; working intensely to identify the new disease and to reduce its lethality through the use of shamanism and traditional medicines. However, even with these measures, COVID-19 has spread to many communities.

The new coronavirus pandemic arrived at a moment in history different than the previous epidemics, when contact with non-indigenous groups was something very recent. Today, the population is organized into seven associations that stay in contact using their own radio system, allowing communication between the villages and with nearby towns, thereby expanding access to information. Moreover, the flow of people into town has increased, becoming routine in many regions where access is easier. On the other hand, there is also an even larger flow in the opposite direction, with a massive invasion of illegal miners throughout the demarcated territory. Crossing the skies in airplanes and helicopters and the rivers in boats, around 20,000 illegal miners travel unchecked through the forest on a daily basis. In this scenario, one of the first measures taken by the indigenous associations was to warn the Yanomami and Ye'kwana to remain in their communities and close off access to non-indigenous people entering their lands. A week after the WHO declared COVID-19 a pandemic, the Hutukara Yanomami Association (HAY) began to relay information about the new virus to all of the communities:

"We Yanomami inform our relatives of the Yanomami Indigenous Territory about the coronavirus epidemic that is of concern to non-indigenous people throughout the world. We advise our relatives that they should not

leave the communities or circulate around cities. This epidemic has gotten out of control. Our ancestors died in past epidemics brought by non-indigenous people. We will not let this happen again!" HAY, 03/19/2020.

Despite the efforts of the communities to remain isolated, there were also concerns about the invasion of illegal miners, as they continued their operations unabated, as denounced by Dário Vitório Kopenawa Yanomami:

"The miners are in our home and we have no barrier against the spread of the pandemic. It can spread inside our territory, we have our elders. And if it comes, if it enters here, how many Yanomami will die? We don't know. It is a very serious problem and we run this risk brought by miners into our community. We, Yanomami, are very much afraid. Who will protect us, who will stop this disease? [...] It is very near our communities, the Yanomami Indigenous Territory. We are monitoring it by radio, speaking with leaders so they do not leave our lands, so that each community stays in their village. All the 350 villages of our territory are under quarantine. But the disease may arrive with the miners, who enter our lands illegally, without asking permission, without taking medical tests." Dário Vitório Kopenawa Yanomami, Vice President of HAY, 04/03/2020, Estado de Minas Newspaper.

The pandemic became an important issue in the various villages and throughout the Yanomami Territory, with warnings circulating over the radio, cell phone messages, letters and social networks. Isolated in their communities, the fear that the new coronavirus would arrive was shared by all. They observed unexpected movement in the sky:

"I am concerned, there are many airplanes still flying here in our territory... I'm concerned because I wonder where these airplanes come from? I believe most of them come from Boa Vista, and there is already a confirmed case of contamination there." Sérgio Pukimapiwëteri Yanomami, 04/10/2020.

Reliving recent memories, the Yanomami and Ye'kwana reactivated old strategies to escape disease, as Davi Kopenawa recounts about an epidemic that happened in 1959:

"This was how our elders were decimated for the first time. Before this epidemic, there were many of them. Today, few are left. Only the people of Yoyo roopë were able to escape this epidemic, led by my stepfather. [...] My stepfather quickly began to encourage people from our home to

flee: 'The xawara epidemic is near! We need to abandon everything and leave at daybreak! We must not cry for the dead of Sinatha, or we too will die!' However, the next day, some hesitated to leave. To overcome their indecision, my stepfather burned down our house. He was a great man, very brave! This was how we left the region of Marakana, in a hurry. We then kept traveling, from encampment to encampment, following the Demini River far downriver. We remained hidden in the forest for many moons and, in the end, we returned to live in our place of Toototopi, some distance from Marakana. If we had not fled, most of us would have also died from this epidemic." Kopenawa & Albert, 2015: 251.

In April of this year, José Goés, of the Maturacá community, located in the region of the Pico da Neblina (the highest peak in Brazil, known to the Yanomami as *Yaripo*), also recalled the strategy adopted by his ancestors:

"Our grandparents went through another epidemic, with the whooping cough, which killed many children and old people. They do not want history to repeat itself. Even a chief died in this epidemic. So what did they do? They went to the forest, in the cold region, and climbed to the peak. It is there that the mortal remains of our relatives can be found and this is why we say that we have stories on the trail to Yaripo." José Goés, 04/28/2020.

The TIY is home to many mountains and peaks, primarily along the border with Venezuela. From these mountains spring thousands of rivers and streams that descend into the valleys of the forests toward the Rio Negro, in Amazonas, and the Rio Branco, in Roraima. The Yanomami traditionally inhabit the mountain regions in the interior of the forest, although many communities have moved to the banks of the rivers in recent decades, in an effort to facilitate access to healthcare to deal with the new diseases that have arrived with non-indigenous groups. The mountainous landscape in and of itself is a place of refuge, to where they tend to return in times of crisis.

"The forest protects because it has a very healthy scent, this is the protection that the forest gives to us Yanomami. The forest provides more protection because the air is not contaminated. Many have already gone to protect themselves in the forest because they want to avoid catching the flu and other diseases here in the community. They are there eating game, fish, now there is much açai and lots of fruit in the forest [...] Our Yanomami people are on alert. [...] This disease, the coronavirus, here in Maturacá, is like the whooping cough epidemic that happened in the region of Irokae. What is happening with the *napë* (non-indigenous people), this already happened here with us Yanomami in the region of Irokae, where the trail to Yaripo is found." Zé Mário, director of Ayrca, 04/28/2020, Amazônia Real.



Yanomami woman collecting açai.

Near the *Yaripo*, in Amazonas, lies the region of Marauíá, surrounded by the Imeri mountains, where the springs of the Marauíá River form and flow through the forest until they empty into the Rio Negro. These mountains have served as a place of refuge in the past, when Salesian missionaries invaded Yanomami territory. Adriano, a local leader, remembers the reaction of his grandfather to this invasion, which also brought another epidemic:

"I know, I know that the whites are coming, they are bringing an ugly disease. I don't want them to bring this disease. I will always live here, at the headwaters that have no disease. No disease. In the lower reaches of the river, where the whites travel, there is an ugly disease. I don't want to catch this disease. I don't want to know what the white man has." Adriano Pukimapiwëteri Yanomami, 01/31/2020.

With the spread of COVID-19, the Kurikama Yanomami Association (AKY), which represents the communities of the Marauíá and Preto Rivers, sent a document to the Special District for Indigenous Health - Yanomami Territory (DSEI-Y) requesting the departure of all employees and prohibiting their entry until further notice so they could remain in isolation, also prohibiting the landing of aircraft in the region. With this measure, the Yanomami abandoned their villages and took refuge in the forest, reopening old trails to the mountains, a practice known as *wayumi*. Reprised as a defense strategy against the new coronavirus, the memory of *wayumi*

remains alive and, along with it, the history of devastating epidemics from decades past. Updating this traditional practice of mobility, the groups took radios, microscopes, instruments, medicines and school materials with them to the encampments. With this return to the mountains due to the high risk of infection, the Yanomami purposefully reversed the history of strengthening ties with non-indigenous people, renouncing and refusing their presence in their territory. Many communities throughout the TIY have adopted the same strategy and isolated themselves in the forest, far from their villages: *"it's the same story they don't want repeated"*, said Zé Mário.

Despite the efforts of the Yanomami and Ye'kwana to find refuge in outlying regions or isolate themselves in their villages, and their efforts to prevent the flow of people from the cities, the arrival of the virus was inevitable in many regions. The new coronavirus gained entry in various ways. One of them may have been through the few people that travel to the cities, but, in most cases, the contagion was a result of the invasion of illegal miners who have not interrupted their activities during the pandemic. Nor did they observe health protocols when entering indigenous land clandestinely. Many people in communities impacted by illegal mining were infected, even while in isolation, according to a person from the Alto Mucajaí region:

"I haven't been to Boa Vista in eight months, I fled from the coronavirus there into the forest. But I wasn't lucky, it didn't make any difference! You know how relatives are: they like to go to Boa Vista and another person spent time around someone who was infected. So I caught the coronavirus without coming into contact with a non-indigenous person, and without going to Boa Vista. I caught it right there, in the community." Y. Xirixana*, 08/22/2020.

Despite the invisibility of the virus, its main vectors are clearly evident for the inhabitants of the Yanomami Territory.

"The miners do not cover their mouths at all, even if they knew they were rotten inside, and since people don't cover their mouths, this disease is already once and for all in Kayanau. [...] And where can we go to hide? They contaminated their own houses. So this is why we who live in the upper reaches of the river, were already feeling bad, there where my mother lives, where we were hiding, the people went there to alleviate their hunger and these people were already coughing, the people already had this disease, and this is how they contaminated us." Kiriri Yanomami*, 07/15/2020.

In the regions where COVID-19 has spread, despite all the efforts to keep it out, the Yanomami were diligent in their approach to the disease

that appears to have spread rapidly after arriving in the communities. Shamanism has certainly been one of the main means used to investigate the origins of the new *xawara* and search for ways to attenuate its impact.

"We drink yakoana, we see the disease while we sleep. If the white man cared for the land, if he hadn't destroyed the land like in Brumadinho, this would not have happened. The whites have spread this disease. These are the trails left by ignorant people. They are the traces of those who drill the sea in search of oil." Davi Kopenawa, 08/12/2020.

In addition to opening the way for the new coronavirus, as well as other diseases, mining and the destruction of the forest are at a threshold.

"Our Creator, Omama, placed the xawara under the ground. When someone drills into the soil in search of minerals, petroleum and gas, the xawara can escape and spread amongst humans. [...] [The shamans] work to attenuate the effects of the disease and for it to return to the place that it came from." Dário Vitório Kopenawa Yanomami, 06/02/2020, BBC Brasil.

In their communities, following intense investigation, the shamans have worked to reduce the strength of COVID-19, absorbing the lethality of the virus from those who have been contaminated:

"This was how it happened: first, shaman André came down with symptoms of COVID. Then his son, who is also a shaman; the third was Zita Rosinete. [...] The people performed shamanism, expelled the powerful disease, since we didn't want it to enter the Yanomami Territory. So the disease affected the shamans, in the end. The spirit. In this way, the disease exploded: exploded in André and in Miguel, but they got better." Remo Yanomami, 05/13/2020.

At the request of a Ninam teacher on the lower Mucajaí River, one of the most respected shamans of the region presented an explanation about his shamanic research regarding COVID-19. In a complex schematic drawn on the school's blackboard, the shaman translated the name of the disease (*Hapalisi*), explained its origin, its relation with other diseases and the search for ways to attenuate the effects of the new coronavirus. The shaman directed the population to drink teas and take baths with specific herbs.

* The names have been changed to protect the identity of individuals.



Meeting of shamans.

Yanomami and Ye'kwana lands are an essential part of their vitality. Threats to the forest violate the networks that maintain the life of the thousands of people who inhabit it. Only with the forest standing and protected is it possible to find a cure for a diversity of diseases. Medicinal plants were another resource used in various regions of the TIY, both to lessen the effects of the virus and to strengthen the body, according to the president of Wanasseduume Ye'kwana Association:

"Medicinal plants are very important for us. That the creator of the world left for us to live well. To cure the diseases that the Kaaju created at the time of the emergence of living beings in this world. Medicinal plants are trees, one of the important elements for the people. And our rituals are also part of our traditional remedies. With the medicinal plants we cure various diseases, such as fever, wounds, diarrhea, pain in the body and sometimes rheumatism. Some medicinal plants are more respected, right? If we use a certain sacred plant, the entire community is protected for a week. This plant is very important to us. The knowledgeable ones know very well how to deal with the invisible people who are the owners of nature. [...] When we learned that this new disease, coronavirus, was coming to the world, we didn't know what it was. But the wise ones know very well that this coronavirus emerged in the world. We prepared ourselves beforehand. We prepared home remedies [...] to make the body stronger. All of this we want to preserve, continuing to take care of our nature, our knowledge." Julio David Rodrigues, 10/08/2020.

Amidst the frenzied worldwide search for a vaccine and better treatment for the still poorly understood virus, the Yanomami and Ye'kwana continue searching for their own cures in the forest, taking advantage of their enormous knowledge of the medicinal uses of its biodiversity. At the first signs of the disease, they began traditional treatments, to prevent it from getting worse: "Here in the Yanomami territory, COVID-19 is being fought with medicines from the forest. Everyone says there's no medicine, but we have that which nature has given us", said Érica Vilela Figueiredo, President of the Kumirãyõma Yanomami Women's Association (AMYK).

The recent memory of epidemics experienced by the Yanomami and Ye'kwana over the past century has deepened their strategies and forms of resistance, so they can survive the COVID-19 pandemic and have the right to live and grow old, as Davi Kopenawa recounts:

"It was near Marakana that we understood the power of the *xawara* epidemic of the whites. We knew then how dangerous it was for us! Now, it's been a while. Nevertheless, the survivors still remember. [...] They speak of it even today with their grandchildren. Never again do we want to experience that much suffering. There have already been too many of us who have died from the *xawara* epidemics spread by whites. We, who are what is left of our elders, want to return to being as numerous as they were in the past. We no longer want to die before our time. We want to die only when we become old and gray, already shrunken, shriveled and blind. [...] Then we will be happy to die, since we will have lived a long time, as occurred in the past, before we encountered the whites." Kopenawa & Albert, 2015: 251.

Ye'kwana girl in garden plot.



"I DON'T WANT TO GO BACK ALONE, WITHOUT THE BODY OF MY SON": THE TRIBULATIONS OF SANÖMA WOMEN

Throughout the month of May 2020, three Sanöma women, inhabitants of the region of Auaris in the state of Roraima, endured the same tragic loss. The women were evacuated from Auaris with their babies, who presented serious symptoms of pneumonia, and were sent to hospitals in Boa Vista. The babies died a short time later from suspected COVID-19 infections. Aware only of the death of their children, the Sanöma women were not informed about the location of their bodies, nor did they receive any document that indicated the cause of death or examinations that showed infection by COVID-19. After losing their children, the three women were sent to the Yanomami Indigenous Health Center (CASAI-Y), where they contracted the new coronavirus. At least a month passed without any news of the whereabouts of the bodies of their children. The disappearance of the bodies of the Sanöma was only explained after pressure from the media and an enormous mobilization of Yanomami supporters.

The first case began on May 1, when M. Sanöma was evacuated from Auaris, and taken to a hospital in Boa Vista, where her baby was to receive treatment for a serious case of pneumonia. The child died just a few days later. Also in May, two other Sanöma mothers arrived in Boa Vista for the same reason: their children had severe pneumonia and were admitted to hospitals in the city. On May 25, these two babies also died.

Sanöma children in the region of Auaris.



Sanöma woman carrying a basket of firewood in the region of Auaris.



Only the first Sanöma woman to arrive in Boa Vista came with brother; the other two, L. Sanöma and T. Sanöma, arrived unaccompanied and endured this tragedy without the support of family members. Separated from the care of their relatives and children, these women in mourning endured racism and linguistic prejudice in hospitals in one of the states of Brazil with the highest indigenous population. Because they are monolingual and did not have the aid of indigenous interpreters while in hospital, they could not understand what was happening with their children and where they were taken after their death. These women found themselves inserted into a completely foreign context and left without their social support networks. They were left on their own in a city where COVID-19 cases were quickly rising.

At different times, the three Sanöma women were sent to CASAI-Y and, after they arrived there, were still not able to learn about the whereabouts of the bodies of their children and thought that they might still be in the hospital. Eventually, the news of the disappearance of the bodies arrived in the Sanöma communities over the radio system that connects the city to the communities. Upon learning of the suffering of the women, the Sanöma, in Auaris, pressured their leaders to demand the return of the bodies to their communities so that traditional funeral rituals (*saponomowi*) could be performed to give them a dignified posthumous resting place. The president of the Sanöma Indigenous Association, who was in Boa Vista at the time, made a long search between hospitals, CASAI-Y and the headquarters of the Special District for Indigenous Health - Yanomami Territory (DSEI-Y) in search of information about the whereabouts of the bodies of the three infants. He was informed that they had been infected by COVID-19, had been buried in cemeteries in Boa Vista and that the mortal remains of the children could only be exhumed and taken back to the communities in three years.

The babies, buried according to biosafety protocols due to infection by COVID-19, were interred in a cemetery in Boa Vista without the knowledge or consent of their own mothers, compounding the violence the women experienced. These mothers endured grief far away from their communities, abandoned in the CASAI-Y, waiting for flights to return to their homes. To make matters worse, the three grieving mothers were infected by COVID-19 at the CASAI-Y facilities. M., T. and L. Sanõma are among the **184** indigenous people who were infected by COVID-19 at the CASAI-Y¹. On June 19, M. Sanõma, who had been the first to arrive in the city, was also the first to return to her community, Õkopiu, though, unfortunately, without the body of her child. The two other women remained at the CASAI-Y, receiving treatment for the new coronavirus.

The Pro Yanomami & Ye'kwana Network and Yanomami associations, after a joint investigation, handed a columnist for *El País Brasil*, Eliane Brum, their reports about the case of the missing Sanõma infants, which was also being investigated by the Federal Prosecutor's Office of Roraima State (MPF-RR). Her story, published on June 24, received tremendous domestic and international coverage and mobilized social media with the hashtag #CriançasYanomami². The tragedy experienced by the Sanõma mothers began to attract the attention of authorities and their words, translated into Portuguese, began to gain visibility thanks to this mobilization.

