

A “total social fact”: COVID-19 and indigenous peoples in Brazil

Ricardo Ventura Santos ^{1,2}

Ana Lucia Pontes ¹

Carlos E. A. Coimbra Jr. ¹

doi: 10.1590/0102-311X00268220

The concept of “total social fact” was proposed by French sociologist Marcel Mauss in his classic essay *The Gift*, published in 1925. According to Mauss ¹ (p. 191), “[total social facts] put in motion in certain cases the entire society and its institutions... All these phenomena are simultaneously juridical, economic, religious, and even aesthetic...”

The COVID-19 pandemic, both on the global scale and in each of the countries and regions where the novel coronavirus circulates, is one of these processes that can be interpreted as a “total social fact or phenomenon”. The pandemic is manifested in a wide range of dimensions (economy, religion, legislation, morals, aesthetics, science), interwoven in highly complex ways. Still, specific social segments display their own characteristics, as in the case of indigenous peoples in Brazil, a segment of the population that has been heavily affected by the pandemic ².

COVID-19, as a “total social fact”, exposes the multiple dimensions and tensions caused by the State’s action in the implementation of public policies for ethnic and racial minorities in Brazil. Indigenous peoples in Brazil have not only suffered the impacts, but also practiced their own forms of resistance and confrontation through their ethnic political movement. Not to mention that the pandemic’s implications for indigenous peoples range from food insecurity and fear of leaving the villages to the symbolic violence of not being able to perform traditional funeral rites in the case of group members that have died of COVID-19.

Epidemics of infectious and parasitic diseases have been recurrent tragedies throughout the five centuries of contact between the European colonizers and indigenous peoples in what is now Brazil’s territory. And the tragedies are not events from a distant past. The individual and collective memory of many indigenous peoples in recent decades includes suffering from the effects of diseases associated with contact. Especially in the Legal Amazonia, in the latter half of the 20th century, dozens of peoples who had lived in total or partial isolation from Brazilian national society were suddenly and violently impacted by development projects. Where their territories were crossed by highways and rapidly occupied by non-indigenous Brazilians, these peoples were devastated by epidemics of measles, influenza, malaria, and tuberculosis. Hundreds died in the disastrous episodes that marked this historical moment for the Suruí, Nambikwara, and Cinta Larga peoples, whose lands were crossed by

¹ Escola Nacional de Saúde Pública Sergio Arouca, Fundação Oswaldo Cruz, Rio de Janeiro, Brasil.

² Museu Nacional, Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brasil.



the BR-364 Highway, the Assurini, Araweté, and Paracanã, by the Trans-Amazonian Highway, the Waimiri-Atroari, intercepted by the BR-174 Highway, and others too numerous to mention in the space of this editorial ^{3,4}. Such overwhelming violence is still present in the social memory of these peoples, both among the elderly who survived the epidemics, and also among younger members, who have heard their grandparents and other older relatives tell the stories of the suffering and despair that struck their communities.

The bitter memories of previous epidemics have been reawakened by COVID-19. According to anthropologist Carlos Fausto ⁵, *“Since the beginning of colonization, [indigenous peoples] had to learn the meaning of ‘epidemic’ in their own bodies”*. According to a Kuikuro friend with whom Fausto spoke recently by telephone, *“[COVID] ...is like the measles of my grandfather’s time”*. According to a deeply traumatic account of the measles epidemic that swept the region in 1954, *“[the disease] was sudden and swift, killing entire families without even leaving time to bury the dead properly. With everyone sick, no one was left to provide food, much less tend to the bodies”* ⁵.

The crisis caused by the COVID-19 pandemic clearly exposes indigenous peoples’ greater political, social, and environmental vulnerability ⁶. Experiencing daily violence and discrimination, indigenous people in Brazil live in precarious housing and sanitation conditions; face invaders and the damage caused to their territories; deal with food insecurity and lack of safe water, high infant mortality, invisibility of the indigenous families living in cities and towns; childhood marked by chronic malnutrition (25% of under-five children), and infectious and parasitic diseases such as diarrhea and pneumonia, the main causes of illness and death in indigenous children ⁷. These and other examples point to deep ethnic and racial inequities prevalent in Brazil, creating the conditions for a “perfect epidemic”, as is the case now with COVID-19. Despite the existence of the Indigenous Peoples’ Health Subsystem of the Brazilian Unified National Health System (SASI-SUS), aimed at ensuring primary healthcare in indigenous territories, the lack of a rapid, articulated, and effective response has created a human catastrophe.