"I don't want to go back alone, without the body of my son! If I return alone, I will suffer greatly in my community. I want you, the authorities, to help me. I want the body of my son. I suffered greatly in CASAI, I want to return and take the ashes of my son, you must resolve this quickly. You, the authorities, must help me. I am sick in CASAI, you need to resolve this quickly. The community is waiting for me to arrive with the body! Everyone is waiting there. If I arrive alone, they will be angry with me. I have to take this body to perform a funeral ritual, they don't want the body to remain far away. You have to resolve this as quickly as possible." T. Sanõma, 06/21/2020.

Other press outlets continued investigating the case and listening to the women's story:

"If my son was well, I would not call you. They brought us here, but when we arrived here my infant son died. So I say to you authorities, I do not want to suffer any longer, I don't want to return alone. It's very difficult, I am very



Grave of the son of L. Sanõma in the Campo da Saudade Cemetery, Boa Vista.

upset! [...] Therefore, on the 11th I want to return together with the body of my son, this is why I called you, leaders! [...] I called you authorities, because I don't want to suffer any longer! My infant son died there in the hospital, that is why I am crying." L. Sanõma, 06/28/2020, Folha de Boa Vista³.

After gaining notoriety, the case was investigated by the news agency *Amazônia Real*⁴, which searched the cemeteries and hospitals of Boa Vista for information about the whereabouts of the bodies of the Sanõma infants. In a few days, they located the two bodies buried in the Campo da Saudade Cemetery, under biosafety protocols due to suspected infection of COVID-19. These deaths were not recorded by the Special Secretariat for Indigenous Health (SESAI) as confirmed cases.

The third body, the son of M. Sanõma, had been stuck for almost 2 months at the Institute of Forensic Medicine (IML): he had tested negative for COVID-19 and was abandoned there by the Brazilian government until found by reporters. As if this brutality was not enough, the body of a fourth Sanõma infant, who had died in April, was also found in the IML. A Yanomami leader had been informed that this infant was also suspected of having COVID-19—something that was not confirmed in the subsequent investigations. On July 1, the two bodies found in the IML were returned to their communities in the region of Auaris and were received by their

1 Data compiled by Pro-YY Network up to epidemiological week 43 (10/18/2020 to 10/24/2020).

2 *El País Brasil*. "Mães Yanomami imploram pelos corpos de seus bebês". 06/24/2020.

3 *Folha de Boa Vista*. "Mãe yanomami implora para retornar à comunidade com o corpo do filho". 06/28/2020.

4 *Amazônia Real*. "Crianças Yanomami: Três corpos de bebês estão em cemitério e um no IML de Boa Vista (RR)". 06/28/2020.

mothers⁵. These two children could finally be cremated, allowing for the start of Sanõma funeral rituals.

Although it was impossible for the other two Sanõma women to return home with the bodies of their children, the fact that they know that their bodies are no longer lost in the city and that they can be exhumed and returned to the community after three years is some relief from the violence and suffering that they experienced.

The case of the Sanõma babies who died in Boa Vista during the pandemic reveals the state of health care services for indigenous peoples. These women, who left their communities in search of treatment for their children, could never have imagined that they would witness their deaths and return home without their babies in their arms. L. and T. Sanõma could never have imagined that their children would be buried in a cemetery in the city without their consent⁶.

For the Sanõma, the body of a dead relative must be cremated; this is one of the phases of a long and complex funeral ritual⁷. Burying a family member in the ground violates the traditional way of handling the dead with dignity. The funeral ceremony for various groups of Yanomami is essentially a process of forgetting the dead person so they are free to make their way to the home of the dead, definitively abandoning the world of the living⁸. This process, in the case of the Sanõma, entails remembering the deeds of the dead, the interactions that they had, and the feelings from these interactions. Even a small child begins this interaction when still in their mother's womb. This small being already awakens feelings and forms relations. The funeral ceremony or *saponomo*, in Sanõma, is a time to remember in order to forget, since, in the end, all traces of the dead, their images, possessions and name, must be destroyed. They must be forgotten so they can go to their new home. The conclusion of the *saponomo* is the equivalent of a complete metamorphosis of the dead: by being forgotten by the living, they will have a new life with other people who have already died (Guimarães, 2005, 2010 and 2020). A common burial, for the Sanõma, radically interrupts this process.

5 [Amazônia Real](#). "Mãe Yanomami recebe corpo de bebê que ficou dois meses no IML de Roraima". 07/02/2020.

6 [Amazônia Real](#). "Coronavírus: enterro de indígena sem ritual requer diálogo entre lideranças e o Ministério da Saúde, dizem especialistas". 04/13/2020.

7 [El País Brasil](#). "O drama ritual da morte para os Sanõma". 06/24/2020.

8 [Amazônia Real \(Bruce Albert\)](#). "Sepultamento de Yanomami vítima da Covid-19". 04/15/2020.



Sanõma community in the region of Auaris.

The series of violations suffered by the Sanõma women are just another chapter in the wrecking of indigenous healthcare in Brazil. The government took away the bodies of the children without letting the mothers know where they were being taken. In addition to being a violation of human rights in and of itself, the manner in which the Ministry of Health and SESAI conducted this episode is a clear case of ethnic discrimination: they acted as if the concerns of the indigenous mothers regarding their children weren't relevant, deciding the ultimate resting place of their children without any accountability.

THE INDIGENOUS HEALTH CENTER: ONE OF THE EPICENTERS OF INFECTION

On March 21, 2020, the first two cases of COVID-19 in Roraima were reported by the State Secretariat of Health of Roraima (SESAU). Three days earlier, indigenous advisors from all regions of the Yanomami Indigenous Territory (TIY) participated in a meeting of the Yanomami District Council for Indigenous Health (Condisi) in the capital city of Boa Vista. At the meeting, the leaders denounced a series of problems including the high number of malaria infections in the communities and the scarcity of medicines and health equipment in the Special District for Indigenous Health – Yanomami Territory (DSEI-Y). In 2019, the Yanomami and Ye'kwana Leadership Forum had already denounced, in an official document, the health situation in the TIY and, among other things, the constant lack of equipment at the health centers¹.

Concerned about the spread of the new coronavirus throughout the country, on March 18, the Condisi advisors addressed a letter to the DSEI-Y, the president of Condisi and to the Federal Prosecutor's Office (MPF) asking for measures to protect them so they could return to their communities without risk of exposing the TIY to the new disease and requesting a contingency plan for fighting the pandemic within the scope of operations of the DSEI-Y, both in the Yanomami Indigenous Health Center (CASAI-Y) in Boa Vista and in the TIY.

The urgent need for the development and execution of Contingency Plans by the DSEIs was reinforced by recommendations nº 01/2020/6CCR/MPF and nº 11/2020/MPF from the MPF, in the months of March and April, and by a resolution from the National Council on Human Rights (CNDH), nº 13 of April 15. On March 20, the DSEI-Y presented the first version of the “District Contingency Plan for Human Infection by the New Coronavirus (COVID-19)” (updated on May 7) which showed itself to be seriously deficient. First, because it was not adapted to the sociocultural realities of the indigenous people of the TIY and, second, because it did not describe proper procedures and protocols for the prevention, isolation and removal of cases from within the indigenous land. In addition, there is no clarity with regard to the protocols to be followed in case of deaths by COVID-19 in the TIY or in

¹ According to data available on the [Transparency Portal](#), from January to September 2020, DSEI-Y did not commit any amount to “Capital equipment and material”, an expense that allows for the purchase of durable goods such as medical, dental, laboratory and hospital devices, equipment and instruments; personal protective and safety equipment.



Isolation area in the CASAI-Y.

the cities and no mention of the need for dialogue with the Yanomami and Ye'kwana to create protocols jointly.

On March 19, Hutukara Yanomami Association (HAY) drafted another communiqué demanding measures to control the spread of the pandemic among the Yanomami and Ye'kwana:

“We want to leave a message for the authorities responsible at the Ministry of Health, Ministry of Justice and Funai. You should take care that this pandemic does not enter the Yanomami Indigenous Territory. Our shamans are working and protecting all of us. You should also do your work to prevent the entry of the epidemic by trails that were opened by non-indigenous people to invade our homes.” HAY, 03/19/2020.

If the Yanomami and Ye'kwana weren't already experiencing a serious health crisis as a result of infectious and parasitic diseases, such as malaria, respiratory diseases, tuberculosis, river blindness, leprosy, worm infections and child malnutrition, with the pandemic, this situation has now worsened. Many of these diseases, which could be prevented with basic healthcare, frequently become serious cases, requiring the removal of the patients from their community for treatment in hospitals in Boa Vista. In the process, the patients and their companions are housed in the CASAI-Y, which is part of the Indigenous Healthcare Subsystem (Sasi/SUS). In the pandemic, what should be a support location, meant to welcome and assist Yanomami and Ye'kwana, has become a center for the propagation of the new virus².

² [Amazônia Real](#): “Coronavírus: Indígenas estão sendo infectados dentro das Casais no Amazonas e Roraima”. 04/24/2020

This is not the first time that the Yanomami and Ye'kwana have denounced the problems faced by the communities and the indigenous health teams. In fact, health indicators of the TIY present alarming rates of malaria, malnutrition and child mortality, in addition to low rates of vaccination and worming coverage. These indicators reveal a systematic degradation of indigenous health since the inception of DSEI-Y, the first to be created in Brazil. These rates are not compatible with the fact that DSEI-Y, among the 34 nationwide, receives one of the largest budgets, but can be explained by the lack of priority given to primary health care and the prevention of diseases, while the use of removal by plane is prioritized against the backdrop of non-transparent million-dollar contracts with aviation companies³.

In this context, the CASAI-Y has become the focal point of contagion for COVID-19 among the Yanomami in the first few months of the pandemic. Notably, the lack of Personal Protective Equipment (PPE); scarce stocks of supplies and medicines; problems with health service network integration; lack of proper infrastructure and training of health professionals for healthcare in a multicultural context; the precarious and unsanitary state of the CASAI-Y and the lack of an effective Contingency Plan contributed to this scenario.

On April 17, following the growth in confirmed cases in Boa Vista and impacted by the first COVID-19 death of a Yanomami who had been treated at the CASAI-Y, HAY directors sent an official letter to the DSEI-Y with information about the return to the TIY of patients that were in the CASAI-Y and that did not follow the minimum health protocols during the pandemic. Almost a month after the presentation of the first version of the Contingency Plan from DSEI-Y, the official letter showed the inability of the district to ensure compliance. Complaints were also made by patients who feared being infected if they remained at the CASAI-Y and this is why they requested flights to return as soon as possible to their communities.

The CASAI-Y receives hundreds of indigenous patients and their companions for a wide variety of health treatments monthly. With the arrival of the new coronavirus in Boa Vista and given the precarious state of the health system in Roraima, many of the staff at the CASAI-Y were infected by COVID-19. This support center has always been characterized by intense circulation of patients and companions coming from every region



Aerial view of the CASAI-Y in Boa Vista

of the TIY and, from the start, this should have been a concern. News of the first Yanomami infected confirmed the inefficiency of the Contingency Plan presented.

On May 2, the Ministry of Health (MS) issued a press release that said six indigenous people and 16 DSEI-Y staff had tested positive for COVID-19: 12 at the CASAI-Y; three in the administrative headquarters (Boa Vista) and one nurse that was at the Alto Catrimani Health Post (TIY)⁴. On the same day, Dário Vitório Kopenawa Yanomami expressed, in a note, his concern over the situation:

"We are very concerned about our relatives who are in CASAI, who are not receiving the necessary care. Twelve staff members who work there were confirmed with the virus. This is very bad news for our Yanomami relatives who are hospitalized, who will now probably also catch the virus. We cannot pretend that the problem is small just because it does not appear in the government data. These confirmed cases show that the problem is much

3 Roraima em Tempo: "Indígenas de Roraima denunciam risco de acidente com aeronave" 06/04/2020; "Denúncia indica influência de senador de RR em contrato de transporte aéreo para o Dsei-Y". 04/07/2020.

4 Amazônia Real: "Novos casos de Covid-19 em funcionários indígenas impõem alerta na Terra Yanomami". 05/02/2020.

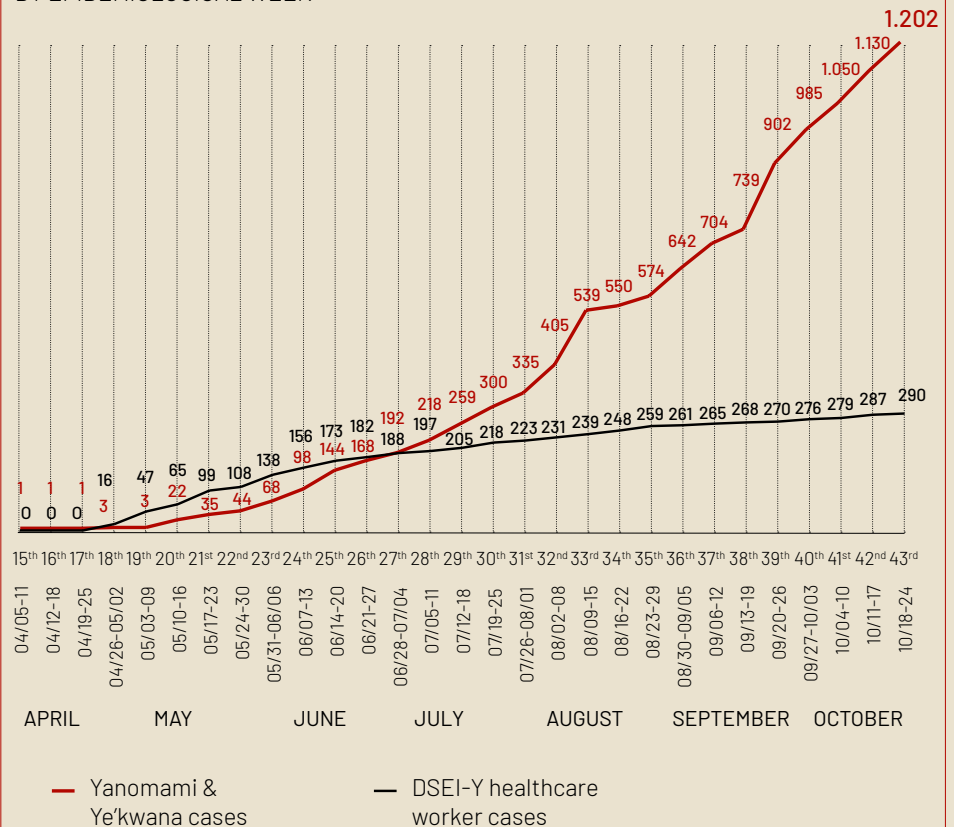
greater, and means that many other relatives are also infected. Systematic testing must be done in the areas where the positive cases come from, and where there is suspected infection, to prevent the *xawara* from spreading. So many confirmed cases among the staff at CASAI and another five among the Yanomami, this shows that there are many failures in the healthcare of our relatives. The contingency measures need to be reinforced: proper isolation, use of PPE equipment, tests for people who have had contact with confirmed cases, testing in the communities and testing for all the patients at CASAI. The government's inaction will be responsible for the deaths that could happen due to lack of proper measures.” Dário Vitório Kopenawa Yanomami, vice-president of HAY, 05/02/2020, Amazônia Real.

Based on data from DSEI-Y, between May 3 and 9, 31 new confirmed cases were observed by District staff, totaling 47 in just a week. In the two following weeks, a wave of cases spread through the non-indigenous staff. In the interim, the indigenous organizations of Roraima continued to demand effective measures from public agencies with regard to the lack of basic equipment for the maintenance of contingency measures (PPE, tests and other supplies). They also insisted on the need for proper isolation of suspected and confirmed cases or the quarantine of discharged patients so that they can return to their communities with the necessary health precautions. HAY and the Indigenous Council of Roraima (CIR) demanded, in a public note, an emergency plan with the participation of the respective DSEIs and representative entities of the indigenous peoples of Roraima under the auspices of the Field Hospital, an exclusive unit for the treatment of COVID-19, on which construction began in March, under the federal government's Operação Acolhida program, though only inaugurated in June.

With the increase in suspected and confirmed cases among the staff, the headquarters of DSEI-Y and CASAI-Y had become zones of contagion. Many patients had already been quarantined and discharged; however, DSEI-Y did not make flights available so they were unable to return to the TIY. On May 15, Yanomami patients sent a letter to the coordinator of CASAI-Y requesting that they return to their communities, but they received no response. A passage from the document expresses the desperation of people who have already experienced other epidemics spread by non-indigenous people: **“We know there are many of us on the list of those discharged and we want to be isolated in our community.”**

COVID-19

PROGRESSION OF CONFIRMED CASES AMONG THE YANOMAMI & YE'KWANA AND DSEI-Y HEALTHCARE WORKERS BY EPIDEMIOLOGICAL WEEK



As of May 30, the DSEI-Y bulletin reported 108 confirmed cases among health professionals, and 44 cases among the indigenous patients. Of these, 25 were infected in the CASAI-Y, the equivalent of 57% of those recorded. According to monitoring by the Pro-Yanomami and Ye'kwana Network (Pro-YY Network), on July 4, 41 indigenous people had already been infected at CASAI-Y, in other words, 60% of a total of 68 confirmed cases. In addition to the flow of infected staff, the lack of PPE and tests and inadequate facilities at the unit facilitated the dissemination of the virus, as the president of CONDISI denounced:



Patients protest at CASAI-Y in Boa Vista.

"Today, there is a house isolated within CASAI for COVID-19 cases, nevertheless there is no security inside and the circulation of people spreads the disease. This is why the cases of coronavirus have to be isolated in different buildings, far from one another, because indigenous patients who come for treatment of diseases like tuberculosis and malaria are being infected by the virus." Junior Hekurari Yanomami, president of CONDISI, 06/05/2020, Amazônia Real.

On June 7, the coordinator of DSEI-Y, Francisco Dias, handed in his resignation for the position which he had occupied for less than 12 months and Antonio Pereira assumed the post until a replacement could be found. In this context, many discharged patients waiting for months to return to the TIY were infected with COVID-19 at CASAI-Y and one of them died at the site. According to information obtained by the Pró-YY Network, this Yanomami patient from the region of Surucucus was infected at CASAI-Y during the period in which he was receiving medical care.

Given the lack of clarity and transparency with regard to flights from DSEI-Y, on June 9 various Yanomami leaders present in CASAI-Y held a protest⁵ demanding the immediate return to the TIY of patients that had already completed their treatment and their period of quarantine:

"We are not fighting here for no reason! You white people, who are inside the District, who work for health, for having complicated the situation, you make us very upset! About our health, our return to the communities, the

problems of the flights, we are talking about this today! Why do you only do bad things for us? Why? It was the month of March that the pandemic of coronavirus arrived. We entered into quarantine, remain isolated for 14 days and then another 14 days. For having done all of this, for me this is no good! This is what's left of your actions. So when you hear these words, release us to return to our communities! Release the planes for our return. If you let us die here in these lands, if you bury us in these cemeteries... in another land... We don't want to be buried! And this is how we, the leaders, are thinking! Send us back to the forest soon, right now, send us back! Don't withhold the planes, don't cause disorder! Don't tell us that we will only return to our communities when the name of the new coordinator is in the Official Gazette! We have already been here for a long time, we have been here for five months! And we are almost at the end of the month again! We don't want you to prolong the time that we remain here for another two months! We don't want this under any circumstances!" Gerson Blene, leader of the Marakana/Toototopi, 06/09/2020.

After the media coverage of protests at CASAI-Y, the first group of discharged patients returned to their communities on June 19. According to journalist Rubens Valente⁶, the Ministry of Health confirmed that 23 indigenous people were cleared to return to the TIY. However, the agency, in a press note, deflecting their responsibility to protect the health of the patients at the CASAI-Y, blamed the Yanomami leaders of the villages, who, according to the Ministry of Health, were "resistant" to the idea of the return of the relatives because they feared the spread of the pandemic in the TIY. However, since the start of the pandemic, the leaders have asked for help from HAY to speak with DSEI-Y and provide the return flights. Aware of the risks of new infections at the CASAI-Y, SESAI should have acted with transparency and engaged in dialogue with the indigenous peoples, especially with the patients who were there, in addition to ensuring proper structure and procedures for the quarantine of patients after being discharged from CASAI-Y, and at the DSEI-Y health posts in the indigenous area.

This scenario did not change much over the months, even with a relative unburdening of the indigenous health system in Boa Vista. This slack in the system only occurred due to the late inauguration of a Field Hospital on June 19, built by Operação Acolhida (an initiative of the federal government, the city of Boa Vista and the state government with help from humanitarian

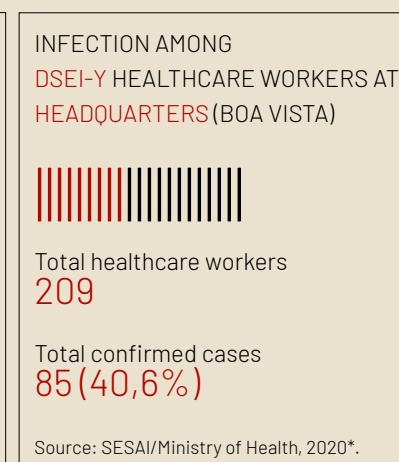
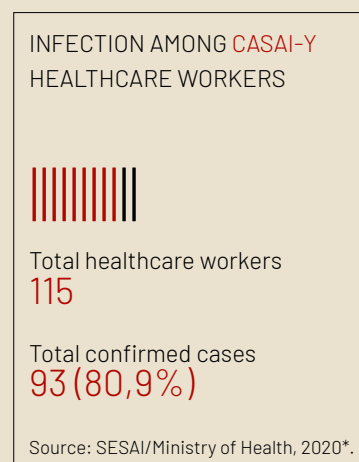
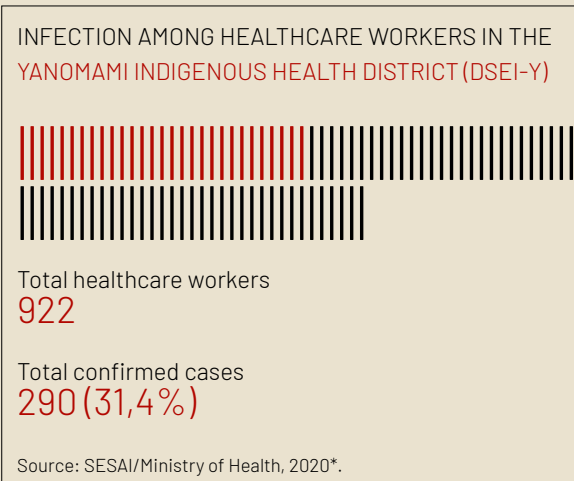
⁵ Uol. "Lider yanomami protesta contra tratamento dado pelo ministério da saúde à pandemia entre indígenas".

⁶ Uol Notícias: "Covid: após protesto contra Saúde, yanomamis conseguem regressar às aldeias". 06/19/2020.

agencies), and, on July 14, the DSEI-Y Indigenous Care Unit, designed for indigenous people with COVID-19 coming from the TIY, CASAI-Y and SUS. At the start of July, the number of cases of indigenous people infected at CASAI-Y was higher than the cases of infection in the territory⁷.

According to data from SESAI, between April and mid-June, the cases of staff at DSEI-Y infected by Covid-19 were higher than positive results among the Yanomami and Ye'kwana. Between June 14 and July 4, a small difference was observed between these numbers. Starting July 11, the positive results for the new coronavirus among indigenous people surpassed the number of cases among staff of the District. However, it is important to stress that, according to data from SESAI, up to the end of October around 81% of the staff at CASAI-Y had already tested positive for COVID-19, as well as over 31% of all the professionals at DSEI-Y⁸.

During the first months of the pandemic, the situation at CASAI-Y was extremely serious. Taking into account the data presently available, it is clear that the lack of effective protocols by the Ministry of Health/SESAI during the spread of the pandemic among the Yanomami and Ye'kwana resulted, initially, in the infection of staff at DSEI-Y and, subsequently, in the spread of the disease among indigenous patients who were in the city of Boa Vista. Throughout the seven months of the pandemic, the CASAI-Y has remained one of the vectors of COVID-19 infection (see graphic p. 14).

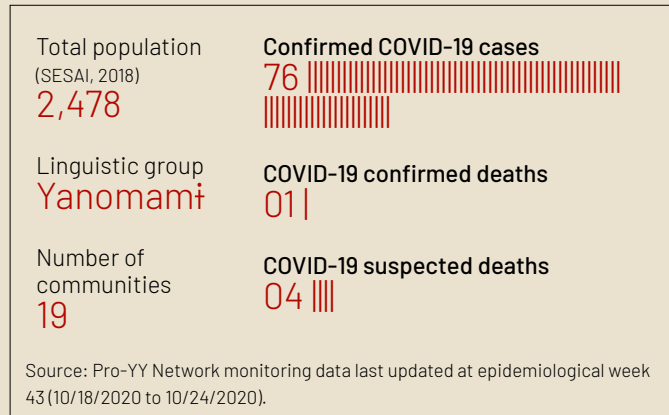


⁷ [Amazônia Real](#): “Morte por Covid-19 sobe para 4 entre os Yanomami, diz organização indígena”. 05/05/2020.

⁸ According to data from the Ministry of Health obtained through Access to Information Act (LAI), in the first half of 2020, there were 922 staff at DSEI-Y. Of these, 115 worked at CASAI-Y.

*Last updated at epidemiological week 43 (10/18/2020 to 10/24/2020).

"WE SHOULDN'T BE DYING FROM THIS" MARAUÍÁ



The Marauíá River (*Komixiwä*) is an affluent of the Rio Negro, which empties near the city of Santa Isabel do Rio Negro in the state of Amazonas. Situated in the western portion of the Yanomami Indigenous Territory (TIY), among the Imeri mountains and the Rio Negro, this region is rich in game and fruits of the forest, a factor that allows for long periods of *wayumi*. With the arrival of the COVID-19 pandemic in Brazil, Yanomami communities of the region of Marauíá left their villages to find refuge in encampments in the interior of the forest, as they have done in the past when faced with other epidemics. *Wayumi*, as they say in Yanomami, is the practice of leaving one's main residence and going to live in the forest in encampments, where a family group and eventually the entire local group shelter temporarily. In periods of sociopolitical stability, Yanomami groups go out on *wayumi* and collective expeditions to take advantage of the seasons of abundant harvests of fruit from the forest and game. On the other hand, during times of instability or danger, going out on *wayumi* is also a customary defense strategy, as a form of isolation to contain the propagation of diseases¹.

Concerned about the rising number of cases in Manaus and Boa Vista, and fearful about being infected by health professionals who work in the communities, on April 26, the Kurikama Yanomami Association (AKY), which represents the Yanomami of the Rio Marauíá and Rio Preto, determined the

immediate withdrawal of all non-indigenous people and prohibited future entry of health professionals of the Yanomami Special Indigenous Health District (DSEI-Y):

"It was decided that no health professional from Boa Vista or Santa Isabel do Rio Negro would be allowed to enter the health post or sub-health post of the Marauíá River, for the duration of this coronavirus pandemic [...] Because many people are dying in Boa Vista; and there are already confirmed cases in Santa Isabel [...] We just want to protect our peoples from this disease by keeping the health professionals far from our villages [...] and when this coronavirus pandemic ends, we want all the health teams in the Marauíá River to return [...] This is our final decision." AKY, 04/26/2020.

Deciding on self-isolation in the region and prohibiting access of non-indigenous people, the groups left for the forest on old trails toward the mountains, where they will remain for a long period, thereby avoiding contagion by the new coronavirus. It appeared to be the ideal scenario to survive another pandemic, as the elders had done in the past. However, after almost two months of isolation, some groups were forced to return to their communities due to an increase in the cases of malaria and lack of medicine on hand for treatment. Unable to continue this traditional practice of isolation because of the uncontrollable rise in malaria cases, the leaders of the region requested that the coordinator of AKY, Samuel Kohito,

Yanomami men collecting bacaba in the forest, upper Marauíá.



¹ For more information about the *wayumi* strategy in Marauíá, see Benucci & Jabra (2020).



Abandoned maloca (communal dwelling) in the region of Marauíá.

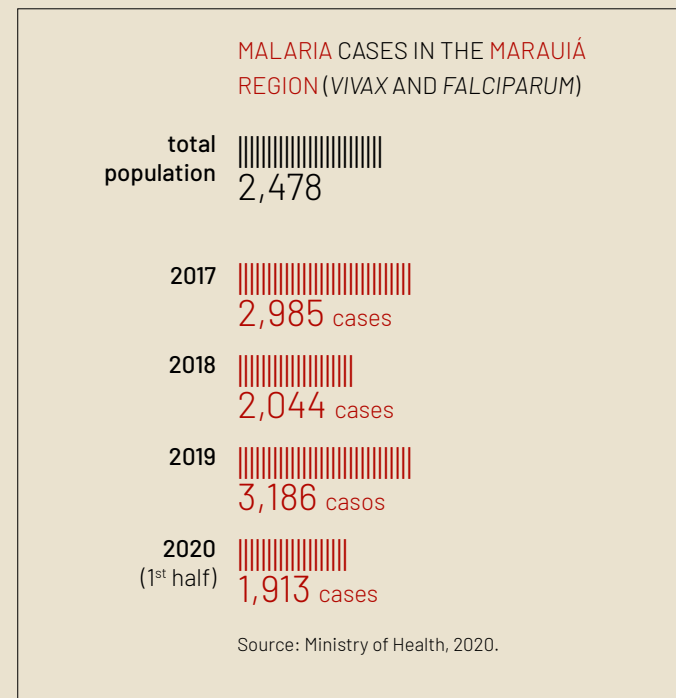
go to the city of Santa Isabel do Rio Negro in search of medicines and tests for the treatment of this disease.

"Indigenous health agents that see the slides are finding many cases of malaria and there is no medicine to treat the Yanomami people, to cure them. There is only the microscope and no medicine to treat the Yanomami people that have malaria, so I am very concerned [...]. We have already begun to die, to pass away." Samuel Kohito Yanomami, Coordinator of Kurikama Yanomami Association, 07/31/2020.

NEGLIGENCE IN THE FIGHT AGAINST MALARIA

In the context of the pandemic, high rates of malaria become even more critical since it is a comorbidity that can worsen the condition of patients with COVID-19². In the region of Marauíá, where roughly 10% of the population of the TIY lives, according to data from the Ministry of Health (MS), from 2014 to 2019, the malaria infection rate increased by more than 900%. In 2019, there were a total of 3,186 cases out of a population of 2,478 people, which means that, in one year, the entire population may have been infected and many people, more than once. In 2020, in just the first half of the year, there were 1,913 cases of malaria (*vivax* and *falciparum*).

This increase in the region accompanies an explosion of malaria across the TIY: in the last six years, according to data from the Special Secretariat for Indigenous Health (SESAI), cases have risen by 473%. In addition to the effect of the growing invasion of illegal mining on the territory, the rise in cases of malaria can also be attributed to the successive cuts to the eradication program for this disease that began in November 2016, when the Ministry of Health merged the malaria control program with the control program for diseases transmitted by the *Aedes aegypti* mosquito. This merger, a political rather than technical move, prioritized the fight against other diseases in the program and sharply cut the budget earmarked for the eradication of malaria. The effects of the decision by the Ministry of Health soon appeared: an accelerating and increasing loss of control of the disease in Brazil since that time³. Before the merger of the two programs, in the region of Marauíá, for the year 2014, only 308 cases of malaria were recorded, while in 2017, the total jumped to 2,985 cases, an increase of over 850%.



² [Amazônia Real](#). "Malária potencializa risco de morte por Covid-19 entre os Yanomami". 09/08/2020.

³ [BBC Brasil](#). "Por que os casos de malária cresceram 50% no Brasil após 6 anos de queda". 05/04/2018.

With this scenario in mind, in December 2019, Yanomami leaders met with the Federal Prosecutor's Office of Amazonas (MPF/AM) to denounce the serious loss of control of malaria. At the request of leaders, the agency requested that SESAI and DSEI-Y make available, within 15 days, a sufficient quantity of specific medicines for the treatment of malaria and implement effective and appropriate actions for the prevention and eradication of malaria vectors. They also requested that sufficient kits and instruments be made available to the Indigenous Health Agents (AIS) and microscope technicians to perform tests and other procedures necessary for the fast and efficient identification of malaria, in addition to treatment by a multidisciplinary team in the Yanomami communities of Amazonas, including those of Marauíá (Legal recommendation No. 10/2019 5º Ofício/PR/AM). Over seven months later, the situation has not changed and the agencies have done nothing, as a Yanomami AIS and microscope technician of Marauíá reported:

"What we need is laboratory material, OK? Slides, these things, rapid tests, lancets and microscopes, really microscopes. We don't have enough. [...] We are requesting these things, we are asking twice a week, from SESAI of Boa Vista and SESAI of Santa Isabel. We remind them here and they remind them at SESAI of Boa Vista. I don't know how many times we have asked for this, but nothing has arrived in our community up to now. For this reason I'm becoming very concerned. I'm also concerned for my colleagues, there in Pukima Beira, where medicine for malaria was running out. [...] Even today they need this medicine [...]. Even today we are requesting this medicine for malaria, except it doesn't arrive for us here in Marauíá." Francisco Pukimapiwëteri Yanomami, 07/31/2020.

In many communities, there are indigenous health agents trained to handle malaria diagnosis, but there are not enough microscopes or enough supplies to perform the tests and, when it is possible to do the test, there is no medicine for treatment. Many times the communities of Marauíá need to gather the slides collected in one community and send them to other communities who can then perform the analysis. It is a precarious and risky solution, because by the time there is a result, a considerable amount of time has passed, potentially worsening the patient's condition and hindering subsequent treatment. Active searching, rapid diagnosis and treatment for malaria are all essential to break the chain of transmission for the disease. Without these actions, it is impossible to control the propagation of the disease, in addition to other actions such as pest fumigation campaigns, which were also suspended in recent years, according to reports from indigenous people.



Crossing of the waterfall on the Marauíá River.