From the political point of view, COVID-19 in indigenous peoples in Brazil became a hotly disputed area, involving issues such as the numbers of cases and deaths according to official government data versus those compiled by indigenous organizations, cutbacks in Federal Government spending on indigenous peoples’ health, and a political clash over the approval of *Law n. 14,021*, of 2020, which created the Emergency COVID-19 Plan in Indigenous Territories. Another example that encompasses many of these dimensions is the Challenge to Non-Compliance with Fundamental Principle 709: Protection of Indigenous Peoples’ Right to Life and Health in the Face of the COVID-19 Pandemic, reviewed by the Brazilian Supreme Court (STF, in Portuguese) ⁸. The case was filed by the indigenous social movement through the Articulation of Indigenous Peoples of Brazil (APIB, in Portuguese), with the support of various political parties. ADPF 709 requires the government to implement a series of measures, *“aimed at resolving serious harms to fundamental rights under the [1988] Constitution, related to failures and omissions in the fight against the novel coronavirus epidemic among Brazilian indigenous peoples”* ⁹.

The case was officially received by the STF in July 2020 ⁸, and the discussions and measures stemming from ADPF 709 are related to a wide variety of issues, including the removal of invaders from indigenous territories; the establishment of a Situation Room for the creation and monitoring of health barriers to protect isolated and recently contacted peoples; the extension of care under the SASI-SUS to indigenous populations on lands and reservations that have still not been officially sanctioned and to indigenous peoples in town and

cities that have encountered barriers in access to the SUS; a revision of the Federal Emergency COVID-19 Plan in dialogue with indigenous leaders and specialists, with specific health actions (such as culturally respectful preventive and social distancing measures, expanded testing, training and protection of workers, and guarantee of adequate primary and hospital care); as well as the supply and sustainability of food production, with an emphasis on food sovereignty and security⁸. As of our writing of this editorial, ADPF 709 was in force, but its practical implications were still not clear in terms of effective public policies.

It is highly significant that the Brazilian STF acknowledged the legitimacy of an indigenous organization, the APIB, in filing this legal case. Overthrowing the concept of “juridical guardianship”, namely that indigenous peoples had to be represented by a State designated guardian in their legal matters, this case marks “...the first time that indigenous peoples address the Supreme Court on their own behalf, defending their own rights, and with their own attorneys, filing a Constitutional case”⁹. This alone is an unprecedented initiative with huge historic and political significance.

How does the digression in the previous paragraph relate to a specific locus, namely the Editorial section of a scientific journal with these comments? We answer this question by arguing that the editorial is being published in a journal which has been one of the leading channels in the last three decades for publishing scientific work on indigenous peoples' health in Brazil. The reflections on the field of indigenous health in CSP and the attention given to the theme in various other publishing initiatives by the Oswaldo Cruz Foundation (Fiocruz), like the publishing house Editora Fiocruz, are part of the institution's historical commitment to building public policies for indigenous peoples. Importantly, the bill resulting in *Law n. 9,836* of 1999, which created the SASI-SUS, was submitted by then-Federal Deputy Arouca, an emblematic figure both for the recent history of Fiocruz and the Brazilian Health Reform Movement in the 1980s and 1990s¹⁰.

As for this specific edition of CSP, it is thus no “coincidence”, given the backdrop mentioned in the previous paragraph, that the edition is publishing an article on the central theme in the field of indigenous health. We are referring to the article by Athila & Leite on measuring food insecurity in indigenous peoples¹¹. We highlight a specific excerpt from an article that we feel emphasizes a relevant issue for this debate, including in relation to ADPF 709, mentioned above: “*The production of information and the effort to increase the visibility of indigenous peoples and their sociodemographic and health conditions have called for their participation and that of their organizations, so that their ‘values, health concepts, and priorities’ can result in the expression and adequate measurement of their ‘notions of well-being and health’*”¹¹ (p. 9).