The increase in malaria cases in addition to the scarcity of medicines and laboratory supplies discourage the practice of *wayumí* and, in this context, many groups had to return to the communities. However, upon returning to their villages, the Yanomami saw their garden plots inundated due to unusual river flooding. Without this important source of food, groups from almost every community of Marauíá were forced by hunger to go to the city in search of food. A cruel scenario: remain in the forest and run the risk of dying of malaria or go to the city and become infected with the new coronavirus:

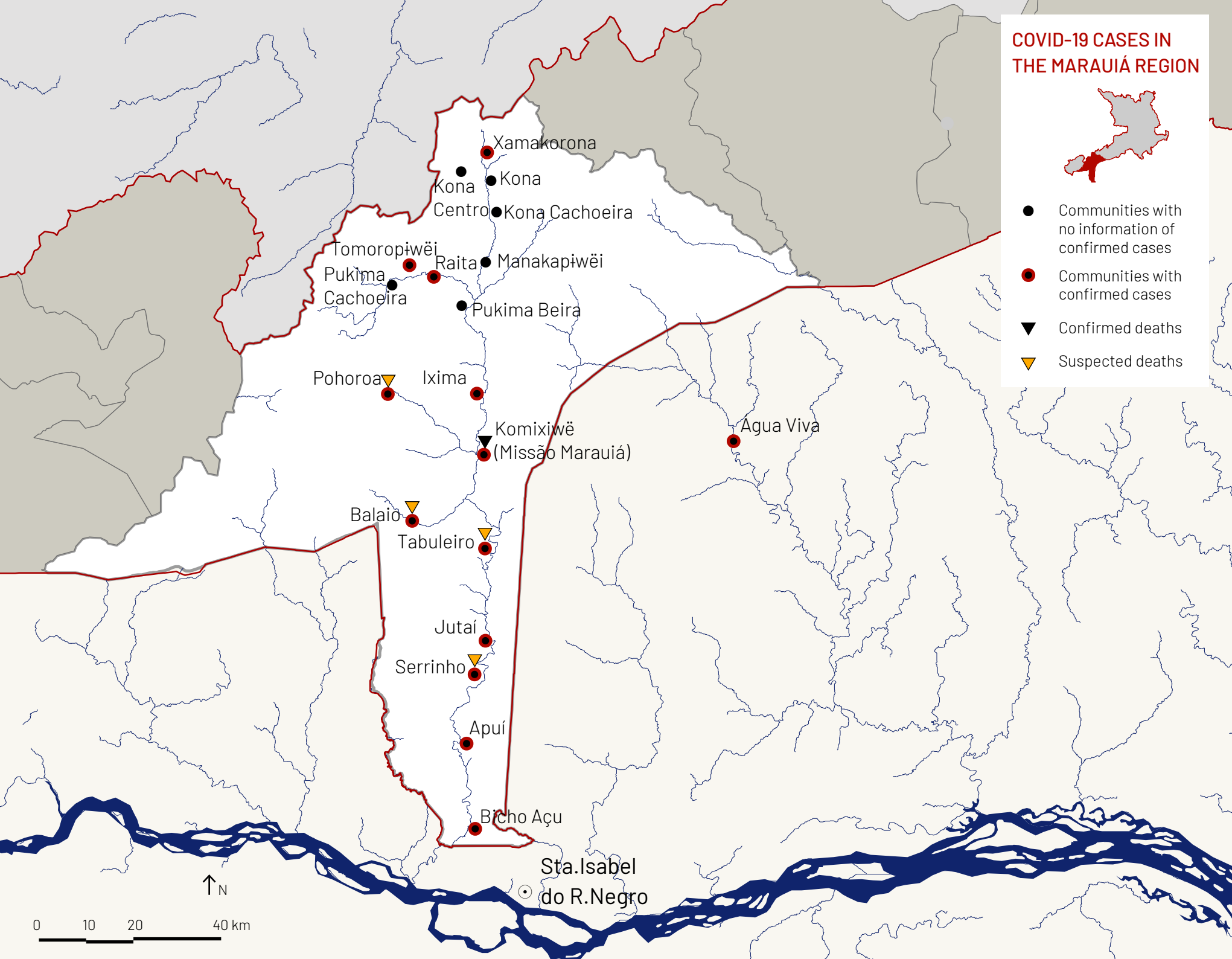
"I'm going upriver today with great difficulty, also with the food. [...] We are taking food packages to feed ourselves, because the flood washed away our manioc, bananas, all of this. This makes our work difficult, the lives of the Yanomami people, how can you live well? So, like you, we also need to live healthy lives." Samuel Kohito Yanomami, Coordinator of AKY, 07/31/2020.

As a result of the return to the villages and the lack of healthcare for malaria cases, AKY asked for the return of the local DSEI-Y teams, who arrived at the end of June. However, even with the return of the health professionals, there was no improvement with regard to the treatment of malaria. This epidemiological situation is a result of the explosion of malaria in the region of Marauíá, and throughout the TIY, which only continues to worsen:

COVID-19 CASES IN THE MARAUIÁ REGION



- Communities with no information of confirmed cases
- Communities with confirmed cases
- ▼ Confirmed deaths
- ▼ Suspected deaths



in the last six months, malaria was the main comorbidity associated with fatal complications of COVID-19, leading to the death of many Yanomami. Among the 23 confirmed and suspected deaths from the new coronavirus, 9 victims had malaria.

"WE HAVE TO KNOW WHICH DISEASE IS KILLING US": UNDER-REPORTING AND LACK OF TESTS

One of the main difficulties in the control of the propagation of COVID-19 is the shortage of tests for people who want to travel from the cities to the TIY. Between July and August, after a return to the flow of indigenous people to the city and of health professionals to the villages, the first cases began to appear in the communities and within a few weeks indigenous leaders reported three more suspected deaths from COVID-19.

"This coronavirus affected Marauíá and there is no support from the Yanomami Indigenous Health, so people have already died in three communities: one aged 15, one aged 40 and one aged 60. So we are very concerned, because we don't have a nurse there inside. There isn't even a nurse technician. [...] This is why I am very concerned. There is no access for the Yanomami people, even if the Yanomami District is with us. We are afraid that soon we will be dying in each communal house, each community." Samuel Kohito Yanomami, Coordinator of AKY, 07/31/2020.

The three deaths cited by Samuel occurred in the communities of Serrinho, Balaio and Tabuleiro. The elderly man from Tabuleiro was a great and respected shaman in the region who, since the 1960s, coexisted with the presence of Salesian missionaries. The death of a shaman, in this context, is even more tragic. Weeks after the complaint, there was a fourth death, an elderly man from the community of Pohoroa. These were the locations most impacted by the loss of garden plots due to the flooding of the river and, because they are located in the middle portion of the Marauíá River, they are near the city and the flow of people there is more intense. In these communities, there were many reports of COVID-19 symptoms.

The presence of DSEI-Y staff that tested positive for the new virus may have also caused the increase in cases in the region. This is the case in the community of Komixiwë, headquarters for the Salesian Mission, where two DSEI-Y health technicians tested positive for the virus. Seven cases of COVID-19 were confirmed there, including a five-month-old baby. This child, in addition to COVID-19, also had malaria and died a few days after

being tested. He was another victim of the combination of coronavirus and malaria: of the five suspected and confirmed deaths from COVID-19 that occurred in the region of Marauíá, four are associated with a recent malaria infection.

Despite the severity of the situation, the high number of deaths and symptomatic cases, SESAI performed only 23 rapid tests in the region⁴, 21 of which were positive, and confirmed only one death as the result of COVID-19. Other tests were performed by the Municipal Secretariat of Health of Santa Isabel do Rio Negro in groups that went to the city, and all were positive. According to monitoring by the Pro-Yanomami e Ye'kwana Network, in 13 of the 19 communities of the region at least 76 cases of the new coronavirus were confirmed. According to accounts from the Yanomami and Ye'kwana, it is possible that many people in the territory have been exposed to COVID-19.

"We shouldn't be dying of this, because of this strong disease. [...] Now it's happening, symptoms of COVID-19 are increasing, they are increasing. What can we do? How can we know if it is really COVID-19? How can we find out if it is COVID-19 that we are dying from? We have to know which disease is killing us. If we don't have this test, we have no way of discovering that this disease is killing us!" Francisco Pukimapiwëteri Yanomami, 07/31/2020.

⁴ Data obtained through Access to Information Act (LAI) updated on 10/19/2020.

MINING, MALARIA AND COVID-19: A DISASTROUS COMBINATION URARICOERA

A significant part of the Uraricoera, one of the longest rivers in Roraima, courses through the Yanomami Indigenous Land (TIY). Dozens of Ye'kwana, Ninam, Yanomam and Sanõma communities are located in this region, which has a total population of over 1,292 people (SESAI, 2018). This population is served by the Waikás, Palimiu and Uraricoera Health Posts of the Special Indigenous Health District (DSEI-Y).

Before the pandemic reached the Uraricoera River, the area was already overrun by thousands of invaders. It is one of the most affected by illegal gold mining—and it is nothing new. Between 1987 and 1989, it is estimated that over 2,000 mining barges roamed this river. The first major mining invasion occurred at the end of the 1980s, affecting enormously the lives of the Yanomami and Ye'kwana who lived there. With the stunning increase in invasions, from 2019 to the present¹, the Uraricoera River consolidated its position as one of the main entry and supply routes for illegal miners in the TIY. Today, the indigenous communities are surrounded by miners.

WAIKÁS HEALTH POST

Total population (SESAI, 2018)

183

Linguistic groups

Ye'kwana
Sanõma

Communities

Aracaçá, Waichannha

Confirmed COVID-19 cases

49 

Source: Pro-YY Network. Most recent update: epidemiological week 43 (10/18/2020 – 10/24/2020).

¹ **Folha de São Paulo**. "Invasão em terra indígena chega a 20 mil garimpeiros, diz líder yanomâmi". 05/16/2019; **Fantástico, Globo**. "Lideranças indígenas denunciam atuação de garimpeiros em áreas de proteção". 08/18/2019; **BBC News Brasil**. "Em meio à covid-19, garimpo avança e se aproxima de índios isolados em Roraima". 04/09/2020; **Greenpeace Brasil**. "Em meio à Covid, 72% do garimpo na Amazônia foi em áreas 'protegidas'". 06/25/2020; **Reuters**. "The threatened tribe". 06/26/2020.



Tatuzão do Mutum, near the community of Waichannha.

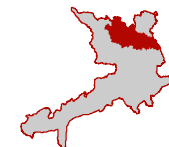
Situated along the banks of the Uraricoera River, the region of Waikás is home to two communities whose populations total 183 people (SESAI, 2018). Since 2016, most of the area occupied by mining in the TIY, known as Tatuzão do Mutum, is located in the region of Waikás. Reports by indigenous people of the region indicate that, in a few years, the location has been transformed into a mining town where thousands of miners move about freely². The name "tatuzão" describes the destructive effect of hydraulic mining, the most common in the region, which uses machinery to direct jets of water jets to tear through the forest. In 2018, with inspection activities by the army and the activation of a temporary base in the region of Uraricoera, it was possible to curb the entry of miners in the region. However, in December of that year, the inspection activities were interrupted and the number of mining operations exploded again. In 2019, sporadic initiatives resumed, with the Brazilian army conducting operations Curare 10 and Curare 11, but neither were effective in controlling the invasion. The village of Tatuzão do Mutum has been rebuilt and currently has significant logistical support: boats, planes, helicopters, telephone and internet via satellite.

In a report given to the Pro-Yanomami and Ye'kwana Network (Pro-YY Network), S. Ye'kwana*, a resident of the Ye'kwana community of Waichannha (or Waikás) stated that there are over 10,000 miners in the region of Uraricoera. In addition to Tatuzão do Mutum, estimated by

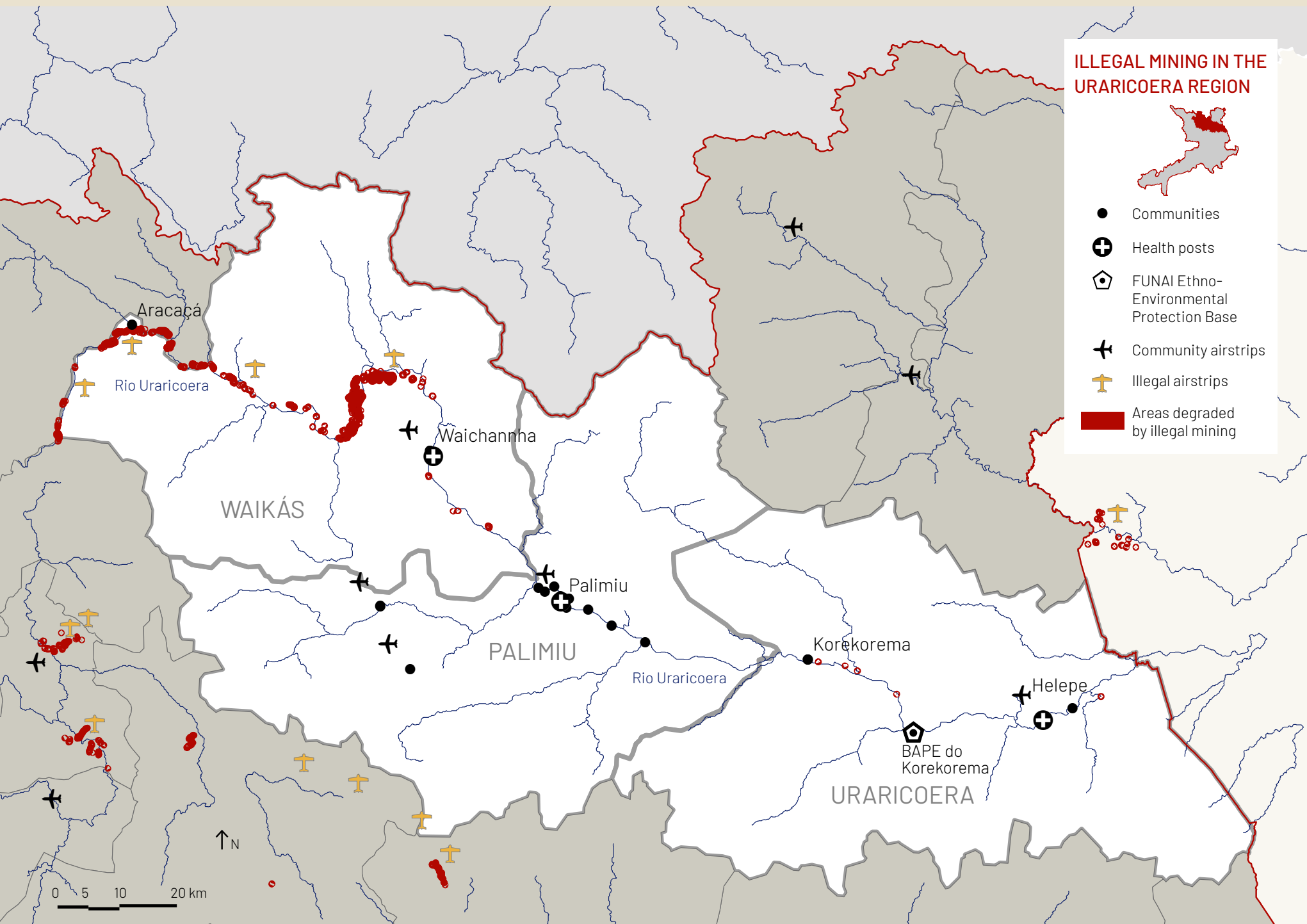
² **G1**. "Cidade' de garimpo ilegal na Floresta Amazônica movimentava R\$ 32 milhões ao mês, diz Exército". 07/13/2017.

* The names have been changed to protect the identity of individuals.

ILLEGAL MINING IN THE URARICOERA REGION



- Communities
- ⊕ Health posts
- ⬡ FUNAI Ethno-Environmental Protection Base
- ✈ Community airstrips
- ✈ Illegal airstrips
- Areas degraded by illegal mining



indigenous people of the region to be around 3,000 non-indigenous people, there are other “*tatuzões*” in operation: the area next to the community of Aracaçá, with around 5,000 miners; Tatuzão Brabinho, below Mutum, with 3,000 invaders; the “*tatuzão*” near the community of Korekorema, with hundreds of people; and Tatuzão Cabaré, below Waichannha, in an area where the Ye’kwana hunt game. This new mining area, opened in August 2020, already has brothels and bars.

Satellite images show that, even with the COVID-19 pandemic, the invasion in the region of Waikás is moving full steam ahead. From January to September 2020, data from the Instituto Socioambiental’s Deforestation Radar Information System (SIRAD-Y/ISA) showed an increase of 6% in the areas degraded by the illegal mining in Waikás and 54% in Aracaçá. During this period, Aracaçá was one of the fastest growing in absolute terms, with an increase of more than 100 hectares.

Since the start of 2020, indigenous sources have been reporting a daily flow of airplanes and helicopters that land on clandestine runways or in areas already destroyed by mining, in addition to the constant movement of boats on the Uraricoera River to transport miners, supplies and fuel. It is estimated that a boat arrives carrying six tons of supplies. COVID-19

reached the community of Waichannha on one of these boats. In May, a group of miners arrived at a mining site located nearby Aracaçá, upstream from Waichannha. The indigenous youth that came in contact with this group began to present COVID-19 symptoms when he returned to the Ye’kwana community and, in a few days, the disease spread there. Many people began to get headaches, sore throats, body aches, fever and coughing, and the cases multiplied. Despite the rapid spread of the disease, the residents did not receive proper health care until the end of June.

The health post did not have medicines for fever, just a single cylinder of oxygen for a population of over 150 people and not enough staff. Making matters worse, the daily flow of miners who would come to the community in search of food or healthcare at the indigenous health post never stopped. Indigenous sources report that, on June 18, a miner presenting COVID-19 symptoms received care at the post, placing at risk the local population and the few health professionals that were already overworked. It is important to note that in June, at the peak of the COVID-19 contagion in Waichannha, the routine flight for this post that occurs on the 20th of every month was postponed three times and the reason given to the indigenous people was that there were not enough airplanes to meet the demand of DSEI-Y.

On June 23, Robivaldo Magalhães reported that most of the 154 residents had been infected by COVID-19. Two days later, concerned with the progression of the disease, a leader of Waichannha sent a letter to DSEI-Y, alerting them about the community’s precarious health situation and requesting emergency measures:

“We have news that at least 15 people are sick and that 4 elderly people are very weak and having difficulty breathing, one of them is my father. We are very worried! We urgently need medicines to treat the patients with fever and pain. How can we care for our relatives like this? This can’t happen at a time when the world is facing a pandemic! [...] DSEI-Y needs to ensure the testing of the entire community of Waikás, which has over 100 people. We also need a full health team that can monitor these cases that are possible infections of COVID-19. We have no doctors and have been without an attending nurse for five months!” Nivaldo Rocha, 06/25/2020.

According to data from SESAI/Ministry of Health³, on June 24, four cases of COVID-19 were confirmed at the Waikás post, all confirmed by rapid tests. As there were no more tests available at the health clinic, only elderly people with difficulty breathing were tested. Days after the leader alerted



The encroachment of illegal mining near the Araris River and the community of Aracaçá. (Planet/MapBiomas, 2020).

January 2020



September 2020

³ Data obtained through Access to Information Act (LAI) updated on 10/19/2020.



Ye'kwana child in the community of Waichannha.

authorities, following coverage by the media⁴, DSEI-Y sent a flight with an oxygen concentrator, generator, medicines and a backup medical team.

Between the arrival of a new medical team and the end of an inter-ministerial government mission conducted in the TIY from June 29 to July 1, we found a hiatus in carrying out rapid testing in Waichannha (Waikás) by the DSEI-Y, with tests resuming only on July 3. Tests conducted by the inter-ministerial mission⁵ were all negative, but their effectiveness was questioned by Ye'kwana leaders. The results announced conveniently by the delegation were that there were no confirmed cases of COVID-19 in Waikás. Three days after the end of the mission, DSEI-Y resumed testing and the majority of the tests conducted turned out to be positive for the new coronavirus.

According to SESAI/Ministry of Health, between June 16 and July 13, 49 people from Waichannha tested positive, in other words, at least 30%

of the population of this community was infected with COVID-19 during this period. Reports from indigenous sources unequivocally describe a generalized contagion during the months of June and July.

The information and reports collated until now lead us to believe that Waichannha was completely infected by COVID-19, and the origin of the infection was contact a young Ye'kwana man had with miners who work in the areas near the community of Aracaçá. There is no information about testing in Aracaçá, a small village where dozens of Sanõma live and where there is a massive mining presence. It would be safe to assume that the village suffered, as did Waichannha, from a quick spread of the new coronavirus.

The serious situation of illegal mining in the region of Waikás, which includes the community of Waichannha and the community of Aracaçá, has been denounced for years by indigenous associations⁶. According to a [study by Fiocruz](#) from 2016, Aracaçá has the highest rate of mercury contamination of the TIY: 92% of all the samples analyzed present high levels of contamination. Before the arrival of the pandemic in this region, indigenous health was already weakened not only from contamination by mercury, but also from the explosion of malaria in the last two years, coinciding with the intensification of mining on the Uraricoera River.

The following graphs show the seriousness of the health situation experienced by the inhabitants of the Uraricoera River channel. There has been a significant increase in malaria cases in the TIY in recent years: 71.7% from 2018 to 2019, according to the Ministry of Health⁷. According to the District Health Plan 2020-2023 for DSEI-Y, 30 of the 37 Health Posts existing in the TIY present a high risk for malaria. This is also the case for the Waikás Health Post that, in just the first half of 2020, recorded almost 80% of the number of cases recorded in 2019.

The number of positive cases for the years 2019 and 2020 at the Waikás Health Post is extremely high if we consider that the local population is just over 180 people. These transmission rates, although official, do not appear to only include the Ye'kwana and Yanomami in the region. If this was the case, it would indicate that each person had caught malaria almost ten times in a single year, which does not match reports from indigenous

⁴ [Uol Notícias](#). "Índigenas alertam possível foco de covid-19 nos Yanomami gerado por garimpo". 06/28/2020.

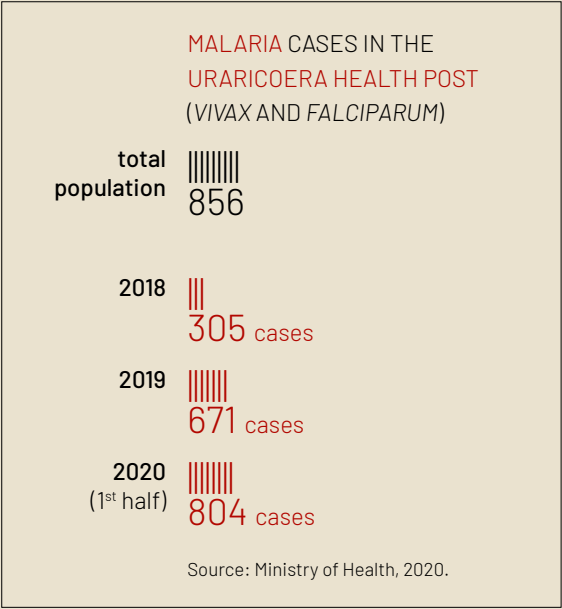
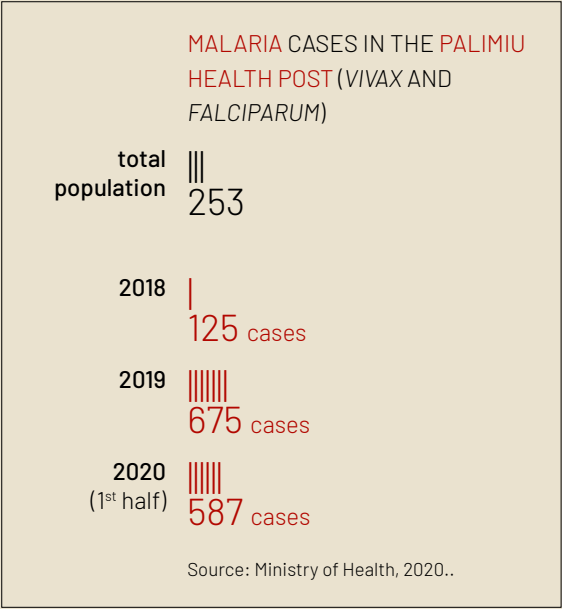
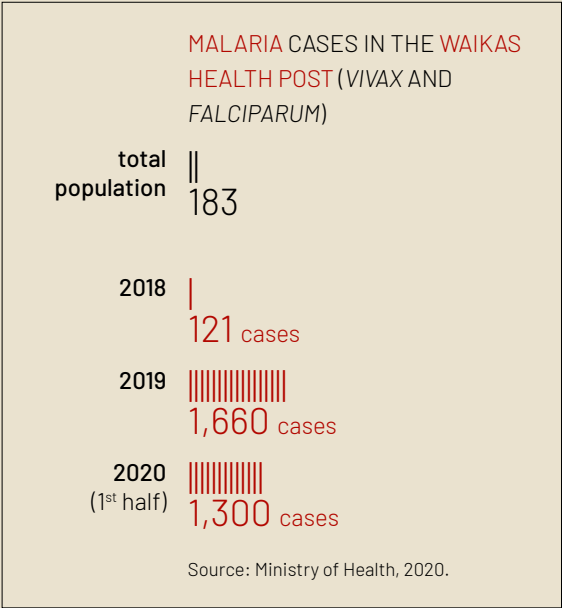
⁵ See "The pandemic is under control: interministerial mission in Auaris, Waikás and Surucucus" in this report, p.90.

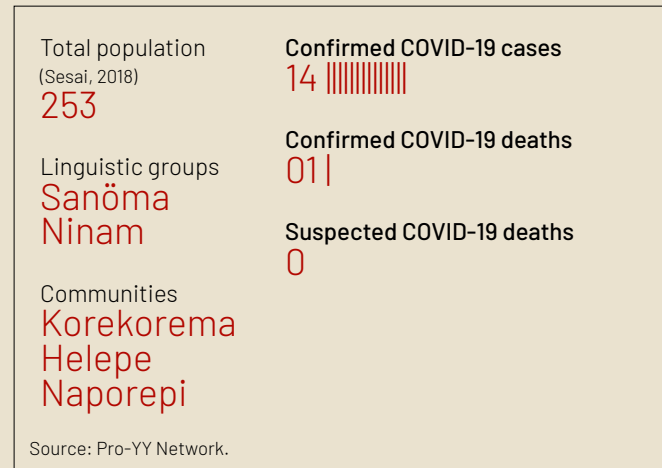
⁶ [ISA](#). "Davi Kopenawa ganha 'Nobel alternativo' e faz alerta ao mundo: garimpo está matando os Yanomami". 12/04/2019.

⁷ Dados do Ministério da Saúde divulgados em [Uol Notícias](#). "Malária explode na terra Yanomami; casos quadruplicaram em 5 anos". 08/02/2020.

sources. Communicating with leaders of the region, the hypothesis raised is that the numbers from DSEI-Y regarding the cases of malaria in Waikás may also include miners infected by the disease who use the health infrastructure set aside for the indigenous population to treat their infirmities.

The situation of the Uraricoera and Palimiu Health Posts are no different than the Waikás Health Post and show the same cycle imposed by mining on the indigenous communities: environmental degradation, violence, enticement of young people and diseases of all sorts. If up to the present time there are few cases COVID-19 in the communities of Korekorema, Helepe, Naporepi and in the other villages of Palimiu, it does not mean that they are safe.





Of the 14 confirmed cases of COVID-19 recorded by the Pro-YY Network in the Uraricoera Health Post, at least eight were infected in the community of Korekorema. Residents suspect that a young man who came in contact with miners brought the new disease. Since March 2020, Sanõma leaders have been reporting the presence of miners in areas nearby the community. According to T. Sanõma*, a resident of Korekorema, there are currently two areas of hydraulic mining ("tatzuão") in the region.

"They are dirtying the river, destroying our land. When I go to the land of the white people, I do not dirty anything, I do not make a mess. Why are they defiling our land like this? Why are they invading our land like this? [...] Nearby the community there are two large 'tatzuões', they leave a huge hole and the mosquitoes appear to be emerging from this hole. This is why there are so many mosquitoes. Every day it is 50, 150 people with malaria and the community is very sad. At night, we cannot sleep properly. On this land, Korekorema, there are too many miners! They don't respect us! I spent three months in isolation in the forest to escape the coronavirus. On July 23, I returned and went to look there. It's true. Other miners who arrived there in Korekorema approached me: 'Hey! Where's the pata [leader] around here? We've come to get some medicine, we can trade for gold.' So I told them: 'There is only medicine for the community here! So don't come back here under any circumstances!' In 1989, when they opened the illegal mining operations, malaria always came with them! Many people died

during that time. It's the same now. Lots of malaria, lots of mining, that's the way it is." T. Sanõma*, 10/05/2020.

On April 14 of this year, Hutukara Yanomami Association (HAY) alerted the authorities about the arrival of a group of 50 miners in the region. At the time, the National Indian Foundation (FUNAI) and the Brazilian Army acted quickly and removed dozens of invaders from the area. However, with the absence of ongoing inspections and an effective plan to protect the TIY, the miners returned to the location. Satellite images show that a mining area began to form in April 2020 and today it is approximately the size of a football field, around 10,000 m². The mining operation is only 1.8 km from the community of Korekorema, which lived without neighboring invaders until the start of 2020.

On April 9, the first death from COVID-19 among the Yanomami was recorded⁸. The 15-year-old boy lived in the community of Helepe, located along the banks of the Uraricoera River, one of the entry routes for mining in the TIY. On March 18, he was admitted to the Hospital Geral de Roraima (HGR), in Boa Vista, with respiratory symptoms, but was only diagnosed with COVID-19 on April 7, days before his death. Up to the present, there is no precise information about the location of the infection of the Ninam youth. During this period, he had contact with many people in the CASAI-Leste and in his community, where he returned, on March 25, after being released from the HGR⁹. He sought out treatment several times in hospital, all equally inadequate and unsuccessful, until he was hospitalized on April 3, already in a serious condition. In the last months of his life, the boy was malnourished, anemic and had contracted malaria repeatedly. Despite having been in the community of Helepe while he was infected, DSEI-Y tested only 5 residents out of a total of over 70 people¹⁰. His body was buried in the Campos da Saudade Cemetery, in Boa Vista, without notifying his family, disregarding not only ethics, but also the traditional funeral rituals of the Yanomami¹¹.

⁸ **Amazônia Real**. "Morre jovem Yanomami por Covid-19, em Roraima, diz Sesai". 04/09/2020.

⁹ **Amazônia Real**. "Antes de testar para coronavírus, jovem Yanomami recebeu alta de hospital público de Roraima". 04/08/2020.

¹⁰ Data obtained through Access to Information Act (LAI) updated on 10/19/2020.

¹¹ **Amazônia Real**. "Coronavírus: enterro de indígena sem ritual requer diálogo entre lideranças e o Ministério da Saúde, dizem especialistas". 04/13/2020.

* The names have been changed to protect the identity of individuals.

PALIMIU HEALTH POST

Total population (Sesai, 2018)	Confirmed COVID-19 cases
856	08
Linguistic groups	Confirmed COVID-19 deaths
Yanomami	0
Number of communities (Sesai, 2018)	Suspected COVID-19 deaths
15	02
Source: Pro-YY Network.	

The Pro-YY Network recorded two suspected deaths in the region of Palimiu in September, and according to reports from leaders of the region, two elderly women died with COVID-19 symptoms at the start of October. It is important to highlight the fact that these Yanomam women had had malaria recently, corroborating the hypothesis that this is the main comorbidity leading to death of the population of the TIY against the backdrop of the pandemic¹².

This statement from a Yanomam leader sounds the alarm on the neglect of indigenous healthcare, the exponential increase in illegal mining operations, malaria and the arrival of COVID-19 at the Palimiu Health Post:

"The miners work there in our midst and because they have the tatuzão near Palimiu, these people gave us COVID. We were fine, but now with the mining nearby, the two women died. Because of this we are very upset! The people of the mining operations fell ill there, it became an epidemic and two women are dead. This is why we are angry! 'Hey! You whites, don't work here!'; was what I told them. 'If you work here, when I call the federal police, they will break your machines and you will be very angry! So this is why you really have to leave here!'; this is what I said. They left, but others arrived and gave us COVID, then these two women died. Some young people caught it and almost died, but gradually healed using traditional medicine from the forest. My wife almost died and my son too. My father also, but because he

¹² [Amazônia Real](#). "Malária potencializa risco de morte por Covid-19 entre os Yanomami". 09/08/2020.

* The names have been changed to protect the identity of individuals.

used shamanism, he is still okay. So it is because of this we are very upset! It's not good, it is not good at all! Since the white people are there right in the middle, the helicopter spread lots of COVID. They work a lot there in the middle, where they already have a big tatuzão." X. Yanomami*, 10/02/2020, Boa Vista.

Community along the banks of the Uraricoera River in the region of Palimiu.



"THE PANDEMIC IS UNDER CONTROL": INTER-MINISTERIAL MISSION TRAVELS TO AUARIS, WAIKÁS AND SURUCUCUS

Since the arrival of the pandemic in Brazil, the federal government has at no time tried to inform the public about the real health situation that we face. With regard to the spread of COVID-19 in indigenous territories, it is no different. There has been a steady stream of biased statements from the administration and its allies, as was the case with an inter-ministerial mission to the Yanomami Territory, which took place in late June, 2020. It was no coincidence that the military delegation was accompanied by a large number of journalists. The government spared no effort or financial resources to bring a crowd of people to indigenous communities that had opted for self-isolation - extremely isolated locations where the presence of non-indigenous people, in the context of the pandemic, was not welcome, since they represented an enormous risk of infection. Besides the questionable interests of the mission, the inhabitants of the Yanomami Indigenous Territory (TIY) and its representative associations were not consulted beforehand about the entry of the delegation into its communities or its work plan, in violation of Convention 169 of the International Labor Organization (ILO), to which Brazil is a signatory.

Children play in a "recreational area" installed by the inter-ministerial mission in Auaris, in the Yanomami Indigenous Land (RR).



THE INTER-MINISTERIAL MISSION

Between June 29 and July 1, a federal government delegation visited regions of the TIY located in Roraima, organizing activities in three Health Posts of the Special District for Indigenous Health (DSEI-Y) which serves, in all, over 7,000 Yanomami and Ye'kwana in Auaris, Waikás and Surucucus. The mission was coordinated by the Ministry of Defense (MD) and Ministry of Health (MS) and by the National Indian Foundation (FUNAI), with the presence of Defense Minister, General Fernando Azevedo e Silva, and the secretary of SESAI, Reserve Col. Robson Santos Silva. Other representatives of the government were also present: 21 health professionals from the Army, Navy, and Air Force (12 doctors, three nurses and six nursing technicians) and 18 journalists from the national and international press. Food aid, PPE and medicines, such as chloroquine, azithromycin and prednisone, were also delivered.