Six months into the pandemic in Brazil, and as we write this editorial, nearly 130,000 Brazilians have died of COVID-19, including hundreds of indigenous people. In the case of indigenous peoples, the disease is a “total social fact” with historical, social, cultural, and political dimensions that draw important parallels with multiple layers from a not-too-distant past. One difference is that at present there is a legal framework and a public policy in health focused specifically on indigenous peoples. However, in the country's current political context, many of the indigenous rights established as Constitutional milestones in 1988 have been threatened, and there are many weaknesses in the SASI-SUS, reflected in high morbidity and mortality rates from avoidable causes. One optimistic note is that indigenous leaders, communities, and organizations have proven dynamic and intense, both in exposing violations and submitting proposals and implementing initiatives to confront such adverse conditions.

Contributors

All the authors participated in the text's conception and writing.

Additional informations

ORCID: Ricardo Ventura Santos (0000-0001-5071-443X); Ana Lucia Pontes (0000-0001-9162-5345); Carlos E. A. Coimbra Jr. (0000-0003-4085-1080).

1. Mauss M. Ensaio sobre a dádiva. Lisboa: Edições 70; 1988.
2. Núcleo de Métodos Analíticos de Vigilância Epidemiológica do Programa de Computação Científica, Fundação Oswaldo Cruz e Escola de Matemática Aplicada, Fundação Getúlio Vargas; Grupo de Trabalho sobre Vulnerabilidade Sociodemográfica e Epidemiológica dos Povos Indígenas no Brasil à Pandemia de COVID-19. Risco de espalhamento da COVID-19 em populações indígenas: considerações preliminares sobre vulnerabilidade geográfica e sociodemográfica. 4º relatório – segunda edição. https://gitlab.procc.fiocruz.br/mave/repo/-/blob/master/Relat%C3%B3rios%20t%C3%A9cnicos%20-%20COVID-19/procc-emap-enspcovid-19-report4_20200506-indigenas.pdf (accessed on 05/Mai/2020).
3. Valente R. Os fuzis e as flechas: história de sangue e resistência indígena na ditadura. São Paulo: Companhia das Letras; 2017.
4. Davis S. Victims of the miracle: development and the Indians of Brazil. Cambridge: Cambridge University Press; 1977.
5. Fausto C. O sarampo do tempo de meu avô: memórias do etnocídio na pandemia. *Nexo Jornal* 2020; 24 apr. <https://www.nexojournal.com.br/ensaio/debate/2020/O-sarampo-do-tempo-de-meu-av%C3%B4-mem%C3%B3rias-de-etnoc%C3%ADdio-na-pandemia>.
6. Associação Brasileira de Saúde Coletiva; Associação Brasileira de Antropologia. A COVID-19 e os povos indígenas: desafios e medidas para controle do seu avanço. <https://www.abrasco.org.br/site/outras-noticias/notas-oficiais-abrasco/a-covid-19-e-os-povos-indigenas-desafios-e-medidas-para-controle-do-seu-avanco/45866/> (accessed on 23/Mar/2020).
7. Coimbra Jr. CEA, Santos RV, Welch JR, Cardoso AM, Souza MC, Garnelo L, et al. The First National Survey of Indigenous People's Health and Nutrition in Brazil: rationale, methodology, and overview of results. *BMC Public Health* 2013; 13:52.
8. Supremo Tribunal Federal. Medida Cautelar na Arguição de Descumprimento de Preceito Fundamental 709. Brasília: Supremo Tribunal Federal; 2020.
9. Eloy LH. ADPF 709 no Supremo: povos indígenas e o direito de existir! <http://apib.info/2020/08/01/adpf-709-no-supremo-povos-indigenas-e-o-direito-de-existir/> (accessed on 05/Sep/2020).
10. Pontes AL, Machado FRS, Santos RV, Brito CAG. Diálogos entre indigenismo e reforma sanitária: bases discursivas da criação do Subsistema de Saúde Indígena. *Saúde Debate* 2019; 43:146-59.
11. Athila AR, Leite MS. "A medida da fome": as escalas psicométricas de insegurança alimentar e os povos indígenas no Brasil. *Cad Saúde Pública* 2020; 36:e00208019.