At first glance, the operation could be interpreted as a positive response to the repeated warnings from the Yanomami and Ye'kwana people about the alarming situation of the pandemic in the TIY. However, reasons for the mission, as well as the ramifications, turned out to be quite controversial, beginning with the amount spent on the trip to the Yanomami Territory and to Raposa Serra do Sol, in eastern Roraima. Public funds on the transportation totaled R\$ 4,905,868.73¹. This amount, spent in just one week, is the equivalent of 69.7% of the amount spent by DSEI-Y on air transport through September 2020². The results of the mission, as we will see, are also questionable on various levels.

STRATEGIES TO DISGUISE THE SPREAD OF THE PANDEMIC

In articles published about the mission, the statements made by the representatives of the ministries of defense and health emphasized a

¹ Information available in Recommendation by MPF-RR no. 25/2020 (PR-RR-00023241/2020) of 10/07/2020.

² According to data from the Transparency Portal, from January to September 2020, DSEI-Y paid out R\$ 7.031.610,95, an amount expensed as "Other Services by Third Party/ Legal Entity," which includes, among other items, spending on air transport (INESC, 2020a).

supposed control of the pandemic in the regions visited by the military delegation.

"I've just arrived there. We conducted an operation with various ethnic groups. We haven't had any cases and the report from the most distant villages is only two cases. So, it is not the case that the pandemic is affecting the indigenous people." Fernando Azevedo e Silva, Minister of Defense, 07/01/2020, Folha de Boa Vista³.

"We haven't detected any positive cases of COVID-19 in the region. This is a good sign, that the work that is being done by the federal government and by all support agencies, that provide services in this region, has produced good results and has been effective in the fight against COVID-19 on indigenous lands." Robson Santos da Silva, Secretary of SESAI 07/02/2020, Portal Amazônia⁴.

Members of the delegation insisted on affirming that all of the 209 tests they carried out in Auaris, Waikás and Surucucus were negative and that, therefore, the "pandemic was under control." However, the total number of indigenous people tested by the mission corresponds to only 3% of the total population of the three regions visited and less than 1% of the indigenous population of the TIY.

Between the months of June and July, COVID-19 began to spread in the regions adjacent to mining zones. On June 25, the leaders of the community of Waichannha (Waikás), located along the banks of the Uraricoera River, sent a letter to DSEI-Y, reporting that there was a possible case of community transmission of the coronavirus⁵. A Waichannha youth was infected after contact with miners in the region and spread the disease in the Ye'kwana village. A week before the inter-ministerial mission, the Waikás Health Post had already confirmed the infection of five people with rapid tests. Forty nine cases confirmed by DSEI-Y between June and July show that at least 30% of the population of Waichannha was infected with COVID-19.

According to Ye'kwana leaders of the region, doctors participating in the military delegation quickly conducted over 100 rapid tests in the

community, without allowing the necessary time for correct calibration. The residents, who had been suffering with COVID-19 for weeks, were suspicious of the fact that all of the tests were negative, against a clear backdrop of community transmission of COVID-19.

"They arrived and immediately began performing tests at the clinic. The rapid tests were turning out negative, but did they show us? 'When it's like this, you don't have COVID.' Everyone who did the active test, everyone was negative. We began to doubt them, because they performed the tests carelessly. They did not give us masks, they did not provide any direction. And we remained together, in a crowd. Only later did they distribute masks."

Robivaldo Magalhães, resident of Waichannha, 10/05/2020.

On the last day of the mission, SESAI officially recorded 160 cases of COVID-19 and four confirmed deaths in the TIY, showing that the declarations made by the government representatives did not reflect the reality of the pandemic for the Yanomami and Ye'kwana. Immediately after the return of the delegation, the Indigenous Health District Council (Condisi), formed by indigenous advisers to exercise social control over indigenous healthcare actions and policies in the TIY, requested the opening of an investigation into the inter-ministerial mission⁶. This complaint led the Secretary of SESAI, Robson Santos da Silva, to threaten to sue the president of Condisi⁷.

"Their actions were completely unnecessary, taking pictures, posing for the media, showing that the government is doing something, but in truth they have done nothing at all! [...] They created crowds of people, disregarding the distancing of the communities. [...] So we are very concerned about this delegation, because it did absolutely nothing to help us! [...] It is a huge concern that this delegation came without consulting us, with no dialogue with the communities, the communities were very much isolated. So we became very concerned, since there was an outbreak at the Waikás Health Post, the same people went to Surucucu, where the communities are very much isolated, recently contacted, the Yanomami, no one speaks Portuguese in this community. [...] We have photos, you know? And they didn't like it much that they did rapid tests needlessly, and without following the rapid test protocol, right? They were playing games, pricking each other, to perform the tests, as far as I know, you have to wait seven days for

3 **Folha de Boa Vista**. "Ministro diz que pandemia está controlada nas terras indígenas". 07/01/2020.

4 **Portal Amazônia**. "Missão nas aldeias yanomami testa indígenas para Covid-19". 07/03/2020.

5 **Uol Notícias**. "Indígenas alertam possível foco de covid-19 nos Yanomami gerado por garimpo". 06/28/2020.

6 **Bol Notícias**. "Ministério Público investiga missão militar contra covid-19 em terras indígenas". 07/03/2020.

7 **Época**. "Secretário ameaça processar indígenas que denunciaram distribuição de cloroquina em aldeias". 07/13/2020.

the corona symptoms, you have to follow these protocols, from the health ministry itself, what's this about? [...] The main thing that we call on the federal government to do is remove the miners from the communities, they are present throughout Yanomami territory. It's no use doing a lockdown in the community [...] while the miners are here, pushing out the community, killing the Yanomami as recently happened.” Junior Hekurari Yanomami, president of Condisi, 07/07/2020, [Podcast Roteirices](#).

Just a few weeks before the mission, two Yanomami were murdered by illegal miners in the region of the Parima River, prompting the Ministry of Defense to issue a statement minimizing the tension that exists as a result of the illegal mining invasion of the TIY. In view of these declarations, Hutukara Yanomami Association (HAY) published a note repudiating the situation, demanding measures from the minister for the immediate removal of the miners, as the primary measure to contain the pandemic in the territory:

“Saying that the COVID-19 situation is under control is a lie. To the contrary, it is expanding considerably. [...] The Minister of Defense is responsible for stopping the illegal invasion of miners in Yanomami Indigenous Territory, since the Army must act jointly with other government agencies in inspection operations. We know this and for this reason we sent an official letter to your office requesting that measures be taken to curb mining activities. This is not only the responsibility of the Ministry of Justice, as Sr. Fernando de Azevedo said to journalists after the trip⁸. The coming and going of miners continues to occur without any control or inspection, which makes it impossible to control their dispersion as vectors of infection within the TIY.” Note from HAY, 07/02/2020.

VIOLATION OF THE RIGHTS TO PRIOR CONSENT

Another serious concern with the mission was the absence of free, prior and informed consent of the leaders and representative associations of the Yanomami and Ye'kwana communities visited. In addition to ignoring that right, it interfered with the decision many communities had taken to isolate themselves, violating social distancing rules and exposing indigenous people to the presence of dozens of journalists who took their photographs without their authorization.

⁸ In a report produced for the news outlet France 2 during the inter-ministerial mission, the Minister of Defense was questioned about what the government was doing to fight illegal mining and he said to the journalists: “It is not a problem of the Ministry of Defense.”

In 2004, Brazil ratified [ILO Convention 169](#), which recognizes the obligations of the state to protect the rights of indigenous peoples, including prior consultation on any act that may affect their lives. The Yanomami and Ye'kwana understand this right very well: last year, they published and delivered to eight federal agencies, including the ministries of health and defense and FUNAI, their own [Consultation Protocol](#), in which they describe the legitimate instances of decision-making and how they should be consulted by the Brazilian government⁹.

Both [Administrative Rule 419/PRES](#) and [Law 14.021/2020](#), of this year, established measures to prevent infection and propagation of COVID-19 on indigenous lands, determining, for example, that the access of non-indigenous people into territories that are home to isolated and recently contacted peoples must be restricted to the minimum necessary to prevent the spread of the pandemic, authorizing access only in the case of imminent risk and only on an exceptional basis. The mission ignored the determinations of these norms, resulting in the exaggerated presence of persons not providing healthcare and inappropriate crowding exposing indigenous people, who are more vulnerable epidemiologically, to the unnecessary risk of infection.

After the unwanted visit, leaders of the region of Surucucus manifested their opposition to not having been consulted about the mission and for having been summoned to appear at the 4th Special Border Platoon (PEF) without explanation, and denounced the disregard of their rights by the representatives of the federal government¹⁰.

“I am an advisor and leader. I am concerned here. The unknown people that came yesterday left the disease [COVID-19.] You all called on my Yanomami for no reason, without warning. So you joined with the soldiers and those from FUNAI, what were you officials from FUNAI thinking? You people from FUNAI acted in ignorance! I don't want you to come here without a reason, I won't stand for it! If you come without warning, if you appear without warning, I will become upset with you! I am a leader here! You did not consult me. Since you have appeared here without warning, I am sending these words to you! So don't do this anymore! Don't do this under any circumstances! These photographs, I don't want this!” Roberto Yanomami, leader of Surucucus, 02/07/2020, Hwenama social networks.

⁹ ISA: “Yanomami e Ye'kwana entregam ao governo plano de gestão para garantir seu bem-viver”. 07/30/2020.

¹⁰ [Apublica](#) “Liderança Yanomami critica operação do Exército em Roraima”. 07/06/2020.



Yanomami communal house in the region of Surucucus.

In addition to the potential for exposure to COVID-19 by forcing them to interrupt their isolation, the indigenous people were also exposed to another act of violence: the taking of pictures without their consent. The delegation, at no time, obtained authorization for the recording and use of images of the individuals photographed nor of the Yanomami and Ye'kwana communities. [FUNAI Administrative Rule 177/PRES](#) (2006) is explicit in its protection of their tangible and intangible property regarding their images, artistic and cultural creations and the obligation to obtain their consent. In addition, the right to your own image is a fundamental and personal right, which indigenous people enjoy on par with other Brazilian citizens. The photographs taken of the Yanomami and Ye'kwana also infringe on principles that are important to them, since from their perspective an image captures part of the vitality of the person portrayed.

"I was angry! FUNAI and other people did not consult us, they appeared here without warning. Everyone took pictures of our children. So this is why I became upset with you, I am angry! FUNAI did not consult us, these other people did not consult us, the association did not consult us. So, you people from Brasília, don't come back here! You, people from afar, you don't know anything about us! You came without reason and made our children suffer,

you capture their images and this is why you shall not return here, you people from Brasília!" Paraná Yanomami, leader of Surucucus, 02/07/2020, Hwenama social networks.

Nor were any clarifications made about the unauthorized distribution and sale of media files (photographs and videos) of Yanomami and Ye'kwana people recorded by press professionals during the inter-ministerial visit. In an interview¹¹, the photographer for the Spanish agency EFE admitted to hiding behind a tree to photograph a Yanomami woman who preferred to maintain her distance from the delegation, but was captured by a telescopic lens. Various images of Yanomami children and women recorded during the mission circulate on the internet and many are being sold¹².

CROWDS, BEAUTY SALONS AND PLAYGROUNDS

The activities of the mission also showed elements of discrimination and racism. In the Special Border Platoons (PEFs) of Surucucus and Auaris, they installed recreation areas for children and beauty salons for women. In these spaces, in addition to ignoring the need for social distancing in light of the pandemic, their attempt at providing a "social initiative" treated indigenous women and children as objects to be painted, dressed and made-up. Photographs published on social networks of some of the participants and published in reports¹³ show crowds without masks and without any critical supervision from the 1st Jungle Infantry Brigade. In Auaris, indigenous leaders report an exaggerated effort in attracting indigenous people to the 5th PEF, with the offer of juice, sandwiches and lunch for those who came, especially children, enticed by the Platoon's objects.

"So what happened? Many people came, there were some 60 people! And then the airplane arrived, the helicopter arrived, the caravan arrived. A big commotion. This caught the attention of the people. Many people ended up going there, out of curiosity, to see that monthly food package arriving. And the sergeant there calling everyone. 'The food's arrived!' So they begin to arrive, they were arriving and entering the barracks! And we, the leaders,

¹¹ [Estado de Minas](#). "A história por trás da foto da Yanomami que viralizou". 07/15/2020.

¹² Some of the images of the Yanomami taken in this mission are being sold by [Gettyimages](#) (updated: 10/27/2020).

¹³ [Uol Notícias](#). "Mulheres de militares maquiagem, dão roupas e causam aglomeração de ianomâmis". 07/17/2020; [Isto é](#). "Genocídio indígena". 07/24/2020.

there in the health clinic wearing caps, masks, gloves. 'There will be juice', 'there will be a playground', 'there will be manicures', and whatever else. They had sent the caravan the day before to assemble the play equipment and tell everyone that there would be cookies, juice for everyone! A trampoline and toys, slides, balls, everything for kids. It really enticed them when they said: 'There will be juice here! Come on, come on in! There will be cookies for the children, there will be sandwiches!' And the way we had planned it, the leaders would deliver the document and we would not catch anything. We didn't eat anything. We just watched. There was a beauty salon! The military women assembled a place for makeup, haircuts, manicures!" Maurício Ye'kwana, director of HAY, 07/15/2020.

DISTRIBUTION OF CHLOROQUINE

The inter-ministerial visit produced another serious episode: the distribution of 16,000 tablets of chloroquine (150 mg) to health posts and over 33,000 tablets to the DSEI-Y. All the objections, especially from the scientific community, about the risks of using chloroquine for the treatment of COVID-19 and the political dispute in favor of its use by the Bolsonaro administration was already contentious by June 29 - July 1, when the visit took place. Nevertheless, the delegation distributed chloroquine on a mission whose objective was to "prevent cases of coronavirus among the indigenous people, in addition to bringing teams and individual protection items," according to the official statement by the Minister of Defense. The distribution of chloroquine in the TIY elicited surprise and indignation from indigenous leaders.

"Chloroquine is very dangerous, remain alert and get informed. What works in the fight against COVID-19 is to remain in the community, remain distant from people that arrive from the city. Masks, handwashing and removing invaders from indigenous lands also work. This is what the administration doesn't do and doesn't say, this is why we have to say #ForaCloroquina (Chloroquine Out) #ForaGarimpoForaCOVID (Miners Out, COVID Out)" Maurício Ye'kwana, director of HAY, 07/29/2020, Twitter.

After the negative repercussions of the mission, the Ministry of Health was questioned about the distribution of chloroquine in the TIY. On July 3, in a [press note](#), SESAI declared that the drug would be used to treat malaria.

Contradicting the note from SESAI, a report¹⁴ published declarations from the coordinator of the DSEI-Leste of Roraima extracted from the minutes of a meeting held by the Federal Prosecutor's Office in Roraima (MPF-RR), on July 2. The coordinator stated that the chloroquine brought by the government on the Yanomami and Raposa Serra do Sol trips was part of a kit for the treatment of COVID-19.

On July 2, the MPF-RR opened an investigation into the various complaints about the inter-ministerial visit by FUNAI, SESAI and the Ministry of Defense in the fight against the COVID-19 pandemic in the indigenous lands of Roraima, particularly the distribution of chloroquine to indigenous communities; the entry into the territories without the prior consent of its peoples, disregarding their decision to isolate themselves; the violation of social distancing rules; the exaggerated presence of media outlets and the efficiency of the operation with huge expenditures of public resources. On October 10, the MPF-RR recommended a series of measures¹⁵ to the Ministries of Defense and Health and FUNAI to be followed in future expeditions and operations on indigenous lands during the pandemic¹⁶.

¹⁴ O Globo. "Documento contradiz governo e indica distribuição de cloroquina em terras indígenas para combate à Covid-19". 07/07/2020.

¹⁵ See recommendation by MPF-RR [nº25/2020](#).

¹⁶ A second interministerial mission was conducted in the TIY at the end of October, but, as of the completion of this report, no information about this operation was available.

"WHEN IT WAS JUST US, WE DIDN'T GET SICK LIKE THIS" KAYANAU

Total population (Sesai, 2018)	Confirmed COVID-19 cases
306	29
Linguistic groups	Confirmed COVID-19 deaths
Yanomam	0
	Suspected COVID-19 deaths
	01

Source: Pro-YY Network. Most recent update: epidemiological week 43 (10/18/2020 – 10/24/2020).

The region of the Kayanau River, where the Couto Magalhães (*Herou*) River and Mucajá River meet, has been home to a splinter group from the region of Papiu since the end of the 1990s. The history of the Yanomami of Kayanau is intertwined with the history of mining: the existence of invaders in this region has been almost constant over the years that they have lived there.

According to reports from residents, the presence of miners in the region was, for a long time, difficult to perceive and only rumored about. The few invaders were timid and stealthy, maintaining a certain distance from the communities. Around 1987, mining began to seriously impact the valley of the Couto Magalhães River, more specifically Papiu, a region adjacent to Kayanau. In a short period of time, the region became a real mining town with bars, brothels and air transport companies operating along the runway, occupied by the invaders (Machado, 2015).

It is estimated that, in 1990, around 15,000 miners roamed the region, from where small trails in the forest led to various extraction points for gold (Albert, 1991). Only after the ratification of the Yanomami Indigenous Territory (TIY), in 1992, were the miners removed. Mining activities cooled off and gave way to the presence of permanent healthcare services dedicated to the Yanomami (Nilsson, 2018). This situation has changed dramatically over the past three years¹ and taken on huge proportions, attracting attention in 2020 for the complete loss of control over the presence of invaders.

¹ According to a [document from MPF-RR](#), FUNAI estimated, in May 2019, the presence of 7,000 miners in the area of the "Demarcação" Ethno-environmental Protection Base (BAPE), alone, on the Mucajá River.



Woman from Papiu painting her face.

MINING INVASIONS IN THE REGION OF KAYANAU

With the current political scenario, the weakening of inspection activities in the region² and the rising price of gold, miners appear less afraid despite the illegality of their activities in the TIY. The mining operations are assuming similar proportions to the peak of the gold rush at the end of the 1980s, when 40,000 miners invaded the territory.

Occupying the entire channel of the Couto Magalhães River, the invasion of Kayanau is experiencing a revival, getting closer to indigenous communities, while enticing young people and local leaders. Data from the Deforestation Radar Information System of the Instituto Socioambiental (SIRAD-YY/ISA) shows, from January to September 2020, an increase of 27% in the areas degraded by illegal mining in the region of Kayanau. During this period, the region presented one of the largest surges in absolute terms, with an increase of over 100 hectares degraded.

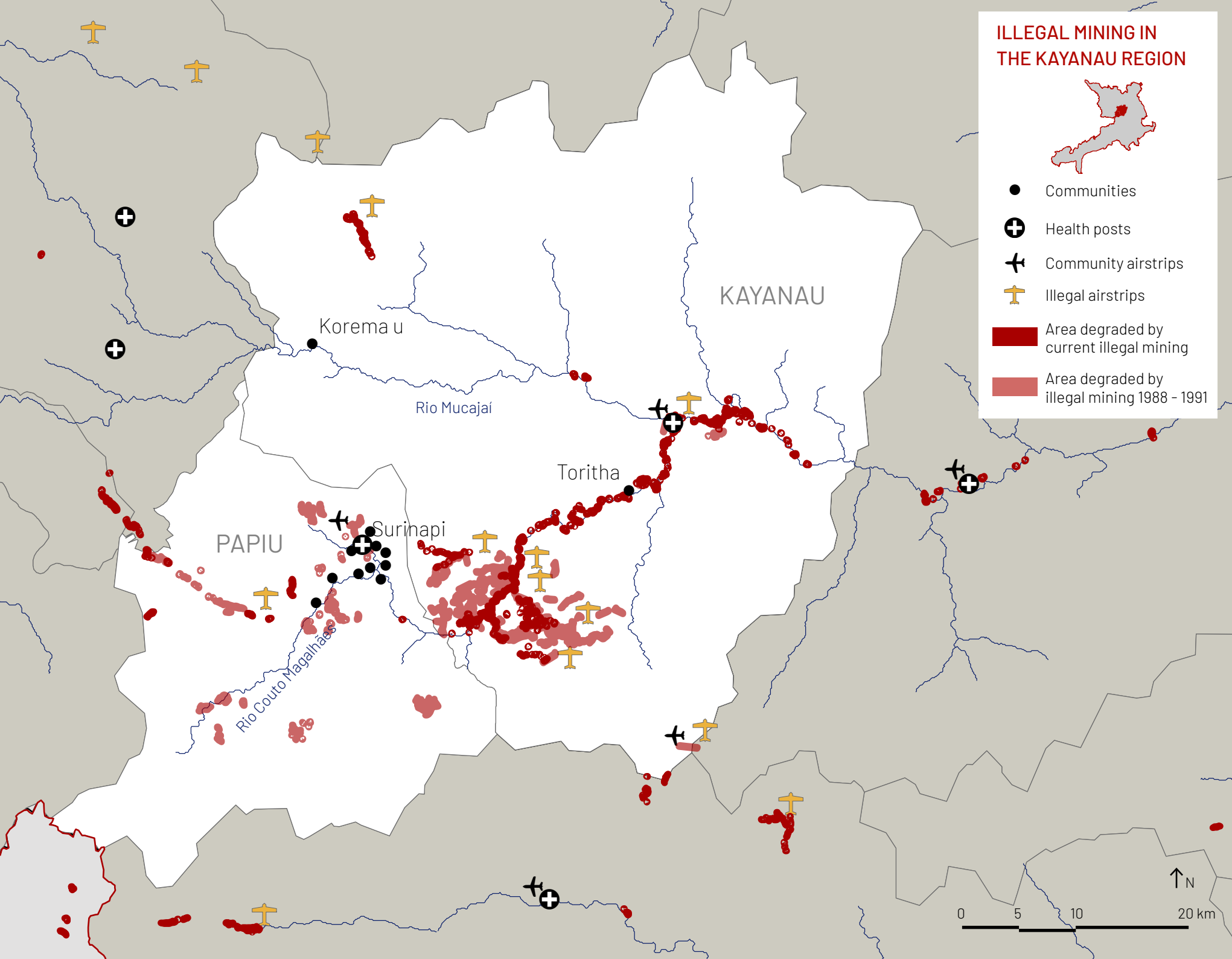
The invaders act brazenly right in face of the community and use the region's main official runway, next to the health clinic, to load and unload their supplies. This scenario, unimaginable just a few years ago, has had serious consequences for the local Yanomami population. In 2020, besides diseases such as malaria and the serious social problems that always accompany mining on indigenous land, the miners also brought COVID-19.

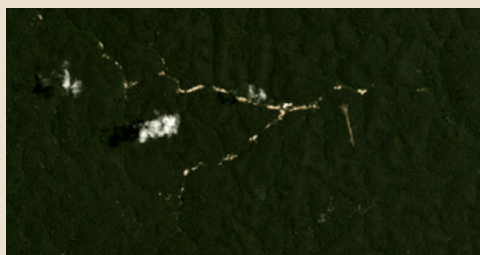
² The last action in the region was carried out in October 2019 by FUNAI with support from other agencies. One of the objectives of *Operação Walopali/Curare XI* was to reactivate the Protection Base on the Mucajá River. Today, it is the only FUNAI BAPE reactivated in the TIY.

ILLEGAL MINING IN THE KAYANAU REGION



- Communities
- ⊕ Health posts
- ✈ Community airstrips
- ✈ Illegal airstrips
- Area degraded by current illegal mining
- Area degraded by illegal mining 1988 - 1991





January 2020

September 2020

Environmental degradation caused by illegal mining in the region of Kayanau (Planet/MapBiomas, 2020).

"The mining planes are always landing, they are landing! They land until 5 pm. And the Yanomami, in turn, always run to the health clinic when a plane lands, everyone gathers together there. Quickly other people move the empty canisters near the hole [mining hole]. Then, once again, another airplane lands! The people begin to unload the gasoline and go inside the underbelly of the plane to remove the canisters of gasoline. The miners do not cover their mouths under any circumstances [they don't use masks], and despite knowing that their insides are sick, why don't people cover their mouths, so, this disease [COVID] arrived in force in Kayanau. The people of Kayanau had already heard of this, but they did not listen. In the place where they carried the miners' cargo, they got infected by COVID, since they always carry the miners' supplies. Where the boats [of the miners] are docked, after unloading them, they move the cargo, they move the canisters of gasoline. For this reason, when they finish moving supplies, they receive money! Money! They receive 500 reais. Another time, they pay 400, another plane lands and it's another 500, so they do this, it is payment for the use of the landing strip, 400, 500. This is how they do it." Kriri Yanomami*, July 2020.

With the constant presence of miners in locations frequented by indigenous people, COVID-19 soon spread in Kayanau.

* The names have been changed to protect the identity of individuals.

"And this is how they contaminated their own homes. Where will we go to hide in Kayanau? They contaminated their own homes. We who live upstream, still have no sick people, there where my mother lives, where we were hiding, the people went there to alleviate their hunger. The people were coughing, they already had this disease. A woman arrived at our house coughing, but we didn't think she had COVID, we thought it was just a cough. So we were infected. Then all of us got sick and my sister disappeared. She died." Thuëyoma Yanomami*, July 2020.

On June 20 of this year, a woman from the Kayanau region was taken quickly to the city with her two children. The children were having great difficulty breathing and were sent to the Children's Hospital in Boa Vista, where they were diagnosed with COVID-19. The girl, who is only 5 years old, had her lungs affected and spent a number of days in the intensive care unit. The boy, 13, recovered more quickly and was sent to the Yanomami Indigenous Health Center (CASAÍ-Y). After three days in the hospital, the mother of the two children received news of the death of her 14-year-old sister. The young girl was very weak and had difficulty breathing, and despite the pleas of the family, she was not taken for medical care in Boa Vista and died.

"My mother said this to an employee at SESAI: 'Awei! Send my daughter! Send my daughter! She is very weak! There is no saline solution here and my daughter is very weak, send her quickly for evacuation!' But he did not take my sister and she died." Thuëyoma Yanomami*, July 2020.

Kayanau health post at the end of the landing strip. The entire landscape is degraded by mining.



Without tests for COVID-19 at the health clinic of Kayanau, the death of this adolescent was not recorded in the statistics kept by SESAI as a confirmed death from COVID-19, despite having presented clear symptoms of the new coronavirus and one of her two nephews, with whom she had contact before being removed, having tested positive for the disease. The body of the girl was lifted onto a pyre in the forest so it could be cremated and her ashes kept in gourds to be used in funeral festivals (*reahu*), as her sister explained to the Pro-Yanomami and Ye'kwana Network (Pro-YY Network):

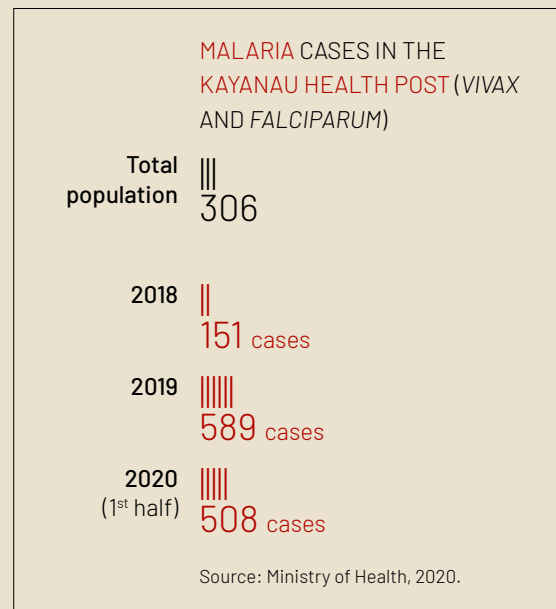
"These were the traces of COVID... This is truly what happened. Now I am thinking correctly. Today the body of my younger sister, with this disease, is suspended. I thought at the beginning that she only had malaria. But then the traces of COVID appeared, destroyer of hearts, destroyer of lungs. At first, I thought it was only malaria. After going with my unconscious daughter to the place where they check the lungs [x-ray], when they examined her chest, it was then that I understood. It was the trace of this disease. Today, I am seeing clearly. 'Ah, those were symptoms of COVID', I thought." Thuëyoma Yanomami*, July 2020..

According to data from SESAI/Ministry of Health³, DSEI-Y conducted, for the entire region, 35 rapid tests for COVID-19, 29 of which turned out positive. If the number of positive cases represents around 10% of the population, it would not be an exaggeration to say that all the Yanomami of the region had been exposed to the virus and may have been infected.

All these reports reveal the situation that the population of Kayanau has experienced and the inefficiency of the public agencies in the fight against illegal mining, responsible for the increase in malaria and the arrival of COVID-19 in the region. The case of the young person who died is emblematic, since in addition to being infected by the new coronavirus, she also had malaria. This is but one of many other cases in which malaria emerged as an aggravating factor, whether for people who were hospitalized or for those who died as a result of the new coronavirus.

In the region of Kayanau, as in the entire TIY, there has been an exponential increase of cases of malaria. In 2019, an average of approximately 50 cases per month were seen, out of a population of 306 people. This means that the entire population could have been infected up to twice in the span of a year. In just the first half of 2020, the average rose to 84 cases per month, almost the entire number for 2019, indicating that, during this period, practically all the Yanomami of Kayanau contracted the disease at least

once. The relationship between the increase in malaria with the increase in mining is irrefutable. At the start of the millennium, malaria was practically eradicated in the TIY, and is now completely out of control⁴. The experience of the 1980s and 1990s taught us that the mining invasion maximized its spread, in addition to bringing other infirmities, such as sexually transmitted diseases and now COVID-19.



The Yanomami of Kayanau are exposed to many types of violence due to the presence of mining in their community. One of its effects is the visible violation of the right to health, which affects them in two ways. The first, because the miners are vectors of numerous diseases as mentioned. The second, because they take advantage of a corrupt scheme to divert medicines from the health post, whose scarce supplies should be set aside exclusively for indigenous people. The following statement reveals another face of the barbarity experienced by the inhabitants of Kayanau:

"Those who care for our health, who give us medicine for malaria, medicine for headaches, medicine for fever, medicine for nausea, vaccines... So

³ Data obtained through Access to Information Act (LAI) updated on 10/19/2020.

⁴ To learn more, see "An overview of COVID-19 in the Yanomami Indigenous Territory" in this report, p.07.

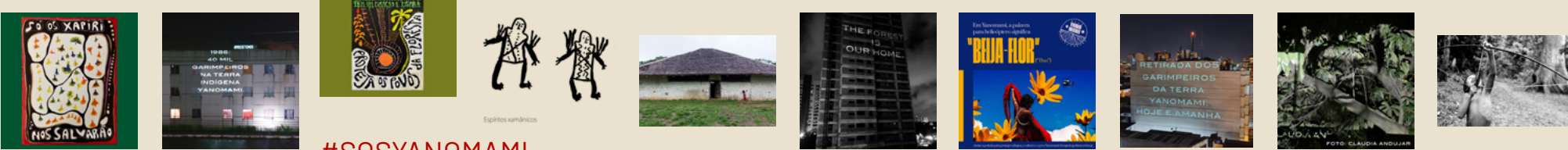
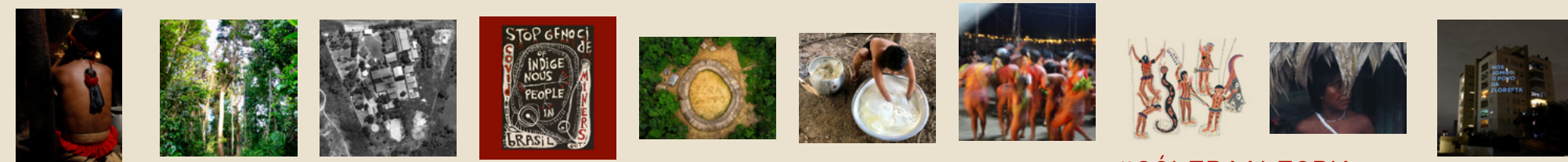
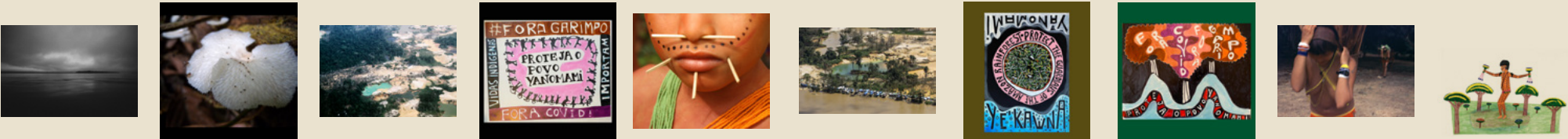
that the health employee distributes these medicines to the miners and now we are suffering greatly! He hides the medicines from us, because he wants gold [from the miners]. He hides the tablets and says that there are no more. He tells this big lie! But when the miners appear at the health clinic the medicine appears! Then he trades 5 tablets for 5 grams [of gold]. Then comes another, he gives him two medicines and receives two grams [of gold]. This is what he does and then our medicines run out quickly! The saline solution, he also hides it. He hides it until a sick miner appears, then he gives him saline solution. When we arrive there sick, he does not care for us, he does not cure us. [...] It is very clear that he is not there to cure us. [...] He is thirsty for gold! He hides the medicines, does not give us saline solution, he also hides the medicines for malaria. He lies, saying that he has no medicine for malaria, but when the sick miners appear, the medicines appear!” Kriri Yanomami*, July 2020.

As the miners start to feel more comfortable and untouchable about the crimes that they commit, they also take advantage of the permanent government facilities inside the TIY. In this manner, the Yanomami are left on their own, falling ill and seeing their forest fall ill with them.

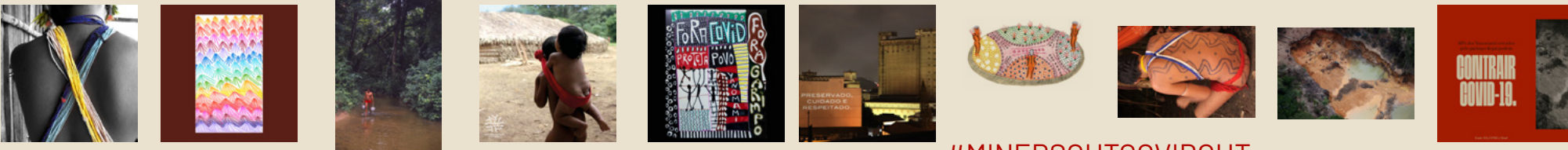
“This disease is strong, very powerful in Kayanau, because the miners always land their airplanes here. They were the ones who brought this strong disease to Kayanau. It was after they brought COVID that this horrible thing happened to my sister. This is what happened. When it was just us, we didn't get sick like this. Today, it has spread everywhere and we are all deteriorating. Inside, we are not well. We are all ill. Our forest is sick. This is the trail of devastation left by the miners, because many planes land here. When an airplane arrives, many people disembark and because many planes land, today this disease is here! This strong disease! Now I am thinking correctly.” Thuëyoma Yanomami*, July 2020.



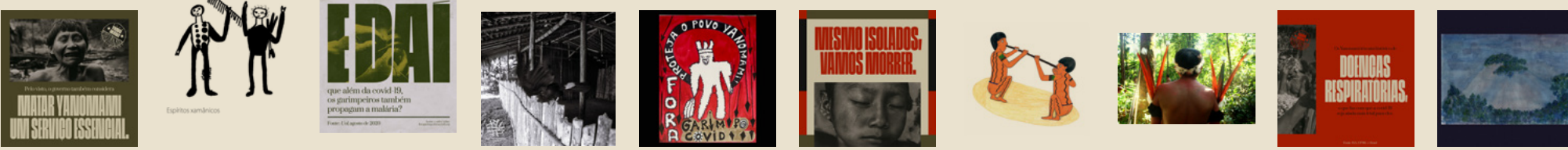
Mining invasion in Kayanau, May 2020.



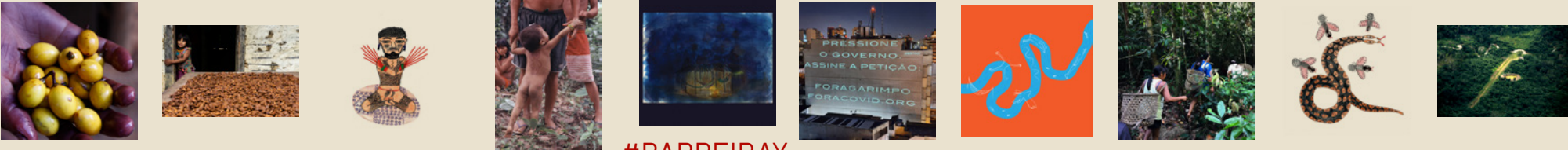
#SOSYANOMAMI



#MINERSOUTCOVIDOUT



#YANOMAMICHILDREN



#BARREIRAY



ABBREVIATIONS

6CCR/MPF	Sexta Câmara de Coordenação e Revisão do Ministério Público / Sixth Chamber for Coordination and Revision, Federal Prosecutor's Office	EACDH OHCHR	Escritório do Alto Comissário das Nações Unidas para os Direitos Humanos / Office of the United Nations High Commissioner on Human Rights
Abraji ABRAJI	Associação Brasileira de Jornalismo Investigativo / Brazilian Association for Investigative Journalism	EMSI	Equipe Multidisciplinar de Saúde Indígena / Multi-Disciplinary Indigenous Health Team
ACP	Ação Civil Pública / Public Civil Action	EPI PPE	Equipamento de Proteção Individual / Personal Protective Equipment
ADPF	Ação de Descumprimento de Preceito Fundamental / Claim of Non-compliance with Fundamental Principles	Fiocruz	Fundação Oswaldo Cruz / Oswaldo Cruz Foundation for Public Health
AFP	Agence France-Presse	FOIRN	Federação das Organizações Indígenas do Rio Negro / Federation of Indigenous Organizations of the Rio Negro
AGU	Advocacia Geral da União / Office of the Attorney General	FUNAI	Fundação Nacional do Índio / National Indian Foundation
AIS	Agente Indígena de Saúde / Indigenous Healthcare Agent	HAY	Hutukara Associação Yanomami / Hutukara Yanomami Association
AISAN	Agente Indígena de Saneamento / Indigenous Sanitation Agent	HGR	Hospital Geral de Roraima / General Hospital of Roraima State
AKY	Associação Kurikama Yanomami / Kurikama Yanomami Association	IBAMA	Instituto Brasileiro do Meio Ambiente e dos Recursos Naturais Renováveis / Brazilian Institute for the Environment and Renewable Natural Resources
AM	Amazonas / Amazonas state	ICMBio	Instituto Chico Mendes de Conservação da Biodiversidade / Chico Mendes Institute for Conservation of Biodiversity
APIB	Articulação dos Povos Indígenas do Brasil / Coalition of Indigenous Peoples of Brazil	INA	Indigenistas Associados / Indigenists Association (an association of current and former FUNAI employees)
APS	Atenção Primária à Saúde / Primary Healthcare	INESC	Instituto de Estudos Socioeconômicos / Institute for Socioeconomic Studies
BAPE	Base de Proteção Etnoambiental / FUNAI Ethno-Environmental Protection Base	INPE	Instituto Nacional de Pesquisas Espaciais / National Institute for Space Research
CASAI	Casa de Saúde Indígena / Indigenous Health Center	ISA	Instituto Socioambiental
CASAI-Y	Casa de Saúde Indígena - Yanomami / Yanomami Indigenous Health Center	MD	Ministério da Defesa / Ministry of Defence
CCPY	Comissão Pró-Yanomami / Pro-Yanomami Commission	MEC	Ministério da Educação / Ministry of Education
CGIIRC	Coordenação Geral de Índios Isolados e de Recente Contato / General Coordination Office for Isolated and Recently Contacted Indigenous Peoples	MJ	Ministério da Justiça / Ministry of Justice
CIDH IACHR	Comissão Interamericana de Direitos Humanos / Inter-American Commission on Human Rights	MMA	Ministério do Meio Ambiente / Ministry of the Environment
CIMI	Conselho Indigenista Missionário / Indigenist Missionary Council	MMFDH	Ministério da Mulher, da Família e dos Direitos Humanos / Ministry of Women, Family and Human Rights
CIR	Conselho Indígena de Roraima / Indigenous Council of Roraima	MPF	Ministério Público Federal / Federal Prosecutor's Office
CNDH	Comissão Nacional de Direitos Humanos / National Commission on Human Rights	MPF-AM	Ministério Público Federal do Amazonas / Federal Prosecutor's Office, Amazonas State
CNS	Conselho Nacional de Saúde / National Health Council	MPF-RR	Ministério Público Federal de Roraima / Federal Prosecutor's Office, Roraima State
CSR-UFMG	Centro de Sensoriamento Remoto da Universidade Federal de Minas Gerais / Remote Sensing Center, Federal University of Minas Gerais	MS	Ministério da Saúde / Ministry of Health
Condisi	Conselho Distrital de Saúde Indígena / District Council for Indigenous Health	OEA OAS	Organização dos Estados Americanos / Organization of American States
DASI	Departamento de Atenção à Saúde Indígena / Indigenous Health Department	OIT ILO	Organização Internacional do Trabalho / International Labour Organization
DSEI	Distrito Sanitário Especial Indígena / Special District for Indigenous Health	OMS WHO	Organização Mundial de Saúde / World Health Organization
DSEI-Leste	Distrito Sanitário Especial Indígena - Leste de Roraima / Special District for Indigenous Health - Eastern Roraima	ONU UN	Organização das Nações Unidas / United Nations
DSEI-Y	Distrito Sanitário Especial Indígena - Yanomami / Special District for Indigenous Health - Yanomami Territory		

PC	Plano de Contingência / Contingency Plan
PDSI	Plano Distrital de Saúde Indígena / District Indigenous Health PLan
PEF	Pelotão Especial de Fronteira / Special Frontier Platoon
PF	Polícia Federal / Federal Police
PRF	Polícia Rodoviária Federal / Federal Highway Police
PL	Projeto de Lei / Draft Bill
PMD	Programa Mineração e Desenvolvimento / Program for Mining and Development
PNASPI	Política Nacional de Atenção à Saúde dos Povos Indígenas / National Policy for Indigenous Healthcare
RAISG	Rede Amazônica de Informação Socioambiental Georreferenciada / Amazon Geo-Referenced Socio-Environmental Information Network
Rede Pró-YY Pro-YY Network	Rede Pró-Yanomami e Ye'kwana / Pro Yanomami and Ye'kwana Network
RR	Roraima
RT-PCR	Reverse Transcriptase Polymerase Chain Reaction
SARS/MERS	Síndrome Respiratória Aguda / / Severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS)
SASI	Subsistema de Atenção à Saúde Indígena / Indigenous Healthcare Subsystem
SBMFC	Sociedade Brasileira de Medicina de Família e Comunidade / Brazilian Society for Family and Community Medicine
SESAI	Secretaria Especial de Saúde Indígena / Special Secretariat for Indigenous Health
SESAU	Secretaria de Estado da Saúde de Roraima / Health Secretariat of the State of Roraima
SIRAD-Y	Sistema Indicação Radar de Desmatamento-Yanomami / Deforestation Radar Information System - Yanomami Territory
SIRN	Santa Isabel do Rio Negro
SP	São Paulo
STF	Supremo Tribunal Federal / Federal Supreme Court
SUS	Sistema Único de Saúde / (Brazil's) Public Health System
TCU	Tribunal de Contas da União / Federal Court of Accounts
TI	Terra Indígena / Indigenous Territory
TIY	Terra Indígena Yanomami / Yanomami Indigenous Territory
TRF	Tribunal Regional Federal / Regional Federal Court
UAPI	Unidade de Atendimento Primário Indígena / Primary Indigenous Healthcare Unit
UBSI	Unidade Básica de Saúde Indígena / Basic Indigenous Healthcare Unit
UFMG	Universidade Federal de Minas Gerais / Federal University of Minas Gerais
Unifesp	Universidade Federal de São Paulo / Federal University of São Paulo

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IMAGE CREDITS

Acervo SEDUUME: 2017, p. 63 (right) e p. 64

Agência Saúde: 2020, p. 50 (right)

Alexandre Manfrim: 2020, p. 45 (left)

Alfredo Himotona Yanomama/PDYP: 2011, p. 48 e p. 60

Ana Maria Machado/ISA: 2010, p. 67; 2011, p. 40 e p. 95

Ana Maria Machado com intervenção de Gisela Motta: 2010/2020, p. 58; 2011/2020, p. 52 (left)

Beto Ricardo/ISA: 2011, p. 69 (left)

Barreira Y.: 2020, p. 42 (left)

Carlo Zacchini: 1993, p. 49 (right)

Chico Batata/Greenpeace: 2020, p. 37, p. 41 (left), p. 53, p. 97 e p. 99

Cólera Alegria: 2020, p. 35 (bottom right), p. 41 (left) e p. 46 (right)

Daniel Jabra: 2016, p. 79; 2017, p. 55 (right); 2019, p. 80 e p. 78; 2020, p. 56 (right) e p. 57 (left)

Emily Costa/Amazônia Real: 2020, p. 36, p. 49 (left) e p. 71

Genivaldo Kreputa Yanomama/PDYP: 2010, p. 57 (right)

Google Earth: 2020, p. 74

Guilherme Gnipper/FUNAI: 2013, p. 33 (left)

Helder Perri Ferreira: 2017, p. 54

Louise Botkay: 2017, p. 38

Lucas Lima/ISA: 2018, p. 07 e p. 62; 2017, p. 43 (left), p. 59 e p. 93

Majoi Gongora: 2016, p. 69 (right)

Marília Garcia Senlle/ISA: 2019, p. 83

Mavi Morais/ISA: 2020, p. 55 (left)

Moreno Saraiva Martins/ISA: 2010, p. 44 e p. 72; 2012, p. 39 e p. 51; 2017, p. 63 (left); 2019, p. 50 (left) e p. 86

Moreno Saraiva Martins/ISA, com intervenção de Gisela Motta: 2012/2020, p. 43 (right)

Natalino Awaajisha João Rocha: 2020, p. 90

Pieter Van Eecke/Clin d'oeil films: 2020, p. 26, p. 33 (right) e p. 34 (left)

Planet/MapBiomas: 2020, p. 85 e p. 97

Rogério Assis/ISA: 2018, p. 53, p. 61 e p. 89

Sílvia Guimarães: 2018, p. 70

Victor Moriyama/ISA: 2019, p. 06, p. 32, p. 35 (right), p. 42 (right), p. 45 (right) e p. 52 (right)

X. Yanomami: 2020, p. 73 e p. 76

X. Ye'kwana: 2020, p. 34 (right) e p. 35 (left)

P. 100: Alfredo Himotona Yanomama, Ana Maria Machado/ISA, Barreira Y., Chico Batata/Greenpeace, Cólera Alegria, Daniel Jabra, Dário Vitorio Kopenawa Yanomami et al., Gisela Motta, Google Earth, Helder Perri Ferreira, Isabella Beneduci, Joseca Mokahesi Yanomami, Louise Botkay, Marília Garcia Senlle/ISA, Maryelle Morais, Mavi Morais/ISA, Moreno Saraiva Martins/ISA, Rogério Assis/ISA, Teresa Gonçalves Calheiros, Thámirez Lutaif e Victor Moriyama/ISA.



Dados Internacionais de Catalogação na Publicação (CIP)
(Câmara Brasileira do Livro, SP, Brasil)

Xawara [livro eletrônico] : tracing the deadly path of Covid-19 and government negligence in the Yanomami Territory / [tradução Glenn Johnston]. — 1. ed. — São Paulo : ISA - Instituto Socioambiental, 2020.

PDF

Titulo original: Xawara : rastros da Covid-19 na Terra Indígena Yanomami e a omissão do Estado

Vários organizadores

ISBN 978-65-88037-05-8

1. Amazônia 2. Coronavírus (COVID-19) - Epidemiologia 3. Coronavírus (COVID-19) - Obras de divulgação 4. Coronavírus (COVID-19) - Prevenção 5. Índios - América do Sul - Brasil 6. Índios da América do Sul - Doenças - Brasil 7. Índios Yanomami 8. Índios Ye'kwana 9. Povos indígenas

20-49287

CDD-362.84981

Índices para catálogo sistemático:

1. Povos indígenas : Coronavírus : COVID-19 : Prevenção : Problemas sociais 362.84981

Maria Alice Ferreira - Bibliotecária - CRB-8/7964

CREDITS

Xawara: tracing the deadly path of Covid-19 and government negligence in the Yanomami Territory

Yanomami and Ye'kwana Leadership Forum and the Pro-Yanomami and Ye'kwana Network, November 2020.

A report on the COVID-19 pandemic in the Yanomami Indigenous Territory from March to October 2020.

The **Yanomami e Ye'kwana Leadership Forum** is the main decision-making body in the Yanomami Territory, and is formed of the Hutukara Yanomami Association (HAY), Wanasseduume Ye'kwana Association (SEDUUME), Kumirayoma Yanomami Women's Association (AMYK), Texoli Ninam Association of the State of Roraima (TANER), Yanomami Association of the Rio Cauaburis and Tributaries (AYRCA), Kurikama Yanomami Association (AKY), and the Hwenama Yanomami Peoples Association of Roraima (HAPYR). In June 2020, the Forum launched the #MinersOutCovidOut campaign to inform the world about the risks that a massive invasion of miners and the COVID-19 pandemic are bringing to their territory.

Visit the #MinersOutCovidOut campaign website: www.minersoutcovidout.org

The #MinersOutCovidOut campaign is supported by:

Coalition of Indigenous Peoples of Brazil (APIB)
Coordinating Body of Indigenous Organizations of the Brazilian Amazon (COIAB)
Instituto Socioambiental (ISA)
Survival International
Greenpeace Brazil
Conectas Human Rights
Amnesty International Brazil
Amazon Cooperation Network (RCA)
Igarapé Institute
Rainforest Foundation Norway
Rainforest Foundation US
Amazon Watch

The **Pro-Yanomami and Ye'kwana Network** works to guarantee the territorial, cultural, and political rights of the peoples of the Yanomami Indigenous Territory. Formed in April 2020, the Network is composed of more than 50 researchers and other supporters of the Yanomami and Ye'kwana peoples, including anthropologists, linguists, lawyers and artists, in direct dialogue with the Yanomami and Ye'kwana and their organizations.

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Translation editing: Christine Halvorson and Fiona Watson

Maps: Estevão Senra and Maurice Tomioka Nilsson

Map sources: Yanomami Indigenous Territory, communities, health posts, areas degraded by mining, community landing strips, illegal landing strips, DSEI-Y health posts: Instituto Socioambiental (ISA), 2020. Area degraded by mining, 1984-2007: Maurice Tomioka Nilsson, 2020. COVID-19 cases and deaths: SESAI and the Pro-YY Network, 2020. International and state borders, rivers, cities: Amazon Network for Georeferenced Socioenvironmental Information (RAISG), 2020.

Image research: Ana Maria Machado, Daniel Jabra and Cláudio Tavares

Cover photo: Yanomami Indigenous Territory. Lucas Lima/ISA, 2017.

Graphics, design and infographics: Bruna Keese and Julia Tranchesi

Produced by:

Yanomami and Ye'kwana Leadership Forum



